

SPECIALTY ADVISORY COMMITTEE IN PLASTIC SURGERY

Confirmed minutes of the meeting held on Thursday 24 January 2013 at The Royal College of Surgeons of England

Members present:

Mr A Fitzgerald	Chair
Mr T Burge	
Mr S Carroll	
Mr A Grobbelaar	
Mr U Khan	
Mr I Mackay	
Mr A Mosahebi	
Mr B Philp	
Mr J Pollock	
Mr B Powell	
Mr R Price	
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 including Mr Ash Mosahebi as the new Academic representative and Mr Richard Price as the new BAPRAS representative.

Apologies were received from Mr M Dalal, Mr H Giele, Mr K Hancock and Mr A Ray.

2. **Membership and Programme Directors**

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

Mr Fitzgerald informed the Committee that Dr Sheona MacLeod (Postgraduate Dean for the East Midlands) had been appointed as the new Lead Dean for Plastic Surgery and will be invited to attend the next meeting.

It was noted that Mr Grobbelaar was coming to the end of his term and Mr Fitzgerald informed the Committee that he wished for Mr Steve Southern to continue his work on surgical simulation and would write to him.

Action: Mr Fitzgerald.

2.1 The Committee noted the appointment of the new TPD for the East Midlands.

2.2 The Committee received a document detailing SAC liaison responsibilities and other duties.

The liaison responsibilities were discussed and it was agreed:-

- Mr Grobbelaar will be liaison member for the East of England only.
- Mr Khan will assist Mr Hancock with liaison responsibilities in Pan Thames.
- Mr Philp will be liaison member for Yorkshire only.
- Mr Price will be liaison member for the East Midlands.
- Mr Mosahebi will be the liaison member for Oxford and Wessex.

Action: Miss Aro to update the SAC Liaison Member list.

3. Minutes

The minutes of the meeting held on 7 September 2012 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 on the Curriculum Development Group.

The Intermediate Years curriculum was being drafted by Miss Vivien Lees with the assistance of Mr Powell and is divided into modular topics similar to the later years curriculum. The specialist areas have been sent to the relevant groups and the topics that were not needed for the exam have been removed. The final version would be submitted to the GMC in March 2013 with the hope it will be in use by trainees by August 2013.

5.1.1 Intermediate Years Curriculum Draft

The Committee noted the draft intermediate years curriculum for Plastic Surgery.

5.2 Work-Based Assessments in Surgery

The Committee received an email from Prof Nigel Standfield (Head of School of Surgery, London Deanery) clarifying the WBA requirement for London trainees. It was noted that the London deanery expect 80 WBAs per year for each trainee but 50% of these can be completed by senior trainees rather than consultants. Mr Fitzgerald noted that the SAC and JCST supported trainees undertaking 40 WBAs per year and there were concerns that anything more than this would become a tick-box exercise. It had been agreed at JCST that if a trainee in London was issued with an adverse ARCP outcome based only on incomplete WBA numbers they would be supported by the SAC and JCST.

5.3 Surgical Simulation Mapping

The Committee received the executive summary of Simulation in the Surgical Curricula from Mr Ian Eardley, JCST Chair.

Mr Fitzgerald informed the Committee that a number of specialties had mapped simulation to the curriculum and this would be submitted to the GMC in March 2013 but Plastic Surgery were a little behind. Miss Lees however was able to at short notice map simulation for the intermediate years curriculum and now the only part outstanding was simulation for the early years and the Committee has until 2015 to complete this. Mr Grobbelaar stated that there had been some confusion with Phase 1 and Phase 2 of simulation and it could not be mapped to the curriculum at the time because it was being updated. It was however noted that Plastic Surgery was no longer behind schedule.

Mr Powell confirmed that there was now no simulation element to the FRCS exam across all specialties.

5.3.1 The Committee received Phase 1 and 2 of simulation in Plastic Surgery.

5.4 Burns and indicative logbook

The Committee received an email addressed to Mr Fitzgerald highlighting the concerns of trainees in the South West who believed that they no longer undertook burns resuscitations. Mr Fitzgerald informed the Committee that 60% of CCT applications were currently being rejected at first application and trainees without burns resuscitations in their logbook were not being recommended for a CCT. Mr Burge commented that trainees are usually involved with burns resuscitations but often do not record it in their logbook; trainees should however begin to record their involvement.

Action: Mr Fitzgerald to write to TPDs and PLASTA reminding trainees to document their burns resuscitation involvement in their logbooks.

Mr Fitzgerald informed the Committee that CCT applications were being assessed against the indicative logbook and only when a trainee is lacking in more than one area that the CCT recommendation will be denied. The Otolaryngology SAC have submitted their indicative logbook as part of their curriculum so it is a requirement for trainees to achieve certain levels in their logbook. Mr Fitzgerald had begun some work with Mr Rob Winterton in analysing the eLogbook, they planned to wait 12-18 months whilst the eLogbook populates with data and then create a new indicative logbook for trainees. It was noted that Trauma and Orthopaedic SAC use a similar indicative logbook through the eLogbook and the measure of a standard deviation below the mean was used to identify trainees in difficulty. Mr Wood commented that he was worried about defining operative numbers for trainees and a range may be a better option. It was agreed that once ready the new indicative logbook would be circulated to the SAC for approval before it is used for trainees.

Mr Pollock commented that PLASTA were doing a similar exercise with Mr Winterton and Mr Fitzgerald requested for this to be circulated to the SAC for information.

Action: Mr Pollock to circulate the work PLASTA has done with the eLogbook to the SAC.

5.5 National Selection

Mr Fitzgerald reported on national selection. He had met with Dr Alison Carr who runs national selection in the Department of Health and it was noted that Plastic Surgery was out of synch with other surgical specialties. A number of other specialties were appointing 40-50% of their core surgical trainees into ST3 posts but Plastic Surgery were appointing less than 10% and this is deemed to be unacceptable as it indicates to the DoH that the training at ST1 and ST2 is failing in Plastic Surgery. In order to resolve this it had been suggested that core trainees should be required to train in Plastic Surgery for 12 months rather than 6 months, in so doing cutting core posts by 50%. It was also suggested that trainees should be encouraged to undertake research after ST3 rather than during their core years and perhaps less weight be given to research qualifications during national selection. The Department of Health are keen that a wide range of qualified people go into the specialty and not just those with pure research qualifications. It was suggested that educational and managerial higher qualifications that can be accessed more readily by distance learning could be recognised more. Mr Fitzgerald added that 43% of successful applications at ST3 have done some research. It was noted that if these changes were introduced they would have a transitional period so that no current trainee would be disadvantaged. It was agreed that Dr Carr would be invited to the next SAC meeting.

Action: Mr Fitzgerald to invite Dr Alison Carr to give a presentation at the next meeting.

Mr Fitzgerald noted that the other specialties were having difficulty with the appointment

of run through academic trainees through the NIHR who are not assessed through national selection. He added that it was difficult for trainees to achieve clinical competencies in half of the training time and questioned whether it was a good training pathway for plastic surgery as there were not many academic consultant jobs available. He requested for Mr Mosahebi to write a paper on what the perfect academic trainee in Plastic Surgery should be striving to achieve during training.

Action: Mr Mosahebi to produce a paper for the next SAC meeting.

5.6 Report from the Core Training SAC

There was no report from the Core Training SAC.

5.7 Interim Report from the Cosmetic Surgery Education and Training Working Group

The Committee received the interim report from the Cosmetic Surgery Education and Training Working Group.

Mr Fitzgerald attended the meeting and noted a number of recommendations that the group were to make to the DH on the appropriate delivery of cosmetic surgery to patients in the UK. The new recommendations were likely to prevent any CCT/CESR holders from practising cosmetics within the first few years of their qualification as they would be expected to take up a post-CCT fellowship to gain the required skills. This post-CCT training will be overseen by a separate body and representatives from the SAC may be required for this group.

The final version of the proposal would be submitted to the DH later in the week and that would be circulated to the SAC for information.

Action: Mr Fitzgerald.

6. Liaison Member Reports

6.2 ARCP Dates

Mr Fitzgerald reminded Liaison Members to find out the dates of the ARCP meetings within their region and forward these to Miss Aro so that a central record can be maintained.

Action: Liaison Members.

6.3 PLASTA Report

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

The work on the WPBA survey was progressing and now had approval to go ahead; Mr Pollock will present the findings at the next SAC meeting. He continued to report that PLASTA representatives had been established for all but two regions; it was recommended that he approaches the local TPD for a nomination to enable good communication links between the trainees and the SAC.

PLASTA had received feedback that it had been ineffectual but since a new president had taken over there has been a large improvement including a new website and a newsletter. Mr Fitzgerald congratulated the new president on his progress with PLASTA.

Mr Pollock noted that some trainees were confused with which indicative logbook was being used to assess their CCT application and Mr Fitzgerald confirmed and requested for Miss Aro to send this to Mr Pollock.

Action: Miss Aro to send the indicative logbook to Mr Pollock so that it can be uploaded onto the PLASTA website.

7. Joint Committee on Surgical Training

The Committee received the minutes of the meeting held on 2 October 2012.

Ms Nicholas reported that a JCST meeting had more recently been held earlier this month and Dr Vicky Osgood (Assistant Director for Postgraduate Training, GMC) gave a presentation on the Shape of Training for the next thirty years. She requested a written response to the document from each specialty by the end of February. Mr Fitzgerald commented that in principle the information set out was good but there were questions on how this would actually be implemented. Mr Pollock added that PLASTA would be making a trainee response.

Ms Nicholas continued that the latest version of the JCST newsletter had been circulated widely and it contained the information on the planned increases to the trainee fee and this decision had been agreed by the four colleges.

It was noted that some specialties were ready with their simulation submission mapped to their curriculum but the GMC had not approved this because of questions surrounding its funding. The JCST will meet with the GMC in April to discuss this further and it was hoped that it would be resolved without any problem.

8. Training Interface Groups

8.1 Oncoplastic Breast Surgery

The Committee received the minutes of the meeting held on 4 December 2012.

Mr Mackay reported that the attendance of the Plastics representatives was quite low, Mr Fitzgerald suggested that it was more appropriate for members of the SAC to be represented on the interface groups. A recent influx of new SAC members meant the breast group could now be re-populated with core members of the SAC. Mr Fitzgerald would write to Mr Stephen McCulley thanking him for his time on the group. Mr Wood volunteered to take over his position.

Action: Mr Fitzgerald to write to Mr Stephen McCulley to thank him for his term on the TIG.

Action: Ms Megan Warde (TIG Secretariat) to write to Mr Mackay and Mr Wood informing them of the forthcoming meeting dates.

Mr Mackay continued that the person specification and the shortlisting criteria was in the process of being agreed for the next recruitment round. He invited the SAC to comment on these documents so that Plastics trainees could be helped. There had been an increase in applications from Plastics trainees.

Action: Mr Mackay to send person specifications for the TIG posts to Mr Fitzgerald and Mr Pollock for comment.

Mr Price noted that some trainees were dissuaded from applying for TIG posts due to the time restrictions of the applications and Mr Pollock added that he had received some complaints from trainees who had opted to go for a TIG but were unsuccessful and by the time they are informed they have missed the opportunity to apply for an overseas post. Mr Fitzgerald informed the Committee that there is the option to take some of

these periods as out of programme experience and not have it count towards their training. Mr Price commented however that the Postgraduate Dean for the East of England has stated that trainees are allowed a maximum of twelve months out of programme or they may have to leave the training programme. Mr Fitzgerald informed the Committee that he would seek clarification from Prof Davinder Sandhu, Lead Dean for the TIGs.

Action: Mr Fitzgerald to write to Prof Sandhu to request that he clarifies the allowance that trainees have to attend TIG fellowships with the other Postgraduate Deans.

8.2 Cleft, Lip and Palate Surgery

The Committee received the minutes of the meeting held on 26 September 2012. Mr Fitzgerald noted that a new chair had been appointed for the group.

8.3 Reconstructive Cosmetic Surgery

The Committee received the minutes of the meeting held on 8 October 2012. Mr Fitzgerald reported that the group were running a pilot in skin cancer but if this was to be expanded then a separate group would facilitate it.

8.4 Head and Neck Surgical Oncology

The Committee received the minutes of the meeting held on 26 September 2012. Mr Fitzgerald reported that a visit took place to a unit in Birmingham due to the lack of Plastic Surgery input in the post. The visit was attended by the SAC Chairs for Plastic Surgery, Otolaryngology and Oral and Maxillofacial surgery and the facilities were excellent but there remained to be no plastic surgery input. Mr Fitzgerald has since written to the local TPD to have this rectified within the next six months, and if this is not addressed then the trainees may need to gather the appropriate experience to cover the ISCP curriculum outwith the Deanery. Mr Carroll recommended that the SAC seek to derecognise the post rather than penalise the trainees and Mr Fitzgerald confirmed that he had spoken to Prof Sandhu on this matter.

9. Quality Assurance

9.1 Annual Specialty Reports

Ms Lewis thanked the committee for submitting their Liaison Member reports for the ASR. The committee noted the overall report for surgery, which had been submitted to the GMC, and the annual report for Plastic Surgery, which Ms Lewis suggested should be shared with the TPDs and other interested parties.

9.1.1 Annual Specialty Report - Glasgow

The Committee received the annual specialty report for Glasgow.

9.2 Penultimate Year Assessment Checklist

Ms Lewis requested that the SAC compile a penultimate year assessment (PYA) checklist to be uploaded onto the ISCP. The checklist would be available for trainees, TPDs and Liaison Members to refer to during the PYA interview so the trainees' progress towards achieving the CCT guidelines could be assessed and any remedial action taken. Mr Burge suggested that, as the final year of training was likely to be in a special interest area, the trainees should have largely achieved the indicative numbers included in the CCT guidelines by the time of their PYA.

Action: SAC to confirm the PYA checklist

10. Recommendations for the award of CCT/CSD

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

Mr Fitzgerald informed the Committee that the GMC have released guidance that from March 2013 trainees need to apply for the CCT within a year of their expected CCT date otherwise they will be required to make a full application via the CESR route for specialist registration.

Action: Mr Fitzgerald to write to the TPDs and PLASTA to inform them of the new GMC regulations for the application of a CCT.

11. Enrolment

The following trainees were enrolled.

Action: Mr Fitzgerald to write to the TPDs and PLASTA to remind trainees to enrol in good time.

13. Chair's correspondence

There was no Chair's correspondence.

14. Any Other Business

There was no other business to report.

15. 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):

2013:

Thursday 6 June

Thursday 19 September

Friday 20 September SAC with TPDs meeting