

SPECIALTY ADVISORY COMMITTEE IN PLASTIC SURGERY

Unconfirmed minutes of the meeting held on Thursday 7 June 2012 at The Royal College of Surgeons of England

Members present:

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| Miss V Lees | Chair |
| Mr A Grobbelaar | Vice Chair |
| Mr T Burge | |
| Mr S Carroll | |
| Mr M Dalal | |
| Mr A Fitzgerald | |
| Mr H Giele | |
| Mr K Hancock | |
| Mr U Khan | |
| Mr B Philp | |
| Mr J Pollock | |
| Mr B Powell | |
| Mr A Ray | |
| Mr S Wood | |

In attendance:

| | |
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| Ms N Aro | Specialty Manager |
| Ms S Nicholas | Head of JCST |

15. Welcome and apologies for absence

Miss Lees welcomed members to the meeting including Mr Bruce Philp as the new Joint Colleges representative and Mr Umraz Khan and Mr Simon Wood as the new BAPRAS representatives.

Apologies were received from Mr I MacKay, Mr R Milner, Mr J Nanchahal and Miss W Reid.

16. Membership and Programme Directors

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

It was confirmed that Mr Philp would take up liaison member duties for Yorkshire and the East Midlands and Mr Wood would take up liaison member duties for Scotland.

It was noted that SAC Induction sessions were being held for new members in June and will be repeated again in November.

- 16.1** Miss Lees announced that Mr Fitzgerald was successful in becoming the new Chair for the SAC and congratulated him on this. She explained that Mr Fitzgerald would work alongside her during the Summer and would formally take up post in September 2012.

- 16.2** Miss Lees informed the group that she had contacted Mr Timothy Goodacre to enquire whether he would like to continue on the Cleft, Lip and Palate Training Interface Group (TIG) and was awaiting his response. She noted that she would also contact Mr Mark Henley to enquire whether he would be able to continue on the Reconstructive Cosmetics TIG for a further year.

Action: Miss Lees

It was agreed that Mr Wood will join the membership of the TIG for Breast Surgery and Head and Neck Oncology; Mr Fitzgerald will join the membership of the TIG for Reconstructive

Cosmetic Surgery and Hand Surgery; and Mr Philp will join the membership of the TIG for Reconstructive Cosmetic Surgery.

17. Minutes

The minutes of the meeting held on 26 January 2012 were agreed.

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

There were no matters arising to be discussed.

19. Matters for SAC Consideration

19.1 National Selection

Mr Burge reported on National Selection for Plastic Surgery. There were 180 applicants and although it was only intended to interview 96 candidates, 122 were interviewed due to a problem with the systems. It was however an overall success and Mr Burge gave a vote of thanks to all who contributed.

There were no significant changes to the selection process; 24 NTN's and 18 LATs were appointed; more LAT appointments are expected. It was noted that the portfolio station was quite demanding on the interviewers and it had been suggested that candidates be given a limit on the size of their portfolio, Mr Pollock suggested that the SAC dictate what candidates should bring in their portfolios as some were unsure of what was relevant and this may help reduce its size.

Mr Pollock noted that there were some concerns that the very advanced trainees were scoring higher points because of their experience and were blocking the more trainable candidates. Miss Lees explained that whilst it was not legal to discriminate on the basis of age there was a weighting system in place for the portfolio station where candidates score for achievements related to time spent gaining those achievements.

Miss Lees suggested that the person specification should contain competencies that candidates must have achieved before they make an application. Mr Fitzgerald seconded that it was a good idea and would ensure that trainees had a level of safety from the beginning. It was agreed that Mr Burge would look into this for the next selection round. Miss Lees agreed that there would be a transitional period for trainees but it would be up to individual units supporting a particular applicant to deliver this training. Mr Burge confirmed that he would set a meeting in August to look at the person specifications and review the application form for the selection process.

Action: Mr Burge.

19.1.1 Quality indicators for Programmes for Core Training in Plastic Surgery

Mr Dalal presented the draft document Quality Indicators for Core Training proposals for SAC discussion and approval. The Committee discussed which operative standards should be used in the Core Surgery Quality Indicators. Miss Lees noted that it was important to bring emphasis to the beginning of training. It was agreed that Mr Dalal would complete this work and circulate the final version to the Committee once completed.

Action: Mr Dalal

19.2 Curriculum Development Group

Miss Lees reported that the Final Years Curriculum is to be implemented from August 2012, the content was currently on the ISCP website but it will not be made visible until July 2012. Miss Lees noted that there was a query had been raised around the Head and Neck syllabus

It is confirmed that the Head & Neck syllabus can be accessed by trainees as a mono-specialty programme and not just through the TIG fellowship route.

Mr Ray commented that whilst he supported the new curriculum he believed that its introduction will have an impact on early/intermediate years trainees' exposure and knowledge as many units will not have the capacity to deliver the Final Years curriculum and maintain training levels at early/intermediate years. Miss Lees responded that she did anticipate a one off pressure on certain training slots with the introduction of the Final Years Curriculum and that this needs to be managed by the Programme Director. There might not be internal competition for some training slots as is currently the model in Obstetrics and Gynaecology which has a similar system.

Miss Lees explained that she will work with the Curriculum Development Group on the Intermediate Years Curriculum over the coming year and would be keen to be advised of any relevant issues arising during implementation of the Final Years Curriculum.

Mr Giele noted an error on the syllabus and Miss Lees asked if this and any other corrections be sent to her by email so that a list could be formulated and the necessary changes made.

Action: Liaison members to communicate with and support their programme

19.2.1 Revised GMC approvals process

This item was not discussed as Ms Bussey was absent from the meeting but Miss Lees reported that the GMC were making the curriculum approvals process simpler for all specialties. It would be important for the final proposals to be brought before future SAC meetings to ensure the training programme itself is not undermined in favour of the large cohort of surgeons who are anticipated to apply through the CESR route at some future date.

Action: Secretariat

19.3 Revised ARCP and proposed modification to the PBA form

This item was not discussed as Ms Bussey was absent from the meeting.

19.4 Surgical Simulation mapping

Mr Grobbelaar gave the Committee an update on Phase 2 of the Surgical Simulation project. The Department of Health have provided £20m for the funding of simulation and this will be implemented for all specialties in October 2013. The aim for Plastic Surgery is to have a wet lab in each region and have a blend of simulated procedures some of which can be offered in each department but most of which will be developed as regional facilities.

Mr Wood informed the Committee that there was an application on the iPad that a group of trainees had used to guide them through the stages of an operation before they performed it and it proved to be valuable. The Committee agreed that this could be an effective tool for all trainees and asked Mr Wood to report back with the specific details of the application.

Action: Mr Wood

Mr Powell commented that ENT used a simulated exercise at the exam and the JCIE were having discussions on whether this should be uniform across specialties and if there was room for a simulated procedure at the FRCS Plast examination. Mr Powell will keep the Committee informed as the discussions progress.

19.5 ATLS

Miss Lees informed the Committee that from August 2012 all MMC trainees who apply for a CCT must have a current and valid ATLS certificate. This does not apply to Calman trainees.

All Training Programme Directors should be aware of this as any trainee without the current ATLS will have their CCT application rejected.

Mr Powell queried who funds trainees attending this course and Miss Lees noted that she would seek clarification.

Action: Miss Lees

19.6 Report from Core Training SAC

Mr Dalal gave the Committee a report from the Core Training SAC. He explained that the Core SAC wished to see a seamless transfer from trainees at core level to ST3 and they also wanted to map the number of themed core training posts to ST3 posts.

Miss Lees commented that Plastic Surgery had been criticised for the high competition ratio at ST3 level which was currently 15-20:1 whereas in other specialties it is approximately 6:1. Mr Powell informed the Committee that the number of core trainees in London had been reduced from 14 to 4 trainees and this was having its affects across the units. Miss Lees expressed that she would like to maintain the numbers of core plastic surgical trainees and would like an explanation on this reduction.

[Post-meeting note: maintenance of core training posts is important not only to maintain access to our own specialty but also as six of the eight remaining surgical specialties have now specified plastics within their ideal mix of specialties in core training programmes]

Action: Mr Dalal to approach the Core SAC for an explanation on this post reduction.

19.7 eLogbook Developments

Miss Lees explained that the eLogbook has been fully mapped to the modules of the curriculum where trainees will be able to see their level of exposure on varying procedures. This will be useful for the SAC to scrutinise the elogbooks in a more meaningful way. This functionality is not yet available in terms of search functions.

It was noted that when the new curriculum comes into place the indicative logbook will have to be rewritten.

19.8 Fellowship Register

Miss Lees reported on the fellowship register that was being compiled for Plastic Surgery. The register aims to bring order to the plastic surgical fellowships and those fellowships which appeared on the list had been given temporary approval and over Summer 2012 they will be asked to submit further details relating to their posts. The register will soon inform SAC decisions on OOPT applications. Mr Hancock queried whether overseas fellowships could be included on the register too as there were some overseas fellowships that trainees attended that the Liaison Members have very little knowledge of, Miss Lees agreed that this would be beneficial.

Miss Lees will suggest that the JCST produce a national register of fellowships for all specialties.

Action: Mr Hancock to start compiling an overseas fellowship register for the SAC.

Action: Miss Aro to distribute fellowship register to the SAC

Action: Ms Lewis to contact units and request additional information on their fellowship posts

19.9 Routes to GP and Specialist Register Consultation

The Committee received the consultation paper on routes to the GP and Specialist Register. The paper was put together by the GMC but there was some concern that the CESR process would be made easier for candidates. The JCST had issued their formal response (in which the feedback for plastic surgery submitted by Miss Lees had been incorporated) and this had been sent back to the GMC.

20. Liaison Member Reports

The Committee received written Liaison Member reports from Miss Lees and Mr Grobbelaar.

20.1 PLASTA Report

Mr Pollock gave the Committee a report on the main issues from PLASTA. He informed the Committee that he wrote a report on the last round of national selection and he will submit this to Mr Burge and Ms Kasia Zawadzka (London deanery) but noted that it was working as well as expected.

He continued that there were some complaints from trainees on the level of service commitment that they were required to undertake, the trainees had been informed to contact their educational leads and Miss Lees asked if the trainees could also contact the Liaison Member for their region so that the SAC are aware of the situation. Mr Pollock suggested that the SAC scrutinise the eLogbook and compare regions to see where the major problems lie. Miss Lees confirmed that this is part of the planned functionality of the eLogbook on which she and Mr Winterton had been working. Mr Pollock was invited to prepare a document for the next SAC meeting on the type of eLogbook data that PLASTA wanted the SAC to analyse.

Action: Mr Pollock

Mr Pollock informed the Committee that some trainees felt that trainers were not taking the time to complete WBAs and were simply signing them off. Miss Lees commented that both trainers and trainees needed to use the system thoughtfully if it was to have value but agreed that this was an issue. She recommended that trainees approach the local School of Surgery on matters such as this as it was their responsibility to deliver training at the ground level.

21. Joint Committee on Surgical Training

The Committee received the minutes of the meeting held on 13 January 2012 and 27 March 2012.

Ms Nicholas reported on the main points from the recent JCST meeting and mentioned that the new LAT policy will be included in the next JCST newsletter. Mr Ray queried whether a trainee who has done 24 months of LAT should be stopped from doing any further years of LAT as they have reached the maximum amount that can be counted towards CCT/CESR (CP) and would in effect be blocking other trainees from obtaining the posts. It was noted that due to employment law it would not be possible to block LAT trainees from reapplying for posts but Miss Lees noted that multiple LAT post did not demonstrate progression and therefore Liaison Members should be mindful of this when assessing CESR applications.

22. Training Interface Groups

22.1 Reconstructive Cosmetic Surgery

The Committee received the minutes of the meeting held on 28 February 2012. It was reported that at the last recruitment round the plastic surgical trainees' participation had increased. There are laser fellowships that are currently being introduced with central funding. Professor Sandhu had agreed to fund three laser fellowships as part of the interface process. Although Mr Henley had finished his term on the group, he still remains as the Educational Lead of the TIG programme. He is currently working on obtaining some skin

cancer fellowship posts.

Mr Hancock reported that he had further discussions about the Moh's fellowship posts and noted that the position of the British Association of Dermatologists had changed slightly and discussions were being held on whether an interface group should be formed. This would be made up of ENT, OMFS, Dermatology and Plastic Surgery. Miss Lees stated that BAPRAS would want to be involved in this process and would take a view on this.

Action: To be discussed at the next BAPRAS council meeting.

[Post-meeting note: Professor Sandhu and Mr Mark Henley have undertaken to prepare a formal proposal regarding the planned Skin TIG for consideration at the next SAC meeting of September 2012.]

22.2 Cleft, Lip and Palate

The Committee received the minutes of the meeting held on 23 March 2012.

22.3 Head & Neck Surgery

The Committee received the minutes of the meeting held on 23 March 2012.

Mr Fitzgerald reported that there had been feedback from trainees that they did not have access to all three specialties within their post and some units were reported to have no plastic surgery input at all. He has submitted his recommendation that recognition be removed from these units until there was satisfactory input from Plastic Surgery. Mr Bob Woodward was currently writing to the units to establish the situation.

22.4 Hand Surgery

The Committee received the site visit report for the Hand post in Birmingham. Miss Lees reported that two inspections were being held per year to each Hand unit.

Mr Giele reported that there was a recent recruitment round for the eleven Hand posts and thirty-nine candidates applied which represents a considerable increase on previous applicant numbers. Four of the successful candidates start their posts in February and the remainder start their posts in August.

22.5 TIG OOPT Process

The Committee received a document written by Miss Lees on the TIG OOPT process. The document was written for the JCST on behalf of the TIG groups with the aim to make all specialties understand the process. The document was currently in consultation with all of the TIG Chairs and will be considered at forthcoming July JCST.

23. Quality Assurance

23.1 The CCT Requirements

The Committee discussed the requirements for CCT for Plastic Surgery. Mr Ray explained that the CCT requirements had been kept fairly simple due to the variation across units. The aim was to fulfil the requirements of the JCST and at a later stage look at the detail more closely. Miss Lees explained that the document was not live yet but will be taken to the next JCST in July 2012.

It was noted that the ATLS needed to be added to the document.

Action: Miss Lees to send a copy of this document to BAPRAS Council.

23.2 2012 Liaison Member Form

The Committee received the updated Liaison Member Form. .

24. Recommendations for the award of CCT/CSD

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

25. Enrolment

The following trainees were enrolled:

26. RITA/ARCP Outcomes

The Committee received the list of trainees with RITA Ds, Es and unsatisfactory ARCP forms. Miss Lees noted that those issued were mainly for compliance and exam issues.

27. Chair's correspondence

28. Any Other Business

Mr Fitzgerald expressed the Committee's thanks and appreciation to Miss Lees for all of her hard work and dedication as Chair of the SAC. Miss Lees in turn thanked the Committee and the secretariat for their hard work and support.

29. 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 6 September

Friday 7 September SAC with TPDs meeting

29.1 Dates for 2013:

Thursday 24 January

Thursday 6 June

Monday 19 August

Tuesday 20 August SAC with TPDs meeting

Or

Monday 23 September

Tuesday 24 September SAC with TPDs meeting