

**Minutes of the Obstetrics & Gynaecology and Paediatrics Specialty Training Board held on
Thursday 02 May 2019 at 1pm in Room 5, Westport, Edinburgh**

Present: Peter MacDonald (PMD), Claire Alexander (CA), Dave Beattie (DB), Helen Freeman (HF), Ailsa Gebbie (AGe), Laura Jones (LJ), Chris Lilley (CL), Katherine MacGill (KMG), Ailsa McLellan (AML), Daniel McQueen (DMQ), Rowan Parks (RP), Kate Patrick (KP), Francesca Ritchie (FR)

Apologies: Alison Graham (AGa), Ian Hunter (IH), Amjad Khan (AK), Corinne Love (CLo), Judith Roberts (JR), Ashleigh Stewart (AS), Ben Smith (BSm), Barbara Stewart (BSt)

In attendance: Paola Solar (PS)

Item	Lead
1. Welcome and apologies The group introduced themselves and were welcomed to the meeting. The apologies were noted.	
2. Minutes of meeting held on 04 February 2019 The minutes of the previous meeting were approved as a correct record.	
3. Action points from previous meeting 4.1. Establishment numbers. This has been discussed at length by PMD with RP, AK and Anne Dickson. 9. Trainee report. All members sending apologies are asked to send a written report, including trainees. 12. QM/QI. PMD has asked that visits' initial feedback is distributed to local TPDs.	
4. Matters Arising /Action points 4.1. Training Establishment update The training establishment for Paediatrics is 246. The specialty will be working towards WTE this year. The establishment for O&G is 171. The move towards WTE is aspirational at the moment. 171 WTE is the baseline establishment as funded by the SG. 7 were added by NES a couple of years ago with LTFT fractions but without additional funding to increase the WTE. This has given a headcount of 178. Due to varying practices between regions some regions have exceeded their headcount by recruiting to an expanded WTE establishment. This year the establishment has been restricted to 171 WTE across Scotland.	

As a result of trying to rebalance the establishment there has been no recruitment to ST1 in the North or the East this year. There is concern amongst TPDs regarding the quality of training, morale and the increase in attrition rates.

It is acknowledged that there is a funding gap between the move to WTE establishment as approved by the Scottish Government. RP indicated that this was an ongoing discussion at senior level at the Government.

There are baseline differences around the four regions regarding the management of numbers. There has to be a transition period to re-align distribution. Next year's distribution is expected to be 85-44-25-17.

DMQ asked for the basis of the West 50 - South East 25 - North 15 - East 10 distribution. RP replied that it is based on regional population and was agreed by SG and Chief Execs of all regions.

The Scottish Government will send their annual letter asking for numbers for 2020 recruitment in May/June. The STB can start working on them now for the Transitions Group. Colin Tilly in NES can provide data regarding consultant workforce. Colleges and own networks are also sources of workforce information.

4.2. Recruitment fill rates and effectiveness of process

CA noted that O&G had a 100% fill rate at ST1, in a highly effective recruitment process. ST3 fill rate was not known yet. This was the first ST3 UK national recruitment organised down south. The general feedback was that it was very poorly organised. RP noted that the Scottish Government had agreed to the recommendation from the MDRS Review report to have more Scottish recruitment centres. He suggested that CA and the O&G Subgroup can look into that possibility once they have the ST3 recruitment feedback. CA

CL reported that the College now combines the recruitment of ST1 and ST2 Paediatrics. There was a 100% fill rate. ST1 was well run and was successful. However, the initial wording for ST2 was erroneous: candidates had to self-declare whether they were applying for ST1 or ST2 but due to the wording some have not done it correctly. This has not impacted negatively in Scotland but the process to identify the ST2s was not good enough. The Subgroup had decided to continue with the ST2 College process next year but with some reservations. LJ noted that, despite the issues mentioned, the interviews for ST3/4 had run really well and the calibre of candidates was outstanding.

CSRH recruitment in the UK had gone well but there were no Scotland posts this year.

5. Report from CSRH

There are 6 trainees in Scotland, with no issues. One is doing a PhD and another doing a NES Fellowship. AGE noted that she was attending a meeting regarding moving trainees around Scotland.

CSRH trainees felt that the study leave budget is inadequate in Scotland, compared with England where it is uncapped. The same issue has been discussed in the O&G and Paediatrics Subgroups. RP noted that this has been discussed at MDET, where it was acknowledged that there are differences, but it had been agreed to keep at the same level for the time being. CL noted that about 25% of the study leave budget goes to mandatory resuscitation training. COPMeD are looking at what can be considered mandatory courses. Training Management looked into study leave budgets, comparing to the other countries Scotland was in the middle range. RP will bring this to the attention of MDET.

RP

DMQ queried whether trainees are able to apply for other bursaries. There is a small quantity for very specific things, from other organisations.

6. Report from Paediatric Cardiology

BSm was not able to attend but he had sent a written report indicating that 9 posts had been advertised in the UK, 3 of them for Scotland. The outcomes were not available yet.

He expressed some concern as the new TPM Administrator for Paediatric Cardiology will be based in the North region with the other OGP specialties. Paediatric Cardiology is a single centre programme in the West so the new administrator will have no familiarity with it. The group were reassured that ARCPs will take place in Glasgow though.

7. Report from O&G Subgroup

CA reported the morning discussion:

- Establishment number, as above.
- Subspecialty application accessibility to all trainees. There are four posts available but there was no recruitment in April due to a number of factors. They still hope to appoint 2 in the South East for August start. Gyn Oncology in the North is awaiting re-accreditation and the one in the West is due to start in February. These 2 O&G salaries can be used to recruit LATs.
- The new Curriculum will be implemented in October and there will be a new Portfolio to align with it. There might be issues around trainer engagement. CA and other TPDs will go to the College to learn about the new curriculum and then disseminate the knowledge in Scotland.
- There are several mandatory O&G courses which are now delivered in Scotland so there is no need for trainees to go to London.
- Simulation has a very enthusiastic faculty that is growing as they go along.
- There was a presentation re Trainee to trainer feedback. It was very well received and will be incorporated into the SMEC's RoT workshop. It is anonymous, but the trainer gets the feedback.

8. Report from Paediatric Subgroup

- Anne Dickson had attended part of the Subgroup meeting to talk about the forthcoming TPM changes. She had clarified that the work has been going on for some time. The group felt more reassured about the process behind the transition.
- Trying to move towards the 50-25-15-10 model of establishment numbers, the group had agreed to move 2 posts in the West to Forth Valley.
- ARCP process. The panels will follow agreed ARCP standards and will discuss any discrepancies for next year.
- COPMeD guidelines regarding trainees declaring any extra work. Any additional clinical work has to be declared on the SOAR self-declaration. This was not clear to all trainers and trainees, so it will only be implemented after summer ARCPs. If there are any queries about the paper they can be fed back to Rosie Baillie. CL will ask Rosie to clarify the guidelines.

CL

9. Report from Trainees

Paediatric trainees reported that their ePortfolio, Kaizen, still has some issues which CL will take to the College again. Study leave was also discussed as above.

10. Shape of Training update

No update.

11. Maternity & Neonatal Services Review

No update.

12. QM/QI

The reports of visits to Neonatal RAH and RIE are finalised and published.

O&G Princess Royal, in enhanced monitoring, has shown some progress.

The report on the visit to O&G in Kirkcaldy is with the DME.

There has been substantial improvement to the Neonatal unit in Aberdeen. Report of this visit is being drafted. CL asked at what point can they plan to put a Grid post back in ARI. RP advised to take a pragmatic approach as the site is still in enhanced monitoring. Once the STB has sight of the report they will be able to decide.

Forthcoming visits programmed to O&G in QEUH, Paeds in Dumfries, and O&G and Paeds in St Johns.

12.1. Immediate feedback to TPDs

As above, AML has requested that this is done.

13. Update from MDET / LDD

- The annual Scottish Medical Education Conference will take place next week. 1775 people are registered to attend.
- TM Vision – lots of ongoing work.
- Procurement of MDRS system (Oriol). The review had suggested that more Scottish Recruitment centres would be welcome.

14. Report from Medical Director

No representative.

15. Report from Director of Medical Education

No further update.

16. Received for Information

No papers received for information.

17. AOCB

There were no other businesses.

18. Date of next meetings:

Thursday 5 Sep 2019, 1pm, Room 5, 2CQ, Glasgow
Monday 18 Nov 2019, 1pm, Room 6, Edinburgh

Action points

Item No	Item Name	Action	Lead
4.1	Training Establishment	To consider whether the STB should make a case to the Transitions Group arguing for an increased establishment in O&G	CA (& Subgroup workforce leads)
4.2	Recruitment fill rates and process	To consider a Scottish Recruitment Centre for O&G next year	CA
5	CSRH Report	To bring up study leave budget with MDET	RP
8	Paediatrics Subgroup report	To clarify guidelines with Rosie Baillie re declaring additional work on SOAR	CL