

Minutes of the meeting of the General Practice, Public Health Medicine, and Broad-Based Training Specialty Board held at 10:00 on Tuesday 12<sup>th</sup> November 2024 via TEAMS

**Present:** Lindsey Pope (LP) [Chair], Nitin Gambhir (NG), Claire Beharrie (CB), Cathy Johnman (CJ), Kenneth Lee (KL), Allan MacDonald (AMacD), Jen MacKenzie (JMacK), Mark McAuley (MMcA) Ashleigh McGovern (AMcG) Neil Shepherd (NS), Frank Sullivan (FS) Chris Williams (CW) and Pauline Wilson (PW).

**Apologies:** Corrine Coles (CC), David Herron (DH), Akram Hussain (AH), Lisa Johnsen (LJ) and Catriona McAleer (CMcA).

**In attendance:** Zoe Park (ZP) (Minutes)

Item	Item No	Comment	Action
1.	Welcome & Apologies	The chair welcomed the members, noted apologies, and members introduced themselves.	
2.	Minutes of meeting held on - 10/09/2024	The minutes from 10 <sup>th</sup> September 2024 were accepted as an accurate record of the meeting except for the following corrections:  Item 5.1 – Scottish Government (SG) have approved in principle rather than approved a refreshed GP retention scheme. Item 17 – Iain Morrison (IM) spelling correction.	ZP will update previous minutes.
3.	Review of Action Points	All action points were complete or discussed elsewhere in the agenda.	
4.	Matters Arising not on the Agenda	Nothing was noted by the group.	
5.	Main Items of Business		
5.1	Deanery Update	NG gave the following update to the members: <ul style="list-style-type: none"><li>Recruitment remains strong and healthy across the specialty grouping.</li><li>The decision has been made by SG to withdraw TERS bursaries from August 2025 and wanted to acknowledge the role that they played in GP training and gave thanks to Markus Chan (MC), FS and the team for the work carried out around the bursary scheme.</li><li>The proposal for a dual CCT in GP and Public Health is moving forward and it is planned for there to be two available posts from August 2025.</li><li>The new RCGP curriculum will be introduced in August 2025 and there are ongoing discussions within the deanery on how the changes in the curriculum are embedded.</li><li>The deanery continues to show commitment to educator support and regional enhanced educator workshops have been introduced as of last week, which will take place face to face.</li><li>The educational supervisor support hub will be launched on TURAS on the 14<sup>th</sup> November.</li><li>Planning for August 2025 recruitment is starting to take place, the main challenges remain around baseline funding.</li><li>Some of the posts that were expansion posts did not receive recurrent funding from SG and work is being carried out to baseline fund as many posts as possible, around 70% have been approved for August 2025.</li><li>Gave thanks to colleagues in the quality team as we move towards a five year re accreditation cycle which has now been streamlined.</li><li>Scotland was ranked number 1 amongst the 17 deaneries in the UK for GP in the national training survey (NTS).</li><li>Currently, there are challenges following from the judicial review at RCGP level based on exam attempts, that were particularly triggered by the applied knowledge test and a candidate with neurodiversity requesting nullification of previous attempts after new diagnosis of a disability. The college have made their recommendations, and it is now going through the relevant channels and processes.</li><li>The WINS programme has received positive feedback after it was delivered for the first time. It was run regionally via a face to face model. Approval has been received to continue this for the February 2025 intake.</li></ul>	

		<ul style="list-style-type: none"> <li>• Congratulated LP and Samira Bell (SB) on their paper on academic roles within postgraduate training. Noted it was alarming to see the significant drop in academic career options particularly within GP. Discussions will be taking place at MDAG around this issue.</li> </ul> <p>LP gave thanks to NG and wanted to acknowledge and give thanks to FS, Jill Morrison (JM) and Stuart Mercer (SM) for the previous work on academic GP careers that has been carried out around this which supported the data in the paper.</p> <p>NS queried if the withdrawal of bursaries will include the posts in hard to fill areas that were introduced to encourage recruitment. NG noted that although the bursaries in these areas were retained in August 2024 that going forward these will be withdrawn, mainly due to recruitment remaining strong across all regions.</p>	
5.2	Recruitment Update	<p>Paper 2 was circulated before the meeting.</p> <p>JMacK highlighted the following points:</p> <ul style="list-style-type: none"> <li>• There is an 100% fill rate for GP in round 3 recruitment.</li> <li>• Round 1 recruitment is open for next year and as expected application numbers have gone up.</li> <li>• BBT has already surpassed the total number of applications they had last year, and applications don't close until 21<sup>st</sup> November. This is positive however quantity versus quality needs to be considered.</li> <li>• BBT interviews are arranged for the 6<sup>th</sup> March, and assessors have been secured.</li> <li>• The dual GP and public health post will be introduced in 2025.</li> </ul> <p>LP questioned whether there was information around the recruitment trends in Scotland and whether this differs from England. JMacK noted that BBT is the only Scotland only specialty as the others is applied to at a UK level so this would be hard to tell for BBT. NG highlighted that there are significant challenges within the recruitment space due to the increased number of applicants across the UK to all specialties, which suggests that recruitment will remain strong in the near future. However, the granularity and the details around how this impacts Scottish applicants, as well as domicile applicants, continues to be looked at. Additionally, there are challenges around the fact that MSRA remains the single point of entry in terms of ranking order and preferencing for GP training and work is being carried out in this space and discussions are ongoing with SG.</p>	
5.3	Sexual Harassment Results (STS)	<p>Paper 3 was circulated to the group before the meeting and LP discussed the headline figures.</p> <ul style="list-style-type: none"> <li>• 4% of trainees have experienced unwanted, harmful or inappropriate sexual behaviours during their placement and that includes 2% for GP, occupational health and public health, that were clustered together.</li> <li>• 5% reported having witnessed this behaviour, which includes 2% for GP, occupational health and public health.</li> <li>• There was a high response rate for the survey overall, although it is acknowledged that not everything is reported, and this specialty grouping has slightly lower figures.</li> <li>• It was noted that the paper focused only on harassment and not discrimination as title of paper suggests</li> </ul> <p>LP opened it up to the group for discussion.</p> <p><b>FS</b></p> <ul style="list-style-type: none"> <li>• Noted that it may be useful to get clarity around the denominator of responses, as although numbers seem small, there are still extremely alarming.</li> <li>• Additionally, the mechanisms for reporting and can we be sure that people feel supported in doing so and will action be taken.</li> </ul> <p><b>NG</b></p> <ul style="list-style-type: none"> <li>• Concurred with FS points above and noted that the denominator is somewhere in the region of 6400 to give a general idea of response rate</li> <li>• Agreed that this is an extremely challenging space and wanted to make the group aware of the huge amount of work that is being carried out by Alastair Murray (AM), Greg Jones (GJ) and the deputy deans, as well as the equality and human rights team which is led by Katy Hetherington (KH).</li> </ul>	

		<ul style="list-style-type: none"> <li>There is now a range of resources and training packages for both line managers and learners.</li> <li>This will also be incorporated in the future Scottish Training Survey (STS) reports and work is ongoing between NES and health boards (HB) to ensure that there is a similar approach across Scotland.</li> </ul> <p><b>PW</b></p> <ul style="list-style-type: none"> <li>From a DME perspective this data has been received, as well as another set of data which highlighted areas within service in specific areas. This information has still to be discussed at a DME meeting around how the data is used to frame conversations within departments.</li> </ul> <p>LP noted that it is reassuring to know that work is taking place in individual units across Scotland.</p> <p><b>CW</b></p> <ul style="list-style-type: none"> <li>Within the recommendations of the paper there is a recommendation that this should be shared with DMEs and HBs and wondered if it would be possible to share with RCCP Scotland executive team due to the importance of the work.</li> </ul> <p>NG confirmed that it would be appropriate to share the headlines from the paper, as well as some of the other work that is being carried out in this space within NES.</p> <p>LP suggested questions on discrimination may be useful to add to the survey.</p>	<b>NG agreed to e-mail CW with further information.</b>
<b>6.</b>	<b>Quality</b>		
<b>6.1</b>	<b>QM Update</b>	<p>Paper 4 was circulated before the meeting.</p> <p>KL highlighted the following points:</p> <ul style="list-style-type: none"> <li>The wash up quality review panel took place on 30<sup>th</sup> October, where all the data from the posts that are not in the top or bottom 10% is looked at.</li> <li>The way that data is compared has changed, which is positive for recognising good practice across the whole of medical education, as GP data will be compared against all training data.</li> <li>123 good practice recognition letters have been issued which reflects the high quality training that takes place in GP.</li> <li>As a result of training feedback there were 7 enquires based on either the training surveys or the free text comments and these are in the process of being taken forward.</li> <li>The secondary care posts are now being looked at by specialty but information on this has been included in the paper.</li> <li>There is 1 public health enquiry and clarification around feedback required. The quality team will be in touch with CJ regarding this.</li> </ul> <p>LP highlighted that it is an appropriate change to change the comparator, and this should be positive for the specialty and promote recognition.</p>	
<b>7.</b>	<b>Training Programme Management Update</b>	<p>AMcG noted the following:</p> <ul style="list-style-type: none"> <li>Posts have been submitted for August 2025 recruitment.</li> <li>IDTs will be informed of acceptances on Monday, 18<sup>th</sup> November.</li> <li>OOP automations via TURAS will go live on Monday, 25<sup>th</sup> November, all relevant stakeholders will receive communication and be sent guidance.</li> </ul>	
<b>8.</b>	<b>Advancing Equity in Medicine</b>	<p>NG highlighted the following:</p> <ul style="list-style-type: none"> <li>WINS was a huge success and is now being introduced across all specialties.</li> <li>Work is underway to ensure that educators are offered educational sessions on fairer feedback over the next 12 months based on guidance issued by the GMC and is being led by APGD Charu Chopra (CC).</li> <li>The reverse reciprocal mentoring pilot has been completed and one of the Scottish clinical leadership fellows (SCLF) will be evaluating this project.</li> </ul>	

		<ul style="list-style-type: none"> <li>There is still evidence that exam results continue demonstrate differential attainment, which has saw positive changes in the AKT but remains a significant issue. Specific exam support programmes have been introduced as well as enhanced trainee support for those with MSRA score less than 500.</li> </ul>	
9.	Service Report	PW had nothing further to add.	
10.	DME Report	PW noted that all topics were covered earlier in the meeting.	
11.	Royal College Update	<p>CW gave the following update to the group:</p> <ul style="list-style-type: none"> <li>Going forward the college has adopted the term registrars rather than associate's in training, which fits in with the BMA decision to move away from the branch in practice known as junior doctors.</li> <li>There was a September Council meeting where the college looked at the scope of practice for physician associates. A draft paper was presented to council members which included two main elements: the first one being a rejection of grandfathering or physician associates having a role within GP and secondly, within Scotland three of the Scottish faculties have got IMG leads appointed with discussions ongoing around a fourth.</li> <li>A round table for GP trainers was arranged to ensure that current issues and feelings are on the college radar and hopefully guide on some ongoing work.</li> <li>At the last Scottish Council meeting discussion arose around supervision and the out of hours environment. This has led to further discussions around national guidance.</li> <li>Work is continuing around the technologies behind the new CSA exam and how trainees look at the exam.</li> </ul> <p>LP included the below link to the RCGP survey:</p> <p><a href="https://www.rcgp.org.uk/getmedia/ab96caa6-9a8c-4c27-97b7-e945aba080a0/pa-survey-report.pdf">https://www.rcgp.org.uk/getmedia/ab96caa6-9a8c-4c27-97b7-e945aba080a0/pa-survey-report.pdf</a></p> <p>LJ provided the following written update in her absence:</p> <ul style="list-style-type: none"> <li>We are expecting 112 GP registrars in Scotland to CCT by the end of February. Overall recommendations for CCT have increased by 15% over the past two years.</li> <li>Numbers of Combined Training applications remain high with more CP than ATC and around a third of CP applications having overseas experience</li> <li>We will no longer amend a CCT date after an Outcome 6 has been received. This is with GMC agreement and highlights the need for a final ARCP form to be accurate before it is signed.</li> <li>Our CEGPR Manager, Kate Farbey is retiring at the end of November after more than 30 years leading on this area of work. Recruitment is underway to fill her post.</li> </ul>	
12.	Remote and Rural	<p>PW gave the below update to the members:</p> <ul style="list-style-type: none"> <li>There are now 7 doctors who have gone to panel in September and all 7 have been recognised and approved by the GMC and the credential is now on their GMC learning record. That includes 6 in Scotland and 1 in the North of England.</li> <li>Work is ongoing with the digital team around completing an ePortfolio.</li> <li>Meetings are taking place with HBs and medical directors to discuss the impact of the credential and where it could sit in the ongoing staffing of unscheduled urgent care.</li> <li>Now that the curriculum is in place, there is some interest in how this can start to impact the medical schools. Work is starting with University of Aberdeen to try and articulate how this will flow through and transition into a more tangible remote and rural interest.</li> <li>A piece of research is being started to look at the impact of the credential and look at where it sits in terms of doctors, employers and the communities it serves.</li> <li>Also working with the centre of sustainable workforce around where the credential might sit in terms of ongoing recruitment and retention of doctors working and living in remote and rural areas.</li> <li>There are 3 learner champions currently on board for the next round of the recognition route.</li> </ul> <p>Lastly, PW wondered if the credential contributes to this board the perhaps it should be included in the tile of the board.</p>	

		<p>NG concurred with PW and noted that this was a good suggestion and that discussions are ongoing at MDAG level regarding restructuring and rebranding the STB work and remits. Secondly, NG wanted to acknowledge the achievements made by the remote and rural credential team and gave thanks to all involved.</p>	<p><b>NG agreed to take this forward with LD.</b></p>
13.	Public Health	<p>CJ gave the following update:</p> <ul style="list-style-type: none"> <li>As mentioned previously in the meeting there will be 2 dual posts for public health and GP going forward for August 2025 recruitment, 1 in the north and 1 in the west.</li> <li>There is a SLWG which will look at the dual posts and the structure of the programme, ARCPs, ePortfolio and supervision.</li> <li>Additionally, there will be 1 public health post in the east. There is currently a slight gap in trainees CCTing.</li> <li>Clarity is still required around the expansion posts in public health and whether this is being counted as there is potential for public health Scotland to take a post.</li> <li>There has been a publication around differential attainment and exams, which covers number things including IMGs and the link is included below:  <a href="#">Faculty of Public Health publishes latest Fair Training Culture report - Faculty of Public Health</a></li> <li>Recommendations have been made and there has been engagement with various stakeholders.</li> </ul>	
14.	Broad Based Training	<p><b>AMacD</b></p> <ul style="list-style-type: none"> <li>Focus is on expansions just now and discussions are ongoing with NHS Borders and Fife around BBT expanding into these areas.</li> <li>Additionally, looking at expansion of specialty and early discussions are taking place with the GMC to see if this is feasible. However, all talks so far have been positive.</li> <li>Dates for BBT training days have been secured and issues around this in north of Scotland has been solved. Gave thanks to MMcA and KL for their help with this.</li> </ul> <p><b>NS</b></p> <ul style="list-style-type: none"> <li>Highlighted the impact of LTFT training, as there is one trainee who had training extended and will now finish in November out of sync. This means that there is not an obvious post for them to progress into in their chosen specialty and asked the group for thoughts as this may be something that keeps coming up.</li> </ul> <p>The group agreed that this is an issue across all specialty groupings and that it is important that trainees are fully aware of the process and the extension to training before applying to go LTFT so that they can make an informed decision.</p> <p>AMcG added that if this information is available in advance and communicated with eth relevant specialty then the TPM administrator could potentially hold a post back for a few months until training is able to commence, this may decrease the chance of disadvantaging a trainee.</p>	
15.	Academic Update	<p>FS noted the below:</p> <ul style="list-style-type: none"> <li>There is a paper being prepared for the British Journal of General Practice around the findings included in the paper discussed earlier in the meeting. It will look at continuation rates, but there is no information around the Scottish domiciled applicants who have graduated medical school as there is no measure of the quality of candidates.</li> </ul> <p>LP added that there potentially could be parallels between this work and a previous piece of work conducted around ARCPs and MSRA scores.</p> <ul style="list-style-type: none"> <li>With regards to academic careers, there isn't a lack of willingness for newly qualified GPs or GPs in training to consider a career like this but that there may be lack of a way into this. For example, there is only 5 GP SCREDS posts across Scotland.</li> <li>The heads of department are currently querying an expansion into the SCRED posts as this would create more appointable candidates.</li> </ul>	

		<p>FS presented the ScotGem numbers and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Almost 90% of graduates are staying Scotland.</li> <li>• Most are neutral about remote and rural working., 42% say it's important with 1 In 5 saying unimportant.</li> <li>• 1 n 3 were going into GP but there was a few going into BBT and emergency medicine.</li> <li>• Still in the early stages but there have been some positive indicators.</li> </ul>	
16.	<b>Trainee Update</b>	Not discussed. Trainee representative not in attendance.	
16.	<b>Lay Member Update</b>	Not discussed. Lay representative not in attendance.	
17.	<b>BMA Update</b>	<p>DH not in attendance but CW raised the below issues on his behalf:</p> <ul style="list-style-type: none"> <li>• Communication will be sent to both NES and Practitioner Services around superannuation arrangements for trainers and how there is differences in how this is recorded in different areas.</li> </ul>	
18.	<b>AOB</b>	<p>LP informed the group that she will be stepping down as STB Chair and that this will be her last meeting.</p> <p>NG noted his thanks to LP for all the work carried out in the last year as chair and wished her well in her future endeavours.</p>	
19.	<b>Dates for 2025 meetings</b>	<ul style="list-style-type: none"> <li>• 4<sup>th</sup> March 2025 1000-1200</li> <li>• 13<sup>th</sup> May 2025 1000-1200</li> <li>• 9<sup>th</sup> September 2025 100-1200</li> <li>• 4<sup>th</sup> November 2025 100-1200</li> </ul>	