

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 17 November 2020 via Teams

Present: Nitin Gambhir (NG) [Chair], Drummond Begg (DB), Nick Dunn (ND), Helen Freeman (HF) deputising for Lindsay Donaldson (LD), Cathy Johnman (CJ), Lisa Johnsen (LJ), Amjad Khan (AK), Graham Leese (GL), Jen Mackenzie (JM), Ashleigh McGovern (AM), Joy Ngai (JN).

Apologies: Claire Beharrie (CB), Fiona Conville (FC), Lindsay Donaldson (LD), Alasdair Forbes (AF), Graham Haddock (GH), Joan Knight (JK), Stewart Mercer (SM), Soodesh Reetoo (SR).

In attendance: Helen McIntosh (HM).

Item	Item name	Discussion	Agreed/Action
1.	Welcome, introductions and apologies	The Chair welcomed all to the meeting and apologies were noted.	
2.	Minutes of meeting held on 1 September 2020	The minutes were accepted as a correct record of the meeting.	
3.	Review of action points		
3.1	New RCGP e-portfolio	Noted: links sent and TPDs will make contact with DMEs.	
3.2	Fellowships Update	Adverts will run after Christmas. DB expressed SGCP's disappointment that funding is not being used to double Fellowship numbers and requested this be reconsidered.	
3.3	SAMD representation	GH and AK are seeking a representative for the STB.	
3.4	Supporting Trainers	Training is being delivered locally via emodules etc. CM has produced bespoke training and asked TPDs to roll it out to individual units.	
3.5	Academic representation	AK will pursue representation via his academic links.	
4.	Main items of business		
4.1	Redeployment of Trainees	DB noted that during the first wave the emphasis was on redeploying Foundation doctors from GP practices however as data suggests practices and care homes were hit particularly hard felt the whole of primary care should be considered in the current wave. AK confirmed that GPST1s and 3s will be protected in this second wave unless really needed. GPST2s in hospital will be moved appropriately and in collaboration with DMEs. HF confirmed her satisfaction with redeployment discussion on redeployment in the second wave. This will be done in a controlled manner as an individualised process. GL added that BBTs in Psychiatry will be the focus for protection.	

4.2	Recruitment Update GP	There will be no selection centres next year and recruitment will be via full MSRA and BBT will follow the same process as GP. The timeline is agreed, and indicative vacancy numbers must be confirmed soon and posted online. The 4 nations have agreed the cut score is unchanged for this year. A working group will meet soon to consider selection in 2022 however centres will not be used again. CJ reported that Public Health will continue to run appropriately socially distanced assessment centre. She would prefer the process to run online as 25% can be done online. They will recruit to 2 additional posts. There are several consultant retirements upcoming and the specialty has been very busy during the pandemic especially in contact tracing and will be involved in the vaccination programme, so she welcomed the increase. ND noted the correlation between SJT/MSRA and exam performance so this will continue to ensure a robust recruitment and selection process.	
4.3	Appraisal and Revalidation Update	Appraisal began again on 1 October and it will be supportive and consider wellbeing. A statement has been posted on SOAR to this effect and confirming no supporting statement was required. Revalidation was deferred by GMC although people can be revalidated on request and NES has revalidated trainees as normal. The GMC confirmed last week they will take responsibility for comms regarding additional information required and ensure no mixed messages. Courses for new appraisers have restarted with the first one in October and others planned – 2 x half days with 7 modules and received good feedback. An online refresher course for experienced appraisers will run early next year.	
4.4	SOAR declarations	SOAR declarations for trainees will restart from 5 January 2021 and comms will be circulated to ensure awareness.	
4.5	National Child Protection Guidance- Consultation	This is the biggest change since 2014. Suggestions or comments should be sent to NG asap and he, Chris Lilley and Ken Lee will collate these for the NES formal response by 8 December.	All to send suggestions/comments to NG.
4.6	QRP report	Discussed under Quality item.	
4.7	COVID special leave	COGPeD guidance has been circulated clarifying that activities that can be linked to the curriculum can be counted. LJ will send NG the document to circulate to the STB.	LJ to send document to NG for circulation.
4.8	Dates for next year's STB meetings	Dates were agreed: 2 February, 4 May, 15 September and 9 November – all to run 10:00 – 12:00 and will be circulated to the STB and Teams invites sent.	HM
5.	Quality Update	<p>ND reported:</p> <ul style="list-style-type: none"> • Activity was resuming and regular meetings being held. While sensitive to the increased clinical demands in practices, accreditation needs to continue. • Some 6 month extensions were given and so the New Year will be busy. 	

		<ul style="list-style-type: none"> • ND, AK and KL have continued with regional meetings. • Visits are supportive and informative and avoided unless necessary and the risk screening tool identifies any concerns flagged up. If there are no concerns, they do not conduct remote visits and do a desktop review only using already submitted paperwork. • Trainer groups are running locally and TPDs are very active in supporting trainers in training practices and especially those who are new or in new training practices. The Scottish Government is very supportive and considers it is important to continue with the practice verification process. ND agreed the document could be share more widely. • Practice Manager visits are conducted by a lead GP visitor and a second visitor. • Hospital visits have resumed via Teams and further ones are planned. • The Annual Quality Review panel took place on 2 September. Thirteen hospital visits were recommended, and 33 good practice letters were sent. • The bank of requirements was reviewed and reduced to between 20 and 30 and will be shared on the website. • Undermining/bullying in GP practices – this is being mapped out to ensure concerns are addressed and the system is robust. • Supervising hospital clinicians and providing support is being rolled out. • Paper was agreed at TIQME – promoting opportunities for GPSTs in hospitals eg outreach clinics/multidisciplinary teams etc. • Two outpatient attendances per month set. • SPESC will restart virtually in January. Priority will be given where succession planning is urgent. • Redeployment document was agreed by NES and DMEs. • Working on GP educational capacity – range of options for trainees – Nurse Practitioners/Physios/Paramedics/Pharmacists in pilot training sites and growing capacity for students and others in GP practice. Lindsay Donaldson was invited to participate in the group and was keen to do this to ensure DME involvement. 	
6.	Training Management – Recruitment, ARCPs, Rotations, Subspecialty	<p>Noted:</p> <ul style="list-style-type: none"> • Round 2 readverts have concluded and rotations were being uploaded. • Numbers for GP Round 1 have been uploaded to Vacancy Manager – BBT has 14 posts. 	

		<ul style="list-style-type: none"> Dates have been set for national ARCPs in December and January and dates posted on the website. The ARCP Chair will not be known to those being ARCP'd and dates set and circulated for at least the next 6 months. Training for panellists will take place soon Recommendations from the ARCP survey will be circulated soon. 	
7.	Professional Development (Qualitative Research)	The Qualitative Research paper was noted.	
8.	MDET	<p>A joint MDET/STB meeting was held on 17 November. Items discussed were:</p> <ul style="list-style-type: none"> Trainee redeployment. Study Leave and courses done OOH. ARCP Survey – NG will check with Professor McKenzie whether results can be shared. Noted high examination pass rate. IT issues and use of Teams. Not all Health Boards have up-to-date technology – TELG is looking at solutions. NES does not permit use of Zoom – hoped this will be reconsidered. 	NG to check if survey results can be shared.
9.	Fairness in Training for All (FITFA)	The STEP programme ran again in July, August and September over 2 x half days with 90 trainees and trainers on each cohort and an almost 90% attendance. Feedback has been very good. The next course will run in early March. Psychiatry held its first STEP like event modelled on the STEP programme and this was very successful. AK reported ongoing work to refresh FITFA and change the name to better reflect its work. They have looked at the GMC E & D Framework and where NES sits with it and are also liaising with HEE. They have formulated immediate/long/term/medium term goals and will share these with MDET and meet with stakeholders to move the work forward probably via a workshop. A BAME staff network in NES has been developed and is open to trainees and staff. The ToR are being written and decisions on frequency of meetings/chair being taken. The network will feed into other E & D meetings in NES. NG and AK confirmed they will work with the College on the STEP model and share information with LJ.	
10.	DME report	<p>HF highlighted:</p> <ul style="list-style-type: none"> How to ensure hospital supervisors are kept up-to-date. Supervisors with Eportfolio and GPSTs going to assessment centres for OOHs work – is that supported with trainers. NG said there has been much discussion on Covid assessment centres. They are seen as providing valuable experience but they had to be 	

		safe working environments with suitable supervision. ST3s can be sent there but it was not appropriate to send ST1s. ST3s have largely been supervised by supervisors from their own centres however they will ensure that other supervision is in place if not and structured information will be provided. ND confirmed a written understanding will be required and the information produced by CM will be shared.	
11.	Royal College(s) report	<p>LJ highlighted:</p> <ul style="list-style-type: none"> • 2,500 ARCPs were reviewed over the summer and 1,000 recommendations made – last year more were made and numbers balanced out with RCAs. • Between June and August 159 recommendations were made in Scotland and a further 42 to October. • More equivalence applications have been made this year – 27 to date – 17 have gone via the streamlined process. • Then pass rate for RCA in July was 75% and 74% in August. • 67% passed AKT in July – August pass rate (sorry I missed this). The February cohort will be bigger than usual. • Eportfolio migration has completed with some tweaking and signposting. They are considering how 14Fish have looked at and recorded ITPs. • Recording time out of training was introduced and a calculator will be built in. • Q and A session on Thursday with Scotland Deanery – new guidance out recently and short life working group established to develop process on flexibility for GP. • Programme construction – England and Wales moving towards 2 years GP and 12 months in specialty – providing guidance on this. • The College is looking at support for trainers and would like to link with NES. <p>Noted: the Scottish Recruitment and Retention group will continue. Noted: College's Queen Street premises are for sale. LJ confirmed the sale was planned before Covid as the building is no longer fit for purpose and they are seeking new premises in the same area and close to the other Colleges.</p>	
12.	Specialty reports		
12.1	BBT	<p>GL noted:</p> <ul style="list-style-type: none"> • Four LAT posts advertised for the first time and all filled. 	

		<ul style="list-style-type: none"> • Trainee choices – Paediatrics most requested and specialty concerned about numbers. He met specialty reps yesterday to address the issue. This would provide trainees with good experience and link to Community Paediatrics/CAMHS. • Some rotations in Paediatrics not routine ST1 training posts – only applies to West – so may need to realign. • New curriculum has been returned twice – hopes it is nearly ready for sign off. A new Eportfolio will then be needed and is being worked on. • Preferred candidate identified for TPD post. • BBT aligns well to 4 year GP training programme and allows people to re-do skills in 6 months. <p>ND noted that only one third of practices in Scotland are training practices and there was a willingness to look for other training routes.</p>	
12.2	Public Health	<p>CJ reported:</p> <ul style="list-style-type: none"> • Exams continuing – the diploma exam was held online and went well. • ARCPs also went well – similar usage of Outcome 10s noted. • Formative assessments will be held on 25 November to support students entering final year. • Curriculum review delayed to 2021. • Biggest challenge has been balancing service and training however trainees can achieve competencies in Covid related work eg community development opportunities via vaccine programmes. STC has discussed this and aims to maintain a balance. <p>NG noted the close relationship between GP and PH – they were always seeking learning opportunities for GPSTs and ND felt this tied into the use of day release/structured training to prepare trainees for real life.</p> <p>DB felt there was a piece of work to be done in using PH data to understand how GP could use gaps when trainees leave. CJ said many data sources were used to determine where community assessment centres would be located and could support others doing this work.</p>	
12.3	Occupational Medicine	No report was received.	
12.4	Lay member report	No report was received.	

12.5	Trainee report	<p>JN highlighted:</p> <ul style="list-style-type: none"> • GP trainee wellbeing and virtual training. NG noted Scotland Deanery and PSU has much information and support available on wellbeing. AK recorded a huge thank you to GPST colleagues for their work in challenging times. He encouraged JN to contact any member of the STB for support and information. • Communications with trainees – appreciative of the opportunity to represent trainees on the STB and the regular meetings held by AK with AiT reps. • Interest in L & D for GP trainees and keen to communicate these to trainee colleagues. 	
13.	AOB		
13.1	Dr Wendy Leeper	GL noted Dr Leeper has demitted her post as BBT TPD and thanked for her work in establishing this programme.	
14.	Date of next meeting	10:00 – 12:00 on Tuesday 2 February 2021 via Teams.	

DRAFT