

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 1 September 2020 via Teams

Present: Nitin Gambhir (NG) [Chair], Drummond Begg (DB), Nick Dunn (ND), Helen Freeman (HF) deputising for Lindsay Donaldson (LD), Lloyd Hughes (LH) deputising for Joy Ngai (JN), Lisa Johnsen (LJ), Amjad Khan (AK), Joan Knight (JK), Jen Mackenzie (JM), Ashleigh McGovern (AM), Soodesh Reetoo (SR) part meeting.

Apologies: Claire Beharrie (CB), Fiona Conville (FC), Lindsay Donaldson (LD), Alasdair Forbes (AF), Sandesh Gulhane (SG), Graham Haddock (GH), Cathy Johnman (CJ), Wendy Leeper (LP), Graham Leese (GL), Joy Ngai (JN), Stewart Mercer (SM).

In attendance: Helen McIntosh (HM).

| Item | Item name | Discussion | Agreed/Action |
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| 1. | Welcome, introductions and apologies | The Chair welcomed all to the meeting, the first one via Teams, and apologies were noted. He congratulated AK on his award of Hon Professorship at Edinburgh University. | |
| 2. | Minutes of meeting held on 18 February 2020 | Noted: Professor Moya Kelly retired from NES at end of March 2020 but has returned as an Adviser to MDET during the Covid pandemic. The minutes were accepted as a correct record of the meeting. | |
| 3. | Review of action points | | |
| 3.1 | Child and Adult Safeguarding | Confirmed: Red Rock details were sent to GL. | |
| 3.2 | Newly appointed trainee performance concerns | This work was put on hold but was now back in place. Pathway for Foundation competency concerns -trainees have CREST forms- accredited by overseas doctors. This process is now bedding in. Noted some trainee resignations. | |
| 4. | Main items of business | | |
| 4.1 | New RCGP e-portfolio | This was rolled out in August and some teething problems were experienced. These will be taken to the SAC for adjustment. AMcG reported that administrators received training last week and the process involves more steps for them and thus more work, however, she confirmed this will not be an issue for staff. She also noted that CS/ES trainer roles were removed by the College and adding this had generated a considerable amount of work. The team will send comms to APGDs/TPDs around issues in linking with trainees. AK further noted that not all logins were issued in time for it going live and this had also resulted in additional work for administrators. ND noted the new format for Clinical | |

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| | | Supervisors which has been flagged up via DMEs and it was hoped that TPDs will provide support for supervisors in secondary care and signpost information available on the College website. It was agreed that local ADs will provide DMEs with links to the website. LJ reported she has met the development team and flagged up extra steps and extra work required and has asked them to streamline it. She is happy to feedback any issues. | Local ADs to provide DMEs with website links. |
| 4.2 | Recorded Consultation Assessment | The College produced this at short notice to replace face-to-face assessment and rolled it out in July/August. There were 85 trainees in Scotland who were impacted and results look similar to CSA results in terms of pass rates and Differential Attainment. Final data will be ratified by the Exams Board and made public. LJ confirmed this will be in place until at least next summer and November/January/March and May sittings are arranged. AK thanked the College and 4 Nations for putting this in place at short notice. He noted of the 85 trainees, 67 sat it in July and 63 passed – one of the highest pass rates in the UK. 10-20 people took it in August and their results are due soon. There has been no need to use any funding for extensions to CCT. | |
| 4.3 | Recruitment Update GP | This went well across the UK and Scotland has achieved a 96% fill rate due to last minute resignations and some trainees have had delayed starts due travel restrictions. The next round of recruitment was being considered and whether MSRA needs to be extended to CPS. Numbers in Round 1 were reduced and will be put back into Round 2, with the permission of the Scottish Government. Once recruitment numbers are confirmed the information will be circulated to the STB. | |
| 4.4 | Occupational Medicine recruitment update | There are 8 trainees in the Scottish programme, 7 in NHS and one in industry and recruitment is UK national. There is growing interest in the specialty but this is limited by trainer capacity. A meeting took place with all trainees which signposted help available via the website. | |
| 4.5 | BBT recruitment update | This was not as successful as last year. The Scottish Government will undertake a BBT review – noted that most trainees progress to GP and Paediatrics and few go into Mental Health specialties. AK will provide a paper for Professor Parks to take to the Transitions Group. | |
| 4.6 | Appraisal and Revalidation Update | AK reported he is working with the team to update the course to virtual delivery and it will be piloted in October and November. A virtual refresher course will run next year. Appraisal will restart from October and this will be supportive and reflect the impact of Covid etc – details are still being discussed by BMA/GMC/College etc. | |

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| 4.7 | AL and Tier 2 Visa Guidance for Trainees | Scottish Government guidance to Health Boards is that trainees who booked annual leave after 9 June and have to quarantine will not be paid for it and should discuss the situation with their line manager. HEE extended Tier 2 for trainees CCT'ing in August by 3 months and following discussion this was extended to Tier 2 trainees in Scotland. Only one trainee was able to take advantage of this. Many Health Boards have sponsored trainees coming to the end of training and Scottish Government is looking to provide advice. This is likely to be an issue again next summer. LJ confirmed updated advice for trainees stuck abroad should be circulated soon. | |
| 4.8 | GPST QI Guidance | WPBA requirements from College were well addressed in Scotland and Duncan McNab has led to provide bespoke training for trainees to make it more meaningful and to look at complex dynamics/team working and effecting change. Guidance is being produced for trainees re transitioning to new system/remaining on the old one and trainees will be able to choose what they prefer. DB expressed concern around trainee ability to achieve all this in 18months. ND agreed that given this is a short programme there is much to cover however the GP trainee contract is split 7/3 which will affect some of the Covid disruption. He noted the need to prepare GPSTs for GP partnership and he and John Nicol are looking at how to better use time/address curriculum. Feedback will ensure training in Scotland reflects workforce. It was agreed it would be helpful to revisit preparedness for proactive QI at end of training and 2 years post training and to link with the First 5 group. | |
| 4.9 | Promoting Excellence for General Practice | ND has been involved in producing information for GP Quality visits and accreditation and will use the document to ensure alignment. DB noted there few Academic GPs and this important group could be leaders for excellence and enablers for change. AK reported the Board for Academic Medicine is looking at the curriculum for academic GP training and other ways of doing this as a priority topic and it was hoped results will be seen after it produces its report for Scottish Government. | |
| 4.10 | Fellowships Update | Due to the pandemic adverts for Fellowships were postponed until August 2021 start and will be advertised next year. This was disappointing as there was much interest in the posts. It is unlikely numbers will increase next year to take account of the missed year. | |
| 5. 5.1 | Standing items of business Deanery issues Quality update | NES Quality work was suspended during the pandemic but has now restarted. Practice quality management continued via virtual reports. Quality work will focus on key areas – new trainers and new practice accreditation via virtual training visits. Trainee feedback will | |

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| | | not be available in its usual form and TPDs will provide local information. Trainees who were redeployed all returned to programme by end July. SOP is being developed for quality management of hospital placements which will largely be virtual although there may be some need for some actual visits and these will require risk assessments. Some extensions to accreditation have been granted to some training practices that have been performing well whilst acknowledging the need to balance trainee need. | |
| 5.2 | Training Management | Noted work on national ARCP model to be implemented from October. Round 2 recruitment numbers were being finalised this week. JM met GL and WL to discuss BBT contingency plan in the event of no face-to-face interviews. The MSRA is already in place and the BBT person specification is being finalised. AK reported the MDRS group is looking at recruitment in all specialties in terms of virtual/face-to-face. ARCPs will be one set for all GPs from October and all done on the same date/at the same time and follow a consistent process. | |
| 5.3 | Professional Development | All courses were halted with virtual training and webinars beginning again. Part 2 of the Trainer SPESC courses will be virtual and will continue virtually until it is safe to start face-to-face. The trainers' workshop will also be delivered virtually. | |
| 5.4 | MDET | AK reported: <ul style="list-style-type: none"> The last joint MDET/STB Chairs meeting was held on 23 June and the STB update was circulated with today's papers. During the pandemic MDET met 3 times per week with Dr Ian Hunter, who leads the DME group, Dr Helen Freeman, DME in NHS Highland, regularly joining meetings which has resulted in very positive communications and close working. The advert for the NES CEO post will close tomorrow. | |
| 5.5 | Fairness in Training for All | This is now a standing item on all STB agendas. AK, Professor Clare McKenzie and Professor Alan Denison co-chair the workstream and are planning a workshop to involve all stakeholders to assess what is working, what are difficult areas and progress is being shown. The name of the initiative may be changed. Disability/demographics are included in its remit. They are also working with the RCPSG to hold 3 workshops and AK and NG will also be involved. Invitations will be sent to all stakeholders. | |
| 5.6 | STEP programme | NG reported: <ul style="list-style-type: none"> The programme has been running since 2015. A single all day event is held twice a year however the June event was cancelled due to Co-Vid and 4 online sessions were run instead in July, each delivered twice. This worked well despite some technical challenges. | |

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| | | <ul style="list-style-type: none"> September dates have been set and information circulated to August starts and 2 observers invited for each event. Mental Health STB is developing a STEP like event and NG and the GP team will be involved in organisation. | |
| 5.7 | Service update | NG/HM will contact SAMD re service representation on the STB | NG/HM to contact SAMD. |
| 5.8 | DME report | <p>HF reported:</p> <ul style="list-style-type: none"> General DME view that BBT provides valuable opportunity for generalist experience and adds value to the programme. There were concerns around a potential decrease in GP CCTs this year which did not happen. If there is further disruption they will need to address OOH challenges. Health Boards are looking at rural consultation training and supporting trainers. ND noted that Educational Supervisors in Scotland provide a video which is peer reviewed and they would like to build on this. DB considered it was unlikely GP practices anywhere in Scotland would return to only face-to-face consultations. IT governance in Health Boards was the main obstacle to this and he noted migration to Office 365 has resulted in the loss of some functionality and files and licensing issues which have affected productivity. HF confirmed much DME concern around email migration and its impact on trainers and systems. She has compiled a list of issues which she will happily share with the group. Concerns around disestablishment of GP posts and loss of funding. Seeking support on curricula changes to ensure secondary care trainers are comfortable with these. AK agreed to discuss provision of training at the GP Directors group meeting on 2 September. Ongoing issue with effect of Covid on hospital accommodation. Looking at non Medic/Medic supervisors. Noted valuable close working with MDET and regionally with TPDs. | AK to discuss training for trainers with GP Directors. |
| 5.9 | Royal College(s) report | <p>LJ reported:</p> <ul style="list-style-type: none"> RCA development and roll out was a major task and there were issues with trainee completion. ND noted some issues around induction/RCA/GDPR information which | |

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| | | <p>had been shared with trainees but not ADs/TPDs. It was agreed LJ will act as link and will copy AK and AMcG into comms and they will ensure it is circulated appropriately.</p> <ul style="list-style-type: none"> • Much work was involved around Outcome 10s. • Migration to Eportfolio should be completed soon. • Work on flexibility in PG training and Academy guidance published recently with some anomalies to be addressed – this will include International Doctors and training equivalence and pathways. | |
| 5.10 | <p>Specialty reports</p> <ul style="list-style-type: none"> • BBT • Public Health | <p>Proposed new curriculum circulated with papers. It has been submitted for GMC approval and will be reviewed in October. AK confirmed BBT trainees should have the same access to QI training during rotation.</p> <p>CJ reported:</p> <ul style="list-style-type: none"> ○ Recruitment for 2020 was completed before impact of COVID-19 ○ All 5 posts put forward for recruitment were filled. Applicant:post ratio not available for 2020 but was 20:1 in 2019. ○ All ARCPs undertaken in June/July. No significant issues. ○ National induction day undertaken virtually. ○ Continued requirement for Public Health trainees (and ES/CS) to maintain their current roles in Test and Protect, while useful for some outcomes/competencies, the service component of the role is likely to continue for the foreseeable future. The STC will discuss ways of approaching this at its meeting later in September 2020. ○ Going forward, likely to be more Consultant posts advertised than Trainees eligible to apply for them. The Committee of the Faculty of Public Health in Scotland and Public Health Scotland are in the early stages of a whole system workforce planning review, to look at ways of improving public health reliance capacity for current and future pandemics. ○ Ability to increase trainee numbers by ~10% within the existing budget (there is funding for 35 trainees and currently have 32). This is in keeping with the Committee of the Faculty of Public Health in Scotland and Public Health Scotland’s initial suggestion, to match consultant requirements. | |
| 5.11 | Academic report | Noted: Academic representation on the STB to be confirmed. | NG/HM to confirm Academic representation. |

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| 5.12 | Trainee report | No additional items were discussed. | |
| 5.13 | Lay member report | JK reported little communications from the Quality team during the pandemic; now re-established link. | |
| 6. | AOB | No other business was raised. | |
| 7. | Date of next meeting | 10:00 – 12:00 on Tuesday 17 November 2020 via Teams. | |