

**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board held on
Thursday 21 April 2016 at 1.30 pm in Room 8, 102 Westport, Edinburgh (with vc links)**

Present: Peter MacDonald (PMD), Claire Alexander (CA), David Bruce (DB), Chris Lilley (CL), Sarah Murray (SM), Marion Ulas (MU), Morwena Wood (MW)

Apologies: Jackie Aitken (JA), Joanna Cuthbert (JC), Richard Ferguson (RF), Alison Graham (AGr), Ailsa Gebbie (AGe), Corinne Love (CLo), Rowan Parks (RP), Theresa Savage (TS)

In attendance: Christopher Duffy (CD), Paola Solar (PS)

Item	Lead
1. Welcome and apologies	
The attendees introduced themselves and the apologies were read.	
2. Minutes of meeting held on 30 November 2015	
The minutes of the previous meeting were approved as a correct record.	
3. Matters Arising /Action points	
3.1. Paediatric GRID training posts	
This paper had been approved by MDET and it is expected that it will be taken to the Scottish Government's Transitions Group. PMD will check with Rowan Parks.	
3.2. IMTF	PMD
Submissions sent by the territorial Health Boards:	
2 O&G, North region	
1 Paediatrics, North region (late submission)	
3 Paediatrics, West region	
2 Paediatrics, South East region	
4. QM/QI	
The update sent by TS indicated that the visits to Obs & Gynae in Forth Valley and Ninewells had been relatively positive with only minor issues.	
There has also been a Obs & Gynae visit to the Royal Infirmary of Edinburgh, and	

Paediatrics at the Royal Alexandra Hospital for which there is no report yet. The visit to the Children's Hospital in Glasgow had been very positive – still under enhanced monitoring for Paediatric Cardiology but the rest went very well.

MU has participated in various Quality visits and highlighted her positive feedback regarding the number of trainers and trainees involved. She further pointed out that some visits had felt quite rushed and there were no refreshments for the team. These points will be fed back to the local departments as the booking of the visit is their responsibility.

PMD confirmed planned visits to Paediatrics in Raigmore and the Royal Hospital for Sick Children in Edinburgh.

5. Update from MDET / LDD

DB reported from MDET discussions:

- The Management of gaps paper had been approved by the Transitions Group, which meant an increase of 78 new NTN's this year.
- MDET felt that the mid-rota cover in Paediatrics needs a different approach to find solutions, rather than increasing the number of NTN's.
- There is ongoing work trying to align the ARCP process with the Gold Guide recommendations. Trainees should know what their ARCP outcome is going to be and the ARCP itself should be a desktop exercise. Face to face ARCPs are only necessary when the expected outcome is other than 1 or 6.
- The Quality workstream has organised Lead Visitor training days, based on the feedback from the visits.
- It was confirmed that Associate PG Deans are not expected to attend visits in the same specialty and same region.
- Everything is ready for the Scottish Medical Education Conference taking place on 5 and 6 of May.

6. Report from CSRH

In AGE's absence it was noted that recruitment is still taking place for this specialty although it is unclear whether the applicants have already been in programme or they are new trainees. In the past CSRH trainees used to be very experienced ST4 O&G trainees, but this is unlikely to continue in the future.

7. IRT Process / TPD involvement

The group discussed the guidelines for the IRT process, which state that TPDs should not be involved in the process. However, the group felt that TPDs are often the ones who have the knowledge about suitability of time in a programme. TPDs could also recommend a swap between trainees with very dissimilar levels.

DB will take this to the TM team and MDET.

DB

8. Report from Obs & Gynae Subgroup

8.1. Issues raised by Subgroup

- Recruitment – 100% fill at Round 1. From next year there will be a national single centre for recruitment, in Bolton, North West England. Scotland will continue to appoint ST3 LATs next year so Lanarkshire will continue to lead this process.
- Simulation – The subgroup noted that more time for Laparoscopic training was required for trainers and trainees.
- Quality – visits noted as above. Phil Owen had noted that he had received a trainee’s free text comment from the GMC Survey. These comments are sent to the DME only if they are related to a patient safety concern and the comment is anonymised if the case is easily identifiable. MW will feed back to the DMEs about extracting and sharing data from the free text comments. CA will speak to Phil Owen to clarify if this case had been a patient safety issue.
- The next O&G Subgroup meeting has been moved to 20 June.
- There was some discussion regarding trainees within 6 months of CCT who apply for consultant posts, whilst being on maternity leave. It was clarified that CCT dates can be changed out-with ARCPs. PMD will check with Anne Dickson for clear guidance and will make sure that this is distributed to DMEs and MDs.

MW
CA

PMD

8.2. Issues raised by Trainees

SM noted that there were no issues from trainees.

O&G trainees have to fill in mandatory RCOG Trainee forms, evaluating posts. The additional data obtained could be used for the Quality work in O&G.

9. Report from Paediatrics Subgroup

9.1. Issues raised by Subgroup

- LTFT document – MDET have now seen the document and indicated that no new NTNs will be added to the system. They feel that other, more sustainable solutions must be sought. The gaps will have to be taken on by the territorial Health Boards. There will be a shift of the majority of gaps into first-on rotas. Gaps can only be partially filled with LATs, and the rest will have to be covered by Fellows and LAS.

The Subgroup felt that the NTN added a couple of years ago had remediated issues in middle grade this year. It was also felt that this situation will affect ST1s in 3-4 years’ time as there will be a long-term effect on middle grade rotas.

The South East manages their LTFT differently, as the Service reached an agreement with trainees a few years ago, and LTFTs start at 60% and go up to 80% after 3 years.

MW suggested that NES should make clear to the territorial Health Boards that

the HBs will be responsible for filling the gaps as LAS. NES still provides funding for trainees even when there is no trainee in post, which are then filled with lower level LATs but still funded at mid-grade level.

There was some concern expressed about how this is going to affect the attractiveness of a Paediatrics LAS or Fellow post in the future.

- Recruitment – 100% fill rate on Round 1. There will be a Round 2 for first on posts and residual LAT3 and LAT4.
- College – Recommended less interviewing centres, to facilitate a standardised single transferable score. Scotland recruits in a single centre so this should not affect us.
- Education opportunities for trainees – not a single place to advertise these. CL is checking with the TM team if possible to email trainees with opportunities, or better to use the NES website.
- ePortfolio – Awaiting guidance for trainees from the Joint Academy regarding better use of self-reflection on ePortfolio with cases involving patients. It has been confirmed that Courts can have access to ePortfolios without trainees' consent.
- ARCP outcomes – The Gold Guide advises to do desktop ARCPs, and then only meet face to face trainees who have Outcomes other than 1. The West region already does this, and the other regions will implement next year.
The subgroup is also coordinating TPDs attendance to ARCPs in other regions, to facilitate standardisation of outcomes.

9.2. Issues raised by Trainees

There were no trainees present at the Subgroup.

All regional trainee reps will be invited to attend the Subgroup on a rotational basis.

10. **Report from Liaison Medical Director**

There was no representative.

11. **Subjects for dedicated attention at future meetings**

It was agreed that the September meeting of the OGP STB will be focused on Workforce issues. PMD will invite John Colvin and one Medical Director to attend the meeting.

PMD

12. **AOCB**

- It was clarified that LTFT doctors go through their ARCPs every calendar year as this is an annual review. The appropriate progress is evaluated pro-rata.

13. **Meeting dates 2016**

Monday 27 June, Room 3, Westport

Thursday 22 September, Room 9, Westport

Thursday 08 December, Room 8, Westport

Action points

Item No.	Item Name	Action	Lead
3.1	Matters arising: Paediatric GRID	To confirm with Rowan Parks that the paper has gone to the Transitions Group	PMD
7	IRT Process and TPD involvement	To discuss at TM and MDET the possible increase of TPD involvement in the IRT process	DB
8.1	O&G Subgroup report: issues raised by subgroup	To make sure the DMEs know that GMC Survey free text comments cannot be distributed unless they raise concerns related to patient safety To check with Phil Owen if the free text he was sent was related to patient safety To seek clear written guidance from Anne Dickson regarding change of CCT dates when trainees are on maternity leave and apply to consultant posts. To distribute information to DMEs and MDs	MW CA PMD
11	Subjects for dedicated discussion at STB	To invite John Colvin and a Medical Director to the OGP STB September meeting focused on Workforce	PMD