Notes of the meeting of the Surgical STB held at 10:00 am, Tuesday 19th November 2024 via Teams, NHS Education for Scotland

Present: Alastair Murray (AM), Helen Adamson (HA), Jackie Aitken (JA), Morven Allen (MA), Sudipto Bhatta (SB), Holly Bekarma (HB), Debbie Boyd (DB), John Camilleri-Brenan (JCB), James Cameron (JC), Claire Carden (CC), Melenie Clarke (MC), Evan Crane (EC), Adreas Demetriades (AD), Jennifer Duncan (JD), Tim Graham (TG), Roberta Garau (RG), Kerry Haddow (KH), Thushitha Kunanandam (TK), Reem al Soufi (RaS), Martyn Flett (MF), Imran Liaquat (IL), Lesley Metcalf (LM), Vinita Shekar (VS), Philip Turner (PT), Jen MacKenzie (JMacK), David MacGill (DMcG), Ashleigh McGovern (AMcG), Sara O'Rourke (SOR), Dominic Waugh (DW), Phil Walmsley (PW), Peter Wilson (PW) & David Wynne (DW)

Apologies: Pankaj Agarwal (PA), Morven Allan (MA), Emily Baird (EB), Peter Bodkin (PB), Vikas Chadha (VC), Crane (EC), Mark Danton (MD), Andreas Demetriades (AD), Russell Duncan (RD), Simon Edgar (SE), Simon Gibson (SG), Ewan Harrison (EH), Brynn Jones (BJ), Stephen Lally (SL), Andrew Martindale (AMa), Alex McCulloch (AMcC), Vhari MacDonald (VMAcD), Larissa McFadden (LMcF), Andrew Murray (AnMu), Hugh Pearson (HP), Helen Pratt (HP), Alison Ramsay (AR), Campbell Roxburgh (CR), Philipa Rust (PR), Tamim Siddiqui (TS), Stuart Suttie (SS), Peter Wilson (PW), Alun Williams (AW), & Satheesh Yalamarthi (SY)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	**Welcome & Apologies**	The chair welcomed the following new members: • Mr David McGill – TPD Plastic Surgery • Ms Audrey McCallum – TPD General Surgery • Mr Imran Liaquat – TPD Neurosurgery • Ms Morven Allan – ASiT Rep • Ms Roberta Garau – Asit Rep • Mr Dominic Waugh – BOTA rep The following changes to the STB membership were requested: • **Ms Vinita Sakar** – Will now represent the Royal College of Surgeons, England as Regional Director. This role will be shared with Mr Matthew Forshaw.	**RBS** to add Mr Matthew Forshaw to the STB membership

2.	**Notes of the meeting held on 02/05/2024**	The meeting from 02/05/2024 were accepted by the members.	
3.	**Action Points from meeting 02/05/2024**	See Action Log - November 2024	
4.	**Matters Arising**		
4.1	**ST Survey – Results Regarding Sexual Harassment**	AM gave the members an update regarding sexual harassment questions in this year's STS Survey including: • **2024 Survey Results:** AM confirmed that that the survey response rate was approx. 65% and 5% of trainees reported cases of sexual harassment in their present post. AM noted that this applies to all specialties across all regions. • **Survey Question Issues:** HF noted that the survey questions had not been differentiated adequately. HF noted that it is not clear where harassment is coming from i.e. workforce, management, patients etc. AM stated that this would be discussed with the survey team. • **Repeat Surveys:** AM confirmed that questions will be included in the STC survey on an annual basis. SO'R asked if survey results will be made publicly available. AM confirmed that this would be the case.	
4.2	**PGMET – Progression Programme**	There were various discussions regarding the 2024 PGMET results including: • **2024 Results:** AM confirmed that this year's results did not produce any outlier cases. LM stated that the surgery results did not vary significantly when compared to other specialties over a three-year period. LM confirmed that the outcome spread was consistent across all specialties. • **Developmental Outcome:** LM confirmed that there was a slight rise in developmental outcomes. LM stated that this was expected after Outcome 10 was dropped as a developmental option.	

		• **Queries related to Outcomes:** PW noted that one Outcome 1 had been recorded this year and asked why it was not shown in the results table. In addition to this, PW noted that the number of Outcome 8s should be four. LM stated that these cases has not been finalised and would therefore not appear in the results. • **How PGMET is Presented:** LM clarified that the PGMET results only report the latest ARCP outcomes not the absolute numbers for a whole training year. For example, if a trainee has received more than one ARCP in a training year the PGMET results will only count the most recent ARCP result. LM confirmed the NES board have requested that PGMET data is presented in this manner. • **ARCP Results for GMC:** LM confirmed that NES send the GMC the total number of ARCP results for one training year. AM referred the members to the tabled JCST paper which contains information on assessing ARCP outcomes by specialty and region across the UK.	
4.3	**Robotic Assisted Surgery Training Update**	CC gave the members a summary of issues related to robotic training in the East Region including: • **Robotic Training Pilot:** CC gave the members a summary of the pilot project carried out at Ninewells Hospital. This project consists of a four-stage training programme which includes online modules, drills, wet labs and live training. CC stated that trainees received a Certificate of Training Equivalence. CC noted that this does not imply that trainees can work independently. • **Robotic Surgery in Scotland:** AM noted that robotic training in Scotland is concentrated on pelvic, colorectal and urological surgery in order to be consistent with the Scottish Government RAS programme. In addition to this, CC noted that robotic training is not a curriculum requirement.	

		• **Adding Robotic Training to Curriculum:** TG asked if there were plans for adding robotic training to the curriculum. AM stated that the GMC and Curriculum Oversight Group require assurances that training can be provided consistently across all areas before it becomes a mandatory requirement however educational training sites may be hesitant to fund training if it is not mandated curriculum requirement. • **Robotic Training & Consultant Skills:** DW noted that a new ENT consultant would not be expected to have robotic training, and this expectation may slow down the introduction of robotic training into the curriculum. HB confirmed that urology has a longer history of using robotics and there is subsequently a higher level of expectation of trainees and consultant skills set. MF stated that Pediatrics have not adopted robotics as quickly as other specialties and therefore uptake into the curriculum may be slow. • **Next Steps:** CC stated that meetings will be held to discuss the roll out of robotic training across the four regions in colorectal surgery. CC confirmed that she has spoken to other regional TPDs, and four training sites have been identified. CC noted that work will have to be carried regarding the extension of robotic training to modular specialties. AM thanked CC for her work regarding this project. • **Entry to Robotic Training:** CC stated that all trainees applying for robotic training must be aware that this is additional training over and above mandatory training. In addition to this, trainees must demonstrate that they are achieving all their ARCP requirements before proceeding. • **Royal College Training:** PT confirmed that the royal college will be developing a robotic Trainer course and will also be providing a NOTSS (Non-Technical Skills) course. AM thanked TF and PT for their work regarding this.	
4.4	**Planning for 2025 Whole Tine Equivalent Workforce Bids**		

4.4.1	**February 2025 STB Meeting**	Various issues regarding the February STB meeting were discussed including: • **Requirements for February 2025 STB:** AM requested Specialty Leads, in discussion with specialty colleagues, identify programme gaps and assess impact of less than full time posts for the February meeting. A whole-time equivalent bid paper will then be drafted based on members recommendations. • **Conversion of Full-Time posts to Part Time post:** AM suggested specialties consider the possibility of converting full-time posts into smaller part-time posts. AM suggested that this may be easier to achieve with the move to the whole-time equivalent model. • **LTFT Posts:** AM stated that Recruitment could advertise and recruit to LTFT posts directly. LM confirmed that TPM is waiting for a response regarding this.	**All** to draft whole time equivalent recommendations for February 2025 STB meeting
4.4.2	**Full Time vs Less than Full Time Issues**	Various issues regarding full-time versus LTFT posts were discussed including: • **Requests for Reduced Hours:** AM noted that trainees in LTFT posts can request reduced hours such as a move from point 7 to point 6. AM stated that this may cause further issues with rota gaps. • **Requests to move to Full Time:** PW asked whether trainees could move from a LTFT post back up to full time. AM confirmed that a trainee could move to full-time hours if the funding is available. LM confirmed that a trainee who initially take a full-time post based on the whole-time equivalent model, then moves down to point 6, will be able to return to full time, if they requested it. • **West Midlands Experience:** TG highlighted that the West Midland region tried recruiting directly to LTFT posts however various issues were encountered including problems with managing funding and managing trainee expectations.	
4.4.3	**Funding of Whole Time Equivalent Posts**	Various issues regarding the funding of whole-time equivalent posts were discussed including:	

		• **LTFT & Remainder Funds:** RaS asked whether remainder funding must be returned to territorial boards when a board arranges a LTFT post. LM clarified that remainder funding is recycled by NES to support unfunded expansion posts from previous years. The move to the whole-time equivalent model allows NES to use all available funding to increase the overall head count and enhance workforce capacity. LM confirmed that the move to whole-time equivalent does not increase establishment numbers but increases the head count. • **LTFT & Newly Created Posts:** MC asked whether this policy applied to newly created posts. LM confirmed that this was not the case and the move to whole-time equivalent applied to all establishment and expansion posts.	
4.4.4	**Whole-Time Equivalent Posts - Other issues**	Various additional issues regarding whole-time equivalent posts were discussed including: • **WTE & Infrastructure:** LM highlighted that any increase in trainee numbers impacts training infrastructure. LM noted that NES would have to provide additional TPDs and expand capacity within TPM. • **Head Count & Overcapacity:** AM noted that there is a risk in training too many doctors with an increased head count. In addition to this, some trainees on LTFT may wish to carry on in part-time posts after they CCT which will impact Workforce. • **WTE & NTN Numbers:** SO'R asked whether NTN numbers would be included as part of any bid. AM confirmed that this would be the case. • **LTFT & Study Leave:** RG asked whether Study Leave would be part of the revised bid. AM confirmed that Study Leave for LTFT trainees is on a pro-rata basis. AM noted however that this can be complicated by the competency model used in the curriculum which can result in trainees progressing at different rates.	
5.	**Standing Items of Business – Deanery Issues**		

5.1	**Training Management**		
5.1.1	**Study Leave Review Issues**	Various issues were discussed related to the Study Leave Review including: • **Definition of Essential Courses:** AM confirmed that NES is reviewing Study Leave budgets and has asked TPDs to identify essential courses. LM confirmed that TPM will be organising webinars on a specialty-by-specialty basis to discuss how to identify courses. Other issues to be discussed will include differential study leave budgets, top slicing etc. • **Endoscopy Courses:** CC highlighted that trainees have been negatively impacted by the ending of endoscopy course funding. AM confirmed that the additional funding provided for JAG courses during the pandemic has ceased. This means that JAG courses must now be funded from study leave budgets at the discretion of the TPD. • **ASiT Cost of Training Survey:** RG noted that trainees can spend between £30,000 to £80,000 of their own funds on training. RG asked whether craft specialties should have a larger Study Leave budget. SB stated that there are similar issues in Ophthalmology. LM agreed that despite attempts to treat all trainees equally the system is not equitable for trainees on training intense programmes. AM thanked RG for her input regarding this issue. • **Simulation Training:** DW highlighted that lack of funding for simulation workshops impacts all specialties and has a particular impact on plastic surgery sub-specialties such as microsurgery.	
5.1.2	**Other TPM Issues**	AMcG gave the members an update regarding other TPM issues including: • **Trainee Rotation & Progress Report:** AMcG confirmed that TPM are in the process of adding trainees to rotations. AMcG noted that a monthly traffic light report is issued to health boards indicating progress.	

		• **2025 Posts:** TPM are working with TPDs to confirm posts for next year's recruitment rounds. • **Out of Programme:** AMcG confirmed that the Out of Programme online application process will go live on TURAS next week. Guidance will be sent out to stakeholder soon.	
5.2	**Recruitment**	JMacK gave the members an update regarding Recruitment including: • **T&O - Round 1:** JMacK confirmed that the Round 1 application process will close at 16:00 on 21/11/2024. JMack confirmed that are 577 applications of which approx. 350 have been processed so far. This is an increase in applications from last year. JMacK noted that there is now a process to reduce the volume of applications before long-listing. • **OMFS – Round 2:** JMacK confirmed that this post has not been filled however the new Round 1 OMFS post may help with recruitment to this post. • **ST1 T&O Recruitment Assessors:** JMacK confirmed that there are now enough assessors for evidence verification etc. AM thanked recruitment for their work regarding this.	
5.3	**Quality Management Report - QRP Summary Outcomes**	• AM confirmed that there is only one surgical site on Enhanced Monitoring at present (Monklands Hospital – General Surgery). AM confirmed that General Surgery at Ninewells Hospital has been taken off enhanced Monitoring. PW confirmed that the quality teams are still getting used to the new quality structures etc.	
5.4	**Equality & Diversity & Inclusivity**	• AM directed the members to the TDWS webpage regarding sexual harassment and handling of harassment disclosures. AM stated that the DMEs will be circulating links and information to Education Supervisors, Clinical Supervisors etc.	

5.5	**Specialty reports**		
5.5.1	**ASiT Report**	• RG stated that ASiT's will be carrying out research regarding trainee training costs and training issues within the private sector. RG confirmed that ASiT have requested logbook data from the JSTC for review.	
5.5.2	**BOTA Report – LEAVE Survey**	DW gave the members a summary of the BOTA trainee survey results including: • **BOTA Survey Purpose:** DW gave a summary of the LEAVE survey (Learning Experiences Abroad adding Value in Medical Education) where trainees were canvassed on the benefits of international study. • **Survey Results:** 385 responses were received from trainees between ST1 and ST8 of which 85% were from surgical trainees. 44% of trainees said they have used international study leave in the past and 72% of trainees said they intended to use it in the future. 91% of trainees confirmed that the Study Leave Budget did not cover their training requirements. DW noted that the Scottish Study Budget was not as generous compared to other areas of the UK. • **Communication of Survey Results:** DW stated that the survey results have been circulated to TPDs.	
5.5.3	**BOTA Report – EXPOSE Survey**	DW gave the members a summary of the EXPOSE survey including: • **EXPOSE Survey Purpose:** DW gave a summary the EXPOSE (Evaluation of PPE for Orthopedic Surgeons in Theatre) survey. The aim of the study was to examine the availability and use of PPE for orthopedic trainees exposed to ionizing radiation. • **Survey Results:** DW confirmed that 677 trainees responded to the survey. 93 responses were from Scotland of which 66% were male and 33% were female all working an average of 8 hours a week in ionizing radiation conditions. 55% of respondents felt they were not provided with enough PPE protection. Across the UK 600 out of the 677 respondents felt that they did not have access to correctly	

		fitting PPE. A small number of trainees had access to eye protection and thyroid protection. 73% of respondents did not know who to raise PPE issues within their units and a proportion of a trainees felt their PPE concerns had not been taken seriously. • **Next Steps:** AM stated that he would like to approach HIS (Health Improvement Scotland) to discuss PPE issues using DWs survey data. AM suggested discussing issues offline with DW. SO'R suggested that a review of unit guidelines should be carried before discussions with HIS. SO'R suggested that a national policy should be formulated.	**AM** and DW to discuss BOTA EXPOSE PPE survey data for further discussions with HIS
5.4	**BMA Trainee Report**	SO'R gave the members an update regarding trainee issues including: • **Resident Doctors Pay Offer:** SO'R confirmed that the BMA will be recommending that members accept the new Resident Doctors pay offer. • **Study Leave Negotiations:** SO'R confirmed that the BMA have requested information on the environmental impact of study leave requests. SO'R noted that environmental impact is one argument put forward by NES for the refusal to fund international study leave. See Item 6.3.2.	
5.5	**Specialty Reports – Highlights**		
5.5.1	**ENT – LTFT Backfill**	• See Item 4.4	
5.5.2	**T&O – Overseas Study Leave**	Various issues were discussed related to international study leave including: • **NES Position:** AM stated that NES had moved to a position of no longer supporting overseas study leave citing issues related to cost, equity and environmental impact. Following further discussion this has now been rescinded and overseas study can be approved by TPDs. AM confirmed that discussions are ongoing.	

		• **Impact on Academic Trainees:** PW stated that any restriction to international study leave adversely impacts academic trainees. PW asked if academic trainee issues could be highlighted in future discussions.	
5.5.3	**T&O – Relocation Issues**	• PW asked whether there had been any progress regarding a revision of the relocation policies and payments in the north. AM confirmed that issues have been discussed with Melanie Clarke and Mike Reidy. AM noted that expenses are funded by territorial boards and not NES however the sums available to trainees have not been reviewed for some time. AM noted that NES is working towards trying to reduce the number of relocations for trainees.	
5.5.4	**Ophthalmology – Subspecialty Training in all Regions**	• SB gave the members a summary of the need to provide ophthalmology training across all regions however there may be issues related to the North and East Regions. SB stated that some trainees may have to be moved to other regions which impacts on-call rotas, CCT rates, future recruitment etc. SB suggested AM meet with Ophthalmology TPDs to discuss issues.	**Ophthalmology TPDs** to discuss regional training issues regarding new curriculum
5.6	**Other Reports**		
5.6.1	**Service (MD) Report**	• No Service rep was available	
5.6.2	**DME Report**	• No DME rep was available	
5.7	**Royal Colleges**		
5.7.1	**Royal College of Surgeons, Glasgow**	JCB gave the members an update related to RCoSG issues including: • **Physician Associates:** JCB stated that an inter-collegiate surgical team board with reps from all stakeholders has been formed to formulate a response to the use of Physician Associates. JCB stated that the main focus will be patient safety and protecting surgical training.	

		• **MRCS Examiners:** JCB stated that there are issues regarding the recruitment of MRCS and FSC examiners across the UK. This is due to workforce pressure and the fact that examiner positions are voluntary. • **SAC Positions:** There are also issues regarding the recruitment of members to SAC positions. Again, lack of up-take is due to workforce pressures and the fact that positions are voluntary. • **MRCS Fees:** JCB confirmed that the MRSC fees will be increased by 3% in 2025.	
5.7.2	**Royal College of Surgeons, Edinburgh**	TG gave the members an update related to RCoSEd issues including: • **SAC Members:** TG confirmed that SAC expenses are not covered by the college however there are on-going discussions through the JCTS chair Esther McClarty regarding this. • **New Appointments:** TG confirmed that John Hines has been appointed as New Dean of Examiners and John Lund has been appointed new Dean of Education • **Foundation in Leadership:** TG confirmed that a Leadership course has been developed and will be open to all ST3 and ST4 trainees. • **Other Courses:** Two rapid courses have been developed which include core surgical curriculum requirements. TG confirmed that this would operate on a franchise model similar to the NOTS course. • **CABC Course:** TG confirmed that the CABC (Catastrophic Hemorrhage, Airway, Breathing & Circulation) course has been developed which meets various curriculum requirements for ATLS, MTC and T&O. This has also been aligned with the European Trauma course.	

		• **Costs:** TG emphasised that courses fees etc. are being used as effectively as possible by the college in line with its charitable status. TG emphasised that all work carried out by college members is on a pro-bono basis.	
5.7.3	**Royal College of Surgeons, England**	VS gave the members a summary of issues related to RCSEng including: • **Course Fees:** VS stated noted that there are ongoing discussions at the RCSEng on how to reduce course fees for trainees. • **Surgical Workforce Survey:** VS confirmed that a revised survey regarding surgical workforce will be issued in 2025. This survey should provide more information indicating how the college can support developments. • **College Roles:** VS confirmed that there are issues related to the recruitment of members to college posts due to workforce demands and the fact that the posts are voluntary.	
5.8	**SAS Report**	• No SAS rep was available	
5.9	**Academic Report**	• No academic rep was available	
5.10	**Lay Report**	• HF noted that issues related to training and infrastructure must be addressed in detail when the specialty moves to a whole-time equivalent model. HF stated that it was important for trainees not to have a reduced training experience. AM emphasised that it is important not to use trainees to fill Service gaps at the expense of training.	
6.	**AOB**		
6.1	**Evan Crane TPD T&O (West Region)**	• AM confirmed that EC will be stepping down from his role as TPD for T&O and thanked him for his contribution board. AM also thanked EC for his support regarding PPE issues.	

6.2	**Calan Mathieson TPD Neurosurgery**	• AM confirmed that CM will be stepping down from his post as TPD for Neurosurgery and thanked his for his contribution to the board.	
9.	**Date of Next Meeting**	• 28/02/2025 (10:00 – 12:00) via TEAMS • 01/05/2025 (10:00 – 12:00) via TEAMS • 26/08/2025 (10:00 – 12:00) via TEAMS • 13/11/2025 (10:00 – 12:00) via TEAMS	