

**Notes of the meeting of the Surgical STB held at 10:00 am, Thursday 12<sup>th</sup> May 2022  
via Teams, NHS Education for Scotland**

**Present:** Graham Haddock (GH) Chair, Debbie Boyd (DB), Melanie Clarke (MC), Evan Crane (EC), Mark Danton (MD), Russell Duncan (RD), Simon Edgar (SE), Martyn Flett (MF), Vicky Hayter (VH), Adam Hill (AH), Alison Lannigan (AL), David Large (DL), Zak Latif (ZL), Ashleigh McGovern (AMcG), Jen MacKenzie (JMck), Alastair Murray (AlMu), Brian Stewart (BS), Ken Walker (KW), Phil Walmsley (PW), David Wynne (DW)

**Apologies:** Pankaj Agarwal (PA), Mike Griffin (MG), Kerry Haddow (KH), Bryn Jones (BJ), Alan Kirk (AK), Andrew Murray (AMu), Vinita Shekar, Mark Vella (MV), Steve Wigmore (SW), Satheesh Yalamarathi (SY)

**In Attendance:** Lisa Pearson (LP)

		Action
<b>1.</b>	<b>Welcome and apologies</b>	
	The Chair welcomed all to the meeting and apologies were noted.	
<b>2.</b>	<b>Notes of the meeting held on 1<sup>ST</sup> February 2022</b>	
	The minutes of the previous meeting were accepted as a correct record.	
<b>3.</b>	<b>Review of action list</b>	
	All points were noted as actioned or agenda items apart from: <b>Page 2, item 4d</b> - No update on breast surgery as a new specialty. <b>Page 3, item 5</b> - <b>MV/AK</b> to identify key contacts in GJNH and provide list to GH – outstanding action. <b>Page 7, item 6b</b> - <b>MV/SY/GH/AMu</b> need to sit together and discuss – still to take place. <b>Page 8, item 6c</b> - <b>ALL</b> to make GH aware of specific issues of trainee release etc. in health boards to share with AnMu. – GH did not receive any feedback. <b>Page 8, item 6g</b> - <b>VS</b> send list to GH for CESR candidates – GH did not receive list.	<b>MV/AK</b> to identify key contacts in GJNH and provide list to GH <b>MV/SY/GH/AMu</b> need to sit together and discuss

<b>4.</b>	<b>Matters arising</b>	
<b>a.</b>	<p><b>TIG Fellowship Governance (Papers 1-3)</b>  GH spoke with Chair of Interface Training Oversight Group. Papers B2/3 outline the plans for governance. GH to follow-up with Anne Tansley re final draft governance document.</p> <ul style="list-style-type: none"> <li>• <b>What TIG Fellowships do we need in Scotland?</b> We have engaged with Cleft and Hand Surgery recently. No comments or questions raised.</li> </ul>	<b>GH</b> to contact Anne Tansley for update on governance final draft document.
<b>b.</b>	<p><b>Technology Enhanced Learning Group (Papers C1-2)</b></p> <ul style="list-style-type: none"> <li>• <b>Bid for Sim Equipment</b> – Bids from Ophthalmology and Urology have been submitted to NES for consideration. Last year there was an underspend, intention this year is to review expenditure on rolling basis and as funds become available use the bids that are logged and prioritised to purchase equipment. Bids should be submitted to GH in the first instance.</li> </ul>	<b>All</b> Bids for Sim Equipment to be submitted to GH
<b>c.</b>	<p><b>National Endoscopy Training Programme Update (Paper D)</b>  Interviews for Faculty staff have taken place and 17 appointments made (6 Surgeons, 8 Gastroenterologists and 3 Nurses). All 1 PA posts - funding available for up to 54 posts. (Post meeting note: 19 appointments have now been made – 6 surgeons, 9 gastroenterologists and 4 nurses)</p>	
<b>d.</b>	<p><b>NOTSS Courses</b>  AIMu confirmed dates and venues have been organised. Courses will be advertised via the College however TPDs and APGDs will be notified to ensure suitable trainees identified for free places. Some dates available in June for trainees to attend who CCT over summer. AIMu to forward dates to LP and she will circulate round Surgical Training Board reps.</p>	<b>AIMu</b> to forward NOTSS dates to <b>LP</b> to circulate.
<b>e.</b>	<p><b>Safe environment for training letter (Paper E)</b>  Paper circulated for information. Aware of an issue with NHS Lothian e-mail and potential firewall.</p>	
<b>5.</b>	<b>Main items of business</b>	
<b>a.</b>	<b>Post COVID recovery</b>	

	<p><b>i) Use of the independent sector (Paper F)</b> - AH thanked everyone for completing the document in a timely fashion. The data has been collated and forwarded to RP. ScotGov will lead on this.</p> <p><b>ii) Update from all specialties expected ARCP outcomes and predicted missed CCTs</b></p> <p><b>Trauma &amp; Orthopaedics</b> Update from EC - Final year ARCPs completed, extended 3. Now have 5 ST8s on extension of which 1 is due to Covid and the rest other issues. 6 have been signed off for CCT.</p> <p><b>General Surgery</b> Update from AL - Final ARCPs tomorrow but likely 2 will need extensions due to exam and performance issues. A breast trainee will be extended for 6 months to get implant opportunities.</p> <p><b>Paediatric Surgery</b> Update from MF - 1 trainee will extend definitely, not Covid related. The other trainee due to CCT may need a short extension but tbc. Operation numbers are down so relying on competencies.</p> <p><b>Urology</b> Update from ZL - ARCPs end of May. Only 1 trainee CCTing who is on old curriculum and push on to get her numbers.</p> <p><b>ENT</b> Update from DW – In WoS, 3 will CCT this year, 2 of which will CCT 6 months early.</p> <p><b>Cardiothoracic</b> Update from MD – 2 delayed CCTs, one due to exam failure and one not meeting competencies, anticipate both will CCT in August. ARCPs in July.</p> <p>SE asked whether Boards need to be innovative about moving trainees to get procedures that are critical or CCT critical? AIMu noted that some of the solutions that had been looked at should still be made available as there is the potential for some movement and targeted training albeit less than first thought but will get a better understanding following the ARCPs over the next couple of months. AIMu stated that Orthopaedics had been badly impacted and currently functioning at less than 50% pre Covid electively. AH highlighted that whilst CCTs have not been massively affected this year that may change in a years' time so still require to be innovative and creative in our thinking of how we help the trainees.</p> <p>Recent data from ISCP revealed in terms of logbook 1.34m operations have been lost across the UK due to Covid and no specialty had regained pre Covid activity.</p> <p>GH and AH to draft a letter to all Surgical TPDs asking them to ensure they discuss with Boards in advance if they are going to move a trainee. SE asked that they do not make unilateral decisions and involve the Boards.</p> <ul style="list-style-type: none"> <li>• <b>Possible MCR timeline tool (Paper G)</b> – Helpful visual timeline. Underlines the complexity of the whole process.</li> </ul>	<p><b>GH and AH</b> to draft letter to TPDs re movement of any trainees.</p>
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	<p>Since transition to new curriculum in August 2021, 5157 trainees have been logged, just over 3000 have transitioned and the remainder do not require to. 89 trainees across the UK have not yet transitioned. Everyone encouraged to remind their trainees to complete transitional paperwork. GH gave a breakdown of transition by specialties, training year and deanery, Midpoint and Final MCR completion rates and Midpoint and Final Learning Agreements. 24-33% of Scottish trainees have not completed their Midpoint MCR, 1/3 have not completed their Final MCR and 40% not completed their Final LA. The data is for live trainees in system if they are OOP or on mat leave, etc. they are not included.</p>	<p><b>All</b> remind trainees to complete transitional paperwork.</p>
<p><b>b.</b></p>	<p><b>Developments in the e-logbook</b> DL gave a comprehensive presentation on the new developments and functionalities of the e-logbook. Everyone found it extremely useful. DL happy to talk to anyone on an individual basis and can be contacted via e-mail at <a href="mailto:d.f.large@btinternet.com">d.f.large@btinternet.com</a></p>	
<p><b>c.</b></p>	<p><b>Additional training bids</b></p> <p><i>i)</i> <b>Proposal to convert T&amp;O Fellow posts at GJNH (Paper H)</b> AIMu put together a proposal to have funded fellow posts recognised as training posts. The GJNH is a major provider of elective Orthopaedic surgery, approx. 20% of Scotland's. Fantastic training opportunity for all regions to be able to send trainees for 6 months to GJNH. GJNH had confirmed there is on going funding and the posts would become part of the NES establishment as of August 2023. There would be some peripheral costs for trainees rotating and study leave costs. Consideration needs to be given as to how these costs would be supported. AH very supportive of concept but needs to discuss with Finance colleagues in NES. In principle supportive.</p> <p><i>ii)</i> <b>Bid for conversion of Fellow posts to Core Paediatric Surgery posts (Paper I)</b> - Approached by James Andrews at RCH, Glasgow re converting some Fellow posts to training posts. Essentially the same as Paper H. Need confirmation from the Board that this is ongoing funding. Following discussion, it was agreed that MF and colleagues require to pull together a more detailed proposal. GH to meet with MV and SY in core surgery to explore what we think the expectation is for the establishment for core trainees moving into the future.</p> <p><i>iii)</i> <b>Bid for additional T&amp;O posts (Paper J)</b> Excellent paper and makes the argument for an uplift of 10 new NTN's each year for the next 3 years starting August 2023 in Trauma and Orthopaedics very strong. Paper looks at the anticipated number of CCTs against the vacancies over the next few years and there is a significant shortfall by the</p>	<p><b>AH</b> to discuss potential costs with NES Finance.</p> <p><b>MF</b> and colleagues to prepare a more detailed bid.</p> <p><b>GH</b> to meeting with MV and SY re establishment of Core trainees</p>

	<p>end of this current decade. Also expect 30-40% increase in demand for Orthopaedics mainly due to the aging population. AH asked if there could be a one-page high level summary at the front of the bid including some data and highlighting that this is only 50% of what is needed and noting what is needed for 100%. This will then be submitted for the next MDST meeting on 06/06/22. SSTB supportive of both Paper H and J.</p> <p><b>iv) Bid for additional Urology posts (Paper K)</b> Bid for 4 additional training numbers across Scotland. Partly based on manpower and societal issues: Scotland has 1 consultant per 67,000 of the population, below UK average. There are number of Consultants retiring over the coming years and this will create a shortfall. There is an aging population, increase in Urology referrals and a significant backlog due to the pandemic. AH asked ZL if he could contact Colin Tilley to provide further evidence and produce some graphs and then forward new updated bid for AH to submit to MDST for the June meeting.</p> <p><b>v) Bid for additional Plastic posts</b> – no longer submitting a bid.</p> <p>AL raised an issue re higher surgical trainees accessing training opportunities at GJNH. GH will discuss with AL offline to map a way forward.</p>	<p><b>AIMu</b> to produce one-page high level summary for bid application</p> <p><b>ZL</b> to contact Colin Tilley and produce further evidence and graphs for the bid.</p> <p><b>GH</b> and AL to have a discussion offline re training opportunities at GJNH .</p>
<p><b>d.</b></p>	<p><b>Appointment of APGDs for Simulation</b></p> <p>5 joint posts in developing simulation over the next 3 years have been created. Funded for 3 years in the first instance but hoping to get funding to extend. Have appointed 4 out of the 5 posts and one is considering the 5<sup>th</sup> post.</p> <ul style="list-style-type: none"> <li>• <b>Establishing a Surgical Simulation Working Group</b> - Plan is to link simulation all together and create as part of the STB a Surgical Simulation Working Group. GH to set up and Chair first meeting and then a Chair will be identified from within the group going forward. Expectation this group will report into the Medicine Simulation Collaborative at NES.</li> </ul>	<p><b>GH</b> to set up and Chair first meeting of the Surgical Simulation Working Group.</p>
<p><b>e.</b></p>	<p><b>Future of Surgery discussion (Paper M)</b></p> <p>Paper for information – no comments raised.</p> <ul style="list-style-type: none"> <li>• <b>Robotic surgery</b> – ScotGov has funded the purchase of 10 or 11 Da Vinci robots across the country. RCSEd setting up a Robotic Training Centre. AL noted that GRI have put together a package of training that Consultants need to undertake, and trainees are being encouraged to do also. Have put together some training modules for trainees in Gen Surgery in the West. Robotic Surgery is not currently on the curriculum for Gen Surgery, but it is something that is expected. KW noted that the Core Surgery Simulation Strategy and monthly training days have assimilated the introductory training day provided by the RCSEd. BS is aware that some training should be incorporated into</li> </ul>	

	the Higher Surgical Training Strategy and this is something he will take forward. MD commented that robotics is used extensively in Cardiothoracic surgery but not in Cardiac Surgery.	
f.	<p><b>Appointing a new SSTB Chair -January 2023</b></p> <p>GH will be standing down at the end of the year as Chair of SSTB. AH thanked GH for the excellent work he has done over the years. AH will take forward the recruitment process for this post and any expressions of interest should be made directly to AH.</p>	AH to take forward recruitment for SSTB Chair.
6.	<b>Standing Items of Business</b>	
a.	<b>Deanery Issues</b>	
i	<p><b>i) Quality</b> – Gen Surgery, Monklands visit to be finalised this week. Gen Surgery at Ninewells has been finalised and sent out. ENT has been published and Ophthalmology still in draft. Visit to Cardiothoracic at GJNH, 13.05.22 and Neurosurgery on 21.06.22. New Action Plan Review meetings are now being held after the visits as a follow up to see how the Health Boards are getting on with the requirements. Sites on Enhanced Monitoring are Dr Greys, Ninewells and Monklands – all Gen Surgery. Recent visit to Gen Surgery at ARI and Action Plan Review Meeting in June. Good practice was noted from a Foundation trainee in ENT at Ninewells.</p> <ul style="list-style-type: none"> <li>• <b>JCST QA Report (Papers O, 1-8) Report from VH (Paper N) –Training Management</b> – 2022 reports circulated but missing ENT and Cardiothoracic. Can everyone confirm that the TPDs are getting the reports as there had been an issue with the JCST sending to the wrong PGDean.</li> </ul> <p>DW highlighted that some trainees had not received the Scottish Training Survey. AH asked DW to send a list of the trainees to VH who will look into this.</p> <p><b>ii) Professional Development</b> - No report submitted, or issues raised.</p> <p><b>iii) Recruitment Report (Paper P)</b> - Round 1 fill rates circulated. Unfilled posts in OMFS. Round 2 – has offers being recycled in Gen Surgery and Vascular Surgery. Round 2 fill rates available next week and JMCK will circulate. AH noted that OMFS has struggled to recruit over the last few years. DB confirmed they've recruited 2 at ST3 level but still have a vacancy. Workshops have been set up to try and attract trainees. It was noted it is a Pan Scotland rotation and this may be a barrier. Scotland only recruit at ST3 level to OMFS so potentially could be losing ST1 candidates to down</p>	<p><b>All</b> to confirm TPDs are receiving JCST QA reports</p> <p><b>DW</b> to send list of trainees to VH who had not received the survey.</p> <p><b>JMCK</b> to circulate Round 2 fill rate info next week.</p>

	<p>south. Not an option to recruit in Scotland at both levels. AH asked DB if she could put together a short options appraisal paper about what you think would work for Scotland and this would then be taken to MDST.</p> <p><b>iv) ST1 Recruitment in T&amp;O (Paper T1-4)</b> –BMA contacted NES to express concern about a perceived different approach to recruitment between ST1s in T&amp;O and the UK wide Core Surgical recruitment. T1 paper outlines the domains currently used for ST1 recruitment. T2 paper outlines the rationale for using the domains. Q2 caused concern in relation to undergraduate degrees and qualifications as there was a differential scoring for undergraduate degrees that were obtained prior to the medical degree compared to an intercalated degree. It was agreed that Q2 must be realigned, not an option needs to be changed. There was a lengthy discussion about Q1 – it was suggested that this question be looked at in more detail and evidence that Foundation trainees are being disadvantaged. Also need to think about the doctors who have done extra time and not given any credit for this again need to ensure they are not being disadvantaged. JMck to provide data in relation to F2s being appointed to ST1 T&amp;O posts this year using the new scoring system compared to last year. Person Specification has changed UK wide to add in sentence – that you need a National Training Number or Deanery Number, and a maximum of 2 years T&amp;O experience is allowed. Action: EH to liaise with JMck and team and amend Q1 and Q2 and then feedback to AH for him take to Scottish Junior Doctors Committee to get their views. Not allowed to apply for both an ST1 and ST3 post at the same time and to ensure no misunderstanding EH suggested that as part of application form next year there will be a tick box to declare officially that they are not applying for both posts.</p> <p><b>v) Following discussion Equality and Diversity (including differential attainment, fairness in training to all (FiTFA) - No further update</b></p>	<p><b>DB</b> to produce short option appraisal paper on OMFS recruitment and send to AH</p> <p><b>JMck</b> to produce recruitment data. <b>EH</b> to discuss questions and comments with colleagues and feedback to AH.</p>
<p><b>b.</b></p>	<p><b>Specialty and STC reports</b></p> <p><b>i) Cardiothoracic Surgery</b> – no further report.</p> <p><b>ii) Core Surgery (IST)</b></p> <ul style="list-style-type: none"> <li>• <b>MRCS exam update</b> – exam running again.</li> <li>• <b>IST evaluation reports (Papers Q1-2)</b> - Papers for information.</li> <li>• <b>End of pilot and inclusion of output in BAU</b> – Work will now be embedded into day-to-day activity and become BAU. IST SLWG no longer required to meet.</li> </ul> <p><b>iii) ENT Surgery</b> – No further report.</p> <p><b>iv) General Surgery</b> – Paper R for information.</p> <ul style="list-style-type: none"> <li>• <b>Notes from Transplant Surgery Working Group</b> – Paper R for information.</li> </ul> <p><b>v) Neurosurgery</b> – no further report.</p>	

	<p><b>vi) OMFS</b> – no further report.  <b>vii) Ophthalmology</b> – no further report.  <b>viii) Paediatrics Surgery</b> – no further report.  <b>ix) Plastic</b> – no further report  <b>x) T&amp;O</b> – no further report.  <b>xi) Urology</b> – no further report.  <b>xii) Vascular Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>Notes from Vascular Surgery Working Group</b> – Paper S for information. AL noted there had been a positive discussion at the last West STC and resolved the issue.</li> </ul>	
	<b>Other Reports</b>	
<b>c)</b>	<b>Service (MD) report</b> – no update.	
<b>d)</b>	<b>DME report</b> – All points covered as part of the agenda.	
<b>e)</b>	<b>Royal Colleges reports</b> – no update.	
<b>f)</b>	<b>Heads of School report</b> – no update.	
<b>g)</b>	<b>SAS report</b> – no update.	
<b>h)</b>	<b>Academic report</b> – no update.	
<b>i)</b>	<b>Trainee report</b> – no update.	
<b>j)</b>	<b>Lay member report</b> – No update.	
<b>7.</b>	<b>AOCB</b>	
	No further business items were raised.	
<b>8.</b>	<b>Date of next meeting</b> – Thursday 18 <sup>th</sup> August 2022 at 10 am. Subsequent meeting Wednesday 16 <sup>th</sup> November 2022.	