

**Minutes of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board Meeting held at 1.30 pm on Wednesday 6 April 2016 in Room 5, Westport, Edinburgh**

**Present:** Gordon McLeay (GM) Chair, Moya Kelly (MK), John Kyle (JK), Anthea Lints (ALi), Miles Mack (MM), Carrie Young (CY), Jane Steven (JS), Ashleigh Stewart (AS).

**By videoconference:** *Dumfries* – Nigel Calvert (NC), Jean Robson (JR). *Dundee* – David Bruce (DB).

**By telephone:** Andrew Thomson (AT),

**Apologies:** Stewart Mercer (SM), Tara Milne (TM), Rowan Parks (RP), Ashleigh Stewart (AS), Iain Wallace (IW), Frances Dorrian (FD), Ellie Hothersall (EH), Paul Ryan (PR)

**In attendance:** Christopher Duffy (CD), Helen McIntosh (HM).

**Action**

1. **Welcome, introductions and apologies**  
The Chair welcomed all to the meeting and apologies were noted.
2. **STB membership changes**
  - 2.1 **Occupational Medicine TPD**  
GM reported that Professor Kashif Ali has been appointed and will hopefully start at the end of April.
3. **Minutes of the meeting held on 17 February 2015**  
One alteration was noted, the abbreviation of "ALICE" should be "ALISS".  
The minutes were then approved as a correct record of the meeting and will be posted on the website.
4. **Matters arising/action points from previous meeting**
  - 4.1 **Public Health: GMC approved name**  
The formal name given by the GMC is Public Health Medicine and this should be used going forward.
  - 4.2 **Dyslexia discussion: feedback to JR**  
GM gave feedback via email to JR explaining that if a trainee was highlighted as having dyslexia while working for a health board, the trainee's TPD would contact the relevant DME and not involve occupational health. If the trainee is working for NES the TPD will go directly to NES HR, again not involving occupational health. MM asked if is there something an ES can provide, tailored education for the trainee. GM highlighted that this had been discussed at the GP Directors meeting. Once the trainee has undergone a formal assessment, then something will be put in place. Also, TPDs will receive an update at the next TPD conference/meeting on ways to support dyslexia. Furthermore, some ES workshops are already covering dyslexia support locally, these resources can be shared more widely.
5. **STB update for MDET**  
Paper was circulated for information.
6. **MDET Updates**

CY enquired if NES know what the government funding for SOAR will concentrate on. NES doesn't know the answer at this point. GM updated that the Scotland Deanery website is being reviewed to make it more user friendly. JK asked if this would affect the regional sites. GM expects the new Scotland deanery site to contain web links to the regional sites and useful resources/information to be pulled across to the new website.

## 7. Recruitment updates

### 7.1 GP

325 posts were advertised and 222 have been filled, giving a 68% fill rate, these figures are similar to last year. We haven't got an update regarding round one re-advert as of yet. GP in England is 70% full.

The deferral process in Scotland now allows requests that are non-statutory. There have been five requests in the west, nine in the south-east and one in the east. Some requests in the south-east didn't indicate they wished to defer at the correct point in the application process so these have been reviewed on a case by case basis and most have been rejected and the candidates have withdrawn from their posts. These posts will now go into round one re-advert.

Twelve posts in the West have been held back for career development posts. There has been a good take up so far, with applications coming in for these posts via questback. At the moment we don't know exact numbers but the interest is there. A fellow has completed an evaluation of the posts, involving focus groups and the feedback has been extremely positive. These posts provide an alternative to fill gaps.

There have been 32 requests for accreditation of transferrable competencies.

There was discussion around the extra 20 posts that were advertised this year and if these were part of the "extra 100". They were not part of the "extra 100". NES are still waiting on decisions from the Scottish government on the extra posts and so are concentrating on making the current posts more attractive. JR stated that the additional funding from HEE for trainees in Cumbria has had a detrimental effect on recruitment in Dumfries and also drew attention to problems with the Oriel website, stating vacancies weren't showing on the system when there were vacancies. JR wanted to know how this would be prevented in the future. MK explained that round one didn't close before round 1 re-advert opened and this year candidate preferencing was down to programme level. The problem was flagged on Wednesday and was fixed on Thursday morning. There is a problem that this a UK system and we have spoken to the NRO to specify dates for next year.

MM suggested there may be overlaps with Emma Watsons work on GP career flow. MK highlighted Emma will be joining the MDET meeting. AT requested that any development work being done for the "100 GP Posts" should aim for innovation and not just more of the same and that the BMA would support this as an opportunity to promote four year training. CY highlighted a case where a trainee ended up being rejected a post, for admin reasons. GM replied that we investigate an individual's complaint, problems have been highlighted and we will learn from it. JK asked if the 222 accepted was before deferrals – it is. GM explained each year there will be a slight fluctuation in numbers. JK added it was positive the numbers haven't gone down. JS asked what research is being done to help solve the GP problem and if

community hubs/hospitals are being explored. GM replied, the BMA and RCGP are looking at this at a political level. Looking at how to entice people in but also beyond training work is ongoing to promote GP as a career.

MK gave an update on national recruitment. The UK recruitment process is dominated by HEE, and MK has raised a query about governance of decision making which will be going to the appropriate board. There has been a review of GP recruitment process and NES have commented. A number of recommendations were discussed without modelling/numbers. One recommendation was to stop stage three but this is not supported by the National Recruitment Strategy Group. There are plans to look at how we use the recruitment scores to make sure we are identifying the right people. Also, the role of moderation in the process. This will go back to the board. MK is working hard to push this forward.

**7.2 Public Health Medicine**

Eight vacancies, all filled.

**7.3 Occupational Medicine**

No vacancies.

**8. Shape of Training Review**

Nothing to report

**9. Directorate Workstreams**

**9.1 Training Programme Management**

Gold guide six has made changes to the ARCP process. ARCPs should be the same across all specialties. We will be implementing the gold guide six process in the winter ARCPs. The PSU (Performance Support Unit) is being set up to ensure that all under-performing trainees are dealt with in the same way. A post at Associate Dean level has been approved for recruitment and will be advertised. Work has already started to keep a single database which will eventually go onto the TURAS system. The START careers fair held at the SECC, will be replaced by local focussed careers fairs this year.

**9.2 Quality**

DB updated. Quality are in the middle of a large visiting programme, focussing on triggered and priority scheduled visits. An over-arching TIQME group has been setup to include, MDET, DME's, and MD's looking at a series of governance and developmental pieces of work. WE are currently piloting joint undergraduate and postgraduate visits and working on a strategy for more trainee engagement. This will involve a pool of up to 30 trainees who will be involved with the Quality visit process. It is critical that we work with the service and Morwenna Wood is looking for more DME's to get involved. The Annual Deanery Report (ADR) becomes a real-time report in June 2016. Some training has been organised for visitors for April 22<sup>nd</sup>. JS enquired if lay reps received training. DB confirmed that they do.

**9.2.1 Special Quality Management Group for GP, PH, OM**

No minutes since last STB.

**9.2.2 Public Health Medicine training environments: quality and validity**

NC reported there will be a Lanarkshire visit in May. EH is planning to get around all

sites, with a structured review programme.

9.2.3 **Potential FOI requests**

This was an action point from the last meeting regarding re-approval of training practice reports. In hospital reports supervisors are not named but in GP reports supervisors are named and might be seen as criticised if this was requested as part of a FOI request. This has now been sent to the next DQMG.

9.3 **Professional Development**

AL highlighted that there is still no clear recognition of the GP returner programme on the RCGP website. This will be raised again with Maureen Baker. GM will raise formally as a Fellow of RCGP. AL added that a lot of great social media work has been done by Bright Signals to promote the GP Returner programme, this work is cheap and also quantifiable. They have also produced a video of a recent GP who has completed the programme.

AT stated that work is ongoing to move towards a single performers list. CY added that in the short term a virtual list will operate until legislation can make it a single list. The aim for this is April 2017. GM added this will help the GP Returner process.

10. **Specialty updates**

10.1 **GP**

No updates were received

10.2 **Public Health Medicine**

The Public Health Medicine review has been published, is now being digested and now we are waiting for the election.

12.3 **Occupational Medicine**

No updates were received.

11. **Lead Dean/Director Update**

No updates were received.

12. **Service Update**

No updates were received.

13. **DME Update**

No updates were received.

14. **Academic update**

No updates were received.

15. **BMA update**

CY updated work is ongoing to make GP more attractive. Negotiations are ongoing with the new contract and funding has been requested. Shona Robison has announced a package of 20 million, 11 million of that to support GP. There will be removal of discretionary mat/pat locum pay. Two million has been secured for improved IT equipment, two million for additional Occupational Health services for GPs and staff, free oxygen for practices and five million to backfill quality leads. GPs will be funded to attend cluster meetings and this should increase GPs engaging in the quality review process. MM enquired about the IT funding. CY responded, it will go towards funding IT equipment in practices.

16. **Lay representative update**  
No updates were received.
17. **RCGP update**  
MM noted the positivity surrounding the ongoing quality work.
18. **Trainee update**  
JK noted that Junior Doctors contract negotiations entered reconciliatory talks but these broke down at the end of January leading to further industrial action. A further strike starting today. A BMA judicial review is taking place. For junior doctors in Scotland at the moment there is no planned change to the contract.
19. **AOB**  
No other business was raised.
20. **Date of next meeting**  
The next meeting will take place at 1.30 pm on Wednesday 29 June 2016 in Room 4, Westport, Edinburgh.

**Actions arising from the meeting**

Item no	Item name	Action	Who
9. 9.3	Directorate Workstreams Professional Development	There is still no clear recognition of the GP returner programme on the RCGP website. GM will raise formally as a Fellow of RCGP.	GM