

Notes and actions arising from the Obstetrics & Gynaecology and Paediatrics Specialty Training Board meeting held at 14:00 pm on 1st September 2022 via Teams

Present: Claire Alexander (CA) [Chair], Susan Brechin (SBr), Kirstyn Brogan (KB), Heather Currie (HC), Alan Denison (AD), Helen Freeman (HF), Matt Gillespie (MG), Carol Leiper (CLe), Christy Lamont (CLa), Chris Lilley (CLi), Chu Chin Lim (CCL), Peter MacDonald (PMacD), Jen Mackenzie (JM), Ailsa McLellan (AMcL), Karen Shearer (KrS), Ihab Shaheen (IS), Mairi Stark (MS) & Christopher Tee (CT)

Apologies: Helen Adamson (HA), Sarah Barr (SBa), Alastair Campbell (AC), Darren Cameron (DC), Joanna Chisholm (JC), Ian Hunter (IH), Mandy Hunter (MH), Laura Jones (LJ), Zoe Jacob (ZJ), Tom Fardon (TF), Shyla Kishore (SK), Tim Lewis (TL), Claire McFaul (CMcF), Ben Smith (BS), Laura Stirrat (LS), Alastair Murray (AM), Marion Slater (MS) & Jane Wilkinson (JW)

In attendance: Rachel Brand-Smith (RBS) (Minutes)

Item No	Item	Comment	Action
1.	Welcome, Intros and Apologies	The chair welcomed the members and noted the apologies.	
2.	Minutes of meeting held 05/05/2022	The minutes of the meeting held on 5 th May 2022 were agreed as a true reflection of the meeting.	Minutes agreed.
3.	Review of Action Points	It was confirmed that all action points from the previous meeting had been carried out other than the following: <ul style="list-style-type: none"> AC & PMacD were due to provide feedback on reports to Paediatric TPDs – CA to check this has happened 	
4.	Matters Arising		
4.1	Trainee Webpages	AC gave the members the following update related to deanery webpages including: <ul style="list-style-type: none"> Webpage Update: CA confirmed that there is now a dedicated Paediatric webpage. AC requested that all members refer trainees and Educational Supervisors to website content. 	

		<ul style="list-style-type: none"> • Updating Webpages: CL asked how the website would be updated. CA confirmed that content is managed by Niall MacIntosh (SPDS) and the paediatric contact is Dr Zoe Jacob (North Region). CL confirmed that links and information have been circulated today to trainees by Zoe Jacob. 	ZJ/ CT to keep webpages updated via Niall MacIntosh.
4.2	Trainee STEP Programme	<p>CA gave the members the following update related to the trainee STEP programme including:</p> <ul style="list-style-type: none"> • STEP & Specialty Groupings: CA gave a summary of STEP programme and confirmed the aim for the programme to run for STB specialties groupings. CA confirmed that she will attend a pilot in medicine in NOS and will feed back when this has been completed. The hope is to implement in 2023 • Action CA to meet AD 	
4.3	Workforce Issues	<p>CA gave the members the following update relating to Workforce including:</p> <ul style="list-style-type: none"> • Expansion Report Update: CA thanked CL, Susan Brechin and AD for work on the Workforce Expansion papers. CA confirmed that the papers were by Deputy Director of Medicine and then sent to the Shape of Training Group. The paper will then be sent to John Colvin for consideration by the Scottish Government at the end of September. • Expansion Request: AC confirmed that the following uplift has been requested: <ul style="list-style-type: none"> • CSRH: 2 posts • Paediatrics: 22 posts • Obstetrics & Gynaecology: 13 posts (25 over 2 years) • Future Expansion: CA confirmed that the paper indicates that further uplift will be required in these specialties. In addition to this, the report suggests the move to 'whole time equivalent' which would require a further uplift of 22 posts in O and G to compensate to WTE . • Non-Training Grade Solutions: CA stated that there are on-going discussions related to non-training grade solutions for service provision and CD forum should take this forward. CA has offered to input. 	CA to update at Nov meeting

		<ul style="list-style-type: none"> • Input from Service: CL asked how other stakeholders can provide input to establishment discussions. AC stated that the paper will go to health board leads such as DMEs, and feedback will be used in the report. HF stated that DEMs and Service Leads will provide feedback to health board Medical Directors at transition. HF stated that this feedback will then be relayed to SAMDS and college Reps. • Input from Royal Colleges: CL noted that Royal Colleges in Scotland do not have representatives that can easily link in to provide input to Scottish Government. CL stated that clarity is required over which college reps can provide feedback. • Input at STB level: MS stated that she has been told that college input should be at CSAC level and suggested that CSAC draft a letter addressing concerns to John Colvin. • Input from Scottish Academy: AD suggested that submissions could be provided through Scottish Academy via Alan Dalziel 	
4.4	BBT	<p>AC gave the members the following update related to BBT training programme:</p> <ul style="list-style-type: none"> • BBT & Paediatrics Issues: CA confirmed that she, AD, CL, and Graham Leask have met to discuss BBT issues in South-East Region. CA confirmed that if a trainee wishes to take up a paediatric post in this region there will be direct discussions with TPDs to see if the trainee can be accommodated. In addition to this, CL is to investigate issues of BBT neonatal provision. • BBT Programme South-East Region: AMcL asked for clarification on whether there will be a BBT programme in the South-East region. CL confirmed that there will not be a programme however that this could be developed in the future if a need is demonstrated. • NBBT & Quality Visits: AD confirmed that any proposed quality visits for BBT will be held in 2023. 	
5.	Specialty & STC reports	<p>Various issues were discussed relating to Specialty and STC reports including:</p> <ul style="list-style-type: none"> • LAT Issues: CA confirmed that LAT recruitment has been more efficient this year but noted that there was an increase in NTN places in E and W at the end of the academic year which saw a drain of LAT appointees south. KB confirmed that HEE authorised new NTN posts in late July, and this drew some trainees away from Scotland. 	

		<ul style="list-style-type: none"> • Obstetrics Deadline: CL asked if there was a deadline for Obstetric NTN posts to close. CA to clarify . 	CA to ask J Mck
5.1	CSRH Report	<p>Various issues were discussed relating to CSRH report including:</p> <ul style="list-style-type: none"> • SB stated that there are five national training numbers for 2022 with the latest trainee starting in NHS Greater Glasgow & Clyde. SB confirmed that one trainee will CCT in September and will start a consultants post in NHS Lothian. In addition to this SB confirmed that two trainees are presently on maternity leave with one trainee returning in 2023 and one trainee deferring for two years. In addition to this, one trainee is now 50% academic and clinical. • Workforce Issues: SB stated that the Scottish Clinical Leads for Sexual Health and BBV have drafted a report which will be submitted to Scottish Government outlining issues such as missed HIV screening targets and abortion support services. 	
	Obstetrics & Gynaecology Report	<p>Various issues were discussed relating to Obstetrics & Gynaecology including:</p> <ul style="list-style-type: none"> • West Region ST 1 Pilot Bootcamp: KB state that a pilot bootcamp for nine STs has been held in the West Region and had received positive feedback. KB stated that a presentation will be given at the next STB meeting in November with a view to roll out the programme to all Scottish trainees. • Trainee Evaluation Form: KB stated that a meeting has been held to discuss the educational needs survey for Obstetrics & Gynaecology trainees. KB noted that the meeting had been successful with various examples of good practice. • Workforce Issues: KB note that there were significant gaps across all regions partly due to late NTNs issues. • Trainee Visas Issues: KB stated that there were several locums and LATS waiting for visas which has been a particular issue in the North Region. CLe confirmed that Tier 2 team 	<p>CA to present to STB in Nov 22</p> <p>CA to disseminate findings to attendees and include ADe and AJC / PMACD</p> <p>CL to update Nov STB</p>

		<p>are aware of each case and noted that each case has unique issues. CLe stated that HR in contact with the Home Office daily to resolve outstanding issues.</p> <ul style="list-style-type: none"> • National Recruitment: KB raised the issue of ST3s not having all ST2 competencies after passing through national recruitment. KB confirmed that specific trainees are being supported at local level and asked how this could be reported back to National Recruitment. AC stated that she would discuss issue with Head of Schools and suggested KB contact Melanie (?) and Sophie Clark. JMck suggested contacting recruitment lead. HF and AD both noted that this issue has been found across other specialties and recommended reporting issues to JMck. • TEF Meeting: KB confirmed that a TEF meeting will be held soon, and a report will be produced with input from service. 	<p>KB to contact Melanie Tipples(?) and Sophie Clark about issues relating to these competencies via RCOG .</p> <p>JF to add discussion item to next meeting agenda. JMCK to update Nov STB re any national recommendations</p>
	Paediatrics Report	<p>Various issues related to Paediatrics were discussed including:</p> <ul style="list-style-type: none"> • AMcL stated that recruitment had gone well this year however there had been various issues including trainee sickness etc. at changeover time in August . AMcL noted that these issues were compounded by annual recruitment process used by paediatrics which can generate a significant attrition rate during the year. • Teaching Sessions: Various teaching sessions have been held including ‘Ten things you need to know about ARCP’. Three sessions relating to curriculum changes will be run in September. The STCs have developed trainee EDI groups. • Expansion Numbers: AMcL stated that expansion number are welcome. CA noted however that increase is a short-term increase for middle grade trainees and that posts will return to present establishments numbers in due course. • TPD meetings continue outwith the STB and are an excellent platform to discuss training and delivery issues. IS stated that TPDs are seeking additional ARCP and e-portfolio champions for trainees. 	<p>Ten top tips for ARCP advice to be disseminated to group</p>
	Paediatric Cardiology	<ul style="list-style-type: none"> • No rep at meeting 	

	Paediatric Grid (Sub Spec)	<p>Various issues were discussed related to paediatric GRID trainees including:</p> <ul style="list-style-type: none"> • Report Update: CL indicated his paper in which there was a summary of the proportion of trainees in each GRID post. CL noted that smaller subspecialties are easier to train to requirements however larger specialties do not have direct representation from the boards or CSAC. CL stated that additional information is required on trainee specialisms and training requirements. • Outstanding Issues: CL stated that there are several GRID sub-specialty areas that require attention. These include Community & Child Health (gaps in service and training) Haematology (issues related to maternity service review) and PICEE (service leads have not clarified training requirements). CL stated that these areas require more scoping. • Rotational Posts: CL stated that there have been improvements to rotational posts including neurology in the North and East Regions. CL confirmed that discussions have been held related to developing a possible neonatal post in the North Region and a metabolic post in the South-East and West Region. • Palliative Care Training: CL stated that there has been discussions about developing a Palliative Care programme however he noted that only one Palliative Care consultant in Scotland at present. • Service Input: HF asked how service input was collated for the report. CL stated that local department leads were canvassed for information. CL noted however that this was subjective information from departments and not a strategic board view. HF stated that she would discuss with DME group. AD stated that TOR for STB requires a regional service planning rep. • Community Child Health Workforce: PMacD asked if Community Child Health child health posts lay within scope of Acute Boards. HF stated that this would vary from area to area and that DMEs would be able to confirm. AC asked members to contact CL about queries. 	<p>HF to discuss service input issues with DME group</p> <p>All to contact CL with queries related to GRID reports</p>
5.2	DME Report	<p>Various issues related to the DME report were discussed including:</p> <ul style="list-style-type: none"> • Change Over Issues: HF stated that trainees had various IT issues at changeover, and this may have generated some complaints. 	

		<ul style="list-style-type: none"> • Trainee Issues: HF raised the issue of service being affected by issues such as delayed started on rotas and visas. HF noted that managing the Softer Landing programme for IMGs was challenging due to delayed starts. In addition to this, HF stated that there were trainee issues related to rota gaps and impact of LTFT. • Transitions Group: HF stated that the DME group would be responding to the Transitions Group paper. • Neonatal Services & Specialist Units: HF asked about the timeline for the Maternity Services Unit. CL stated that discussions so far have concentrated on Staffing and funding and not on care models. CL stated he would seek information on this. 	
5.3	Trainee Report		
	Paediatrics Report	<p>Various issues were discussed related to the paediatrics report:</p> <ul style="list-style-type: none"> • Trainee Webpages: CT stated that the new webpage is up and running. CT confirmed that paediatric reps from each deanery will be updating the site which will be managed by Zoe Jacob. CT stated that all reps will also be sending in photos and career summaries. • Supporting Professional Activities: CT stated trainee SPA time will be audited, and information will be available for the next STB meeting. AC stated that she has spoken to Tim about SPA time noted that SPA is regarded as good practice not is not mandated. AD noted that SPA is a recommendation in the RCPH charter. CA suggested CT to contact CLa about access to admin time and teaching in rota timetables. • Trainee Numbers & Rota Gaps: CT stated that Paediatrics has experienced rota gaps due to OOP and IRT/IDT transfers. • Shape of Training: CT stated that some trainees have concerns about Shape of Training changes, and these have been communicated to TPDs. 	CT to contact CLa about trainee access to admin time and teaching on rotas

	Obstetrics & Gynaecology	<p>Various issues were discussed related to the Trainee obstetrics and gynaecology report including:</p> <ul style="list-style-type: none"> • TEFF Meeting: CLa stated that TEF meeting has been positive. CLa stated that there were areas for improvement such as LAP Simulation training, Gynaecology Surgery as well as local and regional teaching to focus on. • Trainee teaching Survey: CLa stated that a feedback survey would be sent out to trainees looking at areas such as barriers to attendance, use of admin sessions etc. CLa stated that the survey will also look at suitability of national teaching. CLa confirmed that a meeting will be held to discuss curriculum requirements up to end of 2023. • ST1 Bootcamp: CLa stated that ST1 boot camp in West Region has received good feedback. • ARCP Issues: CLa stated that update from KB at the NDT meeting has been well received and has helped trainees complete ARCP paperwork. • O&G Exams: CLa stated that the exam pass rate is down from previous years and may have been affected by trainee burn-out and service demands. CL stated that results should be viewed with several years data. • Good Practice for GP Training in O&G: CLa stated that GP trainees in Gynaecology training posts are not receiving suitable training experience. CLa stated that some trainees are carrying out FY1 tasks. Conversation with Duncan Henderson (Foundation Lead) about placing Foundation Trainees in Obstetrics & Gynaecology posts would be useful. PMacD confirmed that GP trainees have noted training issues. KB stated that Foundation trainees in Aberdeen are used in O&G units. 	CA to contact DH re FY1 in O and G
5.4	Deanery issues		
	Quality	<p>Various issues were discussed related to Quality including:</p> <ul style="list-style-type: none"> • GP Curriculum Changes: PMacD stated that GP training may move towards increased time spent in GP practice and less time in hospital posts. PMacD noted that fewer hospital posts would be required. PMacD stated that hospital posts may be required to be revised to make OGP attractive to lower number of GP trainees. • Quality Visits: PMacD confirmed that the only quality visits have been a triggered visit to Queen Elizabeth Hospital Glasgow, Children's Hospital, Neonatal Unit. PMacD thanked CL and IH for their interventions and quality team had given a positive report. 	

		<ul style="list-style-type: none"> • QRP: PMacD stated that the QRP will be in October. PMacD noted that all the areas with Red Flags are known cases apart from a new case at NHS Borders which will receive a Quality investigation ahead of any potential visit. PMacD stated that a visit is scheduled for the Royal Infirmary, Edinburgh Hospital for Children & Young People. 	
	Training Programme Management	<p>Various issues were discussed relating to Training Programme management including:</p> <ul style="list-style-type: none"> • New Administrator: KS stated that a new admin officer has been appointed who will cover Paediatrics and will be based in Inverness. • TPD Associate Away Day Meeting: KS confirmed that this meeting will be held in November in Dundee. • CCT O&G Trainee Query: CLe stated that TPM are receiving increased queries from trainees about CCT process. CLe asked whether the programme pathway has changed. CA stated that issues may be related to changes related to competency based programmes c w time based. CA suggested that trainee be advised to discuss issues with TPDs. KB suggested that this could be due to trainees on LTFT or OOP. CLe suggested discussing out with STB. 	TPM to discuss trainee CCT queries with KB
	ARCPs	<ul style="list-style-type: none"> • AMcL stated that ARCPs have gone well and a list of points for improvement for next year has been created. KB state that thanked CL and Karina for support. KB stated that all trainees receiving Outcomes 3s are down to exam issues not competency issues. 	
	Rotations	<ul style="list-style-type: none"> • AMcL stated that TPD meetings have been useful for organising rotations. IB thanked TPM for help with rotations. 	
	Recruitment	<p>JMcK gave the members the following update related to Recruitment:</p> <ul style="list-style-type: none"> • Recruitment Information: JMCK stated Paper D contains fill rates including Round 2. JMCK stated that the timelines for recruitment 2023-24 are now available. • Information from Regional Recruitment: JMCK confirmed that Lead Recruiters have started sending in information. JMCK confirmed that Paediatrics have sent out information on ST3 and ST4 panellist requirements and information relating Level 1 dates. 	

		JMcK stated that links would be sent out relating to this. JMCK confirmed that Paediatrics will now use two stations where trainees will see two assessors.	
	MDST	<p>AD gave the members an update related to MSDT including:</p> <ul style="list-style-type: none"> • APGD Appointment: AD congratulated Claire Alexander on being appointed APGD for South-East Region. • Remote, Rural Health & Social Care Centre: AD stated that that NES has been asked to host the new Centre for Remote & Rural Health & Social Care. AD stated that this indicated a shift to multi-dimensional professional approach to workforce education. • Moray maternity Unit: AD stated that he in ongoing discussions related to the Murray Maternity Unity. AD asked if there are any changes in clinical service delivery these be reported to AD as they will impact discussions. • Medical Associate Professionals Commission: AD stated that the Scottish Government have asked NES to host commission which aims to raise the profile of physician associates, anaesthetics associates, surgical care practitioners and critical care professionals etc. • LTFT & Whole Time Establishment Discussions: AD stated that discussions are ongoing with Scottish Government to use whole time equivalent for trainees on LTFT etc. • Economic Impacts on Trainees: AD stated that economic issues have been discussed CoPMED and action may be taken on cost of fees etc. • Portfolio Changes: AD stated that there may some changes to LDD portfolios within in NES. 	
	Equality and Diversity	<ul style="list-style-type: none"> • CA stated that EDI report will be sent to Charu Chopra as agreed for Nov STB which CC cannot attend 	
5.5	Simulation	<ul style="list-style-type: none"> • To be discussed at next meeting. 	
5.6	SAS Report	<ul style="list-style-type: none"> • HC asked the meeting what information was required for the STB with regards to SAS. CA stated that she would e-mail HC. 	CA to e-mail HC about SAS reps role in STB

5.7	Shape of Training Update	<p>CL gave the members an update relating to SLWG including:</p> <ul style="list-style-type: none"> • Changes to Training: CL stated that a paper was presented in September outlining changes to training pathways. CL stated that current Levels 1 & 2 will become Level 1 Level 3 will becomes Level 2. CL noted that each programme has responded differently depending on how trainees are allocated. CL stated that changes would be implemented in 2023 onwards with an attempt to increase training opportunities at Level 2. • Regional Response: CL stated that the West Region will use additional trainees to develop posts and the South-East Region will change to four-month rotations. CL stated that this reflects what is happening elsewhere in UK. • ST4 Trainees & Training Pathways: CL sated that all Education Supervisors will have to meet with ST3s to ensure they are sure about appropriate pathway. CL stated that some trainees will have to complete an additional year to match Level 2 requirements. • Further Shape of Training Meeting: CL stated that a meeting will be held on 29/09/2022 to discuss training pathways, impacts on GRID trainees and college support for trainees after ST5. CA thaned CL and TPD for input to Shape of Training Work so far 	CL to update NOV STB following SOT meeting at end of Sept
5.8	Medical Director's Update from Health Boards	<ul style="list-style-type: none"> • No report available. 	
5.9	RCOG/RCPCH Heads of Schools reports	<p>The following issues were discussed relating to the RCOG and RCPCH reports including:</p> <ul style="list-style-type: none"> • RCOG Report: CA stated that she would report back to members after meeting at end of October • RCPH Report: CA directed members to CL's report and suggested any queries be e-mailed to CL 	
6.	Lay Report	<ul style="list-style-type: none"> • lay rep not present 	
7.	AOCB	<ul style="list-style-type: none"> • There were no additional items of business. 	

8.	Papers for Information Only	There were no papers.	
9.	Date of Next Meeting	Date of meetings for 2022: <ul style="list-style-type: none">• Thursday, 3rd November 0930 – 12.00 (2.5 hour meeting was agreed for November.)• All invites with links to Teams have been sent out – if any issues, please contact: committees.medical@nes.scot.nhs.uk	