

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 4TH May 2021 via TEAMS

Present: Nitin Gambhir (NG) [Chair], Drummond Begg (DB), Claire Beharrie (CB), Patrick Byrne (PB), Lindsay Donaldson (LN), Nick Dunn (ND), Cathy Johnman (CJ), Lisa Johnsen (LJ), Amjad Khan (AK), Graham Leese (GL), Ashleigh McGovern (AMcG), Jen Mackenzie (JMCM), Catriona Morton (CM), Dravendranath Reetoo (DR) Lynn Hryhorskyi (LH)

Apologies: Nick Dunn (ND) & Helen Freeman (HF)

In attendance: Rachel Brand-Smith (RBS)

Item	Item Name	Discussion	Agreed Action
1.	Welcome, introductions and apologies	The Chair welcomed all to the meeting and apologies were noted. Chair wishes ND a speedy recovery after his recent accident.	
2.	Minutes of meeting held on 02/02/2021	The following corrections were requested by the members: <ul style="list-style-type: none"> • Apologies: Catriona Morton and Jen MacKenzie to be added to Apologies • Item 4.1: Catriona Morton (SPGC, Chair) to be changed to Catriona Morton (RCGP, Deputy Chair) • Item 6.5: Change from North Region to ‘whole of Scotland’. 	RBS to amend meeting notes of 02/02/2021
3.	Review of Action Points		
3.1	COVID special leave	<ul style="list-style-type: none"> • NG confirmed that LJ had sent list a of derogations and decisions making documents. 	
3.2	SPGC Review	<ul style="list-style-type: none"> • AK and DB confirmed that a meeting had been held. 	
4.0	Matters Arising		

4.1	Education Fellowships	<ul style="list-style-type: none"> AK confirmed that the interviews for these posts (Medical Education, Health Inequality & Rural Fellowship) will be held soon. 	
4.2	Lay Rep	<ul style="list-style-type: none"> NG asked RBS to contact Claire Rolf about recruitment on new Lay Rep. 	RBS to contact Claire Rolf about new Lay Rep
5.0	Deanery Business		
5.1	Covid-19 Impact – Mini WPBA	<p>Various issues were discussed various issues including:</p> <ul style="list-style-type: none"> New RCA Exam Protocol: LJ confirmed that the RCA will be developing a new protocol for those who will sit the RCA exam in July 2021. This will be based on the Outcome 5 process where the chair will have the authority to issue an Outcome 6 after passing. LJ confirmed that a draft will be circulated soon. NG confirmed that candidates eligible to sit the July diet would be identified by the Deanery. July Exam Candidates: AK confirmed that he would be meeting with COGPED to finalise the process for prioritising candidates for the July exam. Extension of CCT dates: AMcG asked for clarification on the finalisation of candidate CCT dates. AK confirmed that some candidates will have their CCT dates extended. This will allow exam results to be finalised and revalidation to take place. AK asked LJ what approach the RCA would take in relation to this. LJ stated that she would e-mail AK and AMcG about this. 	LJ to e-mail AK and AMcG on RCA response to extension of CCT dates
5.2	Paediatrics & BBT Training in Scotland – V6	<p>GL gave the group an update of the BBT training in Scotland document including:</p> <p>Issues identified in BBT Training:</p> <ul style="list-style-type: none"> BBT Training Impact on Paediatrics: GL stated that Paediatrics training has become a popular end point for BBT Trainees and that this has impacted the Paediatrics programmes ability to appoint ST1s to mainstream Paediatric Training. 	

		<ul style="list-style-type: none"> • Impact on Paediatrics placements: GL stated that Paediatrics Training have questioned the quality of the rotation placements BBT trainees complete in Paediatrics. These rotations are not the standard rotations that ST1 complete. GL stated that this will be reviewed. <p>Suggested Solutions:</p> <ul style="list-style-type: none"> • BBT Planning: GL stated that it has been suggested that BBT trainees choosing Paediatrics should meet with their Educational Supervisors before they start placements to see if they are appropriately prepared. • Cap of Trainees in specific regions: GL stated that there should be a greater geographic spread of BBT trainees choosing Paediatrics across Scotland. Numbers could be capped within certain regions. LD stated that capping numbers could be viewed as punitive however programmes could become dangerously unbalanced. <p>Other Issues</p> <ul style="list-style-type: none"> • Community Paediatrics: CM asked if there was scope for community Paediatrics to be included in GP programme. GL stated that this was a very complex area. • Local Training: CM raised the issue of local training. GL stated that the Paediatrics programme felt there was too much community training within BBT training. GL however stated that despite this, the new Paediatrics curriculum would be promoting local training. • Members Comments: GL asked for the group to e-mail him any comments on the proposed BBT training changes. • Future Training: AK stated that all the specialties were discussing the same related issues and requested the group send him any discussion points that could be presented to MDET. 	<p>All to send discussion items on BBT changes to GL and AK</p>
5.3	Shielding – Deanery Update	Various issues were discussed related to shielding document including:	

		<ul style="list-style-type: none"> • RCA Guidance: LJ stated that the RCA has guidance for trainees who are shielding. LJ stated that there was still a requirement for Trainees to achieve training and legal requirements. • PSU and Shielding: LH asked what guidance there was for Trainees who require to catch up with competences due to shielding. AK stated that this document has been drafted by the PSU in association with Alan Denison (PSU, Chair). AK confirmed that Trainee requirements such additional time, individual circumstances etc. have been taken into consideration. LD stated that a lot of face to face training and CPD had not taken place due to the pandemic however hopefully this will be improved. • Review of Document: LH asked for the document to be amended to reflect new guidance on shielding. AK stated that this was a TPM document and would have to be referred to Alan Denison. NG stated that feedback could be reported in next MDET report. 	
6.0	Quality	<p>Various issues were discussed related to Quality including:</p> <ul style="list-style-type: none"> • Extension of GP Accreditation: AK stated that GP practice who have not been able to complete paperwork due to pandemic have been given extensions to their accreditation. • Review of GP Accreditation Protocol: AK stated that there would be a review of the Quality paperwork to see if the system can be streamlined. AK stated that Quality Leads are looking at different national approach. DB stated that a review would be very positive as the protocol is very time consuming. • Questions in Quality Process: DB asked for a review of the questions used in the Quality process as some questions are not immediately relevant and can slow the process down. 	
7.0	DME Issues	<p>Various issues were discussed relating to DME matters including:</p> <ul style="list-style-type: none"> • Medical Education: LD stated that there was a desire to develop the ADME role within primary care GP training. This role would look at the interface between Primary and Secondary care. DG asked for clarification whether this post was specifically for GP. LJ confirmed that this was the case. 	

		<ul style="list-style-type: none"> • Trainee Redeployment: LD stated that the contribution of Trainees who had been re-deployed during the pandemic had been outstanding and asked for this to be minuted. AK stated that thanks was also due to the DMEs who had managed trainee re-deployment during the pandemic. • Quality Management: LD asked for a revision of the questions within the Quality process. LD stated that some questions were not achievable within the Quality timeframe. LD stated that virtual meetings had been a huge success. • Trainee Inductions: LD stated that there will be optional inductions (start date: 20/07/2021) and mandatory inductions (start date: 28/07/2021) this year. LD confirmed that FY1s are being offered an additional five days of shadowing however this is optional. LH asked for clarification if Trainees are paid for the additional optional induction days. LD confirmed that this was the case. • Consensus Paper: LD stated that the consensus paper was a success. • Public Health: CJ Stated that there had been a significant number of new appointments etc. within Public Health which DMEs should be aware of. 	
8.0	TPM		
8.1	Recruitment	<p>Various issues were discussed relating to recruitment including:</p> <ul style="list-style-type: none"> • Outstanding Posts: JMck confirmed that one BBT post was still outstanding. JMck also confirmed that Public Health and GP are still filling posts. JMck confirmed that the up-grade deadline has now passed however other offers will continue. GL asked if all thirteen posts in BBT had been filled. JMck confirmed that this was the case. • 2022 Recruitment: JMck confirmed that a meeting would be arranged with Graham and Patrick to look at BBT recruitment for 2022. Most of this process will be online. • GP Recruitment 2021: AK confirmed that there had been a good response for GP recruitment. AK confirmed that over all there were approximately 4000 GP post across the UK. 	

		<ul style="list-style-type: none"> • GP Recruitment SLWG: AK stated that a SLWG would be looking at future recruitment with a emphasis on borderline candidates, cut scores, training requirements in Scotland etc. • GP Recruitment 2022: GL asked if recruitment next year would be based solely on MSRA. AK confirmed that this would be the case. • Increased GP Recruitment: DB asked if there was a plan to increase the numbers of trainee places. AK confirmed that this would have to be referred to Scottish Government. • MRSA: GL asked for clarification that the scoring had been raised from 181 to 186. JMCK confirmed that this was the case. 	
8.2	TPM Updates	<p>Various issues were discussed relating to TPM including:</p> <ul style="list-style-type: none"> • Round One Acceptances: AMcG confirmed that fill rates for the Round One acceptances would be confirmed on 06/05/2021. • Timeline for GP Preferencing: AMcG confirmed that a timeline had been agreed and rotations would be started. • Delayed Starts: AMcG stated that there had been an update to guidance on the Scottish Deanery website. AMcG stated that if a Trainee has a delayed start, they will be directed to fill in a Delayed Start form which is to be sent to the appropriate LDD for approval. • ARCP Panel Chair Training: AMcG informed that group that several ARCP panel chair training session had taken place. • ARCP Panel Guidance: AMcG stated that Claire Beharrie and Chris Mair have revised the national guidance for ARCP panels. AK stated that this is the first time that there had been a national approach. AK extended his thanks to Claire Beharrie, Chris Mair and Ashleigh McGovern. • GP, OM, PH & BBT Training Session: AMcG Stated that this will be held week beginning 10/05/2021. 	

		<ul style="list-style-type: none"> • LTFT: AMcG confirmed that the guidance for LTFT had been amended on the Deanery website. Trainees can now opt for LTFT for the duration of their programme. This has been endorsed by the National Service HR Workforce Group. 	
9.0	Professional Development		
9.1	SPESC Update	<p>Various issues were discussed relating to SPESC including:</p> <ul style="list-style-type: none"> • SPESC Course: AK stated that this is a four-day training course. AK stated that this had been moved online and there was a back log of approx. 40 trainers. AK stated that there will be additional courses in May and June to address this. • Revision of SPESC Content: AK stated that Rod Sampson will be reviewing the content of the SPESC course. • Face to Face training in SPESC: CM asked how the face to face training element was to be addressed on-line. AK agreed that the face to face element could not be replaced and that Rod Sampson will be looking at how this can be addressed. AK stated that a mentoring or budding approach could be developed. 	
10.0	MDET		
10.1	MDET Update STB	<ul style="list-style-type: none"> • NG stated that there would be a review of trainer and training simulation training however this has been impacted due to the pandemic. DB stated that simulation was a very practical approach to training and welcomed any expansion of simulation opportunities. 	
10.2	Advancing Equality in Medicine	<p>Various issues were discussed relating to advancing equality including:</p> <p>Advancing Equality in Medicine Group</p> <ul style="list-style-type: none"> • New Name: AK stated that this was the new name for the Differential Attainment Working Group. This allows the group to include a wider group of Trainees with protected characteristics. 	

		<ul style="list-style-type: none"> • Terms of Reference: AK stated that the group have been looking for appropriate Terms of Reference. which would meet the requirements as laid out by the GMC etc. • APGD Post: AK confirmed a new Associate Post Graduate Dean in Equality, Diversity & Inclusivity has been appointed (Dr Charu Chopra). The new APGD will be responsible for operationalising policies. • Workshop: AK confirmed that the group will hold a workshop with other stakeholders to review policies etc. AK stated that this will be chaired by AK, Clare MacKenzie and Alan Denison. AK stated that information will be sent out by Amanda Milton for first meeting in June. • GP Mini Group: AK stated that a small group had been formed in GP look at immediate diversity and equality issues relevant to GP training. AK stated that he would invite CM and DB to join this group. <p>STEP Programme</p> <ul style="list-style-type: none"> • STEP Programme: NG sated that the STEP programme has been running for seven years. NG stated that two online courses have been held this year and these had received very good feedback. NG confirmed that these courses will be evaluated by an Educational Fellow. • STEP Programme – Psychiatry Group: NG stated that a Psychiatry STEP group had been established. This group will be looking at mentoring and cultural competence. NG stated that trainees with a BAME background will be recruited to identify mentoring opportunities etc. <p>Equality & RCGP</p> <ul style="list-style-type: none"> • RCGP: LJ stated that the Central College are also looking at equality issues. LJ confirmed that she and Chris Ball had been looking at issues related to IMGs and this would now be expanded to all trainees. Areas that this project will look at include guides to CCT, home office issues, information on practices who offer sponsorship, Performers List etc. RCA will also develop recourses for trainee inductions. NG stated that STB and RC could work collaboratively. NG suggested AK and NG meet with RCA. 	<p>NG and AK to contact LJ related to RCGP equality resources</p>
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10.3	Royal Colleges	<p>LJ gave the group an update including:</p> <ul style="list-style-type: none"> • RCA July Exam: LJ stated that a revised exam format would be used after the last July exam as agreed with MDET. • Flexibility in Training: LJ stated that RCGP will be phasing out the SectorPC (?) component of the ATCF & SectorPC (?) combined programme. Trainees that would have received a SectorPC (?) will now receive a CCT. • ATCF: LJ stated that there had a large volume of applications from Scotland. LJ stated that Ken had carried out the gap analysis etc. for this. • FourteenFish: LJ stated that a meeting had been held with FourteenFish and there will be an integration of the gap analysis into FourteenFish. This will be implemented for the August trainee in-take. • CCT& Time out Training Guidance: LJ stated that this guidance has been updated but has not been published due to finalising advice from GMC viz minimum training requirements. • Roadshow for Deanery Staff: LJ stated that Deanery Staff will be able to attend RCGP roadshows. Topics for discussion will include absence calculations, flexible pathways, ARCPs etc. A mini guide will also be offered. • Clinical Lead Recruitment: LJ stated that Mike Davies will be stepping down GPSA lead role in September and a new clinical lead will be appointed in August. <p>Other Training Issues</p> <ul style="list-style-type: none"> • RCGP Workforce: CM confirmed that she would be writing a paper on the RCGP Scotland workforce. This will compliment Michelle Watts paper 'Workforce Pipeline'. 	

		<ul style="list-style-type: none"> • GP Fellowships: CM stated that she had discussed the issue of GP Fellowships which have not been rolled over with Scottish Government. DB asked if the next set of preferred applicants could be retained. CM stated she would get further information on this. • Over subscription of RCGP July Exam: NG stated that the July exam is presently oversubscribed. LJ stated that the college is attempting to absorb the extra demand. 	CM to contact Scottish Government about GP Fellowships
11.0	Speciality Reports (PM, OM & BBT)	<p>Various issues were discussed including:</p> <p>Public Health</p> <ul style="list-style-type: none"> • Recruitment: CJ stated that Public Health has the largest ever trainee cohort starting in August 2021. • Public Health Curriculum Review: CJ stated that there would be a review of the Public Health curriculum. Areas of interest will be identifying lesson learnt during the pandemic. CJ confirmed that this has gone out for consultation. • Public Health National Survey: CJ stated that the national survey had been done on a Deanery basis which meant it was difficult to extract information for Public Health. • Training Opportunities: CJ stated that there were still issues related to training opportunities for Public Health trainees due to the pandemic. • Amalgamation of Public Health Bodies: JC stated that there were various issues relating to the amalgamation of the various Scottish Public Health organisations (Health Protection Scotland, ISD and Health Scotland) into Public Health Scotland. • New Trainers: JC stated that Public Health will have new Educational Supervisors from other specialties which are not all GMC members. • National Training Trainers Days: JC stated that these had been held and received good feedback. JC stated that the national training days had been re-established. 	

		<p>Occupational Health</p> <ul style="list-style-type: none"> • Recruitment: RD stated that Occupational Health has eight trainees in Scotland at present; seven are NHS trainees and one is non-NHS. There will be three trainees completing training in 2022-23 and one in 2023. Recruitment will start again in 2022. RD stated that there were 40-50 trainees recruited in England. • ARCP: RD stated that there were two Outcome 10.1s this year and after a review all were cleared apart from one trainee who is waiting for an exam. • Review of Curriculum: RD stated that the Occupational health curriculum is being revised and a survey had been issued by the faculty. RD stated that survey is for both trainers and trainees and should be finalised 10/05/2021. • Covid-19 Impact: RD stated that OH trainees were not being re-deployed during the pandemic however the pandemic has provided additional training opportunities that would not usually arise such as working in the mass vaccination programme. • Exams: RD stated that the exit exams were online this year however next year these will be face to face. • FM1 & FM2 Exams: RD stated that these have been put online and the FM1 now offers a diploma. <p>Broad Based Training</p> <ul style="list-style-type: none"> • New Curriculum: GL stated that the BBT curriculum has been approved by the GMC. GL stated that the new e-portfolio will now have to be revised. 	
12.0	Academic Update	<p>Various issues were discussed relating to Academic issues including:</p> <ul style="list-style-type: none"> • Medical Fellows: AK confirmed that seven candidates will be interviewed for the Medical Fellowships. If appointable these candidates will be appointed to the universities of Glasgow, Edinburgh, Dundee and Aberdeen. DN asked whether these posts were equivalent to SCREDS. AK stated that these were not and candidates usually apply for these posts three years post CCTing. 	

		<ul style="list-style-type: none"> • Academic Careers Pathway for GPs: AK confirmed that Frank Sutherland and Adam Hill are working on information for the Academic pathways which will be taken to the board of Academic Medicine. 	
13.0	Trainee Reports	<p>Various issues were discussed in relation to Trainee Representation including:</p> <ul style="list-style-type: none"> • Trainee Report Discussion Topics: LH asked the meeting for ideas on what areas the group would like to discuss for the meeting. NG stated that he would contact LH relating to this. • Trainee Reps: AK stated that there was a requirement for appropriate representation of trainees on various STBs etc. CM stated that she would look a trainee representation for the RCGP AiT and First5 Committee. AK suggested discussing this Daniel Cameron of the AIT group. CJ raised the issue that not all trainees would be eligible for membership of the BMA. CJ stated that Public Health trainees would be very interested in representation on this group. LH suggested that the JDC be approached. AK stated that there was a maximum number of trainee Reps that can be invited onto any STB. 	NG to contact LH on Trainee reps
14.0	AOB	<ul style="list-style-type: none"> • There were no additional items for discussion. 	
15.0	Date of Next Meeting	Date of Next Meeting: Tuesday 14 th September (10:00 – 12:00) via TEAMS	