

## **Minutes of Full School Board Meeting**

**Held on: Wednesday, 4 April 2012**  
**Deanery House, Hambrook, Bristol**

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### **Present:**

Robin While, Chair  
Bill Irish, Director School of Primary Care  
Paul Main, Deputy Director, School of Primary Care  
Michael Harris, APD Quality Assurance  
Phil Grimmer, APD Recruitment  
Martyn Hewett, APD Appraisal & Revalidation  
Holly Hardy, APD Bristol, S Glos & N Somerset  
Mark Vose, Deputy APD Bath  
Steve Holmes, APD Somerset  
Jon Elliman, APD Swindon & Wilts  
Pam Gates, Lay Chair  
Susan Hartnell-Beavis, Lay Chair  
Jenny Hepworth, Lay Chair  
John Kyffin, Lay Chair  
Lisa Wyatt-Jones, Lay Chair  
Sheila Pietersen, GPE Pre CCT rep  
James Playfair, GP Trainers & Clinical Supervisors Representative  
Liz Alden, EPO representative  
Marcus Evershed, Defence Deanery representative  
Jackie Pullin, GP Co-Ordinator

**Visitors:** Stuart Cook (APD QA), Avradeep Chakrabarti (deputising for Koyes Ahmed), Barbara Laue (deputising for Andrew Blythe & Sarah Purdy), David Martin (deputising for Jim Morison), Tom Agombar (Glos GPE team), Somerset GPE team: Sally Ash, Kieron Bhargava, Jo Clark, Lisa Horman & Jill Wilson.

### **1 Apologies**

Koyes Ahmed, Peter Amos, Andrew Blythe, Becca Duffy, John Edwards, Richard Gale, Geoff Hogg, Ian Kelham, Jim Morison, Rupa Parmar, Shara Paulo, Andrew Platt, Sarah Purdy, Davinder Sandhu, Pippa Stables, Joe Unsworth.

### **2 Change to SB Constitution**

A redraft of the SB Constitution was distributed to all Board members two weeks' prior to the meeting. Paul Main has moved two items from Item B.2 Terms of Reference: Quality Assurance of the SoPC, namely items 2.9 and 2.10, to Item B.5 and are now items 5.3 and 5.4 respectively. The section has been renamed to include QA accordingly: Agreement for & Quality Assurance of Education & Training. These items have been moved further to the Chair and Executive Members wishing to change the remit of the SB enabling further emphasis on QA. One representative is required to represent the GP Education Provider Organisations whilst one representative is required to represent the OOH service provider organisations. Approval of the revised SB Constitution was endorsed by the School Board members.

With regard to the additional QA responsibilities given to the Lay Chair reps, the Lay Chairs wish to be ensured that they are trained to handle these and that they will be able to discuss recommendations/proposals with their patch APDs e.g. trainee post gradings, are they comparable across the five patches? It was agreed that a further discussion would be necessary to ensure gradings were allocated more stringently.

**Action: Jackie to schedule a meeting to be attended by Robin, Bill, Paul, Michael and the Lay Chair representatives with an agenda supplied by the Lay Chairs. It was also suggested that Terry Kemple from the Bristol GPE team should participate due to his involvement with similar grading procedures.**

### **3 Minutes from last Full School Board meeting held on 5 October 2011**

The minutes from this meeting were approved as an accurate record. All action points have been completed.

### **4 Minutes from last Mini School Board meeting held on 30 January 2012**

The minutes from the January meeting were approved as an accurate record. All action points have been completed.

Item 1 discussed against item 9.2 of this meeting, item 2 discussed against item 5.1 of this meeting and actions from item 3 discussed against item 12.1.3 of this meeting.

### **5 Matters Arising**

#### **5.1 Friendoc Grading Recommendation – 6-month Review**

Further to item 22 of the minutes of the October 2011 SB meeting and item 2 of the minutes of the January 2012 SB meeting, the proposal that the Full SB approves change of Friendoc's quality grading for GP trainee OOH posts from C to B, as discussed at Mini SB meeting, was endorsed.

Holly Hardy and Jenny Hepworth attended both the initial QA and follow-up meetings and neither have any further concerns as all criteria has been met and both are very encouraged by the improvements made. Friendoc is very enthusiastic and wishes to make further enhancements which may contribute to this organisation in being granted an "A" grade recommendation in the future.

It was agreed that only in exceptional circumstances, would the SB consider regarding less than 12 months from the initial grade allocation. In the case of Friendoc, regrading took place sooner due to the commercial status and reputation of the organisation.

### **6 Chairman's Actions**

The two Gloucestershire cases granted Chairman's Actions by Robin were sanctioned by the SB members present. Two ESs from different practices, Robin Blenkarn and Tom Morgan, had their re-approval expiry deferred from April until July 2012 as the earliest date both practices can be visited is 27 April 2012.

### **7 GP Director's Report**

Bill highlighted the following items:

At the recent Stage 3 GP Recruitment Event which took place at the end of February, we not only received a very high trainee application ratio (two applicants per post), but also the highest calibre of trainees seen to date. Bill congratulated PG and CW for filling all of our vacancies.

Pass rates in MRCGP were exceptional once again.

LETB Hosting: A new national organisation, Health Education England (HEE), has been set up which will manage deaneries through Local Education Training Boards (LETBs). The SoPC will sit within the North LETB in NHS South West. HEE will be running in shadow form from April 2012 and is currently due to be made fully operational in April 2013.

## **8 Equality & Diversity: significant event and E & D training/data**

With regard to the papers provided, Bill advised the reason which prompted him to look into Equality & Diversity in more depth was due to a recent complaint about racism from a GP trainee regarding an educational supervisor which was handled successfully.

In order to ensure we have the right mix of ethnicity for patients demographically, the SoPC plans to obtain ethnicity data for the patient population served by the Severn Deanery from the Public Health Observatory.

It is understood that we cannot change the recruitment selection processes but APDs could help by encouraging GPs to apply to become supervisors from under represented groups.

**Action: Item to be discussed again in 12 months' time.**

## **9 Educational Supervisors under GMC Investigation**

Both cases were presented anonymously by the appropriate Lay Chair representatives.

With regard to the case discussed at the January 2012 Mini SB meeting, Jenny Hepworth, as Lay Chair representative at that meeting, presented the case to the Full SB members. This supervisor will continue practising as there are no patient safety concerns, however, no GP trainee will be placed with the supervisor until the GMC investigation has reached conclusion. The SB will then decide upon the necessary action to be taken.

Susan Hartnell-Beavis presented the second case to the Full SB. Not only is this supervisor currently undergoing investigation by the GMC but by the Police also. The supervisor has subsequently resigned from his practice and has had GMC conditions placed upon him regarding practising restrictions. He is working OOH but not in a supervisory capacity.

## **10 Supervisor Re-approval Process**

### **10.1 Swindon & Wilts Pilot: report and proposals**

Jon Elliman presented the report he had co-written with Michael Harris. For the 6-month trial in his patch which commenced with effect from October 2011, the 3-year re-approval has been replaced with an annual self reporting form, 3-yearly formative peer review visit and an assessment of teaching followed by a 6-yearly practice visit by the patch APD/GPE team.

Jon and Michael were congratulated on their report. However, although the trial has been received positively in this patch and is deemed as a success, some SB members felt anxious that supervisors' morale, which has already been affected by WPBA pressures, will be hit further by these proposed 3-yearly peer reviews which may be misconstrued.

Although a very good, sound initiative, overall it was felt that the timing is not right to introduce it across all patches and the roll-out should be on a voluntary basis at this stage.

The SB felt the best decision was to continue the pilot in the Swindon & Wilts patch and promoted/introduced on a voluntary basis within the Bristol and Somerset patches. More discussions would then ensue before the pilot is rolled-out further.

## **10.2 Proposed Changes to Practice (Re-)Approval Documentation & Criteria**

Michael Harris's proposal to separate practice (re-)approval from supervisor (re-)approval and the varying criteria was discussed. The SB members endorsed the changes and are happy for Michael and all parties concerned to proceed with implementation.

## **11 Relationship between Quality Panels and School Board**

Michael's paper proposed a model to reduce the risk of duplication of work and responsibility and demonstrated a robust, quality system for each GP training post. The SB members were satisfied with the suggested roles of the Quality Panels and School Board for grading recommendations of hospital and training practice GP trainee posts.

## **12 Quality Reports**

### **12.1 Quality Panels: reports on outliers**

Each patch report was presented by the patch Lay Chair representative.

The "A" grade recommendations for patch GP trainee hospital and training practice posts were endorsed by the SB and letters of congratulation on behalf of the SB will be sent to each Director Medical Education (DME) and Clinical Director/Lead as appropriate to the hospital posts concerned.

For hospital posts given a "C" grade recommendation or below, letters would be sent on behalf of the SB to the relevant DME and Clinical Director/Lead and each patch APD to monitor progress and report back on these posts at the October SB meeting.

**Action: Jackie to draft letters for Robin & Bill.**

**Patch APDs to monitor progress of "C" and below graded hospital posts and report back at October's meeting with measures taken to bring about an improvement in grading.**

After listening to all the patch reports and discussions, Stuart Cook, Deanery APD QA, advised the SB members that he felt all the QA panels had been taken very seriously and conscientiously on behalf of the SoPC. He was aware improvements had already been made to several trainee hospital posts where applicable. He also wished to stress that this process has a considerable effect on GP training practice placements and trainee hospital posts. Stuart expressed his congratulations to the SoPC on how the Quality Panel visits are conducted and how concerns are handled.

#### **12.1.1 Bath**

All GP training practices received a "B" grade recommendation. However, the patch is looking to increase a number of practices to "A" grades next year.

Three hospital posts received "A" grading at the RUH (A & E, O & G, Paediatrics) whilst three others received two C1 grades (ENT and Neurology: part of Rheumatology) and the RUH Medical Assessment Unit (MAU) was granted a "C2" grade.

The hospital departments have been made aware of the “C” grades given and are currently working towards improvements. The patch APD will monitor progress and 3-monthly reviews are taking place but there will be no review of grading for 12 months.

### **12.1.2 Bristol**

The following five GP training practices were granted “A” grade recommendations with the remainder receiving “B” gradings:

- Lodgeside Surgery, Kingswood, Bristol
- Milton Road Surgery, Weston super Mare
- Nightingale Valley Practice, Brislington, Bristol
- Portishead Health Centre
- St Augustine’s Medical Practice, Keynsham, Bristol

Seven hospital posts received “A” grade recommendations as follows:

- Two AWP psychiatric posts; one at Callington Road and one at Long Fox Unit.
- Two NBT posts at Southmead in Rheumatology and Obs & Gynae.
- Palliative Care post at St Peter’s Hospice
- Two UHBT posts in Dermatology and Sexual Health.

Four hospital posts received “C” or below grades as follows:-

- Care for the Elderly, NBT Frenchay. C1 grade due to concerns regarding excess workload, support and teaching.
- Stroke Unit, NBT Southmead. C2 grade due to similar reasons as above and on call working, however, with recent departmental reorganisation and more support being provided by the Neurology Department and appointment of new Clinical Fellow, an improvement is anticipated.
- A & E, Weston General Hospital. D grade awarded due to ongoing concerns for patient safety. However, a new consultant has been appointed recently and new rotas have been drawn up as well other substantive changes which have been made since Stuart Cook, Holly Hardy and Louise Davis (Education Fellow) visited in March. More positive ST feedback has also been received recently and a special report has been requested by end of December 2012. Bearing in mind the improvements which have recently been made, this could possibly be equivalent to a C1 grade post.
- Gastroenterology, Weston General Hospital. D grade recommendation due to very poor ST feedback, concerns expressed regarding excess workload, lack of support and teaching due to consultant staffing issues. Concerns also raised due to trainees acting at a higher level than competency and patient safety. A review is due in October, however, this may be brought forward subject to monitoring by patch APD.

**Action: On behalf of SB, Robin and Bill to write to Stuart Cook, Deanery APD QA, regarding the “D” grade recommended hospital trainee posts in view of patient safety concerns raised.**

**PMN: 16 05 2012 - Letter sent to Bee Martin, DME Weston Area Health NHS Trust, with copy sent to Stuart Cook & Holly Hardy.**

### **12.1.3 Gloucestershire**

All of the GP training practice placements were granted “B” grading except four granted “A” grade recommendations as follows and the White House Surgery, Moreton in Marsh allocated a “C1” grading:

- Romney House Surgery, Tetbury
- Walnut Tree Practice, Dursley
- Stroud Health Centre

- Hadwen Medical Practice, Gloucester

White House Surgery obtained a “C1” grading as the only educational supervisor at this practice is heavily involved in commissioning and has asked not to be allocated a trainee currently although the situation will improve when other colleagues progress to supervisor approval.

Seven hospital posts received “A” grade recommendations as follows:

- Dermatology
- ENT
- General Medicine, Neurology, Rehabilitation & Rheumatology
- Obstetrics & Gynaecology
- Paediatrics & NICU (upgraded from last year’s “C” grading)
- Psychiatry
- Renal Medicine/GIM/Critical Care

Three hospital posts received “C” or below grades as follows:-

- Emergency Medicine. “C1” recommended as the rota was felt to be a barrier to educational opportunity in the job and that informal teaching was of variable quality and quantity. Opportunities for on the job learning have been requested.
- Trauma & Orthopaedics. As this post was awarded a “D” grade last year, also due to training opportunities & procedures being focussed on the orthopaedic trainees, and the fact that an Action Plan was discussed with the consultant to no avail, it has been decided sadly that three trainee posts will be withdrawn with effect from August 2012.
- Cardiology. Degraded to a “D” this year from last year’s “C2” recommendation due to the inadequate induction process, limited teaching and lack of attendance at outpatient clinics. Formal 6-monthly reviews are in place with the new lead clinical supervisor.

#### **12.1.4 Somerset**

The following seven GP training practices were granted “A” grade recommendations with the remainder receiving “B” gradings:

- Blackbrook Surgery, Taunton
- Cheddar Medical Centre
- College Way Surgery, Taunton
- Hamdon Medical Centre
- Harley House Surgery, Minehead
- Queen Camel Medical Centre
- Summervale Medical Centre, Ilminster

With regard to Cannington Health Centre in Bridgwater, initially this was granted a “C1” recommendation, however, this remains a good training practice and has thus retained its “B” grade status.

Susan Hartnell-Beavis pointed out that there were significant issues which needed to be addressed involving a personality clash between the relatively new supervisor and subsequently relocated trainee. This grading was accepted by the SB members present.

Four hospital posts received “A” grade recommendations as follows:

- Two Obs & Gynae posts: one at Musgrove Park and one at Yeovil District Hospital.
- Paediatrics at Yeovil District Hospital
- Palliative Care post at St Margaret’s Hospice

The remainder were granted “B” grades except the A & E trainee post at Musgrove Park, Taunton which was given a “C1” grade due to the lack of supervision and other related matters. Considerable improvements have been demonstrated since August 2011 as stated in the supplementary visit report compiled after the last visit which took place on 16 March 2012. 12-month re-approval granted subject to the annual GMC survey results.

**PMN/Correction:** The above A & E trainee post was upgraded from “C1” to “B” at the SB meeting due to the significant improvements made as verified at the March visit. This has been agreed by Bill, Robin and Steve Holmes 31 05 2012.

### **12.1.5 Swindon & Wilts**

All GP training practice placements were granted a “B” grade recommendation.

The majority of hospital posts were also graded as “B” apart from one “A” grade recommendation for General Medicine/Ambulatory Care at the Great Western Hospital due to good teaching opportunities during various specialty outpatient clinics and the introduction of a core day course for rheumatology. The Elderly Care/SwICC trainee post was not graded as the review panel met very close to significant changes having been introduced. An interim visit has been scheduled for June 2012.

The following five “C1” and one “C2” hospital posts are as follows:

- ENT, Great Western Hospital – C1.
- General Medicine/Endocrinology, Great Western Hospital – C1.
- Paediatrics, Great Western Hospital – C1.
- Psychiatry, Victoria Centre, Great Western Hospital – C1.
- Psychiatry, The Mall, Swindon – C1.
- Obs & Gynae, Great Western Hospital – C2 grade due to the lack of organised and appropriate teaching opportunities.

All the above hospital posts are under review but there are no patient safety concerns to report; mainly training and supervision shortcomings. Pam Gates wished to highlight that the scrutiny of hospital posts was very thorough and inclusive and the whole exercise was very dynamic.

Pam also wished to take this opportunity to formally thank Siobhan Timms, Senior Administrator GP Education Swindon & Wilts, for her outstanding planning and support and tremendous pre visit documentation.

The other patch APDs and Lay Chair representatives present also wished to congratulate all GP Education administrators for their sterling organisation work in general but with regard to annual trainee rotas and all visits in particular.

**PMN: Jackie advised the patch senior administrators of the very positive comments via E-mail on 05 April 2012.**

### **12.2 Patch QA Visit – Gloucestershire to Somerset**

The visit to Somerset took place on 14 February 2012 and the subsequent report was distributed with the SB agenda for this meeting.

The Gloucestershire team considered the following items as highlights of the visit:

- The relationship of the Somerset team with their supervisors.
- Somerset trainee rota planning.
- Quality Panel scores: the visiting team commended the actions of the Somerset team and the results achieved.

- The system for actively exploring any extenuating circumstances that might influence trainee placements at the commencement of the training programme.
- Actively supporting the post CSA development of trainees.
- Two team members on the SGPET Board will enhance the development of an increasingly comprehensive curriculum.
- The Somerset team's proactive methods of dealing with limited accommodation at the Academic Centre located in Musgrove Park Hospital campus (e.g. away days, split sites, practice based teaching).

The following ideas were put forward for the Somerset team's consideration:

- More active involvement between facilitator and GP ST3 presenter in terms of pre-planning sessions, building on the proposed teaching and learning day.
- What might be necessary to become more enthused with a leadership role in promoting the MSc (where a TLHP module has been introduced this year).
- Seek out facilitator feedback via methods such as direct peer review, written feedback from trainees, random review of each group members' E-portfolio to investigate learning reported by each trainee following the session.
- Investigate changing the timing of the Quality Panel to ensure the most current trainee feedback is available.
- Maintain the pressure on hospital posts to improve the educational experience offered to GP trainees and facilitate this by developing a degree of continuity and thus allowing relationships to build between members of the Somerset team and Secondary Care clinical supervisors.
- Enhance the induction process by instigating a buddying system between registrars and ST1 trainees.

All points raised by Gloucestershire have been addressed by Somerset.

On behalf of the SB, Robin congratulated Gloucestershire and Somerset GPE teams on their report and findings and the subsequent actions that will be taken for making improvements as necessary. Robin also thanked the visitors from both patches for attending the meeting and for their valued contributions.

### **12.3 2011 Patch Annual Reports & Quality Team Feedback**

Michael Harris presented his paper. Each year, SoPC patches that have not had a recent QA visit submit an annual report. Two members of the School's QA team subsequently visit the patch to discuss the report and make recommendations. Reviews for Bath, Bristol and Swindon patches were summarised in this document.

The full 2011 annual reports stating highlights and recommendations can be downloaded from <http://gppro.co.uk/resource/sb/schoolboard.htm>

### **12.4 Educational Provider Organisation Visits**

Visit reports for the following four EPOs were compiled and submitted by Jim Morison after each of his visits. These have been taken as received in Jim's absence. Each QA visit was satisfactory within the remit of each organisation. The gradings allocated are for "kite mark" purposes i.e. the quality of education is supported by the use of the Deanery Quality kitemark logo.

#### **12.4.1 Avon Local Medical Committee (LMC)**

The highlights of the visit which took place on 22 November 2011 are as follows:

- Active surveying of members to access learning needs.
- Evaluation of courses.



- Close association with contemporary learning needs from its associations with the LMC.
- Useful details information on courses and course objectives through an intuitively arranged website.
- The establishment of an identity within a competitive environment.

#### **12.4.2 PLANET (Protected Learning & New Educational Time), Weston super Mare**

The highlights of the visit which took place on 17 November 2011 are as follows:

- Opportunities to interact at the primary/secondary interface.
- Meeting to identify learning needs.
- Comprehensive membership.
- Organisation of protected time.

#### **12.4.3 Somerset GP Education Trust (SGPET)**

The highlights of the visit which took place on 9 November 2011 are as follows:

- Website and on-line booking.
- Communication with members via surveys, website and AGM.
- Development of a record of member status.
- A comprehensive and extensive programme of multidisciplinary events spread over a wide geographical area. The expansion of the Yeovil programme is an example of the forward thinking culture within the organisation.

#### **12.4.4 Bristol GP Education**

The highlights of the visit which took place on 4 January 2012 are as follows:

- An advanced and sophisticated feedback system, arranged electronically to link evaluation and reflection directly to attendance certificate production.
- Advanced production of programme (up to 12 months in advance).
- Summary and detailed objective production.
- Addressing the needs of newly qualified GPs.
- The additional benefits to members.

**Action: Jackie to write to each of the above EPOs notifying them of their kitemarking as an educator provider for qualified GPs.**

#### **12.5 OOH Service Provider Visit to BrisDoc**

BrisDoc was first visited on 16 June 2010 and the report was submitted at the October 2010 SB meeting. This organisation was revisited on 7 February 2012 by Holly Hardy and Jenny Hepworth plus two other visitors for its 2-year QA monitoring review visit and Jenny Hepworth presented the latest report.

The highlights of this second visit were as follows:

- BrisDoc continues to innovate with development of Clinical Guardian for “real time” monitoring of clinical standards. Trainees can access feedback on all screened consultations.
- New toolkit on Adastra showing guidelines/protocols, tools/scores and medicines management which is available on iPad in all cars.
- Recognition of need for support of NQGs with phone advice available from GPSU doctor.

A unanimous agreement between the visitors was reached that this OOH service provider remains worthy of its "A" grade recommendation and a further visit will be planned for three years' time for re-approval. The BrisDoc team is to be congratulated for giving trainees a superb OOH package and appropriate support.

**Action: Jackie to notify BrisDoc Clinical Director by letter.**

## **12.6 GMC Trainee Survey Results Summary**

The overall satisfaction of the GP trainees compares well with that of other Deaneries. With regard to the trainee hospital posts, we have moved up nine places since last year and we have moved up four places nationally for practice placements. The Severn Deanery GP trainees provided the highest response rate in the UK.

Michael Harris presented his very comprehensive paper and more details can be found via the link:

<http://gmc-onlineeducationreports.org/ReportType.aspx?year>

Michael has also produced a concise summary which is available via our SoPC website.

Stuart Cook added that he was hoping for a more timely release of information by the GMC in the future i.e. in July rather than in October.

## **13 Possible Change to Quality Panel Timetable**

The Quality Panels have been meeting before the April SB since they were set up three years ago. Bearing in mind the evidence that the QPs consider such as GMC surveys released each summer and our own SoPC EoP surveys, the largest proportion of which is completed in July, this means that most of the data utilised by the QPs are six months out of date.

Although holding the QPs in the summer would have its own challenges, it was proposed that further consultations are held with the patches as to whether the QPs should continue to be held in the winter or moved to the summer in time for the October SB and, furthermore, Michael requested that the next set of QPs is deferred until the summer of 2013 which can then be presented at the October 2013 SB meeting.

Patches would continue to receive results of our EoP surveys throughout the next 18 months so we would still be able to investigate possible areas of concern if highlighted. Trainee posts where problems exist would not be overlooked. No objections to the proposed date change were raised by the SB and this change will be implemented immediately.

## **14 Quality Development**

### **14.1 Quality Assuring Education Provider Organisations**

The paper presented by Dave Martin was compiled by Jim Morison and taken as received. Without exception, each of the nine EPOs welcomed their voluntary QA visit during the last year and co-operated fully. Each provides enormous value for money for the quality of education offered.

Liz Alden, Swindon & Wilts Education Trust and nominated EPO representative, was very appreciative of Jim Morison for his useful visits to EPOs and for the introductions of share processes adopted by these organisations as a result of Jim's study.

## **14.2 GP Trainee Excellence Awards 2012**

Robin gave a progress update on the annual event and categories stating that next year the University of Bath hoped to provide an award. He asked the SB members to strongly promote the awards event for this year with the ceremony scheduled for the afternoon of Wednesday, 25 July 2012 being held at Engineers House.

For more information, including the nomination and selection process criteria, please access our website link <http://www.primarycare.severndeanery.nhs.uk?about-us/trainees/awards>.

To book places for this event, please access the link <https://www.surveymonkey.com/s/AwardsEventMichaelLennardBooking>

## **14.3 ARCP – External QA Report from RCGP**

In John Edwards' absence, Michael Harris presented his paper, which included the results of the external RCGP quality management audit for Winter 2011/2012. Several of the assessments by the RCGP external assessors are being disputed, however, there is a marked improvement from Winter 2010-2011 in the percentage of acceptable Educational Supervisors' Reports (ESRs).

Susan Hartnell-Beavis mentioned that it is difficult to access data from the RCGP website and that it is not as user friendly as it could be. Michael Harris agreed but was unsure this matter would be addressed by the RCGP in the foreseeable future.

## **14.4 MRCGP – CSA & AKT pass rates – Spring 2012**

Again, in John Edwards' absence, Michael Harris presented his paper. All GP trainees from the Severn Deanery SoPC are required to pass both the AKT and CSA in order to meet the RCGP's exit requirements. The data provided summarised the AKT and CSA exam pass rates for exams taken during the last calendar year. In all categories listed, the overall percentage pass rates for our trainees far exceeded the overall national pass rates.

Although we had six initial failures from Somerset, overall our SoPC had the highest percentage of passes in the UK and the top CSA result in the UK was achieved by one of our trainees.

# **15 Faculty Report**

## **15.1 GP Supervisor (Re-)Approval Summary**

All 15 educational supervisor re-approvals and five approval applications were granted. The four clinical supervisor re-approvals and two approval applications submitted were also granted.

**Action: Jackie to notify all supervisors by letter on behalf of the SB.**

## **15.2 Retirements & Resignations**

The full SB members were made aware of the six retirements/resignations put forward at the January 2012 Mini SB meeting plus the following three supervisors which have subsequently been brought to the SoPC's notice:

- **Bath: Tim Johnson, Oldfield Surgery**

In March 2012, Tim informed the Bath GP Education Office that he does not wish to renew his clinical supervisor re-approval when it expires in July 2012.

He was approved in June 2006 and has been supervising retainer doctors until recently but no longer wishes to continue in this capacity.

- **Bristol: Mary Welsh, Lennard Surgery**

Mary was first approved as an educational supervisor in August 1996; 16 years ago. She does not wish to renew her re-approval when it expires in July 2012 and will be retiring from her practice next year.

Mary has also been a member of the Bristol GPE team until two years' ago and has assisted Doctors in Difficulty, taught on the half-day release courses and led the training expansion project in Bristol, N Somerset and South Gloucestershire.

- **Somerset: Philip Skinner, St James Medical Centre, Taunton**

In early March, Philip notified the GP Education Office in Somerset that he would be resigning as a GP educational supervisor from mid March 2012 although he will continue practising. He was approved in 1995; 17 years ago. During the last six years, Philip has also been convener for the West Somerset Trainers' Group; David Badham will now take over this role and Adrian Fulford remains as the established educational supervisor at St James Medical Centre.

**Action: Jackie to send acknowledgement letters on behalf of the SB to these three supervisors.**

### **15.3 Practice Changes**

No changes reported.

### **15.4 Report on School of Primary Care Capacity**

In Shara Paulo's absence, Bill Irish presented her paper. GP practice training and supervision capacity is monitored by the School to understand the level of funding and capacity required for the year ahead. Currently this is at an adequate level to meet the existing and planned intake of GP trainees. We currently have 60 potential supervisors awaiting approval.

In contrast, hospital posts are paid for whether they are utilised for training or left fallow and are managed very closely by each of the five GP programme teams. In addition, the SB grants approval to supervisors located in GP training practices whereas the Deanery QA team approves hospital supervisors.

Should the SoPC expand or the number of qualified doctors requiring support increases as a result of revalidation, we will not have adequate capacity to support the training required. We will need to actively encourage non-training practices to get involved as current training practices have no physical capacity to expand further without extensive building work. Paul Main wishes the patch APDs to highlight/encourage GP clinical supervisors in practices where supervision of F2s and GP retainers takes place to consider becoming educational supervisors should the need arise.

**Action: Item to be reviewed again in 12 months' time.**

## **16 GP ST Committee Report**

Avradeep Chakrabarti, Vice Chair, attended the meeting on behalf of Koyes Ahmed, Chair of the GP ST Committee. He mentioned that 23 committee members provided representation from all ST levels and from all patches and is the largest committee to date.

With the recent upgrade of the trainee section of the website and the introduction of an enquiry E-mail address, Facebook and Twitter, GP trainees can receive assistance and information on course fees and availability, including inter patch courses and discussions, and the relevance of a particular course to each trainee. AKT exams taking place this month.

Two SB members, Andrew Blythe and Phil Grimmer, have spoken to F2 doctors and medical undergraduates. The GP ST committee is encouraged by this and hopefully will promote General Practice as a specialty of choice for more doctors.

Bill Irish will be speaking at the GP ST annual meeting on 9 May and the new committee for the year 2012/2013 will be recruited in June.

The overall impression of the Severn Deanery GP trainees is that they have greater opportunity to highlight their points of view and be listened to than other trainees in many other SoPCs.

Barbara Laue mentioned a new approach where GP training could be introduced to Year 5 medical students rather than Year 4 which may encourage the take up of GP training as usually the last specialism is the one most students select. Avradeep pointed out that some medical schools introduce GP work at the start of medical training.

## **17 GP F2 Report**

Whilst 50% F2 doctors spend four months in General Practice, most of the SoPC's efforts have been directed to support GP specialty trainees. Michael Harris presented his paper which demonstrates how we have tried to redress the balance during the last 12 months together with assistance from the Foundation School.

## **18 Non Executives' comments on performance of, and recommendations for, the SoPC from their perspectives**

The following comments were received from the Non-Executive members as this SB meeting neared its completion:

Lisa Wyatt-Jones expressed her pleasure at becoming the Somerset Lay Chair representative and joining the SB due to the retirement of Susan Hartnell-Beavis and will be very happy to assist the SoPC as necessary.

Susan Hartnell-Beavis felt that QA matters are now handled much more formally and open which is very positive.

Pam Gates thought it was useful to have the Lay Chair role clarified during the pre-meeting this morning prior to the Full SB meeting.

Both John Kyffin and Jenny Hepworth thought it useful to meet with other Lay Chair reps which ensure work ethics remain similar across the patches and the same criteria/practices are adhered to.

Liz Alden expressed that she was keen to play an active role in decision making.

Avradeep Chakrabarti advised the Board that he was interested to ascertain what happens and what decisions are made at a SB meeting.

Marcus Evershed was appreciative of the invite to become a Non-Executive SB member and is aware of the importance for representation of the military trainees.

James Playfair found the pre-meeting a very useful platform to share views and welcomes having more of an active role on the SB.

Barbara Laue was pleased to see how thorough the processes are and to see the inner workings of the SoPC with particular interest to trainee hospital posts and patient care issues being flagged up. She was very encouraged to see teaching practice outcomes being improved upon and changes being made to patient care and how this can be highlighted where concerns are raised. It shows how education can improve patient care.

**19 Retirement of Susan Hartnell-Beavis, Lay Chair Representative Somerset**

Earlier this year, Susan announced that she wished to tender her resignation with effect from the end of April 2012 as Lay Chair representative after working with the Deanery for over 10 years. Providing a patient and lay perspective for the SoPC in the management of the training of young doctors in General Practice, Susan has carried out this voluntary, quality assuring role with dedication, empathy and robustness. Susan's opinions are always presented in an effective and influential manner and are much valued by her colleagues.

In order to mark her experience, support and continuous contribution over the years, Robin gave a short speech on behalf of the SB. She is held in high esteem and will be remembered very fondly.

**20 Any Other Business**

Nothing reported.

**21 Dates of Future SB Meetings**

**21.1 Full School Board Meetings**

Wednesday, 3 October 2012  
Wednesday, 3 April 2013  
Wednesday, 2 October 2013

**21.2 Mini School Board Conference Calls**

Both July 2012 and January 2013 dates to be confirmed later.