

**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 7<sup>th</sup> March 2023 via TEAMS**

**Present:** Nitin Gambhir (NG) [Chair], Claire Beharrie (CB), Teresa Cannavina (TC), Jim Foulis (JF), Akram Hussain (AH), Cathy Johnman (CJ), Lisa Johnsen (LJ), Amjad Khan (AK), Ken Lee (KL), Allan McDonald (AMcD), Cieran McKiernan (CMcK), Catriona Morton (CM), Lindsey Pope (LP), Pauline Wilson (PW) (DME), Ariwan Yimsiri (AY)

**Apologies:** Greycy Bell (GB), Eric Fong (EF), Helen Freeman (HF), Gorkem Hamali (GH), Stephen Lally (SL), Graham Lease (GL), Jen MacKenzie (JMack), Ashleigh McGovern (AMcG), Dravendranath Reetoo (DR)

**In attendance:** June Fraser (JFr) (Minutes)

Item	Item No	Comment	Action
1.	<b>Welcome &amp; Apologies</b>	The chair welcomed the members and noted the apologies. It was noted that Prof Amjad Khan will be retiring from his role as GP Director at the end of June 2023.	
2.	<b>Minutes of meeting held on 17/11/2022</b>	The minutes from 17 <sup>th</sup> November 2023 were accepted as an accurate record of the meeting.	
3.	<b>Review of Action Points</b>	All action points were completed or covered in the agenda for 7 <sup>th</sup> March 2023.	
4.	<b>Matters Arising</b>	There were no additional matters arising.	
5.	<b>Main Items of Business</b>		
5.1	<b>GP Training Expansion Scotland</b>	<ul style="list-style-type: none"> <li>AK notified colleagues at last meeting that Scottish Government announced an expansion of GP Training of 100 posts – 35 for Aug 23, 35 for Aug 24 and 30 in Aug 25. The posts were originally going to be on the 1+2 expansion but unfortunately this is not going to be the case due to financial constraints. Additionally, decision-making within government is currently delayed due to the resignation of the First Minister. The posts for August 2023 will therefore be on the traditional model – 18 months in GP and 18 months in hospital.</li> </ul>	

		<p>The ADs have been working very hard with the local DMEs across Scotland to ensure that there will also be some community posts in place as well as traditional posts. A push will continue for 1+2 model in Aug 24. Medical Director, Emma Watson, has been very supportive of GP and 1+2 model and continues to promote this with Scottish Government.</p> <p>Have tried where possible to use the traditional model of 50/25/10/15 but also looked at the Public Health Scotland data on under-doctored areas and added in additional posts there such as in Lanarkshire and Forth Valley.</p> <p>CM noted disappointment in regard to not receiving 1+2 expansion, meaning that now lagging behind England and Wales. This also does not help with the drive to increase the GP workforce promised by Scottish Government and would appear to be a short-term saving. Retention should also be an emphasis in achieving an increased workforce and CM provided a link to the RCGP Scotland retention paper: <a href="https://www.rcgp.org.uk/retaining-our-gp-workforce-in-scotland">Retaining our GP workforce in Scotland (rcgp.org.uk)</a>.</p> <ul style="list-style-type: none"><li>• Capacity, as well as the challenges of extra medical student numbers, were also discussed. There is a need to look at more creative and innovative ways of how to address this.</li><li>• GP training capacity Expansion webinar held in February. 90 people registered for the webinar and on the day around 45 attended. Good interactive discussions took place along with presentations such as “the value of becoming a training practice.” Relevant questions asked on the day and there has been ongoing interest since then. Looking pragmatically at how to organise training with small practices – perhaps coming together as small consortiums – open to new ways of working. Have already made it easier to become a GP trainer and it is hoped this will all contribute to expansion. It was noted that GP are competing for the same pool of trainees as Foundation, who are also looking to expand and have done a similar expansion webinar. One of the issues which came up during the webinar was physical space in GP practices, particularly with expansion of primary care team, leaving no room for additional trainees. A whole system review may be required.</li></ul>	
--	--	---	--

		<ul style="list-style-type: none"> <li>NG noted that notwithstanding the above, GP should be able to deliver the year one expectations which is 35 posts across the country.</li> </ul>	
<b>5.2</b>	<b>Recruitment Update (R1A 23)</b>	<p>Paper 2 and Paper 3 were circulated to the group.</p> <p>Paper 2 mentions the 245 posts which have gone into recruitment from Aug 2023 (these do not include the 35 GP expansion posts) and shows the distribution of posts.</p> <p>Paper 3 highlights specialty recruitment timelines and Scottish Medical Training website updates.</p> <p>AK noted that the number of applications went up again in 2023 and there were 10,000 across the UK. Total number of offers which went out is 4,018. There will be more information about the offers in due course but some of the applications will be duplicates and applying for other specialties as well.</p>	
<b>5.3</b>	<b>ARCP Progression Report</b>	<p>Paper 4 was circulated to the group.</p> <p>Training Management will be sending out this information every year to demonstrate ARCP output data for each of the specialty Boards.</p> <p>There were some interesting themes but need to keep in mind the after effects of Covid. Numbers remain robust, with a number of outcome 5s, majority outcome 6s and extensions to training remain a challenge. Exam failure is one of the contributory reasons for extensions to training and hopefully the new exam and regular diets may help reduce these for out of sync and LTFT trainees.</p> <p>AK noted that at the Advancing Equity meeting recently it was agreed to look at ARCP outcomes 2 and 3s and look into the reasons behind why colleagues were given 2s and 3s in comparison to 1s. This is being done in GP and some other specialties to see if any themes.</p>	
<b>5.4</b>	<b>New IDT Guidance Feb 23</b>	Paper 5 was circulated to the group.	

		Mutual swaps will now be possible for trainees with a similar equivalent trainee in another part of the 4 nations however this has to go through the usual channels of the Inter Deanery Transfer. This will facilitate easier swaps for trainees.	
5.5	<b>CCT-CP Update</b>	<p>Paper 6 (RCGP Combined Training Newsletter) was circulated to the group for information.</p> <p>KL noted that for February 23 intake there were 22 applications but only 11 met the eligibility criteria. Currently working on the wording around who is eligible. Deanery panel is scheduled for first week in April to look at applications. There are well established processes in Scotland for doing this but it will be interesting to look at long-term data and see if trainees complete in the 2.5 years or if they will need extensions.</p> <p>LJ noted that in August starters in Scotland there were 18 applications - 9 ATC and 9 Combined Programmes. Only 7 of the Combine Programme Applications were approved. Continually trying to make things easier and already starting to look at long-term data which will be done on a regular basis. Data should be available later in 2023.</p>	
5.6	<b>MRCGP Update</b>	<p><b>RCA</b> only March and April sitting in 2023. 2500 spaces, which in theory should be enough, (1250 for March and 1250 for April) however there is some concern it may not be adequate for number of trainees in the system. Currently looking into this and potentially increasing numbers. There is still a September sitting for those who have failed and need to re-take. The window has closed for the March sitting – there were 975 applications so this also adds to the pressure on the April sitting. Once resolved AK will share the information to the STB.</p> <p><b>SCA</b> Simulated Consultation Assessment will replace the RCA (an emergency exam during Covid). This will be a remote assessment carried out in the trainee’s work environment. There will be 12 standardised cases using professional role players and each station will last 12 minutes. More cases covering multiple co-morbidities, polypharmacy, uncertainty and complexity.</p> <p>LP noted that submission received back from GMC however there are clarification questions and are responding to those. No major red flags/concerns received from GMC.</p>	

		<p>Progressing at pace with the development. About to commence piloting exercise of re-vamped CSA cases which have been brought up to date and adapted for the new format of the online exam and also piloting of new cases which have been written in preparation for October. The platform has been identified and there have been multiple meetings regarding the platform from the examiner and candidate points of view. Finalising the quality assurance processes for the marking. Will also start recruiting the quality assurers of the marking. Most importantly, already developing training materials for the community and for candidates.</p> <p>The College has started to produce information about the SCA on the website and trainees can register for updates on the website.</p> <p><b>AKT</b> Payment issue - system crash in 2022 – now resolved. Results remain robust and high in Scotland which is a compliment to the support from Scottish Examiners and AKT facilitators. The group is evolving and there are proposals for further exam support with collaboration with the other 3 nations.</p>	
<b>6.</b>	<b>Quality</b>		
<b>6.1</b>	<b>Future of QM in GP</b>	<p>Papers 7 to 12 were circulated to the group and KL gave the following summary:</p> <p>Over the past 18 months there has been a fundamental review of quality management and general practice – both of the processes within the Deanery and what trainers and training practices are asked to provide. Wanted to make it more straight-forward and explicitly link it to the GMC/RCGP standards so that trainers and practices know why asking the questions, and also to cut down on duplication.</p> <p>Direction of travel has been agreed by the Deanery Quality Management Group and an options paper has been produced and paperwork been revamped (papers circulated to the group for info). Roadshows undertaken in north and west and it has gone down well. Currently at piloting stage – 12-15 practices are going through the process and will then receive feedback and make any potential changes.</p>	

6.2	<b>Scottish ES Approval</b>	Paper 13 circulated which clarifies the application process for those trainers who have stopped training and are now returning or are coming from other UK nations to Scotland.	
7.	<b>Training Programme Management</b>	<p>CB gave the members the following update:</p> <ul style="list-style-type: none"> <li>• <b>Recruitment &amp; Rotations 2023:</b> Due to the junior doctors' strike in England, there may be a shift in some of the interview dates – nothing has been confirmed as yet.</li> <li>• <b>Summer ARCPs:</b> Everything is in progress for all specialties.</li> <li>• <b>LTFT Automation:</b> TM have been meeting with Digital to plan automation of LTFT applications. Due to re-prioritisation of budgets this will not take place until the next financial year.</li> <li>• <b>LTFT Annual Report:</b> A Questback report will be going out to all LTFT trainees soon and replies collated. Any issues or concerns will be fed back to the TPD for the relevant trainee.</li> </ul>	
8.	<b>Professional Development</b>		
8.1	<b>GP Trainers Courses Update</b>	<p>The new GP Trainers courses GP-TEC (Previously SPESC) and STEDE Course have been approved by NES and first set of courses are in the diary. Content being developed and still hoping to run the first pilot course in April.</p> <p>New practices will be fast-tracked through the GP-TEC course as a priority.</p>	
9.	<b>MDST</b>	<p>AK gave the members the following update related to MDST including:</p> <ul style="list-style-type: none"> <li>• <b>Retirements:</b> AK and two other Postgraduate Deans are retiring from NES – Alastair McLellan (west) leaves at the end of May and Claire McKenzie (east) is retiring in July. AK's post is being advertised and link will be sent to the STB members.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>GP Bursary Scheme:</b> Intake in August – no decision from Scottish Government as to whether that will be paid. Normally around 100 TERs payments made to trainees across different programmes i.e. Dumfries &amp; Galloway. Unable to make a decision until new First Minister has been appointed and new cabinet. There is a notice on the recruitment website. There is a risk and this has been pointed out to Scottish Government.</li> <li>• <b>Trainee Validation Oversight Group for the UK</b> – trainees not registering with NES as their designated body which is causing issues for the GMC. Trainees need to ensure they are registered. There had been some concerns by students re an additional charge for payment by direct debit over 12 months but this is not the case and has been confirmed by GMC.</li> <li>• <b>Primary Care Doctor Role:</b> NHS England initiative which was debated at RCGP UK and RCGP Scotland. In England it is going forward in April and they are working on proposals and it is still being debated. It is being driven by NHS England. AK will update if any further changes.</li> </ul>	
10.	<b>Advancing Equity in Medicine</b>	<p>NG gave the members the following update related to the Advancing Equity in Medicine issues including:</p> <p><b>STEP Update</b></p> <ul style="list-style-type: none"> <li>• STEP event run for February starts on 1<sup>st</sup> March – 98 delegates attended. Around 40 trainees and their ESs and faculty. Largest cohort of February starts since STEP started. Observers from the Surgical and Medicine Boards also attended as they are replicating STEP for their own specialties. Initial feedback from the first day was positive and the second day is on 14<sup>th</sup> March.</li> <li>• Some of the trainees continue to find it challenging to attend STEP and be released from rotas which is understandable given the challenges in certain specialties in hospitals but it would be helpful to have trainees released to attend STEP as only one day is face to face and the other is online.</li> </ul>	

		<ul style="list-style-type: none"> <li>Some of the trainees mentioned that they had never worked in the UK before and were put on call on their first day in Medicine. Plea to colleagues to ensure the Softer Landing Safer Care system was followed.</li> </ul> <p>AH noted that this was a common theme and more was required in hospitals to ensure IMGs are protected. NG mentioned there were discussions about a pre-start questionnaire for IMG colleagues to explore experience of working in the UK and this would be notified to the Boards. LJ also commented that the RCGP are doing a lot of work on trainee support including IMG support (59% of all trainees are IMGs and numbers increasing year on year). There is a group looking at strategy and one of the points is induction so there may be links.</p> <p>PW noted that there is a definite lack of information coming through on what IMG doctors can do – it has a major impact on small rotas if doctors cannot be put on shift/night shift. It is important to think about where the IMGs are going for their first block also as rural areas may not have the capacity to spend the extra time. Additionally, there seems to be a mismatch between competencies that are expected, even at Foundation level and what the trainees can actually do. This goes back to the recruitment process and what is being assessed there. Additionally, Boards can sometimes receive names through at a late stage so have no time to prepare for individual needs. DMEs would value ongoing conversation on how can get information earlier and be in a better position to deal with any issues. PW also questioned if the recruitment process should start earlier as often have to extend the initial 2 weeks of Softer Landing Safer care. Coming in late once the team has formed can be disruptive to the team and the individual.</p> <p>It was noted that names are given to Boards as soon as they are released from the National Recruitment Office. There is no interview for selection – just the MSRA that they sit and they are placed in a ranking system. It was agreed there needs to be a combined effort to get the communication between NES and the Boards right with regards to IMGs.</p>	<p><b>NG to discuss with LJ on induction for IMGs.</b></p>
--	--	--	--



		<p>It was noted that Ayrshire &amp; Arran are looking at an initiative to bring in IMGs early before training starts to get them set up on systems, bank accounts etc but this is still in early stages of discussion.</p> <p>CM discussed the Stay in Practice Scheme which is a scheme for retired GPs. RCGP Scotland are also going to have a retention scheme round table with Scottish Government in the near future.</p> <p>LP noted that GPs who have retired clinically but still teach were required to be on the GMC register but not have a licence to practice. The MDDUS has changed their view on this and saying they will need a license to practice also.</p>	
10.1	<b>GMC Hub for Racism</b>	The GMC have recently published the Ethical Hub (paper 14 circulated to the group). One of the key components is racism in the workplace. Katie Hetherington, the Equality & Diversity Lead for NES is hoping to incorporate this into the work that is done across NES. It is a very user-friendly data platform.	
10.2	<b>EDI Trainee Dashboard</b>	<p>Paper 15 was circulated to the group. The data comes from work conducted by one of the SCLFs and paper 15 highlights information for the GP, OM, PH &amp; BBT groups. Despite 30% of trainees not declaring disabilities or ethnicity, clear evidence of differential attainment is highlighted in the ARCP outcomes.</p> <p>TC noted that it would be interesting to note how this would look for the population for Scotland. It was also noted that age is not noted as a characteristic.</p>	<b>NG to feed back the comments to the SCLF who created the paper.</b>
11.	<b>Service Report</b>	<ul style="list-style-type: none"> <li>No representative from Service was available.</li> </ul>	
12.	<b>DME Report</b>	<ul style="list-style-type: none"> <li>Nothing additional to report from DMEs.</li> <li>NG noted that Communication between NES and DMEs has been increased to share as early as possible vacancies, rotations and timelines. However sometimes it is beyond NES's control to predict with LTFT, returns from maternity, out of synch, extensions etc. NES will continue to communicate as much as possible with DMEs.</li> </ul>	

13.	<b>Royal College Update</b>	<ul style="list-style-type: none"> <li>• LJ noted that in Scotland from December to February there were 62 CCTs</li> <li>• Engagement with Deaneries – meetings held with all deaneries and there will be follow ups. Roadshow in March also.</li> <li>• CEGPR - Work going on with the GMC on new framework following legislative change.</li> <li>• Guidance – pulling together all of the guidance for GP training into one document. Will be more streamlined and on the website (rather than a document) so will be able to update on a regular basis.</li> </ul>	
14.	<b>Specialty Reports</b>	<p><b>Public Health</b></p> <p>CJ noted the following updates:</p> <ul style="list-style-type: none"> <li>• There is one CCT imminent and another 5 or 6 expected for the rest of the year. Covid related extensions/OOPs/LTFT etc all had effect but looks as though CCTs resuming.</li> <li>• 5 posts out to recruitment including 2 for a new placement board coming on to the system (Public Health Scotland), one with a rotation into NHS Lothian after 2.5 years.</li> <li>• Training the trainer sessions taking place throughout March.</li> <li>• Scottish Public Health Workforce Group has requested that re-look at training post numbers – there was a significant increase in how many registrars were in post in 2021 (mixture of posts which had not been replaced and 2 new Scottish Government Posts and an additional one the following year). There may be capacity for one more.</li> <li>• 90% of largest cohort of 11 successfully passed exam on first try which is superb. Important milestone in training.</li> <li>• Committee looking at EDI processes and pathways.</li> <li>• 90% of registrars stay in Scotland.</li> </ul> <p><b>BBT</b></p> <p>AMcD noted that recruitment is currently the focus but nothing specific to bring up.</p>	

15.	<b>Academic Update</b>	<p>LP noted the following:</p> <ul style="list-style-type: none"> <li>• Current recruitment cycle for academic fellow posts for the upcoming year are out to advert.</li> <li>• Discussions with AK and others about how to develop a longer term career pathway and expand academic GP workforce with themes in training being a core part.</li> <li>• CM noted that RCGP have done some campaigning work around academic general practice and paper hopefully completed before November. Thinking of re-establishing the Scottish Academic Forum (hosted by RCGP Scotland).</li> <li>• AK noted expansion posts hoping to increase the number of academic training posts (likely to be 5). The plan is for each of the medical schools to have an additional ST for a 4 year training programme in addition to the SCREDS post already in place.</li> </ul>	
16.	<b>Trainee Update</b>	<p>AM gave a trainee update as follows:</p> <ul style="list-style-type: none"> <li>• Day release programmes – positive response. One on 21<sup>st</sup> March in the Golden Jubilee, Glasgow. All west of Scotland trainees met and enjoyed the day.</li> <li>• Clarity requested on how many days study leave there are and whether the day releases are part of that study leave. NG clarified that there are 30 days of study leave and the day releases are part of that. NG can pick the subject up further at the STC meeting and ST3 committee meeting if required. Trainees rarely use the full 30 days but if there is a specific requirement for an individual to increase study leave this can be discussed with their TPD or ES.</li> </ul>	
16.1	<b>Retention of Trainees</b>	<p>TC was asked to raise the following item by SGPC:</p> <p><b>Retention of trainees within Scotland once they are trained and whether data is collected on this.</b> Many trainees are going abroad or not remaining within Scotland. What are the reasons for this and will it affect the numbers of trainees required?</p> <p>Comments given regarding this matter were as follows:</p>	

		<ul style="list-style-type: none"> <li>• KL noted that NES have tried to gather data on item twice with longitudinal follow up studies of those completing training. One of the biggest problems is losing track of people as they change their email addresses and NES have struggled to get meaningful data.</li> <li>• CM noted that the GMC 2022 report showed that a lot of Scottish IMGs either went to other UK countries or left. SCOTGEM have managed to successfully track outcomes/intentions of their graduates.</li> <li>• LP noted Scotland wide investment needed in high quality longitudinal national datasets. Not been able to secure funding from Scottish Government to do that so far. UK Med could be a possible way to track students?</li> <li>• AK pointed out some of the main issues for retention within Scotland as follows: <ul style="list-style-type: none"> <li>○ Visas – many IMGs only a 3 year visa – been working on this with Scottish Government and the Home Office.</li> <li>○ IMGs often have friends and relatives in England.</li> <li>○ Australia and New Zealand opening up again and been advertising extensively.</li> <li>○ Negativity in the media which puts some people off.</li> </ul> </li> <li>• One way to record statistics could be when trainees start then request permission to follow up with them.</li> <li>• All have a responsibility as practices to make sure the jobs are attractive and IMGs will then want to stay.</li> </ul>	
17.	<b>Lay Member Update</b>	<ul style="list-style-type: none"> <li>• The lay rep was not available for this meeting due to technical issues.</li> </ul>	
19.	<b>AOB</b>	There was no other business.	
20.	<b>Date for next meetings</b>	<b>Dates for 2023 meetings:</b> <ul style="list-style-type: none"> <li>• Tuesday, 16<sup>th</sup> of May 2023 (10:00 – 12:00)</li> <li>• Tuesday, 12<sup>th</sup> of September 2023 (10:00 – 12:00)</li> <li>• Tuesday, 14<sup>th</sup> of November 2023 (10:00 – 12:00)</li> </ul>	