**Minutes of the meeting of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board held at 1.30 pm on Wednesday 5 April 2017 in Room 5, Westport, Edinburgh**

**Present**: Gordon McLeay (GM) Chair, David Bruce (DB), Moya Kelly (MK), Andrew Thomson (AT), Miles Mack (MM), Nigel Calvert (NC), Amjad Khan (AK), Rowan Parks (RP).

**Apologies**: Stewart Mercer (SM), Jane Steven (JS), Peter Armstrong (PA), Chris Isles (CI), Iain Wallace (IW), Carrie Young (CY), Ashleigh Stewart (AS), Ellie Hothersall (EH), Shabana Alam (SA), Frances Dorrian (FD), Kashif Ali (KA).

**In attendance**: Chris Duffy (CD).

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|  |  | **Action** |
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|  | **Welcome, introductions and apologies**The Chair welcomed all to the meeting and apologies were noted.  |  |
|  | **Minutes of meeting held on 15 February 2017**The minutes were accepted as an accurate record and will be posted on the NES website. |  |
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|  | **Matters arising/action points from previous meeting** |  |
| 3.1 | **Study leave FAQ document** |  |
|  | GM has taken the change forward and the document will be updated on the NES website. |  |
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| 3.2 | **Performance Support Unit (PSU) launch** |  |
|  | MK confirmed the DMEs were notified that the PSU is now up and running. |  |
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| 3.3 | **Occupational Medicine – Induction document** |  |
|  | GM discussed this with KA in further detail and KA is currently updating the document to be more specific in certain areas, for e.g. service/education/NHS/non-NHS.  |  |
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| 4. | **STB update for MDET** |  |
|  | GM has not attended MDET since the last meeting, therefore there is no update to report.  |  |
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| 5. | **MDET Updates**GM shared two NES Simulation Collaborative papers with the board. There is lots of simulation work taking place across Scotland and this group has been created to formalise simulation, share awareness and to gauge curricular requirements for the future. MM asked for more clarity on the type of simulation work currently taking place and RP responded. Simulation is appearing more and more in curricula, especially in the surgical specialties. This includes both technical and non-technical skills.GM also shared a paper that clarified the responsibilities of Lead Dean Directors (LDD) around training programmes. Training management processes will be managed and agreed nationally and individual trainees managed in their local programme, by the local dean director. The Quality role of the LDD is in managing a national process to ensure that standards are being applied and met across Scotland.  |  |
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| 6. | **Recruitment updates** |  |
| 6.1 | **GP** |  |
|  | There has been some transition within the GP recruitment admin team and so GM gave a verbal update instead of the written report. The round 1 recruitment process has finished with 245 trainees appointed to 358 vacancies. The fill rates for the regions are as follows, West over 60%, North over 60%, South East over 90%, East 52%. The increase in the number of posts in the South East appears to have pulled in more trainees from the East. There have been 19 deferments. If trainees request this at the beginning of their application they can defer for any reason. Accreditation of transferrable competencies is where trainees can use previous experience to shorten the length of their GP training programme by 6 months. 16 trainees across Scotland will be eligible this year. This is usually the last job in their 2nd year of training. AT asked if the trainees are aware of what they might lose by transferring competencies and GM replied, in most cases yes. The trainees will see what they are doing for the full 3 years, but things like LTFT/Sickness can affect this. Round 1 re-advert is underway and 70+ candidates have chosen Scotland. These are the same numbers as last year, which is encouraging. The selection centre will take place in Edinburgh on 21st April. Round 2 is still scheduled to take place for a February intake. MM asked if this can be shared as good news and both MK and GM agreed it is good news as although the vacancy number has increased this is due to putting more posts in and the fill rate has remained the same despite the addition of the new posts.  |  |
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| 6.2 | **Public Health** |  |
|  | 5 posts were advertised and all were successfully filled, 4 of these medics and 1 non-medic.  |  |
| 6.3 | **Occupational Medicine** |  |
|  | No update was received. |  |
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| 7. | **Shape of Training Review** |  |
|  | Ian Finlay will be releasing a paper on the 25th April regarding shape of training. RCGP UK and the BMA are against the 3+1 model and favour the 4 years enhanced model. |  |
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| 8. | **Directorate Workstreams** |  |
| 8.1 | **Training Management** |  |
|  | The new ARCP process was piloted at the winter ARCPs. The aim of the pilot was to standardise ARCPs across all Scotland and specialties. The pilot received lots of feedback, which has been reviewed and as a result a paper has been produced detailing how to deal with different situations/outcomes. There were lots of comments and feedback around outcome 5s and a flow chart has been created to simplify the process. The plan now is to bring the conclusions of the pilot back to all STBs.The PSU has received 11 new referrals, 17 trainees have been re-referred and are ongoing at level 3. APGDs for performance support will be meeting with the local boards for their region to improve collaboration and Greg Jones, the PSU lead, is currently creating an operating procedure. NES will be employing GP trainees throughout their whole training programme as part of the Once for Scotland initiative. This will be tested in Grampian in august.  |  |
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| 8.2 | **Quality**At the last STB DB highlighted the new equality and diversity and differential attainment findings from the GMC. DB has taken this information to the NES STEP team (who have previously created an educational programme for International Medical Graduate (IMG) doctors) and the STEP team will come back to DB with possible ideas and DB will then take this to a higher-level meeting for discussion. The Quality workstream have completed a question guide which will become part of the visiting process. There will be high level questions under each GMC heading, with further questions available for areas of concern. The question guide covers all the GMC standards/requirements. The question guide was created to help standardise the visiting process. NES met with the GMC yesterday to discuss the deanery visit. The GMC will visit Scotland in October/November/December this year and will split into 2 super teams, one which will cover the North and one will cover the South. They will be looking to test our Quality Management systems and to see that we are collaborating with our partners. Early next week we will receive official confirmation of the sites they will be visiting. We can confirm they will not be visiting the specialties from this board.  |  |
| 8.3 | **Professional Development** |  |
|  | The retainer scheme is a supported role for GPs who wish to continue working LTFT up to 4 sessions a week for 5 years. Scottish government are increasing the reimbursement practices receive for employing retainers. The government have also asked for suggested changes to the scheme to increase its popularity and encourage more doctors to stay in the profession. GM is responsible for the retainer programme in the east region and will be meeting with the advisers from the other regions to discuss potential changes/improvements. AT asked if retainers themselves will be asked and GM confirmed they will be. MM asked if retainers need approval to go on the scheme and GM replied, yes they are approved through the regional adviser and the practices are also approved to have a retainer. It was noted that in England retainers are paid an annual amount of £1000per session they work whereas in Scotland the retainers are paid £310 a year. GP fellowships have been advertised and are closing tomorrow. Applications are already in and last-minute applications are expected.  |  |
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| 9. | **Specialty updates** |  |
| 9.1 | **GP** |  |
|  | GM will share a recently published GMC paper that reviews flexibility of training with the board for information.  | **GM** |
| 9.2 | **Public Health**Public health is due a routine quality visit. A date was set but this had to be postponed due to no external being available. The Quality team are working on a new date, likely to be in September. |  |
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| 9.3 | **Occupational Medicine**No updates were received. |  |
| 10. | **Lead Dean/Director update** |  |
| 11. | **Service update** |  |
| 12 | **DME update** |  |
| 13. | **BMA update**The BMA representative raised the issue of problems with OOH sessions for trainees on behalf of the trainee representative. These are being managed at a local level. If problems cannot be resolved locally, they can be escalated through DB to the National OOH Group. |  |
| 14. | **Lay representative update**No updates were received. |  |
| 15. | **RCGP update** The RCGP are involved in a primary care vision group in collaboration with RCN, pharmacy and other areas of primary care. This is a very positive group that work together to improve communication, share information and improve network literacy. They have created a paper which documents 21 principles of primary care. The paper has been well received by Scottish Government. MM will share the paper with the board.GM highlighted a recent event run by RCGP Scotland and the Medical School GP Societies committee which he attended. It was an excellent, inspiring and stimulating day with around 70 attendees.  | **MM** |
| 16. | **Trainee update** |  |
|  | The junior doctors’ contract was discussed. The main focus of the conversation was the GP trainees’ contract. It is a UK contract and so from August the new contract will begin and it is not clear if this will disadvantage GP trainees in Scotland. NES will continue to use the current contract. GM will write formally to the SJDC chair for more clarification.  | **GM** |
| 17. | **AOCB** |  |
|  | There was no other business |  |
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| 18. | **Date of next meeting** |  |
|  | The next meeting will take place at 1.30 pm on ***Tuesday*** 13 June 2017 in Rooms 1 and 2, 2 Central Quay, 89 Hydepark Street, Glasgow (please note the Glasgow venue for the meeting). |  |

**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 9.9.1 | Specialty updatesGP |  GM will share GMC paper that reviews flexibility of training with the board for information. | GM |
| 15. | RCGP update | MM will share primary care vision group paper with the board. | MM |
| 16. | Trainee update | GM will write formally to the SJDC chair for more clarification around Scotland’s plan for the junior contract in August. | GM |