

**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board meeting  
held on Monday 04 February 2019 at 1pm in Room 6, Westport, Edinburgh**

**Present:** Peter MacDonald (PMD) Chair, Claire Alexander (CA), Laura Armstrong (LA), Ian Hunter (IH), Amjad Khan (AK), Chris Lilley (CL), Corinne Love (CLo), Ailsa McLellan (AML), Daniel McQueen (DMQ), Ashleigh Stewart (AS), Barbara Stewart (BS)

**Apologies:** Alison Graham (AGr)

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

Item	Lead
<p><b>1. Welcome and apologies</b></p> <p>The attendees introduced themselves and were welcomed to the meeting. The apologies were noted. PMD indicated that the meeting structure of the OGP STB and the two Subgroups has reverted to the previous model with the Subgroups meeting in parallel in the morning, and the STB in the afternoon.</p>	
<p><b>2. Minutes of the meeting held on 05 November 2018</b></p> <p>The minutes of the previous meeting were approved as a correct record.</p>	
<p><b>3. Action points from previous meeting</b></p> <p>PMD clarified that the Workforce group in each Subgroup would ensure an informed contribution to the Scottish Government’s annual request for establishment numbers.</p>	
<p><b>4. Matters Arising</b></p> <p>4.1. Training Establishment</p> <p>This had been discussed by both Subgroups in the morning.</p> <p>Establishment in Paediatrics will go up by 8 WTE, to 246 WTE in August 2019. The TPDs will discuss distribution separately, hoping to present a plan to MDET on Monday 11 February.</p> <p>The usual regional split of 50-25-15-10 will be taken into account in the distribution of the new Paediatric numbers, but with a flexible view so all regions get the best outcome possible. CL noted that the aim is to work out the deficit in the programmes and look at what is best for the whole of Scotland not just locally.</p> <p>PMD had done some work with data from Finance regarding trainees’ deficit in relation to establishment. The number of LTFT as Headcount minus WTE provides the following deficit: O&amp;G – Scotland 6%</p>	<p><b>PMD</b></p>

West 9.9%  
South East 6%  
North 7%  
East 10.6%

Paediatrics – Scotland 7.4%  
West 7.7%  
South East 7%  
North 6.2%  
East 8.5%

CA expressed her concern that O&G seems to be left out of the discussions regarding establishment. The difference in numbers between Headcount and WTE in O&G is 11.5. It is uncertain whether there was a RCOG rep at the meetings. PMD will bring this up at the MDET meeting on 11 February.

**PMD**

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4.2. National Recruitment Task & Finish group: Recruitment Leads

The OGP STB had indicated that they were happy with the current model, with the caveat that Paediatrics may have to revert to a Scottish ST2 recruitment next year depending on the results from this year.

The recruitment lead per specialty, as requested by Rowan Parks are:

Paediatrics – Chris Lilley  
Paediatric Cardiology – Ben Smith  
O&G – Katrina Shearer  
CSRH – Ailsa Gebbie

Regarding workforce planning, CA noted that Prof Mary Ann Lumsden is involved in Workforce planning for O&G so she will be the best contact for next time.

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**5. Report from CSRH**

Establishment is very stable, with no new numbers. Changes to the curriculum have been signed off for Scotland.

Trainees are reluctant to go to locations away from the central belt for rotations. There is a new CSRH trainer in Fife so a 3 months rotation will be established there.

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**6. Report from Paediatric Cardiology**

No Paediatric Cardiology rep.

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**7. Report from O&G Subgroup**

- Recruitment had been run efficiently. ST1 offers will be out next week. ST3 will take place in April – this is the first time Scotland will be part of the UK process.
  - The group had discussed WTE vs Headcount.
  - ARCPs will be run cross-regionally on 1 day in the South East and the West.
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- The Scottish Government had sent a memo from the CMO and the CNO regarding CTG training and O&G emergency drill training. This will be mandated through the Health Boards but will need support from trainers in the departments. It had been suggested that College Tutors might be best placed to satisfy this new requirement with the Health Boards. TPDs will take this forward. The requirement will bring various challenges in different programmes, for example trainees in single sites vs those rotating several sites. They will want to avoid duplication whilst making sure that the training is done every two years.

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#### **8. Report from Paediatric Subgroup**

- Training establishment numbers. The East TPD had expressed strong concern to the potential reduction of 1 number as a result of the ongoing conversations. PMD noted that the distribution of 50-25-15-10 did not take into account that historically Paediatric distribution were different due to Forth Valley being in the East rather than the West. The Paediatric TPDs will work this week to have a proposal for PMD and MDET on Monday 11 Feb.
- Recruitment to ST1 and ST2. This is the first year that ST2 has been recruited in tandem with ST1 in the UK process. It is not clear yet whether it will meet Scotland's ST2 requirements. It is expected that they will know for the next STB and then can decide whether to separate the Scottish ST2 recruitment from the UK process.
- ARCPs. There are dates in the diaries for ARCPs in each programme. Panels have been formed as per deanery guidance, but there was a query regarding lay reps attendance. The Gold Guide guidelines suggest that lay reps have to review all adverse outcomes so they should be at all panels. The Deanery currently only requires lay reps to attend 10% of ARCP panels. The Paediatric ARCP panels will see trainees from all programmes.

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#### **9. Report from Trainees**

No trainee reps.

It was noted that there are trainee reps in the membership of this STB but were not present today. They had given their reports to the Subgroups in the morning. It was suggested that trainees could send a written report to the STB if they cannot make it in person.

**PS**

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#### **10. Shape of Training update**

All specialties are reviewing their curricula to ensure Shape-compliance. Peter Johnston is the lead in Scotland to liaise with the other nations in this work. Any changes in the curriculum will be sent to the STB, in particular if it affects training in Scotland.

The updated curriculum for CSRH had been received and had been signed off by Ailsa Gebbie.

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#### **11. Maternity & Neonatal Services Review**

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The STB does not expect big changes in training, but they will need sufficient awareness of any changes agreed.

CLo noted that the review recommended the move from 8 to 5 to 3 Neonatal units in Scotland. There is a plan to test the model in a couple of Health Boards and results will be produced in 6 months. There will be no announcements until then.

There will be plans for the continuity of midwifery care and antenatal and obstetrics care. The Scottish Government are looking at what the model may look like, including implications for trainees and training.

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**12. QM/QI**

The visits report had been circulated. There are a few visits coming up but none of them are triggered.

CL noted that communication with TPDs after visits is sporadic, in some cases only getting the report after asking for it. The draft report goes to the DME in the first instance for fact-checking. Then it is finalised and the DME produces an action plan. IH noted that immediate feedback is written and sent to interested parties within 24 hours. PMD will take this to the Quality team to see if the immediate feedback can also go to local TPDs.

**PMD**

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**13. Update from MDET/LDD**

No update.

The next meeting of MDET and STB Chairs will take place on Monday 11 February.

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**14. Report from Medical Director**

No representative.

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**15. Report from Director of Medical Education**

- IH noted that the requirement for Emergency Drills as noted above had gone to the DME group. A national framework for statutory and mandatory training is being produced. The Health Boards will have to document all mandatory training completed by the trainees.
- There is a new process to recognise trainers. Trainers will have to be approved by NES and the Faculty Development Alliance before they can be added to Turas, so the process will take longer.
- 2019 is the Year of the Trainer and will see some events to improve and develop trainers.
- eSS issues. Not all trainees are on board yet which has caused some anecdotal issues. This is being looked at national level.
- Curriculum changes. IH queried whether the Service will have a chance to look at any changes. PMD noted that the Deanery inputs into the discussion via COPMeD and feeds back to the GMC. IH will pick this up with

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MDET/DMEs. He will also bring up how to take out an ES from a programme if necessary.

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**16. Suspected Cancer Guidelines**

This document has been distributed to the Subgroups with Ronald MacVicar's requests.

PMD will ask Ronald to send to the Oncology subspecialty leads.

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**17. Received for information**

- **ARCP 2017-2018 report**

Results are consistent across the programmes.

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**18. AOCB**

This is the last meeting of AK as Lead Dean for OGP. He was thanked for his work and contributions to date.

The new Lead Dean will be the newly appointed Postgraduate Dean in the North region.

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**19. Date of next meetings:**

Thursday 2 May 2019, 1pm, room 5, Westport, Edinburgh

Thursday 5 September 2019, 1pm, Room 5, 2CQ, Glasgow

Monday 18 November 2019, 1pm, Room 6, Edinburgh

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**Action points**

Item No.	Item Name	Action	Lead	Deadline
4.1	M.A.: Establishment numbers	To bring to MDET agreed Paediatric numbers distribution for approval.	PMD	11/02/19
		To highlight to MDET the deficit in O&G	PMD	11/02/19
9	Trainee report	To request a written report from trainees if they send apologies	PS	02/05/19
12	QM/QI	To check with the Quality team the distribution of the visits' initial feedback to local TPDs	PMD	02/05/19