

Notes of the meeting of the Surgical STB held at 10:00 am, Tuesday 6th February 2024 via Teams, NHS Education for Scotland

Present: Al Murray (AM) [Chair], Jackie Aitken (JA), Holly Bekarma (HB), John Camilleri-Brennan (JCB), Caroline Cobb (CC), Melanie Clark (MC), Evan Crane (EC), Debbie Boyd (DB), Russell Duncan (RD), Sarah Goodbrand (SG), Thushitha Kunanandam (TK), Ewan Harrison (EH), Martyn Flett (MF), Jen Mackenzie (JMack), Ian McDonough (IMcD), Ashleigh McGovern (AMcG), Vinita Shekar (VS), Phil Walmsley (PW) & David Wynn (DW)

Apologies : Pankaj Agarwal (PA), Sudipto Bhatta (SB), Peter Bodkin (PB), Claire Carden (CC), Vikas Chadha (VC), Mark Danton (MD), Andreas Demetriades (AD), Susan Donaldson (SD), Simon Edgar (SE), Fiona Fraser (FF), Tim Graham (TG), Alistair Geraghty (AG), Vicki Hayter (VH), Simon Hewick (SH), Alan Kirk (AK), Simon Gibson (SG), Kerry Haddow (KH), Bryn Jones (BJ), Alison Lannigan (AL), Stephen Lally (SL), Zack Latif (ZL), Andrew Martindale (MM), Alex McCulloch (AMcC), Ian McDonough (IMcD), Larissa McFadden (LMcF), Mari Louise Montague (MLM), Andrew Murray (AnMu), Lisa Pearson (LP), Hugh Pearson (HP), Rowan Parks (RP), Sara Robinson (SR), Sara O'Rourke (SO'R), Campbell Roxburgh (CR), Brain Stewart (BS), Stuart Suttie (SS), Phil Turner (PT), Mark Vella (MV), Stuart Waterston (SW) Caroline Whitton (CW) & Satheesh Yalamarathi (SY)

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 Ewan Harrison – University of Edinburgh, Academic Rep • Mr Peter Wilson – NHS Fife, Ophthalmology 	
2.	Notes of the meeting held on 01/12/2023	The notes of the 01/12/2023 meeting were accepted by the members.	
3.	Action Points from meeting 24/08/2023	<ul style="list-style-type: none"> • See Action Log – May 2024 	
3.1	Action Log - 24/08/2023 – Item 5 - Presentation - MAP Workstream - Roles of SAS Workforce	<ul style="list-style-type: none"> • VS asked for an update regarding MAP and SAS representation. AM to contact FF for update on behalf of VS. 	AM to contact FF regarding MAPs, different engagement groups etc. on behalf of VS

4.1	Matters Arising		
4.2	Placement of August 2024 expansion posts	<p>Various issues related to the placement of August 2024 Expansion posts were discussed including:</p> <ul style="list-style-type: none"> • Geographic Stability of Posts: AM confirmed that CoPMED are examining criteria used for trainee rotations to give trainees greater geographic stability. AM cited example of Scottish Deanery providing T&O rotations within the Dundee, Aberdeen, and Inverness areas. Trainees could also be given the option of rotating to Forth Valley instead of moving to Inverness area. • T&O Programme – Board Funding: AM confirmed that three expansion posts have been created in T&O programme using health board funding. One post will be located in the South-East Region and two will be placed in the West Region. PW asked if these were all ST3 posts. AM stated that this has still to be decided by T&O TPDs. • T&O Programme – Trainee Availability: PW suggested that if the South-East Region does not have suitable trainees to send to the Golden Jubilee Hospital, trainees from the North or East Region could be used. • Core Programme: AM outlined that expansion posts are being used to back-fill gaps within the Core Programme. This will help the Core programme reach whole time equivalent numbers. AM noted this will be easier to achieve as Surgery programme has low levels of trainees on LTFT. • 2024 Timetables: CC asked if posts have been finalised and can be incorporated into 2024 timetables. AM confirmed that posts can be incorporated into timetables. • Issues related to IDTs: AM noted that there are issues related to trainees accepting ST3 posts and then submitting IDTs. AM confirmed that this has 	

		<p>been discussed by CoPMED and guidance will be issued stating that an IDT cannot be submitted within the first 12 months of a training post.</p>	
4.3	Expansion posts bids 2025	<p>Various issues related to 2025 Expansion posts were discussed including:</p> <ul style="list-style-type: none"> • Urology Programme: HB confirmed that urology will be submitting a bid for two additional posts. HB stated that these posts will support fragile rotas, mitigate against impact of LTFT etc. • General Surgery: SG confirmed that General Surgery will be submitting a bid however numbers cannot be confirmed yet. • Advice on drafting Expansion bids: AM recommended that bid applications include numbers, locations, and a description of how these posts will support fragile rotas. AM noted that Scottish Government may not accept expansion requests next year due to financial constraints however bids should still be submitted. AM confirmed that that the deadline for expansion applications is mid-March. 	
4.3	Update on Robotic Surgery Training	<p>HB gave the members an update regarding RAS training including:</p> <ul style="list-style-type: none"> • Training Requirements: HB stated that the Simulation Training Team will be aiming to provide training that is not out of hours. • Pilot Sites: HB confirmed that sites at Aberdeen Royal Infirmary and Queen Elizabeth Hospital have been chosen at pilot sites however there has been a delay regarding the Intuitive Training Pathway wet and dry labs. HB noted that there is no funding available to set up labs at present. • Royal College of Physicians, Edinburgh: AM confirmed that he will be meeting with Paul Curtis to discuss support from Royal College for pilot projects. AM stated that he had also been in discussion with CSMEN. 	

5.	Deanery Issues		
5.1	Quality Management Report	<p>PW gave the members an update regarding Quality Management activities including:</p> <ul style="list-style-type: none"> • Dr Gray's Hospital, Elgin: PW stated that there are ongoing issues related to Dr Gray's hospital and an additional issue has been identified in T&O. AM confirmed that T&O issues will be addressed in a combined visit. • Action Plan Review Meetings: PW confirmed that Action Plan meetings have been completed at University Hospital Hairmyres and University Hospital Wishaw. PW stated that Monklands General Hospital still requires monitoring. 	
5.2	Training Management	<p>AMcG gave the members the following update regarding Training Management including:</p> <ul style="list-style-type: none"> • Round 2 Posts: AMcG stated that the deadline for Round 2 was 23/02/2024. • ARCP Guidance: AMcG confirmed that TM will be revising ARCP Guidance. Advice regarding Outcome 10s and Covid-19 derogations will be removed. • ARCP Panel Member Form: AMcG confirmed that the Confirmation of Training form will be converted into a Microsoft form. • Concerns from JCST: AM stated that concerns had been raised by SAC liaison members that ARCPs held online impact panel recruitment and regional relations. PW noted that liaison member roles were not funded and there was poor support from health boards regarding this role. 	
5.3	Professional Development	<ul style="list-style-type: none"> • AM confirmed that there were no items to discuss 	

5.4	Recruitment	<p>JMacK gave the members the following update related to recruitment including:</p> <ul style="list-style-type: none"> • T&O Interviews: Interviews will take place on 20/02/2024 and 21/02/2024. • Number of T&O candidates: PW noted that less than 10% of applicants were being interviewed from the total number of long-listed applicants. PW noted that this may not be sufficient to meet additional posts. JMacK stated that this issue would be discussed at the next Recruitment Review meeting. AM suggested PW discuss with T&O programme. • Interview Person Specifications: JMacK confirmed that the person specification criteria would be discussed at the next Recruitment Review meeting. PW requested JMacK send him revised person specification documents for 2025. 	<p>PW to discuss future recruitment numbers and 2025 recruitment process with T&O team.</p> <p>JMacK to send PW 2025 T&O person specification document</p>
5.5	Equality, Diversity & Inclusivity	<p>Various issues related to ED&I were discussed including:</p> <ul style="list-style-type: none"> • ED&I Training for Trainees: AM highlighted requirement for trainees to complete appropriate ED&I training. AM stated that trainees may need advice on how to evidence training in trainee ePortfolios. • Voluntary vs Mandatory Training: AM stated that there is an argument not to mandate specific training. MF noted that mandatory training has poor training outcomes and suggested a CEX style exercise that could be saved to trainee ePortfolios. MF referred the members to Royal College of Surgeons, Edinburgh paper (https://www.rcsed.ac.uk/professional-support-development-resources/sexual-misconduct-in-surgery-lets-remove-it). • Training for Non-Trainees: VS suggested broadening training to training departments with an emphasis on professionalism. VS suggested trainees could use GMC Reflective Practice exercises which could be saved on trainee ePortfolios. 	

		<ul style="list-style-type: none"> • Evidencing of Training: AM asked members to suggest appropriate activities that could be used by trainees in each specialism. AM stated he would e-mail all specialty reps who have not attended the STB for suggestions. • NES Module: AM confirmed that NES will be developing a module on Sexual Harassment in the Workplace. In addition to this, NES is involved in drafting NHS Scotland Once for Scotland guidance on reporting, disclosure etc. • TWDS Resources: AM confirmed that TWDS will be updating website resources and will be developing guidance for Trainers regarding trainee disclosures. • Royal College of Surgeons, England Guidance: AM stated that there will be further discussions regarding the Royal College of Surgeons, England guidance by all four nations. AM confirmed that he will be attending meeting on 09/02/2024 and will report back to members at the next meeting. 	
6.	Specialty Reports		
6.1	Reports Received – Issues	<p>Various issues related to PPE were discussed including:</p> <ul style="list-style-type: none"> • PPE for Female Trainees: EC raised the issue of appropriate anti -radiation PPE protection for female trainees. EC stated that a national response is required. AM noted that trainee rep SO’R has also raised issue. AM stated he would circulate Health Physics report regarding issue and requested EC and S’OR report back to STB for May meeting. • NHS Greater Glasgow & Clyde Response: AM stated that NHS Greater Glasgow & Clyde have responded stating that evidence regarding radiation exposure is not conclusive however work is ongoing. 	<p>AM to send STB members Health Physics report regarding radiation exposure and PPE. EC & SO’R to report back to members regarding PPE for trainees at May meeting</p>

6.2	Trainee Report	<ul style="list-style-type: none"> • See Item 6.2 	
7.	Other Reports		
7.1	Service (MD) Report	<p>CC outlined issues relating to Simulation training in Ophthalmology including:</p> <ul style="list-style-type: none"> • Ophthalmology Simulator Equipment Issues: CC confirmed that cataract simulator used in the West Region has broken down. CC stated that approval has been given for a replacement however there are issues regarding payments. KT stated that she would contact Peter Wilson. • Impact on Ophthalmology Training: CC stated that Simulator is essential for trainee training and trainees are having to travel to different regions for training. AM asked for KT and CC to report back to members at the next meeting. 	<p>KT to contact Peter Wilson regarding replacement of ophthalmology simulator in West Region.</p> <p>KT and CC to report back to members regarding replacement of Ophthalmology simulator in West Region for the next meeting.</p>
7.2	DME Report	<ul style="list-style-type: none"> • No representative was available 	
7.3	Royal College Reports	<p>Various issues were discussed related to Royal College of Surgeons, Glasgow report regarding PAs and MAPs including:</p> <ul style="list-style-type: none"> • National View regarding PAs: VS confirmed that additional work by the Royal College of Surgeons, England on the impact of PAs on wider surgical teams has been paused until issues regarding MAP regulation, scope of practice etc. are resolved. VS noted that these issues may be difficult to resolve as each unit has different requirements and structures. EH noted possible negative impact of MAPs on Foundation trainees. • Regulation & Training of PAs: AM confirmed that the Scottish Government has approved legislation appointing the GMC as PA/AA regulator. The legislation is still to be passed by the UK parliament. 	

		<ul style="list-style-type: none"> • NHS Scotland Response to PAs: PW asked if NHS Scotland have formulated a specific policy regarding allocation, regulation, and training of PAs. AM stated that this is a work in progress however health boards will most likely decide on allocation and training. • PA Trainer Training: PW raised the issue of PAs who provide training for trainees. AM confirmed that MAPs will need to undertake relevant CPD to be recognized trainers in the same way as other healthcare professionals. 	
7.4	Head of Schools Report & JCST Report	<p>AM gave the members a summary of the JCST report including:</p> <ul style="list-style-type: none"> • Post Pandemic Recovery: AM stated that there has been an incomplete recovery in elective surgery activities post-pandemic however there has been a sustained drop in the number of procedures trainees are performing. AM stated that this requires further investigation. • ARCP Outcomes: AM noted that Outcomes 10s has been removed from ARCP guidance and there has been a lower than expected increase in Outcome 3s. AM stated that this may be due to trainees having a higher than expected level of operative experience before the pandemic. AM highlighted issues regarding loss of training opportunities to the independent sector. • ARCPs & Covid-19 Outcomes: AM stated that the report had identified that there was a higher rate of female trainees reporting Covid-19 related outcomes. This has been noted by the JCST. • Core Surgery Training: Consultation has been completed and all stakeholders have indicated that the proposed changes will not be supported. AM noted that there may not be any further attempts at revisions for the foreseeable future. • Multi-Consultant Reports: AM asked the members to contribute to these reports. 	

		<ul style="list-style-type: none"> • Alternative Routes to Register: There is concern that ‘equivalent routes’ may increase burden on JSCT members particularly SAC members. AM noted that there is no funding to support this increased workload. • TIG Funding: PW asked about funding structure for TIGs. AM confirmed that funding has still to be clarified now that HEE has been dissolved. AM stated that funding model use in South-East Region will carry on for the foreseeable future. 	
7.5	SAS Report	<p>VS gave the members the following update including:</p> <ul style="list-style-type: none"> • MRCS Part 1 & Part 2: VS highlighted that SAS doctors can examine for Part 1 & Part 2 and emphasised the importance of using SAS doctors as examiners. • SAS Examiner Webinar: VS confirmed that a webinar related to guidance for SAS as examiners has been held by RCS England. VS suggested RBS circulate link for TPDs. • ATLS Steering Group: VS state that interviews took place with Guy Slater (ATLS, National UK Lead) and a SAS ATLS doctor has been recruited. VS suggested that a similar position could be developed in Scotland. • Emerging Leaders Programme: VS stated that there have been a positive number of SAS surgeons apply for these roles. • Process of including SAS doctors in Trainee Training: VS suggested that a survey be sent to all SAS surgeons and database be created of doctors who would like to be involved in this training. VS asked if a member of the STB could be nominated to manage this database. AM suggested that VS proceed with survey and report back to next STB meeting. 	<p>RBS to circulate link to SAS Examiner Webinar for TPDs.</p> <p>VS to report back to next STB meeting regarding SAS doctors and trainee training. RBS to add SAS and trainee training discussion item to next STB meeting</p>

7.6	Academic Report	<ul style="list-style-type: none"> EH confirmed that academic members will give a verbal report for each meeting. 	
7.7	BMA Rep	<ul style="list-style-type: none"> A BMA rep was not available 	
7.8	Lay Report	<ul style="list-style-type: none"> IMcD confirmed that this will be his last meeting as Lay Rep and congratulated the members on managing a large and varied workload. AM thanked IMcD for his contribution to the STB. 	
8.	AOB		
9.	Date of next meeting	<p>Date of Next Meeting:</p> <ul style="list-style-type: none"> 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 	