

## Notes of the meeting of the Surgical STB held at 10:00 am, Friday 3<sup>rd</sup> February 2023 at 10 am via Teams, NHS Education for Scotland

**Present:** Al Murray (AM) Chair, Pankaj Agarwal (PA), Debbie Boyd (DB), Evan Crane (EC), Russell Duncan (RD), Martyn Flett (MF), Simon Gibson (SG), Vicki Hayter (VH), Adam Hill (AH), Bryn Jones (BJ), Thushitha Kunanandam (TK), Alison Lannigan (AL), Stephen Lally (SL), Zack Latif (ZL), Jen Mackenzie (JMck), Ian McDonough (IMcD), Ashleigh McGovern (AMcG), Lisa Pearson (LP), Vinita Shekar (VS), Stuart Suttie (SS), Phil Walmsley (PW), David Wynne (DW), & Mark Vella (MV)

**Apologies :** Jackie Aitken (JA), Alan Kirk (AK), Alistair Geraghty (AG), Melanie Clark (MC), Andreas Demetriades (AD), Kerry Haddow (KH), Andrew Murray (AnMu), Sarah O-Rourke (SO'R), Rowan Parks (RP), Steve Wigmore (SW) & Satheesh Yalamarathi (SY)

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

Item No	Item	Comment	Action
1.	<b>Welcome &amp; Apologies</b>	The chair welcomes three new members to the STB: <ul style="list-style-type: none"><li>• <b>Dr Simon Gibson</b> - Consultant General Surgeon, Core Surgery rep – Greater Glasgow &amp; Clyde</li><li>• <b>Dr Thushitha Kunanandam</b> – Simulation Lead – Greater Glasgow &amp; Clyde</li><li>• <b>Stephen Lally</b> - Deputy Manager, NES Medical</li></ul>	
2.	<b>Notes of the meeting held on 16/11/2023</b>	The following changes were requested: <ul style="list-style-type: none"><li>• Dr Ian McDonough requested that his name be added to the attendance list</li></ul>	
3.	<b>Matters Arising</b>	<ul style="list-style-type: none"><li>• There were no matters arising</li></ul>	
4.	<b>Action Points from 16/11/2023</b>	<ul style="list-style-type: none"><li>• See Action Log - May 2023</li></ul>	

5.	<b>Standing Items of Business</b>		
5.1	<b>SAS Trainees - Alternative Training Routes</b>	<p>VS gave the members a summary of issues related to SAS trainees and alternative training routes including:</p> <ul style="list-style-type: none"> <li>• <b>STB views on Alternative Routes:</b> AM stated that discussions have been held at Confederation of Postgraduate Schools of Surgery (COPSS) relating to alternative training routes for SAS trainees. AM stated that this is also being discussed at JCST as there are issues relating to comparable trainee competencies etc.</li> <li>• <b>SAS Specialty &amp; SAS Specialty Doctor Contracts:</b> VS stated that there are ongoing discussions relating to SAS contracts. VS noted that the JCST framework can be matched to trainee logbook and portfolios.</li> </ul>	
5.2	<b>Trainee Report – MSRA Tool for Core Training Application</b>	<p>Various issues were discussed relating to the MSRA Tool including:</p> <ul style="list-style-type: none"> <li>• <b>MSRA Tool Process:</b> AM stated that the JCST have decided to use the MSRA Tool for Core Training as this provides a more objective application process.</li> <li>• <b>Trainee Response:</b> AM stated that trainees have indicated that they feel the introduction of the MSRA Tool has been too fast. AM confirmed however that the JCST believe that the tool has been very useful and will be used going forward.</li> <li>• <b>MRSC, Part A:</b> AM stated that some trainees had raised concerns that Part A of the MRCS had been downgraded for weighting in selection for Core Surgery. There had been no communication from the JCST on the reason for this but AM pointed out that selection criteria are constantly reviewed and subject to change.</li> </ul>	
5.3	<b>Update on sites under Enhanced Monitoring</b>		

		<ul style="list-style-type: none"> <li>• <b>STB and Enhanced Monitoring:</b> AM noted that the Surgery STB should provide greater support for sites under Enhanced Monitoring.</li> </ul> <p>PW gave the members the following update on sites under Enhanced Monitoring including:</p> <ul style="list-style-type: none"> <li>• <b>Ninewells Hospital, Dundee:</b> PW confirmed that Ninewells Hospital completed an Action Plan Review meeting on 06/12/2022. PW noted that a significant amount of work has been carried out relating to ten action points. PW stated that three action points out of ten remain to be resolved and that a second visit is scheduled for 07/04/2023. PW stated that it is hoped that Ninewells will then be removed from Enhanced Monitoring.</li> <li>• <b>Dr Grays Hospital, Elgin:</b> PW stated that a SMART objective meeting was held for Dr Gray's and that there have been significant improvements at ST level. PW stated however that there were still issues relating to Foundation. PW confirmed that an Action Plan meeting will be held in April 2023.</li> <li>• <b>Monklands Hospital, Airdrie:</b> PW stated that a pre-visit questionnaire has been sent to all trainees. PW stated that a decision on whether the site requires a SMART Objective meeting or Action Plan meeting will be decided based on questionnaire results. AM noted that the Monklands Hospital visit also includes two other General Surgery sites in Lanarkshire. AH clarified that for GMC purposes the Quality visit only relates to Monklands Hospital.</li> <li>• <b>Face-to-Face Visit:</b> DW asked if there were any plans to change Quality visit from TEAMS interviews to face-to-face meetings. PW stated that there were no plans to change to face-to-face meetings at present.</li> </ul>	
5.4	<b>Additional Training Posts for August 2023</b>		
5.4.1	<b>Urology expansion posts</b>	ZL gave the members a summary of the proposed expansion posts in Urology including:	

		<ul style="list-style-type: none"><li>• <b>Additional Urology Posts – West Region:</b> ZL confirmed that was an uplift of two posts in Urology in 2020. ZL stated that one post was allocated to the Queen Elizabeth Hospital, Glasgow raising the trainee compliment from four to five and one post was allocated to the Lanarkshire area raising the trainee complement from two to three. ZL stated that two additional trainees will now be placed in North-Clyde area. ZL stated that this was due to an increase the consultant compliment due to the merger of two areas in North Glasgow. ZL confirmed that there will now be four trainees in this area.</li><li>• <b>Expansion Consultation Process:</b> AH stated that the locating of new trainee posts was a sensitive issue. AH stated that there were competing issues depending on cross-regional and inter-region factors. AH confirmed that the TPDs initiate the process in consultation with Regional Workforce Groups, Royal Colleges and Colin Tilly (Head of Programme, NES Digital). AH stated that the STB Board then considers any suggested expansion. Once ratified the suggested expansion recommendations are sent to MDST. Following that the proposed expansion posts are sent for consideration to the Scottish Shape of Training Group. This group carries out further consultation with Regional Workforce groups and colleges. Finally, recommendations are sent to Scottish Government for consideration.</li><li>• <b>Issues related to Expansion Process:</b> AH noted that Scottish Health Board have indicated that they would like greater involvement in the discussion process. AH noted that DMEs and Medical Directors all have representation on NES STBs. AH stated that further links with Service are required. AH confirmed that a new process will be developed but no decision has been made yet.</li><li>• <b>Issues related to Small Programmes:</b> RD highlighted the issues related to smaller programmes and additional posts. RD stated that smaller programmes have issues with trainees who are unable to rotate through appropriate posts. DW suggested that the addition of one or two posts to these programmes would resolve the issue. AH stated that all regions could make this argument and that there are restricted resources available. AH also highlighted issues related to move from head count to full time equivalent and that the</li></ul>	
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		<p>impact of LTFT post on programmes must form part of future applications for NTN expansion. AH stated that site specific arguments for expansion posts should be discussed at STB level.</p> <ul style="list-style-type: none"> <li>• <b>Expansion Post Template:</b> AM suggested using Paper 6 as a template for expansion posts request. AM noted that this template requires additional information related to the impact on programmes from part time posts such as LTFT, academic, leadership roles etc.</li> </ul>	
5.4.2	<b>T&amp;O expansion posts</b>	<p>EC have the members a summary of issues related to T&amp;O including:</p> <ul style="list-style-type: none"> <li>• <b>Expansion Posts South-East Region:</b> PW stated that two South-East posts will be located in Fife. PW stated that this was agreed at the SE STC and recognized that Fife had the most training capacity to offer at present.</li> <li>• <b>Expansion Posts – West Region:</b> EC confirmed that three posts will be allocated at the Golden Jubilee Hospital, two will be allocated to Forth Valley Hospital and one will be allocated to the Children’s Hospital, Glasgow. EC noted that this last post is to help alleviate pressure on trainees accessing Paediatric training.</li> <li>• <b>Expansion Posts – North Region:</b> AM stated that two to three of the four posts would be allocated to. PW clarified that he had discussed this with Gerry Cousins (Training Lead, NHS Highland) and that three posts will be located to Highland and one to Aberdeen. PW suggested that this be clarified with the TPD.</li> <li>• <b>Written Justification for Expansion Posts:</b> AH requested written justifications for each set of expansion posts.</li> </ul>	<p><b>AM</b> to email STB recommendations for post placement to AH</p>
5.4.3	<b>Ophthalmology</b>	<p>PA gave the members a summary of the proposed expansion posts in Ophthalmology including:</p>	

		<ul style="list-style-type: none"> <li>• <b>Proposed Expansion Posts:</b> PA stated that two NTN have been proposed for the North and South-East Region. PA stated that these posts would meet Workforce requirements in South-East region and changes to the curriculum (addition of Stage 4).</li> <li>• <b>Number of Expansion Posts:</b> AH asked if PA should be asking for more expansion posts and whether he had consulted Colin Tilly (Head of Programme, NES Digital). In addition to this, AH asked whether the additional posts would meet future LTFT and academic requirements. BJ suggested that the expansion could be a pan-Scotland request instead of just North, East and South-East Regional requirement. PA confirmed the request was for the minimum number of posts required at present. AH suggested PA contact Colin Tilly.</li> <li>• <b>Surgery Sim:</b> TK stated that Peter Wilson has drafted a Simulation Strategy with information on a proposed budget. TK stated that projects and budget requests must be identified by the end of March. DW asked whether NES was going to provide accommodation for Simulators. TK stated that locations in Lanarkshire have been discussed.</li> </ul>	<p><b>PA</b> to contact Colin Tilly in relation to Ophthalmology Expansion posts</p>
5.5	<p><b>STB response to ARCP outcomes 2021-2022</b></p>	<p>Various issues were discussed relating to ARCP outcomes in 2021 – 2022 including:</p> <ul style="list-style-type: none"> <li>• <b>Issues Related to Outcome 4s:</b> AM stated that the West Region had awarded the greatest amount of Outcome 10s compared to other regions between 2021-2022. AM asked whether there was a consistent use of Outcome 10s amongst the regions.</li> <li>• <b>West Regions – General Surgery:</b> MV noted that there had been a small spike in Outcome 5s in General Surgery ST5 due to poor engagement with eportfolio or lack of MCR.</li> <li>• <b>West Region – Paediatric Surgery:</b> MF stated that some Outcome 10.1 and 10.2 had been used in Paediatrics and noted that progress of trainees within this programme had been affected.</li> <li>• <b>Issues Related to Outcome 10s in T&amp;O WoS:</b> EC stated that there was a significant group of trainees who had been awarded Outcome 10s in 2021-2022 due to lack of clinical cases.</li> </ul>	

		<p>EC stated that some trainees lacked approx. 300 cases required for CCT. EC stated that if the additional derogations used during this period were removed there is a requirement to provide realistic solution for trainees who require to CCT. EC suggested Outcome 10.2 should be considered where a trainee is more than 300 cases behind for their stage. AM suggested all four regional programmes meet to discuss the use of ARCP Outcomes.</p> <ul style="list-style-type: none"> <li>• <b>ARCP Outcomes &amp; Recruitment:</b> DW asked if trainees with Outcomes 10s etc. would impact future trainee recruitment. EC stated that this would not be the case. PW noted that there had not been a significant impact on applications and that surgery was still achieving a 27 to 1 completion ratio.</li> </ul>	<p><b>Regional T&amp;O Programmes</b> to meet to seek consistent approach to ARCP outcomes for 2023. Update at next STB</p> <p><b>AM</b> to complete report on ARCP outcomes in surgical specialties for MDST</p>
5.6	<b>STB Membership</b>	<p>Various issues were discussed relating to the STB membership including:</p> <ul style="list-style-type: none"> <li>• <b>STB Membership:</b> AM asked the members to review the membership list. AM asked if members have a deputy to send the information to RBS. In addition to this, AM asked if any members wish to leave the STB they should discuss this with AM. Finally, AM stated that members who have not been attending the meeting will be contacted separately.</li> <li>• <b>TPD Membership:</b> BJ asked if TPDs could have a rotational membership on the STB. BJ stated that it would be help TPDs understand the STB role and share information. AM stated that it would be advantageous to have one TPD from each specialty on the STB.</li> </ul>	<p><b>All</b> to send information on deputies to RBS</p> <p>Specialties to coordinate lead TPD and deputy representative for STB and notify RBS.</p>
6.	<b>Deanery Issues</b>		
6.1	<b>Quality</b>	<p>VH gave the members a summary of Quality issues including:</p> <ul style="list-style-type: none"> <li>• <b>Approach to Quality Visits:</b> VH stated that emphasis this year will be on SMART Objective meetings and Action Plan Review meetings. VH confirmed that SMART Objective meetings</li> </ul>	

		<p>are held eight to twelve weeks after an initial Quality visit and an Action Plan Review meeting are held three to six months after the Action Planning meeting.</p> <ul style="list-style-type: none"> <li>• <b>Ninewells Hospital, Dundee:</b> A re-visit to the General Surgery department is scheduled for 07/04/2023.</li> <li>• <b>Golden Jubilee Hospital, Clydebank:</b> A re-visit is scheduled for the Cardiothoracic department in May. Date to be confirmed.</li> <li>• <b>Queen Elizabeth Hospital, Glasgow:</b> An Action plan meeting is scheduled for the Neurosurgery department. Date in August still to be decided.</li> <li>• <b>Aberdeen Royal Infirmary:</b> An Action Plan meeting is scheduled for the General Surgery department in June or July. Date to be decided.</li> <li>• <b>Dr Grays Hospital, Elgin:</b> An Action Plan meeting is scheduled for the General Surgery department. Date to be decided in June or July.</li> </ul>	
6.2	<b>TPM &amp; Recruitment</b>	<p>JMcK gave the members a summary of TPM actions and recruitment issues including:</p> <ul style="list-style-type: none"> <li>• <b>Trauma &amp; Orthopedics:</b> JMCK confirmed that NES will be running national recruitment in 2023. JMCK stated that the interview format will include multi-station format with four 10-minute stations. JMCK confirmed that invitations to interview are being sent out and interviews are scheduled for 22/02/2023 and 23/02/2023.</li> <li>• <b>Summer ARCPs:</b> AMcG confirmed that TPM are now organising the summer ARCPs.</li> <li>• <b>National Recruitment August 2023:</b> AMcG confirmed that TPM have trainee numbers for August national recruitment.</li> </ul>	
6.3	<b>Equality &amp; Diversity</b>	<ul style="list-style-type: none"> <li>• There were no business items to discuss</li> </ul>	



<b>7.</b>	<b>Specialty and STC Reports</b>		
<b>7.1</b>	<b>Cardiothoracic Surgery</b>	<ul style="list-style-type: none"> <li>• MD was not available for comment.</li> </ul>	
<b>7.2</b>	<b>Core Surgery (IST)</b>	<p>MV gave the members a brief summary of issues related to Core Surgery including:</p> <ul style="list-style-type: none"> <li>• <b>Trainees &amp; MRCS Part A Exam:</b> MV stated that majority of trainee issues at present relate to the MRCS, Part A exam.</li> <li>• <b>MRCS &amp; CSTAC:</b> AM asked why Part A will be taken out of the selection criteria. MV stated that this has still to be discussed at CSTAC. AM requested MV report back to STB on this.</li> </ul>	<b>MV</b> to report back to STB about CSTAC decision on MRCS Part A exam issues
<b>7.3</b>	<b>ENT Surgery</b>	<ul style="list-style-type: none"> <li>• DW confirmed there were no business items to discuss.</li> </ul>	
<b>7.4</b>	<b>General Surgery</b>	<ul style="list-style-type: none"> <li>• AL was not available for comment.</li> </ul>	
<b>7.5</b>	<b>Neurosurgery</b>	<ul style="list-style-type: none"> <li>• AL was not available for comment.</li> </ul>	
<b>7.6</b>	<b>OMFS</b>	<ul style="list-style-type: none"> <li>• DJ confirmed there were no business items to discuss.</li> </ul>	
<b>7.7</b>	<b>Ophthalmology</b>	<ul style="list-style-type: none"> <li>• PA confirmed there were no business items to discuss.</li> </ul>	
<b>7.8</b>	<b>Paediatric Surgery</b>	<p>MF gave the members a brief update on issues relating to the Paediatric Surgery programme including:</p> <ul style="list-style-type: none"> <li>• <b>Trainees Requesting LTFT:</b> MF stated that more trainees may apply for Less than Full Time which may pose a challenge for Service.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Exam Pass Rate:</b> MF stated that discussions are ongoing relating to the poor exam pass rate. MF confirmed that the pass rate has fallen with three trainees failing to achieve the required standard. AM confirmed that this will be discussed at JCIE.</li> <li>• <b>Single Best Match Process:</b> MF stated that there are ongoing discussions relating to the use of the single best match system which does not seem to lend itself to Paediatric surgery programme. MF stated that system is not clear, and it is difficult to create matching questions.</li> </ul>	
7.9	Plastic Surgery	<ul style="list-style-type: none"> <li>• SW was not available for comment.</li> </ul>	
7.10	T&O	<ul style="list-style-type: none"> <li>• EC confirmed there were no business item to discuss</li> </ul>	
7.11	Urology	<p>ZL gave the members a brief update of issues relating to Urology including:</p> <ul style="list-style-type: none"> <li>• <b>Trainees &amp; Early Completion:</b> ZL stated that one Urology trainee may be able to complete their competencies early and progress to ST3. ZL stated however that an NTN number will not be available for this trainee. AM stated that trainees must alert their TPDs if they have achieved competencies ahead of time so that numbers can be balanced, and salaries are made available.</li> </ul>	
7.12	Vascular Surgery	<ul style="list-style-type: none"> <li>• SS stated that there were no business items to discuss</li> </ul>	
7.13	Simulation Programme	<p>VS gave the members a brief summary of issues relating to Simulation including:</p> <ul style="list-style-type: none"> <li>• <b>Trauma &amp; ATLS Courses:</b> TK stated that a general trauma course could be developed for all specialty trainees in the later part of their training. VS stated that further discussion is required relating to this.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Simulation APGDs:</b> TK confirmed that all specialties have appointed an Associate Post Graduate Dean in Simulation.</li> <li>• <b>Simulation Budget:</b> TK stated that this is still in progress and requested that members with specific requests send information to Simulation APGDs. TK confirmed that specialties will also be sent a questionnaire asking for suggestions and requests. BJ stated that bids should be formulated as soon as possible.</li> <li>• <b>Health Board Involvements:</b> BJ stated that some health boards are creating Simulation training programmes and may have funding available.</li> <li>• <b>Capital Equipment:</b> BJ raised the issue of the purchase, maintenance and storage of equipment. BJ suggested members contact Larbert Simulation Centre.</li> <li>• <b>STB Update:</b> AM suggested this item be discussed at the top of the next meeting agenda as this is an ongoing project.</li> </ul>	<b>RBS</b> to add Simulation Programme to top of next STB meeting agenda
<b>8.</b>	<b>Other Reports</b>		
<b>8.1</b>	<b>Service (MD) Report</b>	<ul style="list-style-type: none"> <li>• AnMu was not available for comment.</li> </ul>	
<b>8.2</b>	<b>DME Report</b>	<ul style="list-style-type: none"> <li>• SE was unavailable for comment</li> </ul>	
<b>8.3</b>	<b>Heads of Schools</b>	<ul style="list-style-type: none"> <li>• AM confirmed that had he has attended the most recent Heads of School (COPPS) meeting with notes tabled. The next meeting will be held in Edinburgh on July 6<sup>th</sup> 2023</li> </ul>	
<b>8.4</b>	<b>SAS Report</b>	<ul style="list-style-type: none"> <li>• See Item 5.1</li> </ul>	
<b>8.6</b>	<b>Academic Report</b>	<ul style="list-style-type: none"> <li>• AM requested RBS to source an academic rep for the group.</li> </ul>	<b>RBS</b> to identify academic rep for the STB

<b>8.5</b>	<b>Lay Rep</b>	<ul style="list-style-type: none"><li>• IMcD confirmed that a Lay Rep face-to-face meeting will be held in Glasgow at the end of May.</li></ul>	
<b>9.0</b>	<b>AOB</b>	<ul style="list-style-type: none"><li>• There were no additional business items.</li></ul>	
<b>10.</b>	<b>Date of Next Meeting:</b>	Date for Next Meetings: <ul style="list-style-type: none"><li>• 16/05/2023 (10:00 – 12:00) via TEAMS</li><li>• 24/08/2023 (10:00 – 12:00) via TEAMS</li><li>• 17/11/2023 (10:00 – 12:00) via TEAMS</li></ul>	