**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board held on Thursday 22 September 2016 at 1.30 pm in Room 9, 102 Westport, Edinburgh**

**Present**: Peter MacDonald (PMD) Chair, David Armstrong (DA), Helen Freeman (HF), Ian Hunter (IH), Chris Lilley (CL), Corinne Love (CLo), Helen Raftopoulos (HR), Katrina Shearer (KS)

**Apologies**: Claire Alexander (CA), David Bruce (DB), Ailsa Gebbie (AGe), Rowan Parks (RP), Theresa Savage (TS)

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

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| **Item** |  | **Lead** |
|  | **Welcome and apologies**  The group introduced themselves and were welcomed to the meeting. A particular welcome was given to Helen Raftopoulos, new Lay Rep; Katrina Shearer, deputising for Claire Alexander; and Helen Freeman, new Paediatrics TPD in the North region.  The apologies were read. |  |
|  | **Minutes of meeting held on 27 June 2016**  The minutes of the previous meeting were approved as a correct record. |  |
|  | **Matters Arising /Action points** |  |
|  | Maternity leave and eligibility to apply for consultant posts  This issue had been taken to MDET, who had requested advice from the CLO. Anne Dickson had conveyed the CLO’s advice to the STB: a trainee on maternity leave applying for a consultant post must use the date of her expected CCT after maternity leave. The CLO advice will be summarised in the TPD handbook.  The O&G Subgroup had strong concerns about the advice as they felt that it would disadvantage a protected group. It was advised that any particular cases or concerns could be forwarded on to Anne Dickson for NES to address. |  |
|  | Medical Specialty Intake Numbers for 2017  The letter from the Scottish Government about 2017 recruitment numbers had been responded by PMD on behalf of the STB.  PMD has invited John Colvin, from the Scottish Government Health Department, to attend the next STB on 8 December to give background on the modelling used by the Government to agree recruitment numbers. PMD would also like to give John Colvin the projected CCT output from the STB’s specialties, for the next 5 years, based on the TPDs knowledge rather than just CCT dates.  All TPDs are asked to send PMD a list of the projected output for the next 5 years.  The meeting on 8 December will start at 1pm, and all TPDs from the Subgroups will be invited to stay for the full STB if possible. | **TPDs** |
|  | Funding for OOP Fellowship in at risk specialties  The Board felt that this has to be driven by the Service. The specialties can react but should not take the initiative on it.  In the case of Paediatrics Palliative Care, it was suggested that the CSAC create a pathway then send to the Health Boards as they must demonstrate that this is requested by the Service. |  |
|  | Paediatrics Grid paper  To note that this paper had been approved by the Transitions Group at Scottish Government. |  |
|  | **QM/QI**  PMD noted some concern from TPDs who are unaware of visits prior to them happening and are not involved in any part of the process. They are also not receiving the report from the visits at any point. PMD will take to the Quality Group. | **PMD** |
|  | **Update from MDET / LDD**  In the LDD’s absence PMD reported:   * Foundation has had a very good fill rate this year. * Desire to centralise recruitment of LATs in Scotland. Possibility of leaving all non-LAT recruitment to Health Boards, such as LAS and Clinical Fellows posts. It is understood that recruitment of LATs must be a direct replacement of an OOP trainee, and anything else is Clinical Fellow or LAS posts. In order to inform the discussion in NES, TPDs will be asked to send regional data about LAT/LAS/Clinical Fellows recruitment to PMD. * MDET wanted to make sure that GMC’s Form B are completed for all posts with at least 2 sessions per week. CL and KS will double-check with their specialties. | **TPDs**  **CL/KS** |
|  | **Report from CSRH**  No representative. |  |
|  | **Report from Paediatric Cardiology**  No representative. |  |
|  | **Report from Obs & Gynae Subgroup** |  |
|  | Issues raised by Subgroup   * Trainee valuation form sent on the day of the meeting. This is a College survey, and the results will be brought back to the Subgroup and STB. * UK ST1 Recruitment will take place in Manchester and Scotland will put forward about 25 vacancies. Scotland will continue to be the only deanery recruiting to ST3. * A Simulation course has been set up in response to WPBA, going beyond College minimum requirement. |  |
|  | Issues raised by Trainees  No issues by trainees. |  |
|  | **Report from Paediatrics Subgroup** |  |
|  | Issues raised by Subgroup   * The recruitment process is now centralised in the UK for ST1 and ST2. There will be a single transferable score in the UK, but it is unlikely to impact much on Scotland. * There was some concern around recruitment numbers as there may be some pressure from the South East programme if they are unable to identify salaries for recruitment next year. * TPD involvement in Quality visits was discussed, as above. * TPDs trying to standardise the variability of ARCP outcomes. The Subgroup also worked on standardising ARCP requirements, in particular the WPBA as the College has taken away the min number required so trainees have to take responsibility to demonstrate competencies. TPDs will give guidance as to how to interpret progression and engagement for ARCPs. * CL is developing a local questionnaire in line with the Trainer MSF available in the London deanery. CL is piloting in his own unit. The resource may be available to other regions/specialties in due course. * Remedial training in a programme different than the host programme. Although there was some concern that the trainee may not benefit due to all the changes involved, the Subgroup felt that it was appropriate in certain circumstances, as long as all the appropriate steps to help the trainee have been taken. The STB was supportive of this approach. * The visit to the Paediatric units by NHS Lothian had been noted. |  |
|  | Issues raised by Trainees  There were no issues by the trainees. |  |
|  | **Report from Liaison Medical Director**  No representative. |  |
|  | **Report from DME**  IH noted that with the Recognition of Trainers work, there may be an increased need for the Trainers MSF. |  |
|  | **AOCB**   * KS noted that the national recruitment dates for O&G may be delayed due to the junior doctors’ strikes in England. |  |
|  | **Date of next meeting:**  **Thursday 08 December, 1pm, Room 8, Westport** |  |
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**Action points**

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| Item No. | Item Name | Action | Lead |
| 3.2 | MA: Recruitment Intake Nos 2017 | To email PMD with predicted regional output for next 5 years | **TPDs** |
| 4 | QM/QI | To take to Quality Group the TPDs concerns about their lack of involvement in visits and not receiving the reports | **PMD** |
| 5 | Update from MDET/LDD | To send regional data about LAT/LAS/Clinical Fellows recruitment to PMD | **TPDs** |
| 5 | Update from MDET/LDD | To double-check that all placements with more than 2 sessions/week have completed a Form B | **CL/KS** |