Notes from 1st NESC School of Primary Care Board Meeting
2nd December 2008

Present:  
Simon Plint - Chair and Head of School of Primary Care
Glynis Buckle - Head of GP School, Oxford
Richard Weaver - Head of GP School, Wessex
Nick Lyons - Primary Care Taskforce Lead
Vicky Osgood - Postgraduate Dean, Wessex
Rod Walker - Lay Member, Oxford
Stefan Kuetter - Trainee Representative, Oxford
Jon Rial - Trainee Representative, Wessex
Richard Jones - RCGP Representative, Oxford
Peter Burrows - RCGP Representative, Wessex
Rory Shaw - Acute Trust Provider, Oxford
Keith Ollerhead - Primary Care Trust, Wessex
Ron Travis - Wessex GP Educational Trust
Barbara Gow - GP School Manager, Oxford
Fenella Williams - GP School Manager, Wessex
Susi Caesar - Appraisal Lead, Wessex
Lynne Owen - PA to Dr Richard Weaver

Apologies
Michael Bannon, Paul Roblin, Nigel Watson, Sula Wiltshire

1. Introduction and Terms of Reference
Everyone present introduced themselves, gave a brief description of their role and who they were representing at the meeting.

SP informed group that he saw two roles for this board:
   a. Providing governance for the School of Primary Care
   b. Planning strategy

The plan is that the Board would meet twice a year, probably July and December. The constituent schools would also meet, on their own, twice a year. Another meeting will also be arranged for a much larger group which will be much more strategic (probably in the summer).

Terms of Reference
SP asked the Board if this felt appropriate. The following questions were raised:

- SP asked about the Deans being on the Board as the Board will be reporting to the Deans. This was discussed and Vicky Osgood said that she felt it was a very useful for her to attend. It was agreed their status should be ex-officio.
- Item No5 – finance governance. Should the budgets be presented to the Board? It was thought that this was not necessary if a paper for information purposes was presented and that finance also formed part of the Heads of School reports.
- Who does the Board report to? It was clarified to the Postgraduate Deans.
- Should there be a non medical member on the Board (eg nurse education / practice manager education)? It was agreed to invite one of the practice nurse foundation leads.
- Consider change of name from School of Primary Care to Directorate?
2. Report from Oxford School of General Practice

The focus of the next 6 months is to meet the challenge of the expansion in the training numbers and the development of our faculty educators (including an increase in numbers) to deliver quality training to 100 GPSTRs. GB also said that a great debt was owed to the Programme Directors for their hard work this year with everything extra they have been asked to do with regard to expanding the schemes.

ARCP
The ARCP Lead is Dr Simon Street and he is very keen on assessments. This year he undertook an exercise with his team to analyse the quality of e-portfolio submissions, which has enabled educational supervisors and GPSTRs to receive feedback on areas of completion which need further development.

A sample undertaken by the RCGP has confirmed the high standard of e-portfolio submissions from this deanery.

Oxford had 13 AKT/CSA fails at the end of their ST3 year. All were granted an extension following which all successfully passed the CSA and all but one passed the AKT.

Recruitment
Oxford will be offering 100 places for GP specialty training from August 2009 and all will be offered either 18 or 20 months in general practice.

The on-line application goes live on 5th January for two weeks. Stage 2 (the machine markable tests) is being held on Saturday 21st February at the University of Oxford Examination Schools. All Deanery staff are being recruited to help with the invigilation. Oxford will have capacity for 500 candidates in a morning only session.

Stage 3 (assessment centre) will be held between 24th and 26th March and will accommodate 200 candidates. This will be held at the Kassam Football Stadium in Oxford.

Richard Jones gave a brief outline of the whole recruitment process.

GP Expansion
Recent work undertaken by the NHS Workforce Review Team and the Department of Health has demonstrated that we need more GPs to meet future healthcare needs of the population. The Oxford Deanery needs to increase from the current figure of 84 to 100 GP training programmes. Further expansion will be required in 2010 and 2011. In order to achieve this they are working very hard to increase the number of training practices and secondary care rotations, although this is proving to be quite a struggle.

Quality Management
Approval of hospital GP Training Posts – in line with other schools in the Oxford Deanery all training posts were reviewed and approved unconditionally or with minor conditions with the exception of MSM in Milton Keynes and O&G in Oxford.

Approval of GP Practice Training posts – in the past 6 months 32 training practices have been approved or re-approved. 6 were given conditional re-approval subject to a follow-up visit by the Associate Director or Programme Director.
Training Practice Standards – The criteria for becoming a GP Training Practice have now been re-written to reflect the PMETB domains. The new forms have been drafted and will be considered by the Associate Directors in February 2009 and will be implemented fully from 1st July 2009, having been piloted in the previous quarter. The trainer appointment committee is a sub-committee of the GP School Board and meets quarterly. The visiting team leaders and practice managers meet twice a year for calibration.

Faculty Development - in order to develop the faculty of educators at all levels at a time of changing and challenging demands there are regular educator meetings and conferences to help support their needs.

New Trainers Course - the 2008 cohort of 27 new trainers completed the 3-module training course in October and is now completing the final assignment towards achieving a Certificate in Medical Education. A similar number of delegates are scheduled to undertake the course in 2009.

An exciting development is the collaboration with the Postgraduate Dental School to build on the current course and create a programme appropriate to both general practice and dental educators.

Senior Registrars – Oxford have appointed 6 with an interest in education who are based in non-training practices and work closely with Programme Directors to enable them to develop their skills as educators.

At the end of both presentations SP asked the Board if they thought they were being given sufficient information in these reports or did they require more/different information. Everyone agreed they thought the reports were both relevant and informative.

It was decided that it might be helpful to produce “organograms” for the next meeting to inform the Board as the roles and responsibilities in Oxford and Wessex were quite different in some areas.

3. Report from Wessex School of General Practice

**ARCP**

The ARCP panel for the GP School met on 10 December to review the trainees due to finish their ST3 training in Feb 2009.

There were 25 ST3 portfolios brought before the Panel.

- 22 were passed and can now apply for their CCT
- 1 had failed the CSA and will be seen in the review panel
- 1 had a missing DOPS and so could not be passed today.
- 1 did not have a final review completed by the educational supervisor.

At the follow-up panel next week they hope to be able to pass these latter 2 doctors.

Overall the quality of evidence is improving as trainees and trainers become more familiar with the new system. There are still annoying technical problems with the eportfolio but it is slowly becoming more user-friendly.

The ARCP panel has highlighted a need for more training on the eportfolio for trainers and trainees and the GP School will continue to hold workshops on these topics.
E-portfolio
An updated version of the eportfolio was launched at the end of November. It includes improved reporting facilities. Lisa McChrystal, the e-portfolio admin champion for the GP School, is attending a national workshop in Croydon on 11 December.

Recruitment
Planning and preparation for GP recruitment are progressing well.

- **Assessment 1 (MMT) 21\textsuperscript{st} February – Southampton University.** Wessex have asked Deanery administrators and Southampton medical personnel to help as invigilators. At present, they plan to hold a morning and an afternoon session, but the afternoon session will only become available once all the morning places for the test have been filled. They will not know whether the afternoon session is required until longlisting is complete at the beginning of February.

- **Assessment 2 (SAC) – Bournemouth Football Club.** They have made good progress in finding the full quota of assessors but still need 2 or 3 more for the second week. The Patch Associate Directors are encouraging their local trainees to enrol as Assessors.
  The Patch Office administrators have offered to help with administration at the Bournemouth assessment centre and a rota is being prepared. They have also asked local medical personnel to help. Lynne Owen has agreed to provide cover at the Deanery on the days the GP administrators are at the Assessment centre.

Fenella Williams and Patricia Abbott attended training at the National Recruitment Office in Birmingham. An improved version of Konetic will be used this year with better reporting facilities.

Dr Richard Weaver and Dr Peter Burrows the Lead Simulator attended the Patient Training Simulation training in Birmingham. They have arranged training sessions in January and February for the actors who will be the patient simulators at the Bournemouth assessment centre.

GP Expansion
A number of posts have been identified for the increased intake for August 2009, but there are no assurances of posts for these trainees to continue their training at ST2 in August 2010. This is a serious risk which is currently being evaluated.

4. **Report from the Primary Care Taskforce**
Nick Lyons gave a presentation on what the taskforce is and what it actually does. He also gave brief details of the various projects that were already happening and those for the future.

NL explained there were 8 main areas that the Taskforce covered:

1. Mapping the workforce
2. Workforce planning
3. Developing training capacity
4. Leadership for Primary Care
5. Capacity and empowerment of workforce
6. Capacity for productivity
The Taskforce's role is to identify what needs to be done but isn't, to then run pilots and evaluations before passing on to the relevant GP School etc.

**Revalidation and Appraisal**
GP appraisal began in 2001/2 and was often just a very cosy chat. Some areas did achieve huge amounts but other did not. This will improve with the introduction of Revalidation, which will have more power and teeth! NL was asked how failing practices were currently identified. He said that this was very difficult at present and was mostly local information/knowledge. Performances of individual doctors can be an indicator about practices.

**Practice Nurse CPD** – most practices are reluctant to pay for this. Most practices have a significant amount of funding for staff training but this is not always protected. One suggestion was that there could be an educational trust like the one in Wessex used for the GPs.

NL was also asked if the Taskforce had any plans for **Career Development / Performance Support**. NL said that the GP Schools were already working on these areas and that NESC was working to develop support for these trainees and GPs together in Oxford and Wessex. Everyone thought that trainees should receive as much help and support before they actually reached the remedial stage and were reported to NCAS. NL said that there would be a joint Oxford/Wessex/RCPG/PCT meeting in April about how to move the processes forward.

**5. Future Strategy and Business Plan for School of Primary Care**
SP informed Board that he thought there was insufficient time remaining of the meeting to actually do this item justice. He did ask “What do you perceive to be the future direction Primary Care should be going in?” The following were given as examples:

- How can we enable planning of future training to be joined up with plans of commissioners
- Meet more often to foster closer working together – really useful
- How to bring externality into processes? How to support it?
- Educating the educators
- Pre-remedial work to support identifying people and practices with issues
- Look 10 years ahead – prepare for whatever changes will be
- Patient safety, robust reliable systems – reflect in training
- Encourage joint work between the two GP Schools and the Primary Care Taskforce where appropriate

SP asked the Board if they would officially accept and approve the 3 reports. Each report was accepted and approved.

SP thanked everyone for sharing their very valuable time and hoped that they all found it useful.

Date for the next meeting: Friday 26th June 2009
Venue: NHS South Central