

**Minutes of the Obs & Gynae and Paediatrics Specialty Training Board meeting held on
Monday 20 August, at 1pm, in Room 2, Westport, Edinburgh**

Present: Peter MacDonald (PMD) Chair, Jackie Aitken (JA), Claire Alexander (CA), Laura Armstrong (LA), Kirstyn Brogan (KB), Iain Hunter (IH), Alice Jollands (AJ), Laura Jones (LJ), Amjad Khan (AK), Shyla Kishore (SK), Jennifer McGill (JMG), Rowan Parks (RP), Ben Smith (BS)

Apologies: Alison Graham (AGr), Ailsa Gebbie (AGe),

In attendance: Lindsay Donaldson (LD), Lewis Hughes (LH) Item 17 only, Jen McKenzie (JM), Sarah Miller (SM), Paola Solar (PS)

Item

**Action
Lead**

1. Welcome and apologies

The group were welcomed to the meeting, in particular Amjad Khan, new LDD for O&G and Paediatrics and GP Director for the East region.

Lindsay Donaldson was deputising for Alison Graham.

Sarah Miller had been invited to the meeting as CSRH trainee rep.

Lewis Hughes was deputising for Richard Ferguson, but only managed to join the end of the meeting due to clinical duties.

2. Recruitment – Jen MacKenzie

JMK is the new Scottish Medical Training Recruitment Manager and she had been invited to attend this Board to speak about national recruitment in Scotland.

JMK informed the Board that the new procurement policy dictates the use of Venue Finder to get venues for recruitment in the future. A&A will still run Paediatric recruitment next year but they might have to change venues. Paediatrics is one of the most expensive specialties in terms of recruitment process. JMK will be looking at ways to make this more cost-effective while keeping to College standards. The Venue finder will send quotes and the STB will be asked to choose one.

CA noted that she had seen that the HEENW recruitment website now states that Scotland is part of the UK O&G national recruitment for ST3 and LAT next year. The STB or the Subgroup were not aware of this and it was asked if that it was a decision taken by the Scottish Government directly. RP noted that O&G are welcome to deliberate about the best option for Scotland. They can choose to have a Scotland selection centre, but still going through the national process. Another option is to join the national process as it is and see how it affects Scottish recruitment. CA will liaise with the TPDs and inform RP and PMD of their decision by the end of the month. PMD will take their views to MDET.

**CA
PMD**

3. Minutes of meeting held on 19 April 2018

The minutes of the previous meeting were approved as a correct record.

4. Action points from previous meeting

- Clinical Fellows supervision and appraisal: IH noted that he had taken this item to the DMEs group. They were considering having a generic ePortfolio for non-training grades. They were also making sure that all doctors get an appraisal.

5. Notification of AOCB

- Membership of OGP STB – *PMD*
Barbara Stewart, Associate Dean for Paediatrics of the SE region has expressed interest in being included in this STB. RP noted that the STBs have the flexibility to change their membership as they require for their work.

The group agreed to invite regional specialty Associate PG Deans to the Subgroups, to enhance regional contributions.

PMD

CA noted that the Subspecialty reps could be invited to the O&G subgroup, but the membership will need to be discussed at a later date, once the subspecialty paper has been approved.

6. Matters Arising /Action points

6.1. LATs ARCPs Summer 2018 and new appointments

The TPDs had been distributed PMD's spreadsheet to update with the summer ARCP results for LATs, and to add new LATs appointed in their regions.

7. Maternity & Neonatal Services Review

No update.

8. QM/QI

The QRP meeting will take place in a couple of weeks. Almost all TPDs had sent their reports and this was very helpful for the QRP, so PMD thanked them for their contribution.

9. Single Lead Employer

No big concerns at the moment.

AJ noted that the East had been united with the North region but in fact in Paediatrics it only rotates to the South East. PMD noted that this was a generic link for all programmes in Scotland.

There had been a Visa delay for a trainee in the North so they will need closer liaison with HR in Grampian.

10. Shape of Training: implications for our specialties

RP noted that all curricula are being reviewed via the GMC COG group. The Scottish SoT Implementation group is chaired jointly by Ian Finlay and Stewart Irvine and will take advice from NES and the STBs regarding any education implications. The COPMeD group for curriculum reviews will also check deliverability of suggested changes with the STBs.

RP confirmed that the Paediatrics curriculum had gone to COG and the College had been asked to review. Once it is approved by COG, the curriculum will be sent to Scotland to confirm its deliverability here.

One of SoT aims is to make training shorter, probably establishing a post-CCT credentialing in the future.

11. Update from MDET / LDD

No further update.

12. Report from Liaison Medical Director

LD reported that, although challenges are expected, the Single Employer had been a huge success. Collaboration amongst the different parts involved is crucial and the level of engagement so far has been excellent.

The Health Boards are looking into creating a passport system for mandatory training.

The return to work policy is also being looked at.

13. Report from Director of Medical Education

IH reported that the DME report is about to come out and will be distributed widely.

SoT QM has been reviewed and work continues on how to implement this in the future.

12 trainees had been recruited to BBT, distributed in 4 Health Boards. Some consideration will be given to increasing the number of trainees next year. It is expected that 2 or 3 trainees will choose Paediatrics after BBT.

The Wellbeing of Junior Doctors is on the DMEs agenda.

The not-average 48 hours consultation is on its early stages. This would have considerable effect on the service. NES and the STBs will be approached for their views.

14. Report from Paediatrics Subgroup

14.1. Issues raised by Subgroup

- Travel distance to Forth Valley. This was raised by the trainee survey and the subsequent visit to FV. Work is ongoing, looking at flexibility of training in different areas. Areas to rest for trainees, capability of District General Hospitals, and accommodation expenses are some of the areas of work.
IH noted that the DMEs are aware of the issue regarding rest facilities and there are discussions ongoing, as part of the Wellbeing of Junior Doctors work.
- A critical case had had some impact on Child Protection guidelines. The group had discussed how the information is disseminated and how can the Deanery approach these issues. CL will take back to the Child Protection committee with specific points for learning and disseminating.
- Workforce planning for Grid training had been discussed.
- Facilities in each region to act up as a consultant, after a College pilot for an acting up scheme. It was decided that there were sufficient opportunities available in Scotland.
- Paediatric training numbers. PMD has drafted a paper to support the increase of Paediatrics training numbers. He has a meeting to discuss with John Colvin on 21/08/2018. It has come to light that there is a different approach to backfilling LTFT in the regions. The slot-sharing approach taken in the SE, East and North regions will be suspended from next year. It is expected that this will have a substantial negative effect on the programmes. The West have been using a pool of Clinical Fellows to backfill LTFT but this has declined over the years. The Scottish Government will look at the number of trainees required to produce the workforce needed.
There is evidence that LTFT is increasing, in particular for the OGP specialties. Historically, the numbers have been adjusted to take into account the larger number of LTFTs. There is no consensus about workforce requirements so there may need to be another group to discuss in detail, including DME and MD for Service input.
Initiatives such as BBT and changes in GP programmes may contribute to changes in Service requirements.

14.2. Issues raised by Trainees

- The move to the new curriculum has not been as seamlessly as it could have been.

15. Report from Paediatric Cardiology

As per report to subgroup (above).

16. Report from CSRH

AGe had sent a written report to CA. From it, CA highlighted that the study leave budget was felt to be inadequate for CSRH trainees.

16.1. CSRH Trainee rep

SMi reported that the new mentoring system is working very well and trainees now get a Mentor from another region. Trainees can discuss with their mentors any issues that they feel they cannot discuss with their ES.

17. Report from trainees not covered in Subgroups

LH reported that the BMA SJDC are working on improving working hours, currently looking at 46 hours of rest post night-shift and weekend working. This has been mentioned to the CMO and the BMA is now committed to it. It is hoped that this will be introduced from August 2019.

Improving Junior Doctors Working Lives are now focusing on ensuring availability of on-call rooms after shifts. They have highlighted that this is not only for the safety of doctors but also for patient safety. Annual Leave, expenses, and other issues are also being discussed.

18. Received for Information

No papers received for information.

19. AOCB

20. 2018 meeting dates

Mon 05 November – Room 5, 2 Central Quay, Glasgow – 13:00

