

**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board held on Thursday 08 December 2016 at 1 pm in Room 8, 102 Westport, Edinburgh (with vc links)**

**Present:** Peter MacDonald (PMD) Chair, Claire Alexander (CA), David Bruce (DB), Claire Burnett (CB), Iain Hunter (IH), Chris Lilley (CL), Sarah Murray (SM), Helen Raftopoulos (HR)

**Apologies:** Alison Graham (AGr), Corinne Love (CL), Theresa Savage (TS)

**In attendance:** Kirstyn Brogan (KB), John Colvin (JC), Helen Freeman (HF), Kerry Kasem (KK), Andrew Pearson (AP), Katrina Shearer (KS), Paola Solar (PS)

<b>Item</b>		<b>Lead</b>
<b>1.</b>	<p><b>Welcome and apologies</b></p> <p>The group were welcomed to the meeting and the apologies were noted. Several TPDs from the Subgroups had been invited to attend the Board.</p> <p>Dr John Colvin (JC), Chair of the Scottish Government's Transitions Group, had been invited to the meeting to talk about Workforce. Andrew Pearson (AP), Scottish Clinical Leadership Fellow, was also in attendance for the Workforce item.</p>	
<b>2.</b>	<p><b>Workforce</b></p> <p>JC explained how the Transitions Group had been formed a few years ago to look into strategies for the implementation of Shape of Training and other ongoing tactical issues, including setting training numbers annually. One of the key things required in the re-shaping exercise was a detailed analysis of supply and demand. Historically the Health Boards had only requested enough consultants to maintain the status quo.</p> <p>The main source of data for numbers is ISD, but also NES' Turas and the external advisors office of the Scottish Academy who are involved in consultants interviews happening in the Health Boards.</p> <p>The modelling for numbers follows explicit supply and demand principles agreed by the Scottish Government, Health Boards and HR departments, Regional Workforce groups, NES, Colleges and the BMA. The model looks at retirements, changes in participation rates and other aspects and then adds 1% growth factor. The data is fed into the modelling programme and this creates a first draft of the numbers which then goes to Workforce groups, Colleges and STBs for further discussions.</p>	

The window for discussions with Scottish Government is short but it happens every year, so STBs can have their numbers ready and their arguments if they feel there is a case for further growth.

There was a move a couple of years ago to deal with gaps caused by LTFT, by changing establishment to WTE rather than headcount. This had resulted in an increase in trainee numbers. However, the TPDs felt that there was not much difference. The LTFT calculation can be done annually via the STB and fed into MDET. It was acknowledged that the biggest hit of LTFT is in mid-grade rotas, but they have to keep in mind future consultant jobs before increasing trainee numbers.

The modelling does not take into account Service changes in the future, such as the enhanced consultant presence on site as suggested by the Colleges. The drive to this expansion has to come from the Service and Health Boards but JC is happy to explore proposals from the STBs. Any discussion in this direction needs to keep Workforce groups in the loop.

It was noted that currently O&G trainees can take between 7 and 16 years to complete their training.

In Paediatrics, the CCH model is joined to General Paediatrics and the Health Boards choose one or other label. Demand for both seems to be increasing. It is uncertain whether it is possible to take into account in the numbers algorithm that all the gaps in General Paediatrics and CCH are in the North of Scotland.

Future retirement may be affected by changes in NHS pension scheme. Also to note that some consultants go back into Service for 2 or 3 days a week after retirement.

JC and AP were thanked for their attendance and for a very helpful discussion and left the meeting. If JC has any questions he will email PMD.

**3. Minutes of meeting held on 22 September 2016**

The minutes were approved as a correct record of the meeting.

**4. Matters Arising /Action points**

4.1. Recruitment of LATs by region

This item was deferred to next meeting

4.2. GMC Form B

To ensure that TPDs and TP Administrators have submitted the Form B for any placement of 2 sessions per week or more.

**5. Equality & Diversity objectives 2017-2021**

The Board had received the E&D Objectives paper for information. DB explained that these are outcomes for the whole organisation but there are a couple of them that are particularly relevant to Medicine: Enhancing access to employment and career development, and Reducing differential attainment in education. DB asked the Board to start thinking about differences in ARCPs and data about trainees from black and minority ethnic backgrounds. The E&D form

**Agenda**

is on Turas and all trainees are asked to fill it in. The STB will look at the data twice a year.

**6. QM/QI**

PMD reported that there have been two visits since the last Board meeting. The reports are still being finalised. The neonatal unit in Aberdeen RI has been put in GMC Enhanced Monitoring.

The list of sites to be visited next year is decided. The dates for the visits will follow in due course.

The input from the TPD reports is highly valued in the Quality process. If there are any concerns about sites, let the Quality Lead or PMD know.

**7. Update from MDET / LDD**

DB highlighted the following points from the last MDET meeting:

- HEE is doing a review of the ARCP process in England.
- To get more flexibility into training as part of the “Improving working lives of doctors” work, MDET is considering offering part time training as well as LTFT.
- The GMC have released the questionnaire that is going to be used when they visit Scotland in 2017.
- The GMC have released an interesting document regarding the state of Medical Education and Practice in the UK, which is likely to lead to changes in their NTS.
- The Scottish Training Survey (STS) has had the free text questions re-worded to encourage more relevant comments from trainees.

**8. Report from Liaison Medical Director**

There was no representative.

**9. Report from CSRH**

There was no representative.

**10. Report from Paediatric Cardiology**

BS noted that the unit is still under Enhanced Monitoring in the West of Scotland.

**11. Report from Obs & Gynae Subgroup**

11.1. Issues raised by Subgroup

CA gave the following summary of the Subgroup discussions:

- Recruitment plans are in place for January.
- A meeting will be arranged between PMD and the TPDs to discuss Subspecialty Training arrangements and workforce planning.
- There was a query about ATSM for certain Subspecialties which are only available in two centres. This issue is being sent to MDET.

11.2. Issues raised by Trainees

There were no issues raised by trainees.

**12. Report from Paediatrics Subgroup**

12.1. Issues raised by Subgroup

CL reported the issues discussed by the Subgroup:

- Standardisation of the CCT calculator by TP Administrators.
- Similar number of applicants for recruitment next year.
- Expected CCTs in the next 5 years. On average, 20 CCTs expected per year in Scotland, but very irregular per region. The Subgroup agreed that the number of CCTs and retirements look balanced on paper but it does not feel so on the ground.
- All TPDs aware of ARCP dates in other regions to try and have cross-regional ARCP attendance. New ARCP process implemented in all regions in winter ARCPs.
- Subspecialty grid training – all interviews done. All posts filled by Scottish trainees except a couple of them that have gone to England. The Grid process was approved by the Transitions Group so it is now policy. This ensures consistency across regions, and each region can ring-fence salaries for Grid if appropriate.
- The College Regional Lead role now amalgamates Regional Lead and Regional Advisor. The Subgroup will give input to the new Job Description.

12.2. Issues raised by Trainees

There were no issues raised by trainees.

**13. DME report**

The DME had nothing further to report.

**14. AOCB**

There were no other businesses.

**15. Date of next meetings:**

Thursday 23 February, Rooms 1 & 2, 2 Central Quay, Glasgow

Thursday 18 May, Room 8, Westport, Edinburgh

Thursday 31 August, Room 1, Westport, Edinburgh

Monday 20 November, Room 5, 2 Central Quay, Glasgow