

## SPECIALTY ADVISORY COMMITTEE IN PLASTIC SURGERY

Confirmed minutes of the meeting held on Thursday 23 January 2014 at The Royal College of Surgeons of England

### Members present:

Mr A Fitzgerald	Chair
Mr N Bennett	
Mr T Burge	
Mr M Dalal	
Mr K Hancock	
Mr I Mackay	
Mr A Mosahebi	
Mr B Philp	
Mr J Pollock	
Mr R Price	
Mr A Ray	
Mr S Southern	
Mr S Wood	

### In attendance:

Ms N Aro	Specialty Manager
Ms H Lewis	QA Manager
Ms S Nicholas	Head of JCST

### 1. **Welcome and apologies for absence**

Mr Fitzgerald welcomed members to the meeting.

Apologies were received from Dr Alison Carr, Mr Umraz Khan, Mr Henk Giele, Prof Sheona MacLeod, Mr David Orr and Mr Barry Powell.

### 2. **Membership and Programme Directors**

The lists of SAC Members, Liaison Members and Training Programme Directors (TPDs) were received for information.

Mr Fitzgerald noted the repeated non-attendance at SAC meetings for some members since his term as Chair commenced and enquired whether the Committee thought it would be appropriate to seek a replacement. The Committee agreed and Mr Fitzgerald will write to Mr Ian Eardley (Chair, JCST) to inform him of the situation and follow due course to find a replacement if allowed.

#### **Action: Mr Fitzgerald.**

Mr Fitzgerald reported that there were some difficulties within the East Midlands training programme and he will therefore take over as liaison member for the region. Mr Price will now be the liaison member for the North Western region with the support of Mr Hancock.

2.1 The Committee noted Mr Ken Stewart as the new TPD for Scotland. Mr Fitzgerald thanked Mr Mackay for his hard work as the previous TPD for the region.

2.2 The Committee noted Miss Norma Timoney as the new TPD for Pan Thames. Mr Fitzgerald thanked Mr Philp for his hard work as the previous TPD for the region.

### 3. **Minutes**

The minutes of the meeting held on 19 September 2013 were agreed.

**4. Matters arising from the minutes of previous meetings not discussed elsewhere on the agenda**

There were no matters arising to be discussed.

**5. Matters for SAC Consideration**

**5.1 Curriculum Development Group**

Mr Fitzgerald reported that there were no updates from the Curriculum Development Group. He noted the GMC were keen to have curriculum updates from other specialties such as Vascular Surgery.

**5.2 Simulation in Plastic Surgery**

Mr Southern gave the Committee an update on simulation in Plastic Surgery.

He reported that although the GMC were not initially supportive of the inclusion of simulation in the curriculum it was later accepted but the direction of simulation still remained unclear. Mr Southern therefore wrote to all TPDs requesting information on what simulation was available to trainees within their region and has received five responses to date. He noted that most regions had skill centres but the range of the available simulation differed greatly and deaneries did not have a clear model of simulation training.

Mr Southern performed an audit into simulation in clinical areas and assessed a period of fourteen days with 2.5 registrars; they recorded 24 episodes of simulation, 75% of which were 1:1 or 1:2 trainer to trainee ratio. He therefore believed that simulation training can successfully take place in the workplace but will need a suitable place on the ISCP to be recorded and logged. He added that it was important to know what the trainees wanted from simulation training and how often it should occur. Mr Fitzgerald suggested that Mr Southern liaises with Mr Pollock to circulate a survey through PLASTA and present their findings at the next SAC meeting. The results of the survey should also be discussed with Prof MacLeod to ensure that they are achievable.

**Action: Mr Southern and Mr Pollock.**

The Committee discussed methods of recording non-technical simulation and Mr Southern reported that he had developed a form and will present it at the next meeting.

**Action: Mr Southern.**

**5.3 National Selection**

Mr Fitzgerald gave the Committee a report on national selection.

At the last JCST meeting it was noted that the other surgical specialties had 35-38% of their core trainees move seamlessly into ST3 posts, but Plastic Surgery had less than 10% and this needed to improve. It was thought that changing the weighting on research at the interviews will help to bring a resolution. Mr Fitzgerald thanked Mr Burge for his work on National Selection and noted that Mr Wood has now taken over.

Mr Wood gave a presentation to the group following an analysis of the current scoring system. He noted that there were some flaws with the portfolio section and explained that he planned to change this for the next recruitment round. Mr Pollock suggested that the overall mark of the research papers and publications be made up of a 50% score from the number of years the candidate has spent in research and the other 50% scored at the portfolio station where the assessors can consider the amount of research according to the candidates' level. The Committee agreed that this quality and quantitative weighting will be the most appropriate and Mr Fitzgerald stated that it can be piloted for the next round. Mr Burge added that the Committee

can then assess whether the quality score will be appropriate for sole use thereafter.

Mr Pollock expressed that there was some unhappiness within PLASTA as some former trainees who applied through national selection were awarded an ST3 post. He suggested that former trainees be required to present their previous ARCP outcomes so the panel can determine whether there were any previous issues to consider.

Mr Fitzgerald reported on the removal of LAT posts by 2015 and there were some indication that Plastic Surgery may be able to continue with LAT posts due to the number of trainees who go out of programme particularly for the TIG posts. There is also some support from the GMC and the HEE due to the large number of female trainees within the specialty and their potential to take maternity leave during training. Mr Fitzgerald will therefore be having a meeting with the HEE to discuss a suitable way forward for Plastic Surgery.

**5.3.1** This item was not discussed as Dr Alison Carr sent her apologies.

#### **5.4 Report from Core Training SAC**

The Committee received a report from Mr Dalal on the Core Training SAC.

He reported that Plastic Surgery were often dressed down for their poor recruitment from core trainees but he noted that the SAC have started to recognise that Plastic Surgery have some special considerations.

In the last recruitment round for ST3 Plastic surgery posts, 2 out of 33 successful candidates came from core surgical training; 23 of 33 candidates were within their first three years after core training; and of the 33 successful candidates 17 had undertaken some research. He added that although there are 25 themed core surgical posts which offer 12 months in Plastic Surgery these candidates were still not successful in obtaining an ST3 post.

Mr Dalal continued to report that the survey results for core trainees in Plastic surgery came out very well and 78% of trainees would recommend their core programme, compared to 28% of neurosurgical core trainees. Core posts will be reduced and Mr Dalal explained that the core TPDs will make the decision on which posts will be lost; it was therefore important that the plastics core posts are improved as much as possible.

#### **5.5 SpR Training Diaries**

The Committee received an email from Mr Michael Timmons on his recommendation that trainees should use training diaries so they can record outpatient clinics appropriately. The ISCP system will take some time to change but Mr Fitzgerald will write to Mr Bill Allum (Surgical Director, ISCP) to recommend the inclusion of the training diary for trainees and will also make trainees more aware of the necessity in recording attendance to clinics.

**Action: Mr Fitzgerald.**

#### **5.6 PLASTA report**

Mr Pollock gave the Committee a report on the main issues from PLASTA.

He reported that he had received a steady number of complaints from trainees on the number of WPBAs they are required to complete. He noted that at the last meeting Mr Ian Eardley was actioned to send a copy of his presentation on the usefulness of WPBAs but this had not been received. He added that there was some data from the ISCP that he continued to wait for and Ms Lewis suggested that he contact Ms Cristel Santos (ISCP Data Manager) who will be able to provide this information for him.

**Action: Mr Pollock.**

**Action: Miss Aro to chase this up with Mr Eardley.**

Mr Pollock reminded the Committee that a PLASTA representative had been set up in each region for Liaison Members to contact when necessary. Mr Fitzgerald requested that Mr Pollock send the names of these trainees to Miss Aro so that they can be circulated to Liaison Members. Mr Pollock requested that the PLASTA representatives be formalised through their local TPDs through communication from the Liaison Member.

**Action: Mr Pollock.**

**Action: Liaison Members.**

## **6. Quality Assurance**

### **6.1 Liaison Members Reports**

Ms Lewis reported that 5 Liaison Member (LM) reports were currently outstanding and reminded the LMs that the deadline for submission was 31 January 2014. The committee discussed how information could be gained for the ASR if LMs had no contact with their liaison regions. Ms Lewis suggested that LMs contact the relevant TPDs in the near future to get the ARCP dates for 2014 and said that any instances of non-payment of expenses by Deaneries should be reported to Mr Fitzgerald for him to pass onto the JCST Chair. Mr Pollock suggested that the network of PLASTA representatives could also help to collect information for the ASR.

Mr Hancock reported that, as Mersey and the North West Deaneries were merging from an educational point of view, he would not be truly external as an LM and he suggested that an additional LM be appointed for the region.

**Action: Mr Fitzgerald to send a reminder to TPDs to include LMs at ARCP/RITA meetings.**

### **6.2 Annual Specialty Report**

This item was discussed with item 6.1 above.

### **6.3 JCST Survey results**

The committee noted the letter from Graham Haddock, the JCST QA Lead, about the trainee survey results for Plastic Surgery. Mr Fitzgerald noted that, although the SAC was not responsible for core training in the specialty, it had a duty of care to trainees undertaking placements in Plastic Surgery and the SAC was also responsible for developing the relevant core QIs.

He reported that he would be following up the survey results with the relevant TPDs and would also be contacting the Heads of School to find out the points of contact for core training in Plastic Surgery in each region. Mr Fitzgerald planned to respond to Mr Haddock once all of the LM reports had been submitted.

**Action: Mr Fitzgerald.**

### **6.4 Current CCT guidelines**

Mr Fitzgerald reminded the committee that the CCT guidelines were currently advisory only and were used to judge whether trainees had achieved all necessary goals by the time of their CCT application. He presented suggested guidelines for what trainees should have achieved by the end of ST4 and ST6, which could be used by the LMs at relevant ARCPs to assess whether trainees were on course to gain a CCT. This would allow any remedial action to be taken early.

**Action: Miss Aro to circulate updated version of guidelines to LMs.**

Mr Wood reported that, at the ARCPs he had recently attended, one of the trainees had presented their progress graphically and suggested that other trainees should be encouraged to

present their progress in a similar way.

Mr Fitzgerald reported that, in the near future, he planned to undertake a logbook analysis of the last 100 CCT applicants. The indicative numbers would then be amended to 2 standard deviations of the results, prior to the CCT guidelines being included in the curriculum and becoming mandatory.

**6.4.1** The Committee received the suggested guidelines for trainees two years into their training.

**6.4.2** The Committee received the suggested guidelines for trainees four years into their training.

## **7. Joint Committee on Surgical Training**

The Committee received the minutes of the meeting held on 3 October 2013 and Ms Nicholas reported on the important points from the last meeting held on 14 January 2014.

Mr Fitzgerald reported that Miss Wendy Reid (Medical Director, HEE) gave a talk on the Shape of Training document. The general feeling was that there would be no immediate change to surgical training and when the change is introduced it will be a gradual evolution. Ms Nicholas continued that Mr Ian Eardley has been asked to chair a group to look at how surgery may be affected by the document and Mr Fitzgerald will contribute to this group.

Ms Nicholas informed the Committee that Ms Susana Cipriano (Deputy Head, JCST) and Mr Eardley undertook a survey of past TIG fellows and presented the findings at the last JCST meeting. Most of the feedback on the fellows' TIG experience was very positive.

**Action: Miss Aro to send a copy of the presentation to the Committee.**

Ms Nicholas requested that if any SAC member had any difficulty in claiming their expenses for SAC duties they should inform Mr Fitzgerald who in turn will inform Mr Ian Ritchie (President, RCSEd). Mr Ritchie has offered his support to SAC members to help reclaim their expenses from the Trusts. Mr Wood explained that he had more difficulty in being granted time off for his SAC duties rather than in reclaiming his expenses. Ms Nicholas noted that time issues were also being explored by the JCST.

The latest edition of the JCST newsletter had now been completed and circulated to SAC members and TPDs.

## **8. Training Interface Groups**

### **8.1 Oncoplastic Breast Surgery**

Mr Fitzgerald gave the Committee a verbal report on the meeting held on 18 November 2013 the purpose of which was to resolve the ongoing issues surrounding the breast interface fellowships.

The meeting was led by Prof Davinder Sandhu (Lead Dean for the TIGs); Mr Gareth Griffiths (Chair, SAC in General Surgery), Mr Fitzgerald and representatives from BAPRAS were also present. The Plastic Surgical training body had stated that they will withdraw their recognition of these TIG posts if the current issues surrounding the posts were not suitably resolved. It was therefore agreed that at the next recruitment round in March of the nine available posts, three will be assigned to Plastic surgical trainees, three will be assigned to general surgical trainees and the remaining three will be given to the next best scoring candidates. It was also agreed that the interview questions will be made up of a mix between ablative surgery and reconstructive surgery. Following the meeting, ABS (Association of Breast Surgery) and BAPRAS are actioned to produce a joint statement on what an Oncoplastic Breast surgeon should look like and therefore a plastic surgeon who completes a TIG should be acceptable to apply for a consultant breast surgeon post in the future. It was also agreed that from April 2014, candidates will be able to

apply for a TIG post 2-3 years in advance providing that they have been awarded an ARCP 1 at ST5.

Mr Mackey informed the Committee that the TIG were producing a better information package for candidates to encourage applications to the posts. Mr Fitzgerald reported that Mr Joe O'Donoghue and Mr Stephen McCulley were currently working on a document that will detail the level of experience that a potential TIG fellow should have before taking up the post. He continued that trainees will still be required to do further research if they wish to take up the post and Mr Pollock stated that a meeting had been arranged for potential applicants by consultants who will offer their advice on how to be successful at the interviews.

Mr Fitzgerald noted that Ms Anne Tansley (Chair, Breast TIG) had agreed to send the interview questions to him but he had not yet received them. Mr Mackey noted that he was yet to receive the minutes from the last meeting.

**Action: Mr Fitzgerald to follow up with Miss Tansley for the interview questions and to request a copy of the minutes of the last meeting for circulation.**

#### 8.2 **Cleft, Lip and Palate Surgery**

Mr Ray gave the Committee an update on the Cleft, Lip and Palate surgery TIG and noted that the group attended a management consultant training day on how to appoint the best candidates.

#### 8.3 **Hand Surgery**

The Committee received the minutes of the last meeting held on 6 September 2013.

Mr Fitzgerald reported that Mr Shewring was due to complete his term as chair for the group but has extended his tenure by six months so to allow Mr Mark Hobson more experience so that he be in a better position to take over as Chair.

#### 8.4 **Head and Neck Oncology**

The Committee received the minutes of the meeting held on 17 September 2013.

Mr Fitzgerald reported that there were ongoing difficulties within this group and noted that an exceptional meeting will be held on 12 February 2014 to resolve them; he noted that if there was no plastic surgery input with the unit's MDT then the post should not be recognised as an interface fellowship. The meeting will be led by Prof Sandhu who had informed Mr Fitzgerald that he hoped to use the Breast model as a suitable resolution.

Mr Pollock expressed concern that the TIG may decide that plastic surgery is no longer needed for these posts. Mr Fitzgerald explained that the reconstructive element that plastic surgery provides was needed for the posts to allow the trainees to learn new skills. He added that the Breast TIG had set the protocol and was hopeful for the outcome of the meeting.

#### 8.5 **Reconstructive Cosmetic Surgery**

The Committee received the minutes of the meeting held on 13 October 2013.

Mr Hancock reported that the appointments to the Cosmetic interface posts took place in October 2013 and there was good representation from the Plastic Surgical training body. He continued that recruitment for the posts will now take place twice a year.

Mr Pollock reported that trainees found these interface posts beneficial but hoped that they could be extended to six months. Mr Fitzgerald explained that that only the skin cancer fellowships which are currently piloted posts, will be extended to six months.

## 9. Recommendations for the award of CCT/CSD

Recommendations for the award of CCT made since the last meeting were noted:

Name	NTN Number	CCT date
Ahid Abood	YOR/028/002/C	01 August 2013
Muhammad Fateh AHMAD	MER/028/007/C	31 October 2013
Ben ARDEHALI	LDN/028/005/C	01 October 2013
Jeremy Stuart BOND	NIR/028/001/N	30 September 2012
Richard Russell CLARK	EOS/C9/202/C	01 August 2013
David John CLARKSON	EMD/028/502/C	01 August 2013
Patrick Kin Yoong GOON	EAN/028/114/C	01 August 2013
Judith Emily HUNTER	LDN/028/027/C	01 November 2013
Shahidul HUQ	WAL/028/005/C	22 October 2013
Graham Stephen LAWTON	TSD/028/101/C	31 October 2013
Claudia Cristina MALIC	SEV/028/010/C	07 November 2013
David Peter MATHER	YOR/028/003/C	31 July 2013
Michael Alan MOSES	EAN/028/001/N	09 July 2013
Amir NAKHDJEVANI	EAN/028/109/C	02 November 2013
Lisa NELSON	WOS/C9/005/C	05 August 2013
Richard Mark PINDER	YOR/028/008/C	01 August 2013
Craig John Harris RUSSELL	NWN/028/024/N	10 July 2013
Kristian SORENSEN	NTH/028/020/C	04 October 2013
Christopher James TAYLOR	TSD/028/102/C	31 July 2013
Rachel Louise TILLET	PEN/028/004/N	01 October 2013
Fulvio URSO-BAIARDA	YOR/028/010/C	01 August 2013
Jonathan Douglas WIPER	YOR/028/005/C	30 September 2013
Name	NTN Number	CSD date
Ellis Caitriona FITZGERALD	SPR1278	30/09/2013

Mr Fitzgerald reported that 22 trainees had been recommended for a CCT since the last meeting but far fewer consultant posts had been advertised in the UK during this time. He continued that as of 1 April 2014 all trainees who apply for a CCT must do so within 12 months of their expected CCT date otherwise they will need to apply to the GMC for a CESR.

## 10. Enrolment

The following trainees were enrolled:

Name	NTN Number	Start date	CCT date
<b>CCT</b>			
Ahmed AL-MOUSAWI	NTH/028/004/C	01 February 2013	31 January 2019
Riffat ASLAM	WMD/028/025/C	09 September 2013	08 September 2018
Richard Ling CHALMERS	NTH/028/001/C	20 June 2012	19 June 2018
Rachel Margaret CLANCY	YHD/028/013/C	02 October 2013	01 October 2018
Asmat Humayun Nasim DIN	EOS/C9/221/C	07 August 2013	06 August 2019
Paul John Henry DRAKE	SES/C9/004/c	06 August 2008	05 August 2014
Jonathan DUNNE	KSS/028/002/C	02 October 2013	01 October 2019
George Hany Asaad FILOBBOS	WMD/028/022/C	01 August 2012	31 July 2018
Quentin Roman James FREW	LDN/028/002/C	02 October 2013	01 October 2019
Adam GILMOUR	EOS/C9/223/C	07 August 2013	06 August 2019
Koh Han Christopher HOO	NIR/028/003/C	01 August 2012	01 August 2017

Muhammad Adil Abbas KHAN	EOS/C9/226/C	07 August 2013	06 August 2019
David Morgan JONES	EAN/028/11112/C	06 February 2013	05 February 2019
Maleeha Hameed MUGHAL	YHD/028/014/C	02 October 2013	02 October 2018
Emma Louise MURRAY	SES/C9/005/C	06 August 2008	05 August 2014
Diaa Yousef Moh'd OTHMAN	YHD/028/696/C	01 August 2012	31 July 2018
Nicholas Grant RABEY	OXF/028/003/C	07 August 2013	06 August 2019
Andrew John ROBINSON	NIR/028/001/C	07 August 2013	06 August 2018
Amir SADRI	MER/028/015/C	06 August 2012	23 September 2018
Yezen SHEENA	EAN/028/1111/C	28 October 2013	27 October 2018
Richard Andrew James WAIN	NWN/028/001/C	02 September 2013	01 September 2019
Akira WIBERG	SEV/028/009/C	28 January 2013	27 January 2019
<b>CSD</b>			
Katherine Mary BROWNE	SPR30001011	11 July 2011	10 July 2017
Miriam BYRNE	SPR1424	01 July 2010	30 June 2016
Kevin Coleman CAHILL	SPR2269	08 July 2013	07 July 2018
Anne COLLINS	SPR1423	01 July 2010	30 June 2016
Anne MARIE KENNEDY	SPR30002191	01 July 2012	30 June 2018
James MARTIN-SMITH	SPR4526	08 June 2013	07 June 2019

**11. Chair's correspondence**

There was no Chair's correspondence.

**12. Any Other Business**

The Committee received a letter from the McIndoe Surgical Centre requesting a representative for their Medical Advisory Committee Appointments Panel. Mr Fitzgerald reported that this was technically outside of the SAC's remit as the post was CCT. Mr Burge commented that it was a College Assessors' role and advised that this should be redirected to the RCSEng.

**Action: Mr Fitzgerald to advise the McIndoe Surgical Centre to write to the RCSEng for a College Assessor.**

Mr Fitzgerald reported that he had been asked to join a working group for cosmetic surgery following the Keogh report. The first meeting will take place on 28<sup>th</sup> February where they will produce their first recommendations for cosmetic surgery.

**13. Dates of future meetings**

The committee noted that SAC meetings would be held at The Royal College of Surgeons of England on the following dates (all meetings start at 10:15 unless stated otherwise):

**2014:**

Thursday 5 June  
Thursday 18 September

**2015:**

Thursday 22 January  
Thursday 4 June  
Thursday 17 September  
Friday 18 September SAC with TPDs meeting