MINUTES
Meeting of the AiT Sub-Committee of the Wessex Faculty
Tuesday 11th October 2016, 7:15pm
The Cowherds, Southampton, SO15 7NN

Present:
Tim Cooper – Wessex AiT Sub-Committee Chair & Mid-Wessex Patch Rep (TC)
Lynnsey Hamilton – Portsmouth/Southampton LTFT Rep (LH)
Pippa Sealy – Mid-Wessex LTFT Rep (PS)
Kate Cambridge – IoW Patch Rep (KCa)
Jo-ai Foley – Mid-Wessex Patch Rep & Faculty Board AiT Rep (JF)
Tom Isbister – Dorset Patch Rep (TI)
Hannah Morgan – Portsmouth Patch Rep (HM)
Harriet Dewhurst – Portsmouth Patch Rep (HD)
Rick Harding – First 5 Rep (RH)
Hafiz Aladin – Deputy National AiT Rep (HA)
Katie Collins – Faculty Board AiT Rep (KC)
Sarah Kay – BMA Rep (SK)

In Attendance: Sunil Bhanot – Wessex Faculty Chairman (SB)
Catherine Darlaston – Wessex Faculty Administrator (CD)
Richard Weaver – Head of School (RW)
Fenella Williams – GP Programme Manager, Wessex Deanery (FW)
Mark Coombe – Fourteen Fish (MC)

Apologies: Sophie Lanagan – National AiT Rep(SL)
Sarnia Ward -
Claire Lehman – Wessex LMC (CL)
Maria Zammurad – Southampton & Jersey Patch Rep (MZ)

1. Welcome and apologies

TC opened the meeting and asked everyone attending to introduce themselves.

2. Fourteen Fish Presentation by Dr Mark Coombe

MC advised that he had done quite a number of educational tools to try and hep trainees get through their assessments, so mainly the CSA and AKT. Has been trying to work out better and easier ways as the workforce has changed as there are a large proportion of part time trainees and people who are unable to get out to day courses. MC works with Fourteen Fish who are an appraisal, revalidation toolkit and they have an online platform that has been used to launch the AKT package. He explained that you can do it in your own time and it’s fairly straightforward, a series of lectures, a series of AKT exams and feedback is available along with help and advice as to what students should and shouldn’t be learning. There is also a clinical library covering all of the clinical areas that come up in the exam and specifically areas that are picked on by the exam such as ECG interpretation and
vaccinations. It was launched about 8 weeks ago, 3 deaneries have put large groups of the trainees on the four the exam is in 2 weeks. Predominantly they have been dealing with people who have failed the exam in the past and so far people who have engaged with the package seem to be doing really well. He recognised that they won’t fully know the impact until candidates have sat the AKT.

MC invited questions. Question was asked how long candidates would need to subscribe at the rate of £8 per month for. MC responded by saying this is up to the individual because this package is not just about doing questions. The biggest reason people fail the AKT is because they just do questions. MC personally feels this is not just about doing lots of questions but should be integrated learning with questions which is what this package is all about. Question asked if there is a minimum subscription term. MC advised there is no minimum, but he recommends perhaps 3-6 months. Questions have been mapped against the curriculum and so far there is a bank of just over 500 questions. Question was asked if there were plans to grow the question bank. MC confirmed that there are and by the end of next year it is hoped to include over a thousand questions. He wants to make sure all the questions are AKT standard. RW advised that the deanery position on this is that it is seen as an added tool, the deanery fully supports and endorses the faculty courses for which money has been set aside for. RW is currently looking at this package with MC around supporting trainees in difficulty. MC thanked the committee for the opportunity to come and present.

TC thanked MC for his time and for coming to talk to the committee.

3. Minutes of previous meeting

The minutes of the previous meeting (Wednesday 6 July) were noted and accepted as a true representation of the meeting.

4. Project updates

Capita Salary Survey – HM, TC thanked HM for completing this. HM went through the survey which was to quantify what the issues were and to obtain some data to move forward with. Although a national issue, this is really important for the trainees. Results speak for themselves. Conclusions are by doing the survey, there is significant negative impact on the GP trainees in practice showing that only 1 in 5 thinking they are receiving the right pay, 4 didn’t receive any salary payment at all. Majority of practices seem to be paying their trainees out of goodwill but this is not sustainable and should not be relied on. RW commented that an emergency payment had been set up from HEE so that no practice should be out of pocket or delay payment to trainees. HM said that a lot of work has been going on between the practices, deanery and trainees as well as Capita. A further conclusion reached is that the core service quality seems to be causing a lot of worry to trainees and that a lot of comments in the free text column that this compounds with the MDU and MPS reimbursement during that period of time. PS commented that one of the issues was that the reimbursement coming in to the practice was not detailed as to what the money was for, so therefore the receipt was just absorbed rather than being attached to a particular trainee. RW noted that this had only recently come to light in that monies paid were not detailed as to what that payment is for. HM also advised that without knowing the total number of trainees in practice the denominator in order to get the response rate is not available. RW responded that FW can be asked these kind of questions. HM has put together some draft recommendations and asked for peoples thoughts and whether it is appropriate to be fed back. RW confirmed that it is requested anything be sent back up to NHS England so as soon as the information is received by HEE this is reassembled to be submitted upwards. HM noted that trainees are very grateful for the support of the deanery.
HM further commented that if any changes are made affecting trainees such as pay issues etc then the impact must be taken seriously on both doctors and practices. SK spoke about small group learning which enabled questions to be asked to facilitators and is one place to go to. RW spoke about the AiT Handbook which can be updated with current questions and this is available on the website, it would be possible to have a FAQ section. SK thanked HM for doing the survey and commented that issues with salaries can be very isolating and also create additional daily stress.

TC summarised by saying that it may be useful to add to the current Wessex AiT Handbook by creating a financial document, HM confirmed that she would be happy to do this over a period of time. KC suggested that the Handbook could be updated/added to at the 6 month changeover point for trainees might be helpful and FW agreed this could be done. RW commented that sub-committee members review the document so that any points not covered can be included and that the deanery would be happy to assist with this.

HM will update the survey following this evening’s meeting and submit through to RW so that this can in turn be sent onwards to the highest level it can go.

**ACTION** – HM to circulate results of trainee survey to AiTs. HM to review and add to current Wessex AiT handbook a section on finances.

Revision website subscriptions – TC advised that the deanery and Faculty has again allocated funding of £2,500 each. In previous years this has been used to purchase AKT and CSA subscriptions which have been fairly well received by the majority of trainees and it needs to be explored whether the sub-committee wish to replicate this usage of the funding awarded. Discussion took place amongst the members as to what will be the best way to use this funding. TC summarised by saying that subscriptions purchased as before would not have an expiration date and so will run on until used up. Previously 120 AKT and 57 CSA subscriptions have been purchased. The AKT subscription is probably felt to be more useful. SK advised that if anyone is a BMA member they can obtain both AKT and CSA resources by post from the BMA library. RW also commented that the deanery have commissioned a number of CSA cases so there is a library of cases written for the programme directors to use exclusively to provide trainees with an activity so that feedback could be given on cases. There is a bank of between 60-90 cases written specifically.

PS would be happy to continue with Pass Medicine AKT subscriptions. PS has issued all the subscriptions for January and there are only six left which are unallocated.

Sub-Committee agreed to purchase 100 AKT pass medicine subscriptions and decide how to spend the remaining funds later on in the year which leaves money to top-up AKT subscriptions if necessary.

**ACTION** – Trainees to be informed of the subscriptions available for passmedicine and other revision resources. PS to continue to administrate the subscriptions on behalf of the committee and purchase 100 further AKT subscriptions.

Doctors Bag and Equipment – TC emailed all members some time ago about Drs bags and various pieces of equipment. AiT’s are quite a powerful buying force and represent a lot of individuals. TC has contacted quite a few medical supply companies about discounts and possibly a dedicated supplier. Quite a few were not particularly receptive however Williams Medical were very receptive and keen to work with AiTs in the future. TC circulated a draft version of their website with various pieces of equipment, currently awaiting confirmation but it is hoped that they will offer between 5 & 10% off the list price for all items. TC advised that this was only one company, and this is nothing to do with the RCGP and has no affiliation. TC plan would be to negotiate a discount and there would be a dedicated section of the website for AiTs to go to requiring a dedicated code to insert at checkout. Company will also price match anything found elsewhere. TC is waiting for final confirmation for this.
**ACTION** – TC to liaise with Williams medical supplies and negotiate discount prior to roll out to trainees.

Further to the meeting we have heard back from WMS and have negotiated discounts across a range of products. The webpage is now live and we will continue to monitor the success of it throughout this year. The webpage can be accessed at www.wms.co.uk/wessex. Furthermore WMS will happily consider discounts on other products and trainees are encouraged to contact the AIT committee with suggestions. They will also match the price of any product that is cheaper elsewhere. We aim to build on this relationship over the coming year and WMS will provide us with sales figures to ensure it is reaching a wide audience.

Southampton Medical School liaison – KC advised that the medical school in Southampton have a GP Society and are keen for some support with that. Last year was less active than this year is starting to be. First event that they wish to run is in the beginning of November, with a GP Careers Evening type of thing. They are keen to run most of it themselves so this should not be a huge thing to be involved with but KC asked if there was anyone from the AIT sub-committee who would be willing to act as a liaison point for the medical school GP Society. HD advised she would be happy to take this over as an ST1. KC advised that the Faculty along with this committee have sponsored an essay prize for 3rd year and for this year final year students, again liaising around that will be a useful thing to follow up with and will discuss this with HD.

**ACTION** – HD and TI to liaise directly with GP Society at Southampton and act as go between for the committee.

Medical student co-facilitation – KC advised about a project which has been running for a second year giving trainees, primarily ST3’s but some ST2’s the opportunity to co-facilitate seminars for medical students. They are trying to address that fact that when in practices it is much more difficult to have a group of students to offer to teach than compared to a hospital post. KC asked if anyone might be interesting in leading on this and taking it forward, there will be a poster about this at the Wessex Medical Education Conference on 23 November and there would potentially be the option to further that research a bit more for next year. HM offered to work alongside KC for a bit on this.

**ACTION** – HM to work with KC and organize medical student co-facilitation for the coming year.

CCT Date issues – KC advised that this was clearing up an issue from last year. The CCT date is the date which people finish training and last year this was slightly out of sync with what people were expecting it to be as it was a leap year. This appears to have been tidied up. KC asked for this to be an agenda item the next time there is a leap year or the dates are out of sync. The hope is this can then be raised and ensure the same problem doesn’t occur. Although technically it is the responsibility of the trainee, KC wondered if there was something that could be flagged for the future. FW advised that it would be possible to put the day of the week to resolve this. LH noted that some friends and herself had had dates brought forward so they were finishing earlier than they originally thought. This is fine however there was no advance notice of this which could be an issue in terms of getting up to speed in time to qualify to get all the assessments etc done. LH also said that she was told she started ST3 in August and actually she started in June but no-one had told her that so this is why it’s resulted in an early finish. LH asked if this could be made clearer more specifically for LTFT’s to be advised when they are finishing. FW advised that on the ARCP form there is a CCT date on that form which is reviewed at every panel to ensure that it’s the correct date.
**Website** – TC advised that he had spoken to Laura, an outgoing rep about the website and the plan had always been that minutes and one-page summary can be put onto the deanery website. Laura is currently speaking to Claire Cobbey about this and TC is awaiting a response which did not happen before this meeting. LH confirmed she had spoken to Laura who had said that there was no point in anyone else doing anything at present as she had everything in hand and all would be uploaded soon.

**ACTION** – TC has since heard from Claire Cobbey and all minutes and one page summaries will be put on the website from now on.

5. Patch updates

Mid-Wessex Feedback: Nothing specific to raise.

Dorset: No feedback from Dorset as yet.

LTFT Feedback: LH said that someone had advised problems with the amount of memory on their eportfolio, they have used it all which means they cannot upload out of hours and things onto the system. The comment was that the deanery can sometimes increase the memory, sometimes can allow a few Dropbox – is there anything can be done in Wessex to help with this issue. FW advised contacting the eportfolio helpdesk to see if they can offer any assistance on this.

**ACTION** – affected trainees to contact the eportfolio directly if they running out of storage space.

LH also said a question had also been asked with regards to G2 CCT at start of January with all the Capita concerns it has been suggested that there are problems with upgrading the medical performers list. LH asks if this is true and can anything be done to speed that process up. FW commented that in the summer trainees were being advised to send in their NPL3 which is the form used to update the status on the performers list before the trainee has the CCT certificate as the certificate is not issued until a week before trainees finish and this will at least start the process. FW also commented that from the point of view of employers the fact that trainees are on the GMC register as being a GP should be sufficient to be employed.

PS – said that someone had asked about the study budget for ST1 and ST2 when they are in general practice. In ST3 everything is taken by the training programme. RW commented that it depended on the individual course and how expensive the day release course is so advised that people need to speak to the programme directors to see if there is any funding available.

PS also said that with respect to LTFT and when in hospital, the same amount of money is given than if FT but had been asked what happens when in general practice. RW advised that this is the same but is calculated in training months not calendar months so is pro-rata.

PS advised that this is not pro-rata’d in hospitals. PS asked how this is claimed when in general practice as in hospital this is claimed through the hospital. RW advised this is claimed through the patch offices and this is detailed on the website.

**ACTION** – Trainee to contact PD if considering further courses as there may some study budget left over.

PS also raised the allocation of jobs for LTFT trainees, people feeling that they are being left at the bottom of the pile when it comes to allocating jobs which appears to be more of a
problem in mid-Wessex. RW responded by saying that the job allocations are done at patch level, the problem is that because trainees are in a training rotation, there are efforts to try and give people jobs as similar and appropriate as possible to what is available. The deanery ruling is that they must fill un-filled rotation posts before doing anything else and these must be filled with part time fills before selecting slot shares. After these, supernumerary funding can be used. FW commented that each of the patch offices is reviewed on a quarterly basis just to look at rotations and placements.

LH advised that she had updated the LTFT maternity booklet and will be sending this to RW & FW for review and to upload onto the website.

PS spoke about OOH, you are supposed to do 36 hours as an ST1 & ST2, if as a LTFT trainee you end up doing more than the equivalent of 6 months in general practice you end up doing more OOH. RW confirmed that if a trainee does an extension of 6 months then they would need to do another 36 hours OOH, this is pro-rata.

PS then spoke about locums if you are a LTFT trainee. RW advised that clinical supervisors would be needed to approve locum work. This should only be done when there is an urgent need and should not be pro-rata. This should not become part of the service.

PS highlighted the hours people are working in general practice. RW commented that all work is within the EWTD. Breaks need to be taken regularly. SK commented that this is not unique to Wessex, there are comments from across the country about this. SK added that people should be talking to their colleagues, to other GP ST’s to see whether they are an outlier and programme directors, unfortunately a lot of people don’t work to contract currently and it is just the way it is. SK added that people can always call the BMA advice line.

PS said that a couple of trainees have raised that they feel they have been used slightly to cross cover gaps in rotas over other rotations in hospital, particularly happening in the IoW. RW responded that with new guardians coming in this needs to be looked at and advised that trainees should have discussions with clinical and education supervisors or raise with the programme director of the hospital trust.

HM asked about the decision of 6 month jobs (in Portsmouth do 6 month hospital jobs) and military GP trainees in Portsmouth do 4 months. 4 months would be slightly better for trainees in terms of getting skill mix whereas 6 months is slightly better for hospitals. With increasing gaps, is there any appetite to looking at what is better for the trainee rather than the hospital. RW replied that this was discussed at one time however was changed to 6 months, the hospital get more experienced doctors over a 6 month period, gives more capability and competence rather than at the end of 4 months.

6. Deanery Update

RW expressed the absolute nightmare with Capita for all kinds of reasons, payment of salaries, performers list. Deanery have had explicit instructions they are not employers therefore are not allowed to issue employment advice which includes advice on salary. A practice manager has put together a spreadsheet which has a 1% uplift on it. RW advised trainees that the only place to go for salary calculations and advice is NHS employers. Deanery are pushing hard to get single lead employer status in place for next year.

Recruitment – round 2 has just been completed and is looking quite good. FW added that there are still a few vacancies but have filled better than last year. RW said this is starting in February, have gone up from the published 84% to 87% in August and have gone up to 94% fill, only 9 jobs for February. The £20,000 on the IoW has caused a lot of controversy, but it
did fill the Island rapidly! Not known at present if there are any further incentives for next year.

Deanery have started a new programme with non-medics, each patch office has been paired with a learning lead who is a specialist in primary care non-medical training, eg in Southampton there will be a physiotherapist looking at allied health professional training alongside GP training to bring in for the new workforce in the future. In Portsmouth there is a pharmacist and in Winchester it's a nurse and in Bournemouth (yet to be appointed) will be a band 1/4 specialist. Looking at training hub and spoke models.

Jersey – very close to creating an ST2 post but will need to come back to the mainland for ST3.

FW spoke about the GP careers evening being held on the 2nd November, similar to what was held last year. Emailed AiT reps for help.

FW advised that the annual quality review meeting is coming up at the beginning of November, this is a review of all the quality of the deanery training posts. Part of this takes in the feedback obtained from the GMC trainee survey.

FW also confirmed a lot of work is being done on the website.

7. Faculty Board Update

SB thanked the committee for inviting him along, lovely to be at the meeting, can see the ambition to make a difference and feel the energy and focus and organisational skills are outstanding. The Faculty needs to recruit a communication lead, asked if anyone might be keen from this committee to take this task on, will involve a lot of social media.

At Council the biggest thing is the GP Forward View and the £2.5b promised to go into general practice. At the moment there are STPs (Sustainability and Transformation Plans) being developed all around the country and this will have a massive impact on the future of trainees and the way they will work. The LMC are unable to share plans at present as they are in draft form. There are big problems with sharing and disseminating information and a lot of plans undermine general practice values. Demand is expecting to decrease by a third and there is also an assumption that a quarter of all GPs that are promising to leave the NHS over the next 5 years will not leave. There is uncertainty about what is going to happen.

Faculty have invited Chaand Nagpaul, Chair of the BMA GPs Committee, who will be deliver the George Swift Lecture but this event has had to be postponed as there are urgent contract negotiation talks at the time.

SB also spoke about the fantastic work that KC has done with the medical school. Other medical schools and GP Societies are far more active and the College is affiliating GP Societies as well and Wessex is keen to encourage the medical students.

SB also encouraged AiT’s to be more involved with the Faculty Board.

RW commented that AiTs now have a vote which he encouraged them to use so that this isn’t taken away.

SB said he was keen on reducing the burden of assessment.

8. National AiT update

HA attended the National meeting with Sophie Lanaghan who had extended her apologies for this meeting. There was mention about the performers list and that hopefully at some point in the near future ST1’s won’t need to be on the performers list for their first GP placement for ST1, They would need to be on it for ST2 & ST3 but if ST1’s have a GP rotation in the first year they would not need to get onto the performers list. There is no timescale for this at the moment.

HA said there was some talk about the eportfolio, firstly about writing about a clinical incident to reflect on the systematic failures as well as personal failures of that particular incident.
Secondly there is an error on the eportfolio with regards to how data is anonymised, there is a recommendation to put the patients initials as anonymity, but to make sure particularly the ST1’s are clear that patients initials should not be used as this could not give complete anonymity. This will be changed on the drop-down on the eportfolio.

Huge talk about Capita, nothing came out in terms of moving forward apart from lots of different voices around the UK having the same feelings as in Wessex.

Talk about whether OOH should be included or excluded from PEP and whether it should be incorporated as part of the salary. Nothing will change for probably a couple of years but it something that the committee are reviewing.

Campaign about wellbeing – the Chair was quite keen to talk about resilience and wellbeing and focused on mental health issues in terms of depression and anxiety in general practice. Take home message is that GPs have committed suicide as they have got to the point whereby they have been in difficulty without speaking to anyone. Advice is that if anyone sees any colleagues who have got to this point and are having problems to please raise it.

9 External updates

BMA: SK spoke about the industrial action, it was called off as that was what the majority of members wanted to do. Not everyone has been happy about it in lots of different ways, has caused lots of division amongst trainees, trainers and educationalists but people who are involved in the BMA have tried to be influenced by the majority.

Capita – although already talked about BMA are aware of this and are working on the issue. Library resources – this is free, all that is required is to arrange 2nd class postage back. Would be worth spreading the word about this.

GP Registrar workload – this is a big deal, members of SK committee have been thinking about doing a survey although has been a bit tricky in rolling it out as there are financial implications even in terms of survey monkey if you are using more than just a sample size. It’s coming and SK hopes that the AiT sub-committee members will assist in sending out to obtain data to see how widespread this is. Anecdotal evidence suggests this is widespread.

People don’t actually realise what is in their contract in terms of hours that they are supposed to be working. In the contract at the moment trainees are supernumerary and SK’s understanding is that there should not be trainees being told that they can’t take holiday or study when they want to due to a partner or 2 partners being off. Nationally there are comments being fed back about the restrictions placed on AiTs which should not be happening.

SK is handing over next September which although seems a long way off the lections are over the summer so asks if anyone is interested or knows of anyone who may be interested please contact SK.

ACTION – SK to contact AiT Subcommittee with details of when these BMA elections are so that they can be publicised.

10 First5 Update

RH introduced himself and advised he is about to become the First5 rep, although has not yet attended an official First5 meeting

11 Any Other Business

TC spoke about previous discussions to recruit more reps onto this committee, 2 from each patch is desirable. TC asked if members may be interested in seeing if other people might
be interested in joining the committee or whether it is left as it is for now as all places are filled.

TC spoke about discussions regarding a change in venue, this is difficult as there aren’t any private dining rooms in the Southampton area unless these are paid for at a premium rate. TC had spoken with CD about other options prior to the meeting. Agreed to continue with 4 meetings per year and explore other venue options.

LH asked about patch reps, is finishing her training and asked if the committee wished her to see if it’s possible to recruit a Southampton/Portsmouth/IoW LTFT rep. TC confirmed that if possible to try and recruit a replacement as the amount of LTFT trainees is mushrooming.

**ACTION** – As discussed meetings will now be held at the Nuffield Hospital in Chandler’s Ford. Taxis for the IOW reps to and from the ferry terminal will be provided.

**12 Date for next meeting/close**

Tues 7 February 2017, 19:15, venue Nuffield Hospital, Chandlers Ford.