

**Minutes of the meeting of the General Practice, Public Health Medicine and Occupational
Medicine Specialty Board held at 13:30 on Wednesday 13 December in Room 5, Westport,
Edinburgh**

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

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

In attendance: Helen McIntosh (HM).

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| 1. | Welcome, introductions and apologies GM welcomed all to the meeting and particularly Claire Beharrie, Training Manager, attending her first meeting. Apologies were noted. | |
| 2. | Minutes of meeting held on 13 September 2017 The minutes were accepted as an accurate record of the meeting. | |
| 3. | Matters arising/action points from previous meeting | |
| 3.1 | Training Management: documents to be included in 'Improving Junior Doctors Working Lives' project Item carried forward to next meeting. | AT |
| 4 | STB update for MDET No report was received. | |
| 5. | MDET Updates GM highlighted: <ul style="list-style-type: none">• TM East – Christine Rea has moved to take up post as Foundation School Manager and Karen Shearer will take on responsibility for TM in North and East from January.• Shape of Training – work was continuing e.g. IST pilot and Medicine IM changes. Discussion at early stage on GPST3 + 1.• Ongoing budgetary concerns – 1.00% pay cap removed. | |
| 6. | Recruitment updates | |
| 6.1 | GP GM highlighted: <ul style="list-style-type: none">• Round 2 for February intake was complete – 68 attended the selection centre and a total of 44 candidates appointed (some had applied at other selection centres). This was a slight increase from last year.• Round 1 recruitment for August 2018 – applications have closed with 386 applicants selecting Scotland as their first choice. This was a slight drop – UK figures have also dropped slightly. Although the numbers were small this was worrying. They had predicted last year that the February intake could impact on numbers and this had not happened – this may be the case now. They were still filling more places than before. | |

- BBT August 2018 – 86 applications for 12 posts were received. The majority have applied for other specialties as well as GP – 4 applied solely to GP. There was no sense yet of how this will impact on GP.
- The recruitment group will meet later in the day. Noted changes to the selection centre – moderation will no longer be done and a cut-off point will be applied. Marking at the selection centre will be done digitally and assessors will use iPads to enter scores on a central system. All users will be trained.

6.2 **Public Health**

6.3 **Occupational Medicine**

No recruitment updates were received.

7. **Shape of Training Review**

The main areas of development are: Improving Surgical Training pilot; the new IM curricula; discussions on credentialing were at an early stage and upskilling may include the GPST3 + 1 model which was also at an early stage. Much work remained to be done but this was now beginning to move forward.

8. **Directorate Workstreams**

8.1 **Training Management**

A paper showing the summary of ARCP outcomes 2016-17 by specialty and region was circulated to all STBs. This will allow specialties to look at outcomes across regions and specialties to check whether they were in step. This is the first time this data has been made available and they will have to consider how to use it. This will be an iterative process and information will be shared to ensure there were no outliers. Other information will be built into the process e.g. Ethnicity and Differential Attainment. Information will be received regularly and in future it will be possible to track themes etc. Turas information was now up-to-date and has made this work possible. This information will be one part of Quality data – Outcome 4s highlight particular issues and Outcome 5s highlighted consistency of process.

Within the workstream there has been great focus on the GMC visit which has just taken place. Other areas of work were: OOP where Professor Reid was looking at this to ensure it was used consistently; PSU which will be fully evaluated in February for information on referrals/ARCP outcomes etc. This information will be submitted to MDET and then shared with the STB.

8.2 **Quality**

DB reported on the GMC visit. A range of specialties were involved and the GMC visited all Health Boards, Universities and the Scotland Deanery. The visit to the Deanery had been very positive and the GMC highlighted 7 areas which were working well including – Foundation team/Digital Strategy/Lay representatives – seen as a cohesive group and people were well trained and valued/TPDs – well selected and trained – inter-professional working within NES – PSU which was seen as an excellent development/Deans Medical Group.

The GMC highlighted 3 areas to continue working on – workforce challenges and recruitment and retention/the non-training workforce and what to do with this cohort/grades of doctors – to take the lead on ensuring all were aware and levels were identified.

8.3 **Professional Development**

MK noted the impact of the new contract and work on encouraging people to stay in practice including a “Staying in Practice” proposal. The proposal was likely to be funded.

9. **Specialty updates**

9.1 **GP**

The GMC review of GP training was a thematic one which resulted in both positives and recommendations. Overall it was positive highlighting support in GP training practices but did note issues around OOH. This is a known issue although the picture in Scotland varied from that in England where this has been contracted out, and Scotland had better lines of communication. Trainee concern about workload in training and after CCT was also highlighted. The review contained a list of requirements and recommendations, not all applicable to NES.

MK said it was difficult to know which parts applied to Scotland as the methodology used did not provide meaningful results. The review report was discussed at COGPED and COPMED where this was highlighted and as a result the GMC will amend the report to clarify these areas. An Action Plan will be produced via SQMG and then shared with stakeholders and the STB. Some provisional work will be done which can be amended if the report is rewritten.

The GP contract was currently out to poll. DB reported on BMA discussion on the contract at the recent SLMC conference: stability of income for practices – all should gain; attractiveness of GP – it was felt the expert generalist posts would make it more attractive; workload – multi-disciplinary team who will release GP time for more complex cases and will specify/risk re premises; staff – they will continue to employ reception and practice nurses but will not employ other staff; offsetting of financial risk of selling on practice. The conference voted 80-20 in favour of each proposal. Phase 1 will be implemented next year and a further poll will be conducted before phase 2.

The Cabinet Secretary spoke at the Conference and announced a range of initiatives including 800 more GPs over the next 10 years; Pharmacy expansion; upskilling existing nurses; 100 funded coaching places; help for GPs with appraisal. There was much in the speech for NES to consider.

GM further noted the ‘Staying in Practice Scheme’ was being worked on and also a marketing campaign for GP Scotland.

9.2 **Public Health**

No update was received.

9.3 **Occupational Medicine**

Noted: the ePortfolio will be introduced in the New Year and would make ARCPs easier; the next UK School meeting will be hosted in Scotland next year in the summer.

10. **Lead Dean/Director update**

MK highlighted:

- COGPED was reviewing OOH advice – this will be amended to a 4-nation paper and DB will take it to the National OOH group.
- Resources produced – a model induction pack – safeguarding guidance – Patient Safety QIA information – all will be put on the website and circulated widely. Information can be circulated on request.
- Evaluation of Fellowships – very positive.
- Paediatric Scholarship evaluation – very positive.
- Generic skills achieved.

11. **Service update**

12. **DME update**

13. **BMA update**

14. **Lay representative update**

No updates were received.

15. **RCGP update**

The report on Destination of Medical Students was widely circulated and picked up by the press. Issues remained about the perception of GP which was concerning. The number of ARCPs was highlighted by the lay representative.

16. **Trainee update**

17. **Academic update**

No updates were received.

18. **AOCB**

18.1 **GMC Training Environment 2017**

GM highlighted the key findings for 2017 from the NTS for trainers and trainees:

- High trainer workloads – this applied to all trainers not just GPs – and this was impacting on training.
- Half of respondents said support was very good but there should be more support for balancing service provision.
- Overall trainees rate training highly – although they did highlight workload and bullying and undermining which affected retention.
- LTFT people tended to be more positive about training.

MK noted GP and Emergency Medicine both highlighted the intensity of their workload – this was significant as they were both open access/front facing specialties.

This information was available online on the GMC website for anyone to access.

19. **Date of next meeting**

The next meeting will take place at 1.30 pm on Tuesday 20 February 2018 in Westport, Edinburgh (with vc links).

Actions arising from the meeting

| Item no | Item name | Action | Who |
|-----------|---|--------|-----------|
| 3. 3.1 | Matters arising/action points from previous meeting | | AT |

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| | Training Management: documents to be included in 'Improving Junior Doctors Working Lives' project | Item carried forward to next meeting. | |
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