

**National Training Programme in Laparoscopic Colorectal Surgery**  
**STEERING GROUP MEETING**  
Friday 6<sup>th</sup> February 2009

**Present**

Mark Coleman, National Clinical Lead (MC)  
Astra Tertullien (AT)  
Amjad Parvaiz (AP)  
Teresa Moss (TM)  
Sarah Crane (SC)  
Naomi Hill (NH)

**Programme**

Manager to be short listed and appointed soon.

National office to be staffed and functional by end of February.

Approximately 40-50 have entered on to the programme. Programme is designed for consultants in substantial posts and not for locums or those in training. Could be grounds for locums if they are entering a substantive post with a colorectal speciality. Consultants need the support of Chief Executive or Medical Director prior to entering.

TM mentioned assessments for locums after training will not be easy if they are moving around.

MC Has presented to cancer network. Training leads are members of network and will look to them to advertise programme. Newsletter will be on ALS website which will contain website links and contacts.

Wales/Scotland/NI are very interested in what we are doing. TM pointed out English money is not allowed to be used to train other areas.

MC to email Jenny Treglowan to find out how many preceptors there are from Wales/Scotland/NI

MC will be talking about programme in Manchester on 3<sup>rd</sup> and 4<sup>th</sup> June.

MC Surveyed members of ACP. There are approximately 190 people who would like to be trained.

**Website**

Website close to going live. Website is a useful way for entrants and participants to following training and global assessments. Each case done will be uploaded on to website. Once trainees have registered, they will be given own username and password. Up to centres to what information they give on their own link.

Jo will drop email to training centres to notify them of new applicants.

Masterclasses to be added on to training courses website

## **Wet Lab**

Up to co-ordination centre to organise trips to wet lab. Need agreement from training centres.

## **Funds**

Capital funds allocated for 08/09. Running costs also allocated.

## **Next Steering Group Meeting**

Next Steering Group Meeting is possibly 12<sup>th</sup> May before the ASG in Glasgow on the 13<sup>th</sup> May. Date and venue to be confirmed. Jo to email Jenny Treglowan.

Yeovil have offered to hold September meeting, possibly around the endoscopy training course 10<sup>th</sup> and 11<sup>th</sup> September in Gloucester. MC to confirm dates in September.

December date to be confirmed. Jo to contact Amjad Parvaiz in Portsmouth.

MC to email Steering Group regarding Bespoke Lapco TTT-TLCT. Six places available. Programme will fund.

## **St Marks**

No one currently on training programme but have had interest. Current problems with other Trusts from financial point of view and with patient movement. TM to work with London network to encourage training.

## **Colchester**

Also have problems with patient movement between Trusts.

## **Portsmouth**

AP confirmed laparoscopic theatre to be completed 2009 and dry skills lab for in house training. Currently training two trainees in programme. All training episodes have been recorded. Both trainees to be finished April/May. Has one starting in March from Isle of Wight.

Six have signed up and four have expressed interested.

Have got website – will provide link.

Centres want a list to be given so they can plan as trainees are drying up. MC is sure there will be more trainees by October.



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**National Training Programme in Laparoscopic Colorectal Surgery**  
**STEERING GROUP MEETING**  
Thursday 14<sup>th</sup> May 2009

Present

Mark Coleman, National Clinical Lead (MC)  
Teresa Moss (TM)  
Laura Stapleton (LS)  
Tom Cecil (TC)  
Tim Rockall (TR)  
John Griffiths (JG)  
Nader Francis (NF)  
Robin Kennedy (RK)  
Roger Motson (RM)  
James Gunn (JG)  
Charles Maxwell Armstrong (CMA)  
Alan Horgan (AH)  
Vivek Datta (VD)  
Ken Campell (KC)  
George Hanna (GH)  
Suzanna Wyles (SW)  
Danilo Miskovic (DM)

**1. Welcome and Apologies**

MC confirmed additional apologies for the meeting including Mike Parker, and introduced LS in the newly appointed role as Programme Manager.

**2. Matters Arising**

None arising from minutes of last meeting held 6<sup>th</sup> February 2009.

**3. Programme Activity**

LS confirmed the NTP Administrator (Joanne Foley) and Programme Manager (Laura Stapleton) took post in March and April respectively.

Website ([www.lapco.nhs.uk](http://www.lapco.nhs.uk)) was launched and live in March 2009. Passwords issued to all trainees, and administrators - trainers to be completed. Lapco logo appears on home page of ACPGBI web site with link as 'Featured News Article' - A link is required on ALS web site.

Proactive management of the web site essential - feedback between centres, trainers and trainees encouraged to ensure a newsworthy content. Photographs requested of course activity or other relevant centre related NTP events.

LS to action a number of web comments already received including establishing need for an interactive calendar of NTP courses/events, wet lab dates, steering group section, NTP generic slides, NTP progress updates and password protected discussion forums.

LS commenced training centre Visits (Yeovil and Nottingham undertaken May), Newcastle planned early June. Overall objective to develop a two way dialog/support with training centres to assist with delivery, and performance management of NTP.



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ACPGBI Conference – 8-11<sup>th</sup> June

Lapco Flyer to be inserted into 800-1000 delegate packs.

MC/LS – Attendance at NTP Stand, and Presentation on NTP on 11<sup>th</sup> June.

NTP update press release provided for inclusion in the Conference Newsletter

(Also submitted to ALS Spring Newsletter)

A5 Lapco Flyers updated with training courses and promotion of web address, copies to be circulated to each separate training centre. NTP Newsletter to be produced – aim to present draft early September prior to next Steering Group meeting.

LS reported 60 (plus 3 pending) trainee registrations.

A breakdown of the registered trainees on a training centre basis was presented which ranged from 1 trainee, up to 13 trainees in individual centres.

Course activity maintained at centres including South West, Nottingham, Newcastle, St Marks/Colchesters/Guilford, and Basingstoke/Frimley Park. General feedback received that course place uptake has been good – further encouragement for the development of the 2009/2010 course programme.

MC presented a summary of his programme of attendance and activity since October 2008 to date, including 25 appearances representing the NTP at Chapter Meetings, Conferences, European Courses, Industry meetings and Course delivery/attendance. Widespread interest for the NTP, exposure during this period has assisted with awareness of NTP resulting with increased numbers of new trainees joining the programme.

#### **4. GAS Forms**

MC reported that only a few GAS forms had been uploaded through the web site, and reiterated that it is fundamental for all involved in the programme to ensure that these undertaken to provide a transparent record of clinical activity. It was emphasised that this will be particularly important as a benchmark measure for funding allocation for the current year.

MC reminded all that it is the joint responsibility of both the trainee and trainer to complete and submit the forms, both parties must incorporate this discipline into the training. Action is required by all with immediate effect to ensure that GAS forms are uploaded. This will be monitored by the Coordination team and prioritised as a key requirement of the programme management.

Completed forms should also be faxed to the National Training Programme Office (Fax No: 01752 315053). Imperial College are requested to fax any forms to the NTP office if they are received directly.

#### **5. Videos for the Web Site**

MC took the opportunity to repeat the request the submission of videos for the web site, currently these are all procedural based only (no voice). There was a consensus that as long as patient consent has been given to record that the DVDs can then be used on the web site for educational purposes, assuming patient confidentiality during the recording.

Procedure requires DVDs to be sent to the National Training Centre Coordination Office, and signed off by Imperial before they can be uploaded to the web site. Assistance with presentation of DVDs can be provided if required through the editing facilities and resources available through Yeovil.



List of required recordings to be prepared to create a library which can be filled with DVD material, range of examples can be uploaded to demonstrate same procedures undertaken in different styles/techniques.

## **6. New Training Centres**

There is awareness that some training centres are currently more active than others, and ideally capacity should be increased generally before investment into the creation of new centres is entered into. However, evident gaps identified in the West Midlands, and North West areas.

West Midlands – Discussions to be further progressed with Simon Radley at Queen Elizabeth Hospital, Birmingham.

North West - Royal Salford Foundation Trust (RSFT) have been issued with a tender forms which are due to be submitted by the end of May for further consideration by MC and TM.

Other Hospital Trusts expressing interest in developing training centres could be set up as local associated 'networked' centres to assist the infrastructure already invested in the existing training centre locations.

## **7. Finance**

TM confirmed that allocation of funding for individual training centres will take into account a range of factors including number of trainees on the programme, extent of clinical assessments being undertaken & quality of training being provided, and where appropriate course activity and course development programme/proposals.

TM confirmed that the funding position will be partly determined from the outcome of the position with the NICE waiver due to be reviewed in September. Options include maintaining the waiver to the next review, or lifting it which will require a redefinition.

DOH is currently advising NICE and collating results of a mandatory data collection/analysis exercise to undertake baseline assessments of Trusts. Data includes number of trained laparoscopic surgeons, assessment of how patient choice is being offered, and associated timescales for delivering surgery required.

Results of survey being returned by the end of June, will allow the aims of the NICE guidance to be reviewed, and identify hospitals lacking ability. Anticipate that the results will further underpin the need for obtaining Trust support for surgeons to enter the programme. Overall group feeling that it would be appropriate to allow the waiver to remain as is for a further 3 year period, which would dovetail in well with the progression of trainees emerging through the National Training Programme.

## **8. Training Centre Reports**

Newcastle (AH) - Run 2 Cadaver Courses a year, next course 1st/2<sup>nd</sup> June. Mentoring 5 outreach trainees.

Nottingham (CMA) - Run 3 Cadaver courses a year, 120 attendees with 2 cadavers, could increase up to 8 cadavers, next course September with attendees from Lincon and Sutton Coldfield. Good outreach activity, no in reach. 11 Trainees on the programme



South West (NF) - Recent regional survey review of 18 Trusts (65 Laparoscopic Surgeons) in the South West including Avon and Somerset. Bracketed into Phase 1 (general course based training/team requirements) and Phase 2 (advanced skills) nearer towards a sign off level of competence. Using results and contact from survey to encourage enrolment onto NTP. Developing a web based E Learning piloted with support to Master Classes. 8 Trainees on the programme.

Basingstoke/Frimley Park (TC) - 7 Trainees on the programme – active course attendance of trainees.

Kings College/Guys/St Thomas` (VD) - 1 Trainee on the programme.

Hull (JG) - 1 Trainee on the programme at the moment who has undertaken 10 cases. 1 additional trainee pending to register with Hull, reported capacity to take up to 4 trainees

Bradford (JG) - 7 Trainees on programme, undertake outreach – use in reach experience take surgeons nurse to assist set up.

St Marks/Colchester/Guilford (TR) - 2 Trainees on the programme

Robin Kennedy (RK) - Undertaking in reach training, identified a few individuals in West London potentially suitable for NTP.

## **9. Accreditation of Trained Laparoscopic Surgeons**

RK provided an example of a consultant identified by their Trust as requiring retraining who has had exposure to a large volume of Laparoscopic work. A structured programme of retraining through the NTP will by way of association provide accreditation to the quality of training which will be offered to address the referral/recommendation.

## **10. Sign off processes and data collection**

Current procedure on sign off requires a trainee to be proposed by their trainer at the point they are considered ready for 'sign off' (in line with the objectives for the programme) to MC for his required validation and approval.

GH proposed a Colorectal Assessment Tool (CAT) to assess a trainee which would result in a 'pass' or 'fail' conclusion. Various management implications associated with handling fails, and Trust management of individuals at that stage if this procedure is entered into. Overall, group discussion concluded that the current format should remain as the approach to exiting the programme.

GH raised the issue of managing standards once trainees have been through the programme, an 'after care' review of standards. It was agreed that this review process formed part of the buy for the trainee at the point of entry onto the programme, although further consideration to be given to how this could be managed in the medium to longer term.

## **11. Any other business**

It was suggested by the group that attendance by a trainee on the programme would be encouraged for the next meeting.



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### Date of Next Meeting

Monday 7th September 2009 – The Pelican Centre, Basingstoke (Time TBA)

It is proposed that the next Steering Group meeting will be followed with a training day incorporating live theatre on Tuesday 8<sup>th</sup> September with 'trainer assessing trainer'. This event will be open to trainees and other invitees as appropriate utilising the opportunity to obtain national press coverage for the programme -Full details to follow.



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**National Training Programme in Laparoscopic Colorectal Surgery**  
**STEERING GROUP MEETING**  
**Monday 7<sup>th</sup> September 2009**

Present

National Clinical Lead	Mark Coleman (MC)
National Cancer Action Team	Teresa Moss (TM), Andy McMeeking (AM)
National Programme Manager	Laura Stapleton (LS)
Basingstoke/Pelican	Tom Cecil, Sarah Crane
Nottingham	Charles Maxwell Armstrong, Austin Acheson
Newcastle	Alan Horgan
Imperial College	Prof George Hanna, Danilo Miskovic, Suzanna Wyles
Wales	Jared Torkington
Bradford	John Griffiths
South West	Nader Francis
St Marks	Robin Kennedy
Colchester	Roger Motson
Guildford	Tim Rockall
Hull	James Gunn
Portsmouth	Amjad Parvais
Oxford	Chris Cunningham
North West	David Watson
ALS Chairman	Mike Parker

**1. Welcome and Apologies**

MC welcomed Andy McMeeking from National Cancer Action Team to the Steering Group meeting, although this was the last meeting that Teresa Moss would be attending in her current role. MC expressed his thanks and support to Teresa for her commitment to the National Training Programme with the achievements and progress which has been made since her involvement.

MC welcomed David Watson from Salford, representing his interest as the lead for progression of a new training centre submission bid for the North West region.

No apologies were received.

**2. Matters Arising**

None arising from minutes of last meeting held 14<sup>th</sup> May 2009.

**3 & 4. Programme Activity and NTP Promotion**

LS presented objectives for the NTP to include consistency with the quality of the training experience with emphasis on communication, and forward planning including the individual trainee management plans (TMPs). Overall objective to identify unit training costs to allow comprehensive analysis of national activity and funding projections, aim to report at next Steering Group meeting on recommendations.



### Promotional Activity

General promotional activity continuing with web site additions/updates, draft Lapco newsletter to be circulated by end of September for feedback, attendance at ACPGBI (9-11<sup>th</sup> June) and other associated ERP events (Transforming Care for Cancer Patients - 7<sup>th</sup> July).

Further work to be undertaken on DVDs section of the Lapco web site, clarification of the 'sign off' procedure, along with development of a trainee 'training agreement' to be progressed

Live Theatre Masterclass arranged for 8<sup>th</sup> September, Basingstoke with event at full capacity (65) including representation from NTP trainees, trainers and prospective new entrants.

### GAS Forms

LS presented the following position for each centre with an increased critical mass of GAS forms totalling 234 recorded, although 174 trainee sections outstanding, and 60 trainer sections outstanding at end of August. The Coordination centre to establish procedures and systems for ensuring that GAS correlation is maximised with minimal ease for both trainees and trainers. Best endeavours to be undertaken to obtain outstanding forms before end of September.

### Trainees

Trainees registered (76) has increased since last reported at Steering Group meeting in May, with a large number of 'pending trainees' (23), taking numbers to 99. Key objectives over the next few months to formalise all registrations, to project and support capacity planning across training centres.

### Sign Off

A total of 3 Trainees now 'signed off' the NTP since last Steering Group meeting, although a clear administrative trail is required to ensure continuity with exit procedure to be actioned by the Coordination Office with immediate effect. It is reported that a number of other trainees are also now starting to reach this point, expect progress with further sign offs to follow shortly.

Imperial College are proposing to assess post experience in hospital once trainees are 'signed off' at post 6 month, and 12 monthly intervals to review competency. Further proposals awaited with implementation.

### Trainers

Additional supporting trainers are now being identified as required, with the formalisation of Mark Katory to support Newcastle, and renaming to incorporate Gateshead. Other training centres have also identified the need to register additional trainers, including Nottingham which in particular needs to be actioned to support their volume of trainees.

### Training Centres

LS reported peak capacity of registered trainees at Nottingham (16), Basingstoke (11), South West (10) and Portsmouth (8) with other centres following. New registrations now progressing with first registered trainees now identified for Kings/Guys/St Thomas` and



Guildford. Proactive management of trainees required, and any dormancies in activity to be identified and addressed.

#### Training Centre Funding Returns

All training centres have submitted their annual financial year projections for funding, with supporting information on models and comments. The Coordination office have responded to each centre individually requesting clarification on outstanding points, feedback requested as soon as possible in anticipation of the required 'Statement of Activity' from each centre to be completed at the end of September.

#### Colorectal Baseline Survey

The Coordination Office collated 146 returns from 170 Trusts in England, and used HES data to analyse outstanding responses. A colour coded system of Laparoscopic activity was presented to assist the NICE Guidance recommendation with the pending waiver review. The data included Red (31), Amber (50) and Green (87) representing the strongest areas of activity. It was agreed by all that a colour coded pictorial map of England would be helpful in reviewing further. Coordination office to action with NCAT.

Lapco expressions of interest identified with 16 new trainers, and 101 new trainees (Cat A with nil or little LCS experience at 53, & Cat B more experienced LCS at 48). Targeting and progression of trainer and trainee interests to be structured and addressed over the next few months in conjunction with NTP capacity planning.

#### MC Activities

MC reported continued NTP presentational activities which included ACPGBI Conference, along with ALSGBI Merseyside Chapter Meeting, NDP Manchester in June. ERP meeting undertaken in June, with 4 dates arranged for further attendance (Sept, Oct, Dec, and February) in London for facilitation of programme workshops.

Meeting held at Imperial College (August) with Prof George Hanna to review activities. Team visit to Salford (August) with TM & LS to review North West training centre interest. Pending Attendance at TTT trainer training, Gloucester (September), with 6 other NTP trainers.

### **5. Enhanced Recovery Programme Activity**

AH presented an update on the timetable for activities undertaken, with the forthcoming staged period of implementation for delivering the National Enhanced Recovery Partnership Programme (ERP).

AH identified hospital test sites around the Country leading on colorectal, muscular skeletal, urological and gynaecological laparoscopic specialism's. Four workshop session dates in London set between September 2009 –February 2010 for team progression. A 12 month roll out period anticipated from commencement to assess development of 'best practice'. Supporting patient literature to be produced, and a dedicated web site to be launched for collation and reporting of the programme.

### **6. New Training Centres**

A geographical gap is identified requiring provision of training in the North West, and a new training centre in this region is under consideration. A revised tender bid is awaited by end of



September incorporating the coverage of two hospitals in Salford and Mid Cheshire. This centre would be lead by David Watson, who has met with MC/TM & LS to discuss the nature of their interest and breath of resources available to meet training requirements.

It is projected that the 'Midlands' can become a managed area from Nottingham, with the use of additional identified preceptors located in the West Midlands and surrounds. Specifically identified at this stage are Simon Radley (QE, Birmingham) and Andy Miller (Leicester). These relationships need to be progressed and formalised as soon as possible, details on training sessions, and commitment levels required. The Coordination office to progress further with the Nottingham training centre - a high priority.

## **7. NICE Guidance Waiver**

AM presented his paper for discussion on the three options with regards to the NICE waiver, with a recommendation that 'Option 2' should be supported to extend the waiver for a further year.(ie to November 2010).

The Steering Group discussed the three options in detail, the main concern was to ensure however that over the next 12 months that progress is made, particularly where Trusts are identified as a 'red' or 'amber' category. Expectations for the next 12 month period need therefore to be identified, consideration to a range of issues was made:

- Procedures for identifying appropriate patients who are 'suitable' for LCS?
- Consenting patient process ?
- How do we offer patient choice?
- Should there be a financial tariff incentive where patient choice can be offered?

In conclusion, supporting separate literature/DVD material for patients, and Chief Executives/MDTs/Cancer Networks should be produced to ensure that the importance of the need to offer 'choice' is promoted. Clear goals on timescales and expectations in relation to the NICE waiver recommendation should be outlined, underpinning the importance of delivering the benchmark required to ensure that progress on best practice is made within a 12 month timescale, and achieved.

There was clear concern raised in relation to 'red' Trusts, who may never be in a position to offer 'choice' in a safe manner, should they be encouraged to refer on? If 'red' Trusts do not make any headway over the next 12 months, consideration needs to be given as to how these patients should be directed on and managed.

It was agreed that MC would draft a paragraph to AM to support the 'Option 2' recommendation to encompass the issues identified from the Steering Group meeting as outlined.

## **8. Training Centre Funding**

TM reconfirmed that we want to link funding to activity and do not want to pay for empty theatres. Funds will be issued in two tranches, April-September, and October to March, although projected returns may be requested prior to the end of the financial year for accounting purposes.

Each training centre will be required to submit their 'Statement of Activity' for each 6 month tranche, with payment to follow as soon as possible (early November) for the first period once authorised.



Funding will follow evidence of clinical activity which can be transparently measured by recording of GAS forms, with consideration also to be taken into account with trainee management plans and scheduled activity. Course Funding will be evaluated alongside, but independent of GAS activity.

Comments and concern were specifically raised about structuring of out reach sessions, and discussion on whether Trusts should be 'billed' for last minute cancelled sessions due to administration/theatre list changes.

### **9. Training Centre Reports**

Each centre providing a summary of training and course activity which had comprehensively been reported in the funding returns supplied to the Coordination Centre, reviewed with NCAT on 20<sup>th</sup> August.

Comments expressed from a few centres with time/resources required for administration, the skills of the coordination centre have been offered to all to assist where they can be provided within reason.

### **10. GAS Forms/DVDs**

Overall, Imperial College need more DVD material – all to action.  
No further need to obtain any further patient consents once obtained to record procedure.

Expression of requests for GAS forms to assist the recording and analysis process further to be addressed by the Coordination Office including:

- Disparity of trainer/trainee identified & discussed, schedule circulated to all for information.
- All trainers/trainees or training centres responsible for uploading their own GAS forms
- Passwords have been issued, and can be reissued if required (Coordination Office)
- Comments box requested
- Emphasis on trainee completion of 'post operative' outcome section – (a must)
- Additional mandatory field requested if no video recording is provided & why?
- All videos unedited with, or without GAS forms should be sent to Imperial College
- Long procedures with identifiable separate elements/parts can be broken down into separate GAS forms, with same patient number.
- L-CAT (Colorectal Assessment Tool) being progressed by Imperial, feedback requested by all on definitions provided to DM.

### **11. Any Other Business**

There was no other specific AOB to report.

#### Date of Next Meeting

Date to be confirmed as soon as possible, end January 2010, Imperial College, London



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**National Training Programme in Laparoscopic Colorectal Surgery**  
**STEERING GROUP MEETING**  
**St Marys Hospital, London**  
**Monday 18<sup>th</sup> January 2010**

Present

National Clinical Lead	Mark Coleman
National Cancer Action Team	Andy McMeeking
National Programme Manager	Laura Stapleton
Basingstoke/Pelican	Tom Cecil
Nottingham	Charles Maxwell Armstrong, Austin Acheson
Newcastle	Alan Horgan
Imperial College	Prof George Hanna, Danilo Miskovic, Suzanna Wyles
Wales	Jared Torkington
Bradford	John Griffith
South West	Nader Francis
St Marks	Robin Kennedy
Colchester	Tan Arulampalam
Hull	James Gunn
Portsmouth	Amjad Parvaiz
Kings/Guys/St Thomas`	Vivek Datta
Oxford	Chris Cunningham
North West	David Watson, Selva Selvaseka
ALS Chairman	Mike Parker

**1. Welcome and Apologies**

MC undertook the welcome and thanked the Imperial Team for the organisation and use of the facilities for the Steering Group meeting. Apologies were received by Tim Rockall and Glenis Freeman.

**2. Matters Arising**

None arising from minutes of last meeting held 7<sup>th</sup> September 2009.

**3. Imperial College, Educational Update**

Professor George Hanna reported on the feedback from the collation of data through the NTP, and other associated issues:

**GAS Forms**

Significant increase in number of GAS forms recorded, although large numbers of trainee GAS forms are 'incomplete' with missing information ranging from minor patient information details, to key post operative outcome sections. Consideration to be given to make key fields mandatory without impacting on volume of activity being recorded.

**DVDs**

Increase in DVDs received accompanying GAS forms, but still only 12% of Gas forms have had DVDs submitted. Many trainees still reporting difficulties with kit capability to record, particular problem with outreach training episodes. Proposal made to investigate a mobile connecting 'ARCOS' system and docking station for trainers to overcome problem, costs indicated in the region of £250 per unit. Coordination Office to explore further and discuss with Imperial education team.



#### Pathology

Histopathology should be submitted with DVDs and so currently pathology is missing for many of the training sessions. GH to make contact with Phil Quirke to progress the development of pathology reporting for the NTP.

#### Second Life

Imperial team are continuing to develop the surgical application of 'Second Life' virtual reality training with application in relation to the NTP. Presentation of latest developments to be made at the Masterclass.

#### Post Sign Off

Imperial team to focus on proposals for developing and implementing a procedure for monitoring NTP trainees post sign off. It is anticipated that this will be at a 6 month, and 12 month stage after sign off has taken place.

### **4. Programme Activity**

In summary, the Coordination Office currently report the following:

#### SG Meetings/Masterclasses

LS reported 60 registrations received for Basingstoke masterclass in September, and 120 registrations for St Marys Masterclass on 19/01/2010. Hosting venue sought from other NTP Training centre locations for future SG meetings & follow on masterclass opportunities with structure on proposed programme required from interested teams.

#### NTP Newsletter

Issued and circulated in October/November, next edition sought for circulation at ACP Conference in June. All centres invited to submit material, with a focus on trainee activity and training pathways.

#### Trainee Training Agreements

A 3 page document, hard copy issued to all registered trainees, nearly 46 out of 98 registered trainees have signed and returned documentation to date, document is available on the web site for reference.

#### Trainee Management Plans (TMPS)

Issued to all registered trainees to identify 6 month training schedules with their trainers, 36 out of 98 registered trainees have returned documentation to date.

#### North West Centre

Funding authorised for the North West Centre, with two separate sites at Salford Royal, and Leighton Hospital, Crewe. Training Centre Launch Day held in Manchester 8<sup>th</sup> January 2010, attended by LS, North West training team with potential trainee interests and other stakeholders. First training episodes underway, aim to focus on ensuring delivering of training to a structured trainee base by end of March 2010.

#### Statement of Activities (SOAs)

Now implemented with a two tranche financial year annual assessment:

Tranche 1: April to Sept: Allocated 6 months in arrears, 10 out of 11 centres agreed.

Tranche 2: October to March: Funding including 'Projected GAS' requested in December, Aim to advise outstanding training centres of invoicing sums by end of January 2010.

LS reported that returns from some training centres required clarification to enable a transparent funding approach to be applied to all centres on the same basis. Centres with



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outstanding correspondence from the current funding tranche reminded to respond comprehensively, and as soon as possible.

#### Funding

Clarification on focus of availability of funds for clinical sessions, NTP approved courses, supporting team administration and training elements of time required for training delivery. Out Reach sessions are being funded at £800 plus travel where applicable. Aim to identify a model of costs for 'in reach' training for next Steering Group meeting.

#### GAS Forms

Templates updated, including 'pending' for trainer/trainee correlating forms. Significant development with numbers recorded on the system, and improvement with disparities:

Trainer Forms: 445 +23 pending = 468

Trainee Forms: 424 +37 pending = 461

#### Trainees

A total of 98 Registered Trainees, with 23 pending registrations = 121. Registrations levelled off in last quarter, although clinical activity significant increased. Further potential with expressions of interest received through the Baseline Survey, with 23/104 from this group now registered or pending with the NTP, further follow up to this target group to be undertaken.

#### Trainers

31 Active registered trainers, 9 recently registered trainers or appointments being formalised taking total to 40 trainers. Decision on trainer appointments to be led by Training Centre Clinical Leads, with recommendations to MC before being formalised. All agreed an informal requirement for 100 cases to have been recorded as a benchmark of experience required.

#### Sign Offs

There are 5 completed 'Sign Offs', with a further 6 trainees pending which are progressing through the DVD submission process with Imperial. A further 41 sign offs are projected in 2011, 51 Trainees in 2012, and 23 Trainees (all current pending registrations) in 2013. All centres to assist the Coordination Office with 'Quarter' periods for Sign Off projections.

#### Other NTP Activity Initiatives

- i) Web Site Development for 'Registrar Section' password protected, plus other groups.
- ii) Deliver Train the Trainer for NTP 2 day pilot (March/April) and structure trainer roll out.
- iii) Attendance at ASGBI (April) and ACP (June) for NTP representation.
- iv) Continued breakdown towards unitising training costs

### **5. Steering Group Terms of Reference**

The proposed terms of reference were accepted as presented to the Steering Group and will be uploaded to the Lapco web site 'Steering Group' section, with the incorporation of the additional point: 'Develop methods to assess 'Sign Off' for completion of the National Training Programme, along with a follow up procedure post sign off'.

### **6. Enhanced Recovery Programme Activity Update**

AH updated on the role out and recording of data at the selected test sites for the Enhanced Recovery Programme, and presented baseline data that had been recently circulated to the pilot sites on length of stay, readmissions and activity levels. Further scheduled 4<sup>th</sup> workshop on ERP on March 24<sup>th</sup>. National launches on the implementation of the ERP to be



undertaken to encourage all hospitals to introduce enhanced recovery (25<sup>th</sup> February – Newcastle, 17<sup>th</sup> March - Liverpool, 31<sup>st</sup> March - London)

## **7. North West Training Centre Launch**

The North West has secured its funding, with its first trainees identified to commence training with effect from January 2010. Launch Day held Friday 8<sup>th</sup> January 2010, lead by David Watson at Salford Royal, and Selva Seka at Mid Cheshire Hospital. Snow and travel conditions unfortunately affected some attendance, although range of attendees from surgeons that expressed interest in the North West, including pending trainees, and other interests/stakeholders. LS to work with the North West team to ensure uptake of training place opportunities, and suitability of enrolled trainees to assist in the longer term development and sustainability of LCS in the North West region.

## **8. Baseline Update**

MC presented the NCAT National map of the RAG MDTs within England. Re-evaluation of data since last Steering Group meeting confirms 21 Red, 48 Amber, and 95 Green from a total of 164 MDTs. Ongoing evaluation of colour coding, with ability to change coding assessment with individual surgical team appointments. Awareness of red locations, with priority of engaging with new NTP trainees in these areas.

All Chief Executives were written to by Mike Richards in the November 2009. The letter informed then that the waiver will continue until October 2010. This will be further reinforced with updates on Peer Review measures, and MDT Guidance for Laparoscopic Colorectal Surgery.

MC reported that the 2008/2009 data confirmed that 18% of colorectal procedures were now being undertaken laparoscopically.

## **9. Peer Review Measures for LCS**

Andy McMeeking of NCAT circulated an updated draft (IHM 15.1.10) with feedback from the Peer Review team to Steering Group members. The Steering Group expressed concern about the proposed authorisation from the NSSG Chair to verify the 'recognised laparoscopic colorectal cancer surgery skills' for surgeons not trained through NTP.

The Steering Group discussed the proposed criteria which were agreed as acceptable for the policy on the 'choice' to offer laparoscopic surgery which could be considered as 'inclusive' (eg BMI) or 'exclusive' (eg T4) criteria when assessing patient suitability.

General agreement that all patients should be discussed if suitable for Laparoscopic Surgery and referred to another MDT if laparoscopic skills at host are not available. All in agreement of the importance of guidelines to help 'frame' patient discussions if a referral is required.

## **10. Practical Guidance for MDTs to support Implementation of NICE Guidance**

MC to lead on the development of practical guidance with implementation of key principles to support and ensure:

1. Patient choice has been offered (How, method, literature etc)
2. Process if patient declines Laparoscopic procedure having been offered it.



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3. Process for Trusts where unable to provide offer this choice to patients ie where a referral is required, along with considerations for impact of referrals on adherence to 31 day targets.

Establishment of test site/s proposed to include Plymouth amongst others, expression of interest in site involvement from St Marks/ Robin Kennedy. Feedback to be obtained from Jane Blazeby on work undertaken to date, and associated timescales for progression.

### **11. Train the Trainers**

Following on from TTT event, September – the NTP team that attended will be setting up and running a 2 day pilot course. Nader Francis leading implementation of ‘Train the Trainer’ 2 day course with Day 1 providing classroom based training, and Day 2 live interactive clinical/live theatre sessions. It is proposed the course will be available for all NTP Trainers, and rolled out with proposed dates and locations once the pilot has been completed. Draft programme prepared with identification of learning outcomes, and specific related training feedback/issues identified to be covered.

Initial 2 day pilot course to be arranged current proposed dates Thursday 18th/Friday 19<sup>th</sup> March 2010, Plymouth. Seeking to involve John Anderson and Roland Valori from the outset, although problems with initial availability. Longer term involvement essential with the Faculty Team.

Funding for Pilot, and follow on TTT Courses to be discussed further with proposed costings to be discussed with NCAT.

### **12. Training Centre Funding**

AM confirmed NCAT has earmarked funding for 2010/2011 along a similar basis, albeit slightly reduced relative to 2009/2010, although NCAT is still awaiting confirmation of funds from DH. Reemphasised the availability of funding for delivery of clinical sessions, and requirement for accountability will continue to be important with the assessment of funding, and release of funds across all training centres.

No specific comments made with regards to funding at this stage with regards to 2011/2012, although acknowledged that some regional training centres including North West, Nottingham and South West have a significant volume of trainees that are likely to overlap into the requirement for training within this timeframe.

### **13. Lapco Web Site/DVD Review**

LS reminded all of requests for DVDs for the web site, and highlighted current investigations to include longer play/downloads of DVD material which can be accessed.

### **14. Any Other Business**

Mike Parker (MP) representing the ACP expressed concern in the current proposals for the role of the NSSG Chairman in relation to the updated draft Peer Group Measures for Colorectal Cancer. MP to discuss further with Mike Richards/ACP members and liaise with Mark Coleman/Andy McMeeking on feedback and proposals for formalising guidelines.

It was acknowledged that trainee ‘Sign Off’ DVDs are often being undertaken by the trainee on their own without a trainer presence. Agreed this was acceptable but case selection must



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be pre-agreed with trainer. Any concerns with feedback from DVD material to be raised promptly with the trainer for re-evaluation of the trainee and/or case selection.

Next Steering Group Meeting:

This is arranged to take place as follows:

Date: Thursday 15<sup>th</sup> April 2010

Time: 4.00-6.30pm

Location: Room 10, BT Convention Centre, Liverpool

NB – Arranged to coincide with ASGBI Conference at BT Convention Centre, 14-16<sup>th</sup> April.



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**National Training Programme in Laparoscopic Colorectal Surgery**  
**STEERING GROUP MEETING**  
**BT Convention Centre, Liverpool**  
**Thursday 15<sup>th</sup> April 2010, 4.00pm**

Present

National Clinical Lead	Mark Coleman
National Cancer Action Team	Andy McMeeking
National Programme Manager	Laura Stapleton
Basingstoke/Pelican	Arcot Vencat
Nottingham	Austin Acheson
Imperial College	Prof George Hanna
Bradford	Jonathan Robinson
St Marks	Robin Kennedy
Guildford	Tim Rockall
Hull	James Gunn
North West	David Watson, Selva Selvaseka
ALS Chairman	Mike Parker
ACPGBI President	Najib Haboubi
NBOCAP	Jason Smith

**1. Welcome and Apologies**

MC welcomed 2 invitees to the meeting who were Professor Najib Haboubi (President of the Association of Coloproctology of Great Britain and Ireland) and Jason Smith, Colorectal Consultant, West Middlesex University Hospital representing NBOCAP. Apologies were received from Alan Horgan, John Griffith, Chris Cunningham, Vivek Datta, Nader Francis, Tom Cecil, Susannah Wyles, Danilo Miskovic.

**2. Matters Arising**

None arising from minutes of last meeting held 18<sup>th</sup> January 2010.

**3. Imperial College, Educational Update**

Professor George Hanna presented a wide cross section of pictorial data and feedback from Imperial College, a copy of the slides are available from Coordination Office which included:

1. Assessment: GAS Form Results

- Validity (construct): GAS Score/Case Volume Experience
- Reliability Inter-rater reliability
- Proficiency Gain Curve CUSUM/Number of Procedures
- The Easy Tasks Set Up, Anastomosis, Exposure
- The Hard Tasks Vascular Pedicle, Mobilisation, Dissection hepatic/splenic flexure
- Individual Trainees Comparison/Number of Procedures
- Learning curve for clinical outcome: Conversion Rate
- Clinical outcomes of NTP: Experts V NTP (Conversions, Complications, A. Leak, Mortality)

Data Collection: Overall DVD submission still low, GAS form submission discipline has improved and clinical data on GAS forms needs to be filled in as mandatory, LS to review mandatory fields. Professor George Hanna presented a summary of GAS forms, and DVDs received by each centre since last SG meeting in January.



## 2. Education

Progression with development of Second Life although some IT/Communication logistics to be overcome, Courses (Newcastle), Interviews including Delphi Consensus, Personality and Training all forming part of the current educational projects being undertaken.

## 3. Academic Output

The publications published, and scheduled for the calendar year were presented, in summary those accepted for the following conferences include: ASGBI Liverpool, SAGES Washington, ACRS Minneapolis, EAES Geneva and ACPGBI Bournemouth.

## 4. Programme Activity

In summary, the Coordination Office report the following:

### Masterclass

LS reported in the region of 130 attendees (Faculty, Delegates, NTP Trainers) for the St Marys Educational Masterclass run by Imperial College. Further educational 1 day masterclass event proposed to follow on from next Steering Group meeting.

### Train the Trainer

Successful pilot 2 day TTT Course held 18/19<sup>th</sup> March, Plymouth lead by Nader Francis, with supporting Faculty attendance by Roland Valori. First two courses to be held in June/July (Portsmouth?) and Autumn (Nottingham?) dates to be agreed.

### Conferences:

ASGBI, Liverpool 14-16<sup>th</sup> April – NTP Presentation by Mark Coleman & Conference Article  
ACP, Bournemouth 28-30<sup>th</sup> June – NTP Manned stand at Registration Area

### NTP Newsletter

Next edition to be produced by end of May for delegate pack circulation at ACP Conference in June, LS invited all centres invited to submit material, with focus on trainee activity.

### Funding Review

Tranche 2: October 2009 - March 2010

Returns received from all training centres and cross referenced by the Coordination Office for this 6 month period: 368 sessions were projected, 239 sessions were delivered with a shortfall of 129 sessions. Agreed that there will be no process for claw back of monies where sessions pre-funded, although training centres will have written confirmation of their sessions 'owed' into 2010/2011 for which funding will not be allocated.

### Funding

Tranche 1: April-September 2010

Funding for the first 6 month period of the new financial year 2010/11 will be on sessions delivered, training centres will be notified as soon as possible after end of this subject period of their funding allocation. An interim 3 monthly review will be undertaken by Coordination Office at the end of June to ensure training activity is taking place as anticipated.

LS presented a 'Funding Protocol' document for 2010/2011 which confirmed the items available for funding support, with continued emphasis on funding for evidenced training delivery. Outreach costs (including travel) at £800 per session, with a proposal/breakdown on in reach costs agreed by all at SG as acceptable which can be charged at £800 per session. Refer to document (attached with minutes) provided for further information.



### GAS Forms

Continued growth with GAS forms recorded on the system, as follows:

Trainer Forms: 587 +31 pending: January to April increase of 142 Forms

Trainee Forms: 520 +66 pending: January to April increase of 133 Forms

### Trainees

A total of 113 Registered Trainees, with 27 pending registrations = 140. Registrations increased by 15 in the last quarter, encouraging to note that new pending registrations are still also coming forward. LS reported that the largest training centres by trainees are South West (17 trainees), Nottingham (16 trainees), and Newcastle (14 Trainees).

### Trainers

35 Active registered trainers, 3 Registered trainers to undertake training, with 2 new trainer registrations for South West, and 1 to be formalised for the North West.

### Sign Offs

First DVD competency assessments now being signed off including NTP Trainee Julian Williams (Nottingham), along with Philip Burgess (Portsmouth). 8 completed 'Sign Offs', with a further 16 trainees pending which are progressing through the DVD submission process with Imperial. A further 41 sign offs are projected in 2010, 55 Trainees in 2011, and 27 Trainees (all current pending registrations) in 2012.

## **5. ARCHOS**

LS reported further investigations into the model (ARCHOS 7) mobile handheld tablet and docking station costs at approximately £400 per unit. Most training centres have expressed interest in obtaining an ARCHOS to assist training recording opportunities on outreach to further support the increased number of DVD recordings ideally from each training episode. LS reported that 94 out of 113 Trainees are based off site from the trainer base, so outreach recording is currently reliant on trainee hospital equipment which may not be suitable. General comments made about encryption which needs to be investigated further with Imperial to ensure its use/ease of application with recording episodes.

Proposal for each training centre to acquire their own ARCHOS Unit (tablet and docking station) for it to become Trust equipment, costs to be reimbursed by Lapco through the Coordination Office. LS to investigate further with Imperial and report back to SG members before any further actions taken.

## **6. Train the Trainer (TTT)**

Nader Francis circulated a report on the Pilot TTT Course held 17/18<sup>th</sup> March, Plymouth. Proposal to ensure that each NTP Trainer is offered a place on a course, 2 Courses proposed in 2010 which are proposed at Portsmouth (June or July), and Nottingham (Autumn) dates, location, Faculty and Delegates to be confirmed. Further courses proposed to follow in 2011, NCAT to fund TTT Courses as modelled through the recent Pilot Course, subject to local variances on course set up logistics. NF to progress further, with Pilot team including Roland Valori and John Anderson.

## **7. HES Data Analysis**

Andy McMeeking presented an update on HES data which showed:

1. Proportion of Colorectal Resections undertaken Laparoscopically in England (April 2005-Dec 2009) with latest figures from April-December 2009 showing 23%. Overall, SG



projected that the final figure for 2009/2010 was projected to rise further still above 23%, but may then level off without such incremental annual growth for a period.

2. Proportion of Colectomies and Excision of Rectum undertaken Laparoscopically in England (April 2005-December 2009)
3. Proportion of Colorectal Resections undertaken Laparoscopically in England by Hospital Trust (2008-09 and April-Dec 2009). NTP Training Centres highlighted on the HES presentation by Trust, with Colchester showing the highest figures nationally at 60%. SG members commented that individual surgeons may be doing the majority of LCS work for a single Trust, and also highlighted that coding issues may cause inconsistencies with laparoscopically recorded data between Trusts, the national picture could be higher than HES data reports. AM to confirm whether this data includes emergencies.

#### **8. Peer Review Measures for LCS**

The Peer Review Measures for Laparoscopic Colorectal Cancer were published on 26<sup>th</sup> March 2010. There are 5 peer review measures within the Manual for Cancer Services, two within the measures for NSSGs and three within the measures for the Colorectal MDT. These have been uploaded to the newly added 'Peer Review' section of the Lapco web site which can be viewed from the Home Page, along with supporting correspondence from Stephen Parsons, Director.

The SG discussed the position with the 21 'Red' colour coded MDTs from the recent LCS Baseline Survey with clarification on actions with those Trusts, including clarification of the procedure if they do not change their coding and need to 'refer on' to other Trusts. Mike Richards wrote to all Chief Executives 12 months ago explicitly outlining the position with the pending waiver review and implications of the lifting of the waiver. It is a Trusts responsibility to abide with NICE Technological Appraisals, and Lapco will support endeavours of Red Trusts to address this with priority and encouragement to train surgeons from red coded locations. Trusts can change their red coding by 'employing' established LCS surgeon skills, with time to address this before lifting of the NICE Waiver in October 2010.

Najib Haboubi raised the question 'What is going to happen to patients that are referred on from red Trusts?' SG members indicated that referrals for 'suitable' patients are already undertaken within, and across geographical regions where the skills are available.

SG felt that it would be a good juncture to engage with GPs and specifically highlight the pending position on patient choice, and NICE waiver timing. Actions, could also include circulation of material to other colleagues, and Trust management to succinctly highlight the pending requirements and developments associated with the above.

Mark Coleman and Andy McMeeking reported that they had recent email correspondence with John MacFie (Vice President ASGBI) expressing concern with patient risk and associated injuries related to the practice of LCS, comments reported to be supported through recent member survey returns. SG felt that the survey circulated was misleading in its response required to questions which could equally apply to open, and laparoscopic procedures with caution highlighted from SG on the interpretation of responses. Mike Parker to discuss with John MacFie following SG meeting and advise further.



## 9. Practical Guidance for MDTs to support Implementation of NICE Guidance

MC is leading on this action with his MDT team in conjunction with Jane Blazeby (Professor of Surgery and Consultant GI Surgeon, University of Bristol) with the objective to formulate guidelines as to how patient choice should be discussed. MC to arrange meeting very shortly to progress further, with pilot proposals to be trialled at Derriford, issues on Ethics have already been addressed.

## 10. Lapco Web Site/DVD Review

LS reported that the Specialist Registrar Section designed with Imperial College which is proposed to be accessed through the Lapco home page is well under construction. MC/LS to meet with web site designers in April to review, before progressing to become live. Initial stage to allow SpRs to have a dedicated password log in, with modified GAS form to create log of activity. Longer term educational possibilities for Imperial College to present trainee with proficiency gain curve analysis, and possible DVD analysis.

The LCS Nurse Section, and Anaesthetist Section are also progressing, majority of content already available, although agreement with respective individuals.

Aim to progress all 3 separate sections to become live to the Lapco web site by next Steering Group meeting.

## 11. Any Other Business

- Lord Darzi has expressed interest in becoming an NTP Trainer which was well received.
- General agreement that frequency of SG meetings should now be every 6 months or so, rather than quarterly, although educational masterclasses to form part of NTP activities between Steering Group meetings, or in conjunction with them.
- Jason Smith presented NBOCAP data and discussed the proposal to investigate preparing an interim annual report with comparison of outcomes of laparoscopic V open with respect of the Bowel Cancer Audit Data, in conjunction with HES data. JS to discuss proposals further with Paul Finan, and NHS Information Centre to report back to SG.

### Date of Next Meeting

The next SG meeting will be hosted by the 'North West' training centre as below:

Date of next meeting: Monday 13<sup>th</sup> September 2010  
Time: 3.00pm - 6.00pm  
Location: The Mayo Centre, Salford Royal, Manchester

NB: Educational Masterclass

A 1 day masterclass event will follow on Tuesday 14<sup>th</sup> September at the same venue and location



national training programme in  
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## National Training Programme in Laparoscopic Colorectal Surgery

### STEERING GROUP MEETING

The Mayo Building, Salford Royal  
Monday 13<sup>th</sup> September 2010, 3.00pm

#### Present

National Clinical Lead	Mark Coleman
National Cancer Action Team	Andy McMeeking
National Programme Manager	Laura Stapleton
Bradford	John Griffith
Colchester	Roger Motson
Hull	James Gunn
Oxford	Chris Cunningham, Roel Hompes
Nottingham	Charles Maxwell Armstrong
Portsmouth	Jim Khan
North West	David Watson, Selva Sekar
South West	Nader Francis
St Marks	Ian Jenkins
Imperial College	Prof George Hanna, Danilo Miskovic, Susannah Wyles, Melody Ni
ACPGBI President	Najib Haboubi
NBOCAP	Jason Smith
Wales	Graham Whiteley

#### **1. Welcome and Apologies**

MC welcomed Graham Whiteley to the meeting who in conjunction with Jared Torkington will continue to represent Wales.

Apologies were received from Alan Horgan, Amjad Parvaiz, Austin Acheson, Robin Kennedy, Tim Rockall, Tan Arulampulam, Mike Parker, Tom Cecil, Arcot Venkat, Mark Gudgeon, Vivek Datta.

#### **2. Matters Arising**

None arising from minutes of last meeting held 15<sup>th</sup> April 2010.

#### **3. Imperial College, Educational Update**

Professor George Hanna presented a wide cross section of data and feedback from Imperial College, a copy of the slides are available from Coordination Office which include:

1. Data Collection (GAS Forms)  
Unit Performance – Review of GAS forms by training centre
2. Clinical and Educational Outcomes  
Demographics reported on a total of 1085 GAS forms  
Review of Clinical Results, and Proficiency Gain Curves, Clinical Outcomes.
3. Sign Offs  
Total DVD sign offs submitted: 18 (6 pass, 2 fail, 2 resubmit as incomplete)  
Currently received and under assessment: 8



#### 4. Academic Output (studies) and Timeline:

##### First Half of 2010

- Sys Review Mentoring (accepted)
- LCAT Validation (extended)
- GAS Validation (accepted)
- Sys Review Learning Curve (extended)

##### Second Half of 2010

- Course Analysis
- Tissue Compliance
- Mentoring Assessment Tool
- HRA Validation (video)
- Major GAS database and learning curve
- 2<sup>nd</sup> Life Masterclass
- Virtual reality simulator validation

#### **4.Funding for NTP**

Andy McMeeking presented an updated overview on the position with NTP funding, and reported that funding for 2010/2011 is available to continue to support NTP activity which is currently in place.

However, the funding position for 2011/2012 is more uncertain, and it is anticipated that there will be a significant reduction in the availability of funds for next financial year. The position will be clarified when the allocation for the NTP is confirmed which is expected to be towards the end of October/early November. In preparation for this, there will need to be a review of funding throughout the programme. It was highlighted that the core emphasis will be on funding of clinical training sessions, and supporting an administration role for each centre to coordinate structured training delivery.

Andy explained that invoicing arrangements this year have changed and invoices will no longer be sent directly to NCAT. It was confirmed that when funding is agreed this will be transferred to the training centres local PCT. The training centre will then invoice their local PCT for the agreed level of funds.

#### **5. Programme Activity**

In summary, the Coordination Office report the following:

##### Lapco TT

Course 1: Held 8/9<sup>th</sup> June, Portsmouth.

Course 2: 9/10<sup>th</sup> November, St Marks – Fully booked

Course 3: To be held 8/9<sup>th</sup> March, Nottingham.

Each course has 4 NTP Trainer Faculty and 6-8 NTP Trainer Delegates, it is projected that up to 3 courses will be required next financial year to ensure all NTP Trainers have an opportunity to attend as a delegate - Lapco TT Courses are identified as a funding priority

##### Masterclass

LS reported 150 registered attendees (Faculty & Delegates) for the North West Educational Day at Mayo Centre on 14<sup>th</sup> September including 31 Trainees/Trainers. Next NTP Masterclass event proposed to be undertaken following a Steering Group meeting in September 2011, Colchester - LS to liaise with the Colchester training team to progress.



### Trainee Registrations

LS reported: Registered Trainees (127) and Pending Trainees (26) totalling 153. The numbers of trainees are at the highest that they have been for the programme to date.

### Training Centres

The importance of delivering training to the registered trainees was emphasised with a view to delivering the quantum of sessions required to ensure trainees advance to sign off. A total of 3 Training Centres have been identified as currently at capacity (Newcastle, Bradford and Nottingham). New trainees will not be able to select these centres until additional trainers can be identified or training opportunities becoming available as a result of sign offs being completed.

### Trainer Registrations

LS reported: 47 Registered Trainers, which includes 7 new registrations since last Steering Group meeting, 4 of these registrations are for additional trainers for Immersion Course purposes only.

### GAS Forms

Both trainer and trainee on line GAS forms continue to increase across the programme:

Trainer GAS Forms: 786

Trainee GAS Forms: 701

### Sign Off

Key focus on sign off activity with 10 trainees reported signed off, 27 currently invited to submit DVD material (10 of these trainees have), 33 projected to be invited in remainder of Q3/Q4 2010, with 66 trainees projected for sign off in 2011, and the balance of pending trainees currently projected for sign off in 2012. Overall, it is anticipated that with continued momentum of activity that towards 50% of trainees could be close to sign off by mid 2011, with a clear exit strategy for all other trainees in training.

### Training Plans

All training centres have submitted training plans to cover a 6 month training period (April to September) for the first half of the financial year. A total of 368 sessions were projected, with 221 delivered to date. It was highlighted that 98 sessions were 'carried forward' from last financial year that were funded and not delivered, which will be off set against training activity for the first funding tranche of 2010/11.

### Statement of Activity (SOA)

Tranche 1: April to September 2010

- All GAS forms to be on the system by 30<sup>th</sup> September 2010.
- Coordination Office to circulate SOA by 8<sup>th</sup> October 2010
  - Statement of number training sessions delivered, shortfall, course costs by Cord Office.
  - Non Training Costs (Admin/Support Professional Staff) to be provided by training centre.
- SOA to be returned by 15<sup>th</sup> October 2010
- Training Centres to be informed of funding by 29<sup>th</sup> October 2010

Tranche 2: October to March 2011

- All GAS forms for October/November to be on the system.
- Projected GAS for 4 months (Dec/Jan/Feb/March 2011) will be required
- Require projected GAS by 30<sup>th</sup> November 2010
- Training Centres to be informed of funding by 17<sup>th</sup> December 2010



## Funding Protocol 2011/2012

In preparation for a reduced level of funding for 2011/2012 consideration has been given to managing the funding allocation to the training programme whilst ensuring uniformity, fairness and accountability. Primary emphasis will continue on the delivery of training sessions across the programme on the continued basis for in reach (£800 per session) and outreach (£800 per session including travel).

There is a wide variation in Lapco Training Centres in the use of, and funding for Lapco Support roles eg administration, nurse specialists, and project managers. In order to create a transparent and equitable system across all training centre, the cost for these support roles should be identified and distributed to training centres, calculated according to their number of trainees, and Trusts actively training within their training centre. At this stage we estimate that £5,000 pa is a reasonable amount for each Trust with a training centre for 5 or less trainees currently registered, OR £8,000 pa for 6 or more trainees.

### Examples

Training Centre X: 3 Hospital Trainer Trusts, 9 Trainees  
3 x £5,000 = £15,000

Training Centre Y: 1 Hospital Trainer Trusts, 3 Trainees  
1 x £5,000

Training Centre Z: 1 Hospital Trainer Trust, 9 Trainees  
1 x £8,000

It was outlined that an active trainer trust must be delivering at least 1 GAS form per month to be included in the allocation above.

## **6. Sign Off Assessment Process**

Continued objective to report trainee outcome of their assessment within 2-4 weeks of receipt of DVD material by Imperial College. Problems have been encountered with trainees and trainers, although streamlining actions to be incorporated into the sign off process led by Imperial College. This will include weekly follow ups to assessors once material has been allocated, and a deadline/reallocation if not returned within a 3 week timescale. A total of 35 out of 47 registered NTP trainers have now confirmed their availability for sign off assessment.

Post Sign Off (6 & 12 Months) process has not been formalised yet, action for Imperial College and Coordination Office to present proposals at next Steering Group meeting.

## **7. Lapco TT**

Nader Francis presented an overview of the 2 day curriculum which includes Dry Skill Role play on Day 1, and Live Theatre Day 2. Initial feedback from first Portsmouth Course was good, although the Faculty team anticipate a number of courses required to be delivered to present a generic course format. Discussion was held on the possibility of incorporating Cadaveric training into Day 1, along with an assessment of Lapco TT delegates attending the course through Imperial College. Next Lapco TT Faculty meeting being held 4<sup>th</sup> October, Bristol. Delivery of course has attracted interest from Colorectal Surgeons across the Country, potential opportunity for longer term delivery.



## **8. Peer Review – Response to Michael Horrocks**

Letter prepared by Mark Coleman representing the Lapco Steering Group to respond to Mike Horrocks following recent correspondence between Mike Horrocks and Sir Mike Richards.

MC confirmed that the letter dated 10<sup>th</sup> September had been circulated by email and post to be received for the ASGBI meeting taking place on 14<sup>th</sup> September. Response letter outlines comments raised particularly regarding the NICE Guidance and ‘injuries’ which have been reported in laparoscopic surgery through the results of a survey circulated to ASGBI members.

This agenda point brought discussion on the ‘Red, Amber, Green’ coding of MDTs in England, and it was conveyed by Andy McMeeking that less than 5 MDTs in England were still in a ‘Red’ (No laparoscopic activity being undertaken and no surgeon in the MDT enrolled in laparoscopic colorectal training) category. It was agreed that the Steering Group members from their own experiences would collectively produce a copy of guidance on MDT mechanism for patient referral if required either within a Trust, or between Trusts.

## **9. Patient Choice Literature Leaflet**

A ‘Patient Choice’ literature leaflet entitled ‘Laparoscopic or Keyhole Surgery of the Colon’ has been produced by Lapco which is available on a pdf or word text format on the web site for individuals to provide to patients, which can equally be adapted by all to incorporate local relevant contacts in relation to support nursing staff details etc.

## **10. ACPGBI Consultant Survey**

A short draft survey with 18 questions has been prepared to re-examine the current level of laparoscopic colorectal activity in England and to determine if mechanisms exist to offer all suitable cases the option of laparoscopic surgery. The survey is currently being converted into a web site link that will be circulated by email through Lapco to all ACP members.

## **11. LoReC Programme**

Mark Coleman confirmed that Brendan Moran has been appointed as the National Lead. The first Steering Group meeting will shortly be taking place in Basingstoke in October which Lapco will be represented at, with a view to assisting the initial development of the programme. It is anticipated that there will be similarities with the structure, delivery and training recording that has been established for Lapco.

## **12. Lapco Web Site Update – SpR Registrar Section**

The SpR registrar section of the Lapco web site is now live, SpR and SpR Trainers (required to be a Fellow or Consultant) can now register, and commence recording of training activities through an adapted GAS form similar to the Lapco system. There is no specific end pathway, sign off or completion, although trainees will be given the opportunity to review their progress with a learning curve development, with the potential to submit DVD material if they require feedback to their training activity.

Lapco will oversee the registration process, with verification of trainer and trainee information required for identification purposes. LS to write to Head of School of Surgery at all 12



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Deaneries in England, and the President of Dukes Club to advise of them that this facility is now available.

### **13. Any Other Business**

Susannah Wyles took the opportunity to thank all trainers for their feedback and role in the Delphi Survey which is now completed.

Jason Smith reported that the NBOCAP Laparoscopic V Open draft Bowel Cancer Audit Report would be available in November and would be available to the Steering Group.

#### Date of Next Meeting

The next SG meeting will be hosted by Portsmouth training centre as below:

Date of next meeting:	Wednesday 26 <sup>th</sup> January 2011
Time:	3.00pm - 6.00pm
Location:	Queen Alexandra Hospital, Portsmouth



national training programme in  
laparoscopic colorectal surgery

## National Training Programme in Laparoscopic Colorectal Surgery

### STEERING GROUP MEETING

Education Centre, St Marys Hospital, Portsmouth

Wednesday 26<sup>th</sup> January 2011

#### Present

National Clinical Lead	Mark Coleman (MC)
National Cancer Action Team	Andy McMeeking (AM)
National Programme Manager	Laura Stapleton (LS)
Colchester	Roger Motson
Portsmouth	Jim Khan, Amjad Parvaiz
North West	Selva Sekar
South West	Nader Francis
St Marks	Ian Jenkins
Imperial College	Prof George Hanna, Susannah Wyles, Melody Ni
Newcastle-upon-Tyne	Lorraine Waugh
Nottingham	Austin Acheson
KGST	Vivek Datta
KGST	Savvas Papagrigrorias
KGST	Naomi Sheeter
Basingstoke	Tom Cecil

#### 1. Welcome and Apologies

Apologies were received from Alan Horgan, Charles M-Armstrong, Chris Cunningham, Roel Hompes, Danilo Miskovic, James Gunn, John Griffith, Jonathan Robinson, Robin Kennedy, Tim Rockall. Mike Parker, David Watson, Jason Smith, Arcot Venkat, Tan Arumlampalam, Susannah Wyles, Jared Torkington, Mark Gudgeon, John Macfie, Najib Haboubi.

#### 2. Matters Arising

None arising from minutes of last meeting held 15<sup>th</sup> April 2010.  
MC to invite Nigel Scott, new President of ACP onto the Steering Group.

#### 3. Imperial College, Educational Update

Professor George Hanna presented a wide cross section of data and feedback from Imperial College, a copy of the slides are available from Coordination Office which include:

1. Data Collection (GAS forms)
  - Unit performance – Volume of GAS forms by training centre
2. Clinical and Educational Outcomes
  - Clinical results – Demographics (Total/Sex/Age/BMI/ASA/Previous abdo surgery)
  - Clinical results – Outcomes (Conversions, Complications, Reoperation, LOS, Mortality)
  - Risk Reduction for the first 20 Cases (Conversion/Complication rates: NTP with Control)
  - Recommendations for case selection during learning curve analysis of 4850 cases by 19 Surgeons – 'guidance' on complexity level, and resection type and staging diagnosis.
  - Mini STTAR – Structured training trainer assessment report  
Trainer evaluation, now incorporated in trainee GAS forms.
3. Sign Off Assessments (See Programme Update)
4. Academic Output (studies) – Projects and Status updates



## 4.NCAT National Update

### Funding

AM outlined that the funding allocation for the NTP in 2011/2012 was still awaited, although formal confirmation expected in the next few weeks. All have been advised that funding for the NTP post March 2012 should not be expected, and all involved with the NTP should be planning towards this position. However, it is recognised that training activity may still be required after March 2012 with some training centres. A pending meeting with Imperial College, Sir Mike Richards, and Mark Coleman is being held on 4<sup>th</sup> February to review training activity and educational output of the programme.

### HES Data - National

AM reported the HES data with proportion of colorectal resections undertaken laparoscopically in England (April 2005-July 2010). This showed the proportion continues to increase and for the period April-July 2010, 33% for elective resections, 26% all resections, and 8% emergency resections.

A presentation of provisional data 2010/2011 (April to July 2010) was presented by Trust to show the percentage of elective colorectal resections undertaken laparoscopically which ranged from 0% up to a peak at 75% for the recorded data in this part year period. A copy of this slide is available for Steering Group members.

### Improving Outcomes: A Strategy for Cancer 2011

This strategy was published in January 2011, and AM has identified Bowel Cancer featuring heavily in the strategy with early awareness, increased GP access to diagnostic tests, increased screening, surgical training programmes (NTP), enhanced recovery and national audit. A summary of key areas were presented which included:

- Information and Choice: *Central Information, data collation, patient access.*
- Focus on Outcomes: *5 Domains with indicators*
- Improving Outcomes
  - Emphasis on 1 year survival
  - Level of Ambition: *England should achieve cancer outcomes comparable with best in the world*
  - Selected Areas *Cancer waits, screening*
  - Promoting earlier presentation: *Bowel Cancer Local campaigns (SW/East of England)*
- Early Diagnosis – The NHS Role: *GPs, better access to diagnostic tests*
- Improving Outcomes: Better Treatment (Selected parts) – *Surgery, Lapco*
- Inpatient stays and emergency admissions
- Supporting Quality services
- Improving outcomes: Reducing Inequalities
- Improving outcomes: Commissioning
- Improving outcomes: Rewarding high quality care
- Funding the new strategy: *£750M over the spending review period*
- National support for implementation: *Role of NCAT to Lead and Support Implementation*

A copy of the slides are available for Steering Group members upon request to the Coordination Office.



## 5. Programme Activity

In summary, the Coordination Office report the following:

### Lapco TT

Course 1: Held 8/9<sup>th</sup> June, Portsmouth.

Course 2: Held 9/10<sup>th</sup> November, St Marks

Course 3: 8/9<sup>th</sup> March, Nottingham (Fully booked with 8 delegates)

Two further courses are proposed in 2011/2012, NTP training centre host venues sought that can provide the criteria presented for Day 1 & Day 2 of the course.

### Courses

- 2 Funded Cadaveric Courses taking place 8/9<sup>th</sup> Feb (Newcastle), 16/17<sup>th</sup> Feb (SW).
- Immersion Courses: May & September 2011, intention to support subject to funding.
- Next NTP Education Live Theatre Day Course date 16<sup>th</sup> June, Portsmouth

### Trainee Registrations

LS reported: Registered Trainees (132) and Pending Trainees (17) totalling 149. All trainees require an active training plan to ensure their progression with required volume of cases to head towards sign off by March 2011. Trainees identified who are dormant, or not engaging in training will be written to by MC, with copy correspondence to be sent to their Chief Executive.

### Training Centres

It is recognised that nearly all training centres are at capacity with the number of trainees, and volume of sessions required to be delivered to March 2012. However, Portsmouth have come forward to report some capacity to accept new trainees, or reallocation of trainees to progress further training with effect from April.

### Trainer Registrations

LS reported: 55 Registered Trainers, which includes 5 new registrations since last Steering Group meeting, with current discussions ongoing with 3 additional new trainer registrations.

### GAS Forms

Both trainer and trainee on line GAS forms continue to increase across the programme, although a notable disparity growing between trainer, and trainee GAS forms, LS to make contact with trainees to address, numbers are as follows:

Trainer GAS Forms: 1025

Trainee GAS Forms: 875

A total of 678 GAS forms were reported or projected to be delivered in 2010/2012, with the largest volumes in the subject period being undertaken by Portsmouth (17%) South West (13%) and Oxford & North West (11%) each.

### Statement of Activity (SOA)

Tranche 1: October to March 2011

- Training Plans received from each training centre, and forward funded
- IAT Transfer to be made to local PCT's 27<sup>th</sup> January 2011
- Reminder that under/over performing centres will have funding 'carried forward'
- A GAS reconciliation to be done by April 30<sup>th</sup>, training centres will be advised of position.



#### Tranche 2: April to September 2011

- All GAS forms for subject period to be on the system by 30<sup>th</sup> September
- Coordination Office to circulate statement of activity, with identification of sessions owed or carried forward, along with funding allocation for Lapco Support role funding by 7<sup>th</sup> October
- Aim to allocate IAT funding by end of October.

#### Funding Protocol 2011/2012

A reminder of the funding protocol was presented, reconfirming the GAS form rate at £800 per case (in reach, and outreach including travel), with the pending unitised Lapco support role for each training centre.

#### Lapco Support Role

- £5000pa (£2,500 per funding tranche) for 5 or less trainees
- £8,000pa (£4,000 per funding tranche) for 6 or more trainees
- Additional £5,000 where an external trainer trust is required to be coordinated, all trainers must be active and deliver a minimum of 6 GAS forms per 6 month funding tranche for the training centres to be eligible for this amount.

### **6. Sign Off Assessment Update**

A total of 31 Trainees are currently in 'sign off', many of whom have been invited over 4-6 months ago. A number of delaying issues have been reported by trainees, although LS focussing on progression to ensure that trainees submit their DVD material to Imperial College within a reasonable time period. MC wrote to all trainees currently invited to sign off in January 2011, with encouraging prompt responses received from nearly all trainees. Coordination Office are working with all trainers, and trainees in sign off to ensure material is submitted, and any problems are identified and trouble shooted at the earliest opportunity. Trainers were reminded of the recommendation to view their trainees DVDs before they are submitted to Imperial College.

A total of 5 trainees have been asked to resubmit 1 or 2 DVDs, and although this does represent a failure rate of 1 in 4 trainees, it was acknowledged that the sign off competency standard should not be lowered to accelerate the sign off results. However, MC reminded all that the standard sought is 'safe', albeit that a trainer viewing the DVD may not undertake the procedure exactly the same way.

It was again highlighted that the trainer can be present during the case, but must not take any part in the procedure or be identified as assisting, otherwise the DVD will void, and sent back to the trainee and another will be requested.

It was agreed that the Lapco web site would be updated on the sign off assessment process, with guidelines for trainee referrals.

Melody Ni of Imperial College is working with all NTP trainers who are eligible to undertake the sign off assessment (at least 1 GAS form recorded) to ensure that they are available to participate as an assessor. No further decision on allocating funding to trainers undertaking DVD assessments, but this will be reviewed at the next Steering Group meeting subject to the scale, and volume of assessments being required.



## **7. Post Sign Off Assessment**

It was agreed that the on line 'Post Sign Off' GAS Forms (Form C) will not be used to obtain data from signed off trainees, but instead 'Post Sign Off Audit Data' template worksheet to be prepared by Danilo Miskovic at Imperial College. This will be issued to trainees that have been successfully signed off the programme, they will be required to submit this to Imperial College after 6 months, and after 12 months from the date of their sign off.

## **8. Lapco TT Update**

Nader Francis provided an overview of the developing and establishing curriculum on the Lapco TT courses, with course content on structure for Day 1, and the role it plays in Day 2 with live theatre, and context into the training forum generally. Objective is to ensure that all NTP Trainers have the opportunity to attend a funded Lapco TT course by March 2012.

## **9. Lapco Web Site Update**

LS reported that the following updates were being incorporated into the Lapco web site:

- **Learning Curve**  
Danilo Miskovic is working with web site designers to develop and incorporate an automated learning curve which is 'real time'. This will update GAS form scores into a trainee learning curve CUSUM line, which can be compared to anonymised 'Peer' inputted data to allow progress to be reviewed. In addition, this will be applied to separate elements of the procedure, to allow the trainee to review against an 'average'. It is anticipated that this will be available by the end of February for all Lapco trainees, once designed it can also be applied to the SpR Section of the web site.
- **Mini STTAR**  
A trainer assessment with 19 click boxes to complete, as a mandatory fields at the end of the trainee GAS form. Trainers will receive feedback after 10 cases, or after 4-6 months, subject to the proviso of at least 3 recorded sessions. It was suggested by Imperial College that results of trainer delegates should be kept, monitored and reviewed following for pre, and post attendance at NTP Lapco TT Courses.
- **NTP Publications and Papers Page**  
Now added to the Lapco web site with a summary of recent NTP published papers, and downloads. MC congratulated the Imperial team for their recent best paper presentation at ALSGBI with the David Dunn Medal to Danilo Miskovic, and Best Poster Prize to Susannah Wyles at Imperial College.
- **SpR Section Web Site**  
LS reported that this is live, with 76 SpRs currently registered, 22 SpR Trainers, and 75 GAS forms recorded to date, with the expectation that these numbers will develop further over the forthcoming months.

## **10. Any Other Business**

MC discussed the approach from Ethicon to allow their 16 Fellows to complete GAS forms on the SpR Section of the web site during their 6 month posts, and to submit 2 DVDs upon completion of their post to Imperial College for assessment. Ethicon to fund this at £500 per trainee, or £8,000 in total to cover additional time/cost incurred.



MC reported his pending attendance to present on Lapco at the Tripartite Colorectal Meeting in Australia in July 2011, and reported back on the recent Asia Pacific Surgical Leaders Symposium Hong Kong where a Lapco presentation was also part of the programme.

Date of Next Meeting

It is proposed that the next SG meetings will be held as follows:

Date: Thursday 12<sup>th</sup> May 2011  
Time: 3.00pm - 5.00pm  
Location: Bournemouth Conference Centre  
To coincide with ASGBI Conference (11-13<sup>th</sup> May)

Date: Monday 5<sup>th</sup> September 2011  
Time: 3.00pm - 5.00pm  
Location: ICENI Centre, Colchester  
To coincide with International Society of Laparoscopic Surgeons (5-7<sup>th</sup> Sept)

Further information will be circulated to all Steering Group members prior to these meetings.



national training programme in  
laparoscopic colorectal surgery

## National Training Programme in Laparoscopic Colorectal Surgery

Thursday 12<sup>th</sup> May 2011

Westbourne Suite, Bournemouth Conference Centre

3.00-5.00 pm

### STEERING GROUP MEETING

#### Present

National Clinical Lead

National Cancer Action Team

National Programme Manager

Bradford

Colchester

Portsmouth

North West

South West

Imperial College

KGST

Basingstoke

Guildford

Newcastle

Nottingham

NTP Trainee Representation

Mark Coleman (MC)

Andy McMeeking (AM)

Laura Stapleton (LS)

Matthew Clarke

Roger Motson

Amjad Parvaiz

Selva Sekar

Nader Francis

Prof George Hanna, Danilo Miskovic,

Susannah Wyles, Melody Ni

Vivek Datta

Tom Cecil, Mark Gudgeon

Tim Rockall

Alan Horgan

Charles Maxwell-Armstrong

Melanie Feldman

#### 1. Welcome and Apologies

Apologies were received from Ian Jenkins, Tan Arulampulam, John MacFie, Robin Kennedy, John Griffith, Robin Kennedy, Austin Acheson, Chris Cunningham, Roel Hompes, James Gunn, Jonathan Robinson, Jason Smith, Naomi Sheeter, Jared Torkington (Wales), Najib Haboubi, Nigel Scott, Graham Whitely (Wales), Savvas Papagrigorias.

Mark Coleman thanked ASGBI for allowing the NTP Steering Group meeting to be hosted within their conference venue.

#### 2. Matters Arising

None arising from minutes of last meeting held Wednesday 26<sup>th</sup> January 2011.

#### 3. Imperial College, Educational Update

Professor George Hanna presented a wide cross section of data and feedback from Imperial College, a copy of the slides are available from Coordination Office which include:

##### 1. Online Learning Curve

New CUSUM learning curve software is available through the Lapco web site for trainees and trainees to assist with measuring training progress as an average across the programme and for individual procedures.

##### 2. Combination of OCHRA and CAT

Review of correlation with CAT form assessment measured against manually video recorded errors.



3. Recommendations for case selection during learning curve  
Based on analysis of 4850 cases by 19 surgeons  
A four grade categorisation by volume of cases with complexity of resection, and cancer staging.
4. Sign Off Update
  - 18 Trainees have been through DVD Sign Off Assessment
  - 13 Trainees have been successful (68%)
  - 8 trainees have submitted their DVDs and are currently being assessedSuccessful signed off DVDs now can be viewed and accessed through Lapco web site.
5. Mini- STTAR  
169 now completed on line - breakdown of training sessions delivered with 104 meeting trainees expectations, 36 exceeded, 4 below (case converted) and 25 no comment. Use of trainee comment box has assisted the understanding of training impact.
6. Academic Output  
Studies/Recent & Forthcoming Meetings and Posters

#### **4. NCAT National Update**

##### Funding

AM confirmed funding for Lapco to 2011/2012 with funding allocation on clinical training activity, Lapco TT, Education support at Imperial, Lapco Support Role at training centres, National Clinical lead and Coordination Office. AM emphasised the importance of 'sign off' from the NTP as a measure of success and output.

##### Beyond March 2012

No commitment can be given to certainty of funding post March 2012, although currently more positive with the future of NCAT. Lapco must therefore maximise the opportunities in this financial year to ensure that trainees have the benefit of training development. It is recognised that there will be some partially trainees post March 2012, which NCAT are aware of. A business case to be put forward to National Cancer Programme Board about the support required for these trainees, which is expected to be submitted in September/October with input of Mark Coleman, Imperial College and Coordination Office.

##### HES Data - National

AM reported the HES data update from April to December 2010 which confirmed that 33% of colorectal resections were undertaken laparoscopically. A HES data slide of all Trusts was presented for the 2010-2011 part year. A copy of this slide is available for Steering Group members.

#### **5. Programme Activity**

In summary, the Coordination Office report the following:

##### Lapco TT

- 3 Courses run plus pilot – Portsmouth, St Marks, Nottingham
- 25 out of 57 Trainers have attended to date.
- Next 3 Courses: Bradford 1st/2<sup>nd</sup> June, Colchester 5/6<sup>th</sup> October, Venue? - January 2012



### Courses

- Cadaveric Courses not being funded in 2011/2012 – Consideration will be given to one off trainee requests, Lapco may support individual delegate attendance.
- Immersion Courses, Pelican: May & October will be supported for 4 delegates per course
- Next NTP Education Live Theatre Day Course date Thursday 16<sup>th</sup> June, Portsmouth

### NTP Newsletter

The third Lapco newsletter is being drafted, and it has been agreed that 800 copies will be included in the ACP delegate packs for the Annual Conference in June.

### EES Fellows

16 EES Fellows and their trainers involved with Lapco in 2011/2012.

Additional EES Fellows in Wales and Scotland to participate.

All Fellows can access the SpR section of the Lapco web site and record GAS forms.

LS to report to EES monthly to update on activity levels and feedback.

Fellows will submit 2 DVDs at the end of their training for assessment to Imperial College.

### Trainee Registrations

LS reported: Registered Trainees (134) and Pending Trainees (15) totalling 149, although recognition that only a limited number of pending trainee registrations will progress due to current capacity issues, and remaining timing of the funding availability for the programme.

Management of trainees now essential to identify the trainees that need to progress their training – LS identified 9 trainees that have not yet started and ‘troubleshooting’ the commencement of training, with a further 7 trainees that have received a final letter from Mark Coleman who are non active and will now be deregistered.

A total number of 127 trainees remain, of which 37 Trainees have been invited to Sign Off assessment. There are a significant number of trainees that need to increase their GAS forms over the forthcoming months. It was recognised that 28 trainees have not yet recorded any GAS forms which is being addressed through planning with additional trainer appointments, rotation of training scheduling, and other capacity issues.

### Training Centres

North West now has the highest number of trainees with 22 registrations, and acknowledgement that NTP Trainer Selva Sekar will be moving from Leighton Hospital, Crewe to The Christie.

It is recognised that nearly all training centres are at capacity with the number of trainees, and volume of sessions required to be delivered to March 2012. Portsmouth have capacity to accept new trainees, or reallocation of trainees which is being explored further by LS.

### Trainer Registrations

LS reported: 57 Registered Trainers, which includes 2 new registrations since last Steering Group meeting, with Adam Widdison (South West) and Michael Stellakis (Oxford), further trainer appointment discussions are ongoing.

### GAS Forms

Both trainer and trainee on line GAS forms continue to increase across the programme, numbers are as follows:



Trainer GAS Forms: 1172  
Trainee GAS Forms: 1021

A total of 386 GAS forms were reported or projected to be delivered in October to March 2011, and IAT funding was released in January 2011 to support the projections. A total of 273 training sessions were delivered with a shortfall of 120 sessions to be 'carried forward' in 2011/2012.

A total of 579 GAS forms were recorded in 2010/2011, the highest number of GAS forms came from Portsmouth 125 (22%), Oxford 72 (12%), North West 69 (12%) followed by Bradford and South West.

### Funding – 2011/2012

The first 6 month funding tranche is April to September 2011

- All GAS forms for subject period to be on the system by 30<sup>th</sup> September
- Coordination Office to circulate statement of activity, with identification of sessions owed or carried forward, along with funding allocation for Lapco Support role early October
- Aim to allocate IAT funding by end of October.

The second 6 month funding tranche is October to March 2012

- All GAS forms to the first two months, projections by early December
- Aim to allocate IAT Funding by end of December.

## **6. Sign Off Assessment Update**

It is recognised by all that the sign off numbers are crucial to the programme and LS is continuing to ensure that the procedure and processes are suitably in place for the progression of trainees in sign off. The position is as follows:

▪ Signed Off	19
▪ Failed not resubmitting	1
▪ Invited to sign off	37
▪ Projected to be invited in 2011	54
▪ Projected to be invited in 2012	44
▪ Pending 2012 (Pending)	15
	<b>170</b>

LS presented a table of training centres with numbers of trainees signed off, in sign off and trainees in training across the programme. Sign Off projections for 2011 were presented with 8 invited in Q1 (Jan to March), 14 projected Q2 (April to June), 15 in Q3 (July to September) and 24 in Q4 (October to December)

MC has written to all trainees in sign off in January and April who have still not submitted their DVDs which has had an impact with feedback from nearly all trainees currently invited to sign off. There are 37 trainees invited to sign off, of which 8 have submitted their 2 DVDs, and the remaining 29 are at a range of different stages, although there is an overall improved momentum of progress which LS will continue to monitor.

## **7. Post Sign Off Assessment**

The 'Post Sign Off Audit Data' template worksheet needs to be completed before it can be issued to trainees to keep records of their data for a period of 12 months post sign off.



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Danilo Miskovic has been working on this document with instructions from Andy McMeeking to ensure that it cross references with NBOCAP data and presentation recording as possible. LS to progress with Danilo Miskovic to obtain an accepted completed document for circulation to signed off trainees.

## **8. Lapco TT Update**

Nader Francis provided an overview of the programme content for Day 1 incorporating 6 role play exercises, and Day 2 of the course with the set up/briefing and debriefing approach to the live theatre. The next course at Bradford will be run without TCT Faculty members who have attended the Lapco TT Courses to date, it will also be videoed to allow the Faculty to review course delivery. It is hoped that all NTP Trainers will attend a course with the remaining course dates in 2011/2012. A final course in January 2012 could be run in a location to be confirmed if there is trainer demand.

## **9. Lapco Web Site Update**

LS reported that the following updates were being incorporated into the Lapco web site:

- Sign Off DVD Examples
- Learning Curve
- Mandatory GAS field prompts where data is omitted
- Mini STARR into trainee GAS Forms

## **10. Any Other Business**

Mark Coleman highlighted the pending ISLCS Meeting at Colchester on 5-7<sup>th</sup> September, and encouraged all NTP Trainers to publicise and support the meeting for further information go to [www.islcrs.org](http://www.islcrs.org)

### Date of Next Meeting

The next SG meeting will be held as follows:

Date: Monday 5<sup>th</sup> September 2011  
Time: 3.00pm - 5.00pm  
Location: ICENI Centre, Colchester

Further information will be circulated to all Steering Group members prior to this meeting.



national training programme in  
laparoscopic colorectal surgery

## National Training Programme in Laparoscopic Colorectal Surgery

**Monday 5<sup>th</sup> September 2011**  
**ICENI Centre, Colchester**  
**3.00-5.00 pm**

### **STEERING GROUP MEETING**

#### Present

National Clinical Lead  
National Cancer Action Team  
National Programme Manager  
Bradford  
Colchester  
Portsmouth  
North West  
Imperial College

St Marks  
Basingstoke  
Nottingham

NTP Trainee Representation  
Wales  
Invited Guest:

Mark Coleman  
Andy McMeeking  
Laura Langsford  
John Griffith, Matthew Clarke  
Roger Motson, Tan Arulampulam  
Professor Amjad Parvaiz  
Selva Sekar  
Prof George Hanna, Danilo Miskovic,  
Melody Ni, Hugh McKenzie  
Robin Kennedy  
Mark Gudgeon  
Austin Acheson, Charles Maxwell-  
Armstrong  
Melanie Feldman  
Jared Torkington  
Professor Hiro Hasegawa

#### **1. Welcome and Apologies**

Apologies were received from Tom Cecil, Tim Rockall, Naomi Sheeter, Nigel Scott, Jason Smith, Nader Francis and Ken Campell.

Mark Coleman thanked the ICENI Centre for hosting the Steering Group meeting, and welcomed Professor Hiro Hasegawa MD FRCS, Head of Colorectal Surgery, Keio University, Tokyo, Japan to the meeting. George Hanna introduced Hugh McKenzie to the Steering Group who has been appointed as the new research fellow at Imperial College.

#### **2. Matters Arising**

None arising from minutes of last meeting held Thursday 12<sup>th</sup> May 2011 at ASGBI, Bournemouth.

#### **3. Imperial College, Educational Update**

The Imperial College Education team including Professor George Hanna, Danilo Miskovic and Melody Ni presented on the following:

- Completed work: This includes meta-analyses of mentorship outcomes for supervised and self taught surgeons, GAS form validation and implementation, Sign Off validation and implementation (CAT & OCHRA), Evaluation of training quality (STARR, Survey, Lab training courses) and Interim analysis of clinical and educational outcomes.



- Work in Progress/Planned Work which includes:
  - Long Term impact of the NTP
  - Practical implementation of OCHRA
  - Analysis of outcomes across themes (clinical and educational)
  - Full cost-effectiveness of the NTP
  - Impact of Lapco TT course on teaching behaviour
  
- Post Sign Off Audit  
Danilo Miskovic reported that NBOCAP Data will now be used to obtain post sign off audit data for NTP trainees which will be managed by Imperial research fellow, benign cases to be recorded through online form.
  
- Clinical and Educational Outcomes (Lapco and SpRs)  
Melody Ni reported on comparison between the Lapco Trainees/Trainers and registered SpRs on the Lapco web site with the following:
  - GAS Form Discipline: 98% Lapco Trainers v 30% SPR Trainers doing GAS forms
  - Patient Profiles: Similar patient profiles shown, lower case volume for SpRs
  - Indication for Surgery: Comparisons of Cancer, Benign polyp, IBD, Diverticular
  - Operation Type: Comparisons of R/Hemi, HAR/Signoid/LAR and Other
  - Data Selection: Comparisons of Conversions, Complications, Reoperation, Mortality.
  - Length of Hospital Stay: Slightly lower for SpRs – NB All in reach cases
  - Learning Curves for GAS scores: CUSUM Lapco (20-25 cases), SpR no flat curve shown
  - Learning Rates: Lapco v Registrar comparison GAS score and procedure number
  - Perception of Training: Majority of trainers scoring 4/5 as an 'excellent trainer'
  - Detailed analysis: SpRs scoring trainers slightly higher than Lapco trainees
  - Impact of TT Course: Early data with introduction of mini STARR in March 2011.
  
- Economic Analysis of the NTP  
Melody Ni reported on the following analysis to look at the value which Lapco has attributed over 150 cases:
  - Shorter training length and better outcomes
  - Evidence
  - NTP v Self taught: Conversion
  - NTP v Self taught: Complications
  - NTP v Self taught: Length of Hospital Stay
  - Total NTP Savings
  - Additional benefits of NTP: HES data
  - The out-reaching benefits
  - Summary: In training benefits (over 150 cases): £10,609,000, Out-reaching benefits (2008-2010 July): £1,362,400.

#### 4. NCAT National Update

NCAT Future - Andy McMeeking reported that NCAT anticipated to become part of the NHS Commissioning Board (NHSCB), will be established by October 2012, and take on full functions from April 2013. Will take on many of the current roles of DH/SHA's/PCT, with clinical commissioning groups becoming responsible for majority of services, but NHSCB will directly commission some services eg specialist services and primary care services.

No news about funding beyond March 2012, although may be able to update further before calendar year end.

Availability of Laparoscopic Colorectal Surgery in England – 33% resections are undertaken



laparoscopically, significant improvement with 43 trusts who were reporting less than 20% a year ago. Latest HES data shows that 25 acute trusts were showing less than 20% LCS in their trust (124 were showing more). The trusts have been reviewed with cancer networks to understand their position, at least 15 of these trusts are dependent on Lapco trainees to be able to offer LCS.

## **5. Programme Activity**

In summary, the Coordination Office report the following:

### Lapco TT

- 4 Courses run plus pilot – Portsmouth, St Marks, Nottingham, Bradford
- Next 2 Courses: Colchester 5/6<sup>th</sup> October, Basingstoke 18<sup>th</sup>/19<sup>th</sup> - January 2012
- 41/60 Trainers have attended or are registered to attend these courses.

### Courses

- Immersion Course held at Pelican 23-27<sup>th</sup> May for 4 delegates.
- Immersion Course, Bradford took place on 13-15<sup>th</sup> July, 16-18<sup>th</sup> November for 3 delegates.
- Next NTP Education Live Theatre Day Course date Tuesday 21<sup>st</sup> February 2012, Christie.

### NTP Publications

The third Lapco newsletter was produced in May 2011, and included in the ACP delegate packs for the Annual Conference in June. The Patient Information Leaflet 'Keyhole or Laparoscopic Surgery of the Colon' has been further updated to incorporate patient friendly text and is available on the Lapco web site.

### NTP International Lapco Presentations

Mark Coleman has recently presented on Lapco at International Meetings including:

- Colorectal Tripartite Meeting, Australia (July)
- International Society of Laparoscopic Colorectal Surgeons, Colchester (September)
- European Colorectal Surgery Meeting, Switzerland (November)
- 66<sup>th</sup> Annual Meeting of Japan Society of Coloproctology, Tokyo (November)

### Ethicon Endo Surgery (EES) Fellows

The 11 EES Fellows for the April to September posts have recorded 220 GAS forms on the system to date, LS reports monthly to EES with updates on training volumes. New intake to start for the next 6 month post October to March 2012.

### SpR Section of Web Site (Excluding Fellow Activity)

- 104 SpR Trainees Registered, 199 SpR Trainee GAS forms recorded
- 64 SpR Trainers registered, 61 SpR Trainer GAS forms recorded.

### NTP Trainee Overview Since 1<sup>st</sup> May 2011

LS reported 5 new registrations, and 2 training centre reallocations.

5 Trainees have been signed off successfully, with 1 trainee invited to resubmit.

5 Trainees have been invited to undertake the sign off assessment.

### Trainee Registrations

Since last Steering Group meeting LS has reviewed dormant trainees, and registered active trainees are now at 123 Trainees, there are still a further 18 Pending Trainee registrations although very unlikely to accept new trainees unless identified clear capacity to accept to training centres.



### Trainer Registrations

This has increased from 57 to 60 trainers, with 3 new trainer registrations since the last Steering Group meeting who are Sharmila Gupta (Colchester) Tas Qureshi (Portsmouth) and Stefan Korsgen (Oxford).

### NTP Trainee Progression

LS reported the following update:

Signed Off:	26 Trainees
In Sign Off:	32 Trainees
Registered:	91 Trainees
Total:	149 Trainees

### GAS Forms

The registered 91 trainees who require training have recorded the following volume of GAS forms:

0 GAS	21 Trainees
1-4 GAS	34 Trainees
16 GAS	16 Trainees
10+ GAS	10 Trainees
15+ GAS	10 Trainees

The 21 trainees who have not yet recorded GAS forms are comprised as follows: Recent Registrations (2), Start Date Planned for sessions (5), Honorary Contract being arranged (3), Awaiting Rotation to Train (4) and LS is still troubleshooting the commencement of training for 7 trainees.

### GAS Forms

Both trainer and trainee on line GAS forms continue to increase across the programme, numbers are as follows:

Trainer GAS Forms:	1,311
Trainee GAS Forms:	1,140

### Sign Off

LS reported the following figures:

Signed Off:	26 Trainees
Failed not resubmitting:	1 Trainee
Invited to Sign Off	32 Trainees
Projected 2011 (Q3 & Q4)	46 Trainees
Projected 2012	45 Trainees
Total:	150 Trainees

LS reported that on average the sign off period to date from invitation to sign off through to reporting the outcome of the assessment is 6.04 Months with an average of 15 GAS forms having been recorded for those successfully signed off. This is broken down as 3.61 months as the average time to submit the 2 DVDs, and 2.46 months for the assessment itself. As a result, there is quite a lag developing for the sign off assessment process. Trainers were encouraged to liaise with trainees to ensure DVDs are submitted within a reasonable timescale where possible, and assessors were encouraged to undertake the assessment as soon as possible upon receipt.



national training programme in  
laparoscopic colorectal surgery

#### Trainees Signed Off (26 Trainees)

The following trainees have been signed Off in 2008 (3 Trainees), 2009 (2 Trainees), 2010 (11 Trainees) and 2011 to date there are 10 trainees who have been signed off. Overall, this represents more recently 1 trainee per month, and again the rate of sign off needs to increase to ensure programme progression.

LS presented a table of signed off trainees (26) and trainees in sign off (32) which totals 58 trainees, and represents 39% of the programme, with the remaining 91 registered trainees (61%) in training.

#### Funding – 2011/2012

The first 6 month funding tranche is April to September 2011

- All GAS forms for subject period to be on the system by 30<sup>th</sup> September
- Coordination Office to circulate statement of activity, with identification of sessions owed or carried forward, along with funding allocation for Lapco Support role by 12<sup>th</sup> October
- Reminder that Lapco Support role is £5,000pa per centre for up to 5 trainees, and £8,000 per centre for 6 or more trainees.
- Aim to allocate IAT funding by end of October.

#### NTP Funding 2012/2013??

If funding can be secured, the Steering Group were advised to expect further reductions to the national budget, and cost savings would need to be made with the sole focus on training delivery. It was suggested that GAS form funding may need to reduce from £800 to £600 per session, and Lapco Support Role allocations will only relative to active trainees being actively managed in training.

#### **6. Training Activity: 1<sup>st</sup> April to 31<sup>st</sup> September**

LS reported that only 142 GAS forms have been reported for the first 5 out of 6 months for the first funding tranche which is less pro-rata than the programme has previously delivered, which is typically 250-300 for each 6 month period. The training centres discussed their feedback with training delivery, Amjad Parvaiz (Portsmouth) confirmed that he seeks to get a trainee through in 4 months, although realistically this becomes 6 months. Overall, trainers agreed that there must be an emphasis to arrange regular blocks of sessions rather than stop/start or training which lags for trainee development. This, for various reasons has been the case with some trainees who have not progressed or obtained the volume of cases required to progress at the projected training take up rate. The following initiatives were agreed:

- An A4 sheet to be prepared by the Coordination Office and circulated to trainees underlying the importance of arranging frequent sessions with their trainers as part of the requirement to progress within the programme, underpinned by the remaining availability of funding for the programme up to March 2012, and reminder of Peer Review measures with sign off from NTP.
- Trainers to approach MDT leads where their training centre Lapco trainees are in training locally to highlight the importance of the need to ensure that they are allocated suitable cases for Lapco training purposes. It was noted that this could be more difficult where 2 or 3 trainees were part of the same MDT.
- Maximisation of use of local and newly appointed trainers eg Stefan Korsgen to train locally based trainees, rather than require trainers to do so who are located further away from more distant training centres - Coordination Office to explore further



## 7. Consensus Opinion

The Steering Group discussed should the 'Suitability of Patients for Laparoscopic Surgery becoming a mandatory field at MDT Discussions?' It was agreed by the steering group that it would be appropriate to implement this as a mandatory field. Mark Coleman circulated a draft questionnaire which is proposed to be sent out to MDT leads to collate an updated overview on the laparoscopic position since NICE patient choice guidelines have been in place. Lapco to use the responses to make an informed proposal to peer review that suitability of patients for LCS should become a mandatory field at MDT discussions within the peer review measures. Prior to this it was agreed that Jared Torkington would first canvas Wales with the questionnaire to gauge local responses and feedback to the survey before Lapco progress any further.

## 8. Sign Off – EES Fellows

The proposed sign off for the EES Fellows was discussed as some EES Fellow Trainers were present, but not all. Overall, as a Steering Group it was agreed that for the time being the sign off for EES Fellows should not be a requirement, but this is still subject to further discuss at the pending Fellow appointment meeting on 20<sup>th</sup> October. In summary the key points were as follows:

- There is a delay with sign offs – it is taking our Lapco trainees that have been signed off an average of 3.61 months before they submit their DVDs from the point they are invited to do so, and a further 2.46 months for the assessment to take place, so overall just over 6 months from the point at which our trainees are being invited to sign off and the outcome – there is a long delay with the process.
- As the Fellows will go straight into another job at the end of the Fellowship they will need more rapid assessment from their trainer than available via the sign off process.
- Other industry companies as well as EES have Fellows and it could be considered elitist if we enter into an assessment process just with EES, impact of scale with larger management issues.
- Some concerns were expressed with exposure to the trainer if a Fellow didn't pass, but with the volume of cases 20-60 in 6 months, compared to 20 or so over 12 months for a Lapco trainee then this is a different intensity of training.
- Fellows are not just doing LCS training in their 6 months, they are also doing other roles scoping etc, which are also part of the training journey and relationship with the trainer which are part of their development in post as well.

## 9. Any Other Business

There was no other business to report. A copy of the slides from the presentations are available for Steering Group members upon request from the Coordination Office.

### Date of Next Meeting

The next SG meeting will be held as follows:

Date: Monday 20<sup>th</sup> February 2012  
Time: 3.00pm - 5.00pm  
Location: The Christie Hospital, Manchester



national training programme in  
laparoscopic colorectal surgery

## National Training Programme in Laparoscopic Colorectal Surgery

**Monday 20<sup>th</sup> February 2012**  
**The Christie Hospital, Manchester**  
**3.00-5.00 pm**

### STEERING GROUP MEETING

#### Present

National Clinical Lead  
National Cancer Action Team  
National Programme Manager  
Bradford  
Colchester  
Portsmouth  
North West  
Imperial College

Basingstoke/Frimley Park  
Nottingham  
South West  
NTP Trainee Representation  
Wales

Mark Coleman  
Andy McMeeking  
Laura Langford  
Matthew Clarke  
Tan Arulampalam  
Professor Amjad Parvaiz  
Selva Sekar, David Watson  
Prof George Hanna, Melody Ni, Hugh  
MacKenzie, Danilo Miskovic  
Mark Gudgeon, Arcot Venkat  
Giulia Miles  
Nader Francis  
Melanie Feldman  
Graham Whiteley

#### **1. Welcome and Apologies**

Apologies were received from Ian Jenkins, Austin Acheson, Vivek Datta, Roger Motson, Jared Torkington, Tim Rockall, Tom Cecil, Charles Maxwell Armstrong, Chris Cunningham, Nigel Scott, Robin Kennedy.

Mark Coleman welcomed Graham Whiteley (Wales) representative to the Steering Group meeting, and thanked Selva Sekar and the Christie team for hosting the meeting.

#### **2. Minutes/Matters Arising**

None arising from minutes of last meeting held Monday 5<sup>th</sup> September, ICENI Centre, Colchester.

#### **3. Imperial College, Educational Update**

The Imperial College Education team including Professor George Hanna, Hugh Mackenzie, Danilo Miskovic and Melody Ni presented on the following:

##### Current/Planned Work

- Impact of Lapco TT Course on teaching behaviour
- Lapco consensus on operative technique
- Practical implementation of OCHRA
- Long term impact of the NTP
  - Outcomes during and after supervision (clinical audit)
  - Update of lap colorectal surgery in England
- Correlation of GAS forms and success at sign off/LCAT score
- Cost effectiveness of the NTP



### Impact of Lapco TT Course on Teaching Behaviour

This is being analysed through two methods which are an educational assessment at the course itself, and also through the mini STTAR section of the trainee GAS form 6 months after the trainer has attended a course to assess the impact on trainer scores.

An educational assessment is taking place before the course starts, and at the end of the 2 day course a simulated teaching environment for a 7 minute laparoscopic appendicectomy training session. Trainers are also interviewed on their attitudes to training pre and post course which will be analysed measuring SET length, identification of trainee knowledge, identifying concerns, laying down ground rules and closure. The preliminary results for the Lapco TT Course at Colchester in October showed significant post course improvements to all scenarios. Further data will be analysed from the Basingstoke course held in January 2012, along with the next course in Bradford in May with an objective to complete the behavioural and qualitative interview analysis by June.

To date, there has been no significant impact on the mini STTAR scores from the trainee GAS forms before and after the course. Overall, a relatively small sample size has been used for this analysis to date, other reasons may be due to the lack of sensitivity of the form to detect changes, and the trainers attending the course are already very experienced. A larger sample of data from future courses will be used to review further.

### Pre Sign-Off Audit

Data from 70% of cases is complete so far, the aim is to complete data for all in reach cases by 1<sup>st</sup> April. Data from outreach cases is less consistently being recorded, information could be obtained from NBOCAP/Data Monitor where details are missing. Hugh MacKenzie is checking data weekly from new GAS forms that are uploaded and following up with trainees where data has not been completed to its best accuracy (patient details etc)

### Post Sign Off Audit

The post sign off section is now live on the Lapco web site, all signed off trainees can use their existing password to access the section and upload either: Form A – NHS Number for cancer cases submitted to NBOCAP, data will be obtained from NBOCAP, and Form B – For benign cases and cancer cases if not submitted to NBOCAP.

It was agreed that use of HES data which contains both benign and cancer cases could be too inconsistent to be analysed in detail with variations in accuracy levels for a number of reasons.

Hugh Mackenzie to progress with signed off trainees to encourage them to submit their data, and aim to validate and complete the data with both NBOCAP and HES (if, and where possible)

### Lapco Consensus of Operative Technique For Discussion

It was proposed that there could be a consensus of a Lapco optimal technique for an uncomplicated left and right sided laparoscopic colectomy for malignancy. The objective would be to work with the SG members and create a modular training progression of steps which would be available on the web site for trainees to view in conjunction with videos to provide a framework as a guide for sign off assessment purposes. It was agreed that the Imperial team would progress with identification of the "Optimal Technique" for a right hemi, from port placement and theatre set up, and provide options on steps where various different surgical techniques could equally be undertaken as a pilot, and report back to Steering Group at the next meeting.



### Factors determining success at Sign Off

Danilo Miskovic reported on the failures at Sign Off through different analysis:

Outcomes – LCAT Scores: Analysing 22 Passes and 9 Fails, the LCAT score for successful right hemi passes was 3.08, fails 2.48, and left hemi passes 3.07, and fails 2.47.

GAS Forms – It is evident that the operative experience (number of GAS Forms) is a measure of anticipated success at sign off, on average 21 GAS forms were recorded for successful sign offs (range 11-26), and on average 7 GAS forms for fails (range 3-12).

A range of other factors were also analysed, although there were some potential indicators the data set was not explicit at this stage with analysis by training centre, or trainer.

In summary, three factors have been identified to predict a positive outcome:

1. Number of training cases
2. Discrepancy between the trainer and trainee GAS Scores
3. If more than 1 of the final three GAS forms scored more than 5.

### Economic Analysis of Lapco

Further work on the economic analysis has been undertaken to look at the added value of the NTP, analysing performance standard of NTP delegates over 30 cases with self taught surgeons over 150 cases. The evidence was presented from the outcomes on conversions, complications and length of stay for surgeons with less than 150 cases, and more than 150 cases, and compared with the NTP outcome. The costs per unit have been identified for conversions, complications (£26,331) and Length of Stay including opportunity cost (£265)

#### NTP v Self Taught: Conversions

Self Taught Surgeons 13.5%, NTP Delegates 5%

Conversions saved in the NTP = 1,657, cost not identified

#### NTP v Self Taught: Complications

Self Taught Surgeons: 21.7%, NTP delegates 14.3%

Complications saved in the NTP – 721, Benefit: £26,331 x 721 = £18,984,651

#### NTP v Self Taught: Length of Stay

Self Taught Surgeons: 7 Days, NTP Delegates 5 Days

Length of stay saved per delegate = 300 days, complications saved due to NTP = 45,000 Days

Benefit: £265 x 45,000 = £11,925,000

Added value of the NTP = **£18,984,651** from reduced complications, and fewer conversions, and value from infrastructure investment. An element of the LOS benefit has been factored into the cost benefit from the complications.

## **4. NCAT Update**

Andy McMeeking reported on the following:

### National Update

NCAT still anticipate becoming part of the transformation directorate within the NHSCB.

Likely to see some changes with a greater focus on commissioning support. Recent proposals indicate that the clinical networks will be based around 14/15 geographical areas in England.

Recent DH Innovation review which included submissions from Lapco and Lorec recognised



the importance and difficulty of innovation and spread. The report identified some approaches which included strengthening requirements around NICE Technology Appraisals, working with “Which”, Identify what should be decommissioned (NICE), launch of national drive to get fluid management and technology across NHS, CQUIN payments linked to delivery of high impact innovations in the report and reduce face to face contacts in NHS.

#### Lapco

It is anticipated that Lapco funding for 2012/2013 will shortly be confirmed, which is expected to be at much reduced levels to this years current funding allocation. The key focus remains on supporting training activity, and NCAT will be working with the education team and coordination office to ensure that the budget this is managed as stringently as possible. All involved with Lapco have been advised that it is not expected that there will be any funding after March 2013, and this will be the last, and final anticipated year for Lapco. The key objective between now and March 2013 is to ensure that as many trainees as possible gain the experience required to be invited to sign off, and submit their DVDs for the sign off assessment before the end of the programme.

The SG discussed the position with Lapco after March 2013 as it is evident that a number of trainees will still not be ready to be invited for sign off. The possibility still remains for engagement with industry, and/or the trainee trust to take on the finance responsibility for training to ensure that the trainee gets to the benchmark of 20 cases, with local governance to manage the situation. The SG agreed the importance of post sign off outcomes to the validity of the programme and those trained through it, it was clarified that this work would need to continue after March 2013.

### **5. Programme Activity**

In summary, the Coordination Office report the following:

#### Lapco TT

- 6 Courses run plus pilot – Most recent course 18<sup>th</sup>/19<sup>th</sup> January 2012, Basingstoke
- Next 2 Courses: Bradford 30<sup>th</sup>/31<sup>st</sup> May, Colchester 3<sup>rd</sup>/4<sup>th</sup> October
- 46/65 Trainers have attended or are registered to attend these courses.
- LL preparing Lapco TT Course ‘Generic Bible’ – Host Handbook for running courses

#### Courses

- Immersion Course, Bradford took place on 16<sup>th</sup>-18<sup>th</sup> November, 25<sup>th</sup>-27<sup>th</sup> January, next course with 3 NTP delegates is 21<sup>st</sup>-23<sup>rd</sup> March 2012.
- NTP Education Live Theatre Day Course date Tuesday 21<sup>st</sup> February 2012, Christie, over 150 delegate registrations.

#### NTP Newsletter 2012

Aim to have this produced by end of April for circulation, and inclusion in delegate packs for the ASGBI Conference (9<sup>th</sup>-11<sup>th</sup> May) and ACP Conference (1<sup>st</sup>-3<sup>rd</sup> July). Focus on trainee/trainer case studies, HES data, Lapco TT Progression and Educational analysis.

#### NTP International Lapco Presentations

Mark Coleman has recently presented on Lapco at International Meetings including:

- International society of LCS Surgeons, Colchester (September)
- International Society of Laparoscopic Colorectal Surgeons, Colchester (September)
- ALSGBI Conference, Cardiff (November)
- 66<sup>th</sup> Annual Meeting of Japan Society of Coloproctology, Tokyo (November)



### HES Data

The latest HES data for the period April to September 2011 shows that 36% colorectal resections (elective and emergency) are being done laparoscopically.

### Ethicon Endo Surgery (EES) Fellows

A dedicated section on the Lapco web site has been created for Fellows to record their GAS forms. The section is available for all Fellows to use, a total of 19 EES Fellows have recoded 444 GAS Forms since April 2011, LL reporting monthly to EES on Fellow volume of activity, and breakdown by procedure type.

### SpR Section of Web Site

- 110 SpR Trainees registered, 255 SpR Trainee GAS forms recorded
- 75 SpR Trainers registered, 167 SpR Trainer GAS forms recorded.

### NTP Trainee Overview Since last SG Meeting (5<sup>th</sup> September 2011)

No new registrations being taken for the programme since October 2011, there have been 11 Deregistrations, 1 Trainee Signed off, 8 Trainees failed invited to resubmit, 7 trainees invited to sign off.

### Trainee Registrations

Since last Steering Group meeting LL has written to dormant/non progressing trainees and deregistered trainees were applicable. There are now a total of 144 Trainees that are engaged with Lapco (32 Signed Off, 37 In sign Off and 75 in training progressing towards sign off)

### GAS Forms

The registered 75 trainees who require training have recorded 589 GAS forms to date and they would need to record a total of 1,500 GAS forms if they all aimed to record 20 cases.

The current position is as follows:

0 GAS	14 Trainees
1-4 GAS	19 Trainees
16 GAS	18 Trainees
10+ GAS	12 Trainees
15+ GAS	12 Trainees

The 14 trainees who have not yet recorded GAS forms are comprised as follows: Start Date Planned for sessions (5), Honorary Contract being arranged (2), Awaiting Rotation to Train (3) and LL is still troubleshooting the commencement of training for 4 trainees. LL to write to all trainees (by email and hard copy correspondence) in sign off and in training to advise them of the expected funding for Lapco TT to March 2013, and to emphasise the importance of getting sign off submissions to Imperial College by **end of October 2012** to ensure sufficient time for assessment, and reporting of outcome of assessment.

### Trainer Registrations

This has increased from to 65 trainers, with 4 new trainer registrations since the last Steering Group meeting who are Jon Hanson (Newcastle), Michael Dorkin (Colchester), Ben Box (Newcastle) and Resa Kalbassi (Newcastle).

### GAS Forms

Both trainer and trainee on line GAS forms continue to increase across the programme, numbers are as follows:



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Trainer GAS Forms: 1,528

Trainee GAS Forms: 1,316

LL reported that 653 (43%) of all trainer GAS forms have been recorded by 6 trainers, lead by Professor Amjad Parvaiz with the highest number of any individual trainer at 252 GAS.

#### Training by Training Centre

LL reported the volume of training by training centre to date with 1,528 GAS forms, lead by Portsmouth (18.3%), South West (13.3%), Oxford (12.8%), North West (10.1%) and Colchester (8.8%)

#### Sign Off

LS reported the following figures:

Signed Off:	32 Trainees
Failed not resubmitting:	1 Trainee
Invited to Sign Off	37 Trainees
Projected 2012/2013	75 Trainees
Total:	145 Trainees

#### Trainees Signed Off (32 Trainees)

The following trainees have been signed Off in 2008 (3 Trainees), 2009 (2 Trainees), 2010 (11 Trainees), 2011(15 Trainees) and to date there is 1 trainee who has been signed off in 2012.

#### Sign Off Assessment Overview

Analysis of all assessments recorded to date confirm that those trainees that are successfully signed off have recorded on average 15.31 GAS forms, which was considerably higher than those that failed at 7.89 GAS forms. It was acknowledged by all that the training volume of cases recorded is a clear indicator of potential success at sign off, and all were aware of the importance of ensuring that trainees have an appropriate number of GAS forms recorded before they are invited to sign off.

The average time from invitation to DVD submission was longer in successful trainees (5.12 months), compared to those that had failed (3.63 months). This successful trainees that are taking longer maybe taking longer with the case selection timescale, equally those that have failed may have been under more pressure locally to submit their DVDs.

The average time for all assessments (pass and fail) once they have reached Imperial College is 2.23 months. The majority of NTP Trainers are assessors, and the sign offs should be fairly distributed across the group. Whilst discussed, it was agreed that no payment would be made to those that are asked to assess sign off DVDs. The average time for all assessments from invitation to sign off to the trainee to the outcome of the assessment if 6.81 months. It was acknowledged by all that this timescale/lag needs to be built into sign off timescale for trainees before the end point of the Lapco programme.

#### Training Activity

A total of 517 GAS forms have been recorded/projected for 2011/2012. A total of 224 GAS forms were recorded in the first 6 months of this financial year (April to September), a further 79 GAS forms have been undertaken in October/November, with 214 GAS projected to be undertaken between December to 31<sup>st</sup> March 2012. LL will advise centres of any shortfalls, or sessions owing for funding purposes in early April.



### NTP Funding 2012/2013

LL confirmed that the Lapco Support Role allocations will only be allocated based on the number of active trainees being actively managed in training (ie not in sign off).

It was proposed and agreed that in the light of the anticipated reduced national funding from NCAT that the GAS form rate would be reduced from £800 to £600 per session for both in reach, and out reach sessions. Immersion Course places at Bradford will be funded where appropriate for training progression at £475 per delegate for a 3 day course, it is proposed that 3 Lapco TT Courses will also be funded in 2012/2013.

### Funding – 2012/2013

Tranche 1: April to September 2012

- All GAS forms for subject period to be on the system by Friday 12<sup>th</sup> October
- Coordination Office to circulate statement of activity, with identification of sessions owed or carried forward, along with funding allocation for Lapco Support role by 31<sup>st</sup> October
- Reminder that Lapco Support role is £5,000pa per centre for up to 5 trainees, and £8,000 per centre for 6 or more trainees.
- Aim to allocate IAT funding by end of November 2012

Tranche 2: October to March 2013

- All GAS forms for subject period to be on the system by Friday 14<sup>th</sup> December
- Coordination Office to circulate statement of activity, with identification of sessions owed or carried forward, along with funding allocation for Lapco Support role by 23<sup>rd</sup> December
- Aim to allocate IAT funding by end of January 2013

## **6. NTP Trainee Representative Feedback**

Melanie Feldman reported that one trainee who was being trained under the KGST model of in reach was frustrated with the model which requires the trainees patient to travel to the training centre. It was felt that this has impacted on the ability to arrange suitable cases with patients prepared to travel, and as a result that trainee had withdrawn from the programme. This model is now only used at Guildford, and KGST where a number of trainees have been progressing well, although it was acknowledged that it is inevitable that difficulties maybe encountered with this model. All other centres use the standard in reach (trainee visits trainers hospital and operates on their patient) or out reach (trainer travels) models.

Discussion was also held to emphasise the importance of ensuring that trainees who have been invited to sign off inform their MDTs. This is to assist where possible with the priority and allocation of potentially suitable cases to minimise the time lag/duration of the sign off process.

## **7. NTP Sign Off – Failure Rate**

In the light of a number of recent failures data was presented by Mark Coleman in relation to the assessment process. A total of 26 trainees have been through the DVD assessment, with the remaining 6 signed off trainees have achieved this through early trainer recommendation at the start of the programme. A total of 13 trainees received 4/4 passes, 7 trainees have had 3/4 passes, with 6 trainees receiving 4/6 passes with a third assessor.

A total of exactly 200 individual assessments have been undertaken to date (2 DVDs, 4 assessments per trainee or 6 assessments for third assessors). The case difficulty is graded by the assessors 1-6 (hardest), the majority of trainees are submitting cases from Level 1-4,



Level 1 (41 cases), Level 2 (73 cases), Level 3 (50 cases), Level 4 (28 cases), with only 7 trainees submitting a Level 5 case difficulty, and 1 trainee assessment with a Level 6 case difficulty. It was acknowledged that there was some variation which could be identified between trainers on their assessment of case difficulty and further analysis by Imperial College will review this further.

Overall, there was no correlation between the submission of easier cases and successful sign offs. In all examples, although relatively minimal margins were identified, the successful trainees had submitted slightly harder average difficulties for all case types.

### **8. Consensus Opinion**

Suitability of patients for laparoscopic colorectal surgery should become a mandatory field at MDT Discussions?

Graham Whiteley reported the feedback from the questionnaire on behalf of Jared Torkington which is proposed to be circulated to all MDTs in England. It was agreed at the last Steering Group meeting that this should be circulated in Wales first, before it was more widely circulated. There was a 100% response from 12 Trusts, with clarity of responses, the survey showed that 2/3 of the Welsh Trusts always discussed LCS option at MDT, approximately 1/2 always did at OPD, and approximately 40% always did at consent.

It was felt by the SG that the suitability of patients for LCS should become a mandatory field at MDT discussions. It was agreed that a representation would be made by Lapco to Peer Review to this effect – Mark Coleman to action.

### **9. Mentoring for the ACP**

This item was not discussed, it will be placed for discussion at the next Steering Group meeting.

### **10. Any Other Business**

There was no other business to report. A copy of the slides from the presentations are available for Steering Group members upon request from the Coordination Office.

#### Date of Next Meeting

The next SG meeting will be held at the ACP Conference at the Convention Centre, Dublin between Sunday 1<sup>st</sup> July and Tuesday 3<sup>rd</sup> July 2012. The SG meeting cannot be arranged until the draft programme for the Conference is available to ensure that it is appropriately scheduled, although it is likely to be held if possible on Monday 1<sup>st</sup> July. It is anticipated that the draft programme will be available by the end of March, and as soon as it is confirmed all Steering Group members will be notified to confirm the time and date of the SG meeting to arrange travel, if they are not already in attendance at the conference.

Date: To be confirmed  
Time: To be confirmed  
Location: ACP Conference, Convention Centre, Dublin



national training programme in  
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## National Training Programme in Laparoscopic Colorectal Surgery

**Monday 2nd July 2012: 1.00-2.00pm**  
**Liffey Meeting Room 5, Conference Centre, Dublin.**

### STEERING GROUP MEETING

#### Present

National Clinical Lead	Mark Coleman
National Cancer Action Team	Andy McMeeking
National Programme Manager	Laura Langsford
Basingstoke/Frimley Park	Arcot Venkat, Mark Gudgeon
Nottingham	Austin Acheson
Imperial College	Hugh MacKenzie
Wales	Jared Torkington (Stakeholder)
Portsmouth	Jim Khan, Danilo Miskovic
NTP Trainee Representative	Tom Holme
Imperial College	Hugh MacKenzie
Lapco TT Education	Tamzin Cumming

#### 1. Welcome and Apologies

Laura Langsford welcomed NTP Trainee Tom Holme to the Steering Group meeting who stood in for Melanie Feldman as NTP Trainee Representative.

Apologies were received from Nader Francis, John Griffith, Tan Arulampalam, Alan Horgan, Melanie Feldman, Chris Cunningham, Tim Rockall, David Watson, Roger Motson, Melody Ni, Arif Khan, Selva Sekar, Tom Cecil, Vivek Datta and Prof George Hanna.

#### 2. Minutes/Matters Arising

None arising from minutes of last meeting held Monday 20<sup>th</sup> February 2012 at The Christie Hospital, Manchester

A copy of the Steering Group presentations from Imperial College, NCAT, and Programme Update from the Coordination Office are available upon request to Laura Langsford.

#### 3. Imperial College, Educational Update

Hugh MacKenzie updated on the following:

##### Update on educational projects

##### 1. Pre sign-off audit

- Cases Performed: 1731 (1327 have been analysed where full data is available)
- Case mix: Cancer 79.7%, Benign polyps 7.4%, IBD 7.2%, Diverticular Disease 5.7%
- Resections: Right Hemi 39.8%, Left Hemi/Sigmoid Colectomy 17.4%, Anterior resection 38.2%, Other (transverse colectomy/Hartmann`s) 4.6%

##### Clinical Outcomes

- Complication rate 16.4%, Leak Rate 2.3%, Conversion Rate 5.6%, Re-operation rate 3.5%, Re-admission rate 2.3%, In Hospital mortality 0.5%, Median Hospital stay 4 days.

### Post sign-off audit

A total of 33 trainees have been signed off the programme, all signed off trainees have been contacted to request their audit data post sign off, 12 Consultants have so far agreed to submit data. All Consultants signed off through the DVD submission assessment have been advised of the requirement to submit post sign off data, further follow up to be undertaken to obtain signed off trainee data in liaison between trainers, Imperial College and the Coordination Office.

Agreement has been reached to release NBOCAP data for these consultants, the first round of data will be released shortly. Trainees can submit their data also by way of a spreadsheet template supplied by Imperial College, or post sign off GAS forms can be submitted on line. Ideally, a period of 12 months of data is sought, although trainees are being encouraged to submit their data that they have collated since sign off which will be for shorter periods of time for those signed off most recently.

4 Consultants have submitted 12 months of data each so far, with a total of 139 cases. It is agreed that a larger cohort of data is required before conclusive trends on clinical outcomes will be reported on.

Actions now include:

1. Analysing preliminary NBOCAP data set to ensure its use if feasible
2. Validate self submitted and NBOCAP data by comparing the two data sets

### 3. Qualitative Analysis of Expert Sign-off Assessment

Investigative research has been undertaken to examine the reasons why trainees have been failing sign off. A qualitative analysis of assessors comments has been reviewed, from a total of 208 cases submitted for sign off (119 passed and 89 failed). The errors described within the comments were classified to allow analysis. The error classification was principally based around dissection errors, retraction errors, with less frequent errors from port insertion, anastomosis, bowel transaction, inappropriate case, excessive bleeding, anatomy error and general technique.

Dissection Errors: The number of dissection errors at each stage of the operation was identified in failed cases: Flexure (15), Mesorectum (16), Mesentry (39), Pedicle (52) and Exposure (21). In addition, examples of assessor comments on examples of significant errors were provided.

Further work will be undertaken to:

1. Pinpoint exactly which errors and which steps of the operation are critical
2. Use this information to simplify the human reliability analysis tool.

### Impact of the TT Course

18 Delegate trainers have now undertaken identical simulated 7 minute laparoscopic appendicectomy scenario before and after the TT Course. This has been carried out of the last 3 courses, the training episodes were recorded for analysis. The videos have been analysed using the STTAR form by 2 blinded assessors, along with use of Observer XT Behavioural analysis software by 2 assessors. Pre-Course and Post-Course Scenarios on "Set" have been evidenced as improving for all criteria including Set length, Identifying trainee knowledge, Identifying concerns, laying ground rules and Closure. Completion of the STTAR assessment and behavioural analysis is to be undertaken.

### Lapco technique consensus

Aims are to: Gain expert consensus on the essential steps for an uncomplicated right and left hemicolectomy, set a standard for video submission for sign off, and to create a modular training programme available to trainees. 6 interviews with lead trainers have been held on their technique, 7 interviews to be completed. Initial feedback identifies good consensus on essential steps, the next will be to undergo Delphi process to gain expert consensus.

### Choice of Laparoscopic vs Open Resection within the Colorectal MDTs in England

A questionnaire survey was circulated to ACPGBI members by email on 19<sup>th</sup> June through Survey Monkey. There are 10 questions which need to be responded to, the purpose of the survey is to find out what current practice is with respect to offering both laparoscopic and open surgery to patients in MDT, outpatient and during consent. The responses are being collated by Hugh Mackenzie at Imperial College, please refer to the presentation slides for a breakdown of the 133 responses have been received so far. Once the exercise is complete and a comprehensive volume of responses have been obtained and analysed, a recommendation to Peer Review will be made by Lapco with regards to the inclusion of laparoscopic discussion in the MDT.

### Post sign off audit

A total of 33 trainees have been signed off the programme, all signed off trainees have been contacted to request their audit data post sign off. This can be submitted by way of a spreadsheet template supplied by Imperial College, or post sign off GAS forms can be submitted on line. Ideally, a period of 12 months of data is sought, although trainees are being encouraged to submit their data that they have collated since sign off which will be for shorter periods of time for those signed off most recently.

## **4. NCAT Update**

Andy McMeeking reported on the following:

New Improvement Body – This will be formed from bodies including NCAT, National End of Life Care Programme, National Technology Adoption Centre (To be confirmed), NHS Diabetes and Kidney Care, NHS Improvement, NHS Institute for Innovation and Improvement, The Functions of the National Patient Safety Agency. The operating model of the Improvement Body is to share and spread “Improvement Knowledge and Expertise” through networks, web platforms, social media, publication, dissemination, validation and accreditation.

The clinical senates map was presented which identified the 12 Clinical Senates for England (which will provide major reconfiguration advice to commissioners). The boundaries of the Clinical networks are not yet available, but there are expected to be 15 across the country.

Earlier Diagnosis – The initiatives for earlier diagnosis were summarised which include supporting GPs on earlier diagnosis, Improving access to diagnostics in particular endoscopy, focus on emergency presentations, national lung campaign (May and June 2012), top up of national bowel campaign (September 2012), Regional Campaigns for blood in urine, and breast cancer in over 70`s (January to March 2013), along with proposed local activities including GP leadership and engagement, with additional resources for each network to support national and regional campaigns.

Enhanced Recovery Work – The Enhanced Recovery Summit was held 30<sup>th</sup> April 2012. There will be adoption of the principles of ER into other specialities including emergency



surgery in colorectal. Two new publications supporting ER have been published which are patient focussed and can be found at [www.improvement.nhs.uk/enhancedrecovery](http://www.improvement.nhs.uk/enhancedrecovery)

LAPCO – Andy McMeeking advised of the overall restructuring of the New Improvement Body which NCAT will form part of. All involved with Lapco have been advised to prepare for the Lapco programme end in March 2013. It is unlikely that funding for any future Lapco tail off activities/role would be identified before then. However, the SG will be updated where possible when there is clarity on overall national funding for 2013/2014.

Low Rectal Cancer Development Programme (LOREC) – The programme has been extended to all colorectal MDTs in England. During 2012/2013 all remaining MDTs are invited to participate in this programme, which aims to improve cancer outcomes and quality of life for patients with low rectal cancers, more information is available on the programme at [www.lorec.nhs.uk](http://www.lorec.nhs.uk)

Colorectal Service Profile – This information is now available for Trusts through the National Cancer Intelligence Network (NCIN). An example of a template report was presented which includes information on size (patients), demographics, specialist team, throughput, waiting times, practice, outcomes and recovery and patient experience.

## 5. Programme Activity

In summary, the Coordination Office reported the following:

Programme Impact: LL reported that a Lapco poster had been accepted to the National Cancer Intelligence Network (NCIN) “Cancer Outcomes” Conference in June. In summary, Lapco reported that there are 149 Colorectal MDTs in England, 76 Trusts (51%) have NTP Trainee representation, and including trainer trusts with no trainee representation this increases to 91 Trusts (61%).

### General Programme Activity

An NTP Education Masterclass was held at The Christie Hospital, Manchester on Monday 21<sup>st</sup> February, it was the largest NTP event organised to date with 130 attendees.

The next NTP Masterclass will be taking place on Friday 19<sup>th</sup> October, titled “Defining the suitable Patient and the Suitably Trained Surgeon” at The Ark, Basingstoke. A further NTP Masterclass is proposed on Thursday 28<sup>th</sup> February 2013, Portsmouth.

Lapco are still supporting NTP Trainees that wish to attend a 3 day Immersion Course at Bradford, delegates have attended in January, March and July Courses, a further course is proposed 26<sup>th</sup>-28<sup>th</sup> September. Lapco will fund up to 4 delegates where there is evident need that attendance will support their progression with sign off.

The 4<sup>th</sup> Lapco annual newsletter was produced in April, it has been circulated to all NTP Trainers, Trainees, and Chief Executives of Trusts with trainer/trainee representation, it will be available for delegates at the ACP Conference. It is hoped that a final newsletter will be produced at the end of the programme.

Mark Coleman is continuing to present on Lapco with at international meetings including:

- Scandinavian Laparoscopic Colorectal Masterclass, Sweden (23<sup>rd</sup> May)
- EAES Conference, Brussels (21<sup>st</sup>-24<sup>th</sup> June)
- Hungarian Associate Colorectal Surgery Meeting, Hungary (4-6<sup>th</sup> October)
- International Society of Lap Colorectal Surgeons, Hong Kong (3<sup>rd</sup>-5<sup>th</sup> November)



LL reported that the Lapco web site is continuing to increase its use of GAS forms within the dedicated Fellow, and SPR sections since these were established in 2011. There are now:

- 47 Fellows with 717 GAS forms, and 41 Fellow trainers with 175 GAS forms.
- 142 SPRs who have recorded 292 GAS forms, and 83 SPR Trainers with 199 GAS forms.

#### Lapco TT Courses

There are 2 Course facilitators now available, and 10 faculty members, the ideal model for running a course is 1 facilitator and 4 faculty members. To date, 7 two day Lapco TT courses have been run, with 2 further courses scheduled 3<sup>rd</sup>/4<sup>th</sup> October (Colchester), and 28<sup>th</sup>/29<sup>th</sup> January 2013 (Manchester). A total of 9 courses will have been run, plus the pilot since March 2010. A total of 47/67 (70%) of all NTP Trainers will have attended a course, along with 17 non NTP Consultant Delegates.

The educational assessment has been run over 3 courses as planned, it is to be agreed with faculty if this will continue for the last 2 courses to further validate and measure the impact of the courses.

NCAT have funded all courses to date, and will do so to the programme end. The faculty have established a well structured curriculum and there is long term potential for the continued running of the course although it will need to be funded in the future through delegate attendee rates. Faculty commitment needs to be ascertained to look at the locations, availability, and number of courses that could be run on an annual basis.

We anticipate demand after March 2013 for the continuation of Lapco TT Courses from colorectal consultants who have not yet attended. There is opportunity to engage with industry to offset some costs, and even specifically to run the course for fellows, or incorporate into wet lab training. There is also the potential to adapt the course for SPRs, along with making the course available for other surgical specialities.

#### Overall Training Position

Since last SG Meeting on 21<sup>st</sup> February, a total of 3 trainees have been signed off successfully, there have been no fails, and 3 trainees have been invited to sign off. Two new trainers have been appointed (Rob Clarke and Anjana Singh) to support trainees heading towards completion of their training. 132 GAS forms have been recorded in the last 4 months.

In summary, the current training position is as follows:

- 35 Trainees signed off
- 36 Trainees in sign off
- 67 Trainees in training
- 67 Trainers

The current pass rate is 64%, and fail rate is 36%

The average number of GAS forms for successful sign offs is 14.8 GAS Forms

The average number of GAS forms for unsuccessful sign offs is 7.5 GAS Forms

36 Trainees are in sign off, of which 3 have submitted their DVDs, and 33 trainees still required to submit their DVDs for assessment. It is encouraging after some recent chasing that the majority of these trainees are in contact and are aiming to submit by the end of October. Recent feedback confirms 9 trainees have done 2 DVDs (now with trainers to review), 9 trainees have done 1 DVD and awaiting a suitable second case, 12 trainees are in contact confirming their intention to submit, and 3 are not in contact with any feedback.



The NTP Coordination Office will continue to liaise with trainees, trainers, and centre managers to ensure that there is progression over the next few months with submissions. Trainers and centre managers have been requested where possible to also make contact with their trainees to support.

There are 67 trainees still in training, the progression of GAS forms is as follows: 0 GAS (5 trainees), 1-4 GAS (15 trainees), 5-9 GAS (15 trainees), 10-14 GAS (21 trainees), 15-19 GAS (5 trainees) and 20+ GAS (6 trainees). At this stage, a total of 600 GAS forms have been recorded by these trainees, and a further 740 GAS forms would be required to ensure that all trainees obtain 20 GAS forms, or a further 405 GAS forms if 15 GAS are required.

A total of 1,660 GAS forms have now been recorded by Lapco trainers to date, and 1,417 by Lapco trainees, a total of 132 GAS forms since 21<sup>st</sup> February 2012.

The highest number of GAS forms to date have been recorded by Portsmouth 337 GAS (19%), South West 224 GAS (12.6%), Oxford 212 GAS (12%), North West 192 GAS (10.8%), and Colchester 161 GAS (9.1%).

The five most active trainers are Amjad Parvaiz (279 GAS), Selva Sekar (106 GAS), Tony Dixon (98 GAS), John Griffith (97 GAS) and Ian Jenkins (69 GAS).

To date, the sign offs are as follows: 3 trainees in 2008, 2 trainees in 2009, 11 trainees in 2010, 15 trainees in 2011, 4 trainees in 2012, 36 trainees are in sign off, and 67 trainees are still in training.

#### Centre by Centre Trainee Progression

A summary of overall training centre trainee progression has been prepared for each training centre, this summarises the number of trainers in each centre, the number of trainees signed off, in sign off, and still in training. There is analysis of the number of GAS forms required for all those trainees in training to obtain 20 GAS forms, trainees are identified individually for clarity of the position. LL will circulate the relevant slide to each training centre, and will liaise with all training centre leads/centre managers to review this with each centre. This is to ensure that their trainees in sign off progress to the DVD submission, and to confirm there is a realistic training plan and allocation of trainer resources for trainees to obtain the maximum number of sessions required to enable progression to sign off invitation can be made.

It is proposed that trainees who are still in training or invited to sign off will be written to individually at the end of July by Mark Coleman. This will provide a formal final reminder with regards to the sign off submission timescales (by end of October 2012) and programme end (by end of March 2013). Consideration is being given to copying the correspondence to the trainee's original supporter, who will be either of their Medical Director or Chief Executive.

#### Training Activity Review/Funding

##### Training Activity 2011/2012

In this 12 month period, a total of 428 GAS forms were recorded (224 GAS April to September 2011, and 204 GAS October to March 2012). The GAS reconciliation for the period October to March confirmed that 293 GAS were projected, 204 GAS were delivered, a total of 89 GAS forms were "owed" by training centres, and 13 GAS were over delivered on projections which will be carried forward to the next funding tranche.

##### Funding

April to September 2012 (inclusive)

All GAS forms for this 6 month period need to be on the system by 31<sup>st</sup> September 2012.



GAS reconciliation will be completed by Friday 12<sup>th</sup> October, and training centres will be advised in writing of their allocation including sessions balanced/carried forward, training delivered in the subject period, and Lapco support role allocations which gets allocated based on trainees in training.

October to March 2013 (inclusive)

GAS forms for October and November will be identified, and training centres will be asked to project their training for December to March. At this point, we would expect relatively limited training to be delivered, as trainees should have submitted their DVDs by end of October, although we acknowledge there may still be some sessions required after this date to complete training.

## **6. NTP Trainee Representative Feedback**

There was no formal report submitted. It was agreed in discussion with Tom Holme (NTP Trainee Rep stand in) that it would be helpful to circulate the LCAT Sign Off assessment form/instructions to all trainees so that they are aware of the structure and format of the assessment. Laura Langsford also confirmed that she would circulate the sign off invitation letter again to all trainees currently still in training so that all were aware of the pending requirements in relation to the sign off procedure.

## **7. Consensus Opinion – Suitability of patients for laparoscopic surgery should become a mandatory field at MDT discussions?**

Hugh Mackenzie at Imperial College presented on this agenda item within the Educational Assessment update.

## **8. Mentoring for the ACP**

This agenda item will be discussed by John Griffith in the next Steering Group meeting.

## **9. Any Other Business**

There was no other business to report.

### Date of Next Meeting

Date: Tuesday 6<sup>th</sup> November  
Time: 2.00-4.00pm  
Location: Imperial College, London



national training programme in  
laparoscopic colorectal surgery

## National Training Programme in Laparoscopic Colorectal Surgery

Thursday 22<sup>nd</sup> November 2012: 2.00-4.00pm  
Imperial College, London – QEQM Building

### STEERING GROUP MEETING

#### Present

National Clinical Lead  
National Cancer Action Team  
National Programme Manager  
Imperial College

Mark Coleman (By Telecon)  
Andy McMeeking  
Laura Langsford  
Prof George Hanna, Hugh MacKenzie  
Melody Ni  
Vivek Datta  
Mike Stellakis  
Robin Kennedy  
Nader Francis  
Tamzin Cumming, Susannah Wyles

KGST  
Oxford  
St Marks  
South West  
Lapco TT Education

#### 1. Welcome and Apologies

Apologies were received from Roger Motson, Jared Torkington, Tim Rockall, John Griffith, Mark Gudgeon, Jim Khan, Selva Sekar, Arcot Venkat, Melanie Feldman.

#### 2. Minutes/Matters Arising

None arising from minutes of last meeting held Tuesday 3rd July at ACP Conference, Dublin.

#### 3. Imperial College, Educational Update

Hugh MacKenzie updated on the following:

##### 1. Post Sign-Off Audit

Data has been collected so far from 13 Consultants, 10 self reported, and 3 from NBOCAP with a total of 408 cases. Currently a total of 20 out of the 41 signed off Consultants have agreed to submit data. It was acknowledged that this is initial data and trend analysis will become more substantiated as further data is collected. A breakdown of gender, ASA Grade, BMI, Age, Diagnosis and T- Stage has been analysed by case volume. The resection type has been analysed with right hemi (34%), High AR (24%), Low AR (17%), Other (9%), Left Hemi (7%), APER (4%).

Clinical outcomes have been evaluated comparing post sign off cases (408) with pre-sign off cases (1409) for conversions, complications, readmissions, reoperations, in hospital mortality, hospital stay (median). Of particular note was the conversions which are at 10% for post sign off data, and 5% for pre-sign off data. It was acknowledged that although higher this is not to be unexpected and showed no cause for concern, recognising that post-sign off cases may by their nature be more technical and non selected for training purposes, and this was still considered an acceptable level. Further analysis of increased post sign off data will continue to review these figures.

Imperial will also review NBOCAP search strategy, they will discuss with NBOCAP the



possibility of searching with NHS numbers, validate 10% of self-reported data with NBOCAP, and continue to encourage self reporting.

## **2.Lapco Risk Prediction Score**

The aim of this work is to identify the impact of case selection on conversion rate, clinical outcomes and training performance, and to create and validate a pre-operative risk and prediction score. A total of 2341 cases (Lapco and Fellows) were analysed, a logistic regression model was used to identify risk factors for conversion. Significant risk factors were used to create risk prediction score. The score was validated by analysing clinical outcomes in “high-risk” and “low-risk” cases. It is proposed to develop this intellectual property into an iPhone App, and the software for this is currently being developed. Users will be required to enter gender, BMI, ASA and resection type into the “Colorectal Surgery Predictor” this will give a surgery outcome assessment as to the suitability of the case for training, with percentage statements of potential for conversion risk, and postoperative complication risk. The SG agreed that this was a very interesting tool, it is proposed to make the App freely available and validate Lapco risk prediction score prospectively. The question of liability was raised if the App recommended a case for training, but the patient had a poor outcome. Imperial College will update on the progression of this before programme end.

## **3.Qualitative Analysis of Expert Sign-Off Assessment**

The research question was investigated “What is causing trainees to fail sign-off?” A qualitative analysis of assessors comments was undertaken from a total of 208 cases submitted for sign off (119 passed and 89 failed). The errors described within the comments were classified to allow analysis. Logistic regression was used to identify predictors for unsuccessful sign off. The most significant predictor was incomplete/edited video (OR 8.7), other recurrent errors were identified in anastomosis, oncologically unsafe dissection, ineffective dissection, out of plane and tissue damage. A description of 8 errors have been identified on the Lapco web site, with accompanying 1-2 minute short video clips which can now be viewed at: [www.lapco.nhs.uk/sign-off-feedback.php](http://www.lapco.nhs.uk/sign-off-feedback.php) Future work includes gaining expert opinion on safety of errors using Likert scale questionnaire.

## **4.Impact of the Lapco TT Course**

Data was analysed from the last 3 Lapco TT Courses with 18 Consultant trainers who undertook an identical simulated laparoscopic appendicectomy lasting 7 minutes which were recorded. The videos were assessed using the STTAR form by 2 blinded assessors, further work was undertaken with an interview for all delegates pre and post course, with long term follow up. A chart was presented which showed an improvement in average scores with the mini STTAR form by all trainers before and after the course. Less experienced trainers consistently showed an increased marked improvement, and experienced trainers still showed an improvement albeit to a lesser extent. The STTAR form evaluated the delivery of the set and dialogue, and against structure, teaching behaviour, attributes and role modelling. The assessment of the immediate course impact has now been clearly proven, consideration to be given to longer term methodology to follow up for delegates who have attended the course.

## **4. NCAT Update**

Andy McMeeking reported on the following in respect of the restructuring of services:

### NHS Commissioning Board

The NHS Commissioning board was established on 1<sup>st</sup> October 2011, it currently has limited functions focussed on establishing and authorising CCGs, with full statutory responsibilities from April 2013. The National office will be based in Leeds, and four regions. 27 local area teams, 10 of the local area teams will be specialised commissioning hubs.



### Clinical Commissioning Groups (CCGs)

There are 212 CCGs, and 23 Commissioning support units to support CCG commissioning local services.

### Strategic Clinical Networks

These have been established in areas of major healthcare challenge where a whole system, integrated approach is needed to achieve change in quality and outcomes of care for patients. The first four are cancer, cardiovascular disease, maternity and children, mental health. The Networks will be established for up to 5 years depending upon the amount of change that is needed in a specific area. A map of England was presented to show the 12 senate geographical areas, each of the geographical areas will contain a support team to provide clinical and managerial support for the strategic clinical networks and the clinical senate. There are 12 senate geographical areas, each senate will provide clinical advice/leadership at strategic level to CCGs and Health and Wellbeing Boards (HWBs).

### The Mandate from the Government to the NHS Commissioning Board (NHSCB)

Published 13<sup>th</sup> November 2012

To set out the ambitions for how the NHS needs to improve over the next 2 years, it is based around 5 domains of the NHS outcomes framework which are: Preventing people from dying prematurely, Enhancing quality of life for people with long term conditions, Helping people recover from episodes of ill health or following injury, Ensuring people have a positive experience of care, Treating and caring for people in a safe environment and protecting them from avoidable harm.

The NHSCB is legally required to pursue the objectives in the Mandate. The NHSCB is under specific legal duties in relation to tackling health inequalities and advancing equality.

The New Improvement body will bring together several legacy organisations:

- NHS Institute
- NHS Improvement
- National Cancer Action Team
- End of Life Care Programme
- NHS Diabetes and Kidney
- National Technology Adoption Centre

The work programme will be based around priorities identified by the 5 domain Directors. It will be a much smaller organisation than existing legacy bodies, and will commission delivery of improvement.

A graph was presented of the HES data increase for laparoscopic colorectal resections between 2008/9 at 24% to 2012 (April/June) at 40%. In 2008/09, with the national average at 24%, 75 trusts were undertaking less than 20% of their resections laparoscopically which was shown in graph format. In 2012/2013, with 40% the national average, there are 14 trusts who are undertaking less than 20% of their resections laparoscopically which was presented in graph format.

## **5. Programme Activity**

In summary, the Coordination Office reported the following:

### 1. General Programme Activity

Since the last Steering Group meeting, the following summary of NTP programme activity was reported or is forthcoming:



- Immersion Course: 26<sup>th</sup>-28<sup>th</sup> September, Bradford
- Lapco TT Course: 3<sup>rd</sup>-4<sup>th</sup> October, Colchester
- NTP Masterclass: 18<sup>th</sup> October, Basingstoke
- Sign Off Submission Deadline: 31<sup>st</sup> October
- NTP Masterclass: 9<sup>th</sup> November, Plymouth
- Lapco TT Course: 28<sup>th</sup>/29<sup>th</sup> January 2013, Manchester

## 2. Lapco Courses

A review of Lapco funded courses was presented which confirmed that the following had taken place during the programme: 12 Cadaveric Courses (57 NTP Delegates), 11 Immersion Courses (5 Basingstoke and 6 Bradford for a total of 50 NTP Delegates), 8 One Day Education Masterclasses (800 Delegates and open to Non NTP), and the final ninth Lapco TT Course is taking place in January (65 Delegates).

### Recent Masterclasses:

- 18<sup>th</sup> October, Basingstoke  
Defining the suitable patient and suitably trained surgeon  
Emphasis on patient selection for LCS, working cross specialism with co-surgeons, SILS, Robotic Surgery and live theatre by NTP Trainers Arcot Venkat and Steve Arnold.
- 9<sup>th</sup> November, Plymouth  
Rectal Cancer – Where are we going?  
Presentations from Prof Hiro Hasegawa, Prof Bill Heald, Debate on short course radiotherapy surgeon v oncologist viewpoints, LCS Live Theatre with operating surgeon NTP Trainer Mark Gudgeon.

### Lapco TT

- Last Lapco funded TT Course (ninth course) on 28<sup>th</sup>/29<sup>th</sup> January 2013, Manchester
- 13 Faculty now trained for course delivery
- In total, 65 delegates will have attended 48 NTP Trainers (70%), 4 NTP Signed off Trainees, and 13 Non NTP Consultants.
- Proposed to run 3 courses per year after March 2013 (Bradford, Colchester, Manchester), The cost to run each course is £1,000.00 per delegate, industry support required and is available, aim to offer courses at a rate in the region of £495.00 per delegate.
- Bradford have identified course dates: 21<sup>st</sup> /22<sup>nd</sup> May 2013
- Educational Assessment element of the course to be discussed with educational team
- Discussion has been held with Royal College of Surgeons to take on course

## 3. Training Activity

- 1,882 Lapco GAS forms (including pending) have been recorded to date
- Largest volume by centre: Portsmouth 378 GAS (20.1%), South West 225 GAS (12%), North West 220 GAS (11.7%), Oxford 215 GAS (11.4%) and Colchester 162 GAS (8.6%).
- April to September 2012  
141 GAS Forms recorded, 40% of all training for this 6 month period was at Portsmouth (55 GAS), although minimal GAS forms (less than 3 in total by centre) now being recorded at Nottingham, Oxford, Guildford, KGST. No training activity recorded at Hull or Basingstoke.
- October to March 2013:  
Training activity will be funded to March 2013, trainees/trainers are encouraged to take every opportunity to access this even though it is recognised that not all trainees in training will reach the sign off assessment within the programme completion timescales.



#### 4. Sign Off Position

Sign off DVD submission timescale has been extended to end December 2012, this is the absolute latest deadline to ensure that a trainees submission can be distributed, assessed and the outcome reported before March 2013.

The Lapco web site now has an example of full length recently passed signed off right hemi colectomy and sigmoid colectomy at [www.lapco.nhs.uk/sign-off-procedure.php](http://www.lapco.nhs.uk/sign-off-procedure.php) As presented by Hugh Mackenzie, there is now a page on unsuccessful sign offs and 8 identified reasons, and video clips for trainees to view to assist with decisions on case selection, and suitable DVDs for assessment.

The current position reported confirms that 41 trainees are signed off, 12 trainees have submitted DVDs, 30 trainees have been invited to sign off, and 50 trainees are still in training. There are a total of 133 NTP Lapco trainees that have been or are currently engaged with the programme.

##### Signed Off: 41 Trainees

6 trainees were signed off pre-DVD assessment, 35 trainees have been successfully signed off through DVD assessment. There have been 22 resubmissions, and a total of 57 DVD assessments to date with a pass rate of 61% from DVD assessments. A total of 4 successful consecutive sign offs have taken place since the last SG meeting, the average number of GAS forms for successful passes is 15.04 GAS.

To date there have been 7 trainees signed off at both Portsmouth, and South West, 6 trainees from Oxford, 5 Trainees from both Bradford and Nottingham, 4 from the North West, 2 each at Colchester and Newcastle, and 1 from each of St Marks, KGST and Guildford.

There are 12 trainees who have submitted their DVDs, on average they have recorded 16.16 GAS which is hopefully a good indicator of success as sign off.

A total of 30 trainees have been formally invited to submit their DVDs, the average number of GAS forms recorded by this group is 13.16 GAS. Two thirds of these trainees are in contact with the Programme Manager, and have confirmed their commitment to submit as soon as possible, and before end of December 2012.

There are 50 trainees in training who have recorded 487 GAS in total or an average of 9.74 GAS per trainee. Of this 50 trainees, it was reported that 10 trainees have confirmed they are nearly ready to submit. There are 4 trainees with 20 or more GAS, 5 trainees with 15 or more GAS, 16 trainees with 10 or more GAS, 15 trainees with 5 or more GAS, 7 trainees with 1-4 GAS, and 3 trainees who have not recorded any training and are clearly not going to progress now who should be deregistered.

#### 5. Funding

April to September 2012: 141 GAS Forms were recorded in this period, all centres have received their funding confirmation letters at the end of October, which included their training and Lapco support role allocation. This will be released to PCTs through the IAT process on 30<sup>th</sup> November, LL to confirm to all finance contacts when this has taken place so that training centres can raise their invoices.

October to March 2013: Final Lapco funding payment, the last IAT payment through the PCTs will be made in early December. Funding allocations for training for this subject



period will be based on training delivered in October and November, along with projections for December to March 2013 which will be sought in the next week from training centres. Contact to be made with each training centre to obtain projections, responses will be cross referenced with training delivery in the first 6 months of the year to ensure that it is an accurate reflection of activity and commitment from trainees still in training. Due to programme end there will be no GAS reconciliation at the end of this period.

## **6. NTP Trainee Representative Feedback**

There as no formal report submitted.

## **7. LAPCO – Post March 2013**

Discussion was held with the group about the overall position with sign offs and training, and it is evident that not all registered trainees will complete their training by the programme end. Trainees have been advised that the funding responsibility for any continuation of training after 31<sup>st</sup> March 2013 will fall between trainee and trainer trusts by way of local arrangement. Prof George Hanna is going to give consideration to team resourcing at Imperial College to allow the sign off process to be continued after March 2013 for a duration to allow those registered with the programme to reach completion with the sign off. A moderate rate would need to be charged for this role, and payment for this would need to be resourced by either the trainee or the trainees trust. It is proposed that if successful, trainees would still receive a signed off letter from Mark Coleman as National Clinical Lead.

It was discussed with the group that the Lapco web site also needs to be given consideration at this stage. It has an NHS.uk address, and for it to be allowed to continue it needs to be managed by an NHS body/trust. The cost for the annual hosting is currently £1,500.00, and it was proposed that Mark Coleman would arrange a meeting with Anne James, Chief Executive of Plymouth Hospitals NHS Trust to see whether this could be hosted locally and managed through the trust. LL to arrange a meeting with Andy McMeeking, Mark Coleman and Laura Langsford to explore further at the earliest opportunity.

Once the position with sign off, and the web site have been clarified then all involved with the programme will be updated accordingly.

## **8. LAPCO Programme Meal**

It was proposed that a Lapco programme end meal for those involved with the programme, and who have supported our activities would be held in London in February/March 2013. MC and LL to progress and advise all.

## **9. Next Steering Group Meeting**

It was agreed that subject to the progress made with the continuation of sign off, and the hosting of the Lapco web site, that a date for a Steering Group meeting would be set which will be circulated to all at an appropriate juncture.

## **10. Any Other Business**

There was no other business to report.



### **Lapco TT Educational Assessment Meeting**

A meeting was held after the SG meeting with the Imperial Education Team, Tamzin Cuming, Mark Coleman, Nader Francis, Andy McMeeking, and Laura Lansford to review the educational assessment element of the Lapco TT Course. The following was agreed:

- The simulated educational assessment has now been proven the pre and post benefits of the course, and for this reason it no longer needs to be incorporated into the course programme.
- The emphasis will be placed on the use of the cSTTAR form on Day 2, all delegates to receive copies of their assessed theatre training episode, with an overall summary within 1 month of attending a course.
- Susannah Wyles to submit a draft paper on the cSTTAR form to Prof George Hanna to review with a view to publication
- In tandem with this a larger paper on the Lapco TT Course to be prepared, and submitted for publication after the cSTTAR paper.
- Prof George Hanna to oversee submission of papers, consideration was given to initially to *Anal. of Surgery*, *Colorectal Diseases*, *JAG*, *BMJ Quality and Safety in Healthcare*, *Medical Education Journal*.