

**Notes of the meeting of the Surgical STB held at 10:00 am, Thursday 2<sup>nd</sup> May 2024 via Teams, NHS Education for Scotland**

**Present:** Al Murray (AM) [Chair], Helen Adamson (AH), Holly Bekarma (HB), Evan Crane (EC), Andreas Demetriades (AD), Clive Goddard (CG), Simon Gibson (SG), Roberta Gauru (RG), Bryn Jones (BJ), Alison Lannigan (AL), Jen Mackenzie (JMack), Andrew Martindale (AMa), Ashleigh McGovern (AMcG), Mary-Louise Montague (MLM), Helen Pratt (HP), Sara O’Rourke (SO’R), Vinita Shekar (VS), Brain Stewart (BS), Phil Turner (PT), Peter Wilson (PW) & David Wynn (DW)

**Apologies :** Jackie Aitken (JA), Pankaj Agarwal (PA), Peter Bodkin (PB), Debbie Boyd (DB), Sudipto Bhatta (SB), Claire Carden (CC), John Camilleri-Brennan (JCB), Vikas Chadha (VC), Caroline Cobb (CC), Melanie Clark (MC), Susan Donaldson (SD), Mark Danton (MD), Russell Duncan (RD), Simon Edgar (SE), Martyn Flett (MF), Fiona Fraser (FF), Alistair Geraghty (AG), Sarah Goodbrand (SG), Tim Graham (TG), Kerry Haddow (KH), Ewan Harrison (EH), Vicki Hayter (VH), Simon Hewick (SH), Alan Kirk (AK), Thushitha Kunanandam (TK), Stephen Lally (SL), Zack Latif (ZL), Alex McCulloch (AMcC), Larissa McFadden (LMcF), Andrew Murray (AnMu), Rowan Parks (RP), Hugh Pearson (HP), Lisa Pearson (LP), Sara Robinson (SR), Campbell Roxburgh (CR), Stuart Suttie (SS), Mark Vella (MV), Stuart Waterston (SW), Phil Walmsley (PW), Caroline Whitton (CW) & Satheesh Yalamarathi (SY)

**Present:** Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	<b>Welcome &amp; Apologies</b>	The chair welcomed the members and noted the apologies	
2.	<b>Notes of the meeting held on 06/02/20024</b>	<p>The following corrections were requested:</p> <ul style="list-style-type: none"> <li>• <b>Item 7.5 – SAS Report - MRCS Part 1 &amp; Part 2:</b> Change to ‘VS highlighted that SAS doctors can examine for Part 1 &amp; Part 2 and emphasised the importance of using SAS doctors as examiners.’</li> <li>• <b>Item 7.5 - SAS Examiner Webinar:</b> Change to ‘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’.</li> </ul>	<b>RBS to correct 06/02/2024 meeting notes - Completed</b>
3.	<b>Action Points from meeting 06/02/2024</b>	<ul style="list-style-type: none"> <li>• <b>See Action Log – August 2024</b></li> </ul>	

4.	Deanery Issues		
4.1	Trainee Distribution Model – Presentation	<p>CG gave a presentation relating to trainee distribution models. Issues regarding allocation process', impacts, equality etc. were discussed. The following related topics were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Trainee as Service Provision:</b> SG asked if trainee experience, as opposed to the use of trainees for Service provision, could be taken into consideration in future modeling. CG acknowledged that there must be adequate engagement with trainees before any changes are made. AM confirmed that trainee experience, impacts on Quality Management, trainee re-locations etc. have been discussed with the senior management team.</li> <li>• <b>Impacts on Trainee Contracts:</b> SO'R noted that the BMA Reference Group will be drafting suggested clauses for new trainee contracts which include guarantees for adequate training in all trainee positions.</li> <li>• <b>Impact of Expansion Posts:</b> CG noted that Surgery may not have enough expansion posts to accommodate both trainee and Service demands. Trainees will most likely have to be moved and rotated depending on demand.</li> <li>• <b>Additional Consultant Appointments:</b> BJ asked what efforts were being made to re-populate district hospitals with a view to increasing consultant posts. CG stated that more work was required to provide evidence to support the suggestion that trainees who train at peripheral sites will be more likely to apply for consultant posts at those sites. CG noted that increased trainee numbers provide evidence for additional consultant posts.</li> <li>• <b>Next Steps:</b> CG confirmed that modelling work may be expanded to include other specialties.</li> </ul>	

4.2	<b>ASiT - Non-financial Cost of Training</b>	<p>RG (President of the Association of Surgeons in Training) gave the members a presentation regarding the recent ASiT Trainee survey.</p> <ul style="list-style-type: none"> <li>• <b>ASiT Survey:</b> RG informed the members that this survey examined issues such as trainee welfare, burnout, work-life balance etc. 1200 responses were received but only 490 complete returns were used in the final analysis. Results indicated various negative impacts related to trainee training.</li> <li>• <b>Members Response:</b> AM noted that some actions have been taken regarding trainee re-locations, commuting, rota design etc. however more action was required. PW stated that there were still issues regarding trainees being concentrated in the Central Belt which impacts other regions.</li> </ul>	
4.3	<b>SAS - Access to Educational Resources</b>	<p>VS gave the members a summary regarding a recent SAS doctors educational resources survey including:</p> <ul style="list-style-type: none"> <li>• <b>SAS Trainee Survey:</b> VS stated that the survey collected responses from 40 SAS doctors from ten health board areas. 70% of those responding stated that they did not have access to appropriate resources and would like to attend higher surgical training. VS noted that access to resources would help SAS doctors sit the MRCS and FRCS exams as well as complete CSER requirements. VS suggested SAS doctors be allowed to attend educational events.</li> <li>• <b>Study Budget Issues:</b> BJ noted that doctors have been impacted by the top-slicing of Study Budgets. VS stated that SAS doctors have access to a more generous Study Leave budget and can contribute to training workshops etc.</li> </ul>	
4.4	<b>Simulation - Trauma Courses 2024</b>	<ul style="list-style-type: none"> <li>• AM requested this be discussed at the next STB meeting</li> </ul>	<b>RBS</b> to add Simulation Trauma Courses discussion item to next meeting agenda - <b>Completed</b>
4.5	<b>Urology - Robotic Assisted Surgery Training</b>	<p>HB gave the members the following update regarding robotic assisted surgery in Urology:</p>	

		<ul style="list-style-type: none"> <li>• <b>De Vinci Training:</b> HB confirmed that Urology will be able to provide in-house robotic training and will not need to use the de Vinci Intuitive model.</li> <li>• <b>Curriculum Development:</b> HB confirmed that four Urology departments will develop an in-house robotic training curriculum and work-based assessments which will be submitted to ISCP.</li> <li>• <b>Other Specialties:</b> AM noted that other specialties such as Thoracics are developing their own programmes and training pathways in partnership with de Vinci Intuitive.</li> </ul>	
4.6	<b>Urology – Expansion Bid</b>	<ul style="list-style-type: none"> <li>• AMa confirmed that East Region numbers had been added to the expansion bid paper. HB confirmed that Urology will be requesting two expansion posts. AMa stated he would send expansion paper to AM.</li> </ul>	<b>AMa</b> to send final Urology Expansion Bid paper to AM
4.7	<b>General Surgery - Expansion Bid</b>	<p>AL gave the members the following update regarding the General Surgery expansion bid including:</p> <ul style="list-style-type: none"> <li>• <b>Expansion Posts for 2023:</b> AL stated that General Surgery had requested expansion posts for 2023 to back-fill posts where trainees had applied for LTFT. AL noted that this has impacted calculation of future consultancy posts.</li> <li>• <b>Calculation of Future Expansion Posts:</b> AL confirmed that there is an estimated 45 post shortfall within General Surgery. A request for 2024 has therefore been made for 14 whole-time posts. AL confirmed that this calculation is based on the number required to maintain establishment numbers with a 2% increase. Future estimates for 2025 indicate that there will be 12 whole time consultant vacancies with an estimated-out flow of 20 whole time consultant posts.</li> <li>• <b>Further Expansion Posts:</b> AL confirmed that General Surgery will request a further six whole-time equivalent posts every year for the next six years. AM</li> </ul>	

		<p>noted that it was important not to have more trainees CTing than posts available.</p> <ul style="list-style-type: none"> <li>• <b>Impact on TPDs:</b> BJ asked whether there would be any additional support for TPDs due increased trainee numbers. AM confirmed that impacts on TPDs and TPM would be included as part of his review paper along with issues related to site capacity and possible rota capping by boards.</li> </ul>	
<b>5.</b>	<b>Specialty reports</b>		
<b>5.1</b>	<b>General Surgery Report</b>	<ul style="list-style-type: none"> <li>• AL noted that the General Surgery curriculum has been revised regarding breast surgery implant reconstruction competencies at Level 4. The revised curriculum requires trainees to achieve 40 indicative procedures however Scotland does not carry out enough breast reconstruction implant procedures to meet this requirement. AM suggested that AL draft a brief paper regarding this issue which can be presented to the JCST.</li> </ul>	<b>AL</b> to draft briefing paper regarding issues related to breast re-construction training in Scotland for presentation to the JCST
<b>5.2</b>	<b>T&amp;O Report</b>	<ul style="list-style-type: none"> <li>• AM noted that EC had raised the issue of the lack of support for external roles, such as examiners, SAC Liaison roles etc. This has been particularly challenging since the move from face-to-face to online activities. AM stated that this is a major discussion topic at JCST however the COPMeD position remains that SEBs will not fund face-to-face attendance for SAC LM's.</li> </ul>	
<b>5.3</b>	<b>Paediatrics Report</b>	<ul style="list-style-type: none"> <li>• AM confirmed that the issue of trainee rotas at the Royal Edinburgh Hospital for Children &amp; Young People has been discussed at the Quality Management Meeting and will be discussed with the department. MLM confirmed that the recently planned QEM with Paediatric Surgery at RHCYP Edinburgh was postponed at short notice by the APGD for Quality and a new date is to be agreed. Senior Management have received an amended rota from the trainee group which is to be discussed at a forthcoming meeting.</li> </ul>	

5.4	<b>ENT Report</b>	<ul style="list-style-type: none"> <li>• BJ raised the issue of increased rates of trainees applying for LTFT in ENT. BJ noted that some trainees are moving to 60% LTFT which impacts rotas as some of these posts are not backfilled. AM confirmed that NES is aiming to increase head count to address increased LTFT rates.</li> </ul>	
5.5	<b>Urology Report</b>	<ul style="list-style-type: none"> <li>• HB raised issue of disparity between study leave rates between East and West region. HB noted that the East Region trainees have had approval for the ST Urology Boot Camp, but West Region trainees have not. AM suggested this be discussed offline with AMa.</li> </ul>	<b>AMa</b> to discuss ST3 Urology Boot Camp study funding issues with AM
5.6	<b>Plastic Surgery Report</b>	<ul style="list-style-type: none"> <li>• AM stated that issues have been raised regarding coverage of elective training which is currently standing at post-pandemic rates of 80%. AM noted the importance of TPDs monitoring trainee logbooks to identify objective evidence of decreased operative training activity.</li> </ul>	
5.7	<b>Neurosurgery Report</b>	<p>Various issues related to neurosurgery in NHS Lothian were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Study Leave Issues:</b> AD stated that there are ongoing issues related to the restriction of trainees attending training or conferences outwith the UK. AD stated that trainees have been told that only courses held in the UK will be funded from the Study Leave budget. AD stated that this is particularly restrictive for small specialist programmes. AM noted that Study Leave funding is approved by NES not territorial boards however strict criteria applied to funding requests. MLM stated that she would discuss Study Leave issues with NHS Lothian DME and DME Group.</li> <li>• <b>A&amp;E Attendance:</b> AD stated that some trainees within Lothian are now required to attend A&amp;E departments. AD noted that trainees are not able to attend A&amp;E along with their other training requirements.</li> <li>• <b>Trainee Resignations:</b> AD noted that four neurosurgeon trainees have resigned recently in NHS Lothian which is causing issues for departments.</li> </ul>	<b>MLM</b> to discuss study leave issues with NHS Lothian DME and DME Group on behalf of AD

6.	<b>Other Reports</b>		
6.1	<b>Recruitment - Update</b>	<p>JMacK gave the members an update regarding recruitment including:</p> <ul style="list-style-type: none"> <li>• <b>OMFS:</b> JMacK confirmed that two posts have not been filled. AM confirmed that he has requested a report from the Maxillofacial rep (Debbie Boyd) for the next STB regarding recruitment.</li> <li>• <b>Round 2:</b> JMacK confirmed that fill rates were positive and would circulate a report at the next STB meeting.</li> <li>• <b>Late Posts:</b> JMacK confirmed that there are three late posts in Plastic Surgery, Urology and T&amp;O.</li> </ul>	<b>DB</b> to prepare paper for next STB on OMFS recruitment options
6.2	<b>Quality – Surgery Highlights April 2024</b>	<ul style="list-style-type: none"> <li>• HP confirmed there were no outstanding issues to discuss. AM confirmed that there was still ongoing work related to Monklands Hospital, Airdrie, Ninewells Hospital, Dundee and Dr Grey’s, Elgin.</li> </ul>	
6.3	<b>Service (MD) Report</b>	<ul style="list-style-type: none"> <li>• No rep was available</li> </ul>	
6.4	<b>DME Report</b>	<ul style="list-style-type: none"> <li>• MLM confirmed there were no issues to discuss.</li> </ul>	
6.5	<b>Royal College Reports</b>	<ul style="list-style-type: none"> <li>• DW confirmed that the DONS exam will be phased out as it is now deemed not fit for purpose. ENT trainees will now move to the MRCS exam. PT noted that there is a requirement to increase the number of MRCS exam venues.</li> </ul>	
6.6	<b>SAS Report</b>	<ul style="list-style-type: none"> <li>• VS confirmed that she will be stepping down as SAS rep for the STB. AM thanked VS for her contribution to the STB and her support for SAS doctors.</li> </ul>	
6.7	<b>Academic Report</b>	<ul style="list-style-type: none"> <li>• No rep was available</li> </ul>	

6.8	BMA Rep	<p>SO'R raised various issues including:</p> <ul style="list-style-type: none"> <li>• <b>Issues regarding Foundation Trainees:</b> SO'R stated that it has been suggested that Foundation recruitment might be reduced, and remaining posts converted into other grades. AM stated that Duncan Henderson (Chair, Foundation School STB) has not mentioned this. MLM confirmed that meetings have been held regarding expansion posts in Foundation. SO'R stated she would send AM and MLM e-mailing outlining issue.</li> <li>• <b>Possible Industrial Action:</b> SO'R confirmed that discussions are ongoing with Scottish Government regarding pay negotiations however no decision have been taken regarding possible industrial action by junior doctors.</li> </ul>	<p>SO'R to contact AM and MLM regarding suggestions regarding reducing of Foundation Trainee posts</p>
6.9	Lay Report	<ul style="list-style-type: none"> <li>• HA warned against assuming that all trainees are dissatisfied with their training as those who complete trainee surveys are more likely to have negative training experiences. RG stated that the Royal College survey used well-balanced samples and compared well against the GMC trainee survey.</li> </ul>	
7.	AOB	<ul style="list-style-type: none"> <li>• There were no additional items of business</li> </ul>	
8.	Date of Next Meeting	<ul style="list-style-type: none"> <li>• 30/08/2024 (10:00 – 12:00) via TEAMS</li> <li>• 19/11/2024 (10:00 – 12:00) via TEAMS</li> </ul>	