



British Neurosurgical Trainees' Association

BNTA Meeting Minutes 30th March 2017
SBNS SPRING Meeting, OXFORD

Thank you to B Braun for their on-going support of the meeting



16-30-17.45

BNTA Committee Members Present

Chair: Mr Damiano Barone
ASIT Rep: Mr Nish Srikandarajah
BNTRC Chair: Miss Elle Edleman
Informatics Rep: Miss Julie Woodfield
Secretary: Mr Ashan Jayasekera
SAC Rep: Miss Gráinne McKenna
EANS Rep: Mr Matthew Stovell

Apologies

Treasurer: Mr Ciaran Hill
Academic Rep: Mr Aimum Jamjoom
ASIT Reps: Mr Edward Dyson
EANS Rep: Mr Matthew Stovell
Non-run through training Rep: Mr Francesco Vergani
Edinburgh College Rep: Mr Ian Coulter

Announcements: none.

Chair's Report – Mr Damiano Barone

- Change in structure of meeting with 4 minutes allocated per presentation to permit time for discussion of key issues at end of meeting.

Academic Rep & BNTRC Chair – Miss Elle Edleman

- *EVD audit completed. Manuscript being prepared.*
- *Future projects*
 - *Management of cerebral metastases*
 - *Cauda equine syndrome*
- *National trainee map*
 - *Opportunity to look up trainees with similar research interests.*

Examination board Rep – Mr Richard Mair

- *On going review of most recent diet of candidates*
- *Use of ipads for images- at present still poor copies. No scrollable series of images*
- *Providing feedback for candidates – marred by possibility of legal action taken by candidates*
- *Detailed psychometric analysis of failed trainees.*
- *Planned increase in number of higher order questions to differentiate good candidates.*
- *Updating question bank*
- *ST6 final ACRP needs to be completed prior to applying for FRCS – would be helpful if candidates could apply before this to sit first diet of ST7 year*

Informatics Rep Miss Julie Woodfield

- *Content on website updated*
- *If any details need to be updated please feel free to contact Julie*
- *Possible change in Hosting arrangements of website in future*
- *436 followers on Twitter feed including JNS, ILAE, New York neurosurgical departments, YNC, other surgical trainee organisations*

ASIT Rep – Nish Srikantharajah & Mr Edward Dyson (Power point presentation delivered by NS)

- *Upcoming ASIT conference in Bournemouth (completed)*
- *ASIT Core neurosurgical skills course on 31st of March*
 - *20 delegates*
 - *Broad range of practical exposure to drilling, neuronavigation, spinal orthoses and ICP monitoring, facilitated by industry reps (respectively Medtronic Midas Rex, Medtronic stealth station, Ossur and Raumedic)*
- *Exception reporting*
 - *Not just for hours but also for impact on training. Trainees to discuss with their educational supervisors about exception reporting and effect on training*

- Letter should probably be circulated to all BNTA members
- TIGS (training interface groups)
 - Allow for centrally funded pre-CCT fellowship training in interface specialities
 - Spinal and neurovascular
 - Funding not likely in near future
- JCST fees set to increase 2017-2018 2%
- JCST made a surplus of £57,751 last year
- ASiT/BOTA response sent and available online
- Lost tribe audit
 - Neurosurgery specific data to be analysed separately shortly.
- DOH open consultation on expansion of medical school places. Merger of London medical Schools in the 1990's resulted in a loss of infrastructure.
 - Open consultation on addressing poor capacity to train additional doctors.
 - Please comment!
 - <https://consultations.dh.gov.uk/workforce/medical-education-expansion/consultation/intro/>

EANS Rep – Mr Matthew Stovell

- Review of course content and application
- Course now run over 4 days
- Runs for 4 years
- Recommend booking 6 days off leave to attend to cover travelling time
- Link to application form
 - <http://www.eans.org/pages/education/training>
- Course requires training number in neurosurgery and MRCS. Membership of SBNS and EANS. Publications helpful in application. Advice applying every year and keeping dates free for cancellations (published 2 weeks before course date)
- Please apply as increases probability of UK trainees being awarded places.

Treasurer's Report – Mr Ciaran Hill (Power point presentation, delivered by MS)

- £269 in account
- £5,000 awarded by Codman for fellowship support

SAC Rep Report – Miss Gráinne McKenna

- Questions raised on appoint ability of ST3 candidates and whether ST3 position should still be offered. Perceived as a backdoor for lower calibre

candidates. BNTA consensus that still should be offered, as some trainees need additional time to prepare for neurosurgery applications. Are positions being offered to support rota gaps in departments i.e. service provision.

- Awareness raised on role of SAC liaison rep. Can be contacted via ISCP portfolio.
- Review of CCT requirements – academic and logbook
 - Wording of requirements is designed to permit discretion in assessing trainees. In particular use of word ‘should’
- ST1, St3 boot camps reviewed. What would trainees like in an ST8 boot camp
- Early years training survey
 - Heterogeneity in experience, particularly operative.
 - Some trainees may therefore be disadvantaged
 - Survey to establish current situation
 -
- Work force planning
 - Unofficial statistics
 - 25-30 trainees per year admitted
 - 25-28 CCT per year
 - Bulge from 35 to 45 post CCT trainees not in substantive consultant posts in last 2 years
 - Majority of CCT holders complete fellowship
 - Competition from neurosurgeons on EU specialist register
- Women in neurosurgery
 - <10% consultants in UK
 - 7% of SBNS Council
 - 7% National Selection Panel
 - 7% of SAC
 - 5% of FRCS exam board
 - What are the barriers and how can they be addressed?
 - What is the true rate of attrition?

Discussion – *Chaired by DB*

- STIG
 - Merger of specialists with shared interests e.g. spinal, neurovascular
 - At present Trauma TIG given priority. Spinal TIG may follow.
 - Entail 2 years of training.
 - Loss of neurosurgery status
 - Vascular TIG – rejected. Not going to happen as TIG
 - 4 channels for SPINAL TIG

Neurovascular post CCT training

4-5% interested (not sure where this came from!)

Unlikely to be stuck with simple aneurysms

Trainees should be given opportunity if they wish it, however this should not be stipulated in contracts for newly appointed consultants to learn neurovascular on the job if they do not wish it.

RCS discussed possibility of sub consultant position. 90% of CCT requirements.

SAC commented that ST3 appointed trainees more likely to run into difficulty in their deanery. Suggestion made that ST1 and ST3 should apply to common pot of numbers – i.e. top 25. However, this would mean that more experienced applicants pit junior applicants to jobs.

Please email any suggestions.

Discussion on physician associates and nurse practitioners covering ward work to permit neurosurgical trainees attending theatre.