**Minutes of the General Practice, Public Health Medicine and Occupational Medicine Specialty Board Meeting held at 1.30 pm on Wednesday 29 June 2016 in Room 4, Westport, Edinburgh**

**Present**: Gordon McLeay (GM) Chair, Moya Kelly (MK), John Kyle (JK), Anthea Lints (ALi), Carrie Young (CY), Ashleigh Stewart (AS), Nigel Calvert (NC), Ellie Hothersall (EH), Frances Dorrian (FD), Rowan Parks (RP), David Bruce (DB).

**By videoconference:** *Dumfries* – Jean Robson (JR).

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

**Apologies**: Stewart Mercer (SM), Tara Milne (TM), Jane Steven (JS), Miles Mack (MM), Iain Wallace (IW), Paul Ryan (PR), Jane Walls (JW), Kashif Ali (KA).

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

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|  |  | **Action** |
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|  | **Welcome, introductions and apologies**The Chair welcomed all to the meeting and apologies were noted. |  |
|  | **Minutes of meeting held on 6 April 2016**Several alterations were noted. Firstly, item 7.1, paragraph 6 should read, AT requested that any development work being been 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. Secondly, item 15, paragraph 1 should read, 11 million of that to support GP. Thirdly, item 15 should read, GPs will be funded to attend cluster meetings and this should increase GPs engaging in the quality review process. Thirdly, item 15 should read, CY responded, it will go towards fundingIT equipment in practices. |  |
| 3. | **Matters arising/ action points from previous meeting**The one action from the previous meeting will be covered under item 3.1. |  |
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| 3.1. | **Correspondence with Professor Baker (RCGP)**GM approached Maureen Baker (MB) regarding the England returner programme being prioritised over the Scotland returner programme on the RCGP website. MB replied and reassured that the college is equally supportive of all schemes supporting those entering or returning to the UK workforce. MB also reassured that the website is undergoing re-design and will provide generic information for anyone wishing to return to UK practice and will signpost to relevant schemes in all four nations. GM checked the website and returner information was quite difficult to find, and as of yet the re-design hasn’t taken place.  |  |
| 4. | **STB update for MDET**GM shared the STB update report for information. Most fellowships have been filled. Community hub fellowships are progressing. KA is the new TPD for OM. RCGP are offering a free year’s membership to GPs joining the Returner Scheme. There will now be a single performers list for Scotland, this is a practical way forward and is currently being implemented.  |  |
| 5. | **MDET updates: June 2016 Highlights** |  |
|  | Recruitment was the main item on the agenda with vacancies across a number of specialties. There was good news for foundation, which was oversubscribed and also an update on the development of a new e-portfolio for foundation doctors in Scotland. Also, Scotland was chosen as a higher option when compared to last year for Foundation.  |  |
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| 6. | **Recruitment Updates** |  |
| 6.1. | **Medical Specialty Intake Numbers for 2017**GM flagged up to the board and asked for thoughts. All agreed there should be no change in specialty intake numbers. JR enquired about an update on the “GP 100”. MK met with Scottish Government last week and they have requested 100 new rotations for February. The GP directors are actively looking at this at the moment and will be producing a paper.  |  |
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| 6.2. | **GP** |  |
|  | GM reported that we are now in the process of organising round 2 recruitment for February. JK queried whether the vacant posts will be in addition to the GP100 rotations and GM confirmed it will be 100 new rotations in total for round 2 recruitment. The fill-rate is down slightly this year - this is partly due to more posts being advertised. Also, due to deferrals that have been permitted for the first time this year, this has increased the number of posts that have gone into round 1 re-advert and so the vacant posts number is falsely high. |  |
| 6.3. | **Public Health**Filled all 7 posts with 1 deferral.  |  |
| 6.4. | **Occupational Medicine** |  |
|  | No vacancies, one private sector appointment. |  |
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| 7. | **Shape of Training Review** |  |
|  | No updates at the moment. Item to remain on the agenda. |  |
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| 8. | **Directorate Workstreams** |  |
| 8.1.  | **Training Management** |  |
|  | Performance Support Unit lead has been appointed, Greg Jones. Aiming for the PSU to start supporting trainees from December. There are also plans in place for TURAS to hold trainees in difficulty information. |  |
| 8.1.1. | **ARCP Process**MK delivered a powerpoint presentation to the board and reported the aim is to standardise the ARCP process across the Scotland Deanery. Currently there are regional and specialty specific differences in the ARCP process across Scotland. Using the Gold Guide 6 a draft process has been created. MK will be taking feedback today, a finalised process will be agreed for a first run in the “winter” ARCPs, there will be a wash-up in January and then full implementation for summer 2017 ARCPs.The ARCP is not a face to face meeting. Trainees should submit all information two weeks before the date of the ARCP. Every trainee should be asked to submit the same specialty information. The “Desktop” ARCP should be completed and if the trainee receives an outcome one they do not need to be seen. TPD/ES meetings can occur to discuss placements and career advice, but these are not part of the ARCP process and should be separate. Outcomes two to five need to be seen at a meeting. Trainees will be informed of their outcome via TURAS. An outcome five flow chart is being created (do not envisage all outcome fives need to be seen).Members of the board were supportive of the new process. |  |
| 8.2. | **Quality**DB reported that Annual reports are being completed for Quality. Quality are looking to increase FY and GP trainee input to site visits. QRPs, NTS, and the GMC survey have been used successfully to determine which sites require a visit. Quality will now look into a way to deal with low-level concerns in the next year. DB highlighted that Quality are looking to involve trainees in the visiting process and trainee visitor training will start later this year. After training, the trainee could be expected to attend three visits per year and this would come out of their study leave entitlement. AT and JK expressed concerns with this coming out of what is an already tight study leave time allowance. GM suggested the possibility of adding on additional days training if trainees run out of study leave. DB added the whole process is under review and this opportunity will appeal to certain individuals and not everybody. The board were happy to support the idea, with this sitting in study leave at the moment, and a review after the first cohort. JR expressed some concerns with accuracy of the STS figures, particularly paeds in practice. DB to get Steven Irvine (SI) to look into this. | **DB** |
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| 8.2.1. | **Special Quality Management Group for GP,PH,OM** |  |
|  | Reports were circulated for information. GM highlighted that for GP 160 practices and 68 hospitals have been visited, this was a huge amount of work and credit goes to the Quality Management team. EH noticed there were some inaccuracies in the PH SQMG report. MK, JW, EH and NC agreed to work together to get the report right and to also make sure PH is represented at the next SQMG. | **MK,JW,EH, NC** |
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| 8.3. | **Professional Development** |  |
|  | AL highlighted the current issue of training trainers. An admin post has been lost and currently this has not been replaced. There are prospective trainers wanting to go through the accreditation process but there are difficulties in arranging this due to a lack of administration. AL to take forward case for admin support to MDET. Marion Macleod, National Coordinator Scottish Practice Manager Development Network, has retired and a replacement has been appointed. | **AL** |
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| 9.9.1. | **Specialty Updates****GP** |  |
| 9.1.1. | **Workforce Survey**Papers were received for information. 2% reduction in WTE GPs between 2013 and 2015. |  |
| 9.1.2. | **GMC National Training Survey** |  |
|  | Papers were received for information. 2016 rankings will be available soon.  |  |
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| 9.2. | **Public Health**NSS portfolio review is taking place, EH has responded. There could possibly be issues in non-specialty specific training, the future direction of travel is currently unclear. Public Health want to protect and maintain training. New e-portfolio is now available for beta testing.  |  |
| 9.3. | **Occupational Medicine** |  |
| 10.11.12.13.14.15. | OM has received a national programme visit with trainees attending and educational supervisors videoconferencing. There are a range of recommendations and the quality team will be going back in a years time. The visit report will go to the next SQMG.**Lead Dean Director update****Service update****DME update****Academic update**No updates were received.**BMA Update**CY reported that a circular from Shona Robinson has recently been sent out, detailing Occupational Health is now available for all GPs and Locums. GP trainees are covered by NES. There is a group looking at practices under pressure. A short life working group looking at premises will produce a report on their findings at the end of summer. The cluster quality group is making good progress. Oxygen for GP practices is expected in the near future. AL suggested the potential for training and educational opportunities in cluster practices. CY agreed to take this forward.**Lay representative update** | **CY** |
| 16. | **RCGP update** |  |
|  | No updates were received. |  |
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| 17. | **Trainee update** |  |
|  | JK noted the result of Junior Contract vote will be released on 6th July. There has been no change to the contract in Scotland. JK also highlighted he has received a letter regarding the end of his training that contained two links that didn’t work. One for out of hours and one for the exit interview. GM to look into this and resolve. | **GM** |
| 18.18.1. | **AOB**No other business was raised. **NES Local Delivery Plan 2016 – 2017**Papers were received for information. |  |
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| 20. | **Date of next meeting** |  |
|  | The next meeting will take place at 1.30 pm on Wednesday 24 August 2016 in Room 5, Westport, Edinburgh. |  |
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**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 8.8.2. | Directorate WorkstreamsQuality | JR expressed some concerns with accuracy of the STS figures, particularly paeds in practice. DB to get Steven Irvine (SI) to look into this. | DB |
| 8.8.2.1. | Directorate WorkstreamsSpecial Quality Management Group for GP PH OM | EH noticed there were some inaccuracies in the PH SQMG report. MK, JW, EH and NC agreed to work together to get the report right and to also make sure PH is represented at the next SQMG. | MK, JW, EH, NC |
| 8.8.1. | Directorate WorkstreamsProfessional Development | AL highlighted the current issue of training trainers. An admin post has been lost and currently this has not been replaced. There are practices and trainers wanting to go through the accreditation process but there are difficulties in arranging this due to a lack of administration. AL to take forward case for admin support to MDET. | AL |
| 14. | BMA update | AL suggested the potential for training and educational opportunities in cluster practices. CY agreed to take this forward. | CY |
| 17. | Trainee update | JK also highlighted he has received a letter regarding the end of his training that contained two links that didn’t work. One for out of hours and one for the exit interview. GM to look into this and resolve. | GM |