

SPECIALTY ADVISORY COMMITTEE IN PLASTIC SURGERY

Confirmed minutes of the meeting held on Thursday 19 September 2013 at The Royal College of Surgeons of England

Members present:

Mr A Fitzgerald	Chair
Mr N Bennett	
Mr T Burge	
Mr K Hancock	
Mr U Khan	
Mr I Mackay	
Dr S McLeod	
Mr A Mosahebi	
Mr D Orr	
Mr B Philp	
Mr J Pollock	
Mr B Powell	
Mr R Price	
Mr A Ray	
Mr S Southern	
Mr S Wood	

In attendance:

Ms N Aro	Specialty Manager
Mr I Eardley	Chair, JCST
Ms H Lewis	QA Manager
Ms S Nicholas	Head of JCST

31. Welcome and apologies for absence

Mr Fitzgerald welcomed members to the meeting including Dr Sheona McLeod as the new Lead Dean for Plastic Surgery and Mr David Orr as the new RCSI representative. He also welcomed Mr Ian Eardley, Chair for the JCST who was in attendance.

Apologies were received from Mr M Dalal, Mr H Giele and Mr M Henley.

32. Membership and Programme Directors

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

32.1 The Committee noted Mr Sean Carroll as the new TPD for the Republic of Ireland.

32.2 The Committee noted the recent changes to liaison member responsibilities:

- i) Mr Bennett will assume liaison responsibility for Pan Thames.
- ii) Mr Hancock will assume liaison responsibility for the North Western.
- iii) Mr Wood will continue as liaison member for Scotland.

32.3 The Committee received the table of attendance at SAC meetings. Mr Fitzgerald highlighted the importance of attendance to SAC meetings and noted that he will write to individual SAC members on this matter.

Action: Mr Fitzgerald.

33. Minutes

The minutes of the meeting held on 6 June 2013 were agreed subject to the following change:

Item 20.6

Mr Mark Henley has set up an indemnity scheme in the East Midlands.

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

There were no matters arising to be discussed.

35. Matters for SAC Consideration

35.1 Curriculum Development Group

Mr Fitzgerald reported on the Curriculum Development Group. The intermediate years section of the curriculum went live on the ISCP website in August 2013 and all trainees at this level should now be using it. He noted that the FRCS exam had been set for the end of the intermediate years but Prof Powell was concerned questions may be asked within the FRCS(Plast) that assessed elements of the later years curriculum; this is being analysed to ensure that this is not the case and examiners were being informed of this potential conflict.

35.2 The Committee noted the GMC's approval of simulation in surgical training.

Mr Southern reported that he attended the JCST Simulation meeting and noted that the next task would be to define what simulation was needed for the specialty. Dr McLeod stated that it would be helpful to have a record of what simulation was currently in use in Plastic Surgery and what was effective.

Mr Fitzgerald agreed that an audit of the current simulation should take place which could be collected locally by TPDs.

Action: Mr Fitzgerald and Mr Southern to finalise details of the simulation audit.

Mr Eardley informed the Committee that there was resistance from some Postgraduate Deans and NHS Employers about the introduction of simulation into the curriculum but following the GMC's approval, there is now some leeway to have a prescriptive list of the simulation required for each specialty.

Mr Wood queried whether simulation could be used during national selection. Mr Eardley confirmed that this should not be done as there was little reliability data to support its use.

35.3 National Selection

Mr Fitzgerald gave the Committee a report on national selection.

There were 95 candidates who applied for the available posts and all who pass the long-listing process will be given an interview. Mr Burge hoped to have some candidates volunteer to complete a pilot simulation stage but noted that this would not be counted towards their overall score. There was some discussion around the reliability of simulation during selection and Mr Orr reported that this was commonly used in Ireland; he noted that it was not a good tool to assess progression but it could be used to identify those who have an inability to practice surgery.

Action: Mr Burge, Mr Southern and Mr Wood to plan a pilot simulation assessment for the next recruitment round.

Mr Fitzgerald had discussed with the patient group "Changing Faces" the possibility of having

two representatives involved in the recruitment process. He believed that this was a suitable way forward and was supported by Dr McLeod. The London deanery have some reservations about this because these representatives would need to be accurately trained to participate in the selection.

Action: Mr Fitzgerald to discuss the recent problem during the last round of national selection with Dr McLeod.

Mr Fitzgerald queried the current situation with LAT posts. Dr McLeod confirmed that there is a move to stop LATs but it was not as soon as originally anticipated.

35.3.1 This item has been deferred to the next meeting.

Action: Miss Aro to invite Dr Alison Carr to the next SAC meeting.

35.4 Report from Core Training SAC

Mr Dalal was not present at the meeting so there was no report from the Core Training SAC.

Dr McLeod did however report that HEE had requested that the number of specialists being produced were reduced and these numbers were being withdrawn at core level. It is important for trainees and trainers to record the affect this may be taking on training in general.

35.5 CCT Applications

Mr Fitzgerald reported that he received on average one CCT application per week and there were a number of trainees who applied for CCT but have not undertaken any research or audits. A CCT application had been refused on this basis - particularly because the CCT guidelines had not been met. Mr Fitzgerald had received correspondence from Postgraduate Deans and communication from Mr Eardley stating that this refusal could not be upheld as the CCT guidelines were simply guidelines and could not be imposed particularly as the Gold Guide expresses that competencies will be assessed as part of the ARCP process. Mr Eardley added as the CCT guidelines had been recently introduced and it would be unfair to penalise a trainee on this basis; the best solution was for deficiencies to be picked up early on in training. Mr Fitzgerald requested that Liaison Members carefully assess these details when they attend ARCP meetings.

Action: Miss Aro to send CCT guidelines and indicative logbook to Mr Orr.

Mr Philp queried whether it would be possible to create an algorithm for training that Liaison Members could refer to when at ARCP meetings so that scoring could be uniform across the regions. Mr Ray expressed concerns that it was not always possible to fully grasp the information of trainees on the day of the meeting and then make difficult decisions if it was overruled by the local training committee. Mr Wood agreed and added that Liaison Member access on the ISCP website was not easily accessible. Mr Eardley stated that genuine concerns at ARCP meetings should be escalated especially in situations where the Liaison Member had been overruled and he will feedback to the ISCP Web Team to improve access for liaison members.

Action: Mr Fitzgerald to write guidelines on what trainees should achieve by each level of training and confer with Mr Ray. Once completed this will be circulated to the Committee for comment.

Action: Mr Eardley to feedback to ISCP Web Team on Liaison Member access.

36. Liaison Member Reports

36.1 There were no liaison member reports.

36.2 PLASTA Report

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

He was still receiving complaints about the 80 WPBA requirement in London but the minutes from the JCST indicated that there was some evidence to suggest this requirement was beneficial to trainees and asked if this could be circulated. Mr Eardley confirmed that he gave a presentation to ASiT on this subject and will forward his presentation to Mr Pollock.

Action: Mr Eardley.

Mr Pollock added that some trainees had difficulty in completing the required number of WPBAs due to the lack of trainer engagement and hoped that this would be fed back to the JCST. Mr Eardley informed the Committee that the ISCP had extracted its first set of data showing the number of WPBAs per region and SAC Chairs will be invited to request the type of information that their specialty requires from the ISCP. He added that trainer engagement was becoming part of their appraisals and hoped that this would significantly improve.

37. Joint Committee on Surgical Training

The Committee received the minutes of the meeting held on 5 July 2013 and Ms Nicholas reported on the important points from the last meeting.

The JCST would be launching a blog in Autumn 2013 to further improve communication with trainees and key stakeholders.

Ms Nicholas reported on the indemnity cover that is available for all intercollegiate activity and is held by the Royal College in Glasgow on behalf of all. The message received was so long as members act in good faith they will be covered for what they do.

A survey had been undertaken on SAC expenses and job cover; the results were being analysed but it had been found that a significant minority did not receive expenses from their trust and this will be discussed at the next JCST meeting. Mr Eardley added that it was clear that Examiners were treated more favourably than SAC Members and he would bring this before the JSCM.

A survey of LTFT trainees had been undertaken with a control group of full time trainees. The general outcome was positive but there were a few comments on attitudes to LTFT training particularly if that trainee was male. Mr Price queried whether the outcomes for the LTFT trainees could be compared to academic trainees who undertake a percentage of clinical work. Mr Eardley commented that the discussion on whether academic trainees can achieved all their competencies was put before the GMC and this was being reviewed.

Ms Nicholas finally reported that an equality and diversity policy had been drafted to cover all intercollegiate bodies; the GMC believe that all SAC members should have some bespoke training and the JCST were likely to hear more on this in the future.

38. Training Interface Groups

38.1 Mr Henley was not present to give a report on the TIG Chairs meeting held on 17 September 2013 but Mr Fitzgerald informed the Committee that the Plastic Surgery body felt disenfranchised by the current operation of the TIG posts. The JCST have been made aware of this and Ms Rowena Hitchcock (Chair, SAC in Paediatric Surgery) has been asked to undertake a review of each TIG to establish an objective view of the situation.

Mr Eardley informed the Committee that he will see the first draft of the review shortly and then it will be discussed widely at the next JCST meeting in October.

38.2 **Oncoplastic Breast Surgery**

Mr Mackay reported on the Breast Surgery TIG. He noted that there were generally good relationships between the specialties within the units but there was a historic problem where Plastics trainees did not apply for these posts. However, in the recent round more Plastics trainees did apply but none were successful in obtaining a post. Mr Wood commented that the interview questions were more suited to General Surgery trainees and believed that there needed to be a culture change surrounding the entire process. Mr Fitzgerald stated that if this continued then Plastic Surgery would withdraw from this interface group as it was felt that whilst Plastic Surgery was providing training it was not receiving anything in return.

Mr Fitzgerald noted that many Oncoplastic Breast surgeon jobs were advertised in the General Surgery section of the BMJ and not the Plastic surgery section. Mr Orr stated there should be clear integration between the specialties as a Plastic surgeon should have an equal chance of getting a job in the sector as a General surgeon.

38.3 **Cleft, Lip and Palate Surgery**

Mr Ray reported on some of the problems that Plastic Surgery faced within the Cleft, Lip and Palate TIG posts. There have been no defined guidelines set by the TIG on what type of unit would qualify to host a post and they had received an application from a junior consultant that would be granted approval. He continued that there was a post in operation that was run only by OMFS surgeons and he has not been able to insist Plastic Surgery input due to the lack of criteria for the approved units.

Mr Fitzgerald noted that there was some dissatisfaction with the Chair appointment process and believed that this could be resolved by a rotation across the specialties.

38.3.1 The Committee noted that Mr Michael Cadier has replaced Mr Tim Goodacre on the Cleft, Lip and Palate Surgery TIG.

38.4 **Hand Surgery**

Mr Fitzgerald reported that the Hand Surgery TIG worked well with a good relationship between Plastic Surgery and Trauma and Orthopaedic Surgery. He noted that the rotation of chairmanship across the specialties worked well and hoped that this would continue.

38.5 **Head and Neck Surgical Oncology**

Mr Fitzgerald reported on some of the problems that Plastic Surgery faced within the Head and Neck TIG posts. The posts should be inter-specialty between ENT, OMFS and Plastic Surgery but following a visit it was found that there was no Plastic Surgery involvement in three units that host Head and Neck TIG posts. Mr Fitzgerald believed that the TIG should not be recognised in these units unless there was suitable Plastic Surgery involvement. The Chair for the TIG commented that it was a matter for Plastic Surgery to resolve but Mr Fitzgerald felt that it was the TIG's responsibility to encourage better working across the specialties.

Mr Pollock added that trainees will not consider a Head and Neck TIG post if there is no Plastic Surgery involvement in the unit.

38.6 **Reconstructive Cosmetic Surgery**

The Committee received the minutes of the meeting held on 26 June 2013.

Mr Hancock reported feedback from BAPRAS and BAPRAS council that all units have declined to participate in the next recruitment round. He noted that due to the diversity of applicant to the post there was no set programme or syllabus but it was the Plastic Surgery curriculum that was the overarching curriculum for the posts.

Mr Fitzgerald added that Skin fellowships had been added to this group but he felt this was inappropriate and this group should not be expanded until the current issues are resolved.

39. Quality Assurance

39.1 Annual Specialty Report

Ms Lewis reported that the 2013 ASR would relate to the period from August 2012 – December 2013. As previously, the report would be based on exception reporting and Liaison Members only needed to include items of good practice or concerns in their individual reports.

Liaison Member reports should be submitted to the JCST by 31 January 2013 and the overall report would be submitted to the GMC by 31 March 2013.

39.2 JCST Survey

The committee noted the amended questions for the JCST survey. Ms Lewis reminded them that the survey wasn't mandatory, but that trainees should be encouraged to complete one for every placement they undertook. Completion of the survey could be checked at the trainees' ARCP.

40. Recommendations for the award of CCT/CSD

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

41. Enrolment

The following trainees were enrolled:

42. Chair's correspondence

There was no Chair's correspondence.

29. Any Other Business

Mr Powell reported on the FRCS in Plastic Surgery. The exam was held in Sheffield and run well with 44 candidates in attendance; 30 candidates were successful and there was a 68% pass rate.

30. 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 23 January

Thursday 5 June

Thursday 18 September