

Minutes of the meeting of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board held at 1.30 pm on Wednesday 14 December 2016 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), Shabana Alam (SA), Paul Ryan (PR), Amjad Khan (AK).

By Videoconference: Kashif Ali (KA); Jean Robson (JR), Ellie Hothersall (EH).

Apologies: Nigel Calvert (NC), Frances Dorrian (FD), Stewart Mercer (SM), Rowan Parks (RP), Iain Wallace (IW), Carrie Young (CY), Alison Sneddon (AS), Ashleigh Stewart (ASt).

In attendance: Chris Duffy (CD).

Action

1. **Welcome, introductions and apologies**
The Chair welcomed all to the meeting and apologies were noted. Dr Shabana Alam was introduced to the group as the new trainee representative.
2. **Minutes of meeting held on 26 October 2016**
The minutes were accepted as a correct record of the meeting and will be posted on the Scotland Deanery website.
3. **Matters arising/action points from previous meeting**
 - 3.1 **Cluster practices and educational opportunities**
This item has been explored and can now be removed from the action points.
 - 3.2 **Educational induction in Public Health and Occupational Medicine**
EH reported this is ongoing and will be completed by the end of the academic year. Documents from across the country have been collated to review. KA will be setting up a standardised Specialty Training Committee (STC) and will share the suggested setup document with the STB for feedback. The STB can then send onto Alastair McLellan (AMcL).
 - 3.3 **Occupational Medicine Updates**
These items will be covered under item 9.3.
4. **STB update for MDET**
The update for the December meeting was circulated – main items highlighted were GP training and selection and recruitment. This will be covered in more detail under item 6.1. AT queried the review of study leave guidance and processes and added that any significant change would have to be negotiated. GM explained that the NES study leave policy as a whole has not changed but an exercise has been completed to see how the policy can be applied to trainees in GP training. A document has been produced as a result of this exercise and this was signed off by the GP Directors and Assistant directors of GP this morning. A FAQ document has been produced for trainees. SA added that trainee input may have been useful when creating the document. The document will now be shared with the STB.

GM/CD

5. **MDET Updates**
 FY applications were discussed at MDET as the application numbers are slightly above what was expected. There are still likely to be vacancies. Mental Health as a specialty is also experiencing problems with recruitment.
- 5.1 **Supervision of doctors in training at Outpatient clinics**
 JR would like the document to make it clear that SAS doctors aren't referred to as an afterthought and GM agreed to highlight the feedback from this committee that this should appear at the start of the document. He will write to Alastair McLellan. The document is now available on the Scotland Deanery website. **GM**
- 5.2 **NES Equality Outcomes 2017 - 2021**
 This is a high level paper that has been shared for information and feedback. EH will feedback directly to Kristi Long.
6. **Recruitment updates**
- 6.1 **GP**
 GM summarised where we currently are in the recruitment process. 1st round has now closed and we have received 398 applications with Scotland selected as 1st choice; this is an increase on last year's 382. There are 350 posts to recruit to. There are 37 new trainees starting in February and we anticipated a drop in the application numbers but the numbers haven't dropped. The recruitment team are now longlisting applications and small numbers will be lost due to eligibility. There will continue to be a February intake and an August intake. There will be difficulties with gaps in service. JR added the health boards need to know a year in advance where possible. For the February intake Scottish government agreed to fund certain areas that are less likely to fill with 70 targeted payments. Looking at the number of applications of the UK as a whole, GP applications have increased by 4.67%. Emergency medicine and Mental health specialties are still struggling. There is no evidence of Scottish numbers increasing due to the English junior doctors contract dispute.
- 6.2 **Public Health**
 The advert has now closed; application numbers are down slightly.
- 6.4 **Occupational Medicine**
 Four vacancies have been identified but these might not fill. OM is also in crisis. There is no NHS consultant in Glasgow and Clyde. KA asked if there is any option to request targeted payments for OM posts. MK replied this would have to go through MDET and GM agreed to take this point up. The entry criteria for OM will be changing, allowing certain specialties to apply for OM after completing part 1 of their exam, pre ST3. **GM**
7. **Shape of Training Review**
 No update was received.
8. **Directorate Workstreams**
- 8.1 **Training Management**
 The performance support unit (PSU) is almost up and running. There was a healthy applicant list for the admin support and case manager positions. There is a consistent referral process. Meetings will take place with boards around trainees who may be

running into problems. PR agreed it was important to meet with the boards. The winter ARCPs are currently taking place using the new ARCP process, a wash-up meeting will be held in January.

8.2 **Quality**

The NES quality workstream has been refining the Scottish Training Survey (STS), slimming down to concerns/good practice and speeding up the free texts to boards process. The GMC have released their question bank and so NES are mapping their questions to cover all areas. A new Scottish Clinical Leadership Fellow (SCLF) will be working on developing a self-assessment tool. The first batch of trainee associates has been appointed. AT questioned how this time is being accounted for as study leave is already pressured. DB replied we will review this as time goes on, no GP trainee will be disadvantaged. GM added, special leave could be explored in certain circumstances. JS highlighted the need for more training for trainers with the additional GP training posts and DB responded that the FDA are looking at a new model for intermediate/experienced trainer courses.

8.2.1 **GMC: The status of medical education and practice in the UK 2016 – Executive Summary**

This paper was tabled for information. GM highlighted comments from the paper which stated the “profession is not at ease” and the “pressure of doctors in training”. 81% of participants stated their training is good but 98% would be willing to take industrial action. The increase in number of women appears to be slowing down. The number of UK graduates is increasing. Psychology and O+G posts are decreasing. Also, there has been a reduction in complaints.

8.2.2 **GMC: National Training Survey 2016 – key findings**

This paper was tabled for information and the board were asked for their thoughts and comments. Workload was a common theme in the findings and also patient safety during busy periods. Public Health survey also gets sent to non-medical. They will receive the results in January. Trainers enjoy their job when they have the time to do it. MM questioned if we provide enough back up for trainers as what we expect now is much different to what was expected 20 years ago. GM believes the role of a trainer is much more professionalised now, training to provide supervision has been formalised and there is still enthusiasm to become and continue to be a trainer. JR highlighted that clinical supervision scored highly. AT added the value in growing your own future GPs, if trainees like it they tend to stay. GM added that NES do use the results as part of our quality management processes and to inform visits. The GMC are looking to make a legislative change so that all trainers are recognised and not just GP trainers. Plus, the GMC are looking at ways of improving the flexibility of training, by transferring competencies and making it easier to move regions.

8.3 **Professional Development**

AL reported the number of GP returners has been small despite a significant effort to recruit effort, 18 in total since June 2015. Also, the programme is not attracting the people we expected (middle aged women). We are looking to run another social media campaign targeting women. The funding for the returner programme comes from Scottish government primary care investment fund and we have been allocated less money than we have spent. NES funding is balancing the books. It puts us in a difficult position as there is pressure to attract more returners but the funding is not supported. GP retainer numbers are going down. Potential retainers are able to

negotiate better salaried contracts directly with their practices. There are 32 new GP educational supervisors going through training. AL has been tasked to send out a questionnaire to explore deterrents and attitudes of victims of sexual abuse. The questionnaire is to be targeted at female doctors in A+E/O+G/GP but NES don't hold this data. JR and AT both agreed the health board could do this.

9. **Specialty updates**

9.1 **GP**

The GMC visit specialty review looks at the state of GP across the UK. The review visit to the Glasgow South GP programme was very positive, highlighting the engagement of trainers in hospital and GP, and the enthusiasm of GP Educational Supervisors. The STEP programme was held up as good practice. There was a minor issue in out of hours, with a lack of clarity regarding governance and trainee safety.

9.2 **Public Health**

There is one current minor issue with trainee accommodation.

9.2.1 **ePortfolio**

There has been a complete pause on the new ePortfolio system, resulting in trainees going through training using a completely paper based system. EH feels this has had a very negative impact on the current trainees without ePortfolio. GM agreed to write to the National UK ePortfolio on behalf of Scotland to say this has been brought to the boards attention.

GM

9.3 **Occupational Medicine**

10. **Lead Dean/Director update**

11. **Service update**

12. **DME update**

13. **BMA update**

14. **Lay representative update**

No updates were received.

15. **RCGP update**

MM reported recent campaigning around the budget has gone well. A survey has been created to look into why people choose/don't choose GP as a specialty. This survey has been aimed at ST1-ST3 and will help to inform GP career flow. AL drew attention to a similar survey completed by Drummond Begg and Sharon Wiener-Ogilvie that was aimed at FY2s. This may also be of use to inform GP career flow. MM also highlighted the RCGP Leading for integration workshop, quality clusters and good links with the Strategy for Attracting and Retaining Trainees (StART) initiative.

16. **Trainee update**

SA reported the junior doctor contract is creating a difficult time in England and Wales and that there are fears it will permeate to Scotland and at present there is no chair of the SJDC meeting. There are 2 co-chairs while an official chair is sought. There are concerns about out of hours being variable across the different regions in Scotland. Study leave days/funding/application is also variable across the UK. Plus, the use of educator notes on ePortfolio and how this can be improved is being looked at. Less than full time working requires more formalising, and ways to support it better should be looked at. GM added that Less than full time working and study

leave allowance should be the same pro rata, so it is helpful to receive this feedback.

17. **AOCB**

No other business was raised.

18. **Date of next meeting**

The next meeting will take place at 1.30 pm on Wednesday 15 February 2017 in Room 5, Westport, Edinburgh.

Actions arising from the meeting

Item no	Item name	Action	Who
4.	STB update for MDET	Share study leave FAQ document for GP trainees with the board	GM/CD
5. 5.1	MDET updates Supervision of doctors in training at Outpatient clinics	JR would like the document to make it clear that SAS doctors aren't referred to as an afterthought and GM agreed to highlight the feedback from this committee that this should appear at the start of the document. He will write to Alastair McLellan.	GM
6. 6.3	Recruitment updates Occupational Medicine	KA asked if there is any option to request targeted payments for OM posts. MK replied this would have to go through MDET and GM agreed to take this point up.	GM
9. 9.2 9.2.1	Specialty updates Public Health ePortfolio	There has been a complete pause on the new ePortfolio system, resulting in trainees going through training using a completely paper based system. EH feels this has had a very negative impact on the current trainees without ePortfolio. GM agreed to write to the National UK ePortfolio on behalf of Scotland to say this has been brought to the boards attention.	GM