

## Minutes of the meeting of the General Practice, Public Health Medicine, and Broad-Based Training Specialty Board held at 10:00 on Tuesday 5<sup>th</sup> March 2024 via TEAMS

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

**Apologies:** Greycy Bell (GB), Josie Murray (JM) and Marion Slater (MS).

**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 14/11/2023</b>	The minutes from 14 <sup>th</sup> November 2023 were accepted as an accurate record of the meeting, except for the following amendment by CW: <ul style="list-style-type: none"> <li>Item 11 - 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 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.</li> </ul>	<b>ZP will update minutes from 14/11/2023.</b>
3.	<b>Review of Action Points</b>	<ul style="list-style-type: none"> <li>IMGs approaching CCT – CW noted that this has been taken on by the chair of the RCGP.</li> <li>Extensions - NG highlighted that there has been some e-mail communication regarding the 4-month extension which has been inconsistent with the Home Office only introducing this to trainee sin England, as well as the NES sponsorship team being out of sync with developments.</li> <li>LJ added that RCGP webpages have now been updated with information surrounding visas and the 4-month extension. It has also been flagged to the policy team that there is incorrect information being provided by the Home Office.</li> <li>TERS – Meeting took place and FS noted that initial analysis has been done and information should be available at Health Board (HB) level in due course. Further work is ongoing, but predictions and trends should be available soon.</li> <li>NG gave thanks to FS and Marcus Chan for leading the work that is being carried out and noted that work needs to be done on the information governance side of NES to provide some of this data. AMcG added that the data has been progressed and has been sent to Dr Chan.</li> <li>Rural Track/Fellowships - PW highlighted that an initial meeting with Debbie Miller (DM) has taken place and discussions are ongoing regarding the points raised at the last STB.</li> <li>GPST2 Out of Hours – NG and AM have discussed separately but there are ongoing discussions at a national level.</li> </ul>	<b>NG will feedback when information becomes available.</b>
4.	<b>Matters Arising not on the Agenda</b>	<b>CMcA</b> – Scottish specific data from the survey of junior doctors about their experience with MAPs.	
5.1	<b>Deanery Update</b>	NG gave the following update to the members: <ul style="list-style-type: none"> <li>Welcomed PW to her new role in the STB as representative of Remote and Rural Credential. Credentialing is due to start soon, and panel training is currently underway and going forward there will be two ARCP panels a year to approve credential.</li> <li>NHS Scotland is currently facing huge financial challenges with a significant budget deficit with all the HBs, including NES, who have been asked to deliver a significant amount of cost savings.</li> <li>The direct and immediate impact is a freeze on recruitment and discretionary travel. Educational activities need to be justified; therefore, the decision has been made to convert all conferences for GP trainers to an online format.</li> <li>Awaiting a response from the executive team regarding fellowships and whether they will continue to be recruited for next year.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Ongoing changes in alignment within the quality processes, 8 SQMGs will be merged into 3. The aim is to have more support and a dynamic approach to the quality process.</li> <li>• Ongoing work around making it easier for ES to become trainers and how this can be streamlined. Additionally, rules are being reviewed around GPs who have retired and whether they can continue to be involved in education up to 2 years after they have left clinical practice if they have recently been accredited as an ES.</li> <li>• Gave thanks to Scottish exam support team, results from the most recent AKT diet in January have been hugely positive, with a Scottish pass rate of 80% when the UK average is 66%. SCA results are also strongly higher than anywhere else in the UK.</li> <li>• There has been huge demand for the GP returner scheme, and there has been a positive outlook provided by the Scottish Government (SG) whereby if there are additional numbers, they will look at additional funding.</li> <li>• Duncan McNabb, who was the assistant director for Patient Safety and Quality Improvement has moved on. As well as Christine Herron, assistant director for General Practice will finish at the end of March.</li> <li>• Replacement post for Graeme Leese (APGD BBT) will hopefully be advertised soon.</li> <li>• Wanted members to be aware that Gateway C is a national online early cancer detection package, which is already available for educators in NHS England, will be rolled out in Scotland to all primary care professionals from 1<sup>st</sup> April in collaboration with NES and SG.</li> </ul> <p>Link to package:  <a href="https://www.gatewayc.org.uk/?utm_source=nhsscotlanddeaneries+&amp;utm_medium=newsletter&amp;utm_campaign=scotlandlaunchcomms">https://www.gatewayc.org.uk/?utm_source=nhsscotlanddeaneries+&amp;utm_medium=newsletter&amp;utm_campaign=scotlandlaunchcomms</a></p>	
5.2	<b>Recruitment Update</b>	<p>Paper 2 was circulated before the meeting and discussed by JMack:</p> <ul style="list-style-type: none"> <li>• GP recruitment offers went out on the 4<sup>th</sup> March, currently have 26 accepts but it is subject to change.</li> <li>• Due to industrial action in England, the Public Health interviews had to be rescheduled.</li> <li>• The BBT interviews are due to take place on Thursday 7<sup>th</sup> and Friday 8<sup>th</sup> March. Capacity for the interviews have been reduced due lack of assessors, interviews will take place on a 3 to 1 ratio.</li> <li>• Discussions will take place around how BBT is recruited to in the future by the steering group.</li> </ul>	
5.3	<b>TERS Update</b>	<p>TERS update was given earlier in the meeting. NG highlighted that the main issues are around not knowing the futures of the bursary scheme, there is evidence that it works and helps recruitment and retention, however, given the current financial climate it remains uncertain if it will continue to be supported.</p>	
5.4	<b>SCA &amp; Exam Support Update</b>	<p>NG noted the following:</p> <ul style="list-style-type: none"> <li>• Technical issues faced by trainees in the November diet seems to have been smoothed out.</li> <li>• Scotland has a very good completion rate of exams.</li> <li>• Gave thanks to AMcG, CB and the administration team for working collaboratively with the college to support and accommodate trainees who were unable to sit in their own practice.</li> <li>• At the most recent SAC meeting it was highlighted that there is sufficient capacity for all trainees to sit at the right time. Important to highlight to educators and trainees not to rush placement in the exam and sit exam when ready to do so.</li> <li>• For all GP trainees in Scotland the AKT package is available, and a similar package is now being prosed for the SCA.</li> </ul> <p>Following on from the point of capacity, LP highlighted that in April there will be a recruitment drive for new examiners, to ensure that there is capacity on an ongoing basis.</p>	
6.	<b>Quality</b>		
6.1	<b>QM Update</b>	<p>CMcK gave the following update:</p> <ul style="list-style-type: none"> <li>• Reiterated the changes within the workstreams that NG discussed earlier.</li> <li>• Reviews will take place online unless it is a first or triggered visit. This is continuously being reviewed from a stakeholder perspective.</li> <li>• Majority of desktop reviews have moved back to being done face-to-face.</li> </ul>	

		NG and LP expressed his thanks to the Quality team for their response to increased workload and visits.	
7.	<b>Training Programme Management Update</b>	<p>AMcG gave the following update:</p> <ul style="list-style-type: none"> <li>• Following on from recruitment update at last STB, a replacement within the administration team was paused, but now been given the go ahead to recruit to the post as an 18-month fixed term contract. Interviews will take place on the 6<sup>th</sup> March.</li> <li>• Information from the IDT team has noted that vacancy declarations for August 2024 have been delayed by two weeks and will now be received on the 2<sup>nd</sup> April. TPDs will be made aware of the situation.</li> <li>• Information on successful IDTs will become available on the 14<sup>th</sup> May.</li> <li>• Currently working with Digital to automate LTFT and OOP. Still in the early design stages but should have a positive impact on all stakeholders involved.</li> </ul>	<b>AMcG agreed to update at future STBs.</b>
8.	<b>Advancing Equity in Medicine</b>	<p>NG highlighted the changes to IMG induction and support:</p> <ul style="list-style-type: none"> <li>• GP STEP event that was introduced in 2015 has now been expanded to other specialties from August 2024.</li> <li>• From August 2024 a generic IMG induction and support programme will be introduced and include all specialties, as well as SAS colleagues and locally employed doctors.</li> <li>• Currently looking at regional delivery model with 3 events in the North, East and West.</li> <li>• Due to IMG induction and support being such a complex area, it is currently being considered as an exception to be delivered face-to-face.</li> </ul> <p>With regards to differential attainment, NG noted that there is still worrying statistics and data around differential attainment relating to SCA. Figures are still being looked at and once there is a wider cohort and a wider cohort of settings it may become apparent whether *it is the same as it was with the RCA and CSA or not.</p>	
9.	<b>Service Report</b>	Nothing discussed under this item. Representative not in attendance.	
10.	<b>DME Report</b>	<p>PW gave the below update to the members:</p> <ul style="list-style-type: none"> <li>• Focus on impact on service of various ongoing things that are happening, such as the management of LTFT and how this is led through boards and managed better, as this will have a major impact on rotas and rota management.</li> <li>• Collaborative conversations are ongoing between NES and boards regarding IMGs and how this is handled within boards and how teams provide support.</li> <li>• Discussions are ongoing around the new contracts for SAS grade doctors and how these colleagues are supported within the workforce.</li> <li>• Discussions are taking place with Lindsay Donaldson around quality management and how the systems will work. A smarter process is being worked on around quality visits and quality outcomes and how this is delivered at board level.</li> <li>• Workload for DMEs has exponentially increasing in terms of complexity of the role and were identifying where all the elements mentioned previously will sit.</li> <li>• GP expansion posts – Some DME colleagues have expressed concern around hospital-based posts and that they are being asked to expand the GP expansion posts into novel areas, however, they are not funded to do so. This seems to be causing tension and there is a disincentive for boards to do this.</li> </ul> <p>CW noted that from RCGP standpoint, the issues around LTFT has been highlighted on numerous occasions to SG. Another meeting is due to take place imminently, where this issue will be followed up as the impact on workforce planning could be profound.</p> <p>NG provided some additional information regarding the issue around GP expansion posts which was raised. There is maximum of 400 posts every year in training, some of which are funded in a recurring basis, and some are not. There is a finite establishment figure and unfortunately, we cannot go over the establishment in any region. NG agreed that this boundary needs to be looked at in a more dynamic way, which will be discussed at an upcoming meeting to ensure boards are not being penalised. Additionally, the expansion posts fall under non-recurring funding, which means if all the posts are not filled to the number given then this will not attract funding, which can cause problems for DMEs.</p>	<p><b>CW will update at next STB.</b></p> <p><b>NG/PW will take forward and discuss at next STB.</b></p>

11.	Royal College Update	<p><b>CW</b></p> <ul style="list-style-type: none"> <li>• GP recruitment and retention advisory group was held on the 17<sup>th</sup> January and was well attended. The terms of reference for the group will be revised to ensure everyone is represented.</li> <li>• RCGP council is due to meet on Friday 8<sup>th</sup> March, main item on the agenda will be MAPs.</li> <li>• Following on from the DME update a deep dive paper on the GP workforce is underway.</li> </ul> <p>NG concurred and noted that a meeting is due to take place with the workforce team in SG to discuss the data that will be included in the deep dive paper.</p> <p><b>LJ</b></p> <ul style="list-style-type: none"> <li>• Throughout 2023 there were 283 recommendations for CCT, which has saw a significant increase of 30% in the last four years.</li> <li>• February saw a spike in recommendations, with 29 put forward.</li> <li>• Hopeful that there is a solution for SCRA issues, which were discussed at the most recent SAC meeting.</li> <li>• GMC has been notified of the plans of a change of approach. Legislation is time limited, so communication will be sent in the next week.</li> <li>• Plans are underway to hold a Deanery Day that is a bit more interactive and simulate what they used to be like in the past.</li> </ul> <p>Discussion arose around the timeframe of training and how this differs for each trainee, whether its LTFT, accelerated training or and extension to training issues at ARCP. NG noted that MDAG have been having ongoing discussions around the accelerated training document and the LTFT process.</p> <p>LJ noted that this is positive to hear as general approaches don't tend to work in GP due to the timeframe of training and with the added element of combined training.</p>	
12.	Remote and Rural	<p>PW gave the following overview of the credential:</p> <ul style="list-style-type: none"> <li>• PW and MS will be working together as APGDs for remote and rural credential.</li> <li>• NG will be the LDD for the credential within the NES setting.</li> <li>• It has been decided that this will sit under the GPPHBBT STB in terms of having and process and governance oversight.</li> <li>• In 2019, the GMC agreed a process for the developments of credentials and there were 5 early adoptors chosen, one of which was remote and rural medicine.</li> <li>• In 2020, the four-nation process was worked on, and curriculums devised around what the credentials are offering.</li> <li>• Remote and rural is a very focused credential, which focuses on unscheduled and urgent care.</li> <li>• Provides support and provision of a training framework for doctors who are providing acute unscheduled care within the first 24 hours of care.</li> <li>• The remote and rural curriculum has been written and a portfolio has been developed to collate evidence.</li> <li>• There are two routes in that have become evident, one of which is the recognition route. This route is a collation of evidence in their portfolio that they already have, so they don't need to undertake indicative training. The second route is the learner route, which would involve doctors to undertake an experimental workplace-based learning programme for an indicative time up to two years.</li> <li>• The delivery of the process, including ARCPs and quality management will sit within NES.</li> <li>• There are aspirations to the development aspect of the credential to sit under the new National Rural Centre, although funding is still to be confirmed.</li> <li>• Currently, there are 7 credential champions who are working closely with the team, and hopefully by spring will have a GMC credential.</li> <li>• The process formally launches in April, with aim of taking more doctors through the recognition route before opening up the learner route.</li> <li>• There is excitement amongst remote and rural that what doctors in these settings need is being recognised.</li> </ul>	

		<p>LP gave thanks to PW for the overview and for the impressive amount of work being carried out.</p> <p>Link to deanery webpages:</p> <p><a href="https://www.scotlanddeanery.nhs.scot › your-development">https://www.scotlanddeanery.nhs.scot › your-development</a></p>	
13.	Specialty Reports	<p><b>CJ (Public Health)</b></p> <ul style="list-style-type: none"> <li>• JM started as TPD in mid-December.</li> <li>• Continuing to deliver train the trainer sessions.</li> <li>• There are two expansion posts, one of which will sit in GGC and the other in the Borders.</li> <li>• Generally, there are no issues with recruitment and eligible applicants, usually sits around 20 per post.</li> <li>• Main issues are around additional costs for the boards and trainer capacity, ongoing work being carried out with the boards to provide a solution.</li> <li>• Changes have been made to the diploma exam, which have now been approved by the GMC, to include a rest day between day one and day two. Additionally, a formula sheet is being introduced to make sure this is applied due to the intensity of the exam.</li> <li>• There have also been changes to the requirements and the number of questions you need to pass in day one.</li> <li>• Ongoing work being carried out around the dual CCT.</li> <li>• Meeting will take place in due course to discuss recruitment for August 2025.</li> </ul> <p><b>AMacD (BBT)</b></p> <ul style="list-style-type: none"> <li>• Reiterated that recruitment is underway and will be running at one fewer circuit as discussed previously by JMack.</li> <li>• Initially, the recruitment team suggested going with the MRSA score, but that was rejected due to up until that point not having an issue with getting interviewers. However, other methods may have to be considered in the future and will be discussed at upcoming STC.</li> </ul>	
14.	Academic Update	<p>FS gave the following update:</p> <ul style="list-style-type: none"> <li>• Long standing focus of the five medical schools in Scotland is to recruit more academics into general practice.</li> <li>• As NG discussed previously, there is hope that fellowship funding will be announced shortly and there is not an expectation that the SCREDS post won't be expanded.</li> </ul> <p>LP added that there is wider review about SCREDS which is due to take place.</p>	
15.	Trainee Update	<p>AH gave the following update to the members:</p> <ul style="list-style-type: none"> <li>• Next sitting of AKT is due to take place on 24<sup>th</sup> April.</li> <li>• There is a National AIT of Trainee Representative meeting taking place on the 6<sup>th</sup> March, at the RCGP in London.</li> <li>• Attends meetings every month with the RCGP exams teams every month to flag any issues and discuss how best to support trainees.</li> <li>• Issues seem to have improved from the sitting in November.</li> <li>• There is an upcoming Fulton Lecture, from the RCGP, taking place at University of Glasgow on 20<sup>th</sup> March and extended invite to members.</li> </ul>	
16.	Lay Member Update	No update. Lay representative not in attendance.	
17.	BMA Update	Not discussed. Representative not in attendance.	

18.	AOB	<p><b>CMacA</b> – In the context of specialty training MAPs have been promoted in Scotland as helping with training and relieving pressures on doctors. However, the Scotland specific breakdown of data from the BMA survey has provided evidence to the contrary. (Pease see attachments circulated with minutes for information).</p>	
19.	<p><b>Dates for 2024 meetings</b></p>	<ul style="list-style-type: none"> <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>	