

Minutes of the meeting of the General Practice, Public Health Medicine, and Broad-Based Training Specialty Board held at 10:00 on Tuesday 14th May 2024 via TEAMS

Present: Lindsey Pope (LP) [Chair], Nitin Gambhir (NG), Claire Beharrie (CB), Corrine Coles (CC), Jim Foulis (JF), Akram Hussain (AH), Lisa Johnsen (LJ), Greg Jones (GJ), Allan MacDonald (AMacD), Jen MacKenzie (JMack), Ashleigh McGovern (AMcG), Cieran McKeirnan (CMcK), Josie Murray (JM), Chris Williams (CW) and Pauline Wilson (PW).

Apologies: Greycy Bell (GB), David Herron (DH) and Frank Sullivan (FS).

In attendance: Zoe Park (ZP) (Minutes)

Item	Item No	Comment	Action
1.	Welcome & Apologies	The chair welcomed the members, noted apologies, and all new members introduced themselves. NG welcomed GJ to the meeting as Deputy Lead Dean Director. LP updated the members on the NES governance policy and noted the importance of not widely disseminating documents and discussion beyond STB membership without permission of the chair.	ZP will update membership and circulate meeting invites to GJ.
2.	Minutes of meeting held on - 05/03/2024	The minutes from 5 th March 2024 were accepted as an accurate record of the meeting.	
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	<p>NG highlighted the following:</p> <ul style="list-style-type: none"> • Despite the reduction of bursary schemes recruitment remains 100%, would have expected BBT to remain so as well. • 80 of the 276 doctors are IMGs. • The financial position of NES and the NHS is extremely challenging and significant cost savings and challenges are expected. This has led to restructuring and reconfiguring of priorities. • The difficult decision was made to cancel face to face GP conferences. • Face to face trainers' meetings and regional trainers' workshops will continue to be offered. • Advanced Education Supervisor Workshop has been restarted. The ES support team are working on a very robust and comprehensive educational package which will consist of both online and face to face. • We have welcomed the new GP Assistant Director, Ian Jameson, who will join the team in the West alongside CC and Mark McCauley (McC). • Congratulated AMacD on his new role as APGD for BBT. • Gave thanks to the exam examiners across Scotland and noted that all the diets so far of the SCA, Scotland has had the highest pass rate in the country. This is due to the positive collaborative approach of the team, educational supervisors, and the examiners. • Going forward, trainee support will be looked at slightly differently as previously all IMGs were being invited to enhanced support as part of the STEP programme. However, the MSRA is used as an indicator of successful progression within GP training and those scoring below 500 have higher chance of not progressing satisfactorily. These trainees will be invited for enhanced support on a regional face to face basis. • LTFT remains a challenge and there is an increasing trend in trainees applying for LTFT. Around 65% of trainees work 80% which equates to four days. This raises the issue around the ideal working week and is there a role for compressed and flexible hours. • Clarified that the trainers grant sits at £10,492 and with superannuation contributions that works out at £12,685, as some of these figures have been misrepresented. 	

		<ul style="list-style-type: none"> • The May exam results are going to be postponed by a week to the 6th June and the June results are going to be postponed by a week to the 4th July. • Academic, medical education, health inequalities and remote and rural fellowships are going ahead as before as well as GP SCREDS. <p>CW responded on behalf of the RCGP around the correspondence around the lack of face-to-face opportunities and noted that the RCGP is accepting of the policies around financial decisions, but it would be helpful to know if there are plans to bring this back if this information is available. NG clarified that there isn't a blanket policy on no face-to-face interactions. With regards to the conferences being cancelled this mainly due to the fact these take place over several days in private venues and conference centres and involved a lot of travelling. Face-to-face activity can be held at a regional, local level within an NHS venue which is being promoted for the other meetings discussed above.</p> <p>Additionally, CW noted that the RCGP had received the LTFT figures back from NES and it was interesting to see the number of trainees who were already LTFT before they commenced GP Specialty Training and seeing that number rise from 5% to 11% over the last four years. Information was shared with the Scottish Government (SG) who seemed unsighted on the situation and hopefully the SG Primary Care Division and NES will now have a better connection. NG clarified that there are monthly discussions with the SG workforce team, and it's highlighted that head count is affected by several factors and the challenges and pressures of the training pipeline is presented.</p> <p>JM concurred with the discussion around LTFT and within public health there is a large percentage of trainees looking to work LTFT who value quality of life over training time.</p> <p>PW noted from a DME perspective there is several complexities of trying to manage different training programmes into the rotas as well as LTFT, IMGs etc. and the difficulties of trying to balance the curriculum and the training experience whilst working under these financial pressures. DMEs aren't usually involved in the conversations when a trainee applies to go LTFT and the notice that is received is usually quite late, which impacts already fragile rotas and the rewriting the programmes so that all trainees are receiving the best training experience as there is no back funding of LTFT hours, which creates gaps. There is now a squeeze from NES as well as a squeeze from the Health Boards (HB) to drop things like CDF posts which are a board funded element of the rota.</p> <p>LP thanked the group for the discussion and the points made.</p>	<p>NG agreed to discuss the issues around notice/timelines away from the meeting.</p>
5.2	<p>Recruitment Update</p>	<p>Paper 2 was circulated before the meeting and JMack gave the following update:</p> <ul style="list-style-type: none"> • There was 100% fill rate for all three specialties, however, there has been a late withdrawal for BBT. • There have also been some withdrawals from GP but there is a large reserve list where the posts can be recycled. • Timeline for round 3 is included in the paper and indicative numbers for GP will be required by mid-June. • As mentioned at previous STB meetings, the recruitment process for BBT is going to be looked at going forward. This is due to not being able to secure enough assessors and therefore ran out of appointable candidates due to capacity. • Another thing to take into consideration is that medicine helped with BBT interviews this year and from next April they will have IMY3 standalone recruitment, and they may to have the capacity to take time away from service to help at that many dates. <p>NG noted that in the past the GP teams at NES, including APGDs and TPDs have taken part in recruitment if available as part of their NES contracted hours.</p>	<p>JMack will write paper and send to AMacD.</p>
5.3	<p>Fellowships</p> <ul style="list-style-type: none"> • Fellowships – academic • Med Ed and HI • Remote and Rural 	<p>Item discussed by NG under the deanery update earlier in the meeting.</p> <p>LP outlined the main points below:</p> <ul style="list-style-type: none"> • Recruitment for academic fellowships is midway through with interviews taking place on Monday 21st May and there is a high number of quality applicants. 	

		<ul style="list-style-type: none"> Medical education and health inequalities fellowship recruitment is due to go live with an application window between 16th-29th May. <p>Additionally, LP noted that discussions had taken place with Alan Denison and Adrian Dalby around getting a tile specifically put on the GP part of the deanery website which will detail academic opportunities.</p> <p>NG added that there is a renewed momentum and interest from SG to explore various fellowship options post CCT in the first 2 to 5 years and have engaged NES in this process of exploring where the investment can be best utilised. This will have a positive impact on for example IMGs as there can be a lot of uncertainty post CCT due to visas etc and may give trainees an option to remain in the region.</p> <p>CW concurred and highlighted that the RCGP have been involved in ongoing discussion with SG around the need for fellowships due to having a curriculum that has not been increased, extended, or enhanced and thank NG for the ongoing work around this area.</p>	
5.4	Exam and Trainee support update <ul style="list-style-type: none"> Exam figures (Paper 3) Proposed new enhanced support programme (verbal) 	<p>Paper 3 was circulated to the members before the meeting and discussed by NG.</p> <p>The unique aspect of the GP model is that NES and the Scottish MRCGP examiners work collaboratively and rather than outsourcing funding for trainees to attend exam support courses and courses for prevention in the IMG space a course has been developed which encompasses all of this and is already funded by NES, and this seems to be working quite well.</p> <p>GJ highlighted that he was struck by the four nation leading results and queried how much of this is applicable to other specialties and how much of the generic study skills is specific to the GP exams, noted that this could be adopted by TDWS where generic study skills are taught to those struggling with exams.</p> <p>LP noted that she was unsure what the models were like in other specialties, but that GP are extremely fortunate in that in Scotland as there is a clear pool of examiners and probably overrepresented amongst case writers in the exam with a huge wealth of expertise. Getting advice from those who are setting the exam seems to be beneficial to trainees.</p> <p>GJ added that this would be discouraged within the Royal College of Physicians for example, if you were a writer or on the examining team then you would be allowed to get involved with anything like exam courses. LP explained that GP examiners are not allowed to do commercial courses or allowed to write the cases that are used in the course, but feedback is allowed to be given to candidates.</p> <p>JM questioned if this funding for such courses would be available for other specialties. NG noted that the funding comes the GP support budget which is the baseline for everything to do with GP training and not a separate budget stream.</p>	<p>NG agreed to pick up with JM outside meeting if there is a need within PH.</p>
6.	Quality		
6.1	QM Update	<p>CMcK gave the following update to the members:</p> <ul style="list-style-type: none"> The Quality workstream is going through some changes with regards to realignment of specialties. GP and Foundation will be realigned together as they both have interactions with lots of other workstreams. A continuous assessment model will be utilised within the quality workstream. Discussions will be taking place around reaccreditations for those GPs and practices involved with medical education and supervision. 	
7.	Training Programme Management Update	<p>AMcG highlighted the following:</p> <ul style="list-style-type: none"> Recruitment has taken place for the vacant post within the team and Jennifer Mullens has been appointed to oversee GP West. Allocations for IDTs should be received today, and the waiting list will open and run up until the next window opens. 	

		<ul style="list-style-type: none"> The administrative team are currently working on entering the posts on to TURAS for August start dates. The deadline for the HBs is the 24th May. LTFT and OOP automation is moving fast paced and is currently sitting with developers. It has still to go through testing and when an implementation date is confirmed the STB will be updated. <p>Following on from discussions previously about timelines and early visibility for DMEs, NG stressed the importance of highlighting the importance of trainee characteristics if they are known to ensure that they are balanced and supported in the proper manner.</p>	
8.	Advancing Equity in Medicine WINS programme (Welcoming IMGs New to Scotland)	<p>NG highlighted the main points below:</p> <ul style="list-style-type: none"> WINS is the new flagship induction and support programme which will be introduced in August 2024. This will be offered on three separate dates, 29th August in Glasgow, 3rd of September in Edinburgh and 5th September for Aberdeen. The three regions will include invitations to all IMGs from any specialty from foundation onwards, as well non training grades such as associate specialists, CDFs, and other locally employed doctors. There will be collaborations with the Royal College of Physicians and Surgeons, Glasgow and the Royal College of Physicians, Edinburgh. A programme has been drafted. 	
9.	Service Report	Item not discussed. Greycy Bell (GB) will be stepping down as SAMD representative.	ZP will update membership list.
10.	DME Report	<p>PW noted that main issues were discussed previously in the meeting but gave the following update to the members:</p> <ul style="list-style-type: none"> PW reiterated that that the main aim from a DME point of view is ensure good training and at the end of it good patient care. There are some tensions around GP expansion posts and funding which is coming back to DMEs due to HB pressures. Conversations around understanding the model may need to happen with NES Medical Directors and Finance Directors as there seems to be a bit of disconnect. <p>NG agreed with PW and noted that the funding arrangements is currently being explored within NES and hopefully an SBAR will be brought to MDAG which can then be presented to SG.</p> <p>CW queried the 100% fill rate that was discussed earlier in the meeting if there are issues around finance models and gaps in the rota. NG explained that this refers to secondary care gaps which can be caused by a variety of reasons such as trainees extending training, going LTFT or OOP and the data can be extremely complex.</p>	Agreed to discuss with Chris Proven at next meeting.
11.	Royal College Update	<p>LJ</p> <ul style="list-style-type: none"> In Scotland, between now and the 7th August there is expected to be 143 trainees expected to have CCT dates. The impact of exam results being delayed is being considered and the college is looking at ways to streamline this and make it as smooth as possible. There are deanery days planned for 15th and 21st May, which will take place remotely. Meeting will take place with NG in the coming weeks. Planned session taking place around support for trainers and educators at the annual conference in October. With the aim of what the college can do better nationally in terms of providing support for these issues. <p>CW</p> <ul style="list-style-type: none"> The college will be running a trainer round table in the next couple of months, which will take place as a 90-minute evening session. Invites will be circulated in due course. Looking at ways to improve the number of places available at the Scottish GP CCTing at the new members event in Edinburgh in November. Surveys are being circulated around cluster working in collaboration with the BMA, as well as one on GP IT. <p>NG wanted to echo the strong collaboration between general practice and the college and the unique way they link up. Gave thanks to the team at the college for providing that opportunity.</p>	

12.	Remote and Rural	<p>PW gave the following update:</p> <ul style="list-style-type: none"> • The credential on remote and rural medicine was launched at the NES conference in April. • Currently, there is a cohort of seven doctors who can have recognition on the champion route. Working alongside them to test the process and has been beneficial to work with the champions to iron out any issues. • The aim is getting the first champions through and recognised with the award later in the year. • A panel has been arranged to assess the evidence that the champions have collected and will be made up of GPs, SAS doctors physicians working within the context of remote and rural. • Additionally, a learner route will be launched where post CCT doctors or SAS doctors will put themselves forward for this route when it opens around September. • The individuals will self-rate against capabilities, practice and procedural skills and then embark on an indicative programme that will be between 6 months and 2 years depending on previous experience. • There is a development aspect that sits within the National Centre and there is delivery arm that will sit within the usual processes of quality management. • It's positive that the unique nature of remote and rural working is being acknowledged and hopefully this will champion more models for the future in terms of creating something that individuals fell is a worthwhile and challenging, but also rewarding job. 	
13.	Specialty Reports	<p>JM</p> <ul style="list-style-type: none"> • As discussed previously in the meeting, 11 posts were filled in recruitment and a LAT post has been submitted form Grampian. • ARCPs are due to take place in June. • Faculty of Public Health are introducing a new portfolio this year. It will be produced by NES digital, and discussions will take place regarding any automation of information and data sharing. • The diploma exam is now introducing a second camera to meet the standard of digital exams. • For the most recent diet of exams there has been a 50% pass rate in Scotland and a 66% pass rate for membership. • One of the Scottish candidates has received the highest mark in the UK for the membership exam which is a huge achievement for the programme. • Been assisting the quality review panel with some actions from their last meeting. • Webpages have been updated. • Working to streamline the ARCP process. • Piloting 2 train the trainer diets as opposed to just 1 with the aim of emphasising the skills of educators. • Looking at strengthening both regional and national teaching sessions. • Feedback has received around UK recruitment in terms of EDI which are negative and hope to bring this to the wash-up session which is taking place in June. • Short life working group has been set up to look at the joint post between GP and PH training and how this is implemented in Scotland. • Ongoing collaboration with TDWS and gave thanks to the team for their work with neurodivergent trainees. <p>AMacD</p> <ul style="list-style-type: none"> • Noted that he had taken on new role as APGD and that they will be looking for a new appointment for the TPD role. • In early stages of discussion around expansion. • Looking at recruitment. • Ongoing work around publicising the programme and expanding social media outlets to reach out to foundation doctors. 	
14.	Academic Update	<p>FS wasn't in attendance, but LP gave the following update:</p> <ul style="list-style-type: none"> • There is an ongoing wider piece of work involving the academic APGDs, who will be reviewing all the elements related to academic medicine careers all the way from the specialist foundation programme up through career progression. LP will bring a paper and more information back to a future STB. 	

15.	Trainee Update	<p>AH gave the following update to the group:</p> <ul style="list-style-type: none"> • Commended the exam results that were available in paper 3. • Ongoing work around the AKT exam and there is a meeting taking place next month to propose to the GMC to lesson the questions in the AKT exam but the duration to remain the same, this is based on data receive don differential attainment. Will feedback at next STB meeting. • Currently working with the BMA to introduce the 24 plus 12 model in GP training, which has already been adopted by England and Wales. Producing a letter to present to SG. • Enquired about data regarding IMG trainees and how well they are doing in exams. LP confirmed that the RCGP will report and publish the data around this annually. • Organising an RCGP AIT Conference in Edinburgh on the 10th September. 	
16.	Lay Member Update	<p>JF noted that the meeting has been extremely positive, particularly from a process aspect and made use of good governance.</p> <p>The main takeaways were:</p> <ul style="list-style-type: none"> • The STB seems extremely learner focused. • Financial aspects seem to be at the centre of conversations and the impact this is having on resources. • Stricken by the differences between nations in exam results. <p>Overall a very positive meeting.</p>	
17.	BMA Update	Item not discussed. DH not in attendance.	
18.	AOB	<p>LP highlighted that the Scottish School of Primary care are doing a reclaim meeting on the 30th August, which is free to attend.</p> <p>LP will request feedback for timings for next STB meetings.</p>	
19.	Dates for 2024 meetings	<ul style="list-style-type: none"> • 10th of September 2024 1000-1200 • 12th of November 2024 1000-1200 	