

Notes and actions arising from the Obstetrics & Gynaecology & Paediatrics Specialty Training Board meeting held at 2pm on Friday, 24th May 2024 via Teams

Present: Claire Alexander (CA) [**Chair**], Edgar Brincat (EB), Kirstyn Brogan (KB), Alastair Campbell (AC), Joanna Chisholm (JC), Shoina Coutts (SC), Alan Denison (ADe), Helen Freeman (HF), Ailie Grzybek (AG), Laura Jones (LJ), Shyla Kishore (SK), Chris Lilley (CLi), Jen Mackenzie (JMack), Ian McDonough (IMcD), Ailis Orr (AO), Katie Paul (KP), Jennifer Scarth (SC), Marion Slater (MS).

Apologies: Eilidh Clark (EC), Kathleen Collins (KC), Andrew Durden (AD), Vicki Hayter (VH), Ian Hunter (IH), Zoe Jacob (ZJ), Clare Livingston (CL), Caithlin Neill (CN), Brian Stewart (BS), Christopher Tee (CT).

In attendance: Zoe Park (ZP) (Minutes)

Item No	Item	Comment	Action
1.	Welcome, Intros and Apologies	The chair welcomed everyone to the meeting and apologies were noted. CA welcomed Ian McDonough as the new Lay Representative and Ailie Grzybek as the Workplace Behaviour Champion.	
2.	Minutes of meeting held 22/02/2024	The minutes of the meeting held on 22 nd February 2024 were agreed as a true reflection of the meeting.	
3.	Review of Action Points	CA gave the following review of action points: Simulation – CA and SB have not met yet to discuss. CA will feedback at next STB meeting. Exam Failure – SC has been supporting a trainee with the development of a questionnaire around this. This has now been supported by MS and HF and will be sent out to O&G trainees to help better understand the issues that are being faced and plan a national solution. Remote and Rural – CA will circulate the spreadsheet to members to consider if there are parts of their programmes that would be applicable. All other actions were complete or will be discussed elsewhere on the agenda.	
4.	Matters Arising		

a.	PG Cert Paediatrics	<p>MS noted the following update:</p> <ul style="list-style-type: none"> • Gave thanks to colleagues who have met and been involved in discussions around PG Cert. • The formalised lease arrangement that has been in place with University of Glasgow for the past number of years will no longer continue due a proposed increase in fees. • The University of Glasgow have agreed to honour the original entry fee for trainees starting in August 2024 from all regions in Scotland and will see those trainees and any trainees currently in programme through to the achievement of their certificate. • This will have implications for the regional teaching programmes, particularly in WoS. • Discussions are taking place around funding and there should be clarity around that going forward. <p>CLi added that one of the outcomes of discussions was that a survey would be sent to trainees who are eligible post membership, who may wish to undertake PG Cert in the last year they can enter. Meeting has taken place with PG Cert trainers this week following the decision to look at how we would transition to a different model next year and further discussions will take place.</p>	
b.	Curriculum 24 O&G	<p>CA noted that this item has been born out of the advanced training review at RCOG and relates to the curriculum that most trainees will be moving on to from August 2024. Gave thanks to the TPDs for their analysis of the spreadsheet, which was received from the RCOG, where it had to be made clear which trainees would move to the curriculum and who would not. This has been done for every trainee in Scotland and information sent to the college.</p> <p>CA also thanked AC for his support and guidance throughout this.</p> <p>AC added that Scottish trainees will change over on the 7th August, but there will be two early adopter sites in England who will transfer on the 10th June to highlight any potential teething problems. Additionally, there is a new suite of information on the RCOG website which should have come through to everyone through the normal college resources. It includes all the information to support the new curriculum, the resources, implementation guides, and e-learning and videos.</p>	
c.	Rota Capping	<p>CA gave the following summary:</p>	

		<ul style="list-style-type: none"> • CLi highlighted that in GGC there are ongoing issues around Health Boards (HB) capping rotas in some specialties, which in terms of out of hours work arises from the situation that occurs if for example 9/10 people sharing the work of an 8-person OOH rota it becomes more costly for the HB than having 8 people. • Most OOH rotas are usually short due to LTFT fraction and OOP. • This is a potential unintended consequence of more LTFT working and establishment uplift and will need to be monitored. SAMD rep told CA most HBs would still prefer a trainee uplift than not. • CLi was surveying the issues around out of hours provision and trainee numbers on these rotas. • Conversation took place with IH pre-STB and he agreed that it does cost more to have more people doing the same the amount of work, however, HBs are looking with great intensity at what they are spending and adverse payments are part of that. IH also noted that we may get to a point where some HBs are reluctant to receive uplifts from establishment and different boards will have different solutions for arrangement of planning. • Senior executive at NES have asked us to consider sending more trainees to DGHs across all regions in Scotland, however, as a group of trainers it is also important to consider sending trainees to the most positive training environments. The situation is quite complex. <p>CLi provided the below update on the survey produced:</p> <ul style="list-style-type: none"> • Did not pick up a widespread issue with other specialties or HBs out with GGC, but it's not simply an issue that will only effect one board due to a variety of reasons, such as recruitment. • Rota caps exist within GGC against WTE numbers, therefore it's not necessarily a specific problem with LTFT training but rather when trying to develop new posts. • From a recruitment point of view, we are still unable to recruit to NES funded LATs for both O&G and paediatrics, which have traditionally been done through GNCHR for the rest of Scotland. This is due to sign off and has been raised at a managerial level but hasn't been resolved. This will have a significant impact for service come August. • Another issue around additional posts are that predominately the progress plus curriculum is supported, which is in support of shape of training, which supports getting through the 	
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		<p>programme more quickly to support services. However, rota caps are directly affecting the ability to put additional training into areas which will support the process.</p> <p>CA thanked CLi for the helpful comments around this issue.</p> <p>MS highlighted that these issues are going on elsewhere but are not necessarily described as rota capping. A paper was taken to MDAG with ADe to discuss this in more detail, there is awareness around the situation and discussions are ongoing. The LAT position was also discussed at the last meeting and mitigations and solutions for next year are being looked at, unfortunately, for this year there is not much that can be done within the timeline.</p> <p>KB highlighted that she understands that from NES perspective nothing can be done for this year re LAT recruitment process, however, from practical perspective colleagues are questioning why they have NES funded gaps that are unable to be filled.</p> <p>Following on from what has previously discussed by MS, ADe noted that although this has been discussed at MDAG for awareness of what is happening in the system the real risk hadn't presented itself yet. In the light of the financial pressures that are being faced in the NHS it would be beneficial to know further examples of this for feedback.</p> <p>HF noted that from a DME perspective it's interesting to hear the different perspectives around this issue but noted that there several different elements within this such as increasing establishment numbers, banding costs, as well as the concerning issue around LAT recruitment. However, upon checking with colleagues this doesn't seem to be getting highlighted at a DME level out with WoS. Additionally, HF noted that she understood where KB was coming from with the lack of understanding around gaps and why they can't be filled. However, gaps get halted within the board process until there is confirmation of backfill of funding comes from NES. There is a definite complexity to this at board level and work that can be carried to provide clarity on the structure.</p> <p>CA concluded by giving thanks to the group for the detailed discussion, but noted the importance of differentiating between HBs and not exaggerating an issue that doesn't currently exist in most boards. Additionally, the discussion around uplift posts and the fact that most HBs are in fact happy</p>	<p>CA will work with MS/ADe around describing NES awareness of the issues.</p>
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		<p>to receive uplifts and consideration will have to be given to where these posts are placed in the boards that are having a negative experience.</p> <p>Lastly, regarding LAT recruitment CA highlighted that there has been a well-established national recruitment process for LATs within paediatrics and KB was able to take this system forward and apply it to O&G. However, the HR process has become more complicated and is requiring elements that the TPDs are unable to do and hopefully by next year a more rigorous process is in place.</p>	LAT recruitment – overview and update at next STB- CA / TPDs
d.	Academic Rep	Currently, there isn't an academic representative on the STB and when looking at the terms of reference recently this was brought to CA attention. Asked the members for thoughts and suggestions or if anyone be appropriate for the role.	Members to feedback to CA.
5.	Standing Items of business		
5.1	Specialty & STC reports	<ul style="list-style-type: none"> • CSRH – Not discussed, SB not in attendance • O&G – KB <ul style="list-style-type: none"> • Currently working with SB, CSRH team, and local team in Ayrshire & Arran to have a rotation for a SRH trainee to come through for which there is enthusiasm around. • ST1 bootcamp will take place on the 29th and 30th August, which is being supported by NES and with some financial support from the Scottish Committee of the RCOG. • Pilot being carried out in gynaecology ultrasound that will be taking place within the Golden Jubilee in July, alongside the academy. • ARCPs will be taking place in the coming weeks. • Paediatrics – SK <ul style="list-style-type: none"> • National recruitment and uplift posts have been successful. 	

		<ul style="list-style-type: none"> • There has been an increase in LTFT requests, reasons such as work life balance becoming more common, and requests are being looked at more closely. • Although trainees are working at 80%/60%, both educational a clinical supervision is still required at the same rate which is causing increased pressures for supervisors. • Clarity is required around maternity leave funding as conversations between the boards and NES are making it increasingly difficult to backfill a post locally and rotas are becoming more fragile. • Similarly, for trainees going to other regions for training requirements, there has been confusion around funding and being told we are unable to fill when we have been able to do so previously. • ARCPs will be taking place imminently, however, the college keep changing the requirements. <p>CA agreed with SK around the increase in LTFT and differing reasons for this over the last few years but that aligns with Deanery policy. As a training community this should be supported to help trainees stay within the programme and to meet developmental and health and well-being needs. If a LTFT request that the TPD supports, can't be met due to needs of service then this could be escalated to TDWS.</p> <p>CA also confirmed that if a trainee is going OOPE then these posts should be able to be filled with the NES funding with either a LAT or an NTN depending on time out of programme. However, what is being described doesn't seem like it would be considered OOPE.</p> <p>With regards to maternity leave funding, this is covered by NES, and it is up to the board if they can backfill this post with a LAT. HF concurred with SK that there is not complete clarity around what is covered, and this may have shifted further given the current financial situation.</p> <p>CLi highlighted that the agreement up until now around movement of training between TPDs has been that the salary is provided by the region who is delivering the training. Therefore, if a trainee is moving away from the North for a period, then a NES funded salary should be available. In addition to this, the WTE numbers for the North are in equipoise and WTE gaps are being filled which may explain why additional funding is not available.</p>	<p>SK to get in touch with VH for further clarity around this.</p>
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		<p>Following on from the conversations around LTFT, HF added that service colleagues are extremely supportive of LTFT working and can see the benefits of it. However, service does have the right to decline within the application process and where it becomes difficult is the impact on LTFT training on rotas and service provision can be significant and there needs to be an understanding around flexibility as there is a service to provide.</p> <ul style="list-style-type: none"> • Paediatric Grid- <p>CLi</p> <ul style="list-style-type: none"> • Palliative care grid post in Glasgow has been developed, which will be recruited to later this year. Additionally, progress has been made in paediatric metabolic specialty posts, which will also be advertised later this year. • Discussions have taken place in WoS around CCH posts which is positive. <ul style="list-style-type: none"> • Paediatric Cardiology – <p>Not discussed. BS not in attendance.</p>	
5.2	DME Report	<p>HF gave the following update to the members:</p> <ul style="list-style-type: none"> • WTE – Impact being felt across rotas at training level and consultant post gaps. • Education Supervision/Tariffs – Increased LTFT has increased the ask for educational supervisor capacity and time within fixed senior clinical teams. Ongoing discussions taking place around these issues. • DME Group – HF noted that she has stepped down as chair and will be replaced by Maximillian Groome (MG) and Kim Milne (KM) and administrative support for the group has been secured. 	
5.3	SLWG – Shape of Training/Progress+	<p>CA noted that the most recent shape of training minutes as well as the SBAR developed by CLi can be found under additional papers.</p> <p>CLi gave the following update to the group around the main themes:</p> <ul style="list-style-type: none"> • Currently looking at the data from TURAS to map what effect shape of training is currently having on our programmes and looking at what might happen in two to 	

		<p>three years' time so we can inform the transition group about maintaining the uplift or not. As has previously been described in papers and SBARs.</p> <ul style="list-style-type: none"> • The data currently shows that the Tier 2 cohort of trainees seems to be maintained appropriately across the programmes. • Now is not the time that we would expect to see significant issues with shape of training but rather in two to three years. • Received CCT dates so they can be mapped, which is a complex piece of work. • The projection is that we are on course to maintain the number of trainees who are ST3 and above. • Having a seven-year pathway MG numbers won't be maintained and there will be a 4-6% reduction overall. • Data will be sent to TPDs for thoughts and comments. • Up until now the main reasons for difficulties within programmes is increased LTFT particularly below ST3, burnout and the incremental change to these throughout the training year. • Another effect on small programmes is movement of trainees due to IRT/IDT, but this shouldn't affect the arguments around shape of training. • Shape of training SBAR which was put forward not only looks at the long-term contraction but rather the fact that trainees are unnecessarily being moved from acute rotas to meet the needs of progress plus. • In terms of how the curriculum has been introduced, most programmes have been ahead of that and there haven't been issues that haven't been able to address. 	
5.4	Deanery issues		
	Quality	<p>Paper 2 was circulated before the meeting and discussed by AC.</p> <ul style="list-style-type: none"> • Structural changes have taken place within the quality management group and O&G will be merged with Diagnostics, which is led by ADe and MS and joined by Brian Stewart (BS) and Marie Mathers (MM). • Quality workstream is currently looking at how the data that is collected from various surveys is going to be analysed. 	

		<ul style="list-style-type: none"> • A review of the data will take place towards the end of September. • Engagement meetings will take place for both O&G and paediatrics over the next few weeks in Lothian and WoS, where units are working through their action plans. • There are no units currently on enhanced monitoring. • Gave thanks to CLi for helping at recent visit in Lothian. 	
	Training Programme Management	Item not discussed. Representatives not in attendance.	
	ARCPs	<p>KB</p> <ul style="list-style-type: none"> • O&G ARCPs will take place on 13th and 14th June. • Panels are confirmed, but unfortunately there have been several last-minute dropouts which makes the panels more fragile. • Going forward, will need to look at how panel members are recruited for future ARCPs. • External and lay representation have been secured. <p>CA added that both she and KB have met with Carol Leiper (CL) to look at the out of sync ARCPs and look at a solution and how to handle these moving forward.</p> <p>SK</p> <ul style="list-style-type: none"> • Main issues discussed previously in the meeting. • ARCPs will take place first two weeks in June. <p>CA gave thanks to the TPDs and TPM for the work that is being carried out.</p>	
	Recruitment	<p>Paper 3 was circulated before the meeting and JMack gave the following update:</p> <ul style="list-style-type: none"> • National recruitment is complete and O&G ST1 has 2 vacant posts NoS. However, additional interviews took place yesterday and we are hopeful to fill the two posts. • Paediatric cardiology only filled one out of the two posts that were available. • Round 3 starts in July but only paediatrics from this STB takes part. 	

	MDRG Update	<p>MS noted that that there was no further update regrading MDRG.</p> <p>However, gave a broader update below:</p> <ul style="list-style-type: none"> • Will take away the discussions that took place previously around rota capping, statutory gaps, and LATs. • Currently looking into the recruitment issues around consultant posts to find a solution and create a position where there are desirable posts for people to move into. • Remote and Rural – Trying to signpost opportunities to try and support training, as well as consultant workforce in areas beyond the large teaching centres. • WINS – Looking for help with faculty, and if anyone is interested in being involved then there’s an all-day event taking place on 29th August at the Royal College of Physician and Surgeons in Glasgow, which will be led by Mo Al Haddad. For SES, the event will take place on 3rd September at Royal College of Physicians of Edinburgh and for NoS/EoS it will be 5th September at the Suttie Centre. • All TPDs/APGDs should have received save the dates for the next specialty grouping TPD away day, which is taking place on 18th September. GMC will be in attendance to discuss their process as well as a talk from TDWS, specifically about challenges where trainees view them differently from the deanery perspective. 	<p>Members to e-mail MS with any further examples around these issues.</p> <p>If interested, please contact administrator - ejaz.farooqui@nhs.scot or CA or MS</p>
	EDI	<p>CA noted that AG has been appointed as the new workplace behaviour champion representative for Scotland but that she had to leave earlier in the meeting. An update can be given at the September STB meeting and perhaps give some examples of good practice.</p> <p>With regards to the mandatory training discussed at the last meeting, CA agreed to feedback the comments she received via e-mail to Alastair Murray (AMu).</p>	
5.5	Medical Director’s Update from Health Boards	<p>Item not discussed. IH sent apologies for today’s meeting.</p> <p>CA highlighted the main themes from an earlier meeting with IH</p>	
5.6	SAS Report	Item not discussed. CLiv not in attendance.	
5.7	Trainee Reports	KP gave the following update for O&G:	

		<ul style="list-style-type: none"> • With regards to exams which were discussed the last meeting, there is ongoing work being carried out by the college to address the concerns that were raised. • A joint statement from the college and NTC also address the issues around the part 2 written exams. • Will provide update from NTC at the next STB meeting in September. • Additionally, the trainee evaluation form data should be available by the September meeting to give an update. <p>LJ added that from a paediatric trainee perspective the main issue is around the ePortfolio and there are ongoing discussions with the college around this. Communication was sent by the college regarding further changes to ePortfolio, however, they have been asked for no further changes pre ARCP, as that could make the situation more challenging.</p>	
5.8	Simulation	<p>CA gave the following update to the group on behalf of SB:</p> <ul style="list-style-type: none"> • Teaching is delivered within O&G and is driven forward by the TPDs to provide both national and regional sessions. • However, there has been a slight tail off in terms of engagement from trainers and people who have traditionally delivered the teaching. <p>CA highlighted that it has been discussed previously for the simulation leads to give an extended update at one of the STBs to showcase their work in more detail. Potentially, this could be arranged for the November STB from both speciality sim leads.</p> <p>No paediatric simulation update.</p>	
5.9	RCOG/RCPCH Heads of Schools reports	<p>RCOG</p> <ul style="list-style-type: none"> • The main theme at the February meeting was around Curriculum 24 which has previously been discussed. • AC has finished his term of office as chair of The Special Education Advisory Committee (SEAC) after six and half years. CA gave thanks to AC for all the work that he has carried out over the years which as well as been essential for RCOG has been extremely beneficial for trainees and trainees in O and G in Scotland 	

		<p>RCPCH</p> <ul style="list-style-type: none"> • Discussion at the most recent CSAC chairs meeting centred around subspecialty training. • There is ongoing discussion around how much involvement CSAC should have with quality management of posts. CLI highlighted that governance of this sits with the deanery rather than the college. • Will update the STB after the next Head of School meeting. 	
6.	Lay Report	IMcD thanked the group for welcoming him to his first meeting and noted that some of the conversations around LTFT working and rota capping were extremely interesting and enjoyed observing the complexity and diversity of the group.	
7.	AOB	<p>CLi- Longitudinal Education Supervision</p> <p>Traditionally the WoS have a combined educational and clinical supervision role. There are extensive discussions taking place with service, trainers, and trainees about how a longitudinal approach will look come August. The main interest is reducing impact and streamline educational supervisors particularly for those who are in subspecialty rotas.</p> <p>There are ongoing discussions within NES around PAs for these roles and the time that should be allocated and how this is agreed with DME colleagues.</p> <p>HF highlighted that there is ongoing work being carried out around tariffs and NES are currently working with DMEs on producing a mission statement and guidance that can be followed rather than mandated as there are differences across specialties and HBs. HF also stressed the importance of understanding job plan impact, as well as ensuring engagement from service.</p> <p>CA noted that this can be discussed in more detail at the next STB meeting where more clarity should be available.</p>	ZP to add to agenda of September meeting.
8.	Papers for Information Only	<p><i>Paper 4 – Shape of training Minutes – 190424</i></p> <p><i>Paper 5 – Shape of training SBAR service pressures</i></p>	
9.	Dates for 2024 meetings:	<ul style="list-style-type: none"> • Thursday, 26th September 09:30-11:30 • Friday, 29th November 14:00-16:00 	

