

**Notes and actions arising from the Obstetrics & Gynaecology & Paediatrics Specialty Training Board meeting held at 9.30 am on Thursday, 22<sup>nd</sup> February 2024 via Teams**

**Present:** Claire Alexander (CA) [**Chair**], Sarah Barr (SB), Alastair Campbell (AC), Andrew Durden (AD), Helen Freeman (HF), Shaheen Ihab (SI), Mandy Hunter (MH), Shyla Kishore (SK), Carol Leiper (CLe), Chris Lilley (CLi), Clare Livingston (CLiv), Jen Mackenzie (JM), Jennifer Scarth (SC), Marion Slater (MS)

**Apologies:** Helen Adamson (HA), Susan Brechin (SB), Kirstyn Brogan (KB), Shiona Coutts (SC), Eilidh Clark (EC), Ian Hunter (IH), Laura Jones (LJ), Kirsty Kilpatrick (KK), Katie Paul (KP), Ben Smith (BS), Mairi Stark (MSt)

**In attendance:** Zoe Park (ZP) (Minutes)

Item No	Item	Comment	Action
1.	<b>Welcome, Intros and Apologies</b>	<p>The chair welcomed the members and noted the apologies. The members introduced themselves.</p> <p>CA welcomed two new members to the STB:</p> <ul style="list-style-type: none"> <li>• Jennifer Scarth – Paediatrics TPD WoS</li> <li>• Claire Livingston SAS Rep</li> </ul> <p>CA gave thanks to Peter MacDonald for his outstanding work and contribution to the STB and noted his warm thanks to the STB.</p> <p>Helen Adamson was also thanked for her considered and highly valued contribution to the STB.</p>	
2.	<b>Minutes of meeting held 30/11/2024</b>	The minutes of the meeting held on 30 <sup>th</sup> November 2023 were agreed as a true reflection of the meeting.	
3.	<b>Review of Action Points</b>	The following was noted regarding the actions from the last meeting:	

		<ol style="list-style-type: none"> <li>1) O&amp;G Simulation – CA noted that she would follow this up with KB and queried that if the simulator wasn't being used in Dundee would it be a possibility to move to a region where there is no simulator e.g. WOS.</li> <li>2) Webpages – AD noted that a meeting with Niall MacIntosh had taken place and a plan of action has been made. Further meeting has been arranged.</li> <li>3) Exam Failure – CA circulated e-mail to colleagues regarding concerns around exam failure. SC has developed a questionnaire which she hoped to be circulated to all trainees in Scotland, whether that's through NES or RCOG, has yet to be decided. HF highlighted that it would be beneficial to involve the DMEs in this if it will impact the boards or trainers.</li> <li>4) Advanced curriculum – Heads of School meeting due to take place at end of February and following that CA is having a meeting with TPDs, ATSM directors and AC to ensure a Scotland wide approach.</li> <li>5) Expansion posts – item has been completed and distribution of posts agreed.</li> <li>6) STEP Programme – Had meeting with Fiona Ewing (FE) to discuss a joint offering with radiology but role out of STEP is being modified further and will discuss later in the meeting.</li> </ol>	<p><b>CA will discuss with SB and KB.</b></p> <p><b>CA will discuss with MS and wider stakeholders.</b></p>
<b>4.</b>	<b>Matters Arising</b>		
<b>a.</b>	<b>Study Leave</b>	<p>CA noted that study leave currently being reviewed within NES, in terms of things like provision, equity of access and travel and accommodation, budget.</p> <p>Paper 2 detailing the paediatric PG Cert was circulated to the members before the meeting and the following was noted:</p> <ul style="list-style-type: none"> <li>• This was formalised a few years ago as part of the regional training programme for Paediatrics in WoS. It is run by colleagues in WBC and in collaboration with University of Glasgow results in ward of a PG Cert. Access has been expanded to include all Paediatric trainees in Scotland.</li> <li>• There is not thought to be a similar model in other specialties.</li> <li>• Costs are increasing and there is a need for review, with ongoing discussions with CA, MS and CLi and colleagues. One issue is that the cost has not come out of the actual study leave budget to date, but potentially may have to in the future.</li> <li>• Will be discussed and senior management meeting MDRG.</li> </ul> <p>HF highlighted that if there is going to be shift in the process then this will need to be a wider conversation with boards and finance. Wider discussion arose around how valuable the PG Cert is and</p>	<p><b>MS will feedback once discussed at MDRG.</b></p>

		how if it were no longer supported its absence would impact teaching programme in WoS. CA agreed that this will be discussed at future STB meetings once MS has update.	<b>ZP will add to agenda.</b>
<b>b.</b>	<b>Paediatrics Smart Objectives</b>	<p>Paper 3 was circulated before the meeting and the following as noted by CA:</p> <ul style="list-style-type: none"> <li>• Describes the matrix for the ideal exposure for a paediatric trainee in an attachment and includes all the formal learning opportunities that doctors in training should optimally achieve within post.</li> <li>• Originally came from the quality workstream which AC contributed to.</li> </ul> <p>CLi made the following comments:</p> <ul style="list-style-type: none"> <li>• It has been brought to the STB as this is not something that currently exists within guidelines from the college/curriculum as to the minimum amount of access trainees need to things such as outpatients or board teaching for example.</li> <li>• The quality group reached out to see if as a group, the STB could agree on what the minimum numbers should be as a standard.</li> <li>• Discussions are ongoing with heads of schools regarding this, but it is difficult because there isn't a consensus.</li> <li>• Comments have been made on the paper but thought it would be beneficial to cascade to wider paediatric educators in this group to get their thoughts and see if these were reasonable standards to apply to Scotland.</li> </ul> <p>AC offered to give the group more background of the discussion:</p> <ul style="list-style-type: none"> <li>• Evolved from Alistair McLellan and Lindsay Donaldson (LD) and the work they carried out to improve collaboration and work with units where they were on the quality management cycle.</li> <li>• These tables were devised to try and describe training opportunities and make it easier for departments to understand what the expectations were for trainees.</li> <li>• They have been done for various other specialties and taken to the relevant STBs.</li> <li>• There will be some things that are more generic across training and some things that would be more nuanced for paediatrics.</li> <li>• General agreement is required to provide the correct guidance for departments.</li> </ul>	

		<p>CA clarified with AC if the tool has been approved and if we will be using it going forward. Noted similar in use in O and G.</p> <p>HF added from DME perspective that there is variation amongst sites and guidance would not apply to every setting in the same way, and one of the requests made by the DME group was if SMART objectives were being developed for a specialty, then it would be useful to have sight of these and not just be used at visits or action review meetings.</p> <p>CA thanked the group for their input and noted that it is essential to have consultation on the documents for DMEs, APGDs, TPDs and trainee representatives.</p>	<p><b>AC agreed to seek clarity from Lindsey Donaldson and Adam Hill.</b></p> <p><b>Comments from STB to be sent to CA within 4 weeks.</b></p>
<b>c.</b>	<b>Rota Capping</b>	<p>CLi previously highlighted that GGC have been in some cases unwilling to pay what may be seen as excess out of rota payments, for example if a rota has 8 WTE on it, they won't pay any additional trainee on that rota. CA brought it to the STB because this will could influence trainee doctors, as well as how any increase in the establishment as it grows can be distributed to health boards/where trainees are allocated.</p> <p>CLi added that at the most recent quality meeting it was actioned that an e-mail would be circulated to investigate if this is impacting training programmes.</p> <p>HF highlighted that there needs to be a national conversation around rota capping, as well as clarity and expectation of expansion posts, in relation to whether there is a requirement for banded posts or whether posts can be used differently to support training opportunities. IH not present at today's meeting, and it was agreed that his input would be valuable.</p>	<p><b>CLi to survey APGDs in other specialties.</b></p> <p><b>CA to contact IH for input.</b></p>
<b>5.</b>	<b>Standing Items of business</b>		
<b>5.1</b>	<b>Specialty &amp; STC reports</b>	<ul style="list-style-type: none"> <li>• <b>CSRH –</b></li> </ul> <p>SB was unable to attend but sent the following update:</p> <ul style="list-style-type: none"> <li>• MVA training now in Grampian until other sites onboard - paper in preparation.</li> </ul>	

		<ul style="list-style-type: none"> <li>• US training - work ongoing with NHS Academy at Golden Jubilee to support this.</li> <li>• Interviews postponed to March due to doctor strikes in England in February - 3 posts for recruitment in August 2024.</li> <li>• The programme is expanding locations for training to be delivered in the GGC training programme to include AA, D&amp;G and Lanarkshire. AA most likely on board first. These changes should optimise the experience for trainees and better for future workforce planning. Meeting with WoS TPD for O&amp;G Kirstyn Brogan on 1<sup>st</sup> March regarding this, and Carol Leiper will be supporting the administration side of expansion. Local Dr in AA undergoing ES training.</li>   <li>• <b>O&amp;G –</b>  KB was unable to attend, but an update was sent to the members prior to the meeting. (See Paper 4)</li>   <li>• <b>Paediatrics –</b>  SK gave the following update: <ul style="list-style-type: none"> <li>• The main issues affecting all 4 paediatric programmes currently are around the implementation and implications of shape of training. The difficulties around the middle grade rota, in training years where trainees trying to achieve the requirements in aspects such as public health and integrated care, which in turn is leaving gaps in the rota.</li> <li>• Previously, trainees would have had to complete 18 months of neonatal training I before stepping up to the middle grade rota but now they only complete a year which is causing anxiety amongst trainees.</li> <li>• TPDs are looking at how to channel the training to achieve the specific learning outcomes through simulation training.</li> <li>• Lastly, queried the expansions posts and if clarity could be provided on if they will be rolling over. CA noted that discussions around this are ongoing, the question has previously been</li> </ul> </li> </ul>	
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		<p>asked and will be included again in any future submissions to TG. CA will provide clarity at future STB meetings when possible.</p> <ul style="list-style-type: none"> <li>• <b>Paediatric Grid –</b></li> </ul> <p>CLi gave the following update to the members:</p> <ul style="list-style-type: none"> <li>• Recruitment for August is currently underway and in the next few months, developing posts for 2025 with Service will need to take place.</li> <li>• It’s been a couple of years since a scoping exercise has taken place and survey of trainers may need to take place to get an understanding of what they see as a requirement for consultants and training. There is a balance between what can be provided from a training capacity point of view and what needs to be included from a consultant point of view.</li> <li>• Will bring information back to the STB later in the year with what posts are being put forward for 2025.</li> <li>• Asked the members to get in contact if they have any information around areas of need within paediatric sub-specialties and this can be discussed further in advance of any last-minute submissions.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Paediatric Cardiology –</b></li> </ul> <p>BS was not in attendance but sent the following update:</p> <ul style="list-style-type: none"> <li>• Being a very small, single unit program, the specialty is significantly impacted by even small changes in staffing. The August changeover was affected in this way due to all existing trainees leaving simultaneously, through an unexpected coincidence of final year OOPT and accelerated CCT. This was coincident with a staggered start of new trainees from England and resulted in a significant staffing shortfall, further compounded by a reduced allocation of paediatric trainees to the service, a difficulty felt across almost all rotas. The shortfall resolved as new staff commenced during September and October but created less than ideal conditions for trainees new to the program, who have appropriately expressed disappointment.</li> </ul>	<p><b>Members to discuss with service leads and contact CLi via e-mail with any information.</b></p>
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5.2	<b>DME Report</b>	<p>HF gave the following update to the members:</p> <ul style="list-style-type: none"> <li>• Banding – Following on from the rota capping discussion, the challenge that has been reported is that although there is expansion across STB specialties and the basic salary is covered, it is the boards that cover the banding costs for out of hours and boards are all facing significant savings requirement, and this is viewed as a relative saving. A meeting has taken place with Government Education Training colleagues, and it was highlighted that there probably needs to be a broader discussion about the funding model.</li> <li>• Monitoring – Another challenge across boards is around non-compliant rotas which is leading to tension in the system.</li> </ul>	<b>HF to update at next STB re rota capping.</b>
5.3	<b>SLWG – Shape of Training/Progress+</b>	<p>Paper 5 (SBAR) was circulated before the meeting and discussed by CLi:</p> <ul style="list-style-type: none"> <li>• August 2023 saw the implementation of the new programme and the shape of training for paediatrics and it's still quite early to comment appropriately on what the impact has been on training programmes, due to what was put in place in terms of the agreement of uplift of trainees in support of transitional time.</li> <li>• There is expected pressures to be faced in 2026 onwards when there is a lot of double CCT holders and an influx of trainees moving into middle grade rotas.</li> <li>• As of right now the changes that are being looked at are around the implementation and the new pathways. It seems as if additional pressures that are feeding into that are at an acute stage, particularly in the south east and east programmes where there is an increasing LTFT training rate, mat leaves and trainees going OOP for other reasons.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Another impact is the ability to maintain Tier 2 rotas and giving training numbers to specific centres.</li> <li>• With regards to the north and the west, the difficulties seem to be around acute rotas in departments such as neonatology. Trainees are now being taken away from these acute pathways and it is starting to impact at a much earlier level of training which could make it difficult to sustain rotas.</li> <li>• It was highlighted that there would be a 13% drop of middle grade rotas cover overall. There was always going to be a contraction once everything was embedded due to the move from an 8-year programme to 7.</li> <li>• Tired to highlight both short-term changes and long-term changes in the SBAR but can be difficult without actual figures.</li> </ul> <p>MS thanked CLi for the clarity provided over the issues that are being faced and noted that it is extremely complex. Discussions will be taken place over the next few weeks to ensure the challenges are being articulated clearly and that the bid present will be successful.</p> <p>The minutes from the last Shape of Training short life working group meeting (Paper 6) was also circulated before the meeting for information and noted.</p>	<p><b>MS to highlight to MDRG or via ADe.</b></p> <p><b>CA and MS to discuss further at upcoming meeting to review establishment and then involve CLi and other colleagues.</b></p>
<b>5.4</b>	<b>Deanery issues</b>		
	<b>Quality</b>	<p>AC gave the following update to the members:</p> <ul style="list-style-type: none"> <li>• New APGD for quality, Brian Stewart, who started with immediate effect. Expressed thanks to PMacD.</li> <li>• There have been several quality engagement and action review meetings in the last few weeks.</li> <li>• There is a triggered visit to the Victoria Hospital in Fife (paediatrics) taking place in March.</li> </ul>	



		<ul style="list-style-type: none"> <li>The quality team is undergoing some restructuring and will be aligned in three bigger groupings across specialties to form 3 quality management groups and more information regarding this will be available in the coming months.</li> </ul>	
	<b>Training Programme Management</b>	<p>CL noted the following:</p> <ul style="list-style-type: none"> <li>Staffing issues have improved with the introduction of two new staff members within TPM.</li> <li>Planning for ARCPs is underway and dates can be found on the deanery website.</li> </ul>	
	<b>ARCPs</b>	<p>A generic ARCP training session hosted by Adam Hill is due to take place on Thursday, 21<sup>st</sup> March.</p> <p>Discussion arose around the potential need for a more specialty specific ARCP training session.</p> <p><b><i>An additional ARCP training session for OGP and Diagnostics has been arranged by MS for Monday, 25th March (12:30-1:30pm).</i></b></p>	
	<b>Recruitment</b>	<p>Paper 7 was circulated to the group before the STB and J MacK gave the following update to the members:</p> <ul style="list-style-type: none"> <li>Paediatric interviews took place in February.</li> <li>CSRH interviews have had to be rescheduled due to industrial action in England.</li> <li>O and G interviews took place in February</li> </ul>	
	<b>MDRG Update</b>	<p>MS noted that there was nothing additional to add under this item that wasn't already covered earlier in the meeting.</p> <p>CA highlighted MS's ongoing work around remote and rural, which supports training and trainees working in these locations with the aim of supporting workforce. There are aspirations for this to be included on the deanery website and it has been taken to each STB to discuss further.</p> <p>MS concurred and noted that she doesn't envision this being any additional significant work for the STB, but it was an idea that was born out of medicine which could also affect other specialties, for example trainees in Lothian have expressed interest in taking up post in a remote and rural area but currently would not work given the regional aspect of the training programmes. There is a</p>	

		<p>spreadsheet with collated information that the APGDs are being asked to complete for their specialties.</p> <p>Discussions are ongoing with Niall MacIntosh around getting a remote and rural tab inserted on the trainee information page of the deanery website, with additional information and a link to the spreadsheet.</p>	<p><b>CA will discuss with APGDs and feedback to MS.</b></p>
	<b>EDI</b>	<p>STEP update:</p> <ul style="list-style-type: none"> <li>• Going to be rebranded from STEP to Welcoming IMGs.</li> <li>• Feedback has generally been that a move away from a specialty specific programme would be optimal. Therefore, a more generic, region-based induction is going to be introduced.</li> <li>• Taking place early September across 3 sites in Scotland, north, east, and west and there is still a call for faculty.</li> </ul> <p>Paper 8 was circulated before the meeting and CA noted the following:</p> <ul style="list-style-type: none"> <li>• Asked to bring to the STB to discuss tackling discrimination, bullying and harassment in training and is the STB supportive of trainees evidencing learning in professional behaviours and responsibilities specific to EDI training.</li> <li>• The STB must consider if they are supportive of this becoming a requirement to evidence in portfolio at the end of a training year and what evidence would be appropriate and any recommendations for suitable resources.</li> </ul> <p>Discussion arose around support for this work but highlighted that issues such as not being mandated in the ARCP requirements may be an issue.</p> <p>MS highlighted that the aim is to ensure that there is more robust evidence around this important element of training and it not being so light touch at ARCPs. NES have developed some online resources which will be available soon. Will be relevant to generic CIPs</p>	<p><b>If anyone wants to join faculty, PLEASE reach out to CA ASAP.</b></p> <p><b>Members to e-mail CA with thoughts.</b></p> <p><b>CA will collate comments for STB and feedback to Alastair Murray.</b></p>
<b>5.5</b>	<b>Medical Director's Update from Health Boards</b>	<p>Nothing discussed under this item. IH not in attendance.</p>	

5.6	<b>SAS Report</b>	<p>CA noted that CLiv is the new STB representative at the STB and the following update was given:</p> <ul style="list-style-type: none"> <li>• Currently 229 SAS doctors in OGP across Scotland. A questionnaire will be circulated regarding their training needs, opportunities, and any issues they are experiencing.</li> <li>• The SAS development fund which can be used for courses and diplomas which are clinically relevant to their department, have unfortunately been put on pause due to the financial issues being faced. Still encouraging application to evidence that this fund is needed on top of the study leave budget.</li> <li>• There is a new specialist doctor grade which is being introduced which is for more experienced specialty doctors with a higher pay scale. There is a generic capabilities framework for the specialist grade, and it is expected that SAS doctors will be looking for opportunities to achieve these.</li> </ul>	<b>CLiv will feedback information when it is available.</b>
5.7	<b>Trainee Reports</b>	<p><b>O&amp;G</b></p> <ul style="list-style-type: none"> <li>• AD noted that there were significant concerns regarding the most recent exam sittings in relation to technology as well as the content of the exam itself, which has been advanced through the NTC and the college.</li> <li>• Trainees with individual concerns have been directed to the exam committee through the college.</li> <li>• There will be an introduction of study groups in the EoS over the next few weeks.</li> </ul> <p>Paediatrics No representative present</p>	<b>AD to update feedback from national trainees committee re exam at next STB.</b>
5.8	<b>Simulation</b>	<p><b>O&amp;G</b></p> <p>SB gave the following update:</p> <ul style="list-style-type: none"> <li>• The main activity that is ongoing currently is the non-technical skills courses which run a few times a year.</li> <li>• The hope is that the gynaecology, laparoscopy, and hysteroscopy courses which are due to run again in WoS will become nationally available.</li> <li>• Currently thinking of a SIM strategy for Scotland which will develop equity of access.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Hoping to bring a piece of work to the STB in the next 6 months, which involves role in DV teaching committee as an overlap.</li> <li>• Main issues being faced in simulation is the support in delivering, and if this is something that is to continue being delivered nationally then a faculty would have to be built, which there is ongoing discussion around.</li> </ul> <p><b>Paediatrics</b></p> <p>KC gave the following update:</p> <ul style="list-style-type: none"> <li>• Currently trying to expand the ST2 Step up to Reg programme, which is currently running in EoS. It will take on the form of a bootcamp style and dates are still being discussed.</li> <li>• Return to Work course has been successfully running this year and the plan would be to rotate this around Scotland.</li> <li>• Meeting with SB soon to discuss faculty development and how the two specialties can come together.</li> <li>• Discussions are ongoing around mobile skills and developing this out to areas out with the central belt.</li> </ul>	<p><b>CA agreed to discuss with SB separately.</b></p>
5.9	<b>RCOG/RCPCH Heads of Schools reports</b>	<p>RCPCH MS was not in attendance but sent on the following update:</p> <ul style="list-style-type: none"> <li>• Waiting times and workforce event at Scottish Parliament on 21<sup>st</sup> March to highlight waiting times and importance of ensuring we have a robust paediatric workforce to improve child health in Scotland.</li> <li>• Thrive paediatric pilot starting in SES to look at ways to improve lives of doctors working in paediatrics. This includes looking at retention of doctors and one suggestion from council was the possibility of paediatric retainer scheme to support doctors who are needing to significantly reduce hours but give them a way to not leave completely.</li> <li>• Encouraging Scot Gov to develop the healthier together website used in England but a lot of resistance at present.</li> </ul> <p>RCOG</p> <ul style="list-style-type: none"> <li>• HOS meeting next week CA will update STB after that with written report.</li> </ul>	<p><b>MSt will circulate report when it is available.</b></p>

6.	<b>Lay Report</b>	Nothing discussed under this item as new Lay representative not in attendance.	
7.	<b>AOB</b>	<p>No other business was noted by the members.</p> <p><i>However, CA asked to group to forward on any papers to be included in the STB 7-10 days before the meeting so they can be circulated in a timely manner. Additionally, if members are unable to attend but wish to provide an update, could this be done in a word document so that these can be included in the papers for information only section.</i></p>	
8.	<b>Papers for Information Only</b>	Nothing included under this item.	
9.	<b>Dates for 2024 meetings:</b>	<ul style="list-style-type: none"> <li>• <b>Friday, 24<sup>th</sup> May 2024 14:00-16:00</b></li> <li>• <b>Thursday, 19<sup>th</sup> September 09:30-11:30</b></li> <li>• <b>Friday, 29<sup>th</sup> November 14:00-16:00</b></li> </ul>	