

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 16th May 2023 via TEAMS

Present: Nitin Gambhir (NG) [Chair], Claire Beharrie (CB), Teresa Cannavina (TC), Akram Hussain (AH), Cathy Johnman (CJ), Amjad Khan (AK), Jen MacKenzie (JMack), Graham Leese (GL), Ashleigh McGovern (AMcG), Cieran McKiernan (CMcK), Catriona Morton (CM), Pauline Wilson (PW) (DME)

Apologies: Greycy Bell (GB), Eric Fong (EF), Jim Foulis (JF), Lisa Johnsen (LJ), Stephen Lally (SL), Ken Lee (KL), Allan McDonald (AMcD), Lindsey Pope (LP), Dravendranath Reetoo (DR), Ariwan Yimsiri (AY)

In attendance: June Fraser (JFr) (Minutes)

Item	Item No	Comment	Action
1.	Welcome & Apologies	The chair welcomed the members and noted apologies. Congratulations were given to the Chair who has recently been appointed to the role of Lead Dean Director replacing Prof. Amjad Khan. This was the last meeting for Prof Amjad Khan and the committee noted their immense gratitude for leading the STB as LDD over nearly 6 years with hard work and dedication.	
2.	Minutes of meeting held on 07/03/2023	The minutes from 7 th March 2023 were accepted as an accurate record of the meeting apart from the following amendment: <ul style="list-style-type: none"> Item 10 – SIPS is not for retired GPs but is for GPs considering retirement. This point will be updated on the minutes.	JFr to update minutes from 7th March.
3.	Review of Action Points	All action points were completed from the meeting of 7 th March 2023. There was a discussion around the working week and study leave. NG noted that this is an item which has been discussed on several occasions before and flexibility is offered to trainees to work with their TPDs based on individual circumstances. The GPST WTE working week remains 7 clinical and 3 educational sessions over a 40 hour week.	
4.	Matters Arising	There were no additional matters arising.	

5.	Main Items of Business		
5.1	GP Training Expansion Scotland	<p>NG noted that target for first year in August 2023 of 35 expansion posts across Scotland had been achieved. All of the posts have been matched and aligned with new rotations. The posts are innovative with a focus on primary care e.g., Community Paediatrics, Addictions, Hospital at Home etc.</p> <p>Several new practices have been recruited for training including 7 new practices from Lanarkshire.</p> <p>There has been a lot of positivity around expansion which gives confidence for continuing in 2024 for a further 35 expansion posts. There will be a final 30 expansion posts in 2025.</p>	
5.2	Recruitment Update	<p>Ordinarily a recruitment paper is circulated prior to the meeting but this was unable to happen due to junior doctor strikes in England.</p> <p>Currently, there are four unfilled posts and offers are still being recycled. BBT has not filled – there is one gap and Occupational Health has not filled however there is 100% on Public Health.</p> <p>A recruitment report will be forthcoming shortly once available and will be circulated to the group.</p>	JMcK/JFr to circulate recruitment paper to the STB when available
5.3	MRCGP SCA Update	<p>The college exam has been approved by the GMC. It will commence in November 2023 and will be delivered remotely whilst the trainee is in their place of work. A remote IT platform will be used. Some volunteer sites have tried this and there was positive feedback. There will be 12 consultations of 12 minutes each with a break after 6 consultations of 10 minutes. Each consultation will have a 3 minute reading time – predominantly videos and some telephone conversations. The consultations will be enacted by professional role players and there will be more complexity, multi-morbidity and dealing with uncertainty and diversity.</p>	

		<p>Will be hearing in June regarding resources to support trainees and trainers. If any trainees/trainers are interested in getting updates, they can register on the college website and receive regular weekly updates.</p> <p>There will be 9 sittings over the year but none in December, July and August. The first sitting will be in November. The final RCA has already been sat and there will be a catch up one in September for those who have failed their RCA. The College will confirm these dates shortly.</p> <p>NES will be working with RCGP Scotland to see if there are some collaborative efforts which can take place.</p>	
5.4	Training Programme Expansion Pro forma	<p>This will not necessarily apply to the GP specialty as rarely go through the transition board however there is now a generic guidance document and pro forma template available for all specialties.</p> <p>NG noted that the Medical Director has committed to a high level of attention for GP expansion even though the document does not reflect this. GP has a separate and unique process. NES have also committed to having high visibility for GP in general going forward.</p>	
5.5	ARCP Outcome Numbers	<p>Paper 4 was circulated to the group which shows the outcomes from the last year by specialty grouping and then area. Still a high number of outcome fives (holding outcome) – this remains because of a lack of evidence submitted but more so increasingly because of a lack of exam results and timings of exam diet.</p>	
5.6	Clinical Supervisor Support	<p>Papers 5a and 5b were circulated to the group – this was work conducted by Chris Mair, APGD in the south-east alongside his Educational Fellow and was drafted alongside a poster. This highlights the opportunity to collaborate with the work of Clinical Supervisors and produce effective solutions for better experience for trainees in hospitals. The DMEs have given positive feedback so far but the paper has not been to MDST as yet for approval.</p>	

6.	Quality		
6.1	QM paperwork update	New paperwork is now established and should be used for all posts. It is a very streamlined product and gives consistency across the country.	
6.2	Retainer paperwork update	Papers 6a,b & C were circulated to the group. This new paperwork aligns to the GP ES Accreditation paperwork so there is consistency.	
7.	Training Programme Management	<p>AMcG gave members the following update:</p> <ul style="list-style-type: none"> • Recruitment & Rotations 2023: The team have informed the TPDs and relevant AAs and ADs of appointments following round 1 and round 2 recruitment. GP are currently undertaking the preferencing process and deadlines for rotations for all specialties will be between the 23rd and 26th May depending which round of recruitment in. A copy of the dates can be recirculated and all rotations have to be on Turas by 7th June and would appreciate TPDs returning info asap. • Summer ARCPS: These are imminent and this year have introduced that panel members must be sufficiently trained on equality and diversity and annual ARCP training. All members of ARCP panels therefore need to return their forms to their administrators so they can participate in the panels. 	
8.	Professional Development		
8.1	Retainer Report	<p>Paper 7 was circulated to the group for information - work done by Monica Milne, AD in the North.</p> <p>CM noted that RCGP had a Retention Scheme Round Table meeting in May and discussed the retention crisis. A report should be available from this meeting shortly which CM can share with the group. RCGP UK have written a retention paper and have recommended funding for this. A SLWG will be set up and run until end of year and look at retention scheme.</p>	<p>CM to send round the Briefing Paper/Summary Paper for the Retention Scheme meeting. (Briefing paper was shared during the meeting on the chat function).</p>

		The current SIPS scheme is not being taken up as widely due to some of the barriers in this (i.e. having to move practice) and will be ending soon so there will be no schemes available in Scotland for those anticipating retirement. The Government is now aware of this and are keen to take this work forward.	
9.	MDST	AK gave the members the following update related to MDST including: <ul style="list-style-type: none"> • Appointed two new ADs – Robbie Bolton in south-east and Christine Herron in the west. They complement the existing team and the workload of the ADs is increasing with the complexities of training etc. • A huge thank you to ESs – the exam results for last RCA cohort pass mark was 93% - highest in UK. Differential attainment gap is less than in other parts of UK also – thanks given to NG for all the work covered on this. 	
10.	Advancing Equity in Medicine	NG and AK gave the members the following update related to the Advancing Equity in Medicine issues including: <ul style="list-style-type: none"> • Initial trend for August – similar number of IMG doctors joining GP training as last year (90-95 out of 278). They have significant additional needs and need support during and after training. • GP STEP taking place in September – there are two dates in the diary – one for the face-to-face event on 6th September and online event on 19th September. • Various other specialties are now embracing STEP and all specialties have committed to offering a similar intervention for IMGs. • ARCP outcomes – piloting details on a couple of specialties and looking at the outcomes and qualitative statements to see if linked to ethnicity. 	
10.1	RCA Differential Pass Rates 22/23	Documents 10.1 and 10.2 were circulated to the group. Unfortunately, differential pass rates remain although the gap has narrowed in Scotland.	

10.2	GMC – Tackling Disadvantage in Medical Education	Paper 9 was circulated to the group and is the latest document from the GMC on differential attainment. It goes into more granularity and brings in issues such as socio-economic deprivation, religion, and disability. For information.	
10.3	RCGP – Ethnic differences in performance MRCGP	<p>Paper 10 was circulated to the group which is a recent publication from RCGP which highlights the ethnic differences in performance of the MRCGP and suggests that low MSRA scores as a risk factor for non-standard outcomes or exam failure.</p> <p>NES are liaising with other deaneries across the four nations to produce a support plan for low-scoring doctors joining GP Training in Scotland.</p> <p>GP STEP covers a lot of areas that other specialties are just picking up so GP are already ahead on some of the support however still need to continue looking at what added value they can bring.</p> <p>Discussion undertaken on IMGs and non-IMGs leaving the workforce to go abroad. Workforce has become a global market.</p>	
11.	Service Report	<ul style="list-style-type: none"> • No representative from Service was available. 	
12.	DME Report	<ul style="list-style-type: none"> • No report from DMEs. 	
13.	Royal College Update	<ul style="list-style-type: none"> • Paper 11 was circulated to the group highlighting update from the Royal College. 	
14.	Specialty Reports	<p>Public Health</p> <p>CJ noted the following updates:</p> <ul style="list-style-type: none"> • Successful recruitment of 5 new registrars to start August 2023. • Discussion re increase of registrars. In 2021, 2 new registrar posts and 2022 had 1 new registrar post. Could manage a further increase. Perhaps Colin Tilley could provide the consultant numbers expected? Excellent retention in Public Health. 	

		<ul style="list-style-type: none"> Continuing to have challenges around registrar SOAR declarations (1) liaising with the SOAR team (2) Lead appraisers - there will be papers on both of these items coming shortly. Feedback from Faculty of Public Health that concerns raised about lack of involvement from Scotland in proposed new combined CCT between Public Health and GMC. Ongoing project which CJ has had input to from Education Committee. They are looking at reducing the training by one year on the Public Health side. Still working through the learning outcomes. CJ is still carrying out the role of TPD as well as APGD. Delay was due to the TPD role going through and HR process to become open to both Medical and Non-Medical Consultants. Thanks were given to Amanda Barber for all her help with this. The role is now out for advert and closing on 17th May. <p>BBT</p> <p>GL noted the following updates:</p> <ul style="list-style-type: none"> One trainee down in terms of recruitment in Dumfries and Galloway. Integrated well with the new Psychiatry programme. New Paediatric programme starting in August this year. There had been some discussions as to whether BBT should be expanded to south east Scotland however currently decided not to expand but may look at this again in future. ARCPs in June. <p>OH</p> <ul style="list-style-type: none"> ARCPs on 21st June. No significant issues or concerns. 	
15.	Academic Update	There was no academic update.	
16.	Trainee Update	AM gave a trainee update as follows:	

		<ul style="list-style-type: none"> Paediatric BLS now required along with Adult BLS (mandatory requirement for ARCPs) – Flexible approach currently but will become mandatory. Strike action – is there anything trainees need to be informed about if this goes ahead? AK noted that as it is through the BMA – the guidance should be followed from BMA. Sufficient notice will be given and HR advice will also be forthcoming from Board HR Departments. AIT Rep and First 5 Meeting taking place in Glasgow on 31st May – details here. First day of masks not being mandatory on 16th May. 	
17.	Lay Member Update	<ul style="list-style-type: none"> The lay rep was not available for this meeting. 	JFr to clarify if JF still able to attend the meetings.
18.	BMA Update	<p>TC gave an update as follows:</p> <ul style="list-style-type: none"> Retention remains an important factor on the agenda along with the need for more trainees. 	Add BMA update to future minutes.
18.	AOB	There was no AOB.	
19.	Date for next meetings	<p>Dates for 2023 meetings:</p> <ul style="list-style-type: none"> Tuesday, 12th of September 2023 (10:00 – 12:00) Tuesday, 14th of November 2023 (10:00 – 12:00) 	