

Notes of the meeting of the Surgical STB held at 13:30 am, Friday 1st December 2023 via Teams, NHS Education for Scotland

Present: Al Murray (AM) [Chair], Holly Bekarma (HB), Peter Bodkin (PB), Debbie Boyd (DB), Vikas Chadha (VC), Russell Duncan (RD), Simon Gibson (SG), Kerry Haddow (KH), Bryn Jones (BJ), Thushitha Kunanandam (TK), Alison Lannigan (AL), Andrew Martindale (MM), Alex McCulloch (AMcC), Ian McDonough (IMcD), Larissa McFadden (LMcF), Jen Mackenzie (JMack), Mari Louise Montague (MLM), Helen Pratt (HP), Sara O’Rourke (SO’R), Campbell Roxburgh (CR), Vinita Shekar (VS), Brain Stewart (BS), Stuart Suttie (SS), Phil Walmsley (PW) & David Wynn (DW)

Apologies : Jackie Aitken (JA), Pankaj Agarwal (PA), Sudipto Bhatta (SB), Claire Carden (CC), John Camilleri-Brennan (JCB), Melanie Clark (MC), Caroline Cobb (CC), Evan Crane (EC), Mark Danton (MD), Andreas Demetriades (AD), Susan Donaldson (SD), Simon Edgar (SE), Martyn Flett (MF), Fiona Fraser (FF), Tim Graham (TG), Alistair Geraghty (AG), Vicki Hayter (VH), Simon Hewick (SH), Alan Kirk (AK), Stephen Lally (SL), Zack Latif (ZL), Ashleigh McGovern (AMcG), Andrew Murray (AnMu), Hugh Pearson (HP), Rowan Parks (RP), Lisa Pearson (LP), Sara Robinson (SR), Phil Turner (PT), Mark Vella (MV), Caroline Whitton (CW), & Satheesh Yalamarathi (SY) & Stuart Waterston (SW)

In Attendance: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	The chair welcomed the following new members: <ul style="list-style-type: none"> • Prof Campbell Roxburgh - Academic Rep, University of Glasgow • Prof Ewan Harrison – Academic Rep, University of Edinburgh 	
2.	Notes of the meeting held on 24/08/2023	The notes of the 24/08/2023 meeting were accepted by the members.	
3.	Action Points from meeting 24/08/2023	See Action Log – December 2023	
4.	Matters Arising		
4.1	Cataract Working Group Report	VC gave the members a summary of the cataract working group paper. Various issues were discussed including:	

		<ul style="list-style-type: none"> • SAS Representation: VS asked if the working group had representation from SAS doctors. VC stated that there was no representation due to low numbers. VC suggested circulating paper to SAS doctors for comments. • Ophthalmology Training Opportunities: VS noted that there was a requirement to extend ophthalmology training opportunities. AM highlighted issue of treatment being moved to independent providers which do not provide surgical training . • Trainees at The Golden Jubilee Hospital: VC noted that there would be issues related to providing suitable supervision for additional trainees at this site however there would be no clash with Clinical Fellows as the hospital does not employ Ophthalmology Fellows at present. • Next Steps: The members gave their support to the paper. VC confirmed that paper will be circulated to Trainers, Boards, Trainees, Royal College, and clinical directors for comments. 	<p>VC to circulate Cataract Surgery Working group paper to SAS doctors for comment</p>
4.2	<p>ARCP outcomes report - Panel externality 2024</p>	<p>Various issues related to Surgery ARCP outcomes were discussed including:</p> <ul style="list-style-type: none"> • General Update: AM stated that he has been asked to provide a response to the 2023 summary of ARCP outcomes. AM confirmed that there were three Outcome 4s and 70 Outcome 5s in 2023 and these were in line with other specialties. Of the Outcome 5s, 9 went onto an Outcome 3. AM noted that this may indicate that these cases were likely to receive an Outcome 3 . • Outcomes for Orthopedics: PW noted that there was a skew towards Outcomes 10.2s in the West Region. PW and BJ both stated that that they were aware of the circumstances under which these outcomes had been allocated which were generally positive. BJ advised that all trainees should be advised to complete their portfolio requirements two weeks before the deadline. 	

		<ul style="list-style-type: none"> • Externality on Panels: AM stated that SAC Liaison members are required for ARCP panels. At present SAC members attend panels remotely. AM suggested APGDs attend ARCPs held by different programmes. AM confirmed he would discuss this with TPM. • ARCP Panel Models: AM suggested considering the national model used by Obstetrics & Gynecology. AM stated that some panel members have raised issues relating to loss of working relationship with trainees if national model is used. RD suggested regions carry out ARCPs and national panel carry out a selection of cases chosen from the regional areas. 	AM to discuss APGD attending different ARCP panels with TPM.
4.3	Expansion posts for 2024 - Criteria and process for placements		
4.3.1	Expansion Numbers for 2024	<p>Various issues relating to expansion posts were discussed including:</p> <ul style="list-style-type: none"> • Expansion of NTN Numbers: AM confirmed that Surgery will be receive 27 expansion posts in 2024 which will restore numbers to the full establishment rate. Surgery sub-specialties will receive the following posts: <ul style="list-style-type: none"> • Core Surgery: 8 posts • General Surgery: 9 posts • Ophthalmology: 3 posts • T&O: 6 posts • Urology: 1 post • Golden Jubilee Hospital: AM confirmed that three Fellow salaries will be converted to T&O training posts. AL noted that there are no General Surgery trainee posts at Golden Jubilee. 	

		<ul style="list-style-type: none"> • Location of posts: AM confirmed that final locations will be discussed by the Medical Directorate and DMEs. Final approval will be given by NES Executive Medical Directorate. • Trainee Input: VS suggested that trainee input is required regarding location of expansion posts. Issues such as impact of Covid-19 on training, estate capacity etc. should be discussed. AM noted that trainees have also raised issues related to relocation. 	
4.3.2	<p>Programmes Response to Expansion Posts for 2024</p>	<p>Various issues related to expansion posts were discussed including:</p> <ul style="list-style-type: none"> • Core Surgery: AM suggested that four posts could be allocated to the West Region and four posts to the East Region which would then be rotated to accommodate future LTFT requests. AM noted that this would have to be discussed with DMEs. SG stated that this would have a positive impact in NHS Lanarkshire, NHS Dumfries & Galloway and could be extended to address issues in NHS Ayrshire. • General Surgery: AL stated that a meeting has been arranged to discuss posts with TPDs. AL stated that the East region would like to move trainees out of Ninewells Hospital to improve rotation opportunities and have suggested using Forth Valley Hospital. • Ophthalmology: VC confirmed that Ophthalmology have requested one post be allocated to the North region, one post to the East region and one to the South-East region. VC noted that there were training capacity issues in the West region which would impact expansion at present. • Urology: HB stated that single post is still to be decided on due to equal split between regions. AM suggested that decision rationale be based on issues such as reducing travel time, relocation issues etc. 	

		<ul style="list-style-type: none"> • T&O Surgery: PW stated that, of the three posts allocated to the Golden Jubilee, two posts should be based in the West region, and one could be rotated with the South-east region. There was discussion about possible locations for the additional six posts. AM stated he would prepare STB recommendations based on DMD criteria. BJ raised the issue of lack of trainee supervision for spinal and child surgery. • T&O Surgery - East Region Issues: AM stated that he would discuss issues related to East Region posts with TPD. AM suggested that posts could be moved from North region and relocated to Forth Valley and Fife. RD agreed that this would be positive move however issue should be managed in a sensitive manner. 	<p>AM to discuss issues relating to T&O posts in East Region with TPD</p>
4.4	Expansion Posts for 2025 - Criteria and process for placements	<p>Various issues regarding expansion posts for 2024 were discussed including:</p> <ul style="list-style-type: none"> • Update: AM requested members present bids at the February 2024 meeting. Decision criteria should include consultant shortfalls, increased trainee demand, impact of LTFT, reduction in establishment numbers etc. AM asked for this to be added to February meeting agenda. • Service Demands: MLM asked whether DMEs or TPDs should contact Service regarding expansion requirements. AM confirmed that issue can be raised in forthcoming meeting between Lindsey Donaldson (DMD NES) and DMEs. 	<p>RBS to add Expansion Post 2025 bid discussion item to February meeting agenda</p>
4.5	Trauma Course Update	<p>TK gave the members a presentation related to Trauma Courses. Various issues were discussed including:</p> <ul style="list-style-type: none"> • Cadaveric Model: BJ raised issues related to cost of running cadaveric training for Surgery programme. TK highlighted that cadaveric approach was particularly relevant for Trauma training and applicable to various surgery sub-specialties. 	

		<ul style="list-style-type: none"> • Accreditation: BJ asked if trainees could complete parts of the course to meet different levels of training. TK stated that this could be the case. • Alternative Approaches: BS suggested that the college should be encouraged to provide more ALTS courses within Scotland instead of creating in-house training. AM stated that expansion of ATLS provision in Scotland would be difficult due costs, licenses etc. SS noted that the Vascular programme would like to develop a bespoke Vascular course as this is not adequately covered by ATLS training. • STB Action: AM emphasised that ATLS or equivalent course is a priority for Core Surgery. AM suggested that TK, SG and Satheesh Yalamarathi discuss possible expansion of ATLS courses in Scotland with colleges and CSMEN. 	TK, GS and Sateesh to discuss expansion of ATLS courses in Scotland with colleges and CSMEN
4.6	Robotic Surgery Training update	<p>Various issues were discussed related to robotic training including:</p> <ul style="list-style-type: none"> • Expansion of Robotics Training: CR summarized the Scottish approach. The programme’s aim is to provide equal access to training across Scotland and to improve treatment outcomes. CR confirmed there are now 16 robots located across Scotland. • Pilot Programmes: AM confirmed that some pilot training will be carried out in Dundee and Aberdeen. AM emphasised that this is still an extra circular activity for trainees. The STB will be kept updated by the RAS working groups. 	
5.	Deanery Issues		
5.1	Quality Update – 2023 QRP outcomes	<p>AMcC gave the members an update regarding Quality including:</p> <ul style="list-style-type: none"> • New member of Quality Team: AMcC confirmed that Helen Pratt will be the new Quality Improvement Manager for Surgery. 	

		<ul style="list-style-type: none"> • Surgery Highlights Report: AMcC confirmed that the following meetings have been carried out: <ul style="list-style-type: none"> • University Hospital Monklands – General Surgery: A Fact-Finding Meeting was held with FY1 trainees in response to site returning to three site model. A letter will be sent to DME with findings and a follow up meeting will be held on 12/12/2023. • Dr Grays Hospital – General Surgery: An Action Plan meeting was held on 12/10/2023. AMcC confirmed that this site is progressing well and only three requirements remain. An Action Plan meeting will be held in February. • Ninewells Hospital – General Surgery: A SMART Objectives meeting was held at the end of August and a follow up meeting will be held in February or March. • QRP Outcomes: A meeting was held on 02/10/2023 and QRP outcomes have been released to DMEs and TPDs. QRP findings included: <ul style="list-style-type: none"> • QRP Enquiries: One APGD and one TPDs and two DME enquiries have been raised. • Fact Finding Visits: Three visits are planned for 2024. • Triggered Visits: One Triggered visit to IRH, General Surgery is planned for 2024. • Follow Action Plan Meeting: Five follow up Action plans meetings have been planned. • Quality Engagement Meetings: AMcC confirmed that four meetings are planned for 2024. AMcC highlighted that EQ meetings review 	<p>RBS to circulate Surgery Highlights and QRP Outcomes Quality papers to members.</p>
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		<p>information that requires further investigation but does not meet the threshold that triggers a Quality visit. RD asked for a brief summary outlining QE meetings for TPDs.</p> <ul style="list-style-type: none"> • Good Practice Letter: AMcC confirmed that nineteen Good Practice letters have been sent out. • NHS Lanarkshire Review Report: CL and PW asked if NES are involved in NHS Lanarkshire review. AMcC confirmed that any available information will be shared in meeting with Ian Hunter. 	<p>AMcC to send RD short summary of Quality Engagement Meetings for TPDs.</p>
5.2	Training Management	<ul style="list-style-type: none"> • AM confirmed there were no items to discuss 	
5.3	Professional Development	<ul style="list-style-type: none"> • AM confirmed there were no items to discuss 	
5.4	Recruitment	<p>JMacK gave the members the following update including:</p> <ul style="list-style-type: none"> • Round 1 2023: JMacK confirmed that Round 1 recruitment closed on 24/11/2203 and stated that there had been a significant increase in applications. JMacK stated that the UK MDRS Group will review issues related to increased applications for 2024. • Round 2: JMacK confirmed that Round 2 will close on 08/12/2023. • Fill Rates 2023: JMacK confirmed that there is only one unfilled post (Cardio Thoracic) for 2023. • T&O Interviews February 2024: JMacK confirmed that panels have been organised for February interviews. • Availability for Interview Panels: AM requested members make themselves available for interview panels. PW stated there were issues relating to being 	

		released by Service to attend panels. AM suggested discussing with DMEs. JMack confirmed that boards should cover any expenses members incur when attending interview panels.	
5.5	Equality, Diversity & Inclusivity		
5.5.1	Equality, Diversity & Inclusivity Report	<ul style="list-style-type: none"> AM stated that the ED&I report contains a summary of information of ED&I issues and confirmed that this report will be revised annually. 	
5.5.2	Sexual Harassment in Surgery – Update ppt	<ul style="list-style-type: none"> AM stated that NES are looking at co-ordination policies related to sexual harassment and updating NES Codes of Conduct. AM stated that group will be looking at teaching materials which will include topics such as legislation, protocols etc. AM also noted that TDWS will act as an alternative reporting route. 	
6.	Specialty Reports - Highlights	<p>Various issues were raised by individual programmes including:</p> <ul style="list-style-type: none"> General Surgery - Endoscopy Training: AL stated that there have been issues related to courses held at Stobhill Hospital. In addition to this, AL highlighted issues regarding Emersion Training in the North region. AM stated that CSMEN will be renewing contract and a meeting will be held with Graham Haddock to look at new approach. BMA – Junior Doctor Contracts: SO’R stated that SJDC will meet on 19/12/2023 to discuss Junior Doctor contracts. Particular attention will be given to Less than Full Time and protected training time. BMA – MAPs: SO’R stated that the BMA has objected in principle to the recruitment of MAPs. AM confirmed that NES had met with the SJDC and plans a further meeting and creation of a consultation group. Core Surgery: GS raised issues related to trainees failing Part A exam. 	

7.	Other Reports		
7.1	Service (MD) Report	<ul style="list-style-type: none"> This item was not discussed 	
7.2	DME Report	<ul style="list-style-type: none"> This item was not discussed 	
7.3	Royal College Reports	<ul style="list-style-type: none"> See Item 4.6 	
7.4	Head of Schools Report	<ul style="list-style-type: none"> AM confirmed there were no items to discuss. 	
7.5	SAS Report	<ul style="list-style-type: none"> See Item 4.1 	
7.6	Academic Report	<ul style="list-style-type: none"> See Item 4.6 	
7.7	BMA Report	<ul style="list-style-type: none"> See Item 6. 	
7.9	Lay Report	<ul style="list-style-type: none"> IMcD confirmed there were no issues to discuss 	
8.	Date of Next Meeting	<p>Date of the next meeting:</p> <ul style="list-style-type: none"> 06/02/2024 (10:00 – 12:00) via TEAMS 02/05/2024 (10:00 – 12:00) via TEAMS 30/08/2024 (10:00 – 12:00) via TEAMS 19/11/2024 (10:00 – 12:00) via TEAMS 	