

Notes and actions arising from the Obstetrics & Gynaecology & Paediatrics Specialty Training Board meeting held at 9:30 am on Friday, 3rd March 2023 via Teams

Present: Claire Alexander (CA) [Chair], Helen Adamson (HA), Sarah Barr (SBa), Susan Brechin (SBr), Nicola Britton (NB), Kirstyn Brogan (KB), Joanna Chisholm (JC) (deputising for Ailsa McLellan) Alan Denison (AD), Tom Fardon (TF), Helen Freeman (HF), Vicky Hayter (VH), Mandy Hunter (MH), Christy Lamont (CLa), Chris Lilley (CLi), Calum Morrison (CM) (Deputising for Ian Hunter), Laura Stirrat (LS)

Apologies: Darren Cameron (DC), Alastair Campbell (AC), Heather Currie (HC), Matt Gillespie (MG), Ian Hunter (IH), Zoe Jacob (ZJ), Laura Jones (LJ), Shyla Kishore (SK), Carol Leiper (CLe), Peter MacDonald (PMacD), Jen Mackenzie (JM), Ailsa McLellan (AMcL), Allyson Ramsay (AR), Ben Smith (BS), Ihab Shaheen (IS), Karen Shearer (KS), Mairi Stark (MS), Christopher Tee (CT)

In attendance: June Fraser (JF) (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 03/11/22	The minutes of the meeting held on 3 rd November 2022 were agreed as a true reflection of the meeting.	Minutes agreed.
3.	Review of Action Points	<p>It was confirmed that all action points from the previous meeting had either been concluded or were on the agenda for 3rd March and the following updates were given:</p> <ul style="list-style-type: none"> • BBT Update – on 8th November CA attended a positive meeting with the lead for BBT and others. BBT trainees will still be accommodated mostly in the region of Scotland Deanery where they do their BBT training an application for paediatric training in the south east of Scotland will be considered on an individual basis. All BBT trainees moving into Paediatric training will meet the TPD 7-8 months prior to that rotation to assess their training needs. There will be an annual review of ARCP outcomes in Paediatrics from those trainees who have come into Paeds from the BBT programme. 	

		<p>There was also an agreement that the training opportunities in BBT would be mapped to the Progress Plus curriculum in Paediatrics and CLi and GL have done an enormous amount of work producing that extensive document. It will be looked at further at the Shape of Training Meeting in March and then brought to the OGP STB in August.</p> <ul style="list-style-type: none"> • Changes to GP Training – following discussions with Amjad Khan it was confirmed that there are no current plans to change the model for GP Training in Scotland due to a lack of support for funding that model from Scottish Government. • Differential attainment – no replies received from members of the STB about thoughts on dashboard or why not using it. CA will contact people individually about this. 	
4.	Matters Arising		
	Local Teaching	<p>The GMC survey and RCOG TEF survey of training in Scotland revealed there were significant concerns about local teaching in terms of quality, frequency etc. CLa supported by LS organised a small survey of teaching across Scotland in O and G and will discuss those findings briefly today and in more detail at the June meeting. A meeting at the NES Westport office, with a hybrid option is planned for Friday, 10th March with representation from most units across Scotland to look at good practice around local teaching and any changes that can be made going forward. The results of this meeting will be reported back in due course. Regional teaching will also be discussed</p>	CA and Cla – June STB
	Longitudinal Educational Supervision in Paediatrics	<p>Paper 9 was submitted to the group which gives background to the benefits of longitudinal educational supervision for trainees. CLi asked the group the following questions:</p> <ul style="list-style-type: none"> • Is educational supervision a goal to which OGP should be aspiring or is the current model one that people recognise as being appropriate (the current model in most paediatric placements is that the educational clinical supervision are combined and last for the duration of the placement • Should we aspire to having a separate Educational Supervisor from the beginning of training with rotating clinical supervisors (issues with this are allocation of supervision and where the governance lies. There would also be potential resource required if trainers felt they had dual roles for which they needed more than the current 0.25 PA/ trainee allocation). 	

		<p>As we are about to enter a period of significant change for Paediatrics this might be a reasonable time to explore and change. There are positives to argue from a trainee journey point of view and also ensuring Educational Supervisors are properly trained and targeted to deliver to be able to deliver what is required in a complex and changing environment.</p> <p>Comments given were:</p> <ul style="list-style-type: none">• Many positives about longitudinal educational supervision and the advent of Teams makes it more deliverable when people are in different sites. In terms of how service is planning and time allocated it would probably be easier to do it in this year as it frees up people to be clinical supervisors in a unit. The consistency of approach would be greatly beneficial.• From a trainee perspective it is a brilliant idea to have someone to follow you through training and know your specific needs. It is seen in GP training and colleagues have found it supportive. Important thing would be selection of trainer and training of trainers.• From a DME perspective there is a benefit for longitudinal supervision however there can be issues if the relationship between the supervisor and trainee does not work and there needs to be a process for dealing with that. Resource is an issue due to increased time demands and capacity currently is already stretched. Issue about allocation – this would not sit with the DME as they would not have awareness of timing job plans. If you have a rotational model, if having longitudinal supervision – may only receive trainees at a midpoint of the programme potentially losing the opportunity to develop that relationship. Idea is good but practical challenges need to be looked at.• Sometimes there is a real benefit from TPDs being able to allocate educational supervisors. The college have a desire for supervisors and their trainees to meet monthly. However the document refers to 2 to 3 times per year.• CSRH have one ES across the whole training for each trainee and that has worked well however when there is a clash of personalities it is difficult to change. When asked trainees themselves, they wanted one ES across most of their training with the option of switching in their later years. Some ESs prefer to work in the senior years of training when more emphasis on leadership and management. What the trainees value as well must be considered	
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	STEP	Meeting on 28 th March of senior OG & P team to discuss with ADe the roles and responsibilities in how going to take STEP forward.	CA to report back on progress at next STB
5.	Standing Items of business		
5.1	Specialty & STC reports	<ul style="list-style-type: none"> • CSRH – SBr reported that all going well. There are 3 trainees in Lothian and 2 in GGC. Vacancies due to CCT and LAT posts advertised for Lothian to August and one for Glasgow from Aug 23-24. 3 posts are being advertised at the beginning of March in the national recruitment interviews and two new posts plus a vacant post. Hoping by August of this year to have seven permanent posts - 2 trainees in Grampian and rest spread between Lothian and Glasgow. Positive feedback from trainees and ESs. • O&G – KB reported that O&G still struggling to offer gynae surgical training in some areas as gynae operating remains variable across different sites and although many operations are back up and running some sites are finding that gynae is being cancelled in favour of other specialties that have longer waiting times. Trying hard to promote simulation training. 	

		<ul style="list-style-type: none"> • Paeds – JC updated the group in AMcL’s absence. Interviews for recruitment are ongoing and almost completed and felt to have gone well. ARCP planning is ongoing and dates are out. • Expansion posts – south east are very unhappy about the allocation of the uplift posts and are concerned about the impact moving forward on their training programme. They had expected 6 and received 3. It was noted CA as APGD in the south east met the TPDs to discuss. It was also escalated to the Assoc medical director NHS Lothian. ADe commented that the decision to allocate trainees to NOS to support Scot Gov strategy was discussed at highest level within NES – the numbers in SES still equate to still slightly over the 25% of the total Paediatric trainee establishment so are where the allocation should be. There will be opportunities to make a case for additional posts in the future. CLi noted that whilst looking at the data across the different programmes discrepancies (due to trainees OOP etc) were apparent this year compared to last year in terms of numbers of trainees ST3 and above in different programmes and SE looks like its facing an issue which was not present in the figures last year. • Paediatric Cardiology – no representative available. • Paediatric Grid – CLi noted that awaiting official confirmation of fills for the grid posts put in this year. Continuing to support rotational programmes as much as possible. This may be challenged by some of the fills this year which can be discussed further at the next meeting. 	
5.2	DME Report	<p>HF reported the following:</p> <ul style="list-style-type: none"> • Service had lots of pressure across the system and through the winter that has improved. • Watching with interest the BMA ballot in England/Wales and what that means in coming months in Scotland. • Uncertainty across the group about the impact of the new curriculum in paed. Attempts have taken place to facilitate conversations locally and that is often challenged by availability of the relevant parties. • Not clear about the in programme allocation in new posts across all regions. It would be helpful to look at the mapping of the numbers and grades in the coming years for each region. This would help with service planning. 	HF to contact TPDs re mapping of posts

		<ul style="list-style-type: none"> • Sim and bootcamps are welcome however note of caution when developing new things to ensure service are notified and also look at impact on time away from service and cost of travel. Lack of clarity re where costs for travel and accommodation lie. • STEP programme – Boards are involved with the Softer Landing Programme. If offering trainees STEP then again introducing a note of caution to ensure that DMEs are cited as there have been issues with delayed starts, late notification etc. 	<p>CA to discuss potential issues for STEP implementation with HF</p>
<p>5.3</p>	<p>SLWG – Shape of Training</p>	<p>Paper 8 was sent to the group and is a summary of the position of Shape of Training currently and was summarised by CLi. North of Scotland has already implemented the new way of working in August 2023.</p> <p>Paper put forward to the Transitions Group describes the changes in the programme and the impact upon services and programmes in 2026 and beyond. CLi plans to update that paper with the new data and model what effect that has so that can look to what recruitment should be next year.</p> <p>CLi stated that there is a long-term tariff for these programme changes as having to put first on trainees into posts which are not as acute and in some situations delay progression to Tier 2 working. Long term contraction in Tier 2 equivalent trainees because of the 8 years into 7 years programme. These longer term effects are not modelled on the paper but need to be taken into account.</p> <p>Workforce planning was discussed in general and with regard to Tier 2 trainees. There needs to be discussion beyond the group as to how the gap for Tier 2 trainees can be bridged. ADe is in discussions with the GMC in ensuring the strategic voice of service is as close as it can be to commenting on the impact of curricular changes.</p> <p>There was discussion re national review of maternity and neo-natal services – this has not implemented as yet. There is a trial period where various units have been working to the aims. However, there is no clear answer as yet.</p>	<p>Brief Report on SOT Progress Plus implementation for each region to be available for June 23 in order than any potential issues which will need mitigated are clearly visible – CLi and Paeds TPDs</p>

5.4	Deanery issues		
	Quality	There was no representative available from Quality for an update.	
	Training Programme Management	KS is retiring at the end of March 2023 and VH will be taking over her position. OGP STB gave their thanks to KS for all her years of hard work and extensive expertise given to the STB.	
	ARCPs	KB noted: <ul style="list-style-type: none"> • Number of out of sync ARCPs and are going to look stringently as to how to reduce this. ADe noted: <ul style="list-style-type: none"> • Covid Derogation 10s will cease to apply as of 30th September 2023. 	KB and colleagues to liaise with TPM to streamline number or frequency of ARCP panels if possible
	Rotations	There was nothing further to add regarding rotations.	
	Recruitment	Paper 2 was circulated to the group with current information on recruitment.	
	MDST	AD gave the members an update related to MSDT including: <ul style="list-style-type: none"> • Formal thanks to KS for hard work and expertise. • Expansion cases – case preparation needs to start in earnest for specialties Looking to have them for review by next STB. • Neuro-diversity – discussed proposal on how best expand support and offering for trainees with dyslexia and other neuro-diverse conditions. This is part of a UK wide initiative to ensure as inclusive and as flexible as possible in supporting trainees. • Number of retirements of PG Deans in Scotland and anticipate the recruitment for their successors start quickly. • Discussed simulation recently and lots of investment by Scotland Deanery – need to ensure it is done for the right reason and right time and place. Needs to meet unmet curricular needs and not involve a huge amount of travel. New Deputy Medical Director Lindsay Donaldson is going to be very involved in that. • Dr Gray’s Hospital – Ministerial commitment in December for reintroduction of consultant led obstetric services by end of 2026. This places challenge on service and 	

		<p>will be asked to do what can to support that sustainability and resilience of service there and in other pressure points in Caithness and Raigmore.</p> <ul style="list-style-type: none"> • Ballot announced for Scottish junior doctors who are members of the BMA and await how that will play out. • Discussions around delayed starts – i.e. due to visa issues, health issues and best way to deal with these. Paperwork around this will be sent out as soon as available. • Rising concern re provision of clinical academic workforce in Scotland. Large increase of medical students, however the academic workforce is not where it could be. 	
	Equality and Diversity	<ul style="list-style-type: none"> • Work around the induction STEP programme is a really important part of the focus on EDI – moving forward with that currently. 	
5.5	Simulation	<p>O&G</p> <p>Paper 3 – Sim proposal for O&G was circulated to the group. SBa presented the paper and noted that proposing to work on streams where sim is already well established with purpose of improving access for trainees across Scotland for what in place before developing anything new.</p> <p>It was taken on board that travelling to different areas is tricky in Scotland but some expertise and equipment can be specialised and unable to be used elsewhere. NOTTS is one such course and it will need to be discussed with the TPDs as to how to support trainees in attending at Larbert.</p> <p>The Chair asked how the STB can help with the sim plans and the following were noted:</p> <ul style="list-style-type: none"> • Feedback via TPDs to the trainees that these resources are available and encouraging them to attend. • Support re funding for travel. • Ideas for encouraging consultant colleagues to continue as faculty. <p>It was noted that funding would be top-sliced from study leave budget. There should be no trainee who cannot achieve their unmet curricular competences and monies can be found within the study leave budget if required and are taken on a case by case basis.</p>	<p>TPDs to note sim work and promote to trainees</p> <p>Sim leads to deliver sim update annually to STB</p>

		<p>Ade asked that make sure there is a line between the unmet or hard to deliver curricular competences in the training environment such as gynae surgery which is a real concern currently. If there is a line of sight then it is easier to advocate for a case for funding to mainstream the course.</p> <p>There will also be some support available through RCOG for funding for some sim work.</p> <p>Low fidelity courses will also be looked at for O&G particularly in team simulation in each for the maternity units throughout the UK.</p> <p>Very positive update and O&G are grateful for support from NES to date. SB was thanked for her work and comp</p> <ul style="list-style-type: none"> • Paeds Dr Kathleen Collins APGD for Sim Paediatrics will be starting in April 2023 	
5.6	SAS Report	HC unable to attend but has submitted a report which is attached.	
5.7	Trainee Report	<p>Paeds NB discussed the north Deanery updates (nothing from east, west or south):</p> <ul style="list-style-type: none"> • ZJ had done a survey looking at loss of SPA time and it was not very well engaged with by trainees and unable to collect any meaningful data. • In the east a similar survey has now been conducted. • new Shape of Training curriculum – main issue is organisation, i.e. trainees not having adequate idea of who to contact for training opportunities, supervision and aims of the rotation. Trainees are trying to contribute to increase meaningful training opportunities and have requested more detailed clarification from TPDs on roles and responsibilities within these rotations i.e. CAMHs, Public Health, Research. It is an evolving situation. CA noted large amount of work by CLi and colleagues including ‘information sessions’ several of which have been delivered. • New Paeds website useful and being updated. • ZJ is going to be stepping down as rep. Thanked by Chair for her input into STB 	Trainees with questions re SOT to contact TPDs

		<ul style="list-style-type: none"> • Recognition amongst trainees that trainers proactively help with training and training issues and this was very evident at the recent trainee of the year nomination process – very appreciative comments from trainees about the trainers. • The TEF survey is open again for 2023 – the deadline has been extended and currently stands at 61% response rate from trainees in Scotland. It is now mandatory for the ARCP this year so planning to send a reminder to the trainees which will hopefully increase the numbers. • Some trainees asked about allocated time for statutory/mandatory training through the Board and what the formal line is on this. It was confirmed by ADe that where the employer requires you to undertake statutory mandatory training then the employer is responsible for making sure you have the private time to do that. It is a terms and conditions issue for the employing Board. • Pregnant trainees – is there a formal agreement about if and at what stage pregnant trainees can come off working nightshift? It was noted that this is an individual arrangement through an occupational health assessment for each person. • The return to work guidance from NES and both Royal Colleges was signposted by the chair. 	
5.8	Medical Director's Update from Health Boards	<ul style="list-style-type: none"> • No update provided. 	
5.9	RCOG/RCPCH Heads of Schools reports	RCOG papers circulated for info as per point 8 below.	Any comments re RCOG Advanced Curriculum review in terms of deliverability or other issues to CIA/AJC before 11th April please
6.	Lay Report	HA voiced that there appeared to be variation within local teaching but was aware of the work that everyone conducted to try and ensure equity. As a lay person she had assumed teaching would be uniform across the Deanery. CA assured that all of the doctors in training across Scotland in the OGP specialty grouping are receiving the equivalent training across all aspects of the curriculum in terms of clinical skills and all that goes with it but it is the structure and	

		frequency of formal teaching sessions and didactic teaching that is quite variable due to the pandemic Despite that CA acknowledged a review was necessary and STB will be updated in June 2023.	
7.	AOCB	There were no additional items of business.	
8.	Papers for Information Only	Papers 4, 5, 6 & 7	
9.	Date of Next Meeting	Date of meetings for 2023: <ul style="list-style-type: none"> • Friday, 9th June – 9:30-11:30 am • Friday, 1st Sept – 9:30-11:30 am • Thursday, 30th Nov - 2:00-4:00 pm (date was changed from 1st Dec) NOTE NEW DATE 	