

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 18 April 2019 in Room 5, Westport, Edinburgh (with videoconference links)

Present: Gordon McLeay (GM) [Chair], Amjad Khan (AK), Frances Dorrian (FD), Joan Knight (JK), Hazel Stewart (HS). Andrew Thompson (AT).

By videoconference: Wendy Leeper (LP).

By telephone: Sandesh Gulhane (SG).

Apologies: Kashif Ali (KA), Claire Beharrie (CB), Nigel Calvert (NC), Lindsay Donaldson (LD); Alasdair Forbes (AF), Cathy Johnman (CJ), Moya Kelly (MK), Graham Leese (GL), Jacqueline Logan (JL), Stewart Mercer (SM), Rowan Parks (RP), David Prince (DP), Emma Watson (EW).

In attendance: Helen McIntosh (HM).

- | | Action |
|--|---------------|
| 1. Welcome, introductions and apologies
The Chair welcomed all to the meeting and apologies were noted. | |
| 2. Minutes of the meeting held on 17 January 2019
The minutes were accepted as an accurate record of the meeting. | |
| 3. Matters arising/action points from previous meeting | |
| 3.1 Public Health update: input to Faculty re recruitment
Item carried forward to next meeting. | Agenda |
| 3.2 DME presentation
Carried forward to future meeting. | Agenda |
| 3.3 Public Health: Commission reform aims
Item carried forward to next meeting. | Agenda |
| 4. STB update for MDET
GM highlighted: <ul style="list-style-type: none">• SIPs – appointment made.• Round 2 recruitment.• Round 1 recruitment.• BBT.• TPD appointments- CJ to Public Health and WL to BBT.• Recruitment process – main consensus for UK wide.• STB meeting format and timings.• TM vision changes. | |
| 5. MDET Updates for STB
GM highlighted: <ul style="list-style-type: none">• Foundation – Scottish Government plans to increase Medical School intake, including SCOTGEM. All will need Foundation places and so proposal to extend Foundation via the Transitions Group. If expansion is approved this will be for hard to fill specialties eg Psychiatry and GP and from 2021. | |

- Ongoing concern arising from Career Development Survey – number of Foundation doctors entering specialty training has dropped from 71% to 38% (2018). Individuals may return but fewer were going directly into specialty training.
- Expansion now or expand as new posts come through – funding and capacity issues remain to be resolved.

6. **Main item for discussion – STB Chair presentation: *The new GP Curriculum and Assessment***

GM presented to the group and highlighted:

- Curriculum changes planned for August 2020 were not yet finally signed off by the GMC.
- Prescribing Assessment will be introduced in August 2019.
- The new curriculum includes a purpose statement which maps to MCS/GPCs.
- The last main curriculum update was 10 years ago, and College research shows the challenge of addressing change in demographics and associated changes. GPs also need to work beyond the consulting room eg leadership and engagement in service delivery in local areas.
- Core section was concerned with capability and covers 5 areas: competences and capability/ integrating knowledge and skill to specific task/ability to adapt and to perform tasks in complex and changing environments.
- The 5 generic capabilities were subdivided into 13 specific ones – these remained the same as the previous 13 competences (relabelled) and were grouped together – hence there was no major change.
- Capabilities were expanded further into specific competences and learning outcomes, and each has examples.
- Further expansion – series of topic guides to explore and apply as part of training. Trainees can dip into these and check what was expected of them.
- Everything was linked to the Curriculum – Assessment Strategy and three main components – AKT/Clinical Skills Assessments/WPBA – all to link back to curriculum and demonstrate how. There has been a reduction in the number of some assessments and some have been replaced.
- Once signed off – planned to introduce for August 2020 – but was dependent on the development of the eportfolio platform.

Noted: significant events were about good as well as bad practice and could provide effective learning.

Prescribing mandatory pilot – presentation by GM

GM further presented to the group on this mandatory pilot and highlighted:

- The pilot will be reviewed and analysed before going live in August 2020.
- Only full-time ST3 trainees will be expected to participate – LTFT trainees can participate if they choose.
- Paperwork now in eportfolio.
- GMC and University previous studies of prescribing showed prescribing errors in 1/20 of prescriptions – mostly minor – and significant errors occurring in 1/1000. To date prescribing has not been formally assessed (apart from AKT and CSA section) – the intention was to provide support for trainees. This will be a formative assessment so there was no requirement to pass – trainees would only fail if they did not do it. It will form part of data within eportfolio.
- Trainees will be asked to review a sample of issued prescriptions to encourage reflection and confirm good prescribing. They will not review diagnoses and its aim

was to be supportive and there was no plan to reduce costs. The most important aspect was how the trainee responded. Trainees will look retrospectively at 60 items of normal prescribing – these will be consecutive and linked to patients via a spreadsheet. Each trainee will complete a prescribing reflection form and the supervisor will be asked to look at 20 of the 60 items and select a sample with errors and no errors. The spreadsheet will be completed and reviewed if different results are shown. The trainer will then complete an assessment form. A judgement will be made at the end of the assessment as to whether the trainee is safe at that point in time or if specific areas should be looked at – or if the results are very bad they will be asked to do it again. Trainees and supervisors will be asked to complete a questionnaire on the process, so its impact can be analysed and any unintended consequences addressed. If successful, this will become a mandatory assessment in 2020. All information will be uploaded on to the eportfolio. If LTFT trainees chose to participate they would be required to complete the feedback questionnaire by January.

SG expressed concern about the time taken to do this. GM confirmed that 60 items would be checked, however this did not necessarily mean 60 patients; some prescriptions could contain 5/6 items and there was likely to be a small number of complex patients included. He felt the work would take an afternoon and then a tutorial to discuss the work with the supervisor – and this would be part of protective study time. This would not replace the current audit which will become a quality improvement project. The AKT is a summative assessment and involves sampling prescribing only so the prescribing pilot will not replace it. He considered that no GP will review 60 prescriptions and not find an error; trainers would not expect to check all prescriptions at ST3 stage after each surgery. The message from trainers was they were keen to engage with this as it would help to improve prescribing and support trainees in the learning process.

SG noted concerns raised by the SGPC and the BMA trainees sub committee and AiT and that trainers were not making positive comments. GM said that he has presented to trainer groups and while concerns and issues have been raised, overall this has been very positively welcomed. AT welcomed this development and that piloting it would enable changes to be made if issues/concerns were highlighted. He confirmed the concerns raised by SGPC as noted by SG. GM further confirmed that the pilot will only flag up prescriptions where the patient has made an issue request and it will comprise a mixture of repeats and acutes. It was planned to develop the pharmacist role in this work over time. Any final decision on the pilot will be made by the GMC after review. GM stressed questionnaire completion is very important and will help the final decision on the pilot. He confirmed eportfolios will not be analysed for data. SG asked if other elements could be removed instead of CBDs; GM confirmed the GMC has not agreed this; only a reduction in CBDs has been agreed.

7. Specialties

7.1 General Practice

7.1.1 Recruitment

The paper circulated showed Round 1 summary figures. There has been a slight drop on the number of applications for Scotland as first choice however the numbers accepting posts was 232 (230 last year). In terms of distribution, SES has done well, West has done reasonably, North has done better than previously, and East has not done well. For Round 1 advert they will see 66 people at Selection Centre (49 last

year) although this will include those applying for elsewhere in the country. There were 21 appointments from Round 1 readvert last year.

7.1.2 Key updates

AK highlighted:

- TM vision work e.g. GP support will be provided by the SES as part of the one Deanery structure. The detail was being worked through and there will be a period of shadowing from August before the change goes live on 1 November. Feedback was being received.
- GM and 2 TPDs were leaving post in the East at the end of July. Business cases to replace them were underway and some will go live today. The East and South East offices will work more closely however TPDs will remain where they are. There was a discrepancy between Assistant Director sessions in the East and West and so it has been decided to place another post in the West – leading to a 20/15 split (previously 19/10). This will ensure all trainees have similar access. He noted this was GM's last STB and thanked him for his years of service to NES and to GP training and the STB. He will be sorely missed.

7.2 Public Health Medicine

7.2.1 Recruitment

Noted: both posts filled.

7.2.2 Key updates

- **Public Health Reform Commission**

CJ's email confirmed that Reform work is ongoing - focus is on the Target Operating Model of the new Public Health Scotland body. The body is to be established by the end of the year. A consultation process is ongoing but the new body aims to be "...outward looking and collaborative with a strong focus on supporting the whole system – locally and nationally – and utilising the expertise, evidence, research and data capabilities the new body will have to support existing partnerships." They are continuing to develop the Specialist Workforce model.

- **Acting up as consultant during training**

CJ reported by email this was being actively encouraged by the Faculty of Public Health. She is unsure why there are not many opportunities but she will be investigating and encouraging Health Boards to actively consider it, and that it could just be the result of small numbers and timing. This will be discussed at the next STC meeting in a couple of weeks and CJ will update the group at the next meeting with more information.

AK noted the request received from a PH trainee to act up for 3 months in Northern Ireland. This was allowed however there were concerns about whether acting up should be occurring outside Scotland and that 3 months was perhaps not long enough if the trainee was going elsewhere in the UK. FD said the Deanery had not been approached. They do get people going to other parts of the UK for 3 months acting up so do have established processes e.g. Paediatrics allows up to 6 months. However the legal framework in Public Health is different as they work at a higher level e.g. with the Government advisers, so this has not happened before in their specialty. The appropriate salary must be paid if trainees were acting up and the training salary always stays where it is – posts must also be bone fide and trainees must not work on their own. AK will look at the existing paperwork to see if should be amended.

AK

7.3 **Occupational Medicine**

7.3.1 **Recruitment**

Noted: neither posts in North or SES filled; they have not filled for some time.

7.4 **Broad Based Training**

7.4.1 **Recruitment**

One post in North has filled and one of the two posts in Dumfries and Galloway filled. GM confirmed they were currently reliant on NES vacancy funding – mostly from GP and if there was not a vacancy the Health Board will need to identify a post. There was no specific budget, but the Scottish Government was being asked to confirm a budget by NES. Funding depended on ad hoc posts vacancies rather than specific funding at this stage.

7.4.2 **Key updates**

FD reported that NES will take on host employer duties for all national programmes, including BBT/OM/PH. They were discussing the logistics of this and current trainees will be moved over during this year and arrangements may be finalised in advance of the August 2020 deadline.

The first BBT cohort will move to ST2 in August; half of the group was considering GP and a decision must be made by October 2019.

7.4.3 **BBT STC minutes**

The minutes were circulated for information.

8. **Medical Directorate Workstreams – key updates**

8.1 **Training Management: Training Management Vision**

Website link noted and information included in NES newsletter.

8.2 **Quality**

A spreadsheet showing SQMG work and the GMC Online Deans Report was circulated to the group. Areas were highlighted from visits or reports which the GMC felt were important and need to be addressed. The spreadsheet showed how Scotland is addressing this.

8.3 **Professional Development**

AK noted that he has replaced RMV as LDD for PD and the new Dean in the North will co-lead and split GP and secondary care. They will look at appraiser courses and refresher training to ensure they are fit for purpose.

9. **Service update**

10 **Directors of Medical Education (DME) update**

11. **Trainee update**

No further update.

12. **Lay representative update**

JK reported she found the presentation given by the Chair had been very informative.

13. **RCGP update**

14 **Academic update**

No updates were received.

- 15. **BMA update**
AT confirmed he and SG will give a joint presentation on the Scottish contract at the meeting on 14 November. AK cautioned that dependent on who is appointed to replace GM as STB Chair, some meeting dates may have to be re-arranged.

- 16. **Papers for information**
 - 16.1 **Scottish Referral Guidelines for Suspected Cancer**
Noted.

- 17. **AOCB**
 - 17.1 **GP Fellowship posts**
Posts have been advertised and interviews arranged: 5 candidates for 4 Medical Education posts on 22 May; 3 for Health Inequalities posts on 24 May; 6 for Rural posts. All should be appointed and in post by 1 August.

- 18. **Date of next meeting**
The next meeting will take place at 10:30 on Thursday 15 August 2019 in Room 1, Westport, Edinburgh (with videoconference facilities).

Actions arising from the meeting

Item no	Item name	Action	Who
3. 3.1	Matters arising/action points from previous meeting Public Health update: input to Faculty re recruitment	Carried forward to next meeting.	Agenda
3.2	DME presentation	Carried forward to future meeting.	Agenda
3.3	Public Health: Commission reform aims	Carried forward to next meeting.	Agenda
7. 7.2 7.2.2	Specialties Public Health Key updates: acting up as consultant during training	To look at the existing paper to see if it can be amended.	AK
15.	BMA update	To give a joint presentation on the Scottish contract at the meeting on 14 November	AT/SG