

Minutes of the meeting of the General Practice, Public Health Medicine, Occupational Medicine and Broad Based Training Specialty Board held at 10:30 on Thursday 17 January 2019 in Room 9, Westport, Edinburgh (with videoconference links)

Present: Gordon McLeay (GM) [Chair], Claire Beharrie (CB), Cathy Johnman (CJ), Moya Kelly (MK), Amjad Khan (AK), Andrew Thompson (AT).

By videoconference: *Glasgow (1)* - Lindsay Donaldson (LD); *Glasgow (2)* - Wendy Leeper (LP); *Inverness* - Emma Watson (EW).

Apologies: Kashif Ali (KA), Nigel Calvert (NC), Frances Dorrian (FD), Alasdair Forbes (AF), Sandesh Gulhane (SG), Joan Knight (JK), Jacqueline Logan (JL), Stewart Mercer (SM), Rowan Parks (RP), David Prince (DP), Hazel Stewart (HS).

In attendance: Helen McIntosh (HM).

Action

1. **Welcome and apologies**

The Chair welcomed all to the meeting and apologies were noted.

This is the first meeting since September 2018. The Chair had taken the decision to restructure the agenda and reduce the number of meetings to four per year.

2. **Minutes of the meeting held on 5 September 2018**

The minutes were accepted as an accurate record of the meeting.

3. **Matters arising/action points from previous meeting**

3.1 **Broad Based Training**

Dr Wendy Leeper is the newly appointed TPD for BBT and will represent it on the STB, alongside Professor Leese. The Chair welcomed Dr Leeper to her first meeting.

3.2 **GP Targeted GP Training**

GM noted confirmation re one year full-time equivalent.

4. **STB update for MDET**

GM noted his attendance at joint MDET/STB Chairs meetings where he provides an update report. MDET meets separately every month.

The September update report was circulated, and GM highlighted:

- GP Stay in Practice Scheme.
- Round 2 recruitment.
- Targeted GP programmes.
- BBT – now under the remit of the STB.
- AK's appointment as GP Director North/East/South East.

The next joint MDET/STB Chairs meeting will take place on 11 February.

5. **MDET Updates for STB**

GM reported on 2 pieces of work in which he has been involved.

- Review of recruitment in Scotland for all specialties by the MDRS Task and Finish Group. Almost all specialties wanted to remain in UK recruitment. The review highlighted two issues for STBs to address:
 - To improve information especially for Core programmes by increased granularity and rotation and placement information. Some geographical areas were very big and trainees were uncertain of where they would be placed. In GP this information was known from the beginning of application as trainees apply to programmes within Scotland and therefore know the area in advance with information and contact details available on the website and programme information via example rotations. CJ said that Public Health made information available at Health Board level and this year added a rotation arrangement with another Health Board. After Phase 2 applicants can go to national treasure and other posts so all were aware in advance about what they were applying for. Noted that Occupational Medicine is a national programme and all sites are listed. BBT information was at Health Board area level.
 - The requirement for a nominated recruitment lead. This was in response to some specialties feeling they were detached from central information. GP has an identified lead and information is fed back to the STB/TPDs and GM works closely with the recruitment team. CJ reported that the Public Health TPD assumes this role and they are involved in national recruitment; she will investigate what input they have to the Faculty in terms of recruitment. Occupational Medicine is involved in national recruitment and the TPD leads for Scotland. BBT is a Scotland only programme.

- GMC Guidance on Consent. The GMC surveyed junior doctors' involvement in patient consent – GM was involved in this work and commented on behalf of the STB.

CJ

GM also noted the review at the end last year of the number of training posts in each specialty. GP numbers remain static while other specialties have made the case for expansion – 10 in Radiology/8 in Paediatrics. MK confirmed the process was that NES recommended expansion which was then agreed by the Transitions Group and funding discussion was ongoing. GM noted that expansion in one specialty impacts on others eg harder to fill specialties and areas. AT felt the static state was at odds with the commitment to 800 more GPs in the next 5 years – MK said this total would include enhanced induction and returners.

LD reported a Careers Fair for FY2 was held on 16 January in Glasgow for West of Scotland trainees. Of the 40 who attended only one said they were thinking of applying for a training post. MK confirmed this fitted with known trends – year on year only 48% go into training. LD said the reasons given were that people were seeking a break before starting posts.

GM confirmed GP was not considering expansion – the lack of fill was the issue to be addressed and the message he has fed back concerned the impact of expansion in other specialties.

Broad Based training has now been rolled out across other Health Boards – previously there were 3 posts in each of 4 Health Boards – from August 2019 there will be 2 posts in each of 7 Health Boards. Funding has not yet been secured and it was likely to be via savings from unfilled posts.

6. **Main item for discussion – STB Chair presentation**

GM presented on GP training. He was keen in future for members of the STB to take the lead in this slot on different topics. This would share information and generate discussion.

He highlighted issues facing GP - Recruitment/Retention/Quality Management/processes and structures; and future plans for the STB – Terms of Reference/future thoughts.

6.1 GP

Comparison was difficult due to recent changes eg 4 year programmes/100 new posts/August and February intakes/TERS where there is a financial inducement to come to particular areas – these figures must be interpreted cautiously. This last initiative has not increased numbers but where people wanted to work. In 2015 they fell just short of filling all posts. In 2016, 100 posts were added to the February intake and overall 293 posts filled. Round 2 posts included those posts not filled in Round 1 so there was work done on reconstructing/deconstructing programmes. Recruitment numbers have crept up over the last few years however gaps remain, and the number of new vacancies does not match.

Flexibility has increased via transferable competencies which results in reduction in training time. Approximately 15-20 trainees each year have reduced their training time by 6 months. The downside to this was the potential for 6 months gaps. Deferment was also introduced and trainees could do this for 6-12 months. Seventy trainees have requested this – 14 for statutory reasons and numbers were increasing each year. Twenty five per cent of those requesting deferral do not return to training. Although deferral was a success for trainees, this was not always the case for service and training. Notice is not always provided in time to add numbers to recruitment totals and too late to recruit into rotation, hence the post is lost. MK said that while trainees like the process analysis showed it did not improve recruitment and Psychiatry was not doing it because of the issues involved. Next year GP will allow people to preference but not necessarily to the same post/rotation and will not allow deferral.

The increased flexibility and rotations with LTFT trainees resulted in complexity in making up programmes. Some geographical areas were more attractive and trainees who did not receive their preferred location did not necessarily take up programmes in other areas. Despite the use of financial incentives for some areas this has not totally resolved the issue. Gaps for maternity leave were not backfilled. They had also introduced Targeted training which allows re-entry to training for those who have failed a single exam and gives those individuals 18 months in training. Only 2 appointments have been made and so far this year none have applied to Scotland. In terms of what the service could do to assist with the complexity, GM said it was important to keep the lines of communication open and to contact staff in regional offices for information on up-to-date information.

Broad Based Training (BBT) added a further complexity; BBT trainees are guaranteed entry to ST2 in their specialty of choice with the majority likely to go into Paediatrics or GP.

Post CCT recruitment:

- Returner posts – 4 in post and 6 applying – postholders were supported for up to 6 months in a training practice.
- Enhanced Induction – 4 in post – these were for people who had not previously worked in the NHS in Scotland. Individuals are assessed and if accepted, placed in a training practice for up to 6 months. This could be challenging for the practice as they require additional support.
- Retention – 2 schemes are in place – the Retainer Scheme has 40-50 people across Scotland in any one year with individuals working 4 sessions per week. The other scheme was the GP Stay in Practice (SIPS) scheme which is aimed at those in mid and late career. This comprises up to 6 sessions in a salaried post in supported practice and the practice

receives some funding. This scheme has only recently launched. Participating practices must already be accredited.

Quality Management:

Much data is provided via GMC visit/National Training Survey/Scottish Training Survey/practice visits/hospitals visits and notification of concern by trainees via a website. The structure in the workstream comprises – Deanery Quality Management Group (DQMG) – Quality Review Panel (QRP) which meets once per year and looks at all available information including red flags and any action required; the Specialty Quality Management Group (SQMG) which meets bi-monthly and looks at issues relation to specialty and ensures consistency; Regional Quality Management Group (rQMG) which comprises PG Deans and admin team.

Issues were dealt with via established processes and consistency ensured. An Annual Report was produced as well as a Deans Report (by the GMC) with actions to be worked on.

Delivery of GP training:

This is via the STB/2 x GP Directors/Associate GP Directors; monthly meetings involving GPDs and ADs and delivery via a network of TPDs/Educational Supervisors etc. Issues for delivery were around consistency across the Deanery and working with other specialties to ensure consistency eg Study Leave and awareness of local and regional delivery.

6.2 STB

The STB has an advisory role relating to programmes/curriculum/workforce planning/policy and issues. Its Terms of Reference confirms its role in advising and supporting NES and NHS Scotland and covered a wide range of functions.

LD felt the discussion had been very helpful and that it was beneficial to her from her service perspective to sit on the STB. She was happy to present the DME perspective at the next again meeting.

Agenda

7. Specialties

7.1 GP

• *Recruitment*

The paper circulated summarised the picture at the end of Round 2 recruitment. The total number of accepted posts in Round 2 was 42 and 2 Targeted posts were accepted. Round 1 recruitment is underway, and the Selection Centre will be held in the first week of February – 366 candidates have preferred Scotland as their first choice.

• *Key updates*

Guidance on targeted training from HEE/NES/RCGP was circulated for information. This showed the list of requirements/what is expected in the 18 months of training eg individuals cannot sit the failed exam until they have been back in practice for one year.

7.2 Public Health

• *Recruitment*

CJ reported there were 2 posts, one in Fife and one in Lothian and likely to be more in the future. One SCREDS post will be advertised at Glasgow University – this will not extend training time and the post will be largely academic. She will attend national recruitment in Loughborough for the first time; she confirmed she is also able to contribute to the curriculum group and the committee will do a refresh only. They recruit medical and non medical trainees

and trainers and are currently working on access to SOAR and have created a set of numbers for non medical trainees; she will discuss this further with William Liu.

- *Key updates*

They are working on induction eg leadership influencers and Health Board policies and trainees have set up training days to tackle this. She noted the Public Health Reform Commission has been established to identify priorities and linking with national bodies and ISD/Health Scotland – this work is not yet finalised. Work was also ongoing on a joined up hosting approach. There are 7 different commissioning arms and NES is the lead partner in leadership. A meeting has been arranged for later in the day with NES to discuss the Commission’s reform aims and she will feed back to the STB after the meeting on progress. She confirmed she was happy to provide a formal update at the next meeting – if feasible.

Agenda

7.3 Occupational Medicine

No recruitment or other update was received.

7.4 Broad Based Training (BBT)

- *Recruitment*

There are 73 applications (83 last year) - 51 were longlisted and of these 25 were for BBT only (8 last year) and will progress via BBT and GP recruitment processes. Numbers are slightly down overall.

- *Key updates*

GL noted the BBT curriculum was out of date and was seeking to update the practical procedure aspects; the other specialties involved have been asked if the list of recommendations were acceptable – Medicine and Paediatrics have confirmed their sign off. The group agreed sign off by GP.

8. Medical Directorate Workstreams – key updates

8.1 Training Management

The paper circulated for information showed it was possible to generate a table of ARCPs for each of the specialties. This was at an early stage to allow conclusions to be drawn but will allow checking on whether there are any marked differences and thus an issue with consistency.

MK reported on planned changes to the Training Management workstream. In 2014 the single Scotland Deanery was created with Lead Deans/Directors for each of the specialties across Scotland however the work was not completed for Training Management. There was now the opportunity to continue with the original MDET vision and a letter communicating the changes was sent out to all NES Medical staff eg Professor McLellan will be the LDD for Medicine specialties across Scotland and will line manage all APGDs and align specialties by area. The change will be in place for November 2019 and there will be regular updates via the STB.

MK also noted work on Differential Attainment – this has now been renamed Fairness in Training for All and widens this area of work. NES was involved in the GMC pilot and will mainstream the work via TM including work on unconscious bias and reverse mentoring and will apply to all core activities.

9. STB updates

No other updates were received.

10. Papers for information

Received for information were:

- Reflective practice toolkit
- GMC State of Medical Education
- Reflective practitioner guidance.

11. **AOCB**

No other business was raised.

12. **Date of next meeting**

The next meeting will take place at 10:30 on Thursday 18 April 2019 in Room 3, Westport, Edinburgh (with videoconference facilities).

Actions arising from the meeting

Item no	Item name	Action	Who
5.	MDET Updates for STB: Public Health	To investigate what input they have to the Faculty re terms of recruitment.	CJ
6.	Main item for discussion – STB Chair presentation		
6.2	STB	To present at future meeting.	LD/Agenda
7.	Specialties		
7.2	Public Health	To feedback to group re Commission's reform aims.	CJ/Agenda