

Minutes of the meeting of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board held at 1.30 pm on Wednesday 26 October 2016 in Room 6, Westport, Edinburgh

Present: Gordon McLeay (GM) Chair, David Bruce (DB), Ellie Hothersall (EH), Moya Kelly (MK), Alison Sneddon (AS), Ashleigh Stewart (ASt), Jane Steven (JS), Andrew Thomson (AT).

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

Apologies: Nigel Calvert (NC), Frances Dorrian (FD), Anthea Lints (ALi), Miles Mack (MM), Stewart Mercer (SM), Rowan Parks (RP), Paul Ryan (PR), Shabana Alam-Shahir (SAS), Iain Wallace (IW), Carrie Young (CY).

In attendance: Helen McIntosh (HM).

Action

1. **Welcome, introductions and apologies**
The Chair welcomed all to the meeting and apologies were noted. He reported the appointment of a replacement SJDC trainee representative, Dr Shabana Alam-Shahir, who has sent her apologies for today's meeting.
2. **Minutes of meeting held on 28 August 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**
Item deferred to next meeting. CY
 - 3.2 **Generic ARCP requirement letters for Public Health and Occupational Medicine**
These have been produced and are available on the website.
 - 3.3 **Public Health specialty specific survey**
As this is an ongoing piece of work it was removed from the agenda meantime.
 - 3.4 **Educational induction in Public Health and Occupational Medicine**
EH confirmed she will produce a trainer guidance document. KA reported he was working to standardise induction by the end of the year. EH, KA
4. **STB update for MDET**
The update for the September meeting was circulated – main items highlighted were GP training and selection and recruitment, ARCP process and quality management.
5. **MDET Updates**
 - 5.1 **Scottish Medical Education Conference**
The Conference will take place on 4 and 5 May 2017. STB members were encouraged to submit educational material and proposals for workshops by 14 November.
6. **Recruitment updates**
 - 6.1 **GP**

One hundred new posts were identified for recruitment in February 2017 and 37 filled. Some trainees offered posts were seeking deferral and a small number will reduce their training by 6 months due to previous experience. Work is now underway to place people appropriately. Half of the posts were eligible for incentivised payments and 15 people took these up. Some areas have received better fill due to the enhancements however in general people tended to select programme by geography. It was unclear whether the enhancements would continue.

GP is still not seen as an attractive career option and the UK also had a supply problem with fewer home grown students. Four year programmes were less popular and in harder to fill areas did not fill as well as other 4- year programmes. In reducing 4 year programmes to 3 years, time in hospital will be reduced but not time in GP. GM said that while work has been done on why trainees chose 3 or 4 year programmes there has been no survey/information gathering to determine whether trainees at the end of 3 year programmes felt they needed more time.

AT shared JR's concerns on the move from 4 to 3 year programmes but conceded the longer programmes were not attractive. Trainees did not need more time in hospital but in practice and this was what 4-year training should include. He agreed it would be useful to have robust data at the end of the 3-year programmes as he felt people may be competent but not confident. GM acknowledged the issues but stressed the need to move forward on practicalities given that the go ahead had been given to increase capacity in GP training. He confirmed that the unfilled GP 100 posts can be added to existing numbers hence numbers will increase for August 2017. Some 4-year programmes will continue for the next few years as part of the transition.

GM also noted the proposed change to the requirement to demonstrate Foundation competency – applicants who are already in specialty training will not have to demonstrate this again. English language eligibility requirements are now more generic and applicants have to meet GMC standards. Those who score well in the stage 2 test can still by pass the selection centre. It has also been agreed that applicants from other specialties will be able to carry forward their Stage 2 machine markable score for GP and if they fail to get in through Round 1 or Round 1 readvert, they would not have to resit for Round 2.

6.1.2 **GP 100 New Training Posts**

MK reported they were working to finalise the detail of the February starts. Unfilled posts will go into August recruitment for 3 year programmes and meetings are due to be held with Health Board representatives to ensure more community facing posts. Overall in the UK numbers for Round 2 were up however this included a large number of applications for London (5 vacancies and 108 applications received). They have not analysed the results but it was unlikely there were many reapplications. Lay assessors will be approached centrally re training for recruitment.

6.3 **Public Health**

They will recruit to 4 posts (possibly a fifth) – one each in Ayrshire and Arran, Forth Valley, Fife and Grampian for an August start. Recruitment will be national and held in Loughborough.

6.4 **Occupational Medicine**

There were 4 vacancies and distribution will be discussed next month. Noted there was an insufficient number of Educational Supervisors. The process of national recruitment has been an issue as little information was made available for candidates. The specialty was considering how to increase its attractiveness and to raise awareness and highlight opportunities.

7. **Shape of Training Review**

MK reported this continues. The UK Shape of Training Group was engaged in liaising with Colleges and has already met RCGP representatives.

8. **Directorate Workstreams**

8.1 **Training Management**

Consensus on processes continues to be sought across Scotland. Clare McKenzie Chairs a group looking at Study Leave and the GP group has also reported. Clare McKenzie was also working on Career Management although this was at an early stage. An APGD Day will be held on Friday 28 October and will discuss ARCPs/ PSU/ Quality and the GMC visit (Alastair McLellan will attend the event). Also noted the GMC was undertaking a specialty review of GP and will visit Glasgow South in November – preparations are underway.

8.2 **Quality**

8.2.1 **Scotland Deanery Annual Quality Report**

The report was available on the Scotland Deanery website. The report highlighted all work taking place, regionally, in specialties and by QRPs and the process of quality management and the volume of activity. As a second report will not be available at the time of the GMC visit this will form the basis of information presented.

8.3 **Professional Development**

8.3.1 **Returner Report**

The report tabled summarised Returner and Enhanced Induction as at July this year. England was seeking to make its Returner programme more attractive and easier for people to enter and was looking to borrow some ideas from Scotland. England did not currently pay returners nor their defence fees. England was also, like Scotland, creating Case Manager posts to assist those returning. Returner numbers were small but proving successful for those involved. It had been thought that those interested in returning would be at an early/mid-point of their careers but in fact the scheme was attracting people who had retired early and wanted to come back. The aim is to continue to try and attract a mid-age range group.

9. **Specialty updates**

9.1 **GP**

MK highlighted:

- East was piloting Quality Management OOH and also looking to do this in West. Clinical supervision in OOHs in Scotland tended to be provided by a Supervising Clinician.
- Fellowship feedback – this was positive and showed that many were keen to stay in their area of interest once they had finished.
- TPDs and practices access and use of STS data.

9.2 **Public Health**

9.2.1 **Public Health Heads of School Meeting**

The minutes were received for information.

9.2.2 Improving the Health of the Public

The report was received for information.

9.2.3 Faculty of Public Health Examination Changes

Trainees sit Part 1 of the exam 12 months after they begin training. This was reviewed by the GMC last year. A number of recommendations were made and negotiations have been taking place. The exam will not change but the format for standard setting will and trainees will be allowed to ‘bank’ scores. Pass marks will be set for each exam and although this may initially be perceived negatively, EH felt this was a step in the right direction. Exams will also be standardised. Trainees will be reassured that changes will result in greater fairness.

ST3 recruitment in the UK generally was not successful as trainees preferred to enter at ST1. ST3 posts will continue to be offered but if unfilled will be offered at ST1. EH felt it unlikely ST3 appointments will continue in the longer term.

EH noted Public Health’s wish to increase awareness of the specialty among young people. She felt this could be accomplished by medical students visiting schools to speak about the specialty. However, most universities do not provide Public Health experience for students unlike Dundee University where she is the lead for years 1-3 undergraduate medical students.

9.3 Occupational Medicine

The national training programme will hold its first meeting in February at Rolls Royce in Renfrew. It was hoped all trainees and trainers will attend and the meeting will continue quarterly. KA is due to attend UK National School and local meetings and will report discussion to the group.

KA

10. Lead Dean/Director update

11. Service update

12. DME update

13. BMA update

14. Lay representative update

15. RCGP update

16. Trainee update

17. AOCB

No other business was raised.

18. Date of next meeting

The next meeting will take place at 1.30 pm on Wednesday 14 December 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		
3.1		Deferred to next meeting.	CY

	Cluster practices and educational opportunities		
3.4	Educational induction in Public Health and Occupational Medicine	To produce a trainer guidance document; to standardise induction by the end of the year.	EH KA
9. 9.3	Specialty updates Occupational Medicine	To report to group on discussion at UK National School and local meetings.	KA