

Minutes of the meeting of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board held at 13:30 on Tuesday 20 February 2018 in Room 9, Westport, Edinburgh (with vc links).

Present: Gordon McLeay (GM) [Chair], David Bruce (DB), Frances Dorrian (FD), Moya Kelly (MK), Amjad Khan (AK), Joan Knight (JK), Andrew Thomson (AT).

By videoconference: *Aberdeen* - Kashif Ali (KA); *Glasgow* – Lindsay Donaldson (LD).

Apologies: Shabana Alam (SA), Claire Beharrie (CB), Nigel Calvert (NC), Sandesh Gulhane (SG), Ellie Hothersall (EH), Carey Lunan (CL), Stewart Mercer (SM), Rowan Parks (RP), David Prince (DP), Lucy Redmayne (LR), Iain Wallace (IW).

In attendance: Naomi Mercer (NM), Helen McIntosh (HM).

Action

1. **Welcome, introductions and apologies**

GM welcomed all to the meeting and apologies were noted.

2. **Minutes of meeting held on 13 December 2017**

Page 3, Item 9.1 GP, third paragraph, second sentence to read ‘...workload – multi-disciplinary team who will release GP time ... and will specify/risk re premises ...’

With these amendments the minutes were accepted as an accurate record of the meeting.

3. **Matters arising/action points from previous meeting**

3.1 No items were discussed.

4. **STB update for MDET**

GM highlighted:

- Workforce and GP contract.
- Cabinet Secretary’s proposals for GP – 800 plus GPs and a marketing campaign.
- Recruitment summary.
- TPD reports and programme management – summary of ARCP outcomes.
- Suite of documents – model induction pack including Quality Improvement booklet – well received at MDET and will produce brochure and post on website. Next phase was to make this multiprofessional.
- Occupational Medicine – national school and e-portfolio introduced.

5. **MDET Updates**

GM highlighted:

- Discussion around Paediatric trainee case – significant concern for trainees and educators. Locally NES recommends AMRoC reflective guidance to trainees and to follow best practice.
- Scottish Ambulance Service – seeking support to place trainee paramedics in GP training practices. MK reported that NMAHP will co-ordinate this and will include GP representation on group as necessary. The Service has been informed and MK has arranged to meet the NMAHP Director.
- GP placements for potential Medical School undergraduates – NES was asked to badge the document but decided against doing this and agreed College should take it forward.

- Financial outlook – tight budget – much discussion and work for MDET involved.

6. Recruitment updates

6.1 GP

GM highlighted:

- Numbers for first preference Scotland at outset of application were slightly reduced although total number attending Selection Centre slightly increased (252 – increased by 4). This may include those who have also applied elsewhere/those applying to Scotland from elsewhere.
- BBT at Selection Centre – 20 candidates who did not put GP as choice of specialty. This will allow the candidates to progress to BBT interviews.
- Offers will be made once pass mark decided – this will be based on statistical analysis of exam and apply to all UK.
- Candidates who do well at Stage 2 do not have to attend Selection Centre
- Meeting in afternoon to discuss further.

6.2 Public Health

FD reported there were 4 posts; no information yet on outcome from UK national process.

6.3 Occupational Medicine

KA reported 4 unfilled posts in Scotland – 1 W – 1E – 2N. They hope to be more successful in the April recruitment round and have had some interest. Those appointed will start in August; the second round will be held in September/October for a February 2019 start.

7. Shape of Training Review

Nothing to update.

8. Directorate Workstreams

8.1 Training Management

- ARCP process review – email received from Rosie Baillie, Senior NES Manager, highlighting 3 areas. All were discussed at the earlier GP Directors meeting:
 1. conflicting evidence – GP happy all accurate and up-to-date;
 2. evidence storage – GP requirements were clear and guidance makes explicit where to record in e-portfolio and national document for UK will be re-posted;
 3. feedback to Educational Supervisors via template – looked at this and will consider whether it fits into Quality Management process in context of GMC review. The GMC review could involve a huge amount of work so they were considering a targeted basis.

Noted comments received from trainees on the ARCP process. OM has received no formal feedback. They are moving to e-portfolio this year and will follow the College of Psychiatry template so should receive feedback after then. Scotland is hosting the National School this year where they will discuss national ARCP collaboration. GM encouraged the specialties to discuss use of the ES feedback form.

- GP 100 posts October 2015 – these were put in place. Scottish Government asked NES to look at attractiveness of these posts and this has shown that 4 year programmes were not very popular with trainees. As a result the Scottish

Government decided to discontinue 4 year programmes. This will mostly affect the West of Scotland and Health Boards must put forward their Action Plan to the government for contingency funding. NES was supporting Health Boards in this work. Noted there were only 8 4 year programmes advertised this year and no new ones will be advertised in the future.

- UK guidance on OOHs – DB was liaising with this and has added the Scottish dimension. COGPED will ratify/finalise a national OOH document and DB will link into the national Scottish OOH group.
- Fellowships – posts to be advertised March and April in Academic, Medical Education, Health Inequality and Rural – same numbers as before.
- Gold Guide – updated version was published on 31 January. This will impact on GP training e.g. ARCP process/training process and especially on extensions to GP training (12 rather than 6 months). GM will circulate the document. **GM**
- Single Employer – GP trainees will move to NES as employer from August – some starting in February will move over and those already employed by NES will remain. NES will be the lead employer for all GPs in training wherever they are in post in Scotland. This was a major piece of work for NES and Health Boards. FD confirmed this will not impact on continuity of NHS service.

8.2 **Quality**

- GMC visit to Scotland Deanery - the report was awaited and will be launched at the Scottish Medical Education Conference on 27 April. Headlines have been received plus verbal feedback.
- GMC thematic review of GP across UK - South Glasgow was included. The report has been produced and key areas highlighted were – value on relationships with Educational Supervisors and practices, difficulties in secondary care environments, OOH services were under stress and need for clarity around supervision. The report was felt to be broadly helpful and has produced a set of recommendations and requirements – it was not clear how it fits with the GMC visit report. They will assess what specifically relates to GP. GM will circulate the thematic report to the STB. **GM**

8.3 **Professional Development**

- Audit of SPESC course – numbers applying were being maintained; need for practices to be more involved in training.
- GP Retainer Scheme – The Staying in Practice scheme based on this. GM and Alison Garvie have met Scottish Government to look at making the Retainer Scheme more flexible and attractive and to develop the Staying in Practice scheme for those in middle/near end of career to encourage them to stay in practice. Details to be worked on.

9. **Specialty updates**

9.1 **GP**

No additional update was received.

9.2 **Public Health**

GM reported that EH has been appointed to the Head of Undergraduate Medicine at Dundee University and congratulated her on behalf of the STB.

9.3 **Occupational Medicine**

Noted they were hosting the National School in Edinburgh this summer.

10. **Lead Dean/Director update**

11. **Service update**

No additional updates were received.

12. **DME update**

LD highlighted:

- Major concern around the GP disestablishment however it was hoped at the end of the process there will be better posts and fill rates. They were working with NES and service to mitigate difficulties.
- Once for Scotland. NHS GGC was the employer for the West and the placement board for GP and while there will be much work involved this will be a huge improvement for trainees.
- TURAS Steering Group -pleased with progress.
- Noted that GPSTs can be isolated in large rotations. MK noted this was also raised at the thematic review. The West has an educational programme during hospital experience so individuals meet their peers then – the difficulty can be in getting time to attend these. GM noted the East has a rolling day release programme once per month when trainees meet others in hospital posts. They tried to establish Forum groups in the past but this was not successful. In general trainees tended to organise their own once they have met. LD said she would seek ways to encourage GPSTs to attend these courses.

13. **BMA update**

AT highlighted:

- New contract – poll to be held this month and then this can move forward. It has generally been well received although there were some concerns among GPs re the lack of uplift. It was hoped to mitigate this locally and a working group for Rural GPs was being established.
- Removal of 4 year schemes – this was not welcomed but it was accepted the wrong posts were selected and they should instead push for appropriate 4 year programmes. They were not happy with the 3+1 concept as this would make GPs less generalist – BMA and College were concerned about this. He will attend the Shape of Training meeting on 21 February at the Scottish Government. DB stressed that training needs to be given a higher value and GPs will have to train a wider group of people – hence this was at an early stage.

14. **Lay representative update**

15. **RCGP update**

16. **Trainee update**

17. **Academic update**

No additional updates were received.

18. **AOCB**

18.1 **NES Medicine Simulation Collaborative**

GM noted the group was seeking a representative from the STB. This was discussed at the GP Directors meeting where a potential representative was identified; he encouraged interested STB members to let him know. Meetings are held 4 times per year.

18.2 **GMC – The State of Medical Education and Practice in the UK 2017**

This was received for information and was a summary of GMC data – register/ complaints/surveys. The GMC was clear it was not a political/planning body but an active partner in ensuring the correct number of trainees were in place. It has stated its concern around the drop in the numbers of trainees and doctors.

19. **Date of next meeting**

The next meeting will be held at 10:30 on Wednesday 18 April 2018 in Room 6, Westport, Edinburgh with videoconference links.

Actions arising from the meeting

Item no	Item name	Action	Who
8. 81	Directorate Workstreams Training Management • Gold Guide	To circulate the document.	GM
8.2	Quality • GMC GP Thematic Review	To circulate the document.	GM