

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

Present: Lindsey Pope (LP) [Chair], Nitin Gambhir (NG), Claire Beharrie (CB), Corrine Coles (CC), David Herron (DH), Cathy Johnman (CJ), Kenneth Lee (KL), Jen MacKenzie (JMack), Ashleigh McGovern (AMcG), Catriona McAleer (CMcA), Neil Shepherd (NS), Chris Williams (CW) and Pauline Wilson (PW).

Apologies: Akram Hussain (AH), Allan MacDonald (AMacD), Lisa Johnsen (LJ), Mark McAuley (MMcA) and Frank Sullivan (FS).

In attendance: Zoe Park (ZP) (Minutes)

| Item | Item No | Comment | Action |
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| 1. | Welcome & Apologies | The chair welcomed the members, noted apologies, and members introduced themselves. LP welcomed NS to the meeting as the new TPD for BBT. | |
| 2. | Minutes of meeting held on - 14/05/2024 | The minutes from 14 th May 2024 were accepted as an accurate record of the meeting except for the following correction: <ul style="list-style-type: none"> Item 13 – Royal College of Physicians should be changed to Faculty of Public Health. | ZP will update previous minutes. |
| 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 gave the following update to the members:</p> <ul style="list-style-type: none"> Recruitment remains strong all specialties, with 13 out of 14 posts been filled in public health, BBT 100% and GP was 100% barring a few withdrawals which couldn't be recycled. This was the first year that the bursaries were halved, and the recruitment rate almost remained at 100%. Currently, there are 803 educational supervisors (ES) in the system and 385 training sites. The first WINS programme has taken place, which includes 250 IMGs from all specialties and training grades, as well as non-training grades. It was extremely well received, and the feedback so far has been excellent. The GP TEC trainer entry course is running well, with 100 places every year to absorb incoming ES. The Develop course has now been piloted, which should be complete 2 years into the ES role. This will be formalised from 2025 onwards through the Faculty Development Alliance. The enhanced trainer workshop has started, which will be offered regionally in place of conferences. A national GPST teaching review is being conducted. Scottish Government (SG) have approved in principle a refreshed GP retention scheme, the idea is to revamp the retainer scheme, stay in practice scheme, as well as various other projects to ensure that GP remains an attractive option for trainees. A proposal will be submitted in April 2025. Moving forward with dual CCT in GP and public health, with an August 2025 start. There was a recent announcement that racism is a public health problem in the UK and Scotland. There is a strong desire for all health boards (HB) to develop an anti-racism action plan as soon as possible. NES is already very active in this space and work is being led by Katie Hetherington. <p>CW wondered at what stage the capacity to expand runs into limitations, for example with premises or applicants, and is it known when the funding might arrive for the refreshed GP retention scheme and when the new scheme will be up and running.</p> <p>NG responded by noting that although the deadline for the proposal for the retention scheme is April 2025, it is anticipated that this will be ready for February with an August 2025 start. With regards to limitations NG acknowledge that there are indeed challenges due to what happens on the frontline of GP, one being premises. In addition to this, the workload is a finite issue for</p> | |

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| | | <p>many practicing and the issue around how attractive GP training is to incoming trainees. Lastly, the burden for ES to provide additional support for trainees coming from the system who need it as well as exam support. Support from stakeholder colleagues such as RCGP and BMA when showcasing these challenges would be welcomed.</p> <p>LP highlighted that there is important data within the GMC State and Medical Education report which highlights differences figures are worse for trainers relating to workload and job satisfaction which is important to acknowledge.</p> | NG and CW agreed to discuss further away from the meeting. |
| 5.2 | Recruitment Update | <p>Paper 2 a/b was circulated before the meeting.</p> <p>JMacK highlighted the following points:</p> <ul style="list-style-type: none"> • Fill rates were highlighted above by NG. • Round 3 is ongoing, which GP have posts in for. Offers are anticipated to be made towards the end of October. • BBT have agreed a change to their interview process, to be a paediatric interview only. • The updated person specification was circulated with the papers prior to the meeting. • MSRA will continue to be used for shortlisting, before being invited to interview based on capacity. • Indicative numbers 2025 will be due around mid-October. • 2025 timeline is included with the papers. <p>JMacK raised a question around the pilot that was ran last year regarding dual CCT in GP and public health, and will recruitment be taking place this year and are there any expected posts.</p> <p>CJ confirmed that recently the go ahead was given for an August 2025 start with three new associated posts planned. The TPD is currently engaging with HBs to confirm the most appropriate place to host would be given the small numbers and making sure that the public health component is confirmed. A short life working group meeting is taking place next week where this will be discussed further.</p> | |
| 5.3 | GP – Transition to 5 yearly QM | Discussed within the quality management update below. | |
| 5.4 | Exam and Trainee Support Update | <p>NG gave the following update:</p> <ul style="list-style-type: none"> • A full cycle of SCA is now complete. • In terms of the results for Scotland, they have been excellent. Each exam diet has produced a pass rate which is higher than the UK average. • Gave thanks to the exam support team for the innovation and change in this space. • All trainees are offered an introduction to SCA and for those who unfortunately fail, they get given an enhanced support course, and for recurrent fails there is one to one TPD support available for intensive input. • Gave thanks to the Scottish examiners, including LP, as the collaboration is working well. • Differential attainment remains an issue within exams and work is being carried out to produce a new programme called the Enhanced Training Support Programme, which is due to start this year. <p>CC added that there is ongoing work around AKT exam, which is sat in ST2, usually within a hospital setting. There has been a slight decline in the pass rate and ESs have been taking part in webinars to try and upscale to try and upscale the support provided to trainees, particularly towards the end of ST1 when trainees will be preparing for the exam. NG agreed that this is important as if there is a delay to sitting the exam then this could have a detrimental impact on ST3.</p> <p>CMcA queried the reasoning behind only being able to sit the AKT in ST2 even if some trainees are ready to sit it before then, particularly given the fact that trainees will have completed the only 6 months of GP training they will do before they sit the exam, in ST1. Perhaps, giving trainees the ability to spread this out would relieve some of ST3 pressures. NG noted that the college have the eligibility set at ST2 because some trainees will do the GP training in the first 6 months of ST1 and the others in the second 6 months, but all will have completed this by the end of ST1.</p> | |
| 6. | Quality | | |

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| 6.1 | QM Update | <p>Paper 3 was circulated before the meeting.</p> <p>KL gave the below update to the members:</p> <ul style="list-style-type: none"> • Over the past few years, qualitative GP practice has been reviewed and there has been a huge amount of work carried out on the new paperwork that is being used, which seems to be making a difference for practices and NES. • The next phase will involve looking at approval periods and a process has been approved by the GP Quality Management Group around moving the cycle of approvals from three to five years. • NES consistently does well in the GMC NTS survey, and the hope is to maintain this, as it is extremely important high quality training environments are provided for trainees. • The move to five years will substantially decrease workloads for both practices and NES. • The opportunity will be taken to smooth the workload of TPDs, and as part of this there will be a restructuring of specialty quality management groups, and a combining with mental health. • Many practice approvals will be moved to the regional quality management groups, where there will be consistency of decisions. <p>In addition to this, KL noted another update regarding the unhappiness around how few good practice recognition letters that can be issued to practices. If a training site receives several green flags, then they receive a good practice recognition award, but although high quality training is provided, the way that the data is crunched meant that only eight practices received this. Negotiations are ongoing around changing the comparator to include not just general practices, but all sites that GP training takes place. This would be a better representation of the work being carried out within general practice.</p> <p>LP and NG thanked the quality leads for the work that is being carried out around this.</p> | |
| 7. | Training Programme Management Update | <p>AMcG gave the following update:</p> <ul style="list-style-type: none"> • There are 68 posts currently withing round 3 recruitment for GP. • Numbers will be looked at by the team in due course for August 2025 recruitment. • Vacancy declarations for IDTs for February transfers should be received by 30th September. • A period of grace questionnaire has been launched for all specialties, to gather data on why trainees utilise their period of grace. • Additionally, a resignation questionnaire is being produced to gather data around why trainees are resigning form training. Trainees will also be given the option within the questionnaire to meet with TDWS for career advice. • The information gathered from the above questionnaires will feed into the safety and quality group. • LTFT automation has been paused, however, work has been moving rapidly with regards to OOP. TPDs will soon be contacted for feedback for their experience with the system. | |
| 8. | Advancing Equity in Medicine | <p>NG noted that most aspects were covered within the deanery update above, including WINS and the anti-racism action plans.</p> | |
| 9. | Service Report | <p>Update given my PW in the item below.</p> | |
| 10. | DME Report | <p>PW gave the following update to the group:</p> <ul style="list-style-type: none"> • With regards to IMGs, service is extremely supportive of the introduction of WINS and the safe landing/soft start approach has been extremely helpful. • There are conversations around the need for forward thinking in terms of education and clinical supervision, and the need to have enough bodies to continue to do this, especially with the struggles being faced by more rural sites. <p>NG noted that NES is actively working with DME colleagues to look more closely at rotas, LTFT applications and moving towards a WTE model of recruitment. Discussions have taken place recently within this space.</p> <p>Additionally, NG gave thanks to the HBs for the IMG support that is being provided and the flexibility that has been shown.</p> | |

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| 11. | Royal College Update | <p>CW reported that the RCGP are awaiting the court findings to be supplied from a recent court case, but there were several judgements made. The case was around one trainee sitting out of the AKT exam and the number of attempts the RCGP offered given a late diagnosis of a medical problem. The judge ruled that the RCGP had complied with their duties under the Equality Act (2010) and there was a consistent and committed approach to equality. However, they didn't find enough evidence as to why the trainee wasn't offered a further attempt, so this will prompt some reflection and a review of processes. Secondly, there was a letter produced for the cabinet secretary around the breakdown of how much time somebody on a GP training programme spends in general practice. RCGP will take this forward with the cabinet secretary and SG teams.</p> <p>NG expressed that it was reassuring to hear that most aspects of what the college do was fair and proportionate with public sector quality duty, as exam attempts is a hot topic across all deaneries. This is extremely relevant for IMGs, who are more likely to receive a diagnosis throughout their training and there are aspirations for screening to be provided for these trainees as they often aren't identified earlier in their educational journey.</p> | |
| 12. | Remote and Rural | <p>PW noted the following:</p> <ul style="list-style-type: none"> • The first panel, which will include seven doctors who represent the three geographies in Scotland, will take place on the 16th September. • These are doctors that are going through the recognition route and are doctors who are currently working within the capabilities of practice of the curriculum and the procedural skills the credential has set. • These seven doctors should be put forward to the GMC to be awarded the first credentials. • There are several doctors within rural Scotland who are in the next cohort of being recognised. • The first seven champions have really helped test the processes and from October some learner champions will be taken through the credential. • Moving forward for rural Scotland, a hybrid way of working is required for both primary and secondary care. • There are also two SAS grade doctors in the next cohort, which is exciting as the skills these doctors can bring is acknowledged. <p>CW queried what the wider implications would be for workforce strategy and hospital models as this starts to take on a more physical form, and whether the credential is more suited to issues in Scotland than in the North of England.</p> <p>PW responded by noting that one of the champions coming through in the next round is from the North of England, and colleagues feel that the Credential would be applicable to them, and they are starting to look at where the credential may sit for them and the areas that would benefit from this, which includes the coastal areas of England which struggle within this space. Additionally, work is ongoing with the workforce planning groups and conversations are taking place with the workforce teams to see how the credential stabilises the rural general hospital model. The credential is a continued conversation.</p> | |
| 13. | Public Health | <p>CJ gave the following updates to the members:</p> <ul style="list-style-type: none"> • There were eleven new starts in August who went through a modified induction programme, which includes two sessions, one of which is face-to-face. In addition, sessions will be delivered later in the year covering topics such as ARCPs and ePortfolio. • Within public health there is at least 6 weeks, usually supernumerary, induction for all registrars. • Another new aspect is that when registrars return from doing their masters, which is the essential knowledge component, there will be another induction session. • A new ARCP panel approach was introduced this year which modelled GP, and it was very successful. • With regards to recruitment, public health has both GMC and non GMC registrars, therefore something like MSRA wouldn't be applicable. The recruitment process follows three stages: eligibility screening, assessment centre (includes situational judgment tests and numerical reasoning), then selection centre (typically online interviews). The capacity at the selection centre often determines where the threshold will be; however, candidates must pass all three elements of the assessment centre. • A significant issue has been with differential attainment within the assessment centre element. This year saw the scores from each stage separated. Actions have been taken by FPH to improve this e.g. a buddy scheme | |

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| | | <p>has been piloted within the process and conversations are ongoing around this being rolled out in other areas.</p> <ul style="list-style-type: none"> • There were many applications this year, with around 85 to 90 posts available in the UK and 1802 applications. Scotland's competition ratios should be available for a later meeting. • There were sixteen posts available for dual training in England with 1750 applications. | |
| 14. | Broad Based Training | <p>AMacD provided a written update which was delivered by NS:</p> <ul style="list-style-type: none"> • Welcomed NS into the role as TPD for BBT. • Change of interview process has been agreed due to struggling to secure interviews last year. It has been agreed to only have the paediatrics interview and use MSRA for the rest, it will be weighted as 75% MSRA and 25% interview. • The option to expand BBT geographically is being explored, with talks in the preliminary stage. • There is always a high demand for posts in Scotland, with around 20 eligible applicants per post. | |
| 15. | Academic Update | <p>LP informed the group that there is a draft version of a report looking at the future of academic medicine in Scotland, particularly from a training perspective, which has been produced by the APGDs (LP and Samira Bell). This will be brought to the STB at future meeting.</p> | |
| 16. | Trainee Update | <p>Not discussed. Trainee representative not in attendance.</p> | |
| 16. | Lay Member Update | <p>Not discussed. Lay representative not in attendance.</p> | |
| 17. | BMA Update | <p>DH reported the following:</p> <ul style="list-style-type: none"> • SGPC negotiators have finished their term and have been replaced by new negotiators, including Iain Morrison (IM) who is the new chair. • Following on from previous discussions, trainers need expectations set out, but this is very limited due to trainer grant funding. Conversations are ongoing around this. • GMS premises funding is virtually non-existent, as funding is spent virtually on connectivity, with any additional funding being spent on improvement grants. • SG haven't provided additional funding so securing rooms to provide training is becoming harder. • WTE GP numbers in Scotland are still low and to increase this there needs to be more funding to pay for more GPs. • The ratio of salary doctors to partners is slowly rising. <p>NG noted that he has an upcoming meeting with IM and collaborative discussions will take place in this space. The points that were raised above are valid, particularly around training grants and premises funding, and Lobbying will continue around these issues.</p> <p>LP concurred with NG and highlighted the importance of collaboration as a sustainable future for general practice is most important.</p> | |
| 18. | AOB | <p>Nothing discussed under this item.</p> | |
| 19. | Dates for upcoming meetings | <ul style="list-style-type: none"> • 12th of November 2024 1000-1200 <p>2025 meeting dates:</p> <ul style="list-style-type: none"> • 4th March 2025 1000-1200 • 13th May 2025 1000-1200 • 9th September 2025 100-1200 • 4th November 2025 100-1200 | |