

**Minutes of the OGP Specialty Training Board meeting held on Thursday 01 February 2018  
in Room 2, Westport, Edinburgh**

**Present:** Peter MacDonald (PMD) Chair, Claire Alexander (CA), Laura Armstrong (LA), Kirstyn Brogan (KB), Richard Ferguson (RF), Helen Freeman (HF), Ian Hunter (IH), Chris Lilley (CL), Sarah Murray (SM), Caitlin Neil (CN)

**Apologies:** David Bruce (DB), Ailsa Gebbie (AGe), Alison Graham (AGr), Hazel Stewart (HS)

<b>Item</b>	<b>Lead</b>
1. <b>Welcome and apologies</b> The group were welcomed to the meeting and the apologies were noted.	
2. <b>Minutes of the meeting held on 20 November 2017</b> The minutes of the previous meeting were approved as a correct record.  PMD noted that in the future there will be a single set of minutes for both subgroups and the full STB.	
3. <b>Matters Arising/Action points</b>	
1. LAT update PMD had distributed his LAT spreadsheet to the group regarding the recruitment of LATs and their ARCP outcomes. CA and CL were asked to update it with information from their TPDs.	<b>CA/CL</b>
4. <b>Maternal and Neonatal Services Review</b> There were two groups already set up as per last meeting's presentation. The third group is Workforce and Education, PMD and CL will be sharing the role of STB representative.  There is no Specific O&G Training representation in this last group, so CA was asked to send any potential issues to PMD or CL.  PMD will ask the Chair of the group to see if there is any trainee rep.	<b>PMD</b>
This item will be kept as a standard item on the agenda.	<b>Agenda</b>
5. <b>QM/QI</b>	
1. GMC visit Paediatrics was one of the specialties selected for the GMC visit. The initial feedback had been distributed widely and was overall very positive. The final Scotland report will be given at the NES Medical Education Conference in April.  One of the improvements suggested in the Deanery feedback report was regarding the management of clinical fellows and associated grades, to review their impact on trainees and to investigate how to integrate them back into specialty training. Stewart Irvine is the Responsible Officer for all trainees in Scotland but he does not have responsibility over the non-trainees so it will be difficult to take them under the NES umbrella. MDET had	

agreed to look into how to integrate non-trainees back into training programmes. The STB may be asked to provide more data for this work.

Supervision of Clinical Fellows vary across Scotland and across specialties and this is something that the GMC would like to strengthen. Some fellow posts are largely research posts but also undertake clinical work in support of rotas. Concern was expressed that these research fellows tend to have Academic Supervisors but not Clinical Supervisors.

All Fellows who are not in training should be part of the SOAR appraisal process as they do not go through the ARCP process. Many use the e-portfolio as they are seeking to enter training and wish to map their competency progression on the portfolio. This is not essential but it is desirable. If e-portfolio is being used can this substitute for uploading evidence to SOAR?

IH will take these issues to the DME group for initial discussion.

IH

PMD

PMD will bring the issue of supervision of the clinical element of these Fellows to MDET.

2. Active / Inactive training sites

All the active training sites are shown in the spreadsheet provided by PMD. The group were asked to feed back to PMD where there are sites that are closed or not used for training any longer. Also, let him know if aware of any sites that are not on the list.

CA/CL  
TPDs

6. **Update from MDET/LDD**

PMD reported in David Bruce's absence:

- The O&G subspecialty paper will be sent to Training Management for feedback.
- MDET is producing a position paper on Differential Attainment.
- GP expansion – the Scottish Government has asked for 800 new GPs to be trained in the next 5 years. They want to make it easier and quicker for trainees to complete GP training and for trainees to move to GP from other specialties. This government requirement may have some influence on the recruitment of other specialties. RF noted that following Shape of Training, there is ongoing work on GP 3+1 so that after 3 years of GP training, trainees can do a further year on another specialty. The group dealing with this is looking into Psychiatry at the moment but Paediatrics will also be looked at.
- The 12 BBT posts advertised attracted 84 applications. 46 have been shortlisted for interview. This is a new programme; funding being taken from vacancies elsewhere.
- The Shape of Training report will be launched by the Cabinet Secretary later in the month.
- All specialties are being strongly encouraged to move to cross-regional ARCPs. It is acknowledged that it is not possible to do this for the current year but all STBs have been asked to plan for 2019.
- This is the first year the study leave budget has been fully utilised. The NES budget is under severe constraints at the moment, so the study leave budget will not be increased.

- Single Lead Employer to start from August 2018. This has just been communicated to the OGP STB. IH noted that this has been discussed at TIQME. Details are still being worked on. Trainees will have one single employer throughout their training in each region.

7. **Report from Liaison Medical Director**

No report.

8. **Report from Director of Medical Education**

IH highlighted a few points from the DMEs group:

- Single Employer as above.
- GMC visit – the GMC is sending the report and feedback of the centres visited.
- Say NO to SHO – trying to standardise the use of the correct title for trainees, rather than the old SHO label. A successful initiative is to create coloured badges for trainees' names, indicating their level of competency.
- Discussing the new Paediatrics curriculum.

• **Report from Paediatrics Subgroup**

CL summarised the morning discussion:

- New Paediatrics curriculum
- Trello platform – CL is piloting the platform to share information amongst TPDs and trainees.
- Rotational GRID – discussing the balance of training numbers and salaries, and where they appear on Turas.

10. **Report from Paediatric Cardiology**

No report.

11. **Report from CSRH**

AGe had sent a written report. It was noted that there is a new deputy TPD and they will be invited to be part of this STB.

PS

12. **Report from trainees**

There were no further issues reported by trainees other than the use of ePortfolio for reflective practice. There is guidance available from RCOG and the Academy but trainees felt that it was not robust enough in view of the possibility of ePortfolios being used in court cases. The Bawa-Garba case had also brought forward the issue of how to report system failures effectively.

13. **AOB**

There was no other business.

14. **Date of next meeting**

Thursday 19 April, 1pm (joint with Paediatrics Subgroup), Room 6, 2 Central Quay, Glasgow