

Notes and actions arising from the Obstetrics & Gynaecology and Paediatrics Specialty Training Board meeting held at 9:30 am on Thursday, 3rd November 2022 via Teams

Present: Claire Alexander (CA) [Chair], Helen Adamson (HA), Susan Brechin (SBr), Kirstyn Brogan (KB), Alastair Campbell (AC), Heather Currie (HC), Alan Denison (AD), Ian Hunter (IH), Mandy Hunter (MH), Shyla Kishore (SK), Carol Leiper (CLe), Chris Lilley (CLi), Peter MacDonald (PMacD), Jen Mackenzie (JM), Ailsa McLellan (AMcL), Allyson Ramsay (AR), Karen Shearer (KS), Laura Stirrat (LS), & Christopher Tee (CT)

Apologies: Darren Cameron (DC), Joanna Chisholm (JC), Helen Freeman (HF), Matt Gillespie (MG), Laura Jones (LJ), Tom Fardon (TF), Christy Lamont (CLa), Ben Smith (BS), Ihab Shaheen (IS), Mairi Stark (MS)

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 01/09/22	The minutes of the meeting held on 1 st September 2022 were agreed as a true reflection of the meeting other than the following changes: <ul style="list-style-type: none"> • 4.4 BBT – not currently a BBT programme in the Southeast but this can be considered in future. • 5.7 – Shape of Training Update – “Educational Supervisors will have to meet with ST4s” (not ST3s as stated). • Jen MacKenzie initials should be consistent (JM in some areas and JMack in others) 	Minutes agreed but with some changes.
3.	Review of Action Points	It was confirmed that all action points from the previous meeting had either been carried out or were on the agenda for 3 rd November.	
4.	Matters Arising		
	Trainee STEP Programme	CA has attended the second part of the pilot programme for Medicine in the north of Scotland which was very useful. AD and CA are meeting in January to look at how STEP can be delivered in OGP.	

		Help will be required from the group in organising STEP and it will need to be discussed as to whether there will be a regional or national approach, what the role of the APGDs and STB Chair will have etc. Emails have been received from trainers offering help which is very useful.	
	Workforce Issues	<p>Papers were submitted to the Transitions Board for additional number and a formal announcement has been received on 1st November that the posts requested for CSRH, Paediatrics and Obstetrics and Gynaecology have been approved in the numbers that were initially asked for which is very positive. Need to now agree the recruitment points within specialty and the distribution across regions which will be discussed and confirmed to all when available.</p> <p>Following further discussions with Scottish Government, it was noted that the additional funded posts will be used to compensate for LTFT gaps in programmes as well as supporting Scottish Government strategic initiatives such as future staffing needs at Dr Grays Hospital and the forthcoming national treatment centres, as well as working towards the agreed distribution model. It is quite possible that the historic 50/25/15/10 percentage distribution of trainees may not be entirely reflected in the regional distribution of programmes.</p> <p>AD thanked CA, CLi and SB for all their hard work in pulling together a compelling case for expansion posts during a challenging financial time for the NHS.</p>	CA to update at next meeting
	BBT	<p>CA Cli and AD attending meeting re BBT on 10th November with Graham Leask.</p> <p>No output to Paediatric programmes last year but this year there are 4 trainees. Will need to look at salaries to see how to accommodate BBT trainees. There will also be challenges with Shape of Training and the 10 current BBT trainees. These issues will be discussed at the meeting on 10th November and CA will report back outcomes at the next meeting.</p>	CA to update at next STB
	ST1 Bootcamps in O&G	<p>KB presented the attached ST1 Bootcamp presentation to the group.</p> <p>KB thanked CLa, SB and Ali Duncan for their work on the presentation and the Bootcamp.</p>	CA to follow up with KB

		<p>The group were very complimentary about the work that has been carried out and agreed that it would be ideal to see it rolled out for all the trainees across Scotland.</p> <p>It was noted that Scottish Committee of RCOG would look at giving a contribution to sponsoring the event. It was also remarked that top-slicing of study leave budget could also be considered. It was further observed that NES groups such as the NES Medicine Sim Collaborative and CS-MEN have a growing body of expertise and knowledge around building business cases and seeking resources for embedded funding. The data in the presentation could serve as a pilot and could be the start of a business case for recurrent funding.</p> <p>CA thanked KB, CLa, Sarah Barr and Ali Duncan for all their hard work on the Bootcamp thus far.</p>	
5.	Standing Items of business		
5.1	Specialty & STC reports	<ul style="list-style-type: none"> • CSRH – SB reported that new ST1 started in GG&C in August. Delighted with the 2 new expansion posts. Discussion took place re issues of attracting trainees to Aberdeen/Grampian region. • O&G – KB reported that delighted with increase in establishment and meeting with the other TPDs to discuss where recruiting the additional numbers. Aware of difficulty in trying to recruit locum appointments outwith the normal rotation times. New TPD in the South East – Shona Coutts who has taken over from Paul Mills. Formal thanks were given to Paul Mills for all the work he has contributed to the STB. There has been some inequity discovered for trainees in LTFT when rotating to a different hospital e.g. one trainee’s take home pay was almost £600 less when moving to a different unit. This could have further repercussions if trainees base their rotations on units with higher pay. • Paeds – CLi reported that a TPD meeting took place at end of October which was dominated by discussions re trainee uplift and how those would be allocated. Discussed that may need to look at projected CCT output for 2026 but understand that short lead in at having to put the new posts on Oriel. Looking to put most of posts onto ST1 & ST2 level. Also discussed at the TPD meeting were BBT - in terms of ARCPS and framework to phase them into the S2 rota process and also grid posts. It was noted that the TPD meetings require more structure and a look at how the output is discussed at STB level. 	<p>It was agreed to take this outwith the group to the DIT working Group with HRD or through Regional Workforce. CA will email IH re this after the meeting.</p> <p>All to send comments to Cli re grid document</p>

		<ul style="list-style-type: none"> • Paediatric Cardiology – no representative available. • Paediatric Grid – CLi submitted a detailed document at last meeting and requested comments and has re-submitted the document for this meeting for information that the grid posts are in place but also for discussion around process for next year in terms of what capacity required for training in certain specialties. The most pressing are Neonatology, PICU and CCH. In the absence of comments or input from service about what is required NES would need to take it forward next year to map those more closely with the various groups involved i.e. Best Start Forum for Neonatology, PICU Leads and Scotland-wide CCH group. HF was canvassing opinion from DME colleagues and will be asked to link in with CLi as unable to attend meeting. 	<p>IH to speak to HF to link in with CLi around comments from DMEs for Paediatric Grid.</p>
5.2	DME Report	<p>IH reported the following:</p> <ul style="list-style-type: none"> • Biggest issues currently are the site pressures and acute activity hitting the service at present particularly the front door specialties, however these are having a knock-on effect impacting sites and hospitals differently in terms of bed pressures, ED floors, hospital floors and elective activity for surgical aspects. Likely to get worse in the coming months. Effect on trainees more visible in FY2 and GPST BBT in that the people rotating are exhausted as well as the trainers. • Asked to bring up LTFT and late notification – service struggles to get rotas out and address any specific learning needs. It's a problem across the board and trying to work with colleagues in NES at Training Management and TPD level. Request that try to stick to timetables and agreed processes where possible. • IMG – also issues with late notifications and visa problems this year – impact in terms of rotas etc. • All of the Fellows applications are from overseas which also has an impact on soft starts. Concerns that numbers applying will be down in August 2023. • Very successful group going ahead at the moment led by Alastair McLellan and colleagues looking at supporting trainees through the SAER process and making sure we support trainees involved in these processes and notifying colleagues in NES/TPDs as they transfer and rotate into other boards. Looking at national training packages for trainees and trainers around the SAER process. 	

		<ul style="list-style-type: none"> • DMEs and Service are concerned about the proposals for the changes to GPST training to 18 months of secondary care training which will potentially impact OGP in terms of workforce on Tier 1 rotas. Not seen full proposal yet – only outline. • Struggling to encourage trainers and colleagues to take on extra EPAs or additional work in their jobs plans due to wellbeing issues and also tax and pension issues but trying hard to prevent issues. <p>The following points were noted in relation to the DME report:</p> <ul style="list-style-type: none"> • LTFT – NES are in the late stages of developing an online application process for LTFT through TURAS which should shorten some of the timelines. • GPST changes – once full proposal is available then an education/training impact assessment should be carried out at DME level. 	<p>AD to link up with Lead Dean for GP and discuss matter further with IH/CA.</p>
5.3	<p>SLWG – Shape of Training</p>	<p>CLi noted the following points:</p> <ul style="list-style-type: none"> • Everyone is agreed what the August 2023 rotations should look like and are working towards that. Some have already been in place in the north and some are still to be established with the usual discussions around service implications for these. Expecting a unified document to be available by next STB. • It is absolutely essential that know about the future progress of ST4s for next year. They have a decision to make as to whether they have an additional year of core training. Each programme has been active in sending out the Deanery matrix to trainers but it still does not appear to be well understood therefore are approaching ST4s directly before December to go through their choices. • Next SOT meeting will focus on CCH posts. Have had useful discussions with CCH leads and wanted those people to be combined in a room to share good practice and look at how practically this is being done in current programmes. Also need to cover uplift training numbers. <p>These matters will be discussed further at the next STB meeting.</p>	<p>Shape of Training presentation to be added to agenda for next STB meeting.</p>

5.4	Deanery issues		
	Quality	<p>AC reported the following:</p> <ul style="list-style-type: none"> • QRP held at end of October and AC thanked the TPDs for all their reports. Good practice letters will come out of this and they will all be released just before Christmas. • Quality Team continue to carry out visits and there have been some visits to O&G and Paeds visit. Continue with new design of visits to work more collaboratively with Boards to improve training. • The immediate feedback from the visit to the Royal Hospital for Children was circulated. This was generally positive. Main issues were facilities (outside the Department area and widespread across the whole site) and the weakest part of the training was the GP experience – not being focussed on future GP Practice careers. 	
	Training Programme Management	<p>KS reported the following:</p> <ul style="list-style-type: none"> • Expansion numbers are the priority at present. • TM is in dialogue with Digital colleagues with regards to LTFT and OOP processes going online. KS will keep the group updated on progress. 	
	ARCPs	<p>KB noted:</p> <ul style="list-style-type: none"> • Meeting in November to firm up dates for ARCPs in June and July 2023. • ARCPs will continue to be run in July for a small sub-set only. • Will over-recruit for ARCPs in case of drop off. • Will have more info for next STB. 	
	Rotations	<p>There was nothing further to add regarding rotations.</p>	
	Recruitment	<p>JM gave the members the following update related to Recruitment:</p> <ul style="list-style-type: none"> • Interview dates have been set for the recruitment being run in Scotland – same set up in terms of the centres. 	

		<ul style="list-style-type: none"> Paeds and RCPCCH are moving to a new interview system so will no longer be on Teams. They will now be on the same system that used in past for digital scoring. There will be 2 x 20 minute stations that candidates will go through. Interviews are on the 6th, 7th, 8th and 9th of February. The system has been used for Gastro-enterology previously and the team are familiar with using it. Some of the larger teams will keep using Teams next year but most specialties will be going with the new system. <p>AMcL observed that the second half of the year has been very tough due to numbers being reduced for OOP, CCT etc and there only being one recruitment date. It is hoped that the uplift in establishment posts will help with this.</p> <p>ST3 recruitment for O&G is going to fall on the 1st week of Easter Holidays and the recruitment board have notified discontent to HEE as last year the same week caused issues with recruiting interviewers.</p>	<p>KB will disseminate this info to colleagues and request recruiters.</p>
	<p>MDST</p>	<p>AD gave the members an update related to MSDT including:</p> <ul style="list-style-type: none"> The Trainee Development and Well-being Service website has gone live and this portfolio of services replaces the PSU (Professional Support Unit). https://www.scotlanddeanery.nhs.scot/trainee-development-and-wellbeing-service/ Communication to trainers and trainees has been sent out re this change to a more holistic, accessible and empowering service. New Deputy Medical Director Lindsay Donaldson (currently DME in GG&C) will be joining NES formally in January 2023 and replaces Rowan Parks who is leaving to take up the role of President of the Royal College of Surgeons in Edinburgh. Formal thanks were given to Rowan Parks for his support of the STB over the time of his tenure. AD thanked the group for all they do in terms of supporting education and training particularly during these tough times. 	
	<p>Equality and Diversity</p>	<ul style="list-style-type: none"> Had arranged for Charu Chopra, APGD to attend the meeting in November but she is unable to attend. CA will complete a report to send to Charu Chopra re the work being carried out across the board in terms of EDI. 	

		<ul style="list-style-type: none"> CA asked the group to think about some important EDI questions and reply via email (these questions are in the actions box adjacent.) 	<p>ALL to think about the following:</p> <p>Are there workplace based behaviour champions in O&G/Paeds attending STCs – if not can this be arranged? Should a representative come to the STB?</p> <p>Differential attainment dashboard not being used – reasons are sought for this – don't want to use it? unsure about how to put in data? or lack of time?</p>
5.5	Simulation	<p>Sarah Barr not available for update.</p> <p>New APGD for Sim in Paediatrics – starting in February 2023. When exact date available, the group will be notified.</p>	<p>CA to ask Sarah Barr to update re sim at the next STB meeting.</p>
5.6	SAS Report	<p>HC updated the group on SAS matters:</p> <ul style="list-style-type: none"> HC, the SAS rep for OGP Role is to remind the STB about the SAS workforce and share reflections. If SAS workforce is struggling this has an effect on training as used to support middle grade rotas. Please keep an ear open for any training opportunities for SAS doctors. <p>HC provided and summarised a SAS report.</p>	<p>Report to be forwarded to group by HC (via JF)</p>

		<p>LS advised that last year a number of SAS doctors were added to the National Teaching Programme Teams channel (online teaching day 3 x per year, all sessions recorded and available afterwards). LS asked that if there are new SAS doctors this year to send her the names and email addresses to be added to Teams.</p> <p>Leadership and Management – NES has the LAMP programme which could be enquired about for SAS doctors.</p> <p>New Vice President of RCOG is a SAS doctor who will continue to promote SAS roles. RCOG are keen to promote flexibility.</p> <p>IH noted that there seems to have been a drop in number of SAS doctors in acute rota posts in the last 5 years and would be keen to have details of the numbers.</p> <p>There is currently a public consultation for changes to SAS which is currently out to vote for SAS doctors. HC will find out more details about this and report back to the STB</p>	<p>HC to provide a note of number of SAS doctors in acute rota posts in paed.</p> <p>HC to report further details on public consultation and if there is a way for NES to feed into this.</p>
5.7	Trainee Report	<p>LS reported the following:</p> <ul style="list-style-type: none"> • CLa and LS have conducted a survey to do a deeper dive into some of the items which arose from the TEF data survey but this hasn't been fully analysed yet. It will be discussed at a future STB. • The trainees in Dundee are hosting (face to face) AMONGST conference at the end of November. SAS doctors would be welcome. • Trainees had queried why there were no ST3 posts available in the south east when trainees had left posts in that area. The answer to this is that the TPDs decides which level they need to recruit to by looking at the greatest needs – it may be they required only ST1s. 	<p>CLa to meet CA</p>

5.8	Medical Director's Update from Health Boards	<ul style="list-style-type: none"> No additional information from IH other than was discussed in the DME report. 	
5.9	RCOG/RCPCH Heads of Schools reports	SEAC report and RCPCH Report circulated for information.	
6.	Lay Report	HA was involved in the Gastro-enterology recruitment with the new interviewing system and it is very efficient and standardised, however need to be careful as the timings are very precise and will close down exactly on time so interviewees could be shut off before interviewer had time to say goodbye.	
7.	AOCB	There were no additional items of business.	
8.	Papers for Information Only	There were no papers.	
9.	Date of Next Meeting	<p>Date of meetings for 2023:</p> <p>Still to be confirmed.</p>	