

**Notes of the meeting of the *Surgical STB* held at 10:00 am, Wednesday 16<sup>th</sup> November 2022 at 10 am via Teams,  
NHS Education for Scotland**

**Present :** Graham Haddock (GH) Chair, Pankaj Agarwal (PA), Jackie Aitken (JA), Debbie Boyd (DB), Evan Crane (EC), Russell Duncan (RD), Simon Edgar (SE), Martyn Flett (MF), Nitin Gambhir (NG), Vicky Hayter (VH), Adam Hill (AH), Bryn Jones (BJ), Alison Lannigan (AL), Zak Latif (ZL), Ashleigh McGovern (AMcG), Alastair Murray (AlMu), Sara O'Rourke (SOR), Robin Paton (RB), Stuart Waterston (SW), Phil Walmsely (PW)

**Apologies :** Melanie Clark (MC), Andreas Demetriades (AD), Jen MacKenzie (JMck), Andrew Murray (AnMu), Rowan Parks (RP), Vinita Shekar (VS), Satheesh Yalamarathi (SY)

**In Attendance:** Lisa Pearson (LP).

		Action
1.	<b>Welcome and apologies</b>	
	The Chair welcomed all to the meeting including Robin Paton, from the RCSE who was deputising for Professor Rowan Parks. Apologies were noted.	
2.	<b>Notes of the meeting held on 23<sup>rd</sup> August 2022</b>	
	The minutes of the previous meeting were accepted as a correct record.	
3.	<b>Review of action list</b>	
	<p>All points were noted as actioned or agenda items apart from:</p> <p><b>Item 3 - MV/SY/GH/AMu</b> need to meet to review requirements for core surgery Meeting still to take place – GH will try and resolve prior to demitting office.</p> <p><b>Item 6a (iv)</b> - DB to produce short option appraisal paper on OMFS recruitment and send to AH. Still to be actioned</p> <p><b>Item 4d NOTSS course</b> – AlMu has been in discussion with Amanda Barber re: NES providing some admin resources for the NOTSS course. Final confirmation is awaited but hopefully admin resource will be available. In the process of organising dates for 2023.</p> <p><b>Item 5a</b> - it was agreed that SAS doctors should e-mail the relevant TPD directly to get access to teaching days. AH confirmed that funding is available for SAS doctors through their employing Health Boards and NES contributes to this as well.</p> <p><b>VS</b> to identify SAS doctors undertaking CESR route and feedback – VS provided the number of trainees in each specialty but not the names. AH noted his concerns that there is not a list of SAS doctors and how this will hinder any progression going forward. GH to ask VS if they have a list of the actual names of the SAS doctors for Scotland.</p> <p><b>AK</b> to discuss SAS doctors with DME groups – AK not in attendance but SE agreed to e-mail Lynne Meekinson, APGD for SAS directly to ascertain what the challenges are and will then pick this up with DME group.</p>	<p><b>MV/SY/GH/AMu</b> to meet to discuss.</p> <p><b>DB</b> to produce short option appraisal paper on OMFS recruitment and send to AH.</p> <p><b>GH</b> to ask VS to provide list of actual names of SAS doctors</p> <p><b>SE</b> to liaise with Lynne Meekinson re: SAS challenges</p>

	Item 5d (i) Item Bids for equipment –Bids for a TURP simulator and three cataract simulators have been approved by NES. Procurement of the cataract simulators takes 15 months due to backlog. As a result will not be able to deliver until May 2023 which will be out with current financial year. Currently exploring options as to how this can be resolved.	
<b>4.</b>	<b>Matters arising</b>	
<b>a.</b>	Core surgery trainee establishment (GH) – not addressed.	
<b>b.</b>	OMFS recruitment (DB) – not addressed.	
<b>c.</b>	<b>TIG Fellowship governance (GH/AH)</b> Final draft should be available beginning of December. AH keen that the governance structure is sorted as soon as possible as a fellowship post is currently being advertised. Keep on agenda for future meetings. GH to chase Anne Tansley.	<b>GH</b> to chase Anne Tansley re governance paper.
<b>d.</b>	<b>NETP update</b> Paper B circulated for information. GH confirmed that a meeting with some of the TPDs had taken place and it was agreed that the focus for immersion training should be on ST7s & particularly ST8s who are at risk of not getting their CCT if they don't meet their colonoscopy requirements. This will be revisited with the TPDs in April.	
<b>e.</b>	<b>NOTSS courses – report (AIMu)</b> (already discussed)	
<b>f.</b>	<b>SAC CESR issues</b> <ul style="list-style-type: none"> <li>• Exam eligibility (papers C1 &amp; C2) – papers circulated for information.</li> <li>• Number of SAS CESR aspirants (paper C3) – paper circulated for information.</li> </ul>	
<b>5.</b>	<b>Main items of business</b>	
<b>a.</b>	<b>Enhanced induction for IMGs (papers O1 &amp; O2)</b> Dr Nitin Gambhir (NG), Assistant GP Director and Chair of the GP etc STB, attended the meeting and gave a presentation on enhanced induction for IMGs, and the background to the GP STEP programme which NES has been running since 2015. It is proposed that a similar STEP programme for surgical specialties, Anaesthetics, ICM and Emergency Medicine will be up and running for August 2023. Aware that the Boards run induction for IMGs and will ensure there is no duplication and that both programmes complement each other. A	<b>AIMu</b> to set up SLWG to discuss bespoke STEP programme.

	<p>SLW group to look at a bespoke STEP programme will be set up in early new year which will be led by AIMu and Neil O’Donnell, STB Chair for Anaesthetics, ICM &amp; EM. AIMu to get in touch with NG who is happy to give some guidance.</p>	
<p><b>b.</b></p>	<p><b>Update on SSTB Chair recruitment</b>          AH confirmed that AIMu has been appointed to the SSTB Chair role and will take up post in January 2023. AH thanked GH for his excellent work over the years. As an STB Chair he has been fantastic - the IST pilot has been a major success in Scotland compared to the rest of the UK and GH has been instrumental in getting simulation training up and running. In addition the expansion of surgical trainee numbers and being able to drive the Scottish agenda and getting more trainees out to remote and rural was important. Everyone was very appreciative of the great work GH has undertaken. GH thanked AH for the kind comments.</p>	
<p><b>c.</b></p>	<p><b>Post Covid Recovery</b></p> <ul style="list-style-type: none"> <li>i) UK ARCP outcomes (Paper D) – Paper circulated for information.</li> <li>ii) Update on use of independent sector – no update.</li> <li>iii) Update on possible transfer of trainees to busier sites – AIMu is exploring the pre-existing arrangements between Boards. Good to have process in place in case needed in the future. It was highlighted that potentially it would be difficult to move trainees in the EoS as no other units. It was suggested that there could be capacity in Fife and Forth Valley and RD was happy to have further discussions around this. Due to the training establishment numbers in some sites it would be difficult to move trainees as there would be no one left to go on the rota. It was agreed that these concerns need to be factored in.</li> <li>iv) Update from all specialties             <ul style="list-style-type: none"> <li>• <b>OMFS</b> – DB updated that the biggest issue is Orthognathic Surgery which has not recovered, and trainees have not had access to this. TM Joint surgery also an issue but managing to get some emergency cases. Did not recruit at the last round and looking at potentially recruiting at ST1 level.</li> <li>• <b>Trauma &amp; Orthopaedics</b> – EC updated that there has been a sustained period of elective output in most hospitals but still subject to bed pressures. Access to elective arthroplasty surgery will potentially hold trainees back next year and lead to 10.2 ARCPs. 12 additional training posts have been allocated to T&amp;O and AIMu meeting with TPDs to discussion allocations. It was noted if only 2 of these posts were based at the GJNH this would significantly increase access to arthroplasty cases. An extra post will most probably need to go to The Children’s Hospital in Glasgow to meet the subspecialty requirements to get everyone through in time.</li> <li>• <b>Paediatric Surgery</b> – MF updated that they have managed to maintain CCT output. Exam support is in place. Case mix difficult as there has been a requirement from SGov to address the long waiters. 1/3 down on operative numbers due to a combination of bed pressures and theatre staffing. There is a requirement to take adult Urology trainees and note their requirements are coinciding with Paediatric Surgery trainees. In the new curriculum trainees need to demonstrate trauma laparotomy and trauma thoracotomy and this can be in a simulated environment. Majority of trainees are using a course</li> </ul> </li> </ul>	

at a cost of £1,200 and undertaking this at ST7/8 level as it is a specific requirement for CCT and trying to fund from the study leave budget proving difficult. AH confirmed study leave funding has been increased to £600 per year per trainee and that some specialties do a differential between each level of trainee and that may be worth considering. Also each year there is normally an underspend in the budget, and TPDs can apply for additional funds however there is no guarantee the request will be successful.

- **General Surgery** – AL updated on behalf of all GS TPDs that recovery is progressing. Have access to endoscopies, out-patient, and theatre lists but less elective lists than pre-Covid. Urgent cases and cancer cases are maintained. Across the board main concerns are benign work and hernias and there are not enough cases for trainees to catch up which is of concern. Accessing Basic Endoscopy courses still a concern and hoping number will significantly increase as trainees on the waiting list for a long time.

AL was asked to raise 3 things –

1. The increase in Health Board Fellows and the impact this has on training opportunities. AL asked if support could be given to any applications for an uplift in trainee numbers as there is a clear need for this.
2. Increasing number of LTFT trainees especially in Lothian (approx. ¼) that are not backfilled and the increase in the West of Lecturers that are 50% in addition to LTFT trainees with no backfill.
3. General Surgeons would like a discussion around run through training and some concerns relating to the trainees being appointed and lack of exam passes.

GH confirmed they were aware there were not enough endoscopy courses. Three sites currently going through JAG accreditation. GH has asked Gillian Bain to provide a list of trainees that need access to the courses as a priority. Course capacity has now increased and is back up to pre-Covid levels.

GH will convene an urgent meeting with AL, AIMu and TPDs to discuss run-through training noting that posts need to be into recruitment by 9<sup>th</sup> December.

AH clarified that there is no backfill for LTFT trainees. Trying to have a WTE model for all specialties. Some of the expansion numbers this year have considered LTFT also to try and work on WTE model. All specialties should put in for more training numbers but need to link in with Colin Tilly and include LTFT numbers for the overall calculations. It was also highlighted that Academic numbers should be included.

**Urology** – ZL updated they were happy with the caliber of IST trainees and had no major issues. Not anticipating any CCT issues next year. No major issues with the long-term effects of Covid, most units back up to good operating levels. One operation restricted during Covid was TURP but have been successful in obtaining funding for a simulator which will go to Larbert next year.

**Plastic Surgery** – SW updated ARCP outcomes positive, most trainees projected to CCT have done so. Couple of 10.1 outcomes. Recovery of elective surgery in Plastics remains dire. Aesthetics in plastics remains a big problem and it is a

**GH** to convene urgent meeting with AIMu and TPDs to discuss run through training (post meeting note – this was held on 30<sup>th</sup> November 2022)

	<p>mandatory component of the curriculum. SW has had discussions with AH about rotating trainees out into the private sector to get access to this. SW also having ongoing discussions with trainers in the private sector to get buy in.</p> <p>SW noted that they had a red flag for regional teaching in the GMC survey. Previously had an effective pan Scotland teaching programme but the SAC decided everyone should move to a national teaching programme instead. Trainees would like additional regional teaching on top of national training and asking if there is any money available to fund cadaveric training. Cadaveric material is very expensive, and most centres run it on a commercial basis. SW to discuss with Donald Hanson to see if this can be picked up through the simulation group. GH noted that we have successful cadaveric training at the Clinical Anatomy Skills Centre at the University of Glasgow. Trainees are rotating to Glasgow for a short period of time to get cleft, lip and palate surgery this will now need to include Burns as this has been centralised to the West. This will impact on local rotas and how we backfill this is not clear.</p> <p><b>ENT</b>– DW updated ENT slowly recovering. Main issue is facial plastics not getting done. Derogations for CCTs up until next year for rhinoplasty and some other sub-specialties to do with facial plastics. All the trainees that have CCT'd in last couple of years have had to use this and unsure what will happen if the derogation is removed. One trainee has been off with long Covid for over a year. Most of the craft courses are cadaveric and there is a shortage of cadavers due to Covid. Simulation good but not as good as cadaveric training. ATLS now a requirement for ENT, have equivalent courses but some trainees have had their places cancelled on ATLS courses as they are not Gen Surgery or T&amp;O. All face-to-face teaching back up and running.</p> <p>AH highlighted the plan UK wide to get rid of derogations and felt it important that DW feedbacks to the SAC the concerns in Scotland around this potentially happening and trainees not being able to meet the curriculum requirements. In addition GH and ALMu will be attending a HoS of Surgery meeting in December and will ask for this topic to be discussed at the meeting.</p>	<p><b>SW</b> to discuss cadaveric training with Donald Hanson.</p> <p><b>DW</b> to feedback to SAC concerns re derogations being removed. <b>GH</b> also to highlight at HoS meeting</p>
<p><b>d.</b></p>	<p><b>Breast Surgery as a new specialty</b></p> <ul style="list-style-type: none"> <li>i. Submission to consultation - Paper E circulated for information. Not aware of any UK wide decision yet.</li> </ul>	
<p><b>e.</b></p>	<p><b>Simulation Working Group –</b></p> <ul style="list-style-type: none"> <li>i. Minutes of meeting of 12<sup>th</sup> August 2022 - paper F circulated for information.</li> <li>ii. Minutes of meeting of 28<sup>th</sup> October 2022 - paper G circulated for information.</li> <li>iii. Simulator equipment bids –Everyone encouraged to put in bids for both high and low fidelity simulation equipment. A bid has been submitted for T&amp;O for £350k for high fidelity arthroscopy simulators for hip, knee and shoulder along with some low fidelity equipment.</li> </ul>	

	iv. Chair of the Group – Ms Tash Kunanandam, Consultant Paediatric ENT Surgeon has taken up the role and will become a member of the SSTB. Meeting dates for 2023 and Teams invites have been shared with her.	
<b>f.</b>	<p><b>Bids for additional training posts update</b> Successful this year in getting 12 additional post in T&amp;O and 4 in Urology. Important to contact Colin Tilley re workforce projections prior to submitting any requests. Bids would be considered by the STB at the May 2023 meeting.</p> <p>i. Bid for Ophthalmology training posts (paper H) – Asking for 3 additional training posts for N, E and SE due to the curriculum change in 2024. AH highlighted there should be a standard process for all bids which should include a one-page high level summary. AH asked if Colin Tilley had been involved in the bid and to ensure LTFT, academia, etc., had been considered. GH to discuss Ophthalmology bid with PA. It was agreed AIMu would be the repository for bids and will bring to STB prior to AH taking to MDST.</p>	<b>GH</b> was able to update PA later in the meeting re the Ophthalmology bid.
<b>g.</b>	<p><b>Curricula</b></p> <p>i. ISCP evaluation of 2021 Surgical Curriculum - paper I1 &amp; I2 circulated for information. GH Highlighted a variation in MCR mid points across various specialties.</p> <p>ii. Report on Vascular Curriculum - Paper J circulated for information.</p> <p>iii. GMC response - Paper K circulated for information.</p>	
<b>6.</b>	<b>Standing Items of Business</b>	
<b>a.</b>	<b>Deanery Issues</b>	
i. Quality	<p><b>Report from VH (Paper L)</b></p> <ul style="list-style-type: none"> <li>• 21 letters of good practice issued.</li> <li>• Recent visits to General Surgery, ARI on 01.11.22 and General Surgery/Anaes, Dr Grays on 10.11.22 – both reports in draft form.</li> <li>• Action Plan Review Meeting – Cardiothoracic Surgery, GJNH on 04.10.22</li> <li>• SMART Objective Meeting – Neurosurgery, QEUH on 30.09.22 with an Action Plan Review Meeting in January 2023.</li> </ul>	
<b>ii. Training Management</b>	No further update.	
<b>iii. Professional Development</b>	No report submitted.	

<b>iv. Recruitment</b>	<b>Recruitment report</b> – Paper M circulated for information	
<b>v. Equality and diversity (FITFA)</b>	GMC have launched a new hub on challenging racism and discrimination in healthcare. GH will circulate note that has been issued for information.	<b>GH</b> to circulate note round the group.
<b>b.</b>	<p><b>Specialty and STC reports</b></p> <p><i>i. Cardiothoracic Surgery</i> – no report.</p> <p><i>ii. Core Surgery</i> – no further update</p> <p><i>iii. ENT Surgery</i> – no further update</p> <p><i>iv. General Surgery</i> –no further update</p> <p><i>v. Neurosurgery</i> – no report.</p> <p><i>vi. OMFS</i> – no further update</p> <p><i>vii. Ophthalmology</i> – PA confirmed new curriculum for August 2024. All TPDs have met and note there is an issue with level 4 training potentially being provided in some units. Level 4 training may need to be provided in only Edinburgh and Glasgow for 12-18 months and this will impact on the on-call rotas and numbers in the other regions. A bid has been submitted for additional numbers to ensure the new curriculum can be delivered. GH updated PA on the queries that has been raised earlier in relation to the bid and PA agreed to update and resubmit.</p> <p>Funding was approved for simulation equipment but due to procurement issues cannot be delivered within the current financial year. Unfortunately AH confirmed there is nothing NES can do; approved funding bids can only be procured within the same financial year and cannot be carried over as per SGov guidelines. PA asked if the approval for 2023/24 could be made sooner and AH suggested application should be submitted at the start of the next financial year.</p> <p><i>viii. Paediatric Surgery</i> – no further update</p> <p><i>ix. Plastics</i>– no further update</p> <p><i>x. T&amp;O</i> –no further update</p> <p><i>xi. Urology</i> – no further update</p> <p><i>xii. Vascular surgery</i> – no report</p>	<p>.</p> <p><b>PA</b> to update Ophthalmology bid for additional training numbers and resubmit to AIMu.</p> <p><b>PA</b> to update simulation bid and resubmit at the start of the new financial year (April 2023)</p>
	<b>Other Reports</b>	
<b>c.</b>	<p><b>Trainee report</b> – still ongoing issue re access to ATLS to complete core training. RD highlighted that many ATLS courses were either cancelled or postponed due to Covid and now a backlog. All new curriculums should not have mandatory courses, and most will say ATLS or equivalent. RD confirmed if trainers can get prospective agreement on what equivalent means and are able to deliver local or national training instead this should take away the need for attendance at ATLS courses. GH will discuss with the Core TPDs if they have thought about providing an equivalent arrangement for those trainees struggling to access ATLS courses.</p> <p>PW highlighted that the CCT guidelines on the JCST website does not state equivalent in relation to ATLS but the ICSP guidance for issuing an outcome 6 does. Clarity needs to be sought and GH agreed to discuss with John Lund, Chair of the JCST.</p> <p>RD suggested that job adverts for consultant posts should not have in the essential criteria ATLS. GH will highlight to SAC.</p>	<p><b>GH</b> to discuss with Core TPDs equivalent ATLS training.</p> <p><b>GH</b> to clarify ATLS or equivalent with John Lund, SAC Chair</p> <p><b>GH</b> to highlight to SAC the issue of ATLS being an essential criterion in Consultant adverts</p>

d.	<b>Service (MD) report</b>	
e.	<p><b>DME report</b> – SE asked two questions – proposals around NTCs and named supervision tariff.</p> <p><b>NTCs</b> – AH confirmed that NTCs are being included in the expansion numbers that are being asked. Keen for trainees to be involved in the NTCs and the excellent training opportunities, however, need to be mindful of the training experience left behind in the Boards. AH noted this was being actively addressed to ensure there was a balance.</p> <p><b>Named supervision tariff</b> – GH confirmed that as the IST pilot is complete and is now business as usual, the funding for the uplift in the supervision tariff had stopped and the tariff had reverted to 0.25 PAs per trainee. It was thought this information had been discussed previously with DME colleagues however AH agreed to raise this at one of the MDST meetings that has DME representation and ask them to share the information.</p> <p>SE to clarify with VS where the statement came from that DMEs were responsible for providing training opportunities for doctors taking the CESR route.</p>	<p><b>AH</b> to discuss with DMEs at an MDST meeting the named supervision tariff following the completion of the IST pilot.</p> <p><b>SE</b> to clarify with VS where statement came from re DME providing training opportunities for CESR route</p>
f.	<b>Royal Colleges reports</b> – no further update from either RP representing the RCSE or AL representing the RCPSGla.	
g.	<p><b>Heads of School report</b></p> <p>TIG Fellowship adverts (paper N) – recruitment closes 30.11.22. If there is a successful candidate in one of the Scotland sites, would need to find the funding for the Fellowship.</p>	
h.	<b>SAS report</b> – no further update.	
i.	<b>Academic report</b> – no rep present.	
j)	<b>Lay member report</b> – No report.	
7.	<b>AOCB</b>	
	No further business items were raised.	
8.	<b>Date of next meeting</b>	
	<p>The next meeting will take place on 3<sup>rd</sup> February 2023 at 10 am via Teams.</p> <p>Further dates for 2023:</p> <ul style="list-style-type: none"> <li>• 16<sup>th</sup> May</li> <li>• 24<sup>th</sup> August</li> <li>• 17<sup>th</sup> November</li> </ul>	