

**Notes of the meeting of the Surgical STB held at 10:00 am, Thursday 24<sup>th</sup> August 2023 via Teams, NHS Education for Scotland**

**Present:** Al Murray (AM) [Chair], Jackie Aitken (JA), Debbie Boyd (DB), Claire Carden (CC), John Camilleri-Brennan (JCB), Melanie Clark (MC), Evan Crane (EC), Andreas Demetriades (AD), Susan Donaldson (SD), Russell Duncan (RD), Martyn Flett (MF), Fiona Fraser (FF), Simon Gibson (SG), Kerry Haddow (KH), Bryn Jones (BJ), Thushitha Kunanandam (TK), Jen Mackenzie (JMck), Ian McDonough (IMcD), Ashleigh McGovern (AMcG), Mari Louise Montague (MLM), Sarah O'Rourke (SO'R), Vinita Shekar (VS), Brain Stewart (BS), Stuart Suttie (SS), Phil Turner (PT), Phil Walmsley (PW) & Stuart Waterston (SW)

**Apologies :** Pankaj Agarwal (PA), Sudipto Bhatta (SB), Peter Bodkin (PB), Caroline Cobb (CC), Vikas Chadah (VC), Mark Danton (MD), Simon Edgar (SE), Tim Graham (TG), Alistair Geraghty (AG), Vicki Hayter (VH), Simon Hewick (SH), Alan Kirk (AK), Stephen Lally (SL), Alison Lannigan (AL), Zack Latif (ZL), Andrew Murray (AnMu), Hugh Pearson (HP), Rowan Parks (RP), Lisa Pearson (LP), Sara Robinson (SR), Mark Vella (MV), Caroline Whitton (CW), David Wynn (DW), & Satheesh Yalamarathi (SY)

**In Attendance:** Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	<b>Welcome &amp; Apologies</b>	The chair welcomed the following new members: <ul style="list-style-type: none"> <li>• Dr John Camilleri-Brenan (Royal College of Physicians &amp; Surgeons, Glasgow)</li> <li>• Dr Claire Carden (TPD General Surgery – East of Scotland Region)</li> <li>• Prof Phil Tuner (Royal College of Surgeons, Edinburgh)</li> </ul>	
2.	<b>Notes of the meeting held on 16/05/2023</b>	The meeting notes for 16/05/2023 were accepted by the members	
3.	<b>Matters Arising</b>	There were no matters arising	
4.	<b>Action Points from 16/05/2023</b>	See Action Long – August 2023	

<p>5.</p>	<p><b>Presentation - Medical Associate Professions Workstream Surgery Specialty Training Board</b></p>	<p>Fiona Fraser gave the members a presentation regarding ‘Medical Associate Professions Workstream’. The following issue were discussed by the members including:</p> <ul style="list-style-type: none"> <li>• <b>Definition of Associates Roles:</b> SO’R and BJ highlighted issues of trainees and Medical Associates roles overlapping. SO’R noted that both groups require protected training time and training opportunities. FF confirmed that the working group have collated career biographies which give outlines of roles, education requirements, training needs etc. which will inform job descriptions.</li> <li>• <b>Communication with Associates &amp; Trainees:</b> SO’R suggested that information regarding Medical Associate job descriptions should be communicated to trainees. FF suggested that a Trainee rep be added to the working group to provide a trainee perspective.</li> <li>• <b>Roles of SAS Workforce:</b> VS asked if SAS doctors could provide training and mentoring for both trainees and Medical Associates. FF stated that this has not been considered in Phase 1 but may be considered in Phase 2.</li> <li>• <b>Role of Trainers:</b> PW asked whether there were enough Trainer’s for Medical Associates. FF stated that Trainer capacity has been noted in the report and a response is required from NES regarding workforce planning and capacity.</li> <li>• <b>Medical Associates &amp; Prescribing:</b> MC asked if Medical Associates will be permitted to prescribe. FF stated that it is not possible to investigate prescribing until each specialty agrees to the formal regulation of associates. FF highlighted that this is a complex area, for example a registered nurse can fill a Medical Associate role and can be licensed to prescribe under their nursing registration however other Medical Associates will not be able to.</li> <li>• <b>College Responses:</b> JCB stated that the RCoP&amp;S supports the introduction of MAPs to the medical workforce.</li> </ul>	<p>FF to gather information from trainees and MAPs regarding negative and positive training opportunities</p> <p>FF to add trainee rep to MAP working group</p> <p>FF to investigate use of SAS grade doctors in relation to training and mentoring of trainee and MAPs</p> <p>FF to provide members with link to per-operative roles</p>
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5.	Standing Items of Business		
5.1	CSTAC Paper	<p>Various issues were discussed relating to the CTAC paper:</p> <ul style="list-style-type: none"> <li>• <b>GMC Requirements:</b> AM stated that the GMC have requested two changes to the Surgical Training Curriculum including a common entry point for all surgical specialties which will permit entry from the Foundation Programme and a programme, which on completion, will allow entry to any higher surgical specialty.</li> <li>• <b>Trainee Response to Paper:</b> SO'R stated that suggested targets may not be achievable within the standard one-year period. As an alternative, trainees have suggested a three-year programme or the grouping of training into two themes (general specialties vs non-general specialties). SO'R noted that changes would impact run through training. SG stated that an extension of training would not be popular.</li> <li>• <b>Surgical Core Training:</b> AM outlined that the board should consider whether Core Training is still relevant and whether there should be one year of generic training followed by a year organised round surgical themes. AM noted that this would require a change to ST3 requirements. AM highlighted that there is no appetite to create an additional selection process to support this.</li> <li>• <b>Comparison to other Programmes:</b> RD noted that programmes such as Broad-Based Training have a well-defined two-year programme based on common themes. RD stated that Core Surgery can only develop a two-year programme if it is believed that there is enough commonality between the different sub-specialties. BS and SG both noted that there was sufficient commonality within the Core Surgical Training curriculum which relates to all sub-specialties. SG noted that the MRCS exam covers themes from Core Surgery training however the run-through programme can lead to gaps in trainee competencies.</li> <li>• <b>Themed Posts:</b> SG suggested that posts be designed along themes to help trainees achieve appropriate competencies. AM asked whether posts would be advertised as first year generic Core Surgical posts with themes applied for second year posts or</li> </ul>	

		<p>whether all posts would be themed. SG confirmed that all posts would be themed. MF suggested that Core Surgery cannot be developed in isolation from other specialties.</p> <ul style="list-style-type: none"> <li>• <b>Run-Through Programmes:</b> MF noted that run-through training has been dropped within Paediatric Surgery and asked whether paper is suggesting that this should be re-introduced. AM confirmed that this could be the case however noted that some specialties are too small to sustain run-through programmes independently in Scotland.</li> <li>• <b>STB Response:</b> AM noted the following issues regarding the CSTAC paper which will be reported back to the Senior Management Team including: <ul style="list-style-type: none"> <li>• The STB requires clarification on key points within the CSTAC paper</li> <li>• The STB does not favour the establishment of a one-year Core Surgery module followed by a second year based on selection.</li> <li>• The STB has considered the proposal for a three-training period but believes that this would not be well received</li> <li>• The STB is concerned about the concept of a mixed economy training approach which runs both Core Surgery training and run-through programmes</li> <li>• The STB recognises that achieving pluripotent access to specialty training will require changes to HST entry and curricula</li> <li>• The STB does support the retention of a themed Core Surgical curriculum</li> </ul> </li> </ul>	<p><b>AM</b> to draft response on CSTAC Surgical Training paper for Senior Management Team</p>
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<p><b>5.2</b></p>	<p><b>Robotic Training in Scotland</b></p>	<p>AM gave the members the following update related to robotic training:</p> <ul style="list-style-type: none"> <li>• <b>Robotic Assisted Training in Scotland:</b> AM stated that Phase 1 of robotic technological assistance has been introduced in Scotland. AM stated that this programme has been carried out in partnership with Intuitive and uses De Vinci technology. AM stated Phase 1 concentrates on urological, thoracic, colorectal cancer surgery.</li> <li>• <b>Training Programme for Trainees:</b> The following training is being offered to trainees including: <ul style="list-style-type: none"> <li>• <b>Phase 1</b> –Training on Intuitive App and online learning</li> <li>• <b>Phase 2</b> – 40 hours Simulator training</li> <li>• <b>Phase 3</b> – Surgical Operative Activities</li> <li>• <b>Phase 4</b> – Primary Operator Training</li> </ul> </li> <li>• <b>Robotic SWLG Groups:</b> AM suggested a SLWG with a representative from each specialty be formed to look at trainee access to Robotic training. AM suggested reps from General Surgery, Neurology, Simulation APGDs and Simulation attend. AM noted that NES prioritises equality of access to training which may be a challenge due to spread of equipment and trainers across regions.</li> <li>• <b>Robotic Training &amp; Funding:</b> PW stated that the royal college would like to appoint a national facilitator for this project.</li> </ul>	<p><b>AM</b> to form SWLG (including TPDs for Urology and General and APGDs for Simulation) to advance collaborative work with Colleges and industry</p>
<p><b>5.3</b></p>	<p><b>Expansion Post</b></p>	<p>AM gave the members the following update regarding Expansion bids including:</p> <ul style="list-style-type: none"> <li>• <b>New NTN Expansions Bids:</b> AM stated that there is a requirement to formalise expansion of NTN posts and create a timetable for implementation. AM suggested that each Specialty rep should report back by the next STB meeting to confirm that expansion applications for August 2024 have been made. These applications can then be finalised at the February 2024 meeting.</li> </ul>	<p><b>All</b> to draft NTN Expansion Bid reports for next Surgery STB meeting</p>

		<ul style="list-style-type: none"> <li>• <b>Present NTN Expansion Bids:</b> AM confirmed that T&amp;O, Core Surgery, General Surgery, Ophthalmology have submitted bids and advised reps consult Colin Tilly for data.</li> </ul>	
<b>7.</b>	<b>Deanery Issues</b>		
<b>7.1</b>	<b>Quality Update</b>	<p>Various issues regarding Quality were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Quality Visits 2023:</b> AM confirmed the following Quality visits: <ul style="list-style-type: none"> <li>• Ninewells Hospital, Dundee – General Surgery</li> <li>• Dr Gray’s Hospital, Elgin – Surgery</li> <li>• Monklands Hospital, Lanarkshire - General Surgery</li> </ul> </li> <li>• <b>Site Progress:</b> AM noted that the Action Plan for General Surgery at Ninewells Hospital is progressing well. AM stated that some progress has been made regarding Surgery at Dr Gray’s and a new staffing model has been introduced at Monklands Hospital which will be monitored closely.</li> <li>• <b>Quality Review Panel:</b> AM confirmed that the Quality Review Panel meeting will be held on 06/10/2023. KH requested that all TPDs completed TPD reports for the panel.</li> </ul>	<p><b>All</b> to complete TPD reports for Quality Review Panel by 01/02/2023</p>
<b>7.2</b>	<b>Training Management</b>	<p>AMcG gave the members an update regarding TPM including:</p> <ul style="list-style-type: none"> <li>• <b>Recruitment for August 2024:</b> AMcG confirmed that TPM will be reviewing Surgery trainee numbers for August 2024 intake.</li> <li>• <b>Winter ARCPs:</b> AMcG stated that TPM are preparing for the interim ARCPs in December and January. AM stated that a summary of ARCP results will be circulated for this 2023.</li> <li>• <b>IDT Process:</b> AMcG stated that the IDT vacancy declaration list will be issued on 04/09/2023. AMcG stated that this would be circulated to TPDs if there are any incoming or outgoing requests for Scottish Deanery.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Academic Appointments Process:</b> AMcG confirmed that TPM will be taking over the academic appointments process. AMcG stated that a revised SOP will be produced and a communication about this will be circulated soon.</li> </ul>	
7.3	<b>Professional Development</b>		
7.4	<b>Recruitment</b>	<p>Various issues relating to recruitment were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Recruitment for 2024:</b> JMck stated that a timetable for all three rounds for 2024 is available. JMck confirmed that Round 3 is ongoing, and the Maxillofacial programme has one vacancy. JMck state that details for 2024 recruitment will be finalised by September however T&amp;O are still reviewing the self-assessment criteria used in shortlisting.</li> <li>• <b>Face-to-Face Recruitment:</b> AM stated that there has been discussion regarding face-to-face selection. AM stated that despite general enthusiasm for this there will be no return to face-to-face recruitment due to cost issues. AM confirmed that this was a permanent decision.</li> </ul>	
7.5	<b>Equality &amp; Diversity</b>	<p>Various issue related to Equality &amp; Diversity were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Trainee Resignations:</b> AM noted that recent resignation data indicates an increase in female trainee resignations. SO'R asked if this was being addressed by NES. AM stated that NES will be looking at exit interview data to assess reasons for resignations. RD asked where to send exit interview information. AM asked for information to be sent to him.</li> <li>• <b>Issues related LTFT:</b> to MF asked if trainees who request Less than Full Time should be included in this group. AM stated that information regarding LTFT should be sent to APGDs.</li> </ul>	<p><b>All</b> to send trainee exit information to AM to allow centralisation of data</p> <p><b>MF</b> to send trainee LTFT request information to APDG for discussion</p>

<b>8.</b>	<b>Specialty and STC reports</b>		
<b>8.1</b>	<b>Cardiothoracic Surgery</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss.</li> </ul>	
<b>8.2</b>	<b>Core Surgery (IST)</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss.</li> </ul>	
<b>8.3</b>	<b>ENT Surgery</b>	<ul style="list-style-type: none"> <li>• AM congratulated the West of Scotland ENT programme for being ranked as No 1 in UK.</li> </ul>	
<b>8.4</b>	<b>General Surgery</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss</li> </ul>	
<b>8.5</b>	<b>Neurosurgery</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss</li> </ul>	
<b>8.6</b>	<b>OMFS</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss</li> </ul>	
<b>8.7</b>	<b>Ophthalmology</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss</li> </ul>	
<b>8.8</b>	<b>Paediatric Surgery</b>	<ul style="list-style-type: none"> <li>• AM highlighted issued related to Section 1 exam. AM stated that the most recent exam diet had shown a higher pass rate.</li> </ul>	
<b>8.9</b>	<b>Plastic Surgery</b>	<ul style="list-style-type: none"> <li>• AM highlighted the issue related to advertising jobs when trainees CCT in February. AM stated that TPM does not advertise February posts when that are vacated until trainee CCT is confirmed which has an impact on the employments of LATS. AMcG stated that this should be discussed with Training Managers Group.</li> </ul>	<b>AMcG</b> to discuss advertising of posts before trainee vacate their posts on CCT-ing in February with Training Managers Group
<b>8.10</b>	<b>T&amp;O</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss</li> </ul>	
<b>8.11</b>	<b>Urology</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss</li> </ul>	
<b>8.12</b>	<b>Vascular surgery</b>	<ul style="list-style-type: none"> <li>• There were no items to discuss</li> </ul>	



<p><b>8.13</b></p>	<p><b>Simulation update</b></p>	<p>TK gave the members the members the following update regarding Simulation including:</p> <ul style="list-style-type: none"> <li>• <b>Simulation APGDs:</b> TK stated that all APGDs have been appointed and can be contacted by TPDs. TK suggested that Simulation APGDs should be invited to all TPD meetings and ARCP panels.</li> <li>• <b>Simulation Courses:</b> TK stated that some groups such as ENT have been able to start training courses. TK stated that some groups such as Paediatrics are looking to use VR. TK stated that the Simulation group are looking closely at issues such as scheduling, timing, and nomenclature of courses.</li> <li>• <b>Trauma Courses:</b> TK stated that provision of Trauma courses is a priority for NES. TK noted that these must be SAC approved ATLS equivalent courses.</li> <li>• <b>Trauma Pilot Course:</b> TK stated that Angus Cooper has piloted a Trauma Cadaveric course in NHS Grampian which could be used as a model. BS stated that this course received positive feedback from general surgery trainees and feedback will be sent to SAC as part of SAC approval bid. CC requested that a report be submitted for the joint SAC-TPD meeting for approval.</li> <li>• <b>SAC Approval Process:</b> RD asked why formal SAC approval is required and why the SAC has taken on approval and governance as this is a devolved issue. AM stated that a written approval is required to rule out issues at ARCP. SS confirmed that SAC approval is a quick process.</li> <li>• <b>Simulation Courses &amp; Budgets:</b> AM suggested an offline discussion with TK regarding budgeting etc.</li> </ul>	<p><b>TK</b> to draft paper regarding Trauma Cadaveric courses for approval at joint SAC-TPD meeting for CC in September</p> <p><b>AM</b> to contact TK to discuss various Simulation Issues including budgets</p>
<p><b>9.</b></p>	<p><b>Other Reports</b></p>		
<p><b>9.1</b></p>	<p><b>Service (MD) Report</b></p>	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	

9.2	<b>DME Report</b>	<p>MLM gave the members an update regarding DMEs including:</p> <ul style="list-style-type: none"> <li>• <b>Foundation Year Doctor Experience:</b> ELM stated that a project is being carried out to improve doctor experience in Foundation Year, General Surgery and sub-specialty posts due to poor trainee feedback. ELM confirmed that this will involve enhanced support for Trainers.</li> <li>• <b>GMC National Trainee Survey:</b> ELM stated that facilities received poor ratings in the most recent survey and work will be carried out to address this.</li> <li>• <b>STB discussion Point:</b> ELM stated that she would discuss STB issues with wider DME group regarding national programme post-expansion posts. AM stated that it was important to keep DMEs engaged with the STB group.</li> </ul>	
9.3	<b>Royal College Reports</b>	<ul style="list-style-type: none"> <li>• JCB confirmed that there were no items of business from the royal college.</li> </ul>	
9.4	<b>Head of Schools Report – see COPSS summary</b>	<p>AM confirmed that he had attended the most recent Heads of School – COPPS meeting in July. Discussions included:</p> <ul style="list-style-type: none"> <li>• <b>Discussion Items:</b> AM confirmed that this group discussed items including Core Surgery, alternative training pathways, industrial action in England and face-to-face ARCPs.</li> <li>• <b>MCR Window:</b> AM confirmed that the MCR window has been extended to two working days. PW confirmed that this was raised in T&amp;O report. AM requested that PW report changes back to Simon Johnson (TPD T&amp;O East) who raised the original query.</li> <li>• <b>Online Education Programme - Resources:</b> AM stated that there is ongoing work related to moving Surgical education modules online. AM stated that this will cover theoretical work and allow teaching at local level to concentrate on clinical skills.</li> </ul>	<p><b>PW</b> to report MCR changes back to Simon Johnson.</p>

		<ul style="list-style-type: none"> <li>• <b>Online Education – Core Programme:</b> AM noted that the online course for Core Surgery has seen a significant drop in uptake. SO'R confirmed that trainees have been asking if they can have protected time to complete online course. AM stated that this is regarded as 'Education Time' within existing contracts and would replace teaching time. AM stated that courses should not be regarded as additional. SG confirmed that Satheesh Yalamarthi will lead on the Simulation Surgery pilot course in East and West Regions. AM requested SG speak to Philippa and TK regarding pilot courses.</li> </ul>	SG to discuss Core Surgery Simulation pilot course in East and West region with Philippa and TK
9.5	SAS Report	<ul style="list-style-type: none"> <li>• <b>See Item 5:</b> Presentation - Medical Associate Professions Workstream Surgery Specialty Training Board Roles of SAS Workforce &amp; Action Point</li> </ul>	
9.6	Academic Report	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	
9.7	Trainee Report	<p>Various issues were discussed regarding junior doctors including:</p> <ul style="list-style-type: none"> <li>• <b>SJDC Discussions:</b> SO'R confirmed that junior doctors have accepted the most recent pay offer. SO'R stated that further talks regarding re-drafting of junior doctors' contracts will take place in September. AM stated that he would contact SO'R regarding suggested trainee forum and redrafting of contracts offline.</li> <li>• <b>Trainee Resignations:</b> AD confirmed that four middle grade trainees have either resigned or left their posts in Neurosurgery at the Royal Infirmary Edinburgh. AM asked AD to send him trainee details.</li> </ul>	<p>AM to contact SO'R regarding trainee forum and redrafting of junior doctors' contracts</p> <p>AD to contact AM regarding trainee resignations in Neurosurgery at Royal Infirmary Edinburgh</p>
9.8	Lay Report	<ul style="list-style-type: none"> <li>• IMcD noted that the discussion on MAPs was very comprehensive and noted that this programme requires appropriate investment from Scottish government.</li> </ul>	
10.	AOB		
10.1	GMC Statement	<ul style="list-style-type: none"> <li>• RD noted that the legislation for entry to the specialty and GP register is changing in November 2023. RD noted that the CESR training pathway will be replaced by the Portfolio pathway. RD noted that this will have significant impact on training.</li> </ul>	

<b>11.</b>	<b>Date of Next meeting</b>	AM confirmed that the next meeting will be held on: <ul style="list-style-type: none"><li data-bbox="645 268 1160 304">• 01/12/2023 (13:30 – 15:30) via TEAMS</li></ul>	
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