

Notes of the meeting of the Surgical STB held at 10:00 am, Thursday 13th November 2025 via Teams, NHS Education for Scotland

Present: Alastair Murray (AM) [Chair], Helen Adamson (HA), Jackie Aitken (JA), Emily Baird (EB), Fredrick Burgess (FB), Juli Cambelton (JC), Mark Danton (MD), Andreas Demetriades (AD), Jennifer Duncan (JD), Simon Edgar (SE), Simon Gibson (SG), Ewan Harrison (EH), Israa Husain (IH), Imran Liaquat (IL), Audrey McCallum (AMcM), David MacGill (DMcG), Ashleigh McGovern (AMcG), Larrissa MacFaden (LMcF), Helen Simpson (HS), David Wynne (DW) & Satheesh Yalamarathi (SY)

Apologies: Helen Adamson (HA), Pankaj Agarwal (PA), Reem al Soufi (RaS), Morven Allan (MA), Holly Bekarma (HB), Sudipto Bhatta (SB), Peter Bodkin (PB), Niki Bruce (NB), Debbie Boyd (DB), Claire Carden (CC), John Camilleri-Brenan (JCB), James Cameron (JC), Vikas Chadha (VC), Melenie Clarke (MC), Evan Crane (EC), Elizabeth Dominguez (ED), Russell Duncan (RD), Martyn Flett (MF), Roberta Garau (RG), Simon Gibson (SG), Tim Graham (TG), Kerry Haddow (KH), Thushitha Kunanandam (TK), Bryn Jones (BJ), Stephen Lally (SL), Andrew Martindale (AMa), Alex McCulloch (AMcC), Vhari MacDonald (VMaCD), Jen MacKenzie (JMack), Lesley Metcalf (LM), Andrew Murray (AnMu), Hugh Pearson (HP), Helen Pratt (HP), Sara Robinson (SR), Alison Ramsay (AR), Campbell Roxburgh (CR), Philipa Rust (PR), Vinita Shekar (VS), Tamim Siddiqui (TS), Stuart Suttie (SS), Philip Turner (PT), Peter Wilson (PW), Alun Williams (AW), Peter Wilson (PW) & Phil Walmsley (PW)

In attendance: Rachel Brand-Smith (RBS)

Item No	Item	Discussion	Action
1.	Welcome & Apologies	The chair welcomed the members and noted the absences	
2.	Notes of the meeting held on 02/09/2025	The following corrections were requested: <ul style="list-style-type: none"> • Item 5.3.7 – Equality, Diversity & Inclusivity: Add acronym MWRES 	RBS to correct meeting notes of 02/09/2025
3.	Action Points from meeting 02/09/2025	<ul style="list-style-type: none"> • See Action Log - November 2026 	
4	Matters Arising		

4.1.	Scottish Core Surgery Simulation Programme		
4.1.1	Summary of Programme	<p>SY gave the members an overview of the Scottish Core Surgery Education Programme which included the following areas:</p> <ul style="list-style-type: none"> • A description of the two year programme including Skills Club • A description of the first year Boot Camp and as second year Booster Camp • Subjects covered by the programme include critical care, surgical crisis, cadaver work, laparoscopy etc. • All lectures are organised through the UK Hub (NOTP) • Information and teaching materials are posted on TURAS • Approx. 110 resident doctors have taken part in the programme so far • Some aspects of the training such as laparoscopy which will have to be revised <p>Support for Simulation training:</p> <ul style="list-style-type: none"> • SY noted that the Simulation Programme is partly supported by NES and CSMEN • SY thanked the following members who have contributed to the programme: Graham Haddock, Mark Vella, Bill Reid, Simon Gibson and Philippa Rust. 	
4.1.2	Impact of Core Simulation Training Programme	<p>Various issues relating to the impact of the Core Education Programme were discussed including:</p> <ul style="list-style-type: none"> • Impact on Core Training: SG noted that the Education programme was very successful, and the Booster Camp was very useful for second year doctors. SG also noted that the programme allowed the whole of core surgical training to be more efficient. • Impact of Simulation Programme: SY noted that the fill rate for surgical specialties has been 100% since the Simulation Programme was introduced. 	

4.1.3	Resident Doctor Access to Robotic Training	<p>Various issues related to Robotic training were discussed including:</p> <p>Access to Robotic Training: IH noted that some resident doctors have not been able to access robotic training and asked how this could be addressed. SY reported that a previous 'Introduction to RAS' had been discontinued in the Core programme. This was due to limited exposure to RAS in clinical practice at this stage.</p> <ul style="list-style-type: none"> • Laparoscopy Training: SY stated that the transition stage between laparoscopy and robotic surgery will take approx. 5 to 10 years. SY confirmed that the royal colleges are working on addressing this issue. 	
4.1.4	Changes to Surgery Circicula due to Introduction of Robotic Training	<ul style="list-style-type: none"> • AM noted that the Simulation programme is in a transition phase due to developments in robotic training. AM noted that Scotland is concentrating on advancing training in gynaecology, colorectal surgery, urological and thoracic surgery. 	
4.1.5	Funding of Simulation Programme:	<ul style="list-style-type: none"> • EB asked if the Simulation Programme was top sliced from the Study Budget and whether this impacted ST1 and ST2 resident doctors. AM confirmed that the funding for this programme was initially from Scottish Government as part of the Improving Surgical Training pilot. It remains centrally funded by NES. It is not clear how this funding will develop in future. 	
4.1.6	National Hub Resources	<ul style="list-style-type: none"> • EB asked if there was any data related to resident doctors accessing National Hub resources. SG confirmed that any doctor who attends training on the day or watches the recording (within two weeks) and provides feedback is registered as attending the training. SG stated that attendance was approx. 70% but could be better. 	
4.1.7	Research Opportunities	<p>Various issues related to research projects and the simulation project were discussed including:</p>	

		<ul style="list-style-type: none"> • Research Opportunities: EH asked if various research projects such as the randomised control trails of the Latitude Platform could be integrated into the Simulation Programme. SY noted that there was a considerable amount of data generated from the programme that could be analysed. SY suggested further discussion with EH. • Research Subject Areas: AM suggested research data could be used to support funding proposals. AM suggested that data related to non-technical aspects of the programme such as improved ARCP and MRCS results would be useful. 	EH to discuss possible research projects applicable to the Simulation Programme with SY
4.2	Boot Camps – Specialty Positions & Funding Models		
4.2.1	Background to Issue	<p>Various issues regarding boot camps were discussed including:</p> <ul style="list-style-type: none"> • Requirement for Specialty Boot Camps: AM noted that there is support from JCST for each specialty to develop their own Boot Camp programme. AM suggested that specialties could adopt the UK Boot Camp model or other formats which suited their specialty. • Funding Issues related to Boot Camps: AM noted that there are significant funding constraints especially within the NHSE which will impact the funding of UK speciality boot camps. AM suggested that TPDs note any issues regarding Boot Camp design and funding in the next meeting TPD reports. 	ALL TPDs to note any issues related to Boot Camps in TPD reports for next meeting
4.2.2	Boot Camps – Specialty Response	<p>The members gave their individual responses to the discussion regarding Boot Camps including:</p> <ul style="list-style-type: none"> • T&O Boot Camps: EB stated that it would be positive to develop more courses and dovetail them with the Simulation Programme. EB also suggested a pre-Consultant Boot Camp and a return to work programme. EB noted however that these Boot Camps should not infringe on Core training events. 	

		<ul style="list-style-type: none"> • Ophthalmology Boot Camps: FB confirmed that there were several Ophthalmology Boot Camps for ST1s, LATS etc. that run each August. FB noted however that simulation training is a challenge in Ophthalmology. Resident doctors must travel to training centres to use simulation machines. • ENT Boot Camp: DW confirmed that ENT have a Boot Camp for ST3s however these are all located in the England. AM noted that this issue should be monitored in terms of accessibility and costs for Scottish resident doctors. • Neurosurgery Boot Camp: AD confirmed that a very successful Boot Camp is run each year in the England. In addition to this, there is one boot camp for pre-consultant doctors. • Run-Though Programmes: SG noted that Urology and General Surgery resident doctors on run-through programmes can be accommodated within Core Training. This has also been extended to Maxillofacial Surgery doctors. AM noted that the General Surgery run-through programme has been suspended for the present time. 	
4.3	Endoscopy & JAG Accreditation	<p>Various issues regarding Endoscopy and the General Surgery curriculum were discussed including:</p> <ul style="list-style-type: none"> • Changes to Curriculum: AM noted that there are ongoing discussions regarding whether JAG approved endoscopy accreditation should become a requirement of the General Surgery GI Curriculum. This move is supported by SAC and JCST however it has not been approved so far by COPMed. In addition to this, the GMC have still to consider the issue. • Further Discussion: AM suggested this item requires further discussion with General Surgery TPDs who were unavailable at the time of the meeting. 	<p>AM to raise issue of endoscopy training with general surgery TPDs</p>

4.4	NES Study leave Policy Update	<p>Various issues regarding Study Budget were discussed including:</p> <ul style="list-style-type: none"> • Revised Study Budget Policy: AM confirmed that the budget remains at £600 per resident doctor and TPDs will still approve study leave requests. In addition to this, TPDs will now have discretion over approving overseas study. • Essential Learning: AM thanked the TPDs for providing guidance on what constitutes essential learning. AM stated that STB must now approve these essential courses. AM asked the members to confirm the final courses lists. This information will be fed back to the Study Leave Governance Group. • Challenges Identifying Core Courses: AD asked whether courses were to be identified based on population and service requirements not just curriculum requirements. AM stated that the definition of an essential course is that which is absolutely required for the completion of the curriculum. If a curricular competence or competencies cannot be provided within workplace training, then it would be deemed reasonable to submit a case for a suitable course to address this need while working on future workplace solutions. 	<p>ALL to submit final list of courses essential to curricular progression for their specialty to AM to allow compilation of STB agreed essential courses for submission to Study Leave Governance Group</p>
4.5	OMFS Run-Through	<ul style="list-style-type: none"> • AM requested this item be added to the next meeting agenda 	<p>RBS to add OMFS Run-Through training item to next meeting agenda</p>
4.6	Less Than Full Time Issues		
4.6.1	LTFT - ENT Training	<p>Various issues related to Less than Full Time were discussed including:</p> <ul style="list-style-type: none"> • Impact of LTFT on ENT Rotas: DW noted that there are issues related to LTFT. For example, ENT has twenty resident doctors in the West region of which eight are on less than full time (60%-80%). DW noted that this impacts rotas and creates gaps. 	

		<ul style="list-style-type: none"> • Back Filling of Vacant Posts in ENT: DW noted that there is a reluctance to back fill these posts. In addition to this, the situation is compounded by an increase in the number of ENT resident doctors CCT-ing. AM confirmed that funding that could be used for back fill has been used on expansion posts in the past. There are however ongoing discussions with the government to support WTE post funding. • Requirement to Balance Output with LTFT: AM also noted that there is a requirement to balance the number of new consultants with Service. AM noted that there will be a requirement to address rota models with the increase of LTFT. AM asked DW to draft a paper for discussion with the STB if there is a strong argument for additional consultant ENT posts. 	<p>DW to draft meeting paper outlining Less than Full Time issues and its impact on ENT training and consultant posts</p>
4.6.2	<p>LTFT – Issues Regarding Other Specialties</p>	<p>Various issues regarding LTFT issues and Service were discussed including:</p> <ul style="list-style-type: none"> • Service Response to LTFT: DMcG and SE noted that some departments have suggested that they will not approve requests for LTFT due to service and rota pressures. AM confirmed that there are cases where this has happened however NES will almost always approve a LTFT application on the basis of educational need. The decision on whether these requests can be accommodated by Service rests with the placement board. It would be hoped that in most cases this could be supported but NES recognise the pressures this can place on rotas. • Solutions to Increased LTFT Demands: AM noted that the reality of increasing LTFT will require consideration of various solutions. These could include expansion of headcount in training with WTE funding but may also include Service or training redesign to concentrate rotas and diversification of the workforce. Expansion of headcount alone risks over-production of CCT holders and significant cost pressures e.g. study leave and educator capacity. 	

		<ul style="list-style-type: none"> • Reasons for LTFT: DW noted that both resident doctors and consultants are now opting for LTFT. DW noted however that this is not just related to work-life balance issues but also includes doctors completing PhD work and research. IL noted that managing academic demands, out of hours requirements etc. on small programmes is very difficult. AM noted that some academic applications may have to be delayed due to training programme demands. AM suggested that TPDs discuss difficult cases that arise with their APGD. • Centre for Workforce Supply: SE noted that the numbers used by the Centre for Workforce Supply can often be different from the eventual numbers received by Service. • Next Steps: AM requested that all TPDs record any issues regarding Less than Full Time in their next TPD reports for March. 	All TPDs to record any LTFT issues in their next TPD report for discussion at March Meeting
4.7	Recruitment and AI – MDRS response to JCST	<ul style="list-style-type: none"> • AM confirmed that this issue has been discussed at the MDRS group, and a guidance letter has been issued. AM stated that three pilot projects have been created to address this issue however these will not be ready for the August 2026 interviews. AM confirmed that there will be no move to face-to-face interviews. 	
4.8	UK Operative Logbook Data from NTS	<ul style="list-style-type: none"> • AM noted that the JCST survey on resident doctor logbooks seemed to indicate an improvement in doctors accessing cases however some specialties such as Paediatric Surgery are still having issues. AM thanked the members for their efforts in helping improve results. STB members were asked if they had any ongoing concerns regarding operative volume for their trainees in Scotland. None were raised. 	
5	Standing Items of Business		
5.1	Deanery Issues		

5.1.1	Training Management	<p>AMcG gave the members an update regarding Training management issues including:</p> <ul style="list-style-type: none"> • Maxillofacial Surgery: One post has been filled for February 2026. • Ophthalmology: One new post has been advertised for a February 2026 start. AMcG noted that this will be very beneficial in terms of fulfilling the Ophthalmology curriculum requirements. • Recruitment for 2026: The team will be contacting all TPDs regarding the numbers of posts required for 2026 recruitment. • Rotations: AMcG stated that rotations must be confirmed by 20/11/2025. The TPM team will be sending TPDs the traffic light report indicating the status of each post on TURAS. • IDT Applications: Applications closed yesterday and TPDs will be notified of all outgoing and incoming applications. • Winter ARCPS: AMcG stated that the winter panels will start shortly and asked members to identify likely dates for summer panels. 	
5.1.2	Professional Development	<ul style="list-style-type: none"> • AM confirmed there were no updates. 	
5.1.3	Recruitment	<p>JMacK gave the members an update regarding Recruitment issues including:</p> <ul style="list-style-type: none"> • Round 1 & 2 Interviews: JMacK confirmed that Round 1 interviews are ongoing and Round 2 interviews will start next week. • T&O Interviews: Recruitment is looking for assessors for the 2026 T&O interviews. 	

		<ul style="list-style-type: none"> • Fill Rate Reports: JMack confirmed that these are still to be finalised and will be circulated when available. JMack noted that there is expected to be 100% fill rate in all specialties. 	
5.1.4	Equality & Diversity & Inclusivity	<ul style="list-style-type: none"> • AM confirmed that this item will be discussed in the March 2026 meeting 	
5.1.5	Quality Management Team		
5.1.5.1	Scheduled Engagement Meetings	<p>JD confirmed the following engagement meetings:</p> <ul style="list-style-type: none"> • Royal Infirmary, Edinburgh - Neurosurgery: This Fact Finding visit will be held in November. • Aberdeen Royal Infirmary – T&O: Findings from a second Quality Engagement meeting with this department has been discussed with NHS Grampian and has been escalated to a Triggered Visit which will take place on 27/11/2025. • Borders General Hospital - General Surgery: A Further Action meeting will be held in April, and an Enhanced Monitoring visit will be held in June. A SMART Objectives meeting has been held and there have been considerable improvements. A further Action Plan Review meeting will be held in April 2026. • Dr Gray’s Hospital, Elgin – T&O: A quality engagement meeting will be held next week. • Raigmore Hospital, Inverness – T&O: A quality engagement meeting will be held next week. • St John’s Hospital, Livingston - Plastic Surgery: An Action Plan meeting will be held with this department before the end of November. 	

		<ul style="list-style-type: none"> • Ninewells Hospital, Dundee - General Surgery: This department is at the Action Plan stage of the review cycle however there has been a further decline in STC data. It has been decided that these meeting will progress however QM will discuss the matter with Fiona Cameron (APGD, Foundation Programme) and Fiona Paterson (APGD, Foundation Programme). This issue will also be discussed at the next SQMG meeting. 	
5.1.5.2	Other issues	<ul style="list-style-type: none"> • JD confirmed that there are two DME enquiries, twenty-two good practice letters, seven quality engagement meetings. 	
5.1.6	Foundation Programme – Surgery Issues	<p>Various issues related to the Foundation Programme were discussed including:</p> <ul style="list-style-type: none"> • Decline in Satisfaction Rates for Foundation School: JD confirmed that there has been a decline in satisfaction rates for Foundation doctors since 2020 and this has been discussed with Fiona Cameron. JD noted that Duncan Henderson developed an SBAR related to this and submitted it to the Education Quality Committee and the issue has been discussed with Emma Watson and Adam Hill. Results from the SBAR were to be shared with the Quality TEAM however the North and South-East Regions did not participate. • Foundation Programme Improvement Group: JD noted that Caroline Whitton has attempted to engage various parties through the improvement group which has been successful in the West Region but not in other regions. JD suggested that this be discussed with Caroline Whitton and Lyndsey Donaldson. 	
6.	Specialty Reports		
6.1	Specialty Reports – Highlights	<ul style="list-style-type: none"> • AM thanked the members for their submissions 	
7.	Resident Doctors Reports		

7.1	ASiT	<p>IH gave the members the following update:</p> <ul style="list-style-type: none"> • Robotic Training: IH confirmed that there is ongoing work by ASiT to identify resident doctors career pathways and robotic training. • 50th ASiT Conference: IH confirmed that the 50th ASiT conference will be held next March and will host various international submissions. 	
7.2	BOTA		
7.2.1	Exposed Radiation Survey Data	<p>ED gave the members an update of issues related to BOTA including:</p> <ul style="list-style-type: none"> • Exposed Radiation Data – Scotland Results: ED confirmed that of 93 respondents who participated in the survey only 27% were able to access correctly fitting lead gowns. Of the PPE that was available only 49% felt that it fitted properly or was appropriate for their gender. In addition to this, 90% of respondents were not able to access a dosage meter. • NES Response: AM confirmed that the survey findings have been passed to Emma Watson (NES, Medical Director) and HIS. AM confirmed that he still waiting for a response. • Next Steps: SE asked if data should be shared with DMES in territorial boards. SE stated that he would discuss data at the Edinburgh Royal Infirmary. In addition to this, SE suggested that a workshop be held at the next conference to discuss good practice. SE asked ED to send him data related to the Expose survey. 	ED to send SE slide deck and information related to the BOTA Expose Survey
7.2.2	Physician Associates	<p>Various issues related to Physician Associates were discussed including:</p> <ul style="list-style-type: none"> • Physician Associates: ED confirmed that BOTA have discussed the role of physician associates in light of the Leng Review. At present BOTA would like an assurance that if and/or when physician associates are used supervision is not delegated to 	

		<p>resident doctors. ED noted that this could pose an issue for patient safety and disrupt resident doctors training. AM confirmed that resident doctors would not supervise physician associates and thanked EM/BOTA for offering a constructive approach to working with MAPS.</p> <ul style="list-style-type: none"> • Next Steps: AM confirmed that the Scottish Programme Board for Medical Associate Professionals is progressing the recommendations of the Leng review but also awaiting the outcome of the Judicial Review raised by UMAPs in England. SE thanked BOTA for their constructive approach to the issue. 	
7.2.3	Other Issues	<p>ED gave the members an update related to other BOTA issues including:</p> <ul style="list-style-type: none"> • Training Events: ED stated that there is a requirement to provide consistent and good quality training events for resident doctors. So far there are two training events planned for 2026, one for ST1s and a post-CCT event. • New BOTA Rep: ED confirmed that the next BOTA conference will be held in two weeks, and a new BOTA rep will be appointed. AM thanked ED for her contribution to the STB. 	
8.	Service & Workforce		
8.1	DME Report	<ul style="list-style-type: none"> • SE reported that all discussion points had already been raised elsewhere on the agenda 	
9.	Professional & Academic		
9.1	Royal College of Surgeons, Edinburgh	<ul style="list-style-type: none"> • A college rep was not available 	
9.2	Royal College of Surgeons, Glasgow	AM noted information from JCB including:	

		<ul style="list-style-type: none"> • Robotic Simulator: AM confirmed that there are ongoing discussions about the installation of a robotic trainer at the RCPSG premises. • Industrial Action: AM confirmed that resident doctors will be balloted between 14/11/2025 and 19/11/2025 regarding industrial action in Scotland. If there is a vote for industrial action this will likely take place in January 2026. The issue will be discussed at the next RCPSG meeting next week. • Prof Tim Graham: AM confirmed that Prof Graham has demitted from the post of Vice President of the RCSEd. AM thanked Prof Graham for his noteworthy contributions to the Surgery STB and wished him well. 	
9.3	Royal College of Surgeons, England	<ul style="list-style-type: none"> • A rep was not available 	
10.	Head of Schools Report		
11.	Academic Report	<ul style="list-style-type: none"> • A rep was not available 	
12.	Other Reports		
12.1	Lay Report	<ul style="list-style-type: none"> • This item was not discussed 	
13.	AOB		
13.1	Theme for Next Meeting	<ul style="list-style-type: none"> • AM noted that the theme for the next meeting to be held on 10/03/2025 will discuss ARCP outcomes and related data. 	
16.	Date of next Meeting	Meetings for 2026: <ul style="list-style-type: none"> • 10/03/2026 (10:45 – 13:00) via TEAMS • 10/09/2026 (10:45 – 13:00) via TEAM 	

		<ul style="list-style-type: none">• 01/12/2026 (10:45 – 13:00) via TEAMS	
--	--	--	--