

**Notes and actions arising from the Obstetrics & Gynaecology and Paediatrics Specialty Training Board meeting held at 2:00 pm on 5<sup>th</sup> May 2022 via Teams**

**Present:** Claire Alexander (CA) Chair, Helen Adamson (HA), Sarah Barr (SBa), Kirstyn Brogan (KB), Alan Denison (AD), Helen Freeman (HF), Ian Hunter (IH), Mandy Hunter (MH), Carol Leiper (CLe), Tim Lewis (TL), Chris Lilley (CLi), Chu Chin Lim (CCL), Peter MacDonald (PMacD), Jen Mackenzie (JM), Claire McFaul (CMcF), Karen Shearer (KrS), Ben Smith (BS), Mairi Stark (MS), Laura Stirrat (LS),

**Apologies:** Susan Brechin (SBr), Darren Cameron (DC), Alastair Campbell (AC), Joanna Chisholm (JC), Tom Fardon (TF), Laura Jones (LJ), Christy Lamont (CLa), Zoe Jacob (ZJ), Shyla Kishore (SK), Ailsa McLellan (AMcL), Alastair Murray (AM), Ihab Shaheen (IS), Marion Slater (MS), Jane Wilkinson (JW)

**In attendance:** June Fraser (JF) (Minutes)

Item	Item name	Discussion	Agreed/Action
1.	<b>Welcome, Intros and Apologies</b>	The Chair welcomed all attendees and apologies were noted.	
2.	<b>Minutes of meeting held on 31<sup>st</sup> March 2022</b>	The notes of 31 <sup>st</sup> March 2022 meeting were accepted as an accurate record other than the following amendment: <ul style="list-style-type: none"> <li>• Change typo of RCPCH to RSPCH</li> <li>• Date of previous meeting should be 25<sup>th</sup> November 2021 rather than 24<sup>th</sup> June 2021</li> </ul>	<b>JF to update March Minutes.</b>
3.	<b>Review of Action Points</b>	All actions carried out or discussed elsewhere in the agenda or added to future agenda other than the following:  5.6 AC/PMacD were due to provide feedback on reports to Paediatric TPDs – CA to check this has happened. 5. Step Course – CA thanked all those who have offered help and requested offers of help from Paediatrics.	<b>CA contact AC/PMacD to ensure carried out. Paediatrics – offers of help re STEP course to be emailed to CA.</b>
4.	<b>Matters arising not elsewhere on the agenda</b>		
	Professional Development	CA delivered a session with colleagues at the Scottish Medical Education Conference in May re recognition of trainers. What kept coming up was that trainers want specialty specific education delivered by NES and specialty specific updates. NES does not provide specialty specific education but is keen to ensure signposting of appropriate resources and updates.	

		There should be a standing agenda item on the STB for Professional Development and that agenda item could provide a way of signposting any updates around webinars and training courses for trainers that would help satisfy their ROT requirements. Particularly at STC level it would provide a platform for TPDs to update ESs and others about e-portfolio changes, ARCP derogations and curricular changes.	<b>TPDs to take back to STCs across CSRH, Paeds, O&amp;G and Paed Cardiology to ensure professional development is standing agenda item at STC and use to signpost</b>
	Deputy TPDs	It has been decided to phase out Deputy TPD posts. This will have implications for STB members	<b>More info required and discussed at next STB. CA to clarify with ADe</b>
	BBT		<b>CA to update at next meeting</b>
<b>5.</b>	<b>Standing Items of business</b>		
<b>5.1</b>	<b>Trainee Issues</b>	<p><b><i>Paediatric update TL/LC</i></b></p> <p>TL discussed slides (Paper B) regarding a survey on SPA time (discussed at last STB meeting in March).</p> <p>TL was thanked for presentation and hard work in producing the work in such a short timescale. In terms of the labelling of SPA time – the definitions of SPA time and Admin time were clearly given at the beginning of the survey. It needs to be labelled clearly within rotas as well however as different taxonomy used.</p> <p>Comments included:</p> <ul style="list-style-type: none"> <li>• Although highly desirable for wellbeing, how would it be funded and how would the service be covered? Workforce extremely stretched currently and unable to make up the deficit.</li> <li>• At the moment Boards are only “encouraged” to provide SPA time but it is not mandated. However, if showing detriment to achieving curricular competencies would need to be addressed and factored into workforce calculations in future.</li> <li>• May not be an ongoing problem if majority of issues caused by Covid.</li> <li>• Case for looking at the issue across all specialties as part of Quality workstream.</li> </ul>	<b>CA will discuss further in one to one with TL.</b>

		<ul style="list-style-type: none"> <li>• Suggestion for RCPCH to approach Scottish Government directly or via the Scottish Academy to discuss this.</li> <li>• Point out good practice to departments which are struggling to facilitate.</li> <li>• Paper being put together for Shape of Training and this information re wellbeing could be used in support of that paper.</li> </ul> <p>LTFT – the gold guide will potentially be removing the criteria so that LTFT will be available to all, however this hasn't as yet been published/rolled out.</p> <p><b>O&amp;G (LS)</b>  Overall, there are still challenges with staffing and impact on wellbeing, however some of the challenges from last year have improved, specifically gynae operating most notably in Aberdeen. Some feedback on website – overall people feel it is positive and a useful resource. In keeping with what Niall MacIntosh has suggested in report need to be proactive in reminding people of it. Been able to signpost people to the website which is very helpful. Trainees have said it is very useful to have a list of the ATSMs that are offered. The out-of-date regional teaching dates were deleted and would like these to be restored and kept until the end of the training year. Need to ensure that when new cohort starts that website info is passed over to them.</p> <p>Laparoscopic equipment – follow up survey to take place at the end of this year with Questback if possible. It was agreed by STB that this could take place.</p> <p>Possibility that may have opportunity for Scottish trainees to host the RCOG's National Training Conference. ST and CLa are discussing putting in a bid for hosting this. STB supportive of this opportunity and can provide advice etc.</p>	<p><b>CA to feedback these points to NM. CA also to contact required persons to ensure website kept up to date.</b></p>
5.2	<b>DME Report</b>	<p>Ongoing significant challenges in service which aware are impacting on training opportunities in several areas. Keen to understand through STCs and STBs and local TPDs of any areas that need solutions addressed. Also aware of general fatigue and impact on morale and looking at system to support trainees and trainers in that context. Been contributing to Shape of Training paper for Paediatrics. Keen to be cited on local potential implications and challenges and there are concerns about impact on rotas and stability.</p>	

		Work going on currently with DMEs and colleagues in NES looking at SARs and supporting trainees through SAR processes with a hope to try and improve opportunities around training and support nationally.	
5.3	<b>Specialty and STC reports</b>	<p><b>Paediatrics STC</b> No representative available.</p> <p><b>CSRH</b> No representative available.</p> <p><b>Paeds Cardiology (BS)</b> National recruitment concluded last week –. No significant issues with staffing. Trying to improve trainee experience in current climate and now getting much better out-patient experience. Have changed the way on-call works so that progressively taking on a more senior supervised role out of hours – this has last been managed in 2004 so excellent that able to go ahead with this. Hoping to improve the outreach experience of trainees at clinics not in Glasgow as very Glasgow-centric.</p> <p>Paeds Cardiology don't figure in the National Training Survey as number of trainees so small. SAC runs own survey yearly and collates results. Survey suggested that trainees in Scotland very satisfied and comments very encouraging.</p> <p><b>O&amp;G STC (KB)</b> Still the same issues across the boards with short-term sickness cover in particularly impacting rotas which have gaps. Looking forward, from August across whole of Scotland, there are a lot of gaps due to OOP, IDTs and IRTs before even looking at maternity leave and LTFTs. Numerous complaints from units re these gaps and particular issues with middle grades. Looking for extra support in this regard. Discussions took place regarding this issue. Support offered to TPDs. It is hoped TEF feedback meeting at end August will help training leads and service leads come together to understand issues</p>	<b>CA/KB to discuss further with TPDS outwith meeting re filling gaps and LATs</b>
5.4	<b>Deanery Issues</b>		
	<b>Quality</b>	2 visits recently – O&G at Princess Royal, Glasgow which was a follow up on enhanced monitoring and O and G at Edinburgh Royal Infirmary. Common finding at both hospitals was that the least satisfied group of trainees were the GP Trainees. They are not receiving a training experience which maps well on to their future work as a GP. Relevant focus for GP trainees needs to be looked at.	

		<p>Fact finding meetings to take place at Haematology in Children’s Hospital, Glasgow and Emergency Medicine and Neo-natology at Royal Hospital for Children in Glasgow in June. Visit to O&amp;G, QEUH later in year.</p> <p>CA noted that had taken part in the quality process recently as a training and found it to be fair, efficient and the visiting team were very approachable.</p>	
	<b>Training Management</b>	<ul style="list-style-type: none"> <li>• Reminder of TPD event in Dundee in May.</li> <li>• NES has set up a way of communicating how rotas are filling via a traffic light system. Admins will complete a spreadsheet which will notify the Healthboards of how the rotas are being filled up for each of the programmes. Healthboards should therefore be notified sooner and be able to identify where the gaps are more quickly. Will also ensure from July that individual emails are sent to corresponding Healthboards as soon as things change i.e. if someone is deferring or on mat leave etc.</li> <li>• Carol Leiper now substantive Team Lead. Congratulations to Carol</li> <li>• Changes in admin team: <ul style="list-style-type: none"> <li>➢ replacement for Allyson Still(who retired) is Karina McQuiston – Obs &amp; Gyn admin</li> <li>➢ Sima Gafarova – Paeds Southeast and West admin</li> </ul> </li> </ul> <p>Thanks expressed for Allyson Still’s hard work and diligence</p>	
	<b>ARCPS</b>	<ul style="list-style-type: none"> <li>• On track for June ARCPS.</li> <li>• O&amp;G &amp; Paeds both have lay reps.</li> </ul>	
	<b>Recruitment</b>	<p>2 new Uro-gyn sub-spec trainees recruited to start in August.</p> <p>Paper C circulated re Recruitment. Update deadline for round 2 was 4<sup>th</sup> May so for round 2 specialties offers ongoing.</p> <p>Paeds are recruiting w/c 9<sup>th</sup> May for LAT and fellow posts – good response for applicants. NES organised and run recruitment process.</p>	

	<b>MDET</b>	<ul style="list-style-type: none"> <li>• About to go to recruitment for a replacement APgD in OGP covering the Southeast region to replace Alastair Murray. STB very grateful to Alastair for all he has done over a number of years.</li> <li>• Discussion to take place about ongoing development of expansion cases. Hoping to have a case for establishment expansion for CSRH also.</li> <li>• Advocacy and collaboration from the DME group very helpful.</li> <li>• New NES Medical Director Dr Emma Watson brings wide range of experience at interface between Scottish Government and clinical service delivery which will be helpful.</li> <li>• General Medical Council has given full approval for the curriculum of the credential in Rural and Remote Health which NES is leading and this may offer a model of further professional development in OGP in the future. Will be coming later this year and idea of credential is to offer additional training for post CCT at very small hospitals and primary care facilities.</li> <li>• Trainee Development and Wellbeing Service – the work for this new service will replace many parts of the Performance Support Unit and NES is currently recruiting for a number of roles to bolster this service.</li> <li>• NES conference took place w/c 2<sup>nd</sup> May – if were unable to attend, opportunity to catch up on some of the excellent sessions online.</li> <li>• ARCPs – dates will be circulated soon for ARCP training. Main update is that derogations will continue from previous years although there have been some slight changes in some of the decision aids. These will be circulated.</li> <li>• Thank you to all for hard work.</li> </ul>	
	<b>Equality &amp; Diversity including differential attainment; a) Dashboard b) Examples good practice</b>	No formal update.	
5.5	<b>Simulation</b>	<p>Paper G was circulated to the group. Formal welcome to Dr Sarah Barr – APGD for Simulation in O&amp;G. SB has a background in Immersive Sim at the Sim Centre in Forth Valley.</p> <p>SB shared plans for next 6-12 months:</p> <ul style="list-style-type: none"> <li>• Achieve a national overview of facilities and training that simulation is being used for in Scotland for O&amp;G.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Allow access to formal NOTTs Training for O&amp;G trainees throughout Scotland. Avoid duplicating each other's work and pulling resources as much as possible. Scotland-wide faculty with training resource for O&amp;G and set of common goals and learning objectives.</li> <li>• Look at Gynaecology operative training particularly with respect to laparoscopy skills. Pooling resources, avoiding duplication of work and making sure that there is equity of access across the country.</li> </ul>	
5.6	<b>SAS Report</b>	No representative available. Jane Wilkinson is retiring, however will have a replacement shortly. Paper D circulated giving a SAS update for OGP.	
5.7	<b>SLWG</b>		
	<p>Shape of Training / New Paediatric Curriculum Implementation</p> <p>ST4 Pathway for additional core training</p>	<p>Shape of Training report was circulated to the group and summarised by CLi. Looks at the effects of moving from an 8 year to a 7-year programme on trainee numbers, particularly ST3, ST4 and above. Paper in current form will be discussed with Rowan Parks and then taken to MDST.</p> <p>Paper E was circulated to the group and summarised by CLi. Confusion currently as to what is possible with changes in Shape of Training and paper seeks to show various pathways for trainees.</p> <p>Options and timeframe need to be communicated to trainees and TPDs, DMEs and Boards need to be cited on who is doing what. TPDs/ESs could potentially discuss individually with trainees affected. Discussion re whether there should be restrictions as to who can access pathways.</p>	<p><b>CLi- Paragraph to be included re wellbeing.</b></p> <p><b>To be discussed further by 15<sup>th</sup> May by email (CA/CLi/TPDs )and clear communication with trainees in next 4 weeks.</b></p>
5.8	<b>Medical Directors Update from Health Boards</b>	<ul style="list-style-type: none"> <li>• Boards across the country seeing Covid numbers fall across last 2 weeks and getting back to funded bed occupancy.</li> <li>• Concerned about burn out for trainees and for trainer colleagues and continuing with the wellbeing initiatives. Training and recovery of training is high on the agenda at SAMD and linking with Scottish Government colleagues.</li> </ul>	
5.9	<b>RCOG/RCPH Heads of Schools Reports</b>	Nothing new to update.	
6.	<b>Lay Member Report</b>	Nothing to add.	
7.	<b>AOCB</b>	No AOB.	

8.	<b>Papers for information only</b>	Papers for information only (paper F)	
9.	<b>Date of next meetings:</b>	<b>1<sup>st</sup> September 1400 – 1600</b> 3 <sup>rd</sup> November 0930 – 1130  All invites with links to Teams have been sent out – if any issues, please contact: <a href="mailto:june.fraser@nhs.scot">june.fraser@nhs.scot</a>	