

Notes and actions arising from the Obstetrics & Gynaecology & Paediatrics Specialty Training Board meeting held at 9:30 am on Friday, 1st September 2023 via Teams

Present: Claire Alexander (CA) [Chair], Helen Adamson (HA), Sarah Barr (SBa), Edgar Brincat (EB), Kirstyn Brogan (KB), Alastair Campbell (AC), Alan Denison (AD), Andrew Durden (ADu), Helen Freeman (HF), Vicky Hayter (VH), Mandy Hunter (MH), Laura Jones (LJ), Shyla Kishore (SK), Carol Leiper (CLe), Peter MacDonald (PMacD), Jen Mackenzie (JM), Katie Paul (KP)

Apologies: Susan Brechin (SBr), Nicola Britton (NB), Darren Cameron (DC), Kathleen Collins (KC), Heather Currie (HC), Tom Fardon (TF), Ian Hunter (IH), Zoe Jacob (ZJ), Chris Lilley (CLi), Ailsa McLellan (AMcL), Kate Patrick (KPat), Ben Rayen (BR), Christopher Tee (CT), 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 09/06/23	The minutes of the meeting held on 9 th June 2023 were agreed as a true reflection of the meeting.	
3.	Review of Action Points	<p>It was confirmed that all action points from the previous meeting had either been concluded, were in progress or were on the agenda for 1st September and the following was noted:</p> <p>Workplace behaviour champions – the rep from east would like to join the OGP STB meeting.</p> <p>RCOG core curriculum – this was completely revamped in 2019 however the second part has been an extensive review of advanced training. The submission of changes to the curriculum are in the final stages of being progressed and will be submitted to the GMC in 3rd week in September. Expecting a decision from them by December and the plans for implementation are in August 2024. The work for the RCOG continues after that in terms of support following the implementation. The group will be updated further once more information available.</p>	JF to invite Mary Smith to STB group.

4.	Matters Arising		
a.	Longitudinal Educational Supervision in Paediatrics	<p>CLi not available to discuss.</p> <p>Longitudinal supervision does exist in other specialties and some areas of paediatrics -. Overwhelming feeling was to avoid implementing a change in educational supervision until Progress Plus and the related changes are imbedded in Paediatrics. There was also some discussion around tariff and how that might change for ESs.</p> <p>HF noted that in terms of tariff, there are some different tariffs being applied to the different CS and ES roles across boards in Scotland so there is not a single approach to this. Work is currently being undertaken to understand how tariff allocations are being approached and there is also a broader discussion about remote supervision vs on-site supervision. This was recently discussed at MDRG. The STB welcomed this move to provide clarity and will await update</p>	Update on tariffs for ES/CS at next STB HF or ADe
b.	STEP	<p>STEP is the name for the programme of enhanced induction for International Medical Graduates coming to train in Scotland. It was developed for GP and then run in Psychiatry and has now been delivered in other specialties. Aim was to deliver a STEP programme in September for OGP. That has not been possible for several reasons. Some relate to faculty and availability of faculty and difficulty identifying the trainees and their ESs in a timely enough manner for them to attend.</p> <p>The decision has therefore been taken to run the programme as a face to face programme in February in Central Scotland in 2024. It will be a combine OG and Paediatric programme however there will be a split in the afternoon to focus on specialty specific info including exam prep.</p> <p>CA will be writing to all of the original group who volunteered in March 2023 to try to further engage people to support STEP and would encourage all to support this important programme.</p>	CA to contact group re STEP pilot and set date for FTF meeting in Feb 2024
5.	Standing Items of business		
5.1	DME Report	HF noted the following for the DME Group:	

		<p>The impact of LTFT and the the cost of study leave were the key items taken to MDRG recently to discuss. LTFT has a massive impact on all grades and specialties and is making rota management increasingly challenging. There is work going on regarding whole time equivalent and at MDRG it was agreed to look at the process around LTFT applications and involving HR colleagues, NES, DMEs and trainees. Keen to have a joined up approach and support LTFT where possible. There has also been a group set up to look at study leave and expenses for attending courses and for travel and clarity around budgets.</p>	
<p>5.2</p>	<p>Specialty & STC reports</p>	<ul style="list-style-type: none"> • CSRH – SBr unable to attend but currently no issues in CSRH. • O&G – KB noted that most have started in post from new recruitment. Slight increase in some deferred starts due to visa issues. Full complement of ST1s across all regions attended bootcamp in Forth Valley. North have set up a local early pregnancy scanning module as previous intermediate modules from RCOG no longer exist. West STC last week – significant interest and enthusiasm for developing gynae ultrasound simulation modules and enthusiasm also for running a specific Gynae ultrasound course. There is a set up at the Golden Jubilee which could be investigated for this. West ST1s in Radiology have already used these. The GJ are open to allowing training but travel will need to be taken into consideration. The training will be delivered by senior sonographers . The Scottish basic ultrasound theory course at the end of September which saves trainees cost and time going to RCOG. <p>The simulator in Dundee was discussed and it was noted it is not used much by Obs & Gyn trainees despite significant NES investment – KB will look into usage of it and discuss further with CA.</p> <ul style="list-style-type: none"> • Paediatrics – KS noted changes in staffing in Paediatrics TPDs – Ailsa McLellan, core TPD in southeast has stepped down from role and replaced by Ailis Orr. Cardiology TPD Ben Smith has stepped down as PAED TPD and the post is being advertised. BS will remain in post as TPD in paediatric cardiology . Thanks were given to both Ailsa and Ben for their significant contributions to this STB and paediatric training in general. Re Shape of Training in Paediatrics – started to implement from August. Expansion posts – had 22 posts and SES TPDS felt the proportion they received for the number of their establishment was lower than expected and they wanted to raise this again. 	<p>KB to check on usage of Dundee simulator and report back to CA.</p>

		<p>Recruitment – north not able to recruit to establishment posts (out of 8 posts, only 2 recruited to). First time this has happened – recruited some LATs and ST3s into the vacant posts. The region feel it would be good to have expansion next year as well to prevent any additional shortfalls as a result of implementation of Shape of Training.</p> <p>There are challenges with admin and new recruitment of staff and would like to thank Cle, VT and other members of the admin team who have stepped in to help during ARCPs and recruitment.</p> <p>CA noted that a further case had been made for more expansion posts in Paediatrics, some of which are permanent and are awaiting outcome from Transitions Board. CA also noted that the previous expansion post distribution had been agreed by Scottish Government and the discomfort it had caused had been noted and previously discussed at STB In addition CA met AMcL and LJ to discuss.</p> <p>There was some further discussion regarding Shape of Training and additional numbers which will be brought up at the Shape of Training group meeting.</p> <ul style="list-style-type: none"> • Paediatric Grid – meeting to take place in September re Paediatric grid job descriptions and proposed rotations. . The majority of the grids would come from the west of Scotland. They are all rotational posts apart from Community Child Health. So far, things are going smoothly. • Paediatric Cardiology – no representative available. 	
5.3	SLWG – Shape of Training/Progress+	<p>CLi unable to attend. Paper circulated (Paper 4).</p> <p>A full discussion will be given at the November STB meeting. Any comments/questions can be sent directly to CLi in the meantime.</p>	
5.4	Deanery issues		
	Quality	<ul style="list-style-type: none"> • No units currently on enhanced monitoring. The unit which was on enhanced monitoring - Princess Royal - did a lot of work and the GMC took them off enhanced monitoring. 	

		<ul style="list-style-type: none">• The RCOG organise trainee feedback through a survey (TEF) each year and this year Scotland overall came as the first Deanery across the UK. This is positive and shows the commitment from everyone within the committee and beyond to training and engaging trainees.• Peter MacDonald is working with the unit at the Royal Infirmary in Edinburgh and there is an ongoing action review meeting process to improve the issues identified from the visits there over the last couple of years.• Peter MacDonald also led a positive triggered visit to O&G at the Borders General earlier this year and which was positive.• AC is doing some ongoing work with the Queen Elizabeth O&G Dept as part of a visit and SMART objective and action plan review meeting and has a meeting with them on 1st September. Some of the recent data is concerning and requires some further attention to understand the issues and how NES can support the department and DME team to improve things.• AC led triggered visit to Paediatrics at Crosshouse to understand some of the challenges they are facing and are supporting that department to make changes. There are rota issues and workforce pressures but the department has been pro-active looking at other models of staffing, recruiting ANPs to help with long term staffing solutions.• There have been ongoing issues with training within Paediatric Haematology and Oncology at the Royal Hospital for Sick Children in Glasgow. Making progress with significant changes to the programme being made. There has been a lot of work done by the new DME and also escalation to senior members in the Board which has allowed things to improve. It is hoped over the next 12 months to see positive changes.• Quality year about to begin again with Quality Review Panels in the Autumn and very grateful to the work of TPDs and DMEs in providing information to understand the data. The importance of the TPD report was emphasised and TPDs thanked for completing these.	
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	Training Programme Management	<p>VH updated the following:</p> <ul style="list-style-type: none"> • Staffing challenges currently with being 2 administrators down – thanks were given to all during the ARCPs for patience. Hoping to get help from other teams and in the process of recruiting. • Reminder of TPD Away Day on 19th September at Discovery Point in Dundee. 	
	ARCPs	<ul style="list-style-type: none"> • Bulk of ARCPs have taken place. • O&G ARCPs were very successful and help from Training Management Team re “save the date” emails was very useful and encouraged additional panel members. However a reasonable number of out of sync ARCPs in coming months are still required but well supported by Training Management. • It was noted that it has been difficult to get externality for this. This could have been due to industrial action in England. 	
	Recruitment	<p>Paper 2 was circulated to the group and an update given from JMCK as follows:</p> <ul style="list-style-type: none"> • Round 3 going on at the moment but Scotland do not have any posts in OG/Paeds. • In the report the timelines are included for 2024 • Recruitment plans should be finalised by all specialties mid to late September and should hear from lead recruiters following that. • Paediatrics ST1 interviews for Feb 24 posts– the recruitment team will be in touch shortly with CLi and get dates and assessors organised. 	

	MDRG & Lead Dean Update	<p>ADe gave the members an update related to MDRG and other items including:</p> <ul style="list-style-type: none"> • Neurodiversity – NES is looking for funding to commission and deliver training packages for internal and external educators which will help as move towards a more inclusive and compassionate learning environment. • Simulation – continue to be committed to simulation with a focus on where the activity addresses unmet curricular needs and continuing to be mindful of the cost of sim. Also being thoughtful about how the activities can mitigate the clinical service delivery issues and impact on other trainees. • Re Scottish government’s decision for return of full obstetrics service to Dr Gray’s Hospital, Elgin - a complex piece of work involving NHS Highland, NHS Grampian, multiple staff groups, clinical pathways, building work etc. is underway. NES not solely responsible but committed to doing what can to support the ambitious timeline set by SG. Have made a submission to Shape of Training group for expansion in a number of specialties to support this. There have not been trainees in O&G and Paeds previously so ADe and MH have started conversations with stakeholders around what curriculum mapping would look like so can plan and work collaboratively with DMEs and clinical service. The consultants currently in Paediatrics and O&G are enthusiastic to take on trainees where possible. Anaesthetic staffing is less than unit requires currently so issues re capacity for training at the moment. 	
	EDI	<p>Most important part of EDI work is getting STEP up and running and established within specialty grouping.</p> <p>CA has been asked to take part within a reciprocal mentoring programme with an IMG. This is a pilot which Charu Chopra is leading on and likely to become more widespread in future.</p> <p>In southeast Scotland there has been a staff-wide survey on EDI and following it’s success it is hoped to roll out to other sites within the southeast training programme for Paediatrics. Following the results and concerns raised, senior clinicians have been asked to go along to some specific training. The TPDS are proud to have acknowledged the issues and have a plan in place to address them.</p>	

5.5	Simulation	<p>Sim in O&G</p> <p>SBa gave an update on ongoing work on Non-Technical Skills Training which has seen a collaboration with with RCSED to create a course for Surgical Trainees including O and G trainees as well at the in situ course in Larbert which is well established. Ongoing piece of work looking at use of simulation with Ultrasound training.</p> <p>Discussed with TPDs if any particular educational requirements identified at ARCP which could be addressed with sim, however at the moment it looks like will be continuing with current ongoing work.</p> <p>CA noted that for TPD Away Day in 2024, it might be useful is the 2 sim leads could deliver a session with updates.</p> <p>Sim in Robotic surgery was discussed (currently taking place in England) in view of the new SITM in robotic surgery which is part of the ATR however it was noted that difficult to deliver in the short term due to access to robotic training and the group agreed that more sim training in basic gynae surgery should be a priority over robotics</p> <p>Paed Sim – no update</p>	
5.6	SAS Report	No report available.	
5.7	Trainee Reports		
a.	Paediatrics	No report available.	
b.	O&G	<p>CA outlined the annual TEF (Trainee Evaluation Form) process. Previously findings or themes have been discussed nationally national and the results presented to the STB.</p> <p>CA questioned if the national approach is always helpful and suggested a regional approach may be better to adopt for this year’s results with the data being analysed and delivered to TPDs for use regionally. Recommended only considering short life working group if there is a particular issue. Thoughts and comments from the group were requested.</p>	<p>CA to write to TPDs re TEF and disseminate results via trainee reps</p>

		<p>Ade suggested it was discussed further at the SQMG particularly around governance. AC agreed it should be brought up at SQMG and the QRP.</p> <p>KP updated that TEF and RCOG feedback looks at 13 indicators which are based on various areas of training including educational supervision, teaching, procedural training and experience of the workplace and workplace behaviours. There were 164 training units from 16 deaneries included and units required more than 3 respondents so smaller units were not included (Borders General, Raigmore & Dumfries & Galloway). Scotland ranked t number 1 Deanery overall. Lots of regional variation in terms of which areas performed well. This makes it more relevant to have regional specific feedback. Areas with good/excellent performance were Victoria Hospital in Kirkcaldy and Crosshouse Hospital. Royal Infirmary of Edinburgh in Scotland came 6th in UK for local teaching which was a great improvement from previous years. The Glasgow Royal Infirmary was number 3 for working environment. Lots of examples of good practice across Scotland. Areas of poorer performance – regional teaching across all regions except north – this may reflect accessibility to teaching and balance of service provision. Other common themes of poor performance were about behaviours experienced. That will be picked up with the individual units. Laura Stirrat has prepared individual unit reports and will share those with the TPDs for the north, south-east and east and KP will prepare one for the west in the next few weeks for KB.</p> <p>There was discussion as to whether the data was passed to the DMEs before going on to the website. It was noted that it was not and the TPDs and DMEs can work together to ensure sharing of results to allow consistent actions.</p>	<p>TEF to be brought up at SQMG/QRP and be discussed further at the November OGP STB. Action Ade/ AC</p>
<p>5.8</p>	<p>Medical Director's Update from Health Boards</p>	<p>IH noted the following via a report:</p> <ul style="list-style-type: none"> • LTFT – the rates are rising for all specialty groups. This has a significant impact even on a programme on a WTE basis. Service continues to be impacted with a need to fund Fellows and locums to deliver compliant rotas from an out of hours and training perspective. The recruitment of non-NTN junior doctors and fellows is increasingly challenging with employment of IMGs due to delays with visas etc. Also there have been difficulties with the application of current guidance for hours monitoring in relation to LTFT. Correct application of the guidance has in some cases produced apparent inequitable adjustments to pay for colleagues on similar rotas. This has been escalated to HRD and NES colleagues. 	<p>JFr to send out IH's report in full to the group.</p>

		<p>The management of all aspects of the LTFT training and the impact on future workforce requires ongoing collaborative work at regional and national level and whilst the continued move to WTE training numbers is essential, a close review of the future workforce is needed.</p> <ul style="list-style-type: none"> • Out of hours restrictions – marked increase in doctors in training have restrictions on out of hours working in association with occupational health. This has the immediate effect of reducing the WTE available for out of hours duties. 	
5.9	RCOG/RCPCH Heads of Schools reports	No report as the next meeting is in September. CA will provide a note of this at November OGP STB.	
6.	Lay Report	HA noted the importance of communication. Everyone is doing great work but not everyone knows about it.	
7.	AOCB	<ul style="list-style-type: none"> • Return to Training forms – when a trainee returns to programme after a period of statutory leave or OOP etc, a return to training meeting should be undertaken with a trainer, TPD or ES. There is guidance on the Scotland Deanery website with specific links for O&G and Paediatrics. This is very useful to assist trainees settling back in. • SOAR forms and ARCP – disconnect at ARCPs and what is on SOAR forms and comments and reflections on involvement in critical incidents. Need to ensure what is on SOAR is representative of what has been happening in that timeline for a trainee. CA has contacted the Lead Dean 	TPDs to remind trainers re forms
8.	Papers for Information Only	None.	
9.	Date of Next Meeting	<p>Date of meetings for 2023:</p> <ul style="list-style-type: none"> • Thursday, 30th Nov - 2:00-4:00 pm 	