**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board meeting, held on Monday 27 June 2016 at 1.30 pm in Room 3, 102 Westport, Edinburgh**

**Present:** Peter MacDonald (PMD) Chair, Claire Alexander (CA), David Armstrong (DA) item 10.2 only, David Bruce (DB), Richard Ferguson (RF), Chris Lilley (CL)

**Videoconference**: Theresa Savage (TS)

**Apologies**: Jackie Aitken (JA), Sarah Murray (SM), Rowan Parks (RP), Marion Ulas (MU)

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

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| **Item** |  | **Lead** |
|  | **Welcome and apologies**Attendees were welcomed to the meeting and the apologies were noted. |  |
|  | **New ARCP process – Bill Reid**Prof Bill Reid attended the OGP STB to present the implementation of the new ARCP process, which will ensure a fair and consistent process, compliant with the Gold Guide. Prof Reid seeks constructive feedback from STBs and will update as the agreed process evolves.* ARCPs will be a desktop exercise, with a 5-6 members panel, including lay rep, and externality in 10% of them. TPM Admin support will be provided.
* Face-to-face meeting with trainees will only be held in cases where the outcome is other than 1. Meetings with Outcome 1 trainees can still occur but it must be explicit that these are separate from ARCP process.
* ARCP dates will be set at the beginning of the year and trainees will be informed.
* Standard emails to be sent to trainees and trainers mid-year and 8 weeks before ARCP date.
* Evidence will have to be submitted 2 weeks before the ARCP date. Tabled evidence will not be accepted. After an Outcome 5, the trainee can send evidence within 10 working days and get a new outcome.
* If trainee gets unsatisfactory outcome, the ES will have to submit a report to the panel.
* There will be a pilot of the process in December, with a wash up meeting in January.

CL noted that the Paediatrics West of Scotland had already implemented this ARCP process and he can report positive feedback. All agree that meeting with trainees is very useful, but it will have to be made clear to the ones with Outcome 1 that the meeting is out-with the ARCP process. Also, admin support will not be provided for these meetings. College Tutors’ involvement can be very positive but they need to understand their roles in the new process. Turas will send automated emails with the outcome. It is understood that trainees are aware of the outcome they are going to get prior to their ARCPs. Turas is being developed so that outcomes can be entered either on Turas or on ePortfolio directly.  |  |
|  | **Minutes of meeting held on 21 April 2016** |  |
|  | The minutes of the previous meeting were approved as a correct record. |  |
|  | **Matters Arising /Action points** |  |
|  | Paediatric GRID training postsRP has an updated version of the paper and will be taking it to the next Transitions Group. |  |
|  | IMTFThere were 8 bids for posts. Interviews are being done in July. |  |
|  | IRT process and TPD involvement The issue had gone to MDET for discussion. DB reported that the current IRT process allows flexibility for TPD involvement. It was felt that the system had not been used correctly in the case that brought this issue up. Training Management is looking into the system to make sure that the flexibility required is clearly stated.  |  |
|  | Maternity leave and eligibility to apply for consultant postsThere were questions raised about the eligibility to apply for consultant posts when on maternity leave, as this can only be done when the trainee is within 6 months of CCT. The CLO’s advice was that if the CCT date is to be moved due to maternity leave and as a result the trainee is more than 6 months away from CCT then the trainee would become non-eligible for the consultant post. Training Management advice was that applying for a post when the CCT is likely to be delayed can trigger potential issues of professionalism, and the offer may be withdrawn by the Health Board. CA noted that the O&G Subgroup would like to have further clarification, perhaps with formal guidance based on Anne Dickson’s letter.  | **PMD** |
|  | **QM/QI**TS had sent the visits report to the Subgroups for information. Good practice examples had been identified in both visits. There is still a report to come with the last two visits, but the deanery visits are now finished for this cycle.There is a Quality Review Panel on 8 September which will decide the next cycle of visits. The Paediatrics Subgroup Trainee rep had raised a concern regarding to patient safety in QEUH as trainees’ workload is becoming an issue. This will be flagged up at the next sQMG. |  |
|  | **Update from MDET / LDD*** The TPD handbook is complete and will be distributed to all TPDs
* The Quality workstream is looking at the Annual Review process
* The Quality workstream is also discussing including Foundation and GP representatives in the visits to Paediatrics sites.
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|  | **Medical Specialty Intake Numbers 2017**The Subgroups had discussed the letter from Shirley Rogers about numbers intake for 2017. The Paediatrics Subgroup felt that it is essential to maintain the expansion of numbers done in the past. They also expressed concern regarding possible inadequate output for future service, particularly in specialties such as CCH and this is likely to inform their plans for 2018.Similarly, the Obs & Gynae Subgroup agreed with the suggestion in the letter but making certain that there is no retraction of expansion seen in the past years. CSRH may need expansion next year. PMD will speak with AGe and Ben Smith to check if they would like to include more numbers in their specialties intake for next year.  | **PMD** |
|  | **Report from CSRH**No report. |  |
|  | **Report from Obs & Gynae Subgroup** |  |
|  | Issues raised by Subgroup* Maternity leave and eligibility to apply to a consultant post, as discussed above.
* Recruitment – single centre for national recruitment in the North of England. 18 consultants for interviews. ST3 run locally in Scotland.
* Simulation projects are progressing reasonably, in particular Laparoscopic surgery for ST1 and ST2.
* Some issues with training the trainers for the mandatory non-technical skills workplace based assessments. Ongoing discussions about implementation. A ½ day course has been set up for trainers.
* TPDs will meet prior to next Subgroup to look at data from RCOG’s Trainee Evaluation Feedback. They will let DB/TS know if the data should be considered at the next QRP.
* Some variations identified at ARCP panels
* The RCOG Trainees Committee had organised a Trainee of the Year Award. Self-nominations until 1 October. Then TPDs will do regional selection.
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|  | Issues raised by Trainees No trainee issues. |  |
|  | Cost of Specialty training An article by an O&G trainee is about to be published in the BMJ. The article relates to the high cost of Specialty training for trainees. It was felt that this issue is pertinent to all specialties, not just O&G, so the article will get a variety of comments. RCOG is trying to make thinks more accessible. Then some things can be funded by NES’ study leave and others need to be funded by the Service. |  |
|  | **Report from Paediatrics Subgroup** |  |
|  | Issues raised by Subgroup* The West region has already implemented the new ARCP process and the feedback so far has been very positive. The trainee is aware of the outcome in advance of the meeting so they have time to prepare. Informal meetings with outcome 1 trainees are also very useful.
* Ongoing work regarding Outcomes variability. TPDs are attending other regions’ ARCP to some extent and there will be a review of adverse outcomes.
* 7 LAS and 13 LATs appointed, mainly for first-on rotas.
* TPDs are sorting out details for Grid applications for next year, which must be ready for September.
* College ePortfolio still a poor system but just about managed to use it for ARCPs.
* David Armstrong, Paediatrics trainee in the West of Scotland will be the new trainee rep in the Subgroup and the STB. He will represent the views of all the regions.
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|  | Issues raised by Trainees * The trainees’ initiative for Teaching sessions for higher trainees in the West is going very well and may be extended to other regions.
* DA reported no issues from East and North regions.
* South East trainees had reported many issues with the new College ePortfolio. Trainees felt the system is not fit for purpose and it was rolled out despite all the negative feedback.
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|  | **Report from Liaison Medical Director**AGr was not present. |  |
|  | **AOCB*** Funding for OOP fellow posts in at risk specialities in Scotland

Metabolic and Palliative Care, both very small subspecialties, have raised issues recently around funding for OOP training posts where these are essential for grid equivalent training and the possibility of NES funding for Fellowships. The issue arose as Scotland does not offer training for these subspecialties and some, like metabolic medicine are at risk services. It was noted that this is a one-off, short-term need. The Service will be advised to make a case for MDET and the Transitions Group.  | **PMD** |
|  | **Meeting dates 2016** |  |
|  | Thursday 22 September, 1.30pm, Room 9, WestportThursday 08 December, 1.30pm, Room 8, Westport**Note: Will try to set alternate meetings in Edinburgh and Glasgow for next year** |  |

**Action list**

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| **Item No.** | **Item Name** | **Action** | **Lead** |
| 4.4 | Matters Arising: maternity leave and eligibility to apply to consultant post | To ask Anne Dickson to formalise the letter received from her conveying the advice from the CLO | **PMD** |
| 7 | Medical Specialty Intake Numbers for 2017 | To seek numbers advice from Ben Smith and AGe | **PMD** |
| 12 | AOB: Funding for OOP fellowship in at risk specialties  | To advise the Service to make a case for MDET | **PMD** |