

NHS Education for Scotland
Foundation Programme Board
Thursday 2nd May 2019, 1pm, by VC

Chair: Duncan Henderson (DH)

Attending: Clare McKenzie (CMc), Caroline Whitton (CW), Edgar Brincat (EB), Yatin Patel (YP), Alistair Milne (AM), Christine Rea (CR), Jennifer Duncan (JD), Hilary Duffy (HD), Karen Darragh (KD), Tom Drake (TD), Imogen Makin (IM)

In attendance: Gillian Carter (GC)

Apologies: Fiona Cameron (FC), Joy Miller (JMi), Brian Neilly (BN), Joseph Sarvesvaran (JS), Graeme Currie (GPC), Rowan Parks (RP), Fiona Drimmie (FD), Jane Montgomery (JMo), Andrew Russell (AR), Rona Patey (RP), Hollie Clements (HC), Cameron Kennedy (CK), Aleksandra Poziemska (AP), Paola Solar (PS)

		Action
1.	Welcome and apologies DH welcomed everyone to the meeting, invited introductions and confirmed apologies.	
2.	Minutes of previous meeting 04.12.2018 (meeting of 12.02.2019 was cancelled) YP requested a change to the wording of section 6 on page 3, as it seems to imply that two weeks can be taken as taster leave in both F1 and F2 rather than two weeks in total. Otherwise, the minutes were agreed.	
3.	Notification of AOB No other business was raised.	
4.	Matters Arising <i>4.1 NES Vision for TPM:</i> CMc reported that the implementation of the NES Vision for TPM is currently at the preparation stage whereby sub-groups are examining specific areas of policy and formulating recommendations which will then be passed to MDET for approval. There is a Foundation-specific Policies sub-group responsible for examining policies for Foundation e.g. allocations, TOI etc. Recommendations from this group will be passed to FPOG for comments prior to being presented to MDET. It is intended that this process will be complete by summer to allow handover to begin in August. The handover process will probably involve face-to-face meetings as well as updates via Skype. The NES Vision for TPM should therefore continue as an agenda item at present. CMc advised that the project group responsible for implementing the vision comprises two Deans and TPM managers. The group has produced a Gant chart to which it is currently adhering. A page has been created on the Scotland Deanery website which provides communications relating to the vision. Details of the administrators who will be responsible for each programme has not yet been released as	

	<p>there is a concern that this might confused T/FPDs and trainees. Updates from the working groups are as follows:</p> <p>LTFT - Waiting to get started but checking policy and CR drafted flowchart to be finalised. Automated form being discussed for implementation in November.</p> <p>IDT/IRT - Not yet underway, waiting for current IDT window to complete, then checks of policy and process to begin – unlikely any changes needed.</p> <p>ARCP/Appeals - COMPLETE. Group have met and policy document has been circulated for comments. Document produced for administrators as guidance with advice rather than answers which will be circulated once complete. Appeals policy ready for submission to May meeting of MDET after approval got from this group.</p> <p>Study Leave - COMPLETE. Group not likely to require a meeting and have been in discussion by e-mail so far. Policy does not require any updates and will go to MDET in May for sign-off.</p> <p>PSU – Ongoing. Excellent discussions as to support needed for local and PSU cases, differences between regions and how to move forward.</p> <p>Academic – Ongoing. Collecting regional and university information – clarity required on some fundamental definitions around academic with aim of achieving better consistency.</p> <p>OOP – Ongoing. Review of forms and the operational protocol document. Possibilities for partial automation being discussed, also link with national HR group looking at OOP which is led by Anne Dickson.</p> <p>Revalidation – COMPLETE. Updates on website – this can now be closed.</p> <p>Period of Grace – COMPLETE. No changes to recent guidance document – this can now be closed.</p> <p>FY policies – Group have met and policies in draft. Assessment guidance reporting to FPDs through the operational group then for MDET sign off.</p> <p>GP policies - The group has met once so far, excellent discussions around regional practices within GP highlighting similarities and differences. Some issues will go to GP directors for a view. Currently trying to set a date for a sub-group on GP Training Support Budgets.</p> <p>Turas/IT – Many comments received around automated forms and reporting. Group will meet at end of April. Other working groups likely to feed into this one.</p> <p>Travel – Group not met as yet. Output from other working groups will feed into this one.</p> <p>STC – Ongoing. Group have discussed over e-mail as not met yet.</p> <p>Careers – Questionnaire to 4 APGDs for careers - group will review what happens in each region looking at good practice and similarities/differences.</p> <p>Mapping – Ongoing. Extensive work looking at core TM tasks and those which have cross-over into other workstreams – key areas include delivery of teaching and induction.</p> <p>LAT – No updates to policy required in relation to Vision, however group are working on an update to the policy which is overdue. Policy in progress to be submitted to May meeting of MDET.</p> <p>Recruitment – Group have not met yet - looking at 2020 recruitment and amendments/changes to process.</p> <p>Handover – Template complete with guidance details on Sharepoint for staff to complete ready for official handover discussion to be advised.</p>	
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	<p>YP asked what issues were reported by Board administrators at the recent Foundation Programme Development Day. CMc advised that their main issues were Turas Learn being inadequate and mixed messages regarding mandatory training following the move to lead employer arrangements. CR advised that the latter is an HR issue which she will raise with Anne Dickson who sits on the HR group. DH reported that the South East Health Boards have agreed their mutual mandatory modules. It was noted that the Board administrators in the South East have detailed numerous issues with Turas Learn which they will raise with CR.</p> <p><i>4.2 Digital Update:</i> CR reported a positive meeting with AM, FC, Ross Meikle and Jo Cuthbert in which they discussed the possible inclusion of the PSG and Leader forms, the creation of designated roles on Turas to avoid individuals having to use multiple log ins and options to improve the speed of Turas Portfolio. This may involve having F1 and F2 on separate tabs. CW expressed concern that these discussions should not override the previous discussions with the Turas development team which included agreement regarding how additional learning should be recorded. CR advised that the items previously requested will still be completed. CMc asked how decisions relating to e-Portfolio were informed and suggested that the main users of the system should be involved in its development. DH advised that FCAIG would manage this process in future with each region feeding opinions to the appropriate representatives. CR further noted that there is a Turas Learn sub-group, however the issues with Turas Learn reported by Health Board administrators will need to be escalated beyond this.</p> <p><i>4.3 2019 F1 Recruitment and F2 Stand-alone Recruitment:</i> DH reported that the Foundation Programme is currently significantly over-subscribed with more than double the number of applicants on the reserve list than in recent years. Nonetheless, applicants are still expected to withdraw due to failed finals, leaving the UK etc in the coming weeks. YP asked how trainees who receive outcome 3s in F1 would be fitted in if there are no gaps in August. CR advised that she has spoken with Anne Dickson regarding gaining additional funding for these trainees if needed. CR further reported that Scotland filled its 8 vacancies from the first batch allocation of the reserve list and currently has 1 vacancy to offer in the second batch allocation. Regarding F2 stand-alone recruitment, DH advised that the majority of those interviewed this year were current UK F1s. There were also relatively few stand-alone F2 posts available across the UK. The UKFPO are therefore discussing the option of running an internal recruitment process for current F1 trainees meaning that only external applicants would need to be interviewed.</p> <p><i>4.4 Foundation Expansion Posts including Psychiatry and GP post update:</i> DH reported positive discussions with the Scottish government health department regarding post expansion from 2021. Currently numbers and locations are under discussion. They are also examining the possibility of priority placements and considering how to support the GP and Psychiatry recruitment drives. CW noted that sometimes struggling areas have issues with senior staff and therefore introducing further Foundation trainees to units may not lead to improvement. She further emphasised that GPs would</p>	<p>CR</p>
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	<p>need to be supportive of the plans to help identify suitable practices to accommodate the additional GP posts. CMc reported that she has formally approached Moya Kelly to propose the expansion of GP posts in Foundation. Moya felt this would be challenging, but she will support the project and try to assist. YP observed that the North region has local issues in providing adequate supervision within Psychiatry which is likely to be exacerbated by introducing additional trainees. Issues with Foundation psychiatry posts were also noted in East region.</p> <p><i>4.5 Academic Foundation – Programme and Recruitment:</i> A review of the Academic Foundation Programme in Scotland is currently ongoing with a Questback survey circulated to all AFP trainees and a report produced regarding the recent recruitment cycle. It is recognised that there are differences amongst the Scottish regions which should be examined alongside looking at the overall running of the programme and recruitment methods. YP reported some positive feedback from local AFP trainees who came from outside Scotland to complete the North region programme and have found it an excellent experience.</p> <p><i>4.6 Study Leave Funding:</i> FC has prepared a paper exploring study leave funding which notes that approximately £500 is available per Foundation trainee. It is recognised that there is variation amongst the four regions about how this money is spent and whether it is over- or under-spent. The APGDs are currently discussing these issues. YP noted that some areas are offering ALS while others are offering eALS; although eALS is usually cheaper, there is no consistency with course costs across Scotland. YP also noted that North doesn't have enough places for all trainees and so the North region often finds itself over-spending on travel when trainees are required to commute to complete ALS. It was reported that JMi had previously remarked that eALS was not favoured by the ALS team in the North region, however she was currently in discussion with their local Simulation Team who believed they could provide all competencies for a set fee of £500 per trainee. CW remarked that NES does not pay for ILS and therefore queried why we were required to pay for ALS. DH felt that national discussions with ALS providers may materialise soon as it is often impossible to provide all required courses for £500 given the cost of ALS. CMc suggested that we should propose that ALS is not mandatory in the new curriculum. DH will speak to Tom Yap about this. DH also noted that other courses covered more clinical areas eg medical emergencies and it could be argued that they provide a broader training for the same money as ALS. EB asked what courses were available which could provide the same learning outcomes as ALS for less money. DH and FC will prepare a list of what is available, however DH noted that capacity for any mandatory course will always be an issue since we have 849 F2s in Scotland.</p>	<p>DH</p> <p>DH, FC</p>
<p>5.</p>	<p>UK Foundation Review</p> <p>Tony Choules provided a presentation about the Foundation Review at the recent Foundation Programme Development Day. DH reassured the group that there were no items in the draft paper which would be prohibitive to Scotland participating in adopting the recommendations. At this point the paper is not confirmed and so he did not feel it was worthwhile to discuss its</p>	

	<p>content at present. CMc advised that the Deans in England have been asked today to submit their proposals for priority placements. She will circulate this request to the Scottish APGDs following the meeting including the timeline and suggestions. YP asked whether trainees who have accepted priority placements would be allowed to then participate in the standard recruitment process. DH advised that it would be proposed that this should not be possible. Since this would be the same protocol used for AFP recruitment it is anticipated that this would be permissible. It will be discussed at the UKFPO Recruitment Delivery Group at the end of May.</p>	<p>CMc</p>
<p>6.</p>	<p>Foundation Programme Development Day 30.04.2019</p> <p>DH reported that the Foundation Programme Development Day went well and thanked both those who attended and organised the meeting.</p>	
<p>7.</p>	<p>Tasters and Formal Teaching – Turas Record</p> <p>CR reported that she has requested a report of Tasters recorded through Turas as it had been observed that we did not previously have an accurate record of Tasters undertaken. It has become apparent that some Tasters are not being recorded on Turas but are being arranged informally within departments. She advised that FCAIG will discuss how to record Tasters more clearly. CW observed that trainees should have an interest in formally recording their Tasters and applying through Study Leave as 5 hours can be counted towards their teaching attendance quota. This was discussed and it was established that those based outside the West region were not familiar with this protocol. This needs to be clarified and, if appropriate, specified in the ARCP reminder letters currently being drafted by AM.</p>	<p>AM</p>
<p>8.</p>	<p>QI/QM</p> <p>DH noted that there is currently Foundation representation attending all of the Specialty and GP quality management workstreams. CM will discuss further at FQMG to avoid repetition.</p>	
<p>9.</p>	<p>Foundation Programme Groups</p> <p><i>9.1 Foundation Academic Group:</i> There has been no update received from GPC.</p> <p><i>9.2 Foundation Curriculum and Assessment Implementation Group (FCAIG):</i> The group previously known as the Foundation Curriculum and Assessment Group (FCAG) will now be known as the Foundation Curriculum and Assessment Implementation Group (FCAIG). This group will be steered by the Board and FPOG. AM will chair the group and it has been proposed that the first meeting of the new incarnation will be held on 23rd May at 2pm. It is intended that the group will meet approximately a month after FPOG meetings, but on this occasion, it is hoped that the meeting can be held earlier to finalise the Scotland-wide induction slides prior to August.</p> <p><i>9.3 Foundation Programme Operational Group (FPOG):</i> No additional updates (all items covered in the current Board agenda).</p> <p><i>9.4 Foundation Simulation Group:</i> The Foundation Review is probably going to recommend that simulation is expanded in both F1 and F2. Simulation</p>	

	<p>sessions offered in each region at present, including clinical skills/surgical skills sessions, are as follows:</p> <table border="1" data-bbox="316 300 1246 488"> <thead> <tr> <th>Region</th> <th>Number of F1 sessions</th> <th>Number of F2 sessions</th> </tr> </thead> <tbody> <tr> <td>East</td> <td>1</td> <td>1</td> </tr> <tr> <td>North</td> <td>2</td> <td>2</td> </tr> <tr> <td>South East</td> <td>3</td> <td>1</td> </tr> <tr> <td>West</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>YP advised that some departments in the North region also provide their own simulation courses e.g. Paediatrics in ARI. CW noted that discussions during the review suggested that departmental simulation could be included in the simulation quota but recognised that this would be hard to implement.</p>	Region	Number of F1 sessions	Number of F2 sessions	East	1	1	North	2	2	South East	3	1	West	1	2	
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East	1	1															
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West	1	2															
<p>10.</p>	<p>Student and Foundation Trainee</p> <p><i>10.1 Student Update:</i> There was no student update.</p> <p><i>10.2 Foundation Trainee Update:</i> IM reported that she and HC have been exploring new ways to collect feedback from Foundation trainees. They organised a feedback session in the East region following formal teaching this week which they felt was more effective in collecting opinions than asking colleagues to respond by e-mail. She noted that trainees were currently concerned about meeting the requisite teaching hours and was reassured that an e-mail would be circulated soon to clarify what could be done to make up missing hours. She reported that colleagues in the East were also uncertain about the process for ranking F2 posts; JD will clarify this process with IM. There are also difficulties experienced by some trainees with disengaged supervisors leading to problems in having meetings and TABs signed off. She asked at what stage and how this should be escalated. DH advised that such situations should be escalated to the FPD as soon as possible and provided reassurance that no trainee would be disadvantaged by a disengaged supervisor. YP further noted that if there were serious issues with an educational supervisor the FPD could sign off the relevant forms after discussion with the clinical supervisor and with clarification of their FPD role made explicit on the form. CMc asked for clarity on what would happen if a supervisor was routinely disengaged with their Foundation trainees. DH advised that escalation would be made first to the FPD and then to the DME with a view to their being removed as a supervisor. He emphasised that this situation was not common, but trainees would always be supported if it occurred. IM further reported that colleagues were confused by DOPS as they seemed similar to core procedures but were recorded differently. DH clarified that DOPS covered any procedure that was not a core procedure (eg pleural tap, ascitic drain, a-line etc). AM also noted that a DOPS can be replaced by a mini-CEX if it is not feasible to achieve in certain posts.</p>	<p>JD</p>															
<p>11.</p>	<p>For information</p> <p>There were no documents received for information.</p>																
<p>12.</p>	<p>AOB</p>																

	There was no other business raised.	
13.	Meeting dates 2019 Thursday 5th September 2019, 2pm; WP Room 7, 2CQ Room 8, Ninewells Postgraduate Office Room 4 Thursday 5th December 2019, 1pm; WP Room 7, 2CQ Room 8, Ninewells Postgraduate Office Room 2	

Action List

Item	Action	Lead
4.1	Raise issue of HR mandatory teaching requirements with Anne Dickson	CR
4.6	Speak to Tom Yap about whether ALS will be mandatory in the new curriculum and whether it could be replaced with an alternative suitable course.	DH
4.6	Prepare a list of suitable alternatives to ALS	DH, FC
5	Circulate request for priority placement proposals to APGDs	CMc
7	Clarify whether 5 hours of taster leave can be counted towards the formal 30-hour teaching quota and amend letters if necessary	AM
10	Explain East region F2 ranking process to IM	JD