

**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board held on
Thursday 23 February 2017 at 1.30pm in Rooms 1&2, 2 Central Quay, Glasgow**

Present: Peter MacDonald (PMD), Claire Alexander (CA), David Bruce (DB), Helen Freeman (HF), Christopher Lilley (CL), Rowan Parks (RP), Helen Raftopoulos (HR)

Apologies: Ailsa Gebbie (AGe), Alison Graham (AG), Katherine McKay (KMK), Ben Smith (BS)

In attendance: Paola Solar (PS), Michael Teasdale (MT)

- Lead**
- 1. Welcome and apologies**
The group were welcomed to the meeting and the apologies were noted.
 - 2. Minutes of meeting held on 08 December 2016**
The minutes of the previous meeting were approved as a correct record.
 - 3. Matters Arising /Action points**
 - 3.1. Recruitment of LATs by region**
To look at future recruitment, the specialties will be asked to provide data about LAT recruitment per region, at each STB meeting. This item will be kept on the agenda. **CL/CA
Agenda**
 - 3.2. Workforce**
 - As a follow-up to the meeting with John Colvin it was noted that, although theoretically training numbers were moved to WTE rather than headcount this is not quite the case in reality. RP confirmed that the move to WTE was approved but in practice it has not been possible to change to this model. It did, however, allow the expansion in numbers implemented a couple of years ago. Further expansion in numbers would require funding that is not currently available.
 - There was a query about whether the Health Boards would be able to pay for small part salaries of slot-shares. PMD will take to MDET. **PMD**
 - John Colvin also explained the system used for the initial calculation of training numbers. If there are any inaccuracies in the assumptions used to make these calculations the STB should try to identify these and let John know. It would be useful to gather data of what people do post-CCT. This had been mentioned at MDET and Stewart Irvine indicated that Oriol can identify the current Responsible Officer for an ex- trainee and therefore where they are working. Roughly 83% of trainees stay in Scotland.
The RCPCH has a census but there are concerns about the accuracy of data fed into it.
The Board will continue to discuss this point.

4. QM/QI

A visit to the O&G unit of the Princess Royal Hospital was triggered by concerns over GP training. The report is not finalised yet.

There are various other visits planned, to Victoria Hospital, Crosshouse and Wishaw Paediatric departments, as well as Aberdeen, Raigmore and Royal Alexandra Hospital O&G units.

5. Review of Neonatal and Maternity

O&G will look at the review in more detail for next meeting, although the implications for O&G training may be limited, perhaps restricting opportunities to a few ATSMs or subspecialty training programmes.

The Paediatrics subgroup had talked about the Review briefly. The main implication for Paediatric training is the recommendation to rapidly reduce tertiary level neonatal units from 8 to 5, with a view to reduce further to 3 units in 5 years. The location of the units will be crucial as it will affect how subspecialty training is delivered both in those programmes and in other parts of Scotland.

If this process goes ahead there may be a need to consider developing more training opportunities for General Paediatricians with special interest in Neonatology.

It was noted that NES had not been consulted about training implications of the recommendation. There is not enough detail in the review to be able to define what level of training will be available in the units.

6. Update from MDET / LDD

- Funding has been made available for recruitment of the pilot Broad-based Training (BBT) TPD. If going ahead, BBT would start in August 2018, using funding from vacant posts.
- A meeting has been convened for 6 April to discuss the GMC visit to Scotland later in the year. Each sQMG has been asked to put forward 3 sites that reflect good practice and 3 that may need more work. It was noted that in past visits to other deaneries the GMC has put heavy emphasis on GP trainees in other specialties.
- The GMC had run an E&D research project to look into differential attainment between UK, EEA and International graduates, and then between white and BME doctors. After collecting all the data the GMC has produced a framework to look after doctors with difficulties.
- The Performance Support Unit has now launched and is functioning.

7. Report from Liaison Medical Director

There was no representative.

8. Report from CSRH

AGe had sent a report indicating that the training establishment was stable. The programmed visits to CSRH had given very positive feedback. Most trainees have been able to access extra study leave funding.

9. Report from Paediatric Cardiology

No representative.

10. Report from Obs & Gynae Subgroup

10.1. Issues raised by Subgroup

- ST1 recruitment: of 18 posts 14 have been filled and another 4 are on hold at the moment. Overall they may need a second recruitment round.
ST3 recruitment was held in Edinburgh. Three posts have been filled. There will be an analysis of the costs and the group will discuss at next meeting whether to continue recruitment of ST3.
- Under Quality, the subgroup had discussed:
 - CA's paper on ATSM Laparoscopic Surgery had gone to MDET. PMD, CA, Clare McKenzie and DB were progressing it. The group felt that trainees moving into a module in another region need to be part of the host programme, so the host region should ring-fence salaries. This may be a unique circumstance until post-credentialing is implemented. Currently this is better dealt with in a Dean to Dean discussion. The region taking the trainee should also deal with ARCP, period of grace, etc.
 - There is a triggered visit to Aberdeen taking place shortly.
- The group will discuss implications of the Maternity and Neonatal services review at the next meeting.

10.2. Issues raised by Trainees

No issues raised.

11. Report from Paediatrics Subgroup

11.1. Issues raised by Subgroup

- The subgroup had discussed study leave for grid trainees, and had agreed that whoever is paying the trainee's salary, and doing ARCPs, etc, should be responsible for their study leave.
- The group thought that trainees in other specialties in England or Northern Ireland receive more study leave than Paediatrics in Scotland. The group will do some work to list what is mandatory and what is not, in order to prioritise study leave accordingly. RP indicated that there are no huge differences in study leave budget per trainee in the UK. This is not a major concern at directorate level.
- Quality is a standing item at the STCs now. They will be looking at the GMC Survey and feeding back comments to the Subgroup.

- Recruitment: the interview round had been very successful, with similar numbers to previous years. Applications have gone down by around 20% in the UK but Scotland does not appear to be affected by this and still sees significant competition for ST posts with a 3:1 ratio. Offers have yet to go out.
- The West region implemented the new Scotland deanery ARCP guidance last year and the rest of the regions are doing it this year. The Subgroup discussed briefly the possibility of a joined up ARCP process but they felt the specialty was not ready for it yet. A joined up ARCP process would need more TPD time and more resources. The group is happy to think about it for next year, but would need a clear model.

11.2. Issues raised by Trainees
No issues of note raised.

12. AOCB

There were no other businesses.

13. Date of next meetings:

Thursday 18 May, Room 8, Westport, Edinburgh

Thursday 31 August, Room 1, Westport, Edinburgh

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

Action points

Item No.	Item Name	Action	Lead
3.1	Matters Arising: Recruitment of LATs by region	To provide LAT recruitment data to PMD at every Board To make this a standing item	CA / CL Agenda
3.2	Matters Arising: Workforce	To query with MDET the possibility of Health Boards funding small part of salaries of slot-shares	PMD