

**Minutes of the meeting of the General Practice, Public Health Medicine and Occupational
Medicine Specialty Board held at 13:30 on Wednesday 18 April 2018 in Room 6, Westport,
Edinburgh (with vc links)**

Present: Gordon McLeay (GM) [Chair], David Bruce (DB), Alasdair Forbes (AF), Moya Kelly (MK), Amjad Khan (AK), Amy Knighton (AKn), Joan Knight (JK), Carey Lunan (CL), Hazel Stewart (HS)

By videoconference: *Inverness* – Elizabeth Smart (ES)

Apologies: Kashif Ali (KA), Claire Beharrie (CB), Nigel Calvert (NC), Lindsay Donaldson (LD), Frances Dorrian (FD), Sandesh Gulhane (SG), Ellie Hothersall (EH), Jacqueline Logan (JL), Helen McCabe (HM), Stewart Mercer (SM), Rowan Parks (RP), David Prince (DP), Andrew Thompson (AT), Iain Wallace (IW), Emma Watson (EW)

In attendance: Naomi Mercer (NM)

- | | | Action |
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| 1. | Welcome and apologies
GM welcomed all to the meeting and apologies were noted. | |
| 2. | Minutes of the meeting held on 20 February 2018
Page 2, Item 6.1 GP, second last bullet point to read 'Stage 2'.

With these amendments the minutes were accepted as an accurate record of the meeting. | NM |
| 3. | Matters arising/action points from previous meeting
No items were discussed. | |
| 4. | STB update for MDET
No additional updates were received. | |
| 5. | MDET updates
GM highlighted: <ul style="list-style-type: none">• From August 2018 all GP trainees in Scotland will be employed by NES as a single host health board for the duration of their training.• There is currently work ongoing within NES to look at Differential Attainment for IMGs and BMEs. NES to create action plan from data provided by GMC on DA. NES have been invited by the GMC to record a video summarising what NES is doing to deal with this issue; currently actions involve: multiple small interventions, change in culture, support in training, etc. which all help to build Trainee confidence.• NES and the Health Boards are creating a joint action plan in response to GMC report that resulted from the GMC visit in 2017. | |
| 6. | Recruitment updates | |
| 6.1 | GP
GM highlighted: <ul style="list-style-type: none">• GP recruitment update circulated. GM explained the current attempts to increase the attractiveness of GP by increasing flexibility with the options of deferrals and shortening training through accreditation of transferable competences. These options have made managing programmes more difficult, especially deferrals as they lead to gaps in programmes. | |

Round 1 of recruitment has already taken place and round 1 re-advert is currently ongoing; the Selection Centre will take place on Wednesday 25th April 2018 in Edinburgh.

AF informed of the Board of an outline paper from RCGP, which will soon be submitted to Scottish Government, proposing the equivalent of an FY3 year for those who just fall short of qualifying for posts and could, with some work and support, attain them, for instance, by working within clinical settings to broaden their experience before reapplying for training. It may also suit FY2s who are uncertain of where to specialise.

It was pointed out that it would not be possible for these doctors to work in GP unless they were only observing as they are not on the performer's list. Any proposal would require GMC approval and a curriculum in order to be implemented if they are considered to be in a training post.

MK advised not to mix the two groups: uncertain FYs and those who underperform/fail recruitment, citing a recent survey of 32 failed recruitment applicants, exploring their interest in undertaking a supportive placement while they reapplied for GP training. 11 responded and 10 expressed an interest in hearing more. The majority had failed the MSRA which is the most predictive part of GP recruitment.

It was agreed that we should await the Scottish Government's response to the College's worked up aspirational posts and the Scottish Government's request that NES look into those who have failed recruitment.

6.2 **Public Health**

ES informed the Board that the recruitment process started in December and interviews were held in February. The four posts in Tayside, Grampian, Forth Valley and Highland have been filled.

6.3 **Occupational Medicine**

No additional updates were received.

7. **Shape of Training review**

CL reported on possible updates on the 3+1 Scheme, agreed in 2017 by the four health secretaries across the UK. The original proposals – to offer specialist training, particularly in the areas of child health and psychiatry, were cause for significant concern for the RCGP, who noted their formal opposition in a letter from Professor Helen Stokes-Lampard, Chair of RCGP UK, prior to the agreement with the health secretaries.

In a recent meeting between Scottish Government, RCGP, and SGPC, ongoing concerns were raised, particularly in the context of the crisis in the generalist workforce. It is felt that these schemes have the potential to further dilute the generalist workforce. It was agreed in this recent meeting with SG that the term "3+1" was misleading and should be changed as it somehow implied a link to GP training, which is not the case. This is a post CCT learning opportunity. It was also agreed that any schemes being developed should focus on enhancing generalist skills (e.g. leadership, quality improvement,

preparedness for partnership, etc.) rather than specialist skills. RCGP have also requested that the wording in the primary care workforce plan (yet to be released, but due imminently) be changed so as not to commit specifically to 3+1 schemes in their original proposed format.

8. Directorate Workstreams

8.1 Training Management

GM distributed a copy of an email response to Rosie Baillie, Senior NES Manager, on ARCP reviews. Documents on Lead Employer Arrangements and a national programmes allocation list were also shared for information.

MK highlighted:

- ARCP – January 2018's Gold Guide has been incorporated into Summer 2018 ARCP processes.
- Single Employer - TURAS People will be launched April 2018. This system will work with the training system TURAS TPM and existing HR systems to manage required employment information e.g. PVG Scheme Membership and minimise duplications. Doctors will have access to their personal data and self-service functions.
- The twelve BBT posts have been filled; rotations are currently being created. Greater Glasgow will be the employer for BBT.

8.2 Quality

DB highlighted:

- The GMC national review of the Scotland Deanery will be presented at the Scottish Medical Education Conference on 26th-27th April 2018.
- MK will chair a Scotland wide meeting to consider the GMC thematic review of GP across the UK.
- ACT Primary Care Group - The purpose of the group is to set out how best to achieve an increase from 10% of GPs undergraduate teaching in the community to the target of 25% as set by the Scottish Government. NES will look at new models of funding for this purpose; the budget is approximately £80 million. This work is being led by Dr John Gillies.

8.3 Professional Development

A handout on newly available NES online modules on Death Certification was shared for information. The modules are completed by registering with/logging into TURAS Learn. GM would encourage a widespread circulation as they are relevant to general practice, although not mandatory.

9. Specialty updates

9.1 GP

Post-CCT GP Fellowships have been advertised. The responses are as follows: Health Inequalities – 7 applications received for 3 posts, Medical Education – 8 applications for 4 posts and Remote and Rural fellowships 5 applications for 12 posts. Interviews will be taking place soon.

9.2 Public Health

Ashleigh Stewart, Deputy Manager-Training Management, asked the Board to approve the new Non-Medic Appointment Conditions for Speciality Training Programmes, which were circulated prior to the meeting. These are proposed

standard conditions for non-medical trainees in Public Health Medicine to bring them in line with the Medic Appointment Conditions.

The Board discussed the inclusion of certain clauses in the document:

- It was agreed that clauses on immigration and the PVG Scheme should be included in the Non-Medic Conditions.
- Whether the addition of the ‘...share information about my performance as a trainee with [...] the GMC...’ is necessary for Non-Medic Conditions. It was asked if perhaps such information is required to be shared with the GMC.
- It was agreed that the GMC survey clause from a previous version of the document should also be re-included

GM will provide this feedback to EH and Ashleigh Stewart, with an agreement that if these changes are acceptable, they will be approved by the Board.

**GM, ES,
EH**

9.3 **Occupational Medicine**

The National School will be hosted in Edinburgh this summer. KA is organising this. KA will be leaving his TPD post at the end of July.

10. **Lead Dean/Director update**

11. **Service update**

12. **DME update**

13. **BMA update**

14. **Lay representative update**

No additional updates were received.

15. **RCGP update**

AF highlighted:

- The RCGP has been asked by the Scottish Government to put in a bid for funds for First 5 cohort mentoring.
- Involved in 3+1 discussion as noted previously.
- Recruitment and retention group meeting on a regular basis as an umbrella group, bringing together the universities, RCGP (Scotland), NES, medical students, trainees, and Scottish Government.
- Ways of engaging with secondary pupils being developed based on work started in England.
- Work being pursued on appraisal and “myth busting” the appraisal process.

15.1 **Setting a Standard for GP Training in Scotland**

AKn presented the RCGP Scotland AiT and First5 committee discussion paper, explaining the purpose of the committee and its aims. It has been running for 18 months, with a focus on GP workforce and training and looking at creating and maintaining a standard of training for GPs in Scotland.

The paper is split into 6 broad areas, AKn highlighted:

1. Rotational programmes – improving quality over quantity in placements; ensuring there is no replication in GP training if the trainees have already completed specialties.
2. Secondary care placements – ensuring GPs feel supported and valued as with other specialty trainees; emphasising clinical skills that are more relevant to general practice e.g. inserting IUDs over assisting in

surgery; Health Boards and Departments should be accountable for the quality of training, with adverse consequences if the standards of training are not met.

3. Education and learning – personal and peer support; guaranteeing study leave hours; standardising eLearning across Scotland.
4. Out of Hours (OOH) – good support and learning, ensuring continuous supervision; standardised hours and inductions; implementation of traffic light system across Scotland; encouraging trainees to stay on by encouraging them to see OOH service is beneficial to their training and learning, not only a requirement.
5. Trainer/Supervisor relationship – local deaneries supporting their trainers to facilitate professional learning as they see fit; recommend secondary care supervisors be encouraged and supported to attend training in the GP curriculum and work-based assessments.
6. Three or Four Year programmes – move towards shorter rotations in a wider variety of specialties; Four-year programmes should offer a 24/24 month split, with 24 months of that being spent in practice.

In summary: placing greater value on the GP profession and improving resources, such as creating robust training programmes to improve the GP crisis.

DB noted that the paper was debated at the GP Directors' meeting that morning, where it was welcomed and majority agreement with the trainee experience in hospital settings and OOH services recommendations. It was added that although NES is charged with arranging training, NES must work with what resources are provided: current numbers stand at 700 trainers across 300 training practices.

The Board mentioned current and possible actions being taken by NES to improve GP training including:

- taking out posts that were not suitable for training with Scottish Government backing (disestablishment).
- Four-month posts have been found to be unhelpful due to the length of duration; if posts were made longer, trainees could be given more support.
- Providing OOH services with their own Trainers.

Citing an awareness of AiT and First5, DB stated that feedback measures including the Scottish Training Survey are taken very seriously, with Quality Management already doing what AiT and First5 are asking, along with improving quality training.

The Chair welcomed the paper and offered the following feedback:

- Encourage AiT members to sit on other Speciality Training Committees in Scotland's regions
- Encourage some AiT members to become Trainee Associates (Trainee Associates are part of Quality Management teams)
- NES will continue to look at the feedback, particularly on OOH
- That patients are not mentioned in the paper, as healthcare is ultimately about them, and they should be considered in the recommendations.

AKn confirmed that the aim of the paper is to affect change and improve GP training and education, by providing an opportunity for many voices and opinions to be heard. CL added that the paper should be shared more widely, including NES's comments.

AF added that as a Trainer, feedback is greatly appreciated, particularly when filling in trainee reviews and he would welcome feedback from OOH supervisors.

Regarding the ePortfolio, there would need to be further discussion with the RCGP, as they are the guardians of the ePortfolio, with GMC approval of the curriculum and assessments. There was some discussion on whether the number of assessments could be reduced to ease pressure on trainees.

CL asked the Board to provide their individual feedback to her. She noted what the RCGP does and what they could do to support NES, highlighting:

- A possible 'Trainer of the Year' Award – is this a good idea to recognise the work that Trainers do?
- Can they provide any support to compliment the work NES does on preparedness and resilience?
- Can the College provide support to Trainers?

ALL

16. **Trainee update**

17. **Academic update**

No additional updates were received.

18. **AOCB**

18.1 **Models of General Practice**

CL enquired about the effect of new models of General Practice, such as the Barclay Practice Model, a Partnership that operates several practices in Scotland, and whether they threaten or hinder training.

MK reported that trainees who have worked in the Barclay practices have given positive feedback, mostly based on the range of experience they received in training e.g. triage, home visits, clinic hours.

It was noted that if a practice becomes a 2C practice they can no longer be a training practice. It may be possible in the future to consider applications from 2C practices.

MK confirmed that whilst the Barclay Practice in Glasgow has training status, not all Barclay practices elsewhere will when acquired; training status is not automatic. A visit would be triggered to assess training status suitability.

Evidence suggests trainees feel better equipped by the end of their training if they have attended two different practices, though this pattern is different across Scotland. AK noted that the South-East has 2 different practices in ST1 and ST3. HS added that Forth Valley also facilitates the two-practice training, though trainees retain the same Educational Supervisor at both practices to track their training.

18.2 **David Bruce**

GM formally noted DB's retirement and thanked him on behalf of the Board for his years of service.

19. **Date of next meeting**

The next meeting will be held at 13:30 on Wednesday 4 July 2018 in Room 5, Westport, Edinburgh, with videoconference links.

Actions arising from the meeting

Item no	Item name	Action	Who
2.	Minutes of previous meeting 20/02/2018	Amend item 6.1 GP second last bullet point	NM
9.2	Public Health	To relay feedback on Non-Medic Appointment Conditions and make any necessary changes	GM, ES, EH
15.1	Setting a Standard for GP Training in Scotland	Individual feedback to CL re RCGP supporting NES	ALL