1. WELCOME AND APOLOGIES FOR ABSENCE

1.1. Mrs McNally welcomed committee members, some of whom were attending for the first time since appointment. Apologies for absence were noted.

1.2. Mrs McNally noted it was Mr Babu’s last meeting as co-chair and thanked him for all his work. She further noted that Ms Wynn-Mackenzie had returned from a secondment within the College and would be resuming her role as committee secretary. Mrs McNally thanked Mrs Clarke for her work as committee secretary for the previous year.

2. MINUTES AND MATTERS ARISING

2.1. The minutes of the previous meeting were approved.

2.2. Minute 3.7: the issue of HES data recording SAS surgeon’s data had been raised with the relevant College department who are undertaking work on this: the ability to record the “operating surgeon” in HES/SUS as opposed to the surgeon who admits the patient is being piloted currently. If the pilot is successful, Trusts will be able to record the operating surgeon, be that trainee, SAS grade or consultant. Work will later need to be undertaken to lobby trusts to use this ability.

2.3. The committee discussed this and noted that it is already possible to record “operating surgeon” but that it is not possible to record any grade other than a consultant as “responsible surgeon”. This means that the involvement of SAS grades in all aspects of a patient’s care is not reflected. This is particularly relevant to the minority of SAS grades who are Associate Specialists with independent practices.
2.4. Mrs McNally noted that the NHS constitution requires all patients to be admitted under the name of a consultant, even if an Associate Specialist is responsible for all of the patient’s care.

Post Meeting Note:
The NHS Constitution states that patients “have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality”

2.5. **ACTION:** Refer to Academy SAS committee for further discussion.

2.6. Minute 3.14: Mr Babu had been in contact with the GMC regarding allowing SAS doctors to act as PLAB examiners. The GMC had been positive about this suggestion.

2.7. **ACTION:** Mrs McNally and Mr Babu to write to the GMC following up Mr Babu’s email regarding SAS doctors acting as PLAB examiners.

2.8. Mr Evans noted that there was an on-going problem of language whereby many posts and courses are listed as being for consultants but do not mention SASA grades. It was thought this in most cases this was a language problem, rather than effort to exclude SAS grades.

2.9. **ACTION:** Mrs McNally to write to NHS Employers to request HR directors to revise their policies to ensure SAS grades are not overlooked.

3. **CHAIR’S REPORT**

3.1. Mrs McNally provided an update on Workforce Liaison Officers. Six SAS surgeons had volunteered to act as workforce liaison officers to encourage local SAS colleagues to complete the RCS workforce census. These six had been asked to collect SAS contact data. In the month since this request was sent, no data has been returned. Committee members were asked to support this by encouraging colleagues to complete the RCS workforce census.

3.2. **ACTION:** ALL to encourage local SAS colleagues to complete the Workforce census:
http://www.rcseng.ac.uk/surgeons/working/clinical-policy/workforce/staff-associate-specialist-specialty-doctor-workforce-survey

3.3. Mr Evans noted that there are many doctors working in grades with titles that are not reflected in the “SAS” title, such as “junior clinical fellow” and “senior clinical fellow”. It was agreed that efforts should be made to engage with these.

3.4. **ACTION:** Mrs McNally to write to trust Medical Directors outlining options for these grades to engage with the College (Affiliate, Associate, Member, Fellow or registering for contact) and asking that they cascade this information.
3.5. Mrs McNally reported that NHS employers had published results from a series of workshops that considered improving appraisal for SAS doctors. The workshops were held prior to the introduction of revalidation following a survey revealing only 53 per cent of SAS doctors had an appraisal in the last 12 months. The information may be of interest to the committee and their colleagues to provide ways of improving participation in appraisal. See NHS employers website: [http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Latest-news/Pages/RevalidationImprovingAppraisalForSASDoctorsWorkshops.aspx](http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Latest-news/Pages/RevalidationImprovingAppraisalForSASDoctorsWorkshops.aspx)

4. SAS NEWSLETTER

4.1. Mrs McNally thanked Mrs Clarke for her efforts in producing the last newsletter. The committee discussed ideas for content and frequency. It was agreed the newsletter should be sent three times per year. The following articles were agreed upon for the next edition:

- Question and answer with representative of GMC to consider what is needed for CESR and recent changes to the process requirements (particularly in the light of the recent replacement of LAT posts with LAS posts). Mr Evans and Mr Ullal to write this.
- Revised and reduced version of the committee’s paper on “top up training”. Ms Shroti to write.
- Additional roles available to SAS grades (e.g. appraiser, educational supervisor, etc.) including “top tips for being an appraiser”. Ms Shroti to write.

4.2. ACTION: Ms Wynn-Mackenzie to arrange publication of the next newsletter. ALL to email Ms Wynn-Mackenzie ideas for additional articles. ALL to write articles as listed above.

5. WEBSITE

5.1. Mrs McNally noted that the surgical careers website will be revised and updated later in the year and requested suggestions for improvements. The following were suggested:

- Photos of committee
- Clarification of training and educational opportunities (“top up training”)
- List of contents of each newsletter edition
- Career development section: roles available to SAS surgeons
- Possible uses for trust funding for SAS training

5.2. ACTION: Ms Wynn-Mackenzie to arrange revision of website and arrange for committee photograph to be taken at next meeting.

6. ELECTION OF THE NEW CO-CHAIR

6.1. Mrs McNally explained the process to nominate the new co-chair.

6.2. If interested, committee members should submit a 200 word (max) statement of interest to Ms Wynn-Mackenzie by 12th March. These will be circulated with ballot papers. Complete ballot papers should be returned to Ms Wynn-Mackenzie by 26th March.

6.3. On the ballot papers, choices should be ranked in order of preference (1 being first choice) In the event of a tie when first choices have been counted, second choices will be
considered. If there remains a tie, third choices will be considered etc.

6.4. The co-chair will be required to
   • attend all meetings of the SAS committee (3 annually), chairing every other meeting
   • attend meetings of the Academy SAS committee (2-3 annually)
   • attend 6 meetings of College Council annually
   • attend other meetings / undertake other activities on an ad-hoc basis

6.5. The necessary arrangements must be made with the candidate’s Trust / medical director prior to nomination.

6.6. **ACTION:** Ms Wynn-Mackenzie to facilitate election of new co-chair.

7. REPRESENTATIONS ON COLLEGE COMMITTEES

7.1. Reports from Current Representatives:
   7.1.1. Council – have considered outcomes, re-shaping surgical services and raising concerns. Mr Evans asked whether progress had been made on emergency surgery becoming an independent specialty. The position had not yet been clarified.
   7.1.2. Revalidation – no report
   7.1.3. OIS - no report
   7.1.4. T&O SAC – no report.
   7.1.5. Academy SAS committee – is undertaking a survey of each college’s services for SAS doctors. The chair has been invited to attend Academy council.

7.2. Review current representation and consider further representation:
   7.2.1. Mrs McNally reported that representatives should be sought to attend the following committees:
   • T&O SAC
   • Joint Revalidation Committee
   • CORRESS
   • PLG

   7.3. It was agreed that representation should also be requested on:
   • RCS education board

7.4. Selection of New Representatives
   7.4.1. Mrs McNally requested that expressions of interest in the above positions be submitted via email. She noted the need for representatives to be able to attend but also to contribute usefully to the work of these meetings.

   7.4.2. **ACTION:** Ms Wynn-Mackenzie to arrange representation on the committee listed above.

8. ANY OTHER BUSINESS

8.1. Erosion of SAS duties
   8.1.1. Ms Naseem reported that at her hospital trainees have been removed from some rotas, leaving SAS grades to undertake their duties. This has left the SAS grades with insufficient opportunities for CPD and career development. The BMA have
been involved at a local level.

8.1.2. Mrs McNally noted that the College cannot be involved in local issues of terms and conditions as this is the remit of the BMA. However, the committee can write to the President highlighting the concerns that hospital restructuring is causing a number of College Members and Fellows to lose CDP opportunities. As this is likely to impact revalidation, this letter should be copied to the chair of the Joint Revalidation Committee.

8.1.3. **ACTION:** Mrs McNally to write to the President and chair of the Joint Revalidation Committee.

8.2. **Relevance of Training**

8.2.1. Mr Melikyan noted that trusts are provided with funding for training SAS doctors but that this training is not always relevant or good quality. It was agreed that an article in the newsletter should highlight ways in which this funding can be used, including for specialty specific courses for individuals. The committee agreed to consider further options to address this via email.

8.2.2. **ACTION:** ALL to consider ways to influence education opportunities for SAS grade via email.

8.3. **ISCP Pilot**

8.3.1. Mr Babu reported that a pilot is underway in Wales that allows SAS grades to register with and use the ISCP website to support their development. The pilot is due to last until the end of 2013 at which point the option to role out to other regions will be considered.

8.3.2. Mr Evans asked whether it was appropriate to encourage SAS surgeons to be treated as trainees. It was agreed that voluntary participation is vital.

8.4. **Professional Leave**

8.4.1. Ms Garg noted that her trust will not allow her to take further professional leave to attend committee meetings etc. Ms Naseem noted that SAS grades are entitled to 5 professional leave days annually.

8.4.2. Mrs McNally noted that the Academy had recently published a letter requesting trusts allow doctors time to attend professional meetings. She also agreed to provide letters for committee members’ trusts requesting their support in allowing committee members to attend meetings.

8.4.3. **ACTION:** Ms Wynn-Mackenzie to circulate Academy letter regarding time for professional activity and to provide letters of support for committee members who request them.

9. **DATES OF FUTURE MEETINGS**

- Thursday 27 June 2013 10.30-12.30
- Thursday 14 November 2013 10.30-12.30