SPECIALTY ADVISORY COMMITTEE IN PLASTIC SURGERY

Confirmed minutes of the meeting held on Thursday 26 January 2012 at The Royal College of Surgeons of England

Members present:

Miss V Lees Chair Wr A Grobbelaar Vice Chair

Mr T Burge Mr S Carroll Mr A Fitzgerald Mrs J Geh Mr H Giele Mr I Mackay Mr R Milner Mr J Pollock

In attendance:

Mr A Rav

Ms N Aro Specialty Manager

Ms M Bussey Assessment Development Manager

Ms P Kaur Specialty Assistant
Ms H Lewis QA Manager
Ms S Nicholas Head of JCST

1. Welcome and apologies for absence

Miss Lees welcomed members to the meeting including Mr Richard Milner as the new BAPRAS President and Mr Jonathan Pollock as the new PLASTA representative.

Apologies were received from Mr M Dalal, Mr K Hancock, Mr M Henley, Mr B Powell and Miss W Reid.

2. Membership and Programme Directors

The lists of SAC members, Liaison Members and Programme Directors were received for information.

2.1 Miss Lees extended formal thanks to Mr Timothy Goodacre and Mr Mark Henley for their contribution to the SAC. Miss Lees also noted that Mrs Geh was demitting as the educational lead at BAPRAS and would also stand down from the SAC and extended her thanks for her work

Action: Miss Lees to send a formal letter of thanks to the SAC members who have demitted from the Committee.

2.2 Miss Lees reported that the new Joint Colleges representative had been selected but was awaiting approval from the College Presidents. Once this is approved Miss Lees will send out formal notification to the Committee.

Action: Miss Lees

2.3 Miss Lees announced to the Committee that a replacement Chair for the SAC was being sought as she completes her term in September. It was noted that both invited and co-opted members were eligible to apply for the post and formal notification to the eligible members would be sent out shortly.

- 2.4 Miss Lees noted that there were vacant liaison regions. It was agreed that the new Joint Colleges representative would undertake the East Midlands and Yorkshire as their liaison region and the new BAPRAS appointment will take over liaison responsibilities for Scotland.
- **2.5** The Committee received a table of members' attendance at SAC meetings for their information.

3. Minutes

The minutes of the meeting held on 8 September 2011 were agreed.

Miss Lees noted that following discussions at the last meeting an adapted version of the minutes has been uploaded onto the JCST website and this will continue in future.

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 National Selection

Mr Burge reported on national selection for Plastic Surgery. He explained that the application form was expanded and a portfolio station introduced where candidates' self-scoring was validated. He noted that there were minor problems through the process but overall the feedback was that the process was fair and transparent. There are a few amendments to be made for the next recruitment round including a new application form produced by the London deanery and a section to confirm eligibility to work in the UK. There will also be a more detailed briefing for the assessors. The next round would be held on 17 and 18 May 2012.

Mr Burge noted that there was some concern amongst candidates on having the appeals process so soon after the assessment and some candidates felt that a longer window to make a decision was preferable. Mr Pollock added that some candidates were uncomfortable with signing this form in front of the assessors before they were scored for their interaction and asked if this scoring could take place before candidates signed the form. Miss Lees agreed to this and will take this suggestion forward.

Mr Pollock stated that he had contacted the QA Lead, Mr Maniram Ragbir for feedback and was awaiting his response; he noted that trainees felt that the questions were fair and that the entire process worked well. Miss Lees noted that Mr Ragbir was processing the data with a statistician and the outcomes would be available soon.

Miss Lees reported that there was a need for a larger number of consultants to be assessors at the next recruitment round and she would like to open this to volunteers now; all assessors would receive suitable training for the role. Mr Milner offered to put this invite onto the BAPRAS website for wider circulation.

Action: Mr Milner to arrange for invitation to be uploaded onto the BAPRAS website.

Miss Lees thanked Mr Burge for his work.

5.2 Final Years Curriculum Submission

Miss Bussey reported to the Committee that following the initial submission to the GMC in Autumn 2011, further information requested by the panel had been uploaded onto the GMC's website. Approval of the curriculum was anticipated by the beginning of February 2012. One of the additional items requested was an explanation of the training pathways and this was produced as flowcharts by Mr Pollock and was included in the submission.

Action: Miss Aro to circulate the three flowcharts to the SAC once approval has been granted by the GMC.

Miss Bussey confirmed that once the curriculum had been approved, she would work with Miss Lees on how the SAC would like it to appear on the ISCP website so that it can go live in time for use from August 2012.

Miss Lees confirmed that the new curriculum enabled trainees to choose their special interest area within the Final Years and this could either be as Plastic Surgeon in General or Plastic Surgeon with Special Interest. The Committee discussed the place of FRCS(Plast) which is not a requirement for entry to Final Years. Mr Ray commented that trainees who enter Final Years without passing the exam may find it more difficult to pass in subsequent attempts. Miss Lees advised that trainees should only enter for the exam with support of their Programme Director as is already the case. Achieving an appropriate Learning agreement to fit the individual circumstances is a matter between the trainee and the Programme Director but should be perfectly possible within the new structure. The Committee agreed that it would beneficial to remind all Training Programme Directors of this process and this will be an item for discussion at the next joint SAC and TPD meeting.

An analysis of consultants job opportunities had been made early in 2012 for a two year period. It was found that a large proportion were advertised with special interest roles although locum consultant posts tended to favour a more general skill set.

Action: Miss Aro

5.3 Plan for Development of Intermediate and Early Years Curriculum

Miss Lees reported that the Curriculum Development Group was keen to progress and finish the development on the intermediate and early years curriculum. It is hoped that this work will continue in Summer 2012. Miss Lees stated that she had been asked and would be happy to lead the Curriculum Development Group for one more year after demitting as Chair and formally invited Mr Milner to join the group if he wishes. Mrs Geh queried if out of programme training is mentioned within the curriculum, and Mr Burge responded that it should be possible for trainees to check themselves against the modules in the curriculum when they are out of programme, thus mapping their experience to the curriculum. [Post meeting note: Where OOPT is granted then it effectively recognises equivalence of that OOPT training]

5.4 Surgical Simulation Mapping

Mr Grobbelaar reported on surgical simulation mapping to the Committee. He noted that Phase 1 of simulation mapping had been completed and Phase 2 was now underway for senior trainees. The intention was for Mr Grobbelaar and Miss Lees to draw up a draft mapping to the existing curriculum and this will be circulated to the Committee for comment. Mr Grobbelaar noted that simulation is not included as part of the European working time directive.

Action: Mr Grobbelaar to complete work on mapping simulation to the Final Years curriculum and be circulated to the Committee in April ready for final submission to the JCST in July.

Mr Grobbelaar added that there were suggestions that simulation should be added to the national selection process as it had been done before with a simulated tendon repair. There was some discussion over this and the Committee noted that the more experienced candidates would have the advantage in this area. It was therefore decided that candidates would be required to undertake an unknown procedure and their improvement levels would

be assessed. This will be run as a pilot before it is implemented into national selection.

5.5 Discussion around Liaison Member reports

Miss Lees informed the Committee that she had been advised by the JCST that liaison member reports were being given more importance and would like to implement these reports as a standing item on the agenda where good/bad practice can be fed back. Miss Lees continued that there has been a recent surge of triggered visits in Plastics and the outcomes of these should be reported back to the SAC.

Action: Miss Aro to circulate the RITA/ARCP proforma to Liaison Members.

Mr Ray queried whether Liaison Members were always invited to their region's meetings and Miss Lees confirmed that this was not always the case but Miss Aro was now chasing this with the deaneries.

Action: Miss Aro to follow up Northern Ireland, Mersey and Wales for their forthcoming RITA/ARCP meetings.

5.6 Report from Core Training SAC

Miss Lees gave the Committee a report from the Core Training SAC and explained that they have asked the Committee to state the minimum time required for core trainees to train in Plastic surgery to be eligible for a ST3 post. Each member was given the option to state their preference in months with some choosing 12 months and others opting for 6 months. The majority of the Committee opted for 6 months and this is the figure that Miss Lees will report back to Mr James Wheeler (Core SAC Chair) for Plastic Surgery. It was noted however that if core training was extended to three years then the Committee would support 12 months of training in Plastic Surgery.

Action: Miss Lees to write to Mr Wheeler and Mr Dalal with this recommendation.

5.7 Fellowship Register

Miss Lees reported to the Committee that every Programme Director had been requested to inform the SAC secretariat of the fellowships posts within their region and it was anticipated that a comprehensive list would be formulated for the next SAC and JCST meeting. Mr Ray gave his support for the fellowship register and noted that it would help inform decisions on future trainee applications.

5.8 Surgical Forum paper on Training Surgeons for Future Requirements

The Committee received the Surgical Forum paper on Training Surgeons for Future Requirements paper.

Miss Lees informed the Committee that this paper contained an important position statement on the direction of surgical training and was produced by a responsible body of surgical opinion. It was noted that that the medical bill could no longer be afforded and therefore the paper suggested that simpler procedures should be undertaken by someone less than a consultant in order to save money. Mr Ray believed this arrangement was inevitable and was already happening in the EU but also believed that this proposal should be resisted. Mr Mackay agreed that the SAC should fight hard to resist this move and get their message across. It was noted that part of the document indicates that later years training would no longer be given to trainees and Miss Lees stated that this will be detrimental to Plastic Surgery because without the specialist areas it ceases to have its skill set area, Mr Fitzgerald agreed and noted that few people would choose to specialise in Plastic Surgery as a result. Miss Lees confirmed that the changes detailed in the document were a huge threat to the specialty.

Ms Nicholas confirmed that a formal response to the document will be sent back via JCST with all comments from the SAC and Mr Ian Eardley (JCST Chair) will discuss this at the next JCST meeting.

6. Joint Committee on Surgical Training

The Committee received the minutes of the meeting held on 7 September 2011. Ms Nicholas reported on the academic trainees and informed the Committee that Mr Eardley will meet with Mr Michael Bannon in February 2012 and asked if the SAC would like to raise any issues to let her know.

Ms Nicholas reported on the JCST review. Phase 1 was completed in 2011 and now Phase 2 had begun with an external consultancy firm called Frontline with Mr Russell Pryde leading it, this review has been commissioned by the four colleges and the report is to be ready by April 2012.

Ms Nicholas reported that at the last JCST meeting, Prof Keith Willett gave a presentation on Trauma surgery and it was an action for each SAC to review the trauma section within their curriculum. Miss Lees confirmed that the Final Years Curriculum effectively addressed the need for a strong curriculum for trauma. Final GMC approval was awaited at time of the SAC meeting.

Ms Nicholas continued to report that Ms Susana Cipriano (Deputy Head, JCST) was finalising the new LAT guidance with Mr Eardley and it had so far been agreed that up to 12 months of LAT will be automatically recognised towards training at the point of enrolment pending a satisfactory ARCP for that period. If a trainee has undertaken more than 12 months in a LAT post and wishes to have that counted then they will need to make an application to the SAC so that satisfactory progression can be assessed. There is a LAT opt-out in place for trainees whose previous LAT posts were unsuitable. This guidance will be implemented from October 2012.

Miss Lees raised concerns that a larger number of trainees were going out of programme as experience (OOPE) and therefore extending their CCT dates, it was thought that trainees were using OOPE as a mechanism to gauge jobs. Mr Fitzgerald agreed and noted that there had been a notable increase of this within his region. It was agreed that Miss Aro would investigate and see if there was a pattern emerging.

Action: Miss Aro

7. Training Interface Groups

7.1 Hand Surgery

The Committee received the minutes of the meeting held on 2 September 2011. Mr Giele reported that the Group discussed splitting annual appointments to two rounds a year and this will give a wider opportunity for Plastics trainees to apply for the posts. The only issue raised with this was the cost to facilitate the appointment rounds but Prof Davinder Sandhu (Lead Dean, Severn Deanery) said that it was achievable. There was a planned visit to the Birmingham Hand ATP where Mr David Shewring (Chair) and Mr Mark Goodwin (T&O SAC Chair) would attend. It was noted that the previous visit of the Hand TIG to Oxford was successful.

7.2 Cleft Lip and Palate

The Committee received the minutes of the meeting held on 21 September 2011. Miss Lees noted that a replacement member was needed on the group to replace Mr Kangesu. Mr Ray stated that he would seek permission from his Trust on whether it would be feasible to take on these additional duties. Miss Lees will contact Mr Goodacre on whether he would like to

continue on the group.

Action: Mr Ray and Miss Lees.

7.3 Head and Neck Oncology

The Committee received the minutes of the meeting held on 21 September 2011. Mr Fitzgerald reported that there were no major issues but noted that all units with a Head and Neck post will be required to reapply for their post approval and it will give the Group the opportunity to de-recognised the posts that are without Plastic Surgery input.

Miss Lees added that there was a need to pre-prepare plastics trainees who wish to take up a head and neck interface post and that a message should go to trainees so that interested candidates can be given help for the interview.

Action: PLASTA to publicise this information to trainees.

7.4 Oncoplastic Breast Surgery

The Committee received the minutes of the meeting held on 26 September 2011. Mr Mackay reported on the last meeting and explained that a larger number of plastics trainees needed to apply for these posts as there were consultant jobs anticipated in this area. Mr Pollock confirmed that the advert was being widely circulated to trainees.

7.5 Reconstructive Cosmetic Surgery

The Committee received the minutes of the meeting held on 30 October 2011. Miss Lees noted that a new representative was needed for this meeting and stated that the new BAPRAS appointee should be able to take up this position.

7.5.1 Laser Fellowships

This item was not discussed.

8. Quality Assurance

8.1 GMC National Trainee Survey 2012

Ms Lewis provided an update on the 2012 GMC trainee survey and informed the committee that Mr Ray had developed 10 questions for Plastic Surgery trainees to answer. Mr Ray added that the trainees' answers should provide indicators on the generality of training, but would be of limited value in identifying the quality of training posts.

8.2 Annual Specialty Report

Copies of the 2011 reports for Plastic Surgery and the JCST had been circulated prior to the meeting.

Ms Lewis informed the committee that she would attend at GMC meeting in February to discuss the format of the 2012 report and that the JCST QA Group would be reviewing the Liaison Member report to bring it in line with the GMC template and the CoPSS/JCST externality document. She suggested spending some time during the September 2012 SAC meeting completing the generic parts of the ASR. Miss Lees agreed that this would be useful, provided it was towards the end of the meeting, so all of the relevant issues had already been discussed.

8.3 The CCT requirements

Mr Ray presented the draft CCT requirements for Plastic Surgery and explained that they were divided into core subjects for the purpose of CCT and subjects not core to the generality of Plastic Surgery. A discussion ensued regarding how to calculate indicative logbook

numbers for certain procedures as the E-logbook has yet to generate sufficient data to replace the normative data used from the original Indicative logbook. The potential to formulate generic CCT requirements to be met by the end of ST6 was also discussed and it was agreed that a series of numbers should be calculated on this basis. Indicative numbers for special interest areas could then be calculated for the last two years of training.

The issue of including certain courses in the CCT requirements was discussed because of the cost implications for trainees. It was decided that Mr Ray should include some of the top Plastic Surgery courses for the committee's consideration.

The SAC agreed that the 40 WPBAS per year should be broken down as follows for Intermediate Years:

- A minimum of 5 x each type of WPBA. The additional WPBAs to be chosen by the TPD/AES and tailored according to the requirements of each trainee.
- 1 x MSF

[Post-meeting note:

For Final Years:

- 10 Case Based Discussion Reflective Learning format
- A minimum of 5 x each type of CBD and PBA. WPBA. The additional WPBAs to be chosen by the TPD/AES and tailored according to the requirement of the trainee. It would be expected that there would be an emphasis on PBAs for most trainees.
- 1 x MSF]

8.4 Qls for Core Training Posts in Plastic Surgery

The committee discussed the two quality indicators for core training posts in Plastic Surgery. It was agreed that the QIs should relate to attendance at an Emergency Management of the Severe Burn / ATLS course and the ability to undertake skin grafts.

Action: Miss Lees to draft the QIs for submission to the QA Department

9. Recommendations for the award of CCT/CSD

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

10. Enrolment

The following trainees were enrolled:

11. RITA/ARCP Outcomes

The Committee noted that no adverse RITA or ARCP forms had been sent to the JCST since the last meeting. Miss Lees noted that this was unusual and asked Miss Aro to request up to date information from the deaneries.

Action: Miss Aro.

12. Chair's correspondence

12.1 Military Training

The Committee received a letter regarding a military trainee but this was confirmed as being resolved by the military deanery.

12.2 Fellowship Approvals

The Committee received a letter confirming temporary approval support to a skin fellowship at Guy's and St Thomas' NHS Trust.

13. Any Other Business

The Committee received a letter from a trainee addressed to Miss Lees who was requesting clarification on whether it was acceptable for 24 months of LAT time to be recognised towards training. Miss Lees confirmed that this was acceptable and will respond to the trainee to inform him of the same.

Action: Miss Lees.

14. 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):

2012:

Thursday 7 June
Thursday 6 September
Friday 7 September SAC with TPDs meeting

14.1 Dates for 2013:

Thursday 24 January Thursday 6 June Monday 2 September Tuesday 3 September SAC with TPDs meeting