

Notes of the meeting of the Surgical STB held at 10:00 am, Friday 30th August 2024 via Teams, NHS Education for Scotland

Present: Al Murray (AM) [Chair], Holly Bekarma (HB), Peter Bodkin (PB), Clare Carden (CC), John Camilleri-Brennan (JCB), Evan Crane (EC), Dave Drake (DD), Jennifer Duncan (JD), Russell Duncan (RD), Simon Edgar (SE), Martyn Flett (MF), Kerry Haddow (KH), Simon Johnson (SJ), Bryn Jones (BJ), Alison Lannigan (AL), Jen Mackenzie (JMack), Allex McCulloch (AMcC), Ashleigh McGovern (AMcG), Vinita Shekar (VS), Phil Turner (PT) & Stuart Waterston (SW)

Apologies: Jackie Aitken (JA), Helen Adamson (AH), Pankaj Agarwal (PA), Reem Alsoufi (RA), Emily Baird (EB), Sudipto Bhatta (SB), Debbie Boyd (DB), Vikas Chadha (VC), Melanie Clark (MC), Mark Danton (MD), Andreas Demetriades (AD), Simon Gibson (SG), Tim Graham (TG), Ewan Harrison (EH), Michael Hutcheson (MH), Thushitha Kunanandam (TK), Stephen Lally (SL), Andrew Martindale (AMa), Vhari MacDonald (VMaCd), Larissa McFadden (LMcF), Andrew Murray (AnMu), Hugh Pearson (HP), Helen Pratt (HP), Alison Ramsay (AR), Campbell Roxburgh (CR), Sara O'Rourke (SO'R), Philipa Rust (PR), Tamim Siddiqui (TS), Brain Stewart (BS), Stuart Suttie (SS), Phil Walmsley (PW), Peter Wilson (PW), Alun Williams (AW), David Wynn (DW), & Satheesh Yalamarathi (SY)

Item No	Item	Comments	Action
1.	Welcome & Apologies	The chair welcomed the following new members: <ul style="list-style-type: none"> • Jennifer Duncan: Associate Manager, NES Quality Management • Mhari MacDonald: Associate Manager, NES Quality Management 	
2.	Notes of the meeting held on 02/05/2024	The notes of the 02/05/2024 meeting were accepted by the members	
3.	Action Points from meeting 02/05/2024	See Action Log – August 2024	
4.	Matters Arising		
4.1	OMFS Programme - Recruitment Issues	DD gave the members a summary of issues relating to OMFS recruitment including: <ul style="list-style-type: none"> • Recruitment Issues Across UK: DD stated that the OMFS programme is currently underrecruited across the UK. All areas apart from London and the South-East of England are impacted. DD noted that this is due to lack of trainees applying at ST3 level. 	

		<ul style="list-style-type: none"> • OMFS Recruitment in Scotland: DD confirmed that Scotland has 8-9 OMFS posts of which two are currently vacant. DD noted that Scotland recruits well from England due to good reputation. • Run-Through Posts in Scotland: DD stated that Scotland does not have run-through OMFS posts which would attract more applicants and suggested posts be created as a short-term solution. AM asked JMack whether run-through posts could be considered for 2025. JMack confirmed issue could be considered after indicative numbers are finalised in October. AM requested DD, JMack and Debbie discuss possibility of created run-through posts for 2025. • Review of Scottish OMFS Programme: DD confirmed that the programme will be reviewed with specific attention being paid to whether trainees must be qualified dentists. DD stated that he did not think this was a necessary requirement. • Issues related to SAS Doctors: VS confirmed that there are training, and service issues related to SAS doctors on the OMFS programme. VS suggested all grades (not just trainee grades) be reviewed. DD confirmed that historically the OMFS programme has depended on dental juniors. DD confirmed that there are now fewer dental juniors due to programme changes. • Availability of OMFS Posts: SJ stated that he has one trainee who cannot obtain an OMFS post. VS confirmed that the trainee is working as Clinical fellow and has not passed the MSRSC-Part B exam yet. • MRCS Exam Issues: DD highlighted that there are issues regarding trainees passing the MRCS (Part A and Part B) exam to gain entry to the OMFS programme. DD noted that the length of training required often means trainees who apply are older and there is a higher exam failure rate for older trainees. DD stated that the 	<p>DD to discuss possibility of creating OMFS run-through posts for 2025 with JMack and Debbie</p>
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		<p>programme may fail to recruit otherwise suitable experienced candidates because of this.</p> <ul style="list-style-type: none"> • Cross-Over Specialties: SW suggested that programmes that overlap with each other such as Oral Surgery, Head & Neck Surgery etc. should collaborate with a view to increasing training opportunities. DD noted that there were self-funding issues that impacted cross-over specialities. • Workforce Requirements: SE asked what the workforce requirements were for OMFS. DD confirmed that there is high workforce demand for OMFS within Scotland. In addition to this, there will be increasing pressures on workforce due to the number of consultants retiring over the next few years. • Royal College of Surgeons Edinburgh: PT offered support from the royal college regarding any development work required through the Dental and Medical faculties. • Royal College of Surgeons England: VS confirmed that the royal college will be publishing a workforce census covering all ten surgery specialities in September. VS suggested that Bill Alum be invited give a presentation to the STB. 	
4.2	Trauma Courses	<p>Various issues were discussed related to Trauma courses including:</p> <ul style="list-style-type: none"> • Alternative Courses: AM stated that all options for alternative Trauma courses are being investigated such as those offered by the Royal College of Surgeons, Edinburgh. AM requested discussion item be carried over to the November meeting. 	<p>RBS to add Trauma Course discussion item to November meeting agenda</p>

		<ul style="list-style-type: none"> • TOURCH Course: AL confirmed that a trauma surgeon in the West would like to collaborate with colleagues regarding the development of TOURCH Courses. AM suggested that the course lead contact Catie Paton. 	
4.3	STB Membership & TPD Update	<p>AM gave the members the following updates regarding the STB membership:</p> <ul style="list-style-type: none"> • TPD Updates: AM confirmed the following changes to Surgery TPDs including: <ul style="list-style-type: none"> • Mrs Alison Lannigan: AM confirmed that AL will be stepping down as TPD for General Surgery in the West Region. AM thanked AL for her contribution to the STB and wished her a happy retirement. • Mr David Cairns: AM confirmed that DC will be stepping down and as T&O TPD in the North Region and will be replaced by Mike Reidy. AM thanked DC for his contribution to the STB. • Ms Caroline Cobb: AM confirmed that CC will be stepping down as TPD for Ophthalmology in the East Region. AM thanked CC for her contribution to the STB and confirmed that a new TPD will be recruited soon. • Mr Stuart Waterston: SW confirmed that his role will be re-advertised as per the SLA regulations. SW requested RBS correct his name on the Membership List. • STB Deputies: AM asked members to elect deputies to stand in for members when they are unable to attend. • ENT Rep: KH stated that the membership list should list both East and West regional reps. KH confirmed that the ENT rep for East Region is Alun Williams. 	<p>RBS to correct SW name on STB membership List</p> <p>RBS to amend ENT entries on STB membership List</p>

		<ul style="list-style-type: none"> • SAMD Rep: SE noted that a SAMD rep was required. AM stated that he would discuss a possible deputy Medical Director rep with Andrew Murray. • ASiT & BOTA Membership: AM suggested that reps be recruited to the STB. AM suggested reps could provide a UK wide perspective on specific surgical specialties. 	<p>AM to discuss possible SAMD deputy Medical Director rep for STB with Andrew Murray</p> <p>AM to contact ASiT & BOTA regarding possible representatives</p>
4.4	MRCS & Trainee Progress	<p>Various issues related to the MRCS exams were discussed including:</p> <ul style="list-style-type: none"> • MRCS Guidance Paper: AM gave the members a summary of the issues noted in the MRCS paper including: <ul style="list-style-type: none"> • Variations in management of trainees failing MRCS exam • Some regional variations relating to how trainees are supported for the MRCS exam • Issues regarding trainees failing to inform Educational Supervisors on how many times they have sat the MRSC exam • Role of Education Supervisor: AM suggested that the Educational Supervisor meet trainees at the start of ST1 or Core training to discuss exam planning. The Education Supervisor must also enquire how many times a trainee has sat the exam and provide tailored support if required. • Expectations Regarding MRCS Exams: AM suggested that it should be assumed that trainees sit their Part A exam in CT1 or ST1. If a trainee has not done so the Educational Supervisor should enquire why this is the case. AM stated that a trainees can provide mitigating circumstances for not sitting Part A such as a neurodivergent diagnosis but that with the correct support an attempt should still be expected in first year. 	

		<ul style="list-style-type: none"> • Repeated Exam Fails: AM stated that if a trainee has more than two exam fails the Education Supervisor should refer the trainee to TDWS. As part of this the trainee may be offered a neurodivergent assessment. PT noted that if a trainee has a confirmed neurodivergent diagnosis their exam failure record will be set back to zero. • Exam Fails - ARCP Outcome: AM stated that a trainee should be given an Outcome 2 if they fail the exam with the expectation that the trainee will re-sit the exam at the earliest opportunity. • Exam Extensions: The submitted paper describes a process for deciding an ARCP outcome if a trainee has not passed one or both parts of the exam by the end of year two. • Level of Support that should be given to Trainees: BJ and SW both noted that support should be given to trainees who fail their MRCS however trainees should be helped to identify alternatives if they repeatedly fail the exam. • Number of times a Trainee can sit the MRCS: HB noted that trainees can have six attempts at the MRCS exam and asked whether trainees must be provided with support until they have exhausted all six attempts. AM clarified that it is the Royal Colleges who allow trainees a maximum of six exam attempts but this does not mandate that the deanery facilitates six attempts within programme. • Assessment of Trainee Performance: SE suggested data be gathered to identify trainee performance trends. SE asked whether trainees who fail exams are also those who do not perform well in other areas such as patient interactions, tissue handling etc. or whether there are groups of trainees who perform well in these areas but who consistently fail the exam. RD stated that trainees who perform well over-all but fail the exam should still be supported. 	
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5.	Deanery Issues		
5.1	Quality Improvement	<p>AMcC gave the members the following update regarding Quality Management including:</p> <ul style="list-style-type: none"> • DME Report & Trainee Survey Data: AMcC stated that some changes have been made to the DME report via a focus group and the report now includes appendices on survey data, list of sites etc. AMcC noted that there is difficulty aligning NTS, STS and GMC survey data as they use different benchmarks and different question sets. AMcC noted that historically the response rate for the NTS trainers survey is low. • New Quality Management Structure: AMcC stated that the QM group has moved from eight SQMGs to three SQMG structure. AMcC confirmed that the group will now use a continuous assessment model and will revise how trainee training grades are used in the Quality process. In addition to this, the Deanery Quality Management Group is to be restructured. AM requested that AMcC send a summary document outlining QM changes to the members. 	<p>AMcC to send a summary document outlining Quality Management structure changes to STB members</p>

		<ul style="list-style-type: none"> • Transition QRP Panel Model: AMcC stated that the QM group will use a transition model for all sites that are either not good practice sites or in the in the bottom 10%. Results will be shared with all APGDs. • New Quality Manager: AMcC confirmed that Jennifer Duncan and Vhari Macdonald will join the Surgery Quality Group. 	
5.2	Training Management	<p>AMcG gave the members the following summary regarding TPM:</p> <ul style="list-style-type: none"> • Round 3 OMFS Posts: AMcG confirmed that there are two OMFS posts for the February 2025 - Round 3 intake. TPM will inform the board if these posts have been filled by October. • August 2025 Recruitment: TPM will be in contact with TPDs regarding numbers required for the August 2025 intake over the next two months. • Winter ARCPs: AMcG confirmed that panels and chairs for the Winter ARCPs are being organised. • Period of Grace Questionnaire: AMcG stated that a questionnaire asking for trainee reasons for requesting a Period of Grace will now be sent out with applications. • Inter Deanery Transfers: AMcG confirmed that the vacancy declaration deadline will be the 30/09/2024. AMcG noted that this has been extended by three weeks. AMcG stated that TPM will contact TPDs regarding any IDT requests. 	
5.3	Professional Development	<ul style="list-style-type: none"> • AM confirmed that there were no issues to discuss 	

5.4	Recruitment	<p>JMacK gave the members the following recruitment update including:</p> <ul style="list-style-type: none"> • Recruitment Timeline: JMacK stated the recruitment timeline has been included in the Recruitment paper. Indicative numbers will be confirmed in October and the deadline will be confirmed with the Training Management Team shortly. • T&O Recruitment process: JMacK confirmed that the interview format and long-listing process will be revised however there are still some outstanding issues which have to be finalised by 09/09/2024. • Applications – Person Specification: JMacK stated that a decision on the ‘experience limits’ is still to be finalised. JMacK confirmed that all four nations are discussing a uniform approach, and a decision will be made by the mid-September. • T&O Applications – ST1 & ST3: JMacK confirmed that all application guidelines will now state that candidates cannot apply for ST1 and ST3 at the same time. 	
5.5	Equality, Diversity & Inclusivity and Differential Attainment	<p>AM gave the members the following summary regarding ED&I and differential attainment issues including:</p> <ul style="list-style-type: none"> • STS Survey 2024: AM stated that data from the STS survey which has information on areas such as discrimination, harassment etc. is being compiled. So far, provisional data indicates that 10% of trainees experienced and/or witnessed sexual harassment during their placement. • ARCP Summary Data 2024: AM confirmed that ED&I information from ARCP data is being compiled. AM noted that results can be impacted by underreporting of ED&I characteristics by trainees. 	
6.	Specialty Reports – Highlights		

6.1	General Surgery - Endoscopy Courses	<p>Various issues regarding general surgery endoscopy courses were discussed including:</p> <ul style="list-style-type: none"> • CSMEN Course: AM confirmed that places on the JAG course which have been funded by an 'exceptional arrangement' over the past three years has now come to an end and there is no funding to continue this arrangement. Funding for JAG courses will now be funded through study leave budgets. • New Endoscopy Training Centres: AM stated that Raigmore, Roodlands and Golden Jubilee hospitals will be opening accredited Endoscopy Centres which trainees can attend. AM confirmed that this issue would be discussed at MDAG. 	
6.2	General Surgery - Simulation Training	<ul style="list-style-type: none"> • AL stated that there were issues relating to accessing budget for the HSD Simulation Strategy. In addition to this, AL stated that there were questions regarding spare budget related to ACIS courses. AM confirmed that he would discuss this with Linsay Donaldson and Amanda Barber. 	AM to discuss HSD & ACIS Simulation Programme budget with Linsay Donaldson and Amanda Barber
6.3	General Surgery - Waiting List for FRCS GS - Section 2 Exam	<ul style="list-style-type: none"> • AL confirmed that issues regarding FRCS GS - Section 2 exam were discussed at the Joint Colleges meeting, and it was decided that excluding non-NTN trainees was inequitable. AL also highlighted issues regarding high number of candidates withdrawing at the last minute from exams. AM stated that he would discuss issue at the next JCIE meeting. 	AM to discuss FRCS GS - Section 2 exam waiting list issues at next JCIE meeting
6.4	Ophthalmology - EYEsi	<ul style="list-style-type: none"> • AM reported on behalf of PA that he would like to thank the STB and chair for support with EYEsi which is now installed at both the sites. 	
6.5	General Discussion - National On-Line Training Programme	<ul style="list-style-type: none"> • AM confirmed that an on-line learning resource is being developed which covers all training specialties. VS asked how many surgical specialties have gone live. AM stated that he would contact COPSS (Head of Surgery) for this information. 	AM to contact COPSS (Head of Surgery) regarding which specialties have started National On-Line Training Programme

6.6	General Discussion - Inter-Regional Transfer & Inter Deanery Transfer	<ul style="list-style-type: none"> AM stated that he would be discussing IRT Category 5 with MDAG. Category 5 allows trainees to apply for an IRT if they do not meet the other four categories. AM stated that there has been an unexpected increase in applications since this category was introduced which may disadvantage some regions. AM asked RBS to add discussion item to next meeting agenda. 	RBS to add IRT and IDT discussion item to November meeting agenda
7.	Other Reports		
7.1	DME Report	<p>SE gave the members the following update regarding DME issues including:</p> <ul style="list-style-type: none"> 2024 Quality Data: SE stated that all undergraduate and post graduate quality data has been collated and no specific issues have been identified apart from low Trainer response rate. Postgraduate Survey: SE raised the issue of aligning Red Flags and Trainers responses. SE stated that DME group have asked NES to assess whether there is a direct correlation between the bottom 2% and Trainer responses. SE suggested that this may require additional support for Trainers. DME & Workforce Issues: SE stated that a meeting will be held next week to discuss workforce and expansion requirements. The meeting will be looking at workforce and reallocation of trainees. SE noted that Medical TPDs are presently allocating trainees to areas other than West, South-East and East Regions. AM confirmed that this was also being discussed for Surgery posts. 	
7.3	Service (MD) Report	<ul style="list-style-type: none"> This item was not discussed 	
7.4	Trainee Report	<p>AM gave a summary of SO'R comments relating to trainee issues including:</p> <ul style="list-style-type: none"> Pay Negotiations: AM stated that the BMA are currently negotiations with the Scottish government regarding annual pay negotiations. Negotiations were due to start in February but were delayed due to the General Election etc. 	

		<ul style="list-style-type: none"> • Trainee Contract Negotiations: SO'R reported that drafting of the new Scottish Junior Doctors Contract are underway. • Junior Doctor Classifications: AM confirmed that the title of 'junior doctor' at SHO level is to be renamed as 'resident doctor' to avoid confusion. • Discussion regarding Physician Associate: AM noted that discussions with the Scottish Government are ongoing however there has been no further recruitment of PAs in Scotland. • Trainee Feedback: AM stated that General surgery trainees in Dundee and Perth have given very positive feedback regarding the new TPD. • Trainee & PPE Protection: AM reported that trainees are still seeking guidance regarding lead gowns. SO'R asked if the STB has information on which units use which PPE. AM stated that BOTA have surveyed trainees regarding PPE and that he would source Scottish data and organize discussions with HIS. AL stated that he attempted to contact all Upper GI reps regarding this issue however she had not received a response. • Trainee Travel Expenses: SO'R reported that trainees require guidance regarding expenses especially regarding the definition of travel from a trainee 'base hospital'. AM stated that this is being discussed and a response is expected by the end of the year. 	<p>AM to discuss trainee and trainee PPE issues with HIS using BOTA survey data</p>
7.5	Royal Colleges	<p>PT gave the members an update regarding royal college issues including:</p> <ul style="list-style-type: none"> • Trainee Mentoring: PT stated that this process is going well and emphasised that this would be implemented as a regular activity instead of being brought in as a remediation measure for trainees. 	

		<ul style="list-style-type: none"> • Foundation Leadership Programme: PT stated that the Foundation Leadership programme will start in September. PT noted that this course aims to support trainees towards CCT. • Heads of Committees of Education & Examination: PT confirmed that the position of ‘Head of Committees of Education and Examination’ has been changed to ‘Dean of Education’. PT confirmed that John Lund has been recruited as Dean of Education. • Inter-Collegiate Extended Surgical Team Board: JCB confirmed the Extended Surgical Team board will advise on the scope of practice, training, assessment etc. of surgical teams. The first meeting of this group will be in October chaired by Bill Alum. Meetings will then be quarterly. • Glasgow Surgical Forum: JCB stated that the Surgical Forum has been re-started and will be held on 28/11/2024 and 29/11/2024. 	
7.6	Head of Schools Report – See COPSS Summary	<ul style="list-style-type: none"> • AM confirmed that there was no update from COPSS 	
7.7	SAS Report	<p>VS gave the members the following update regarding SAS issues including:</p> <ul style="list-style-type: none"> • SAS Rep: VS confirmed that she will continue her role as SAS rep for the board. • SAS Excellence Development Award: VS stated that the SAS Excellence Development Award will be launched on 05/09/2024. NHS England will be introducing a dashboard and discussion is ongoing on how this will be developed in Scotland. 	
7.8	Academic Report	<ul style="list-style-type: none"> • An academic rep was not available 	

7.9	Lay Report	<ul style="list-style-type: none"> The Lay rep was not available 	
8.	AOB	<ul style="list-style-type: none"> There were no additional business items 	
9.	Date of Next Meeting	<p>Date of next meeting:</p> <ul style="list-style-type: none"> 19/11/2024 (10:00 – 12:00) via TEAMS 	