

SPECIALTY ADVISORY COMMITTEE IN PLASTIC SURGERY

Confirmed minutes of the meeting held on Thursday 6 September 2012 at The Royal College of Surgeons of England

Members present:

Mr A Fitzgerald	Chair
Mr T Burge	
Mr M Dalal	
Mr I Mackay	
Mr B Philp	
Mr J Pollock	
Mr B Powell	
Mr A Ray	
Mr S Wood	

In attendance:

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

30. Welcome and apologies for absence

Mr Fitzgerald welcomed members to his first meeting as Chair.

Apologies were received from Mr S Carroll, Mr H Giele, Mr A Grobbelaar, Mr K Hancock, Mr U Khan, Mr R Milner, Prof J Nanchahal and Miss W Reid.

31. Membership and Programme Directors

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

Mr Fitzgerald noted that Prof Nanchahal was coming to the end of his term and a new academic representative was needed for the Committee. Mr Fitzgerald suggested that the SAC approach Miss Vivien Lees to be the academic representative as she is a Senior Lecturer and continues to do work for the Committee on the curriculum. The Committee were in agreement with this.

Action: Mr Fitzgerald to write to Miss Lees to invite her onto the SAC as the academic representative.

Mr Fitzgerald informed the committee that he was in the process of finding a replacement TPD for his regions but is yet to be successful. He therefore emphasised the importance of Mr Philp's externality as liaison member for the region.

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

Mr Fitzgerald highlighted the importance of the role of the liaison member and it was agreed that the liaison member responsibilities would be shared among other committee members.

Mr Dalal will take up liaison responsibilities for the West Midlands and Mr Khan will share liaison member duties with Mr Hancock for Pan Thames. Mr Ray noted that this arrangement is helpful to him and will allow him to focus on Northern Ireland where in the past they have not fully engaged with the SAC.

Action: Mr Fitzgerald to write to Northern Ireland to request that the SAC Liaison

Member is notified in good time of future RITA/ARCP meetings.

Mr Fitzgerald explained that assessing CESR applications is an important part of the SAC's work and the GMC have strict time scales in which they should be turned-over; it was therefore emphasised that all members should participate in their assessment.

32. Minutes

The minutes of the meeting held on 7 June 2012 were agreed.

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

There were no matters arising to be discussed.

34. Matters for SAC Consideration

34.1 Curriculum Development Group

Mr Fitzgerald gave the Committee a report on the Curriculum Development Group. He explained that on 1 August 2012 the new ST7 and ST8 trainee modules went live on the ISCP website for trainees. There was an initial problem where the modules were not easily located on the ISCP website but a meeting was held with Ms Maria Bussey to resolve this. Further work on the curriculum for the intermediate years will be undertaken by Ms Lees and Mr Powell.

Mr Powell continued that he had met with Ms Lees to look at the possible content of the intermediate years curriculum matching this with the expectations for the exam. He noted that the exam content would not be changed and further work on the intermediate years curriculum would continue.

34.2 Surgical Simulation Mapping

Mr Fitzgerald noted that Mr Grobbelaar was not present to report on this item but as he was nearing the end of his term on the committee a replacement member would need to take this up this responsibility. It was suggested that Mr Southern may have some interest in this area.

Action: Mr Fitzgerald to communicate with Mr Southern to establish his interest in simulation.

Action: Mr Fitzgerald.

34.3 Report from the Core Training SAC

Mr Milind gave the Committee a report on the Core SAC. He noted that the final version of the Core QIs had been submitted to the Core SAC and the Chair, Mr James Wheeler will take this to the JCST for a final sign off on 2 October 2012.

34.4 Recognising and approving trainers: the implementation plan

The Committee received the GMC paper on Recognising and Approving Trainers: The Implementation Plan.

Mr Fitzgerald explained that this will be a large agenda during his term as Chair and noted that many problems with training fall to the trainers and not the trainees. He noted that many trainers were disengaged from training due to a number of external factors but he, as Chair aims to motivate the specialty as a whole to produce good training. The GMC want to professionalise the role of the trainer and by 2013 they want to recognise the role of the education consultant and the clinical supervisor. The GMC hope to finalise this process by

2015.

Mr Mackay stated that this move by the GMC may create more problems than may be anticipated. He was concerned that if there was only one special interest trainer in a unit that did not want to engage in this process then that unit would be made redundant. He continued that the process appeared to involve a lot of paperwork and may therefore discourage many trainers to take part. This concern was shared by other committee members and it was agreed that Mr Fitzgerald would send a formal response to the paper from the SAC.

Action: Mr Fitzgerald to write a response to this GMC paper noting concerns that:-

- i) Subspecialty training may be lost through the disengagement of trainers through this process.**
- ii) Consultant trainers may not be given allowance in their timetables to train or be given appropriate time off or funding for the relevant courses.**

Once the response has been formulated it will be circulated to the SAC and TPDs for comment and then a final submission will be made to the GMC.

Mr Pollock commented that from the trainees' perspective the implications of this paper has a number of positive outcomes as it will allow trainees to work with trainers who are genuinely interested in training which will be hugely beneficial. Mr Powell agreed with this and noted that training should be trainee focused.

35. Liaison Member Reports

35.2. PLASTA Report

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

He explained that work was being done on the eLogbook and the ISCP to compare the training being done across different regions. PLASTA specifically want to look at the level of supervision of all operations across hospitals in the last year for StRs and whether there are changes to these ratios when relating to emergency cases. Mr Wood added that he had presented something similar and a significant difference was noted. PLASTA will also be looking at the number of WBPAs done every year across regions.

Mr Pollock noted that some have not been able to achieve all of the CCT requirements for Plastic Surgery due to regional variations. Mr Burge recommended that trainees should feed this information back to their TPD. Mr Fitzgerald noted that he would raise this issue at the next SAC & TPD meeting but trainees need to be proactive and approach their TPD to request what they need for their training; if this is not provided then the trainee can take it to the Head of School, the deanery and the SAC Liaison Member. Mr Ray added that trainees should properly document their request for further training or help to their TPDs so that if they reach the point of CCT and they have gaps in their training they will not be penalised for it.

It was confirmed that trainees need to undertake 40 WBPAs a year or they may be failed at their ARCP. Mr Burge added that the trainees need to engage but if it is outside of their control the trainee needs to flag this up early and take the necessary steps to get this rectified. Mr Pollock queried the best way to get trainees to feedback to Liaison Members as some trainees are reluctant due to confidentiality. Mr Fitzgerald assured Mr Pollock that all Liaison Members are required to work in confidence and there would be serious implications if this was breached. Mr Burge suggested that a PLASTA representative in each unit would be useful and Mr Wood added that Liaison Members could gather all their trainees' email

addresses and write to them at the first instance. Mr Pollock responded that he can start by placing a PLASTA representative in each region.

Action: Mr Pollock to arrange for a PLASTA representative to be placed in each training region.

Mr Pollock commented that the QI relating to 75% attendance to regional training days were not attainable in some regions due to the provision of cover. Mr Fitzgerald clarified that 75% attendance applies to instances of when trainees are available to attend and this should be clarified to trainees.

Action: Mr Pollock to clarify the meaning of the QI relating to '75% attendance to regional training days' to trainees.

36. Joint Committee on Surgical Training

The Committee received the minutes of the meeting held on 6 July 2012.

Ms Nicholas reported that the SAC Liaison Member induction sessions were now running twice a year and there had been positive feedback from the first session that was held.

Action: Miss Aro to confirm the next SAC Liaison Member Induction meeting date with Mr Fitzgerald and establish which SAC members need to attend.

Ms Nicholas continued that the review of the JCST had been completed and Mr Ian Eardley (JCST, Chair) had been asked to produce a joint strategy document for the JCST to go to the Colleges for the new year. The Committee were invited to contribute any ideas that they had and added that the outcome of the review was positive but there was room for the JCST to improve their communication with the public.

Item 39:

Mr Burge noted that the ratio of applicants to Core Surgical Training in Plastic Surgery was 14:1 and therefore remained high. He also noted that the DH had analysed some factors in national selection which illustrated that there was a lower success rate among ethnic minorities which may present a problem for Plastic Surgery; this information was presented by Dr Alison Carr. He continued that it was needful to invite the appropriate person along to the next selection round to ensure that there was fairness.

Action: Miss Aro to forward Dr Alison Carr's email address to Mr Fitzgerald.

Item 45.1:

Mr Fitzgerald queried whether 40 WPBAs were a definitive number. Ms Nicholas explained that the main idea for the '40 WPBA rule' was to ensure that the units were up to scratch but there needed to be a degree of flexibility if a trainee produces less than 40. The JCST have set the guidelines at 40 but the London deanery have imposed 80 which is causing problems for trainees.

Action: Mr Fitzgerald to write to Prof Nigel Standfield stating the SAC's view on the London deanery's requirement for trainees to undertake 80 WPBAs per year.

37. Training Interface Groups

37.1 Oncoplastic Breast Surgery

The Committee received the minutes of the meeting held on 22 March 2012.

Mr Mackay explained that much of this meeting was used to discuss the shortlisting and interview arrangements for the next round. He noted that the last round of recruitment saw the largest amount of applications from Plastic surgical trainees and the highest scoring candidates was a plastics trainee.

37.2 Cleft, Lip and Palate Surgery

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

Mr Ray informed the Committee that he had just been appointed to the TIG and will therefore attend its next meeting. He had however discussed an issue with the Chair regarding a trainee who was appointed to a consultant's post whilst only partway through their TIG post. This trainee went on to complete the TIG post.

37.3 Reconstructive Cosmetic Surgery

The Committee received the minutes of the meeting held on 9 July 2012.

Mr Fitzgerald noted the concerns that he had with this interface group wanting to take up skin fellowships as he believes that they should be separate from the work of this TIG, he plans to raise this with Prof Davinder Sandhu (Lead Dean for the Interface Fellowships). Mr Powell agreed that the skin fellowships should be kept separate from this TIG but noted that he had already been approached for a reference for a skin interface post in Norwich.

37.4 Hand Surgery

The Committee received the minutes of the meeting held on 20 April 2012.

Mr Fitzgerald reported that the next Hand TIG meeting had been cancelled but he will attend the next one in his capacity as Chair.

38. Quality Assurance

38.1 Annual Specialty Reports

Ms Lewis outlined the structure of the 2012 ASR and the deadlines for the submission of the Liaison Member reports and the overall report for surgery. She also notified the committee of the Liaison Member report she had received to date.

Mr Ray and Mr Burge suggested completing the Liaison Member reports at the joint meeting with the TPDs the following day and Ms Lewis agreed to bring along some blank templates.

38.2 Quality Indicators for Core Trainees in Plastic Surgery

The committee noted the final quality indicators for core training posts in Plastic Surgery.

38.3 Fellowship Register

Ms Lewis provided an update on the work that had been undertaken on the Fellowship Register and informed the committee that Ms Lees had written to the relevant units asking them to submit details of their Fellowships and the training they provided. Mr Fitzgerald asked to have the information sent to him and the relevant Liaison Member for scrutiny.

Action: Ms Aro

39. 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 he had received approximately one CCT application per week since commencing as Chair and he had turned down a large proportion of them. He noted that many trainees had not documented their burns procedures and also had gaps with their aesthetics training.

40. Enrolment

Mr Fitzgerald noted that some trainees continued to enrol with the SAC late into their training. Mr Pollock explained that from his own experience the fault some time came from the deanery when they do not forward the relevant paperwork to the JCST.

Action: Miss Aro to send TPDs a list of the trainees who are not enrolled within their region for action.

41. RITA/ARCP Outcomes

The Committee received the list of trainees with RITA Ds, Es and unsatisfactory ARCP forms but it was noted that there were some trainees missing from the list.

Action: Miss Aro to follow up.

42. Chair's correspondence

There was no Chair's correspondence.

43. Any Other Business

Mr Burge reported on national selection, he noted that there was a shortage of consultants volunteering for interviews and this may have implications on the number of interviews that the panels will be able to do within the timeframes, but it was felt important that all regions participate. Mr Fitzgerald added that his view was that the regions that do not send a representative will not have a trainee appointed to their programme and he will raise this at the next JCST meeting. Mr Burge added that in the worst case scenario if there were not enough consultants the national selection date would be rescheduled.

Mr Fitzgerald informed the Committee that as there are only three SAC meetings per year it was not unreasonable for members to attend at least two out of three. Miss Aro will update the attendance list and send it to Mr Fitzgerald who will in turn circulate it to the Committee.

Action: Miss Aro.

44. 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 24 January

Thursday 6 June

Thursday 19 September

Friday 20 September SAC with TPDs meeting