

Minutes of the meeting of the General Practice, Public Health Medicine, Occupational Medicine and Broad Based Training Specialty Board held at 10:00 on Tuesday 18 February 2020 in Room 5, Westport, Edinburgh (with videoconference links)

Present: Nitin Gambhir (NG) [Chair], Drummond Begg (DB), Amjad Khan (AK), Joan Knight (JK), Graham Leese (GL), Ashleigh McGovern (AM).

By videoconference: *Glasgow* - Nick Dunn (ND), Graham Haddock (GH); *Inverness* – Helen Freeman (HF) deputising for Lindsay Donaldson (LD).

By telephone: Soodesh Reetoo (SR).

Apologies: Sandesh Gulhane (SG), Wendy Leeper (LP), Claire Beharrie (CB), Fiona Conville (FC), Lindsay Donaldson (LD), Alasdair Forbes (AF), Cathy Johnman (CJ), Moya Kelly (MK), Ken Lee (KL), Jen Mackenzie (JM), Stewart Mercer (SM).

In attendance: Andrew Buist (AB) observing meeting, 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**
As this the first meeting of the group for over a year, the minutes were received for information only.
3. **Matters arising/action points from previous meeting**
There were no matters arising/actions points to be discussed.
4. **STB Update for MDET**
As he is recently appointed to the post, the Chair has not yet attended a joint MDET/STB Chairs meeting.
5. **MDET Update**
AK noted:
 - Professor Stewart Irvine has been appointed Interim Acting Chief Executive for the period of Caroline Lamb's secondment to the Scottish Government. Professor Rowan Parks has been appointed Interim Acting Medical Director and Mr Graham Haddock has been appointed Interim Deputy Medical Director for this period.
 - MK will retire at the end of March and after then AK will be the sole GP Director for Scotland.
 - MDET and STB Chairs hold two joint meetings per year, and he will feedback to the group on discussion.
 - He has met the AIT Chair and Deputy Chair and it was hoped a representative will be appointed for the STB.
6. **Recruitment Update**
 - *GP*AK reported:
 - Increase for first time in total UK applications UK. Very hopeful this will translate into offer acceptances.

- Stage 2 recruitment process – candidates can bypass the selection centre if their score is high enough – and 41% did so. DB raised concern regarding deficit in recruitment year on year and whether there is planning in terms of places to meet the target; he noted the 800 target. AK confirmed the establishment figure is 1200 +>10 which does not equate to 400 each year due to LTFT etc. 284 numbers are put into recruitment each year and the rest are kept back for maternity leave and deferrals. If they were to meet the 800 figure they would have to look at various factors – Foundation numbers are going up and he was not certain whether this will translate into GP places. If HEE increases its GP numbers, Scotland will need to consider something similar.

If recruitment continues as is this is very positive. There was an issue in SES last year around holding back posts but this has been resolved. 67/68 of posts were filled in the February round; DB stressed the need to adjust looking forward and consider currency and practice capacity. AK confirmed he was actively looking at this eg different training and educational models for Pharmacists/Paramedics etc. Only a third of practices in Scotland are formal training practices so there was a lot of untapped potential which would be needed for additional staff. ND is a member of the Educational and Learning Capacity group which is involved in this work and was looking at a practice hub and spike model including Pharmacists/ Paramedics/ Nursing/ Physios. Its focus was on the first two at present. The proposal was for training practice hubs to take trainees initially for 6 months and they will then radiate out elsewhere to practices and not necessarily training practices. This was at an early stage of discussion and it was hoped to launch in May.

AK confirmed that most trainees exit training successfully. The number of non UK trained people was much smaller in Scotland than elsewhere in the UK; he felt it was too early to come to any conclusion whether the change to Resident Labour Market would make a difference. The number of trainees who put Scotland as their first preference has been stable over the years, with a rise for the first time this year. Most who put Scotland as first preference remain in the country.

DB felt there were benefits in the 1:1 model in small practices but there could be economies of scale in others - training more than one trainee in large practices – putting doctors in training into practices – so typically there is more experience already. While acknowledging the importance of capacity, AK said there are huge areas untapped with no training practices and they needed to use and link with them in various ways. Some practices do not want more than one trainee – even large practices. ND noted the need to explore multiprofessional learning and how to tap into and use this. There were many common learning needs and ways of sharing tutorials/using groupwork.

DB stressed the importance of GPs having the ability to plan 3-5 years ahead in terms of capacity building. This would allow planning, building extra rooms etc. There was a need for NES to work closely with practice partners. AK said he was aware of physical capacity issues and there was a limited amount that could be done. However, he was cautiously optimistic of a rise in numbers. They will target practices to encourage them to become training practices and will work with the BMA on whatever is best.

- *OM*

Training is on 4 sites. At present there are 6 trainees in the NHS, all LTFT, with the last one recruited in February. There is one post to be filled in the West and when filled there will be no posts vacant.

- *PH*

800 applications were received, 20 for each post – 263 attended the Selection Centre last week (a 60% increase).

- *BBT*

GL highlighted:

- 76 applications received for 14 posts in 7 Health Boards, of these 26 applied to BBT only.
- MSRA – 56 attended and 54 passed plus 51 invited for BBT interviews on 6 March in Glasgow. Some may drop out. The establishment figure is 58.
- Recruitment was different this year and 24 interviews were planned, they reduced numbers as people dropped out previously. All candidates must pass a BBT and separate GP interview process too.
- Confirmed they were working towards fixed rotations in BBT. This should be possible if all posts fill as they have 4 trainees in each Health Board.
- One person of the 12 in the first intake pulled out and was not replaced – of these 6 went to GP – 4 to Paediatrics – one to IM and none to Psychiatry. Paediatrics entry is very competitive. Some trainees received offers from Paediatrics and chose to do BBT.

7. Training Management

a. RCGP New Curriculum

b. RCGP New E Portfolio

c. GMC GPC impact on assessments

d. Trainees Returning to Work after prolonged absence

There is much activity including updates to curriculum/Eportfolio and workplace based assessments. All work was targeted for August 2020.

DB noted the original curriculum mapped to an aspirational 5 years of GPST training. AK said the College wants 4 year programmes and while he agreed in principle, this must be relevant. In 2022 England will introduce 2 years in GP and one year in Medicine. This is an interesting development which England has stated will have no impact on secondary care. 4/5 years programmes are not ruled out, but it was unclear if this will happen. DB confirmed the SGCP's view was that training should be for 4 years

The intention was for Workplace based Assessments and Eportfolio to be more user friendly. The ESR review summarises progress and this will also benefit trainees as less time will be spent collating and more time spent focusing on specific learning needs. NG felt that most trainees should be happy with the changes as they will result in fewer and more focused assessments.

JK considered the ARCP process was more streamlined with more clarity on where to enter information.

AB felt that unless Scotland follows suit with England relating to contract changes, training time will be squeezed. AK confirmed discussion with RCGP Scotland over this and AB will send curriculum documentation to AK.

In terms of learning from successful recruitment years, AK said that when England increased GP numbers they focused entirely on this to the exclusion of other specialties. Scotland is still expanding other specialties so if GP increased, there would be knock on effects in linked specialties. He stressed no change will happen quickly.

e. Child and Adult Safeguarding

As part of recruitment for August 2020 for all trainees, ST1 and ST2s must participate in learning events and demonstrate this on Eportfolio. NES has approved online learning modules for all Level 3 trainees. Previously Scottish law requirements were not included and a company (Red Rock) has been sourced which does include Scottish legal information in its online module. The College is also producing a module and PBSGL is also looking at this. ND will ask KL to forward the Red Rock details to GL.

ND

f. GMC GPC impact on assessment

The one outstanding is for prescribing. This has been piloted for full time trainees only; the College will then collate data and send to the GMC to consider whether to make this compulsory.

g. Trainees returning to work after prolonged absences

MDET is seeking each STB's view on this. There are 3 areas for comment – one month full-time equivalent before training time – not on call immediately but gradual re-introduction; return to same environment unless there was a reason not to. DB felt comparing all specialty training in a similar way is challenging and would prefer a bespoke process for GP. AK confirmed that each trainee is looked at individually while adhering to the same principles. DB felt that sometimes there was a need for a more prolonged return. ND reported he attended a TIQME meeting when this was discussed and said this was more of an issue for non GP trainees eg for GPSTs they would put returnees from maternity leave into practice before returning to programme. Other specialties experienced issues with people missing induction or getting a shorter induction and hence this increased stress. From the GP perspective they had to time return with the start of the new post or put the trainee into GP practice for a short time. GL noted much discussion at the Medicine STB and which had requested up to one month as some trainees would want a shorter time and may not want to return to the same environment. AK noted that not all trainees would be able to return after one month and may need more time. ND proposed adding a clause that all would be subject to Occupational Health specific recommendations. ND said there was one element different in GP – return to same working environment – this could be difficult given rotations. The only caveat was that eg ST5 O & G trainee's needs would be different from GP trainee who would spend only 6 months there. HF felt this was a helpful document and included flexibility. She felt some of the information contained in it was vague eg definition of prolonged absence and length of pause. She was supportive in principle as this would provide support to vulnerable trainees.

AK confirmed the College, BMA and trainees would be contacted for their views before a response was made to MDET.

h. Newly appointed trainee performance concerns

AK confirmed the pathway is for all trainees not just GPSTs. Two centres are being used for assessments – Dundee and Larbert to reassess Foundation competencies. If concerns are identified, a process is followed before a decision is made. If a trainee is not deemed competent, they may be released from programme or receive remedial training. GP has had 7 cases in Scotland – in England the figure is around 40.

Assessments have just begun, and he will update the group at the next meeting. Most cases have been picked up in the first few weeks of ST1 and they have worked with Foundation colleagues to produce a flowchart. The pro forma used is cross specialty. **AK**

8. **Quality**

ND reported:

- Involved in hospital triggered visits to St John's Psychiatry and Dermatology Forth Valley and O & G in Wishaw.
- A bank of requirements for GP training practices has been pulled together and standardised and was being piloted. It was hoped to refine these over the next 12 months.
- Feedback sought from GP practices after visits – how it went and how to improve visits. This work has just started, and feedback was being promoted. Visits to training practices take place every 3 years.
- NTS – secondary care experience for GPSTs has improved markedly and Scotland is ranked 4th in UK. GP overall experience ranked 3rd in UK and they will continue to work on this. One factor was the rationalisation of 4 to 3 years and disestablishment of some posts.
- Visits take place every 3 and 6 years – GP practices are asked to quantify the time taken in doing these. They are seeking to visit every 6 years where quality is not in doubt. Every 3 years practices will submit a report and if no issues are identified it was likely the visit would be virtual.
- Hospital visits have identified that sometimes GP trainees do not get enough clinical experience – in Scotland it has been agreed with Health Boards to recommend that trainees get a minimum of 2 outpatient clinics per month. This has been well received by TIQME and confirmation in writing is sought. GL said this is a generic issue and does not solely affect GPSTs. He said that physical space for trainees in is an ongoing issue and it was not clear how to how address this. DB creative solutions could be explored eg using telemedicine although space would still be required. ND said this must be a meaningful learning process and not just shadowing – they could also use hospital at home and outreach.

9. **Professional Development**

a. **GMC- Future of Primary Care**

Noted: paper is available on the internet.

b. **PSU Update**

Noted: document in draft only and approval awaited from PSU group.

c. **TOI Form PSU**

Noted: new form to be used when trainee moves to next placement. This to be completed 6-8 weeks in advance. AK confirmed the duty to pass on information on unresolved concerns – this is done between Responsible Officers.

d. **Factors affecting recruitment in GP**

The paper circulated showed 6 areas which determine trainee choice. The conclusion is that those with first choice GP, fill posts. This highlights the need to ensure a positive GP experience for students and Foundation trainees. DB felt the level of experience in GP for Foundation trainees was low – it has increased to 50% but he felt that it should be 100% for 4 months. He considered there should be a balance in providing GP posts for those who are undecided – the ‘FY3 cohort type’ of Clinical Fellows, those holding posts etc. AK confirmed there are more Foundation trainees in practice than previously, but further work was required and they were working with Foundation colleagues and practices.

e. **NES Integrated Health and Social Care Plan**

f. **Primary Care in Scotland- Executive Summary**

Documents received for information only.

10. **Specialty Updates**

10.1 **BBT**

GL outlined the BBT scheme:

- Post Foundation programme for 6 months with experience in 4 specialties.
- Two year programme to entry at ST2 in any of the specialties involved.
- 10% experience in other specialty within each block.
- Provides trainees more time to consider options.
- Looking to include other specialties but discussion at early stage.
- New curricula for BBT reflecting changes in 4 specialties – ongoing work.
- Funding was from vacancy money and now moving towards establishment.
- Currently 8 posts in West – 4 in North – 2 in East – SES no capacity but this could change in future.
- First cohort will have ARCPs in August 2020.
- Second cohort has started and interviews for third cohort on 6 March.
- Only Scotland and Northern Ireland offer BBT – Wales is looking to re-establish its programme. England discontinued the programme despite good feedback.
- No plans to expand – currently embedding.

10.2 **Public Health- Collaboration between Scotland and NI**

This item will be discussed at a future meeting when CJ is present or via email.

11. **LDD Update**

Noted arrangements for training practices. There were not enough trainees in the system in the East although numbers have improved.

12. **DME update**

No update received.

13. **BMA Update**

DB highlighted:

- Emphasis on planning to fit with service need.
- Partnership model.
- Output in numbers and preparedness in practice concerns.
- Academic GP – significant concern not fitting with needs of academic development.
- Remote and Rural and deprivation.
- Zero percentage uplift for payment for trainers.

AK reported that ND and DM were looking at preparedness; Professor Frank Sullivan is leading a review on GP Academia and NES has representation on the Board for Academic Medicine. In terms of Trainers Grants the Scottish Government and BMA set these and this is not an issue in which NES is involved.

14. **RCGP Update**

15. **Trainee Update**

16. **Academic Update**

No updates were received.

17. **Lay Rep Update**

JK noted the Wanderers and Adventurers scheme. DB said this involved recruiting GPs to spend 6 months on an island practice.

18. **AOCB**

18.1 **Use of acronyms**

AB noted the use of acronyms in STB discussion; he felt it would be useful for new members or observers to have a glossary provided. JK agreed this would be helpful.

18.2 **GP concerns around BBT**

Noted that some concerns have been expressed. ND reported his own positive experience of a BBT trainee. GL felt that the BBT scheme encouraged trainers to put best practice on display to compete with other specialties.

18.3 **Future agenda items**

NG confirmed that he welcomed suggestions for agenda items from the group.

19. **Future meeting dates**

The date for the next meeting in May will be changed. Subsequently confirmed with the group as 10:00 – 12:00 on Tuesday 12 May 2020, venue to be confirmed. Other meeting dates for the year to stand as arranged.

Actions arising from the meeting

Item no	Item name	Action	Who
7.	Training Management <ul style="list-style-type: none"> • Child and Adult Safeguarding • Newly appointed trainee performance concerns. 	<p>To ask KL to forward the Red Rock details to GL.</p> <p>To update at next meeting.</p>	<p>ND</p> <p>AK</p>