

## Minutes of the meeting of the General Practice, Public Health Medicine, and Broad-Based Training Specialty Board held at 10:00 on Tuesday 14<sup>th</sup> November 2023 via TEAMS

**Present:** Lindsey Pope (LP) [Chair], Nitin Gambhir (NG), Claire Beharrie (CB), David Herron (DH), Akram Hussain (AH), Cathy Johnman (CJ), Lisa Johnsen (LJ), Allan MacDonald (AMacD), Jen MacKenzie (JMack), Ashleigh McGovern (AMcG), Frank Sullivan (FS), Chris Williams (CW) and Pauline Wilson (PW).

**Apologies:** Greycy Bell (GB), Fiona Graham (FG), Kenneth Lee (KL).

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

Item	Item No	Comment	Action
1.	<b>Welcome &amp; Apologies</b>	The chair welcomed the members, noted apologies, and all new members introduced themselves.	
2.	<b>Minutes of meeting held on 12/09/2023</b>	The minutes from 12 <sup>th</sup> September 2023 were accepted as an accurate record of the meeting.	
3.	<b>Review of Action Points</b>	<p>All action points were completed from the meeting held on 12<sup>th</sup> September 2023.</p> <p>The following was noted:</p> <ul style="list-style-type: none"> <li>• Jim Foulis (JF) will be staying on as the Lay Rep for the STB.</li> <li>• ZP has been in touch with Niall MacIntosh regarding adding the discussed acronyms to the deanery website.</li> <li>• Automatic extension to visas for IMG trainees – LJ followed up with the policy team, who raised it with SG, and it has been confirmed that this is in process of being introduced in Scotland. Discussion arose around the fact that it is important for this to be a four-nation agreement.</li> </ul> <p>NG also noted the SG have produced and document for GP practices in Scotland which details how to become a skilled worker visa sponsor.</p>	

		LJ followed up by stating that this is a government initiative that was initially lobbied by NHS England who have put a lot of work into this, and that the college wasn't only specifically giving information to trainees England but rather announcing the outcome of negotiations with the home office. The government should be working towards letting trainees in Scotland know what happens when IMG trainees are approaching CCT and should be applied in the same way it is in England, if there are no variations in the process.	<b>LJ/CW agreed to meeting to discuss how best to support and follow up at next STB.</b>
<b>4.</b>	<b>Matters Arising not on the Agenda</b>		
<b>4.1</b>	<b>RCGP awareness amongst trainees</b>	AH gave trainee update below.	
<b>4.2</b>	<b>Proposal for OOH session in GPST2</b>	AH gave trainee update below.	
<b>5.</b>	<b>Main Items of Business</b>		
<b>5.1</b>	<b>Deanery Update</b>	<p>NG gave the following personnel update to the members:</p> <ul style="list-style-type: none"> <li>KL has retired AD for the West of Scotland and will be replaced by two new AD's Corrine Coles - who will be the representative on the STB - and Mark McAuley. Both are experienced TPDs and Educational Supervisors. This means that there are four ADs in the west, two in the north and three in the east each holding five session jobs.</li> </ul>	
<b>5.2</b>	<b>Recruitment Update</b>	<p>JMacK gave the following update:</p> <ul style="list-style-type: none"> <li>Currently, GP has 100% fill rate for round 3. Please see attached document with minutes.</li> <li>Struggling for assessors for BBT for 2024 recruitment and asked the members for help recruiting volunteers. Paediatric assessors have been secured but an e-mail will be circulated to all medicine and psychiatry TPDs.</li> <li>Interviews are beginning of March 2024, if assessors aren't secured then capacity will be reduced.</li> </ul>	<b>NG agreed to share e-mail with APGDs.</b>
<b>5.3</b>	<b>TERS Update</b>	NG highlighted that SG have decided to reduce the funding of bursaries (TERS) from 2024/25 and will reduce from 120 bursaries to 50. The areas which will still receive bursaries are	

		<p>Dumfries &amp; Galloway, Caledonian and Rural Track and NHS Borders. The expectation is that this may influence recruitment as there was a notable increase with the introduction of bursaries as well as an increase in the retention of doctors in these areas, but work is ongoing with SG regarding this to see how this will translate.</p> <p>FS added that this sounds like it could be robust publishable data, which may be of interest to not only Scotland but internationally and asked if any work on this would be welcomed. NG noted that the SG has asked for a review of the bursary data in Scotland and welcomed help and collaboration with this.</p>	<b>NG will follow up with FS/LP regrading this.</b>
5.4	<b>SCA &amp; Exam Support Update</b>	<p>NG noted that the first sitting of SCA is underway and Scotland had around 76 trainees sitting. There has been good engagement from practices and no major issues surrounding connectivity.</p> <p>LP added the following update:</p> <ul style="list-style-type: none"> <li>• The first few sittings will be an evolution of learning now that the live diets have started taking place.</li> <li>• IT seems to be robust with minimal impact.</li> <li>• With regards to exam support there are webinars/workshops arranged, as well as online courses arranged for those who must re-sit SCA in the next diet. Reviews of this are ongoing and will be evolved as it moves forward.</li> </ul>	
6.	<b>Quality</b>		
6.1	<b>QM Update</b>	<p>CMcK was not in attendance for a Quality update.</p> <p>NG noted that the main thing to highlight was the GP TEC course which replaces the SPESC course, which must be completed to become an ES. It is a mixture of self-directed learning sessions online, followed by face-to-face sessions. The main challenge was to accommodate 98 ES so from January there will be 8-12 spaces a month for trainers to complete these sessions. There will be 2 priority lists and priority lists and priority list one will be accommodated within the first four months.</p>	
7.	<b>Training Programme Management Update</b>	<p>AMcG gave the following update to the members:</p>	

		<ul style="list-style-type: none"> <li>• GP Training Administrator Abigail White has been promoted within NES and the business case for her replacement has been submitted.</li> <li>• Expansion posts have still to be confirmed by SG.</li> <li>• IRT timeline – IRT process usually mirrors the IDT process, but this was updated a few months ago so trainees don't have complete 12 months on training before applying, however IRT will revert to this requirement. Guidance will be updated in due course.</li> <li>• Deanery is currently working on an exit survey for resignations. Currently, with MDAG for approval.</li> <li>• Meeting has been held with CB and PW regarding remote and rural credential. This will sit within TPM with relation to ARCPs and process.</li> </ul>	
8.	<b>Professional Development Update</b>	Nothing discussed under this item. NG noted that Professional Development is currently being reconfigured and can be removed as an agenda item going forward.	<b>ZP will update agenda.</b>
9.	<b>Advancing Equity in Medicine</b>	<p>NG gave the below update to the members:</p> <ul style="list-style-type: none"> <li>• NG and LP are currently in the final stages of producing the paper for the STEP trainer experiences.</li> <li>• STEP programme, which has been around in GP since 2015 has become mainstream as it relates to IMG induction. It has evolved into a full session programme, two sessions face-to-face and two sessions online. At the most recent GMC visit to Scotland, it was acknowledged that STEP was extremely positive and supported the vision that all specialty trainees should be receiving and induction like STEP. The aspiration is by August 2024, a generic STEP programme will be available. Currently trying to establish a working group to discuss the challenges that may be faced, as well as working collaboratively with the Health Boards.</li> <li>• NES is currently carrying out a lot of work in relation to Sexual Harassment, which follows on from the paper that was published by surgical colleagues. Guidance is being produced for both trainees and trainers relating to this topic.</li> </ul> <p>Discussion arose around the value of other specialties and trainees benefiting from a STEP programme and what happens after STEP. NG noted that there was a significant improvement in GP trainee experience since the introduction of STEP and that this should be opened to all</p>	

		<p>trainees. In relation to what happens after STEP, NG added that risk factors are currently being worked on and identifying trainees who may be more likely to experience an unsatisfactory progression in training. To capture these trainees an Enhanced Skills programme will follow STEP and is currently in development. This will be 4-6 sessions covering wide range of topics such as communication skills, reflections, ePortfolio, well-being, exam preparation etc. This will be tailored to each individual trainee and their needs.</p>	
10.	<b>Service Report</b>	No representative from Service was available.	
11.	<b>DME Report</b>	<p>PW gave the following update to the members:</p> <ul style="list-style-type: none"> <li>• IMG education is an ongoing discussion between the Health Boards, NES, and SG. There is an ongoing piece of work relating to recruitment in rural areas and looking at the use of IMGs within the sphere. The Health Boards are aware that IMGs may be part for the solution of remote and rural recruitment, however, wider conversations need to take place to discuss how to continue to recruit to these areas at board level.</li> <li>• Conversations taking place around the study leave budget and board responsibility when it comes to mandatory training. PW met with Marion Slater and Steve Turner from the academy to discuss a Once for Scotland approach to study leave.</li> <li>• Increased interest in foundation trainees having an interest in GP for example, but that not being covered in the area. Discussions ongoing surrounding who is responsible to pay for the taster weeks. Discussed how this can be supported by general practice trainers and recognition how this might cause increasing service tensions.</li> <li>• The first cohort Remote and Rural Credential will be launched in the new year and 5 learners are GPs who are taking part in unscheduled and urgent care.</li> </ul> <p>DH added that with regards to the foundation taster weeks, the main issue that is being faced locally is that practices don't receive funding for these, and it has a knock-on effect of GP appointments. LP added that this is a national problem and has been flagged for several years.</p> <ul style="list-style-type: none"> <li>• CW asked whether there might be a more general Remote and Rural credential developed or whether there were other ways to support the knowledge and skill set needed for GPs in rural areas. PW confirmed there are currently only plans for one</li> </ul>	

		rural credential, but that she has been liaising with Debbie Miller and there is an upcoming meeting regarding how to harness this across the two aspects and look at how services are delivered in rural areas.	
12.	<b>Royal College Update</b>	<p>LJ gave the following update:</p> <ul style="list-style-type: none"> <li>• Annual post peak review took place in September to identify what areas can be improved on. Inaccurate ARCP forms are huge issue, 277 rollbacks took place during the summer, and this is currently being looked at to see how this can be mitigated.</li> <li>• Continuing challenges around training time and work is being carried out to find some solutions around how to move away from routinely calculating training time as this is no longer included in UK legislation.</li> <li>• In Scotland, 95 trainees are due to CCT between now and the end of February.</li> <li>• Combined training applications are still high, 167 received nationally from August with 46 still pending review.</li> <li>• Pilots have been approved for blended learning which are due to start in various regions in England. A review will take place to gather feedback and see how this can be rolled out more generally.</li> <li>• Dual CCT with Public Health for August 2024 intake is in the current recruitment round.</li> <li>• New Legislation for Portfolio Pathway is being implemented on 30<sup>th</sup> November. Specialty specific guidance has been approved by the GMC to improve and streamline for applicants.</li> <li>• The government decision on the Standstill Agreement after Brexit for recognising EU qualifications has been extended from two years to five years. However, this is not reciprocal, so the EU won't recognise UK qualifications automatically. The next phase of work relating to the Medical Act Reform on this is the introduction of Recognised Specialty Qualification List, which is expected to be in place early 2024. EU qualifications will fall onto that list when the Standstill Agreement comes to an end.</li> </ul> <p>CW added that the Royal College definition of a GP document has now been signed off at a UK level. Additionally, RCGP have produced a report with various recommendations for the SG. CW wanted to highlight this to PW before her meeting with Debbie Miller as this relates to fellowships and the demand to upskill GPs beyond CCT.</p>	<b>PW to take back to meeting with DM.</b>

13.	<b>Specialty Reports</b>	<p>The TPDs gave the following updates for their specialties.</p> <p><b>CJ (Public Health)</b></p> <ul style="list-style-type: none"> <li>• Recruitment - 6 posts in for August 2024.</li> <li>• IDT - Due to accept one to the programme.</li> <li>• Ongoing issues with SOAR sign-off for ARCPs which will be included the TURAS re-fresh work.</li> <li>• Taster session – 40 signed up and went well. Feedback is still to be looked at.</li> <li>• Currently in the process at looking at trainer numbers.</li> <li>• Minimum training time – Old curriculum had a minimum training time which was overlooked by GMC and caused confusion. Implementation Assessment Group are looking at incorporating training time of 48 months. Plan going forward would be if a trainee was doing exceptionally well and wanted to adjust CCT date this would be discussed at ARCP.</li> </ul> <p><b>AM (BBT)</b></p> <ul style="list-style-type: none"> <li>• Deanery Visit – Formal report has gone to AM/GL for approval. Reasonable suggestions for improvement have been made.</li> <li>• Recruitment – Encouraging colleagues to sign up to help with BBT recruitment.</li> <li>• Looking for a replacement for GL as APGD.</li> </ul>	
14.	<b>Academic Update</b>	FS didn't have an academic update for this meeting.	
15.	<b>Trainee Update</b>	<p>AH raised the below items with the members:</p> <ul style="list-style-type: none"> <li>• RCGP – AH discussed AITs. Please see slides attached.</li> <li>• OOH/GPST2 – Looking to seek clarity on the OOH policy for ST2s as when it comes to ARCPs/CCT ST2s aren't allowed to do these.</li> </ul>	<b>NG will discuss with AH separately.</b>
16.	<b>Lay Member Update</b>	Nothing discussed under this item. No Lay Rep in attendance.	
17.	<b>BMA Update</b>	LMC conference due to take place on 1 <sup>st</sup> December, where policy for SGPC is made for the year going forward.	

18.	AOB	There was no AOB discussed.	
19.	Dates for 2024 meetings	<ul style="list-style-type: none"> <li>• 05<sup>th</sup> of March 2024 1000-1200</li> <li>• 14<sup>th</sup> of May 2024 1000-1200</li> <li>• 10<sup>th</sup> of September 2024 1000-1200</li> <li>• 12<sup>th</sup> of November 2024 1000-1200</li> </ul>	