# BNTA AGM SBNS TWICKENHAM 14/09/2023 @16.45

Attendees

Ms Marina Pitsika (chair)

Ms Rosa Sun (SAC rep)

Mr Sheikh Momin (academic rep)

Ms Zoe James (ASIT rep)

Ms Rose Ingleton (ASIT rep)

Mr Ahmad Ali (treasurer)

Ms Teresa Scott (EANS rep)

Mr Mustafa El Sheikh (Informatics rep)

*Apologies from absent committee members due to other commitments.*

*Meeting open to trainees, trust grades, foundation doctors and medical students.*

*Marina*: Introduction and overview of agenda.

*Mr Pollock:* We are approaching the 100th SBNS and working out how to commemorate this while involving trainees. 6-unit have histories documented – Aberdeen, East London and a handful of others. Each unit has a founder and a story. At 100 years aim to draw stories together in publication – please keep eyes open for stories. Archive material has been found i.e. op notes from 30 years ago. Idea to put all articles together in historical centenary edition. Submissions from all units invited please.

*B Braun Conor King:* Overview of AI scope. Exoscope system heads up operating with 3D screen. Short presentation on scope features.

[Mr Pollock and sponsorship team then left meeting].

*Marina*: BNTA committee updates to come next

*Rosa:* She has been attending SAC meeting, the most recent being Feb, June postponed due to strike action, therefore the next meeting will be in October with open invite to trainees and TPD’s. Overview provided of role. BNTA survey and in house report will be discussed later in the meeting and report published soon. Course and training information is being updated on the new BNTA website – at present this is now up to date and able to use. Elogbook issues have been resolved. If ongoing issues please email myself [Rosa Sun] or Mr S Thompson. Funding discrepancies for courses is noted and will be discussed in the October meeting. Neurosurgical Atlas resolution is in progress. Quotes are in discussion to help provision for trainees. This has been raised to SBNS level. Some consultants are also keen for access, Mr S Cudlip in discussion with American team as some units now have access. Early CCT is also being discussed, logbook numbers are required ahead of CCT but now we are competency based it is possible, if you are deemed suitable at the ARCP ahead of proposed CCT year.

*Q from floor:* During out of programme activity trainee has transitioned onto new curriculum. Able to see old sign offs but new ES unable to see this. Advised to map old experiences across. Difficult given that ISCP access held while OOP. Rosa and attendee will discuss later out of meeting but competencies likely to be achieved on return to training programme.

*Marina:* Presenting on behalf of Ms Zenab Sher LTFT SAC rep, who send apologies. There is a LTFT WhatsApp group for trainees / trust grades. Acts as forum / support network. From the BNTA survey lots of people indicated that they would consider LTFT. Information about this is on the BNTA website.

*Mustafa:* Introduced role of IT rep. In charge of weekly bulletin emails and X (Twitter) account. Issues addressed of keeping on top of mailing list – issues with doctors.org historically which is now sorted. Improved Twitter and Linkedin followers. Contacted Oriel to ensure new trainees given link to access to BNTA. New website covered, as discussed previously. Publications proposed – BNTA x BNTRC history paper, BNTA survey paper. Ensuring Thieme discounts for BNTA members maintained and working on Neurosurgical Atlas access.

*Q from floor:* Is access for Thieme discount on website?

*Mustafa:* For Thieme discount please email team.

*Sheikh:* Explained role of academic rep. National academic survey manuscript published. BNTA survey outcomes analysed. Attended SBNS academic meetings and BNTRC meetings – discussions held over increasing benchmark at national selection – now at 70% to avoid lower benchmark compared to other trainees (clarified by Rosa that NS access for academic trainees was at ~65%). Future academic projects will be advertised on website. Ideas to formalise network. In local deanery research away days are used, possible idea to undertake BNTA / trainees research day. Mentoring programme is established within SBNS considerations of specific research mentoring link. Open to floor for further ideas. Next meeting in November if people want their ideas brought forward, please let team know.

*Rose:* Explained role of ASIT reps, (ZJ taking minutes). ASIT represents all surgical specialties, at present the annual conference is quite junior, with goals to widen for more senior representation. We provide neurosurgical voice on ASIT council. Link to discussions over Elogbook and ISCP etc. Role provides platform to escalate issues and discuss with other specialties and Royal Colleges. Mission statements also announced. It provides options for collaboration with other specialties – membership is affordable. We also organise the neurosurgery arm of ASIT conference – neurosurgical skills course aimed at med students / foundation doctors. Next conference in Bournemouth. We have to run a journal club and specialty village. If people want to get involved please let us know. ASIT future surgery conference at excel in November. In process of developing an ASIT / BNTA educational bursary.

*Teresa Scott:* Explained role of EANS rep. Conducted a ‘hands up’ survey in the room of trainees who have attended / attending an EANS course cycle (large numbers in audience). Explained structure of EANS courses and diploma. Prizes available from presenting at EANS. Cost is large but TPD’s can be approached for cover of course. Some deaneries more generous than others. 45 UK trainees taking place in the courses. Application deadline is at the end of the month. There will be a virtual Q&A session September 25th 2023 7.30-8pm. 20 apply and approx. 10-12 get on. There are other events from EANS – for example congress in Barcelona / Microvascular hands-on course. There is also the young neurosurgical committee.

*Ahmed:* Introduced role as new BNTA treasurer (joined one month ago). Role of money, sponsorship from companies (Codman and Barrow). Applications for BNTA travel awards are currently open - until October – there are five extended travel awards 2000£ each. There is also three short travel awards, travel must not exceed one month, this will cover £1000. We look forward to applications.

*Marina:* Covering a final few items of discussion;

1. Global neurosurgery. Funds available for travel from this (as covered by Mr Jenkins in Global surgery talk). The SBNS is trying to create links where trainees go for a few months and those units benefit from us aswell. There will also be links for research, possibly funded MD etc. Not official but get in touch if interested to demonstrate interest ahead of meetings.

2. SBNS meeting – lack of connection between BNTA and SBNS raised. Funding now available from SBNS (from BJNS). We hope to commence course for senior trainees ahead of FRCS covering statistics and then clinical topic over 2 days.

*Rosa:* Survey results. Survey opened for 6 weeks in February 2023. 91 responses and 75 trainees (1/3 of UK trainee coverage). Multiple topics were covered, and all data anonymised. This has been presented to SBNS and SAC. Used to generate recommendations for future training. 0-10 scale, 10 being best.

1. We are generally trained well and supported by TPD.
2. Unsurprisingly COVID has affected training.
3. Senior trainees happiest with training and OOPs least happy.
4. Correlation of satisfaction with TPD support, covid experience and funding.
5. No major difference with curriculum since change over.
6. Majority of people did not have issues getting funding for ST1 and ST3 bootcamp (some exceptions).
7. Finishing school has to be subscribed to for sponsorship and there were difficulties last year.
8. EANS course – more difficult to fund especially if high numbers of trainees from same unit attending. This will be discussed at open SAC meeting. Cost of training was reported to be a factor influencing trainees to leave training.
9. Workforce crisis. People are worried about jobs and getting jobs in certain regions. No difference in gender or training grades. Anxiety levels correlate with training experience and TPD support.
10. OOPs – ISCP difficulties for those OOP have been brought to SAC and discussions held. 50% consider OOPs for research and fellowship. Numbers higher in junior trainees.
11. LTFT. No LTFT trainees present at meeting on ‘show of hands’ survey. Year runs at 15 months therefore out of sync ARCP process. Highlighted to SAC. There is formal guidance and TPDs managing independently. Many people consider it, primary reasons for undertaking family roles but fear of stigma and reduction in training opportunities put people off. 37.5% considered LTFT (Over 50% female).
12. Attrition. BNTA compared to GMC survey – different results. On BNTA 28.3% consider quitting. More females (43.8%). Mostly ST5-6 level. Top reasons to leave medicine, workforce crisis, financial and family. Noted discrimination and bullying, inflexible working and emotional drain. Protective factors were family and mentors.

Bringing things onto SBNS mentoring programme. Mentor to cover most topics, career, or support. QR code provided for people to sign up to this programme. Second QR code then provided to join BNTA mailing list. Questions opened to floor.

*Q from floor:* SBNS/BNTA Neurosurgery training course no longer running therefore can that be used as justification to persuade council to support EANS funding.

*Marina:* Deanery funding variable and limited to two international courses. Aim of funding discussions at present primarily to cover bootcamp to lessen discrepancies between deaneries. Discussed with Rosa that EANS courses do cover our entire curriculum but dependant on where money is coming from. EANS is also preferential (not everyone attends). From funding point of view SBNS wouldn’t be able to cover this. BJNS is sponsoring our proposed ideas so far for the sponsored training day for senior trainees. The traditional course used to be ahead of the SBNS conference, which now is the specialty day.

*Q from floor:* Money not available when OOP.

*Rosa:* There is money to cover locum shifts to support trainees on reentering training. But unfortunately, no funding for academia undertaken during OOP.

*Marina:* Rules have changed – we no longer have to explain OOP or LTFT but may not be standardised / discrepancies between individuals therefore would be good to have discussion group of experiences leaving and getting back into training

*Q from floor:* To promote something positive, Kristian Aquilina GOSH may have money to fund junior neurosurgery role to assist CART T trial and managing CSF issues etc. Anyone interested to contact team.

*Q from floor:* Highlighting possible lack of confidentiality from survey from common themes / conversations.

*Rosa:* Two people have raw data only which will not be published.

*Marina:* On presentation to SBNS deaneries were labelled a.b.c. etc. Different to GMC survey. To preserve anonymity.

*Q from floor:* Is there any data on operative numbers / availability between units

*Rosa:* We have caught up since covid. We have discussed with Mr S Thompson to identify which units are hitting operative numbers. This data is protected. Deanery specific data involves going into individual trainees’ logbook and is therefore not accessible for analysis.

*Q from floor:* Would units have operative numbers data?

*Rosa:* This would show x amount of cases but unclear how much is trainees / consultants divided.

*Q from floor:* You can get level of involvement on elogbook to support this?

*Rosa:* Again this data would not be allowed to be published from individuals log book. This would require confidential submission from individuals, which would require a large volume of data and very good uptake from submitting individuals.

Marina: Given that survey results were difficult to obtain this would be harder. Data is strong but must be representative (80% + uptake). This can be asked generally about hitting numbers. To finish on positive ideas for - life outside work / happy news to share in newsletter. Human side. Please get in touch if you think it is a good idea.