

**Minutes of the meeting of the General Practice, Public Health Medicine and Occupational
Medicine Specialty Board held at 1.20pm on Wednesday 13th September in COSLA Offices,
Haymarket, Edinburgh**

Present: Gordon McLeay (GM) [Chair], Moya Kelly (MK), Andrew Thomson (AT), Frances Dorrian (FD), Hazel Stewart (HS), Kashif Ali (KA), David Bruce (DB), Amjad Khan (AK), Joan Knight (JK), Miles Mack (MM).

Apologies: Carrie Young (CY), Ashleigh Stewart (AS), Ellie Hothersall (EH), Iain Wallace (IW), Lucy Redmayne (LR), Nigel Calvert (NC), Rowan Parks (RP), Shabana Alam (SA), Stewart Mercer (SM).

In attendance: Chris Duffy (CD).

Action

- 1. Welcome, introductions and apologies**
GM welcomed all to the meeting and introduced JK who is the new lay rep for the STB.
- 2. Minutes of meeting held on 13 June 2017**
The minutes were accepted as an accurate record and will be posted on the Scotland Deanery website.
- 3. Matters arising/action points from previous meeting**
 - 3.1. BBT**
GM checked the eligibility of trainees progressing from BBT to GP training and there was nothing in the rules/regulations to say trainees couldn't re-apply.
 - 3.2. OM action**
RP was not present at the meeting; therefore, the action will be left on the agenda.
 - 3.3. Trainee update**
The proposal for a best practice/guidelines document for OOH training and shifts was discussed earlier at the GP Directors meeting and it was decided that that the Quality Assurance document on the Scotland Deanery website already gives enough information.
- 4. STB updates for MDET**
GM shared the last update he gave to MDET with the STB for information.
- 5. MDET updates**
The relevant updates from MDET will be covered under specific items on today's agenda.
- 6. Recruitment updates**
 - 6.1. GP**
GM updated on Round 2 recruitment (Feb 2018). We have advertised 72 vacancies, there have been 74 applicants with 73 making it through to the 1st assessment stage. The recruitment event will take place on 21st November and will be held in Edinburgh. Last year we had almost the same numbers with 37 candidates being

appointable from a total number of 72. We anticipate similar results this year.

Digital scoring is going to be introduced to recruitment of all specialties. In the past scoring was a paper exercises where the scores were added to a spreadsheet (the matrix). From now on, assessors will score on iPads and this will go directly into the system. NES have secured 50 iPads for recruitment across Scotland. However, this may prove to be a challenge for GP as recruitment can last 4 days with 25 assessors each day.

Targeted training is an HEE proposal that is the result of consultation regarding GP recruitment to improve numbers. One suggestion is to increase the length of extension to training. Currently there is the option of a 6month extension and in exceptional circumstances another 6 months can be added. This proposal is suggesting a 12-month extension with another 6 months for exceptional circumstances. The proposal is also looking at 3 groups of doctors to improve numbers - overseas doctors, other specialty doctors and doctors who have been in GP training but failed one component and have therefore been issued an Outcome 4. The argument for the doctors who have failed is that they may pass with more time and support. DB added that these HEE proposals need to be discussed with the relevant organisations so it is a 4-nation proposal. KA asked if the number of trainees who don't pass is quite small. MK agreed and GM also pointed out that less than 5% of trainees don't complete training.

6.2. Public Health

No update was given.

6.3. Occupational Medicine

4 vacancies remain unfilled. At the 1st round of recruitment 12 candidates were interviewed, 8 of these were appointable and 3 took positions. The 2nd round will be in October. One area that we are looking at is the National School of OM in England. We hope to work together to improve recruitment numbers.

7. Shape of Training Review

The final Shape of Training report led by Professor David Greenaway is now available https://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf

The report focuses on the change in the population and the needs of this population. It looks at producing more generalist doctors and care to be provided near to home/community. It looks at general practice and the need to provide more skills for GPs. There is also a desire to shorten training for hospital specialties and bring forward the CCT date. Credentialing could play a part in this. A 3+1 model for GP training is being looked at by the RCGP. Fellowships are being piloted which will give trainees the opportunity to complete an extra 'special' year. AT questioned if there is a difference between the 3+1 model and the 4 year programme. DB confirmed that the 4th year would be a fellowship based on local needs that would concentrate on one area.

8. Directorate Workstreams

8.1. Training Management

Papers were shared regarding the Gold guide, the draft guide, a key changes document and feedback template. Members of the group were asked to complete the feedback template if they have any concerns. NES will deliver feedback on behalf of the whole of medicine on 22nd September.

An SAMD document was also shared regarding statutory and mandatory training. This includes a once for Scotland approach, where a single employer/board would be responsible for all the statutory and mandatory training, for e.g. Fire, Health and Safety, E+D etc. The paper was shared for information.

The board then went on to discuss 'Improving Junior Doctors Working Lives' and another paper that was shared. MK attended the last meeting was involved in pulling together both what England and Scotland are doing. The meeting did not focus on changing terms and conditions but focussed on what is already there and how it can be implemented. Guidance has been created for a "good rota". AT highlighted to the group a lot of documents have been created by the SJDC regarding good rotas. Excellent work on National patient safety and safe handover. It is important that these documents are drawn on. AT agreed to feed this back through the SJDC.

AT

Broad based training will begin in August 2018 with 12 new posts available in Scotland. This will be a 2 year programme which includes experience in 4 specialties. GP recruitment will take on the recruitment process for this in NES. The TM workstream are also reviewing the new standardised ARCP process after the summer ARCP panels. MM informed the group that the AiT committee have also been looking at the ARCP process. There is a suggestion that the process is bringing out a lower level of attainment and not bringing out the excellent and good qualities. There is an increased outcome 5 issue. MK confirmed the outcome 5 issue is being discussed as part of the review. Trainees see an outcome 5 as a negative but it is a neutral. The ARCP process looks to see if a trainee has met the desired standard and not if a trainee has excelled. There are other fora for positive feedback. NES cannot change the requirements but are happy to hear the outcomes of the AiT discussions.

There were 2 more items to discuss from TM. Firstly, there is a new pilot on resilience training. This includes 3 modules for FY2s in Tayside. The pilot will be reviewed to find out if it has made a difference. Secondly, the GMC will visit NES on 11th and 12th December. Orientation is taking place so that we are aware of the areas that will be looked at and we are checking our processes are robust.

8.2. Quality

We are at the start of the next Quality year. Quality review panels (QRPs) have just finished and they have set the visits which will take place over the next year. This chooses the site/hospital/practice/specialty based on triangulated information from the GMC survey, Scottish Training Survey and Trainer survey. The Annual Quality report is now available and the cumulative practice data is also available. GM will share both documents with the group. The Scotland deanery are also part of the GMC pilot looking at differential attainment. A working group has been setup to look at a Scotland wide action plan including medical directors and directors of

GM

medical education. This pilot has just started and will have more to report once progress is made.

8.3. Professional Development

The GP returner programme is still only attracting small numbers and some of the candidates joining the programme have had difficulties progressing.

9. Specialty updates

9.1. GP

In the past trainees have only been allowed to defer their entry into training for statutory and mandatory reasons (for e.g. maternity leave and sickness) but last year they were allowed to defer for non-statutory reasons. This causes some problems in the system, creating 6/12 month gaps. MK reviewed the 23 deferrals we received last year. 10 out of 11 of the statutory deferrals returned to training whereas only 3 out of the 12 non statutory referrals returned. The UK figures will be available in 2 weeks time and MK will monitor these. Also, a recent exit survey has been completed by ST3. We received a good response rate (62%). The main highlights were - 90%+ were remaining in Scotland. 83% said they would complete OOH work and the most popular working hours were 6-8 sessions a week. GM will share the exit survey results.

MK

GM

9.2. Public Health

Medical and non-medical trainees can apply for SCREDS posts, but it appears that medical trainees are more successful. Bill Reid (WR) will take this to the next SCREDS board meeting to discuss further.

9.3. Occupational Medicine

KA reported that occupational medicine in Scotland are looking to link up with the National School in England. This is still at the early stage of development but in the long term it will provide services and training materials. OM colleagues sit in ARCPs across both countries to calibrate the assessment process.

10. Lead Dean/ Director update

11. Service update

12. DME update

13. BMA update

14. Lay representative update

There were no updates to receive under the items above.

15. RCGP update

MM discussed Leadership for integration, and is keen to see this develop as it has been staggeringly successful. MM also informed the group that this will be his last meeting and Dr Carey Lunan will be his successor from the 11th November. GM thanked MM for all his contributions to the STB.

16. Trainee update

17. Academic update

18. AOB

There were no updates to receive under the items above.

Actions

#	Item	Action	Who?
8.1.	Training Management	AT will attempt to ensure the good documents already created by the SJDC are considered as part of the 'Improving Junior Doctors Working Lives' project.	AT
8.2.	Quality	The Annual Quality report is now available and the cumulative practice data is also available. GM will share both documents with the group.	GM
9.1.	GP	MK will monitor the UK deferral return figures. GM will share the ST3 exit survey results	MK GM