

**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board meeting
held on Thursday 31 August 2017 at 1.30pm in Room 1, Westport, Edinburgh**

Present: Peter MacDonald (PMD) Chair, Claire Alexander (CA), David Bruce (DB), Alison Graham (AGr), Chris Lilley (CL), Sarah Murray (SM)

Apologies: Ailsa Gebbie (AGe), Ian Hunter (IH), Rowan Parks (RP), Helen Raftopoulos (HR), Hazel Stewart (HS)

In attendance: Helen Freeman (HF), Alice Jollands (AJ), Laura Jones (LJ), Graham Leese (GL), Paola Solar (PS)

Item	Lead
1. Welcome and apologies	
The attendees were welcomed to the meeting and the apologies were noted.	
Helen Freeman (HF), Alice Jollands (AJ) and Laura Jones (LJ), Paediatric TPDs, had been invited to attend Graham Leese (GL) presentation on Broad Based Training.	
2. Broad Based Training	
Graham Leese, new Associate Dean for Broad Based Training attended the meeting to give a presentation on the new programme. The main points were:	
<ul style="list-style-type: none">• BBT will start in 2018 in Scotland. It was introduced a year ago in England and Wales.• Two years, post-Foundation, with six months each in Paediatrics, Psychiatry, CMT and GP.• Recruitment will start in October 2017, with interviews on February 2018. There will be a GP interview and then a BBT interview. Support from Paediatrics for the interviews will be appreciated.• There will be 12 posts, 3 each in GGC, Lanarkshire, Tayside and Highlands.• During the 6 months, ½ day per week will be spent on one of the other specialties.• After the two years, the trainee will have direct entry into ST2 level of any of the above specialties, with no interview.• Funding for these posts come from current long-term vacancies, mainly in GP.• Evidence and feedback from trainees has been very positive. They particularly appreciate spending 10% of their time in other specialty. This time improves their understanding of other specialties, helps them gain confidence, and it promotes better integration.	

There is a clear list of competencies to be achieved in the Paediatrics segment, Acute Paediatrics being the main block.

Trainees need to make a choice during their 3rd six-month block. This will allow recruitment teams to reserve posts for ST2 Paediatrics if required.

Trainees will get preference choice if they are in the same region, but will have to go to competitive interview if they decide to change regions for ST2.

If there are College exams required for entry to ST2, there is an expectation that the trainees will have partially completed them at least.

It is hoped that there will be a representative from each specialty at ARCP panels.

Trainees will have a single ES for the two years.

The ePortfolio used for BBT is very clear on the competencies required.

If there is no ST2 post available in a particular region this will have to be managed on a case by case basis. Numbers for trainees going to Paediatrics after BBT are expected to be in the region of 15-20%.

GL was thanked for his presentation and left the meeting as well as the Paediatric TPDs.

3. Minutes of meeting held on 18 May 2017

One amendment to note, in page 3, last line, it should read “resuscitation courses” rather than simulation courses.

With the above amendment, the minutes of the last meeting were approved as a correct record.

4. Matters Arising /Action points

4.1. Health Boards paying for small part salaries of slot-shares – update

There was not much support for the proposal.

5. Recruitment of LATs by region

Both Subgroups were asked to take note of all new LAT appointees in August and check them again at the end of the year to see where they have gone and what ARCP outcomes they have received.

CA/CL

6. QM/QI

The Quality Review Panel will take place next week. They will look at the GMC Survey and STS data already circulated to the members of the STB. Paediatric Cardiology and CSRH have small aggregated data over 3 years.

O&G have two hospitals with big changes and some red flags: Ninewells and Dumfries & Galloway. Borders have very good green flags.

Paediatrics have Aberdeen Maternity in enhanced monitoring, and Forth Valley is being visited tomorrow. Aberdeen Children's Hospital has a few pink flags.

6.1. GMC Visit

Paediatrics is one of the specialties being visited by the GMC during their visit at the end of the year. The GMC will visit the Deanery on the 11 and 12th of December. STB Chairs, relevant Associate Deans and TPDs will meet with the GMC on Monday 11th December.

Orientation sessions will be held for TPDs.

7. Maternity & Neonatal Services Review

This was noted to make the Board aware of the ongoing work related to the review.

AGr noted that the national review group was not fully established yet.

Any increase in the number of neonatal consultants needs to be made 3-5 years in advance and communicated to this Board.

AGr will keep the Board informed of developments.

8. Update from MDET / LDD

DB informed the Board of the following:

- The GMC has informed NES that Paediatric Cardiology is now off enhanced monitoring. It will now be part of the standard QM process.
- Work is ongoing standardising the DiD process.
- The Scottish Government has asked NES whether Child Protection Training should be made mandatory. A response has been sent to SG.
- The Scottish Government has published the National Health and Social Care Workforce Plan. NES will have a wider role in workforce planning.
- TIQME work on differential attainment continues.
- The NES Annual Quality report has been circulated.

9. Report from Liaison Medical Director

Nothing further to report.

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

- Recruitment – the Subgroup discussed LAT and ST3 recruitment and agreed to continue doing it next year.
- ATSM in Laparoscopic surgery – only available in two units in Scotland. They have tried to make it more widely available but there have been no applicants. SM is going to survey trainees to find out why they did not apply. Training Leads have requested that it is be treated as a subspecialty, but the College has not supported this.
- Trainees TEF – SM gave a presentation about the data collected. Very similar results to the GMC survey. They will look at good practice areas to copy them to other units.
- Permission for OOPs – there are concerns that this is being applied inconsistently across the regions.
- O&G Subspecialties – a paper for MDET is being drafted. It is felt that the current requirements for application narrow opportunities for trainees. The interim position from MDET was to increase flexibility of application to O&G subspecialty. Trainees need a point of seniority and an array of competencies before they can apply for subspecialty training. They have to be in ST6 to do it, but can apply from ST5. If they go in later than that they may need to extend their training time. The proposal is to use ST1 salaries in that case as the trainee is still in programme.

12.2. Issues raised by Trainees

As above

13. Report from Paediatrics Subgroup

13.1. Issues raised by Subgroup

- Study Leave – the group discussed what is mandatory or not and what to ring-fence. TPDs are getting the view from the subspecialty leads for Grid and Spin. Seeing overall spending on Turas Study Leave is not easy. PMD will take this to MDET.
- Quality – the subgroup have received the GMC and STS surveys, together with TPD reports. It was suggested that trainees may need feedback on how all these surveys are used to improve the quality of their training.
- New ARCP process – has been implemented in all regions. The group compared outcome data results from various years and noted there was a lot

of variability a few years ago, but outcomes are much more consistent across regions now. There were a lot of outcome 5s this year but most of them were converted to outcome 1s. It is hoped that next year the number of outcome 5s will decrease as trainees and trainers will be more aware of new ARCP deadlines.

- A new RCPCH workforce report indicates that there will be a 84-110 shortfall of Paediatric consultants for future provision. AGr noted that the Service have signed up the “Facing the Future” document but she was not certain that they were fully aware of the implications of the document. This may have to be taken to SAMD. PMD will add to the MDET report.
- Grid – workforce planning for subspecialties. The Service has not provided the figures for consultants required in Scotland so the group is working on the basis of the data provided two years ago.

13.2. Issues raised by Trainees

The PAFTAs are the Paediatric Awards for trainees in the UK. TPDs have been asked to nominate Scottish trainees. O&G also had a trainee of the year award but had very few applicants, possibly because they had to self-nominate. Now they have a Trainer of the year.

14. **AOCB**

14.1. Future model of STBs

PMD proposed a new model for the O&G and Paediatrics STB, as it was felt that the current model is not fit for purpose. The Chair and LDD for example are expected to be at both Subgroups in the morning, so they always miss part of the meetings. Also, attendance to the afternoon meeting is very limited as it is a re-visit of what was discussed in the morning.

The new model would have a full meeting of each subgroup, on the same day, one in the morning, one in the afternoon. The Subgroups can alternate the am and pm meetings. They will start the pm meeting with a quick summary of relevant issues discussed in the morning. The agendas will be drafted to accommodate representation from MD and DME, for example having the last part of the morning and the beginning of the afternoon to discuss issues for MD and DME.

15. **Date of next meetings:**

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