

Minutes of the meeting of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board held at 1.30 pm on Tuesday 13 June in Room 1, 2 Central Quay, 89 Hydepark Street, Glasgow

Present: Gordon McLeay (GM) Chair, David Bruce (DB), Frances Dorrian (FD), Moya Kelly (MK), Jane Steven (JS), Andrew Thomson (AT).

By videoconference: (1) Kashif Ali (KA); (2) Amjad Khan (AK), Rowan Parks (RP), Ashleigh Stewart (AS).

By telephone: Miles Mack (MM).

Apologies: Shabana Alam (SA), Peter Armstrong (PA), Nigel Calvert (NC), Ellie Hothersall (EH), Chris Isles (CI), Stewart Mercer (SM), Iain Wallace (IW), Carrie Young (CY).

In attendance: Helen McIntosh (HM).

Action

1. **Welcome, introductions and apologies**
The Chair welcomed all to the meeting and apologies were noted.
2. **Minutes of meeting held on 5 April 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 **SJDC response to GM re: Junior doctor contract**
Noted: letter received confirming no change and no change planned. Scottish Government was aware of OOH contract differences.
4. **STB update for MDET**
The STB update was circulated for information. GM highlighted recruitment information:
 - *GP* – applications to Scotland were up slightly up by about 20 – vacancies remained as the number of posts advertised had increased.
 - *Public Health* – 5 posts filled.
 - *Occupational Medicine* - no posts have filled.
5. **MDET Updates**
 - **Broad Based Training (BBT)**
The GMC has approved the programme and it will launch in August 2018 for 12 trainees. Trainees will spend time in CMT/ Psychiatry/ Paediatrics/GP and after 2 years will be eligible to enter any one of these specialties. They would be able to reduce training time by one year without going through the selection process again if they wished to. Trainees will spend 6 months in GP during BBT plus 10% of time in one of the other specialties, usually in Year 2. Overall a trainee could do 18 months in practice on entering GP training however this would have to be negotiated. The

question was asked that if they leave training at the end of 2 years would they be excluded from entering GP training if they have done BBT? GM will check this.

GM

It was hoped to attract people into BBT who were unsure about GP, however Scotland was not promoting this as a route into GP but for those who genuinely had not yet made up their minds regarding specialty choice. Other specialties may join BBT in future but meantime it was limited to the 4 named specialties. A TPD has been appointed for the programme and will set up the structure and programmes to be advertised in November/December. Interviews for an Associate PG Dean will be held in July. The STB will receive regular updates from the programme and discuss its progress.

- **Letter from Scottish Government re specialty intake training numbers for 2018**

RP will make a co-ordinated response on behalf of NES to the Scottish Government. The board agreed no change in recruitment numbers. GM confirmed that headcount has increased but the number of people either training full-time or working as a full-time GP has reduced and trainees tend to take longer to train.

6. **Recruitment updates**

6.1 **GP**

Round 1 and Round 1 readvert has completed and 125 posts in Scotland remain unfilled. The final table in the recruitment update summarised the picture in individual programmes/regions which showed that some filled less well than others eg Remote & Rural. The East of Scotland filled fewer than in previous years and this may have been affected by an increase in the number of posts available in South East. There was some positive news for the North which filled Rural Track programmes it had not filled before.

Round 2 recruitment for February 2018 start – the recruitment group will identify posts to put in at the recruitment meeting later in the day. The selection day will be held in September. Targeted enhanced payments will again be offered for hard to fill posts.

Noted: Student Feedback Report on the SES/Edinburgh Careers Fair for 5th year students. Overall students found this helpful and noted positive response to Question 18 - GP Question.

6.2 **Occupational Medicine**

None of the 4 Scottish vacancies filled. KA and MK were currently in talks with the National School of Occupational Medicine to explore closer links and how to take a greater role in recruitment in promoting training in Scotland. Nationally application numbers were low. KA felt that entering at ST3 was a major disincentive as this involved a major drop in salary. He felt they could consider part-time training.

6.3 **Public Health**

No additional report.

7. **Shape of Training Review**

Noted: it was hoped the report will be published in the next few weeks.

8. Directorate Workstreams

8.1 Training Management

There was now a standardised process for ARCP panels to follow. Following its pilot at the winter ARCPs the rules and the Outcome 5 flowchart were amended. The circulated letter from Professor McKenzie provided guidance for Panel Chairs once a decision has been made by the panel. This provided clarity on Outcome 5s – these will be given if insufficient evidence was provided and this will be strictly adhered to. Evidence must be provided 2 weeks prior to the ARCP.

Feedback from all summer ARCPs will be reviewed for any outliers. The quality of ESRs will also be considered and STCs and STBs will work on this.

MK reported the LTFT group met recently. It will work with the Academy and Junior Doctors Group on a questionnaire designed to determine if there were any barriers/ where this was working well. Once finalised the questionnaire will be sent to all trainees. She also noted that part-time training was allowed by the GMC which will provide a framework although each Deanery will decide how this was managed. Trainee representatives and APDs will consider this and take proposals on how to manage it to MDET.

8.2 Quality

DB reported the GMC visit will take place in October/November. Site packs have been produced for all programmes and sites being visited. He also noted the GMC pilot on Differential Attainment. Scotland has identified examples of good practice and work on a Scottish Action Plan has started. They aimed to establish a focus group of trainees with a BME background.

8.3. Professional Development

Medical Education, Health Inequality, Paediatric and Academic Fellowships have been appointed. Nine of 12 Rural Fellowship posts filled.

GM was working with the Scottish Retainer group on extending the Retainer Scheme to a new Retainer and Returner Scheme. Proposals have been made to Scottish Government and a response is awaited.

Induction and Returner Scheme – 7 have recently completed and 2 were about to start.

9. Specialty updates

9.1 GP

MK reported they were asked by the Scottish Government to run an Exit survey for ST3s. This has been done and the questionnaires were about to be issued. The survey will provide information on what CCT leavers are planning to do.

9.2 Public Health

NTS results have highlighted results for non medical and medical trainees. The SQMG has been asked to look in more detail at the information and consider how to take this forward.

9.3 Occupational Medicine

Information relating to Induction were circulated to the group and demonstrated the amount of work done. KA also reported the eportfolio will resemble the Psychiatry eportfolio – more information on this to follow.

RP noted the current process to harmonise Board based induction on which NHS Scotland was leading for SAMD. This was a long term project. An induction framework has been produced which will be piloted by junior doctors/trainees. Profiles and Learning Objectives have also been agreed at Board level and delivery will be left to individual Boards. The aim was that induction will be done once and done consistently to agreed standards. One model under consideration was the South East passport. He asked for any other examples to be sent to him and he will feed this into the Steering Group. He will circulate the Framework to each of the STB Chairs.

RP

9.4 Lead Dean/Director update

9.5 Service update

9.6 DME update

No reports were received.

9.7 BMA update: Junior Doctors contract

AT reported contract talks were ongoing and progressing for launch in April 2018 – no detail was available yet.

9.8 Lay representative update

JS informed the STB that this was her last meeting as lay representative. GM thanked her for her contribution to the board.

9.9 RCGP update

MM highlighted the document *Future of Primary Care in Scotland*:

- The paper considered how Primary Care related to other care.
- He noted page 3 of the paper – generalist/multidisciplinary/specialty colleagues and working with local colleagues.
- 21 principles – continuing to work on this.
- Digital document on IT.

JS said that although the aim was to deliver Primary Care 24/7 it was not readily accessible. MM agreed accessibility was an issue both within and out of hours. Much work was now done out of hours and the College believed care should be available 24/7. It could be the case there were other healthcare professionals within the community that people could see and he saw the value of starting these discussions. JS also noted the Apologies Scotland Act 2016 and the Health and Social Care Standards now applicable in the NHS. MM acknowledged the document did not include models of care. It was a high level document and did not contain this kind of detail but it aimed to influence their development. He reported the Apologies Act was

being carefully monitored to ensure it was upheld and used to improve standards of care and relationships.

GM noted there was no reference to education in the document – he felt it was essential to see where this fitted in with delivery of Primary Care. MM acknowledged there was scope for this. He will consider GM’s suggestion and report back.

MM

9.10 Trainee update

AT noted he raised OOH issues at the last meeting on behalf of the trainee representative and this has been dealt with. He felt this could be an opportunity to produce a best practice/guidelines document for OOH training and shifts. DB agreed this would be a useful document for both employee and employer and an important document to state the Scottish case as wider changes take place across the UK. GM will take the proposal to the GP Directors Group for its consideration.

GM

9.11 Academic update

The circulated paper showed the outcomes of Academic Fellowships and SCREDS posts. Twenty nine individuals have progressed via SCREDS and higher degrees. DB noted that GP SCREDS posts were at level 1 and were undertaken at an earlier stage of career than hospital doctors. MM stressed the importance of an Academic thread in GP for both credibility and career progression and they should continue to push for its development.

The group noted and welcomed the work that has been done.

10. AOCB

10.1 GMC – Adapting for the Future

The document was circulated for information. Flexibility for trainees was increasing in several different ways. This was a starting point for the GMC - the main work will be on how to make it happen within the context of practical and legal aspects.

11. Date of next meeting

The next meeting will take place at 1.30 pm on Wednesday 13 September 2017 in Cosla Offices, Haymarket, Edinburgh (this replaces the previously arranged meeting on 16 August 2017).

Actions arising from the meeting

Item no	Item name	Action	Who
5.	MDET Updates • Broad Based Training (BBT)	To check eligibility of trainees progressing from BBT to GP training	GM
9. 9.3	Specialty updates Occupational Medicine	To circulate induction framework to STB Chairs.	RP
9.9	RCGP update	To consider addition of education to paper and report back.	MM

9.10	Trainee update	To take proposal for best practice/ guidelines document for OOH training and shifts to GP Directors Group.	GM
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