

Notes and actions arising from the Obstetrics & Gynaecology & Paediatrics Specialty Training Board meeting held at 14:00 on Friday, 29th November 2024 via Teams

Present: Claire Alexander (CA) [**Chair**], Sarah Barr (SB), Gillian Carter (GC), Joanna Chisholm (JC), Kathleen Collins (KC), Shiona Coutts (SC), Stewart Cox (SCo), Ailie Gryzbek (AG), Laura Jones (LJ), Carol Leiper (CL), Chris Lilley (CLi), Clare Livingston (CLiv), Jen Mackenzie (JMack), Ian McDonough (IMcD), Caithlin Neill (CN), Ailis Orr (AO), Kate Patrick (KPa), Katie Paul (KP), Jennifer Scarth (JS).

Apologies: Susan Brechin (SB), Kirsty Brogan (KB), Alastair Campbell (AC), Andrew Durden (AD), Tom Fardon (TF), Vicky Hayter (VH), Zoe Jacob (ZJ), Lindsey McVey (LMcV), Marion Slater (MS) and Brian Stewart (BS).

In attendance: Zoe Park (ZP) (Minutes)

Item No	Item	Comment	Action
1.	Welcome, Intros and Apologies	The chair welcomed everyone to the meeting, apologies were noted and the group introduced themselves for the new members.	
2.	Minutes of meeting held 26/09/2024	The minutes of the meeting held on 26 th September 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"> • Webpages- This has been actioned and within the next couple of weeks the webpages will be up to date. Asked the trainee reps to encourage colleagues to use the OGP webpages as they are an extremely useful resource and the more traffic there is the easier it is to justify keeping the resource. • LAT recruitment- Issue was raised at the last MDRG and STB Chairs meeting, as well as with the Dean and Deputy Dean. CA highlighted the need for a clear process to be put in place and quickly. • Curriculum 24- Is in place for O&G and all relevant feedback has been submitted to RCOG. • Study Leave- Clarity has been requested from MDRG and MS and a brief update has been received. The process for both application and allocating funding is being looked at across all specialties to ensure fairness, but that there will be no increase to the budget. • Workforce Planning – For CSRH- meeting has been arranged with SB and MS and there is an arrangement to link SB in with some regional workforce groups. 	CA will contact KP and AD to update O&G teaching dates.

		<ul style="list-style-type: none"> • Longitudinal Educational Supervision – This item will be added to the agenda for the February STB meeting. JS to update • STB Membership – Welcomed KPa to the meeting as DME representative and note that the need for a replacement for Ian Hunter (IH) who has stepped down as medical director has been escalated. 	
4.	Matters Arising		
4.1	Establishment Posts	<p>CA informed the group that 12 posts has been confirmed for O&G and 3 posts for Paediatrics for August 2025 by Lindsay Donaldson (LD). Allocations for the posts were submitted by the deadline date and CA gave thanks to all involved in this process.</p> <p>Allocations are as follows:</p> <p>Paediatrics- 2 in the south east and 1 in the west. O&G- 4 in the south east, 4 in the west 2 in the north and 2 in the east.</p> <p>An important element of the paediatric bid this year was the confirmation around temporary uplifts becoming permanent but funding from the Scottish Government (SG) – clarification awaited</p>	CA will feedback in due course.
5.	Standard items of business		
5.1	Simulation	<p>O&G</p> <p>SB gave the following update regarding ongoing simulation work for O&G:</p> <ul style="list-style-type: none"> • Current remit has expanded and crosses over with other educational activity that is required for O&G trainees. • An important course that is delivered is the non-technical skills course that was originally established by KPa. It is an immersive simulation course which looks at team working, non-technical skills, communication skills in particularly obstetric emergencies, but not exclusively. • In relation to the development going forward, there is now a core faculty being built with people across the country, who are going through an induction to simulation training and attending the different courses. The hope is that the courses will be run in different locations with St Johns being trialled in 2025, currently mostly run from the central location of the simulation centre in Larbert. 	

		<ul style="list-style-type: none"> • A return-to-work O&G course is run on an ad hoc basis, depending on when TPDs identify trainees who would benefit from this. • Two other pieces of simulation activity which have been developed include joint training with the emergency department, which particularly focuses on emergency obstetrics in the emergency department and perimortem caesarean birth training. Secondly, working alongside KC to pilot some work around communication skills training between obstetricians and neonatologists, which has been presented at ASPY. Two further sessions have been arranged, and the dates have been advertised through CSMEN. • Regarding the ST1 bootcamp, the feedback has been extremely positive allows trainees to get together as a cohort and establish a network. • Hands on training for laparoscopy and hysteroscopy courses run twice a year at Kirklands in Lanarkshire, and work is currently being carried out to ensure this is being advertised to trainees across the country. • Lastly, some specific gynaecology ultrasound training has been set up for all the regions aligned to RCOG, which primarily focuses on obstetric scan training. There is also an ultrasound training academy at the Golden Jubilee, where radiologists go for their training who are happy for gynaecologist to come and be trained in transvaginal ultrasound, and a pilot will run to trial this for ST4s. This is hoped to be a cost-effective way of carrying out training • Conversations are taking place with to rationalise the educational activity that is delivered for O&G in Scotland, and now a lot of it is being delivered through different sources, including regional teaching, interested parties and RCOG, and it can be difficult to pull these different streams together. <p>CA thanked SB for the comprehensive update and the huge amount of work evident. It signals a very positive direction for O and G training across Scotland. It was also noted that some resilience around trainers is needed as well as clarity around whether NES can support the buying of some equipment.</p> <p>Paediatrics</p> <p>KC followed on and highlighted the below for paediatrics:</p>	
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		<p>the current study leave budget, therefore additional funding may need to be explored, and a business cased produced to advocate for the bootcamp.</p> <p>CA concurred with CLI but noted that there is no specific budget for sim but may be worth discussing with Deputy MD LD. However, there may need to be concrete examples of what the budget is for and then be taken back.</p>	CA agreed to take this forward.
5.2	Specialty & STC reports	<ul style="list-style-type: none"> • CSRH <p>Not discussed. SB not in attendance.</p> <ul style="list-style-type: none"> • O and G <p>Paper 2 was circulated before the meeting on KB's behalf.</p> <p>CA noted the following main points:</p> <ul style="list-style-type: none"> • Due to the many ad hoc ARCP panels, KB is looking at having a more regular diary slot for these. • Recruitment is detailed in the paper. • The complex issue around ST1/2 competencies are also detailed in the paper. • No significant concerns have been raised around curriculum 24. • Lastly, the main issues are in the EoS around the neonatal unit being downgraded. CA noted that as part of the best start initiative introduced by SG around how maternity care is delivered across Scotland, there has been a rationalisation of the level of care delivered in the neonatal units across Scotland. The level 3 care units will now be in Edinburgh, Glasgow and Aberdeen, which could have some implications for training, as year 6/7 trainees need to demonstrate their ability to perform a complex caesarean below 28 weeks as well as manage labour. The main concern is around the trainees in Dundee being disadvantaged by this change and have their chance of CCT impacted negatively. The curricular targets are described by high level statements with several possible ways of evidencing them. 	

		<p>CA highlighted that conversations have taken place with MS around this, and the conclusion is that trainees in Dundee will still be able to be trained, with the opportunity for them to be moved to a different region to achieve specific competence if needed/ wished.</p> <p>CN added that the East Region will now be the only O&G region without any subspecialties and level 3 neonatal unit. This will further downgrade the prestige of training in this region. She agreed that the opportunity for a trainee to move for a period could be supported but not mandated.</p> <p>CLi confirmed that he attended several meetings, including the workforce group and the education group, and the issues around medical workforce planning and training were raised, but that several other issues took over.</p> <p>The group discussed implications of relocating for specific competencies, subspecialties or grid reason and ensuring this doesn't disadvantage trainees financially or add additional pressures as raised by SC. The group agreed that that this fall with HB and may vary from board to board as different issues arise.</p> <ul style="list-style-type: none"> • Paediatrics <p>CLi gave the below update on behalf of SK:</p> <ul style="list-style-type: none"> • The decision was made to merge the shape of training and TPD meeting in 2025, to have some efficiency around attendance at the meetings. • There is a general agreement across the paediatrics TPDs that the allocations that have been put forward for the uplift is appropriate. • It is positive that the training uplift is going to continue temporarily, however, supported the need for clarification around this. • Recruitment has been a main area for discussion regarding the need to identify salaries, which has become complicated within the programme due to IDTs. • The grid rotational programme is currently being worked on. • The college have requested feedback on the internal implementation progress plus and contributions to this would be helpful. 	
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5.3	DME Report	Not discussed. KPa had to leave the meeting early.	
5.4	SLWG – Shape of Training/Progress+	Paper 4 was circulated for information before the meeting. Main points covered earlier in the meeting.	
5.5	Deanery issues		
	Quality	<p>GC gave the following update to the members:</p> <ul style="list-style-type: none"> • There are now three associate deans for the quality workstream for OGP and diagnostics, who will alternate attendance at the meetings. 	

		<ul style="list-style-type: none"> • The transitional quality review panel took place in September, where the available data for the specialties were reviewed. • An action plan review meeting took place for O&G at QEUH, and all requirements have now been closed for that case and will be signed off at the next specialty quality management group meeting. • Additionally, O&G at the RIE recently had an action plan review meeting with another meeting scheduled for April. The main concerns relate to workload • Upcoming deanery visits included, neonatal medicine at RIE, ARI and the maternity hospital for O&G on the 5th March and a whole site visit to the Western Isles hospital including O&G. • Lastly, there are some quality engagement meetings to discuss training issues at the sites. These include RACH for paediatrics on the 9th January, GRI and RAH for O&G, RACH for paediatric cardiology and neurology, paediatrics at Raigmore, and paediatrics and O&G at Ninewells. Dates will be confirmed in due course. 	
	Training Programme Management	CL noted that the OOP applications are now live on TURAS.	
	ARCPs	CA informed the group that the winter ARCPs for O&G will take place on 18 th December.	
	Recruitment	<p>Paper 5 was circulated before the meeting and discussed by JMack.</p> <ul style="list-style-type: none"> • Plans for the paediatric interviews are in hand and there are enough assessors, as well as for BBT for paediatric only assessors. • The links for the other specialties are included in the paper. • Fill rates are also included in the paper and two posts filled in round 3 recruitment. 	
	MDRG Update	<p>MS attended the latter part of the meeting and gave the following update:</p> <ul style="list-style-type: none"> • Work is currently underway regarding establishment and seeking clarification around temporary posts across the specialties. There is no timeline, but the work is ongoing. 	

		<ul style="list-style-type: none"> The study leave review is ongoing across all specialties and next step will be deciding how to proceed with this as additional consultation is required. There is currently restructuring taking place at APGD level and this will be discussed further with the executive medical director in December. Misconduct resources have now been circulated and MS encourage everyone to have a look at these. Requested that communications of opportunities for doctors in training are sent via Niall MacIntosh (NMacl) and he will consider what is appropriate/ relevant. <p>CA thanks MS and noted the discussions that took place earlier in the meeting regarding simulation and funding which may require further discussion.</p>	<p>MS agreed to raise this further at the next senior team meeting.</p> <p>CA and MS agreed to discuss away from the meeting.</p>
	EDI	<p>Paper 6 was circulated before the meeting and the group were asked to consider the results.</p> <p>CA noted that the findings will be circulated to DMEs and HB colleagues and highlighted that there are some helpful resources challenging these behaviours and supporting those who experience sexual harassment.</p>	
	Workplace Behaviour Champion	<p>AG had nothing further to add.</p>	
5.6	Medical Director's Update from Health Boards	<p>Item not discussed. New representative hasn't been confirmed</p>	
5.7	SAS Report	<p>CLiv gave the below update to the members:</p> <ul style="list-style-type: none"> With regards to the discussions that have taken place at previous STBs around SAS doctors accessing trainee training, contact was made to fellow education advisors, and it was decided that the best way to go about this was inform the SAS doctors to use the webpages for national training and also by providing the contact details of who is organising local training by talking to TPDs. <p>CA also suggested involving the trainee representatives as well with transferring information.</p>	<p>CA agreed to circulate contact details to CLiv.</p>

5.8	Trainee Reports	<p>SCo – Paediatrics</p> <ul style="list-style-type: none"> Following on from the discussion above, noted involvement with regional teaching and agreed to take the discussion around SAS doctors forward and look at how information is shared. <p>KP – O&G</p> <ul style="list-style-type: none"> Specific concerns around access to study leave budget for subspecialty courses as for subspecialty training, they have a lot more course requirements. The annual meeting for O&G specialty trainees was held in Glasgow last week, which went well, and the feedback was positive. It was very well attended by many trainees in Scotland. Following on from the Scottish trainee evaluation data that was presented at the last STB, there are now individual unit reports for WoS. 	<p>KP agree to send to CA.</p>
5.9	RCOG/RCPCH Heads of Schools reports	No recent update. Paper 7 was circulated to the group for information prior to meeting.	
6.	Lay Report	IMcD had nothing further to add.	
7.	AOB	Nothing was noted by the group.	
8.	Papers for Information Only	N/A	
9.	Date for next meeting:	<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>	