

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 14th September 2021 via TEAMS

Present: Nitin Gambhir (NG) [Chair], Drummond Begg (DB), Claire Beharrie (CB), Partick Byrne (PB), Lindsay Donaldson (LN), Cathy Johnman (CJ), Lynn Hryhorskyi (LH), Amjad Khan (AK), Ashleigh McGovern (AMcG), Catriona Morton (CM) & Dravendranath Reetoo (DR)

Apologies: Nick Dunn (ND), Lisa Johnsen (LJ), Graham Leese (GL), Jen Mackenzie (JMCM), & Helen Freeman (HF)

In attendance: Rachel Brand-Smith (RBS)

Item No	Item	Comments	Action
1.	Welcome, introductions and apologies	The Chair welcomed all to the meeting and apologies were noted.	
2.	Minutes of meeting held on 04/05/2021	The following corrections were requested: <ul style="list-style-type: none"> • Attendance List: Dr Patrick Byrne asked to be added to the to the attendance list. 	RBS to amend 04/05/2021 STB meeting notes
3.	Review of Action Points		
3.1	Lay Rep	<ul style="list-style-type: none"> • RBS stated that a new Lay Rep (Mr Jim Foulis) has been appointed by the East Lay Rep group and will attend the next board meeting in November. 	RBS to contact Lay Rep with meeting information etc.
3.2	Covid-19 Impact – Mini WPBA - Extension of CCT dates	<ul style="list-style-type: none"> • NG confirmed that this has been actioned. 	
3.3	Paediatrics & BBT Training in Scotland – V6 - Members Comments	<ul style="list-style-type: none"> • PB stated that he would welcome contributions from STB members. 	

3.4	Advancing Equality in Medicine - RCGP	<ul style="list-style-type: none"> • NG confirmed that work in this area is progressing. NG confirmed that BMA, RCGP etc. had been contacted to provide resources. 	
3.5	Royal Colleges - GP Fellowships	<p>Various issues were discussed related to Fellowships including:</p> <ul style="list-style-type: none"> • Fellowships 2020: AK stated that eligibility of ST3s to apply for Fellowship posts has been impacted due to suspension of CSA exams in 2020. • Fellowship Funding: AK stated that Fellowship funding has not been rolled over from 2020-2021 financial year. CM stated that she would inform David McCaig about funding issues. • Appointments for this Year: AK stated that the following Fellowships have been appointed for this year: <ul style="list-style-type: none"> • Medical Education: 5 • Health Inequality: 2 • Rural & Remote Fellows: 8 • RCGP & Fellowships: CM stated that she had met with David McCaig who has referred this back to NES. CM suggested meeting with AK to discuss. • Applications to Fellowships & CCT: CM asked whether there was a deadline for applying for Fellowships for those who have CCT'd. AK stated that a flexible approach was used. 	
3.6	Trainee Reports – Trainee Reps	<p>Various issues were discussed relating to trainee reps including:</p> <ul style="list-style-type: none"> • BMA Trainee Rep: LH stated that she will be stepping down as Chair of the BMA GP Training Committee. LH stated that a new Scottish Rep will be appointed soon. • RCGP Rep: CM stated that the RCGP would be recruiting an AIT Rep for the next meeting in November. 	

4.0	Deanery Issues		
4.1	Scottish Government - Annual Leave circular	<p>Various issues related to Annual Leave guidance were discussed including:</p> <ul style="list-style-type: none"> • Annual Leave Changes: NG stated that the Scottish Government had changed guidelines on trainee annual leave. Two public holidays have been removed (10 down to 8) and trainees will receive three additional annual leave days (6 weeks to 6.6 weeks or 5 weeks to 5.6 weeks). • Primary Care vs Secondary Care: NG stated that this change does not apply to trainees in GP practice as they do not get the full ten holidays. NGs stated that there will be a transitional period for those doctors working in secondary care moving into to GP practice posts • Trainees with remaining Annual Leave: AK stated that trainees entering Primary Care posts may have remaining annual leave. AK stated that a flexible approach is required. 	
4.2	Scottish Government - Quarantine/Self Isolation circular	<ul style="list-style-type: none"> • NG stated that the Scottish Government has updated advice on travel to Amber and Red countries. NG stated that time required to isolated when returning from these countries is not considered as annual leave. 	
4.3	STB SOP	<p>Various issues were discussed related to the STB SOP including:</p> <ul style="list-style-type: none"> • Timelines: NG stated that the STB was working within timelines outlined by the STB SOP. • Acronyms used in Document: CM asked if a list of acronyms could be added to STB papers for those who are unfamiliar with terms. NG requested that all papers have full name followed by acronym in brackets. 	
4.4	Medical Training Intake 2022	<p>Various issues were discussed related to Medical Training Intake including:</p> <ul style="list-style-type: none"> • Recruitment: AK stated that recruitment will continue virtually. AK stated that all recruitment numbers have been submitted and are similar to previous numbers for August intake. AK outlined that there were increased pressures due to trainees applying for LTFT. 	

		<ul style="list-style-type: none"> • AK Roles: AK stated that he has stepped down as Co-Chair of the National Curriculum Group to take up post as Chair of Conference of Postgraduate Deans (COPMED). <p>Various issues relating to intake and capacity were discussed including:</p> <ul style="list-style-type: none"> • Capacity over next five years: DB suggested a working group be set up to address this. AK stated that two programme directors have been appointed in Foundation to look at capacity. In addition to this, AK stated that Christine Heron has been recruiting training practices in the West and North regions to increase capacity. • Capacity & Occupational Health: AK stated that numbers in Occupational Health will be increased due to issues related to Educational Supervisors. • Capacity & Public Health: AK stated that one additional post has been created in Public Health. This will allow numbers to be increased by two. • Educational Capacity Group: AK stated that the Educational Capacity group will be restarted and will also look at other allied professions such as pharmacy, paramedic provision etc. 	
4.5	Recruitment Update – STB Recruitment	<p>Various issues related to recruitment were discussed including:</p> <ul style="list-style-type: none"> • Round 1 – GP: AMcG stated that numbers will have to be submitted by the end of October. • Round 3 - GP: AMcG stated that 58 posts have been submitted for Round 3 and acceptances will be issued at the start of November. • Public Health, Occupational Medicine & BBT: AMcG stated that numbers would have to be submitted by December. • Total Numbers: AK stated that total numbers were: <p style="text-align: center;">Round 1: 68</p>	

		<p style="text-align: center;">Round 2: 57 (indicative number)</p> <ul style="list-style-type: none"> • Potential Shortfall: DB stated that total numbers may indicate a potential shortfall. CM stated that expansion was urgently required. LH stated that training must reflect new working patterns and approaches that have emerged since the pandemic. 	
4.7	National Training Survey Results	<p>Various issues were discussed related to this year's Trainee Survey:</p> <ul style="list-style-type: none"> • Breakdown of Survey for BBT: PB stated that sample groups were very small for BBT which may skew results. PB stated that the free text comments were more useful. • Response Rates: CM noted that Scotland's response rates from Trainers and trainees were down from last year. CM asked how the GMC would respond to this especially as quality and professional support has been maintained. CM stated that the GMC must formulate a response to GP burn-out and negative public perceptions of GP service. • Public Health Response: CJ stated that training survey does not include all Public Health trainees and Trainers as they are not all affiliated to the GMC. CJ stated that a sperate Public Health survey was used this year and all three devolved nations had low levels of trainee satisfaction in training. • Additional Funding: PB stated that a more structured approach is required than just additional funding from Scottish Government. PB emphasised the requirement of investing in personnel. 	
5.	Quality		
5.1	SQMG report	<p>NG gave an update to the board on Quality including:</p> <ul style="list-style-type: none"> • Overview: NG stated that a new APGD-Quality Cieran McKiernan has been appointed. DB stated that the virtual quality visits had gone well. NG thanked the Quality Team for their input for over the past twelve months. NG stated that the Quality team will be looking at on-line accreditation submission for practices and quality visits for Foundation practices. 	

		<ul style="list-style-type: none"> • Paperwork for Practices: AK stated that this would be reviewed with an aim to streamline administrative burden. AK stated that this was discussed at the QI review meeting. • Virtual Visits: DB stated that virtual visits had gone well and a mix of virtual and face to face may be used in future. DB emphasised the requirement to focus of essential components of QI visits. DB stated that this would allow real time reporting and feedback for practices. • Quality Improvement Backlog: AK stated that the quality team had almost completed the back log of quality visits caused by the pandemic. 	
6.	Professional Development		
6.1	Scottish Prospective Educational Supervisors Courses (SPESC)	<ul style="list-style-type: none"> • NG stated that the Scottish Prospective Educational Supervisors Courses (SPESC) have restarted. 	
6.2	Standardised ARCP Process	<p>Various issues were discussed related to ARCP process including:</p> <ul style="list-style-type: none"> • Overview: NG stated that a standardised ARCP process was used this year. NG thanked Chris Mair for the work on this. AK stated that the new approach looked at equality of approach, recruitment of panel members, collaboration etc. AK stated that these changes were in line with changes in other UK deaneries. • FDA Trainer Course: CJ stated that Public Health Trainers attend Faculty Development Alliance (FDA) trainer courses. CJ asked whether this course could be made available for 2022. AK asked CJ to e-mail details and candidate numbers. AK stated that he would discuss this with Fiona Fraser. • SPESC Training: DB stated that GP Trainer training is unique, and this should be emphasised in SPESC courses. 	CJ to e-mail AK details of PH Trainer requirements
7.	MDET		

7.1	General Update	<p>AK gave the board an update on MDET issues including:</p> <p>Covid-19 and re-deployment:</p> <ul style="list-style-type: none"> • Covid-19 & Re-deployment: AK stated that MDET have discussed impact of rising Covid-19 numbers. AK stated that Lanarkshire, GG&C have discussed trainee re-deployment. AK stated a joint communication will be issued through DMES related to this. AK emphasised that health boards must work with TPDs. • Recommendations: AK stated that he had recommended that Foundation GPs and trainees with unsatisfactory outcomes are not re-deployed. • Home-Based Bed Provision: DB stated that there has been a lack of emphasis on the provision of home-based hospital beds vis re-deployment. DB stated that NHS Lothian supports 2101 beds located in patient’s homes. In addition to this, NHS Lothian supports 5100 nursing and care home beds. DB outlined that re-deployment has concentrated on hospital provision and not on other related areas. DB stated that he could provide information related to this. • Impact on A&E: CM stated that pandemic and re-deployment has had a large impact on staff including; loss of training opportunities, burn out etc. • Director Medical Education: CM noted that the title Director of Medical Education is inaccurate. CM stated that the post should be ‘Director of Hospital Based Medical Education’ as GPST training is not included in this area. <p>Other issues:</p> <ul style="list-style-type: none"> • Trainees & Vaccinations: AK stated that MDET have discussed the issue of trainees who have refused the Covid-19 vaccine or are unable to have the vaccine due to health reasons. 	
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8.	Advancing Equality in Medicine	<p>NG gave the board an update on the Advancing Equality in Medicine Group including:</p> <ul style="list-style-type: none"> • Background: NG stated that intake of International Medical Graduates (IMG) has increased over the past two years which has prompted a revision of the IMG Induction programme. NG stated that this is covered in the Softer Landing paper. • New Lead: NG stated that a new Assistant Postgraduate Dean for Equality, Diversity & Inclusion (APGD) Dr Charu Chopra has been appointed. Dr Chopra will be developing workshops in areas such as Active Bystander training etc. • Softer Landing & Funding: DB asked whether there was any funding associated with the Softer Landing programme. AK stated that an ideal IMG induction programme would be a six-month post before training starts. CM suggested that this could be linked with the Wellbeing services. LH asked how the PSU unit and resources would be linked to this programme. 	
9.	Service Report	<ul style="list-style-type: none"> • NG requested RBS to contact Scottish Association of Medical Directors (SAMD) about STB rep. 	RBS to contact SAMD about STB rep post

10.	Royal Colleges	<p>CM gave the board an update regarding the RCGP including:</p> <ul style="list-style-type: none"> • Academic Training in Scotland: CM stated that she, DB and LH had met with Frank Sullivan (Academic GP, Lead) to discuss GP academic training in Scotland. CM stated that there is a lack of emphasis on GP academic training in Medical schools and hospitals. AK stated that Lyndsay Pope is involved in expansion of academic work. DB stated that academic research has a positive impact on Service and must be maintained. • Foundation School: CM stated that she and DB had met with Clare McKenzie and discussed support required for academic research and Foundation trainees. • Three vs Four-year Training: CM stated that the RCGP support the three-year GP training model. CM stated that an additional fourth year is often based in hospital which does not enhance GP training. In addition to this, trainees remain on trainee contracts for longer. CM noted that Scotland is not as advanced in developing this new training model compared with other parts of the UK. AK confirmed that Wales is now using a two plus one training model. AK stated that he is drafting a paper on One-Plus-Two paper for MDET. CM stated she will meet with AIT RCGP Scotland Group in October. CM suggested that a trainee survey be circulated to gather more information. 	
11.	Royal Colleges – Various Papers	<p>NG gave a brief overview of the Royal Colleges papers including:</p> <ul style="list-style-type: none"> • CCT – CP Paper: NG stated that this paper gives guidance on the combined CCT pathway which incorporates CESR and accreditation of transferable competencies framework. NG stated that this is already in progress in Scotland. • MRCGP RCA update: NG stated that this paper addresses changes in RCA exam and differential attainment. NG stated that the RCA will be revised in 2023. • RCGP - COGPED update GMC: NG stated that this paper covers changes to training post-Brexit and incorporation of One-Plus-Two training model. KL stated that this was most relevant to trainees who are moving from 1818 model to One-Plus-Two model. 	

		<ul style="list-style-type: none"> • WPBA e-portfolio update: NG stated that this paper addresses use of KEKs and areas not captured by RCA exam. 	
12.	Behind Closed Door website resource	<ul style="list-style-type: none"> • AK gave a brief overview of the developed of a postgraduate website resource based on Channel 4's 'Behind Closed Door' series. AK stated that this will provide footage of live GP consultations which can be used as a training resource. AK stated that further discussion on how this was to be developed will be held over the coming weeks. 	
13.	Speciality Reports (PM, OM & BBT)	<p>Various updates were given on the following specialties including:</p> <p>BBT Training:</p> <ul style="list-style-type: none"> • BBT Recruitment: PB stated that all fourteen posts across seven health boards have been filled. PB stated that LAT posts have been filled in NHS Grampian. PB stated that two posts are still to be filled in NHS Dumfries & Galloway. • BBT Curriculum: PB stated that there are still two trainee groups working on different curricula (2021 and 2020 cohorts). • e-portfolio: PB stated that this was due to go live. • Re-deployment: PD stated that there has been some re-deployment from specialties which will may impact BBT trainee requirement to complete 10% training in another specialty. <p>Public Health:</p> <ul style="list-style-type: none"> • Recruitment: CJ stated that all new trainees have completed inductions. CJ stated that there would be an application for expansion for one additional post. CJ stated that numbers have been impacted by various retirements. CJ stated that less than 30% of trainee will complete training within 5 years. • Training: CJ stated that normal training activities have been resumed but may be impacted by winter Covid-19 surge. 	

- **PH Exams:** CJ stated that the Public Health Diploma exam is going ahead as an online exam and has been positively evaluated. In addition to this, trainees are proceeding with membership exams however the oral exam component may be revised.
- **ARCP:** CJ stated that these were successful with a revised set of outcomes.
- **Curriculum Consultation:** CJ stated that consultation has been completed and will be submitted to the GMC in October.
- **Names & Address:** CJ stated live training locations have been updated for the GMC.

Occupational Medicine:

- **Recruitment:** DR stated that Occupational Health has eight trainees in post (seven in the NHS and one in industry). DR stated that six trainees are less than full time and two are full time. DS stated that the training programme has had to be expanded to accommodate trainees who are taking four years to CCT.
- **E-portfolio:** DR stated that all trainees are on e-portfolio.
- **ARCP:** DR stated that all trainee ARCPs were completed on time for 2021.
- **GMC Survey Results:** DR stated that results were difficult to interoperate due to the low numbers of trainees in Occupational Medicine.
- **Educational Supervisor:** DR stated that sadly one industrial Occupational Medicine Educational Supervisor had recently passed away.
- **Remote Working:** DR stated that various research areas have been generated out the requirement to work from home. DR stated that research areas include mental health support, issues around access etc.

17.	AOB	<ul style="list-style-type: none">The members did not have any additional discussion items	
18.	Date of Next Meeting	<ul style="list-style-type: none">Date of Next Meeting: Tuesday 16th November (10:00 – 12:00)	

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