

Notes and actions arising from the Obstetrics & Gynaecology & Paediatrics Specialty Training Board meeting held at 9.30am on Thursday, 26th September 2024 via Teams

Present: Claire Alexander (CA) [**Chair**], Sarah Barr (SB), Susan Brechin (SBr), Kirstyn Brogan (KB), Gillian Carter (GC), Kathleen Collins (KC), Tom Fardon (TF), Vicky Hayter (VH), Shyla Kishore (SK), Chris Lilley (CLi), Clare Livingston (CLiv), Lindsey McVey (LMcV), Jen Mackenzie (JMack), Ian McDonough (IMcD), Ailis Orr (AO), Katie Paul (KP), Jennifer Scarth (JS), Brian Stewart (BS) and Christopher Tee (CT).

Apologies: Alastair Campbell (AC), Stewart Cox (SC), Andrew Durden (AD), Ian Hunter (IH), Zoe Jacob (ZJ), Marion Slater (MS), Ben Smith (BS) and Mairi Stark (MS).

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.	
2.	Minutes of meeting held 24/05/2024	The minutes of the meeting held on 24 th May 2024 were agreed as a true reflection of the meeting.	
3.	Review of Action Points	<p>CA gave the following review of action points:</p> <ul style="list-style-type: none"> • Rota Capping – MS and ADe awareness of the issue has been clarified and it has been agreed that this will be discussed further if it becomes more of an issue. • Academic Membership – No nomination received. • WINS – Gave thanks to all who contributed to the three very positive events. <p>All other actions were complete or will be discussed elsewhere on the agenda.</p>	
4.	Matters Arising		
4.1	OGP Webpages	<p>Paper 2 was circulated before the meeting and discussed by CA.</p> <ul style="list-style-type: none"> • There is still a reasonable amount of traffic to the webpages and the deanery are still happy to host them. 	

		<ul style="list-style-type: none"> • However, the pages are not up to date and some items have not been updated since 2021. • This may be down to the fact everyone is jointly responsible for the pages and CA offered to be a point of contact with updates being fed back to her. • CA gave thanks to CT for being pro-active and continuously keeping the paediatric webpages in the South East up to date. <p>The group noted that trainees are being signposted to the webpages via induction or bootcamp.</p>	CA will e-mail TPDs and trainee reps to take forward and make changes within next 6-8 weeks.
4.2	Establishment Posts	<p>CA noted that the paperwork for the expansion bid has been submitted to the medical directorate and information will be fed back in due course.</p> <p>In summary:</p> <ul style="list-style-type: none"> • CSRH did not apply expansion this year due to previous significant expansions. • Paediatric cardiology didn't wish to uplift this year. • Paediatric bid stressed the need to convert the posts that were previously temporary uplift to permanent, plus a small uplift of 6 posts • O&G. 8 posts have been requested for this year and 8 in the following, or 16 posts over 3 years to support WTE working <p>CA highlighted that John Colvin (JC) has stepped down from his role as lead of medical workforce at SG transitions and has been replaced by Helen Freeman (HF). Therefore, HF has stepped down from this committee and CA noted thanks for the significant contribution and work carried out by HF within the STB as DME representative.</p>	
4.3	LAT Recruitment	<p>CA gave the below update to the members:</p> <ul style="list-style-type: none"> • LAT recruitment became extremely complicated due to the need for every individual health board (HB) to sign off on each post, rather than a centralised process. • This caused TPDs a huge amount of work and uncertainty. • Previously, a national process across both disciplines was tried, but this was challenging for TPM colleagues and timelines were extremely tight. • Continuing with the current process for this year wouldn't be helpful for anyone involved. 	

		<ul style="list-style-type: none"> • Reassured the group that discussions are ongoing with MS around this, to gain clarity around the ownership of this process. <p>CA opened it up to the group for comment.</p> <p>KB</p> <ul style="list-style-type: none"> • Currently, relying on the good will of HR colleagues in the HB to take this forward. However, some HR departments were unable to help due to certain pieces of paperwork. • Cover for MAT leave is more complicated, as this is HB funded, and the process usually takes a lot longer. <p>AO</p> <ul style="list-style-type: none"> • Noted that anything that can be done to centralise and smooth out the process would be great appreciated. • The positive aspects of the experience were that 8 great LATs were able to be appointed, but those appointed to ST3s (whether Lat or nationally) have been unable to function at this level and have some critical gaps in their training. • It is currently a widely time-consuming process and a very intensive interview process. • Clinicians are currently required to upskill themselves in HR processes, even though this is not in their skill set. • Issues are apparent right up until the LAT can start, whether it be delays in visas, delays in certificates to work or delays in pay. • Supportive of a NES centralised system. <p>The group agreed that ownership should lie with NES as it is a funded post for OOP etc, and placements being administered through one system with HB funded LATs being funded through a different system. However, the issues of trading up may become more prominent.</p> <p>CA noted the importance of being clear as a group in what we would like to see happen in the, whether that's a hybrid model or not.</p> <p>CLi</p>	
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4.4	Curriculum 24	<p>CA highlighted that new curriculum Curriculum 24 for O&G went live on the 7th August. Overall feeling is that it went well without a lot of issues.</p> <p>For example, SC has noted a few disconnects between how sub-specialties are described on the website compared to the curriculum document.</p>	TPDs to feedback any issues to CA via e-mail and they will be fed back to RCOG
4.5	Study Leave Budget	<p>CA gave the below update as MS was unable to attend the meeting.</p> <ul style="list-style-type: none"> No courses are formally mandated in any of the curriculums, but it is difficult to achieve the requirements that described without going on courses in many instances. The study leave budget is currently being reviewed within NES. TPDs have been asked to complete paperwork, in which it would be detailed which courses are essential and which are not, to aid with the process. Currently no plans to increase the study leave budget but will be distributed in a new process. <p>The TPDS noted that they had all received the paperwork, and it has been submitted.</p>	CA or MS will bring update to next STB meeting.
4.6	HOS Role	<p>CA highlighted the importance of members feeding information to the HOS, but no members eg TPDS should feel pressured to attend CLi attends for paediatrics. CA attends RCOG HoS</p>	
5.	Standing Items of business		

<p>5.1</p>	<p>Specialty & STC reports</p>	<ul style="list-style-type: none"> • CSRH – • SB • Currently have 9 trainees which has more than doubled, with 2 in Grampian, 3 in GG&C and 4 in Lothian. • Trainees have quarterly meetings around study leave which is Scotland wide. • Two ongoing issues around training are access to manual vacuum aspiration for abortion and ultrasound scan. • Grampian are supporting trainees to have their MVA training. • Opted to join the NHS Academy at Golden Jubilee for advanced scan training. • There are currently issues with contracts when trainees need to go to different places for training as each HB has a different system, and there is no option for a once for all approach to this. • Two consultant posts have been converted and advertised as specialist posts to attract applications in GG&C and Tayside, this is concerning as with the expansion to training trainees who CCT won't have consultant posts to go to because they have been rebranded as specialist posts. • This has been raised at the clinical lead meeting for sexual health and BBV. <p>CA suggested that this may need to be taken to regional workforce group.</p> <ul style="list-style-type: none"> • O&G – • KB • ST1 bootcamp took place at the end of August, which is now a national two day programme. All trainees recruited to ST1 in Scotland attended and the feedback was positive. • Currently there is no concerns with the introduction of Curriculum 24. • Rep med sub-specialty post that is currently being advertised for SES. Interviews are due to take place in the next month. • There are two new workplace behaviour champions in WoS, Lousie Kelson and Felicity Watson. • A new co-TPD, Shazia Huda has been appointed in WoS. 	<p>CA will investigate how SB can link into regional workforce group.</p>
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		<ul style="list-style-type: none"> • Unfortunately, two LATs that were appointed and accepted the posts verbally have pulled out at the last minute. <p>CA gave thanks to KB for all the work carried out around bootcamp and getting that embedded within the programme.</p> <p>SB gave the below update on regional teaching:</p> <ul style="list-style-type: none"> • Over the last few years, a national teaching programme was established and was run on voluntary basis by senior trainees who have now moved on to consultant posts. • Over the past year, it has become more difficult to organise, but it is extremely beneficial, and trainees seemed to enjoy it, and feedback was always positive. • Discussions have taken place with CA around regional teaching sitting under the umbrella of this STB, which would be important from a quality perspective. • A chance for us as a group to share expertise and formalise who is responsible for it and open it up to the trainee representatives if they want to get involved. • There is a team's channel already established for this. • There are ongoing issues with MS teams and being able to access recordings after the session from non NHS computers/devices, which has been extremely frustrating as virtual teaching sessions aim to make accessibility easier around work etc. <ul style="list-style-type: none"> • Paediatrics – <p>SK</p> <ul style="list-style-type: none"> • This is the final year PG Cert in medical education will be delivered by Glasgow University, so each of the regions will be looking at how they deliver in-house teaching sessions to compensate. • The WINS programme that was introduced this year went extremely well. • Ongoing issues around recruiting trainers and introducing longitudinal supervision. • Ongoing difficulties recruiting to board funded LATs, specifically within Highland. • Neonatal is moving to level 2 and discussions are ongoing around how neonatal training is delivered in EoS. 	<p>CA to discuss teaching programmes/provision in OGP in general with Deputy Dean.</p>
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		<ul style="list-style-type: none"> • Mandy Hunter has stepped down as APGD in the North. • Paediatrics in NoS was ranked 1st out of 19 region and WoS was 2nd in the survey report. Gave thanks to trainers, service leads and the deanery for their support in achieving this. <p>JS explained the concept of longitudinal education supervision:</p> <ul style="list-style-type: none"> • A lot of trainees will rotate through different units and there is awareness around some of them having more complicated training journeys, with time out of training and LTFT. • The idea of longitudinal supervision would mean a trainee would be allocated a supervisor who remains their supervisor over several posts and then they have specific clinical supervisors with the rotational posts. • This will allow trainers to get to know their trainees better and provide more of a mentorship. • If a trainee takes up a specialist interest for example, then it would be appropriate to move their supervisor to align with that. • Traditionally, trainees have had the same educational and clinical supervisor in a post and some departments are finding this concept difficult and may increase workload. It is important to work closely with these departments. • However, training needs may differ from the needs of a clinical supervision environment. • The concept is still in its transition period. <p>CA suggested bringing this back to the STB in the first meeting of 2025 for an update.</p> <ul style="list-style-type: none"> • Paediatric Grid- <p>Cli</p> <ul style="list-style-type: none"> • A lot of collaboration has enabled posts going forward for grid next year in paediatrics, with most of those rotational posts to ensure that different training opportunities are utilised across Scotland. • As well as the regional standalone CCH posts, there will also be rotational posts in respiratory medicine, haematology and oncology. 	<p>ZP to add to agenda.</p>
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5.2	DME Report	Not discussed. Representative not in attendance.	ZP will confirm HF replacement.
5.3	SLWG – Shape of Training/Progress+	The last meeting was postponed due to attendance and the next meeting is due to take place on Friday, 1 st November. Update will be given at next STB meeting.	
5.4	Deanery issues		
	Quality	BS gave the below update to the group. <ul style="list-style-type: none"> • Pre QRP for OGP will take place later this afternoon and the transitional QRP will take place on Monday, 30th September. Update will be given at next STB. • The process has recently changed, with the bottom 10% still receiving automatic for action, but hoping to have a more continuous for of assessment over the course of the year, using the STS data as it becomes available. 	
	Training Programme Management	VH gave the following update to the group: <ul style="list-style-type: none"> • Resignation surveys have now been sent to all trainees who have resigned, and they have been given the option to have a meeting with TDWS alongside this. 	

		<ul style="list-style-type: none"> • OOP automation is almost complete, and this will now be carried out online. Communications around this will be sent in due course. The aim is for this to go live in November. • TPM colleagues will also be in touch in the next few weeks regarding numbers for recruitment 2025. 	
	ARCPs	Item not discussed any further than in TPD reports.	
	Recruitment	<p>Paper 3 was circulated before the meeting and discussed by JMack.</p> <ul style="list-style-type: none"> • Timeline for 2025 is included within the report. • Indicative numbers are due by the 11th October and actual post numbers for round 1 will be due by the end of January. • Round 3 is ongoing, with 2 posts included for paediatrics. • BBT have changed the way they will recruit next year; this will include the MSRA and then a paediatrics only interview. RCPCH wanted to keep the paediatric element of the interview. • Interviews will take place on the 5th and 6th of March. 	
	MDRG Update	Item not discussed in absence of Deputy Dean and Dean. STB Chairs meeting due to take place on Monday, 7 th October where CA will raise relevant issues from the STB.	
	EDI	The WINS programme took place recently for the first time in Scotland, which was an extremely well received and inclusive offering of 3 regional 1 day meetings. CA gave thanks to Nitin Gambhir (NG) and Mo Al Hadad (MAH) for their leadership and for all those from OGP who were involved.	
	Workplace Behaviour Champion	Item not discussed. AG not in attendance.	
5.5	Medical Director's Update from Health Boards	<p>Item not discussed. IH has stepped down from role and a replacement is TBC.</p> <p>CA noted thanks to IH for his significant contributions to the STB.</p>	CA to chase replacement for IH.
5.6	SAS Report	<p>Paper 4 was circulated to the group before the meeting and the results of the questionnaire discussed by CLiv in relation to SAS doctors and access to teaching</p> <ul style="list-style-type: none"> • There were only 21 respondents out of 229. • Of the 21 respondents, 42.9% want to do portfolio pathway, and become a consultant via this pathway which has replaced CESR. 	

		<ul style="list-style-type: none"> • Unfortunately, 42.9% don't have access to local HB teaching for trainees, 23% had access and 33% didn't know if they had access. • ST6 or equivalent and above was the level of training that the SAS doctors would like to have access to. • Only 38% had access to teaching out with their own HB. • Some of the comments noted difficulty in getting time out to join training for trainees because they were covering or had issues with study leave. <p>CLiv opened the discussion up to the group around if it is useful to have SAS doctors having access to teaching within HBs, then how do we go around publicising this and giving them access.</p> <p>The following was noted by the group:</p> <p>CA</p> <ul style="list-style-type: none"> • Over the last few years there has been a very welcoming approach to this across the OGP specialties to include SAS doctors, but there may be a barrier around publicising this. • SAS doctors should be directed to the website pages for national teaching in both O&G and Paediatrics, which provides further information and where and when this takes place. • TPDs in each region can be contacted for information around who organises the regional teaching. <p>SB</p> <ul style="list-style-type: none"> • Unfortunately, trying to get SAS doctors and those in LAT posts to engage with teaching has been quite difficult. It can be hard to get a distribution list of people who are not in training posts from NES. • Has approached trainees to see if there were others in the department who this would apply to and asked them to get in touch and added to the national teaching channel, which has been more successful this year. <p>CLiv concurred that contacting SAS doctors can be difficult and usually you must rely on HR for information. The only place that keeps an up-to-date database is the SAS Development Office and they could be approached to circulate information to specific groups of trainees.</p>	
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		<p>KC</p> <ul style="list-style-type: none"> Highlighted that SAS Development Office would be a good starting point, as they provide a lot of good work. 	
5.7	Trainee Reports	<p>KP presented a summary document around the data collected from the trainee evaluation form (TEF) results in Scotland. (Please see attached)</p> <ul style="list-style-type: none"> The TEF is an RCOG feedback tool that trainees are mandated to complete. Units were ranked from 1 to 162 across the 16 deaneries. The TEF has 13 indicators. It looks at different areas of practice, such as educational supervision and support, local training, regional teaching, general O&G training, professional development, clinical governance, work environment behaviours, experienced overall recommendations and basic ultrasound. <p>The Key messages:</p> <ul style="list-style-type: none"> Scotland was ranked 2nd out of the 16 deaneries across the UK for overall recommendations, which is trainees recommending their units to other trainees. Scotland also ranked 5th or above in every other indicator and came 2nd nationally in 6 of those, which means it is performing well in overall training feedback. Trainee feedback is positive compared to the rest of the UK. There are 3 units in Scotland which have been highly commended; Victorie Hospital ranked 1st for O & G training and 2nd for overall recommendation, St John's Hospital ranked 1st for working environment and 2nd for regional teaching, and University Hospital Crosshouse ranked 3rd for clinical governance, 3rd for working environment and 4th for basic ultrasounds. All with other indicators in the top 10. There were improvements for different parameters across different units, most notably the QEUH had a lot of improvement across many indicators. There were also some areas of improvement highlighted, including some with a significant drop in rankings compared to previous years. Information will be followed up with specific units. 	

		<p>CA gave thanks to KP and AD for preparing the informative presentation.</p> <p>BS noted that there is a lot of overlap between this data and the STS/NTS and there is already engagement with the units that have been highlighted by the Quality department in NES.</p>	
5.8	Simulation	Item not discussed. Update will be given by SB and KC at the November STB Meeting.	
5.9	RCOG/RCPCH Heads of Schools reports	No recent update. Paper 5 was circulated for information prior to meeting.	
6.	Lay Report	IMcD had nothing further to add.	
7.	AOB	<p>Nothing was noted by the group.</p> <p>The STB would like to thank Mandy Hunter for her excellent support and contributions to the NoS programmes and the STB in general.</p>	
8.	Papers for Information Only	N/A	
9.	Date for next meeting:	<ul style="list-style-type: none"> • Friday, 29th November 14:00-16:00 <p>Dates of 2025 meetings:</p> <p>Thursday, 27th February 09:30-11:30 Thursday, 22nd May 14:00-16:00 Friday, 26th September 09:30-11:30 Friday, 21st November 14:00-16:00</p>	