

**Minutes of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board Meeting held at 1.30 pm on Wednesday 24 August 2016 in Room 5, Westport, Edinburgh**

**Present:** Gordon McLeay (GM) Chair, Moya Kelly (MK), John Kyle (JK), Anthea Lints (ALi), Ashleigh Stewart (AS), Miles Mack (MM), Jane Steven (JS), Andrew Thomson (AT), Ellie Hothersall (EH), Frances Dorrian (FD), Rowan Parks (RP).

**Apologies:** Stewart Mercer (SM), Tara Milne (TM), Carrie Young (CY), David Bruce (DB), Nigel Calvert (NC), Iain Wallace (IW), Paul Ryan (PR), Jane Walls (JW), Kashif Ali (KA).

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

- |  | <b>Action</b> |
|--|---------------|
| 1. <b>Welcome, introductions and apologies</b><br>The Chair welcomed all to the meeting and apologies were noted.  |               |
| 2. <b>Minutes of meeting held on 29 June 2016</b><br>There was one alteration in section 8.2 Quality. In the sentence, AT and JK expressed concerns with this coming out of what is an already tight study leave budget, budget was replaced with time allowance.  |               |
| 3. <b>Matters arising/ action points from previous meeting</b><br>The update from CY regarding the potential for training and educational opportunities in cluster practices was postponed until the next meeting. All other action points have now been completed.  | <b>CY</b>     |
| 4. <b>STB update for MDET</b><br>The STB update for MDET will be written after this meeting.   |               |
| 5. <b>MDET updates:</b><br>There has been no MDET meeting since the last STB meeting.  |               |
| 5.1. <b>Bereavement Work</b><br>This is a resource created by NES which is being shared for information. The website contains educational work and short animated films designed to support trainees. This has been circulated within the regions and has been well received. Members of the group were asked to try and communicate the resource across all specialties.  | <b>ALL</b>    |
| 6. <b>Recruitment Updates</b>  |               |
| 6.1. <b>GP</b>   |               |
| 6.1.1. <b>Recruitment Review</b><br>The recruitment review is a large piece of work which is produced to serve as an end of year report and as a reference to go back to for the recruitment process in the last 12 months. Overall, the numbers appear to be down but this is largely due to deferments. The report also highlights the Round 1 and Round 1 re-advert cohorts being quite different. The R1RA cohort contains more males and older age candidates and also contains unsuccessful candidates from round 1. NES can use this information to feedback to the National Recruitment Office (NRO). JS asked if NES HR have access |               |

to Oriel but as recruitment is a UK process and one individual programme, deaneries and LETBs receive no data until recruitment is finished.

GM and MK attended a UK recruitment wash-up. The direct pathway and UK wide system are expected to remain in place. Deferrals are also likely to remain but we do have the option to opt out if we wish. Those who deferred this year will need to be followed up to record if they come back. At that meeting, it was suggested that it is now possible to reduce numbers in Oriel after they have been posted, but this has now been corrected – numbers cannot be reduced in Oriel.

#### 6.1.2. **GP 100 New Training Posts**

MK confirmed that 101 new training posts (3 year rotations) in GP will be advertised. Current vacancies have not been re-advertised. There will be a targeted payment for hard to fill posts. Of the ST1 applications in the UK, 40 have put Scotland as their number one choice and so it is unlikely we will fill. The posts that remain unfilled will be advertised again in August. MM and AT suggested fellowship jobs would be extremely attractive if they could shift pre-CCT. Non-NES fellowships appear to be expanding, and the question was raised as to whether it would be possible to bring these into NES. These fellowship posts are in the most part Health Board funded and there is no plan to bring these into NES. There was discussion over 4 year training posts being less attractive to trainees. JK added the time spent in secondary care during a 4 year post can make them unpopular. GM stated ideally we would all want more time in GP but it is difficult as more time in GP requires more funding.

#### 6.1.3. **Medical Specialty Training intake numbers for 2017**

RP went back to Scottish Government after consulting with all the STBs. This is now being considered by the SG internally and we expect to hear back mid September at the next transitions group. There were 26 jobs across all other specialties requested. It was made clear in the report that we will be drawing from the same pool. Some of the applications will be ST3+.

#### 6.2. **Public Health**

EH will firm up the numbers next week, expected to be 3.

#### 6.3. **Occupational Medicine**

There was nothing to report.

#### 7. **Shape of Training Review**

AL highlighted that Iain Findlay is planning to introduce a credential for remote and rural practitioners. This is still in the very early stages. MM added similar work has been completed by Malcom Ward. AT noted a concern that the credential may be seen as something that would become a requirement to be a remote and rural practitioner and this is something we should be cautious of.

#### 8. **Directorate Workstreams**

##### 8.1. **Training Management**

MK reported that generic letters have been created to go out to all trainees regarding ARCP requirements. The GP letter was finalised in the GP Directors meeting and contains a link to the RCGP website page for ARCP requirements. EH and KA have provided the letters for PH and OM. JK highlighted the summary document which trainees receive at the moment is better and more valuable when compared to the

EH,KA

new long document. GM took on board JKs comments and will feed back into the director group. Terms of reference for Specialty Training Committees has now been completed. A resilience and career management group has been setup that is working with University Careers advisors. The Performance Support Unit (PSU) is aiming to be up and running in December. The PSU will consist of an Associate Dean and two case managers. A study leave group has also been setup to improve consistency across all specialties and regions within the Scotland Deanery.

## 8.2. **Quality**

### 8.2.1. **Quality Review Panel for GP,PH,OM**

The Quality Review Panel met on 17<sup>th</sup> August. The panel is part of the quality process and reviews all the quality information for each of the specialties once a year. 73 hospital sites were considered for GP and this took into account the National Training Survey, the Scottish Training survey, TPD reports and DME reports. Areas were prioritised for TPDs to look into or prioritised for an official visit. In OM and PH there were no problems identified. There will be a routine visit for PH in 2017. OM were visited this year, and are currently under review.

### 8.2.2. **Minutes of GP,PH,OM Annual Review**

A significant amount of work has taken place in the Quality workstream over the last year. There have been a lot of new people in post and new processes completed. GP placements were 2<sup>nd</sup> out of 17 for overall satisfaction in the GMC survey but Hospital placements for GP trainees were 15<sup>th</sup> out of 17. The quality workstream are currently reviewing how GP trainees in hospital posts are visited. They are looking to make the visit information more easily accessible and improve the flow of information. Also, they are looking into ways to quality manage foundation practices. MM asked if the hospital placement scores are congruent with the trainees. GM responded by explaining the rankings are based on the GMC survey but when having a one to one discussion with a trainee this doesn't always match. The NES visiting process now has much more bite than it used to have. NES are now being more explicit and tougher, making recommendations and performing revisits. The service are taking this more seriously. If NES are not happy with the quality of training being provided, enhanced monitoring can be recommended. JK added, a major problem for GP trainees in hospital posts is being put on the same rota as foundation doctors. This also influences the way foundation trainees view GP trainees. EH will liaise with JW to produce a small PH specialty specific survey for next year's PH visit.

**EH/JW**

### 8.2.3. **Scottish Training Survey Briefing 2016**

The survey results support what was discussed in the Annual Review. The Scottish training survey provides a more real-time snapshot than the GMC NTS and the response rate is getting higher. The survey feeds into the quality review processes.

### 8.2.4. **Educational Induction**

Alastair McLellan, the quality lead for NES has asked the STBs what educational induction has been provided by NES in order to meet the GMC requirement? GP are editing a document used by the south east with headings and generic requirements. EH and KA to provide a document detailing what educational induction is provided in PH and OM.

**EH/KA**

## 8.3. **Professional Development**

### 8.3.1. **Paediatric Scholarships**

Paediatric scholarships are available across Scotland for established GPs. This training programme is well evaluated and can provides additional skills training for a GP in a practice. This is funded by NES and there are 20 scholarships per year. The new Recognition of trainers process is now in place. GP trainers are recognised through appraisal plus some training. There are PAs to enable supervision. Tracey Crickett has joined NES as the new national coordinator for the Practice Manager development network. The GP Returner scheme has two new starts this month.

## 9. **Specialty Updates**

### 9.1. **GP**

MK informed the GMC will be visiting GP in Greater Glasgow and Clyde south in 2016 and therefore it is unlikely GP will be selected in the GMC visit in 2017.

### 9.2. **Public Health**

#### 9.2.1. **Public Health Education Committee**

ST2s have been sent logins for eportfolio. PH has now transitioned to the new curriculum and the next ARCP will be the last one that is dual running. Key area 10 competencies will be the new exam/job interview to justify working at consultant level.

### 9.3. **Occupational Medicine**

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

#### 11. **Service update**

#### 12. **DME update**

#### 13. **BMA Update**

No updates were received.

#### 14. **Lay representative update**

JR recently attended a lay rep workshop and received training on unconscious bias which included a Harvard self-assessment tool. CD to share these documents with the board.

CD

#### 15. **RCGP update**

MM reported RCGP have more resource to support recruitment events. There is work ongoing on GP workflow from schools through to retirement. The college is supporting GP societies. MM raised the issue of payment for GP OOH training. There has been a suggestion that OOH services should receive a payment for taking a GP trainee, similar to that of a trainer in practice. However, the GP in OOH is the responsibility of the health board and AL advised that the health boards don't get paid for GP trainees in hospitals. David Bruce represents NES on the OOH forum where this has been discussed.

#### 16. **Trainee update**

JK noted the result of Junior doctor contract vote, 58% voted against the contract. Dr Ellen Mcourt is the new chair of the BMA Junior doctors committee and approached the Government rejecting the contract in full. Dr MCourt also called a meeting for industrial action. Scottish Government continue with original contract and there are currently no proposed changes. JK announced this is his last meeting. The STB has provided a good experience and he has learnt a lot. GM thanked JK for his contribution. It has always been valuable and very insightful.

17. **AOB**  
No other business was raised.

18. **Date of next meeting**  
The next meeting will take place at 1.30 pm on Wednesday 26 October 2016 in Room 5, Westport, Edinburgh.

**Actions arising from the meeting**

Item no	Item name	Action	Who
3.	Matters arising/ action points from previous meeting	The update from CY regarding the potential for training and educational opportunities in cluster practices was postponed until the next meeting.	CY
5. 5.1.	MDET Updates Bereavement Work	Members of the group were asked to try and communicate the resource across all specialties.	ALL
8. 8.1.	Directorate Workstreams Training Management	EH and KA to provide generic ARCP requirement letters for PH and OM.	EH/KA
8. 8.2.2.	Directorate Workstreams Minutes of GP,PH, OM Annual Review	EH will liaise with JW to produce a small PH specialty specific survey for next year's PH visit.	EH/JW
8. 8.2.4.	Directorate Workstreams Educational Induction	EH and KA to provide a document detailing what educational induction is provided in PH and OM.	EH/KA
14.	Lay representative update	CD to share unconscious bias documents with the board.	CD