

**Minutes of the meeting of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board held at 1.30 pm on Wednesday 15 February 2017 in Room 5, Westport, Edinburgh**

**Present:** Gordon McLeay (GM) Chair, David Bruce (DB), Moya Kelly (MK), Jane Steven (JS), Andrew Thomson (AT), Anthea Lints (ALi), Miles Mack (MM), Paul Ryan (PR), Frances Dorrian (FD).

**By Videoconference:** Kashif Ali (KA), Jean Robson (JR).

**Apologies:** Nigel Calvert (NC), Stewart Mercer (SM), Rowan Parks (RP), Iain Wallace (IW), Carrie Young (CY), Alison Sneddon (AS), Ashleigh Stewart (ASt), Ellie Hothersall (EH), Shabana Alam (SA), Amjad Khan (AK).

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

**Action**

**1. Welcome, introductions and apologies**

The Chair welcomed all to the meeting and apologies were noted. PR informed the group this will be his last meeting.

**2. Minutes of meeting held on 14 December 2016**

CD made two small changes to the wording in the previous minutes, these were then accepted as an accurate record.

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

**3.1 Letter regarding supervision of doctors in training at out-patient clinics in a secondary case setting**

GM wrote to Alastair McLellan and this was also discussed at MDET and the response was that the paper had been looked at in detail and will remain the same. The board were asked to note disappointment in this response. Although there are a small number of SAS doctors in formal supervisory roles across Scotland, there are a significant number who provide clinical supervision for trainees.

**3.2 Study leave FAQ document**

AT commented on a section of the document that stated, "It may be possible for 7 days of special leave to be granted for national or international importance." It was felt that the inclusion of 7 days wasn't necessary. GM agreed to feed this back.

**GM**

**3.3 Occupational Medicine – Targeted payments**

GM reported that there is no NES process for specialties to acquire targeted payments - they come from out with NES and it is a political decision. The same issue applies to other specialties. It was also noted that there is evidence to suggest targeted payments don't always increase the total number of trainees applying but it does move them around. KA thanked GM for raising the issue and asked the board for any suggestions to improve the recruitment

process. FD suggested the possibility of giving placements to foundation doctors to give them a taster. Also, DB highlighted there was an education session for OM in the south-east but not in other regions. GM suggested tapping in to local career fairs to gain more presence. KA took all suggestions on board.

#### 3.4 **Public Health – e-portfolio issues**

GM wrote to James Gore and provided the letter for information. However, we haven't received a response yet.

#### 4. **STB update for MDET**

The update for the February meeting was circulated for information.

#### 5. **MDET Updates**

GM highlighted three items that came out of MDET. Firstly, GP are not alone in experiencing recruitment problems, Mental Health specialties are also having problems and will require a Round 2 recruitment. Secondly, Foundation recruitment has overall been oversubscribed but people will drop out leaving a shortfall. There will be a UK recruitment drive in April to fill this shortfall and there is a UK process to fill gaps. Thirdly, Quality assurance and NES quality visits and the reporting mechanism was discussed. The main focus of the discussion was around whether the report summary should be made public. It has been agreed in principle that once the report has been written the DME has the right to reply and respond to recommendations, the summary will then be published 3 months after the visit.

#### 6. **Recruitment updates**

##### 6.1 **GP**

The recruitment centre for GP was held last week. There were 248 candidates, 206 demonstrated competency, creating a pass rate of 83%. 60 candidates performed very well and will go through the direct pathway route meaning a total of 266 candidates will be made an offer, this is a difference of 1 from last year. Recruitment is a national process and so those who were assessed in Scotland could choose to train elsewhere. Based on the figures from last year we have the same numbers going through the system. The numbers have stayed up despite the February appointments. There will be a Round 1 re-advert in April. Targeted payments are running in certain programmes/posts. Across the UK all programmes will say 0 for Round 1 re-advert and once numbers have been confirmed this will update. JR asked if this has been made clear to trainees. GM confirmed the recruitment team are on guard this year due to the issues last year and GM will be meeting the recruitment team this afternoon to plan Round 1 re-advert. Round 2 recruitment will run again for a February intake.

GM circulated the career destination report 2016 for information and the board discussed the findings. MK noted the huge increase in trainees wanting

to take a career break. There were also increases in service appointments and a decrease in those applying for a training number.

**6.2 Public Health**

No update was received.

**6.4 Occupational Medicine**

The national recruitment process is underway, with 4 vacancies in Scotland. KA will report further at the next meeting.

**7. Shape of Training Review**

RCGP UK have been looking into 4 year enhanced training, however this wasn't greatly received by the UK council. This is something the college may become more active in pursuing.

**8. Directorate Workstreams**

**8.1 Training Management**

The performance support unit is now open for business and has received a stream of referrals. MK to check with PSU admin that DMEs have been informed that the PSU is now up and running. Resilience training is a current hot topic and a modular programme is being developed for trainees and will be piloted in the south east. Due to the Once for Scotland initiative, NES are going to become the lead employer for all GP trainees. This will be of great benefit to the trainees. The pilot location is undecided but the plan is to pilot August 2017 and then roll-out fully in August 2018. ARCPs followed a new process in December 2016 and there will be a feedback meeting soon to streamline the new process.

**MK**

**8.2 Quality**

DB reported that Scotland will be taking part in a GMC pilot looking into differential attainment for Black, Minority and Ethnic (BME) doctors. The failure rate for International Medical Graduates (IMG) was 23%/24% and the failure rate for BME doctors was 14%. The differential attainment in Scotland is the same as for the rest of the UK. The first step for us is to analyse our own data and Steven Irvine from the quality team is working on this. The second step will be to review the data and research information from the commissioned work that has taken place in London. There will then be a discussion with the GMC detailing what we are going to do and how we will measure impact. Once the information has been digested, further plans and discussion will go to the GP directors group. DB highlighted work has already taken place with the Scottish Trainee Enhanced Programme (STEP) which concentrated on IMG doctors as a target group. DB also noted that the data showed that females performed better than males.

**8.3 Professional Development**

AL reported that the Faculty Development Alliance are putting on an extra cohort of Educational Supervisor training this year and that they continue to

work hard to get new trainers into the system. The returner programme overspent their allocated budget this year. Scottish Government have agreed to increase the budget to £300,000 this year, which equates to 15 returners.

## 9. **Specialty updates**

### 9.1 **GP**

At the directors meeting earlier today, the digital strategy was discussed in detail. Heather Peacock is working on upgrading the GP section of the NES website. The aim is to have a single website that all four regions can use as an educational resource. Approval of foundation training practices was also discussed; there is a simple process with agreed paperwork that is then ratified by the Quality groups. HEE are making proposals for targeted training. This is to try and encourage doctors from other groups into GP training (SAS doctors/consultants in specialties etc). It also allows those who have failed a single exam to come back and try again.

### 9.2 **Public Health**

No update was received.

### 9.3 **Occupational Medicine**

KA asked the board for their opinion on sharing content and experience with NHS colleagues in England and Wales, through online modules/webinars and google groups. GM thought this was a sensible idea on a practical level. KA also highlighted the long-term prospect of English trainees coming to Scotland for oil/gas industry exposure. This would improve networking and may give Scottish trainees the opportunity to gain experience in London.

#### 9.3.1 **Inductions for Occupational Medicine**

KA provided the document for the board to review, no amendments were made and so GM will now pass on to Alastair McLellan.

**GM**

## 10. **Lead Dean/Director update**

### 11. **Service update**

No updates were received.

### 12 **DME update**

JR is also retiring and so this will be her last meeting. GM thanked JR for all her input to the board.

### 13. **BMA update**

The Junior doctors contract will change from August 2017 and will impact GP trainees in England. It will have implications for us in Scotland as pay will remain the same but trainees won't be required to do additional hours. Any out of hours work will be taken from within the normal working week. At the moment, Scotland will continue with the Scottish contract. There is a risk Scotland may lose trainees south. As there currently aren't enough definables

a full discussion will take place at the next meeting. SA and CY may be able to provide more detail.

14. **Lay representative update**

No updates were received.

15. **RCGP update**

There is a new AiT/First 5 committee and the college are keen to be represented. It provides opportunity to show what is going on in the college, highlight recruitment issues, and improve benefits of membership. It is another channel to get concerns through. There is enthusiasm and energy about this committee, various people are invited to speak to the group and it interacts with the UK group. Also, cluster work and leadership for integration are going very well.

16. **Trainee update**

No update was received.

17. **AOCB**

This will also be ALs last meeting as she is retiring at the end of March. GM wished AL a happy retirement and thanked her for all her work and input to the board.

18. **Date of next meeting**

The next meeting will take place at 1.30 pm on Wednesday 5 April 2017 in Room 5, Westport, Edinburgh.

**Actions arising from the meeting**

Item no	Item name	Action	Who
3.2	Study leave FAQ document	It was felt that the inclusion of 7 days wasn't necessary. GM agreed to feed this back.	GM
8. 8.1	Directorate workstreams Training Management	MK to check with PSU admin that DMEs have been informed the PSU is now up and running.	MK
9. 9.3 9.3.1	Specialty updates Occupational Medicine Induction for OM	GM will now pass OM induction on to Alastair McLellan.	GM