

**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board held on Thursday 18 May 2017 at 1.30pm in Room 8, Westport, Edinburgh, with Videoconference**

**Present:** Peter MacDonald (PMD) Chair, Claire Alexander (CA), David Bruce (DB), Alison Graham (AGr), Ian Hunter (IH), Chris Lilley (CL), Hazel Stewart (HS)

**Apologies:** Laura Armstrong (LA), Ailsa Gebbie (AGe), Corinne Love (CL), Rowan Parks (RP), Helen Raftopoulos (HR), Ben Smith (BS)

**In attendance:** Paola Solar (PS)

<b>Item</b>	<b>Lead</b>
<b>1. Welcome and apologies</b> The group introduced themselves and were welcomed to the meeting. The apologies were noted.	
<b>2. Minutes of meeting held on 23 February 2017</b> The minutes of the previous meeting were approved as a correct record.  <b>Notification of AOCB</b> <ul style="list-style-type: none"><li>• Paediatric TPDs in the South East</li><li>• ePortfolio issues</li></ul>	
<b>3. Matters Arising /Action points</b> 3.1. Health Boards paying for small part salaries of slot-shares (in MDET report for 22 <sup>nd</sup> ) The proposal suggests that when there are 2 people working part time and fill more than 1WTE, the Health Board could be allowed to pay for the remaining part salary to recruit another trainee. This proposal will be put forward to MDET on Monday.	
<b>4. Recruitment of LATs by region</b> PMD asked the Chairs to start thinking about it and have the data for the next Board meeting.	
<b>5. QM/QI</b> The reports from the visits to Paediatrics in Aberdeen Royal Infirmary and Victoria Hospital in Kirkcaldy will be available shortly. The planned visit to Crosshouse Hospital has been cancelled as this is now part of the GMC visit.	

Forthcoming visits are planned to Paediatrics in Wishaw, O&G in Aberdeen Maternity Hospital and in the Royal Alexandra.

#### 5.1. GMC Visit

The GMC have indicated that they will visit the Paediatrics programmes in Ninewells, Royal Hospital for Sick Children in Edinburgh, Crosshouse, Aberdeen RI Childrens' hospital, and Victoria Hospital in Kirkcaldy. Three of these have had deanery visits recently so they will be more prepared.

NES has started working with the DMEs to prepare the evidence to submit to the GMC, by their deadline of 31 May.

AGr felt that there is no cause for concern about the chosen specialties or sites, as the GMC will want to see a mixture of sites and specialties. Some of the chosen sites have had very positive feedback.

DB agreed that the GMC are not interested in finding problems but in what are the systems and procedures to deal with them, including collaboration to solve the issues.

#### 6. **Maternity & Neonatal Services Review**

This will be left as a standing item on the agenda.

It is important to get input from the Service about the proposals to implement the recommendations on the Review.

AGr noted that concerns had been raised by the Clinical Directors in Paediatrics and O&G.

From the O&G point of view, CA noted that it is currently unclear how and when are these recommendations going to be implemented, as well as how are they going to be financed. A reduction of neonatal units will create problems for training. Furthermore, it is unclear what a centralised neonatal unit would mean, or how Remote and Rural fits with it.

The report is still with the Scottish Government and it is expected that it will go to the Health Boards for implementation in due course.

#### 7. **Update from MDET / LDD**

DB updated the group in the main items under discussion at MDET.

- Big focus on the GMC visit to Scotland.
- Scottish is taking part in the GMC E&D pilot. There is a meeting set up for 05 June to present an action plan. The GMC are aware that IMG do worse than UK graduates, as do EU graduates. And trainees with a BME background do worse even if they graduate in the UK. The Board discussed this issue and acknowledged that IMG coming into programme require a lot of orientation time and the Service structure is more difficult to deliver. It takes around 3-4 months for an IMG trainee to be fully effective. DB noted that the GP Step programme takes IMG and trainees together to discuss and build relationships as these are crucial in the success of IMGs. AGr noted that in practice IMG are put into supernumerary for 4-6 weeks when they first arrive to the UK, but this is not universal. IMGs often start

separate due to visa issues. The Board agreed that it is necessary to be mindful of this group of trainees as a whole. The presentation regarding Differences in attainment that was shown at the TIQME meeting was very useful and will be distributed.

PMD

- Broad Based Training has been approved. There is a pilot in Scotland with 12 programmes. An advert is out for a national TPD. Paediatrics, Mental Health, GP and Medicine are all affected by BBT. The pilot will start in 2018.
- The GMC proposal for more flexibility in training has gone to the 4 nations for approval. The proposal allows for doctors in training to go from one specialty to another, accredits non-training posts, and accredits for experience abroad. It also improves rotas. PCAT has been put as an example of a good tool for rota design.
- Shape of Training has been signed off but nothing will happen until after the general election.
- Clare McKenzie has set up a task group to look into the level of responsibility trainees are expected to fulfil.

**8. Report from Liaison Medical Director**

AGr reported that workforce issues continue due to gaps, but they are all aware of the miss-match in the supply/demand.

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

There was nothing further to report.

CL had a question about the DME role in the case of a trainee with a serious issue. IH explained that the DME is not automatically involved. If there is a breach of T&C by the trainee, then it is an employer's issue and it is dealt by the Health Board and HR. In that case, if it is not an educational issue, the Deanery only supports the trainee. It is expected that the trainee would alert the ES and the TPD.

**10. Report from CSRH**

No representative.

**11. Report from Paediatric Cardiology**

No representative.

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

12.1. Issues raised by Subgroup

- The Maternity review was discussed.
- ST1 had filled 100%. Scotland is the only deanery to recruit to ST3. The Subgroup have seen a reduction of applicants and very few of them appointable so they will need to discuss the future of ST3 recruitment.
- There have been some difficulties about the study leave budget. PMD noted that this was also discussed at the Paediatrics Subgroup. There are some resuscitation courses that are part of the curriculum delivery and it

was felt that they should not be charged. CL noted that the Paediatrics Subgroup is working on finding out what courses are essential for accreditation. Then they will discuss their funding with study leave budget. They plan to have this information for the next STB so that the data can be conveyed to MDET.

- A meeting of Subspecialty trainers in Scotland has been convened for tomorrow to review the programmes output and accessibility.

12.2. Issues raised by Trainees

No issues raised.

**13. Report from Paediatrics Subgroup**

13.1. Issues raised by Subgroup

- Study leave as above.
- 100% fill rate of ST1. This is the first year of Paediatrics joining the UK recruitment system by which trainees can interview anywhere and then they are allocated centrally. This means that there were 20 trainees who interviewed in Scotland but have been allocated elsewhere in the UK.
- LATs will be recruited in Round 2. 13 LATs at levels 1 and 2, and 12 LATs at levels 3 and 4. There are 16 applicants for the interviews next week.
- There will be only 1 CCT holder next year in the South East region.
- All TPDs have been asked to email their trainees to prompt them to fill in the GMC Survey. Completion of the survey is now mandatory for ARCP and this has been made clear to trainees.
- All Paediatrics programmes are following the Deanery ARCP guideline. They may give more outcome 5s but will keep an eye on the cases where evidence is not presented on time, for example if the ES report is not done.
- The Subgroup continues work to introduce the Child Protection Framework into the ARCP process.

13.2. Issues raised by Trainees

There were no issues.

**14. GMC E&D Report**

The report had been received for information.

**15. Received for information**

- Pathological Demand Avoidance Syndrome

**16. AOCB**

- There had been 2 breaches of confidentiality in the Paediatrics ePortfolio, both in the East of Scotland. In both cases the College had indicated that they were due to human error and had fixed them, but with no further explanation. The TPD in the East will ask the College for an explanation.
- There is a succession issue coming up in the South East region as both TPDs will be leaving their posts at the end of July. No successor has been identified. The group acknowledged that the job needs a lot of time, and help from previous TPDs. PMD will flag this up at MDET.

**17.**

**Date of next meetings:**

**Thursday 31 August, Room 1, Westport, Edinburgh**

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