



*British Neurosurgical Trainees' Association*

**BNTA Meeting Minutes 21<sup>st</sup> September 2017**  
**SBNS SPRING Meeting, LIVERPOOL**

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



16.00-17.45

**BNTA Committee Members Present**

Chair: Mr Damiano Barone  
Secretary: Mr Ashan Jayasekera  
ASIT Rep: Mr Nish Srikandarajah  
BNTRC Chair: Miss Elle Edleman

**Apologies**

SAC Rep: Miss Gráinne McKenna  
Treasurer: Mr Ciaran Hill  
Academic Rep: Mr Aimum Jamjoom  
Informatics Rep: Miss Julie Woodfield  
ASIT Reps: Mr Edward Dyson  
EANS Rep: Mr Matthew Stovell  
Edinburgh College Rep: Mr Ian Coulter

**Announcements:** none.

## **BNTRC meeting**

- Structure of BNTRC reviewed and aims
  - Broad aim to promote collaboration between units and provide supportive framework for studies
  - Last call for submissions 2016 – 10 reviewed, 2 implemented
  - Next call in 2018 – though will review proposals at any stage
  - Plan for ST1/2 representative of BNTRC
  - ST1's have own whatsapp group
  - Interested trainees can contact lead for research or BNTRC chair about accessing data. If valid question should be given access
- Activity – publications
  - RED-GB accepted for publication neuro-oncology practice
  - EVD project – manuscript with JNNP
  - Non-aneurysmal SAH review – manuscript in progress
  - CSDH project – subgroup analysis papers to follow
  - Discussion about having one author groups in terms of authorship e.g. meningioma group
- Activity – on-going RCT's
  - RESCUE-ASDH – started in 2014
  - DEX-CSDH – started in 2015
  - New site investigators/co PI's welcome
- Activity – on-going projects
  - ENTICE study.
  - Evaluation of National Treatment and Investigation of Cauda Equina
  - Data collection finished
  - Plan for submission December
  - Other studies
    - Cauda Equina Syndrome study.
    - Management of Cerebral mets
- Hope to incorporate BNTRC studies into NIHR portfolio – opportunity for trusts to earn money!
- 30<sup>th</sup> of November 2017 National research collaborative
- Any interest in being involved in TOPSAT2 email [bntrc.committee@gmail.com](mailto:bntrc.committee@gmail.com) or [eedlemann@gmail.com](mailto:eedlemann@gmail.com)

Post CCT fellowship rep position advertised (secured by Jonathan Ellenbogen)

## **SAC rep report**

- New junior doctors contract
  - Presented to SAC in June 2017
  - Concern about impact on training
  - Prompted letter to SBNS members from SBNS president and SAC chair in support of exception reporting

- Includes working beyond rostered hours to achieve educational objectives
- Early Years Training Survey
  - Survey was proposed following BNTA meeting in Oxford
  - Significant regional variations highlighted and areas for improvement identified
  - Results and BNTA proposals presented to SAC in June 2017
- BNTA recommendations
  - Consider ST3 year to be a full year of Neurosurgery at junior SpR level
  - Clear guidance on training goals in non-neurosurgical rotations, and link to ISCP
  - A national consensus on recognising previous training experience
  - A maximum of 4 months in any non-neurosurgical rotation
  - A&E rotations should be undertaken in major trauma centres
  - ENT rotations should be undertaken in departments with a skull base service
  - Consider the employment of Physician's Assistants, Clinical Nurse Practitioners and Clinical Nurse Specialists to cover those duties of a Neurosurgical 'SHO' which are of limited educational value
  - Consider recruitment of CT1/FY2/FY1 doctors
  - Formal supervised 'on-call SpR' bleep-holding experience from ST2
  - Formal allocation to theatre and outpatient clinics from ST1
  - Formal neuroradiology training as part of early years neurosurgical training
- Bootcamps
  - ST1
  - ST3
  - ST8 under proposal
  - Consultant interview preparation
  - Careers advice
  - Handling complaints
  - Legal advice/Medicolegal case studies
  - Guidance on clinical supervision of neurosurgical trainees
  - Alternative role for a national FRCS exam preparation bootcamp at ST7?
- JCST's interim policy statement on bullying and undermining
  - Stimulated by BOTA survey of T&O trainees in 2016
  - One of the key issues highlighted from the results was that of bullying, harassment and undermining behaviours
  - <http://www.bota.org.uk/hammer-it-out/>
- National selection
  - ST3 entry discussed at BNTA meeting in Oxford
  - Final proposal to allow competition for same pool of training numbers, independent of duration of previous neurosurgical experience
  - No limit on duration of neurosurgical experience, but applicants must be no more than 5 years post Foundation Programme
- CCT requirements
  - Available on JCST website
  - – "Certification Guidelines for Neurosurgery 2016"
  - Logbook Requirements

- 1200 cases
- Minimum 2/3 STS+
- Minimum 70 Paeds
- Minimum numbers of index cases defined in elogbook and BNTA website
- Academic Requirements
- Gráinne McKenna SAC Rep
  - [gsmckenna@gmail.com](mailto:gsmckenna@gmail.com)
  - -ST8 Bootcamp ideas
  - -Concerns about new contract and achieving CCT requirements

### **Exam rep report**

- The current requirement is to pass ST6 ARCP before you can apply for the exam – can we take Section 1 before this?
  - No
  - The exam costs £1849 (Section 1 £536, Section 2 £1313)
  - Can the price be decreased?
  - No
  - Same price for all the FRCS exams
  - The neurosurgical exams barely break even
- Exam marking
  - Angoff process
  - Fair and professional
- What Kat is doing
  - Update the website to make the exam application process and format less mystifying.
  - Also tips on the sort of things to revise, good books etc.

### **ASiT rep report**

- PA's and Physiotherapists to be allowed to study medicine part time. ASiT feel this is – ASiT feel this is not a practical long-term solution to tackle workforce problem
- Incorrect results for MRCS part B – ASiT asking for clarification.
- Core surgical training posts to become run through
- Academic surgical training – many academic trainees feel their academic time is not protected, and have been unable to meet their research supervisors. Also experienced negative sentiment, feeling they do not get the same operative opportunities
- ASiT Regional Events grant £100
- ASiT Clinical and Academic Travelling Bursaries £300

- ASiT conference April 2018

### **Informatics rep report**

- \* Website: [www.e1v1m1.co.uk](http://www.e1v1m1.co.uk)
  - \* Growing list of courses (40 currently)
  - \* Up to date CCT/FRCS links/info
  - \* Not so up to date clinical info / book reviews
  - \* Plan to add centre info
- \* Twitter: @e1v1m1
  - \* 624 followers (up from 436 6m ago)
  - \* Includes NS depts (UK & abroad), journals, ASiT, RCS, surgical organisations etc.
- \* Mailing List: BNTA@yahoogroups.com
  - \* 163 members, not up to date - ? Purge!
  - \* to join, email: [BNTA-subscribe@yahoogroups.com](mailto:BNTA-subscribe@yahoogroups.com)
- \* Slack/WhatsApp for Committee &? to organise Skype meetings

### **Few notes**

- SBNS aware of issue of glut of 40 trainees post CCT without jobs
- Discussion on lowering CCT requirement to produce sub consultant grade

### **Discussion**

- Exception reporting – overall sentiment that this should be followed by all trainees although few trainees expressed reservations that it is not likely to achieve anything and may create strife in departments.
- Increase in number of posts being awarded in national selection. GMC not showing numbers from unit to unit and fear that units are asking for more numbers than required with no clear work force planning in place. Will create bottleneck at consultant level.
- Most trainees currently doing extra work to meet CCT requirements.
- Will email out to BNTA regarding exception reporting.