

**Severn Deanery – School of Primary Care  
Full School Board Committee Meeting  
Wednesday, 3 October 2012**

**Minutes**

**ACTION**

<p><b>Attendees:</b>  Robin While, Chair  Ian Kelham, Vice Chair  Bill Irish, Director School of Primary Care  Michael Harris, APD Quality Assurance  John Edwards, APD ARCP  Phil Grimmer, APD Recruitment  Martyn Hewett, APD Appraisal &amp; Revalidation  Becca Duffy, APD Bath  Holly Hardy, APD Bristol, S Glos &amp; N Somerset  Jim Morison, APD Gloucestershire  Steve Holmes, APD Somerset  Jon Elliman, APD Swindon &amp; Wilts  Shara Paulo, SoPC Education Manager  John Kyffin, Lay Chair Bath  Jenny Hepworth, Lay Chair Bristol, N Somerset &amp; S Glos.  Peter Amos, Lay Chair Gloucestershire  Lisa Wyatt-Jones, Lay Chair Somerset  Pam Gates, Lay Chair Wilts  Sheila Pietersen, GPE Pre CCT rep  Louise Davis, TPD Bristol, deputising for Pippa Stables, GPE Post CCT rep  James Playfair, GP Educational &amp; Clinical Supervisors Representative  Andrew Blythe, UoB Faculty of Medicine Primary Care representative  Marcus Evershed, Defence Deanery representative  Alison Hutchings, Chair GP ST Committee 2012/2013  Anne Whitehouse, GP educationalist  Jackie Pullin, GP Co-Ordinator</p>	
<p><b>1. Apologies:</b>  Davinder Sandhu, Postgraduate Dean  Paul Main, Deputy Director, School of Primary Care  Mark Vose, Deputy APD Bath  Sarah Purdy, Severn Faculty RCGP representative  Rupa Parmar, LMC representative  Liz Alden, EPO representative  Geoff Hogg, Sessional GP representative  Andrew Platt, NQGP representative  Emily Lake, Central Leadership Scholar 2012/2013  Joe Unsworth, Hospital ES representative</p>	

## ACTION

<p><b>2. Introductions</b>          Louise Davis deputising for Pippa Stables whilst she is on sabbatical. This was supported and agreed by the SB members.          Alison Hutchings, Chair GP ST Committee 2012/2013</p>	
<p><b>3. Minutes from last Full School Board meeting</b> (4 April 2012)          The minutes were approved as an accurate record apart from the discrepancy highlighted by Andrew Blythe against item 16. Andrew stated the introduction of GP based teaching was much sooner in the curriculum than stated.</p> <p>Item 9, Educational Supervisors under GMC Investigation: Robin wished to reiterate that if any supervisor or trainee falls foul of the GMC regulations where education is affected, the SB needs to be informed with immediate effect.</p> <p>Item 19, Retirement of Susan Hartnell-Beavis: Robin and the other SB members who attended the GP Trainee Excellence Award Ceremony on 25 July 2012 were pleased to see Susan at this event and Robin wished to acknowledge her attendance. He also wished to advise the SB members that in the Queen's Birthday Honours List, Susan was awarded the British Empire Medal (BEM) for services to healthcare.</p> <p>All action points completed.</p>	
<p><b>4. Minutes from last Mini School Board meeting</b> (23 July 2012)          The minutes were approved as an accurate record. All action points completed.</p>	
<p><b>5. Matters Arising</b></p> <p><b>5.1 Quality Panels:</b>          Further to Item 12.1 of April 2012 SB minutes and Item 4 of the July 2012 SB minutes, Patch APDs were requested to monitor progress of "C" and below graded hospital posts and report back with measures taken to bring about an improvement to acceptable quality.</p> <p><b>5.1.1 Bath</b></p> <p><b>ENT:</b> Sickness absence was one of the main factors which led to the high intensity workload during August – December 2011 cohort and a C1 grade allocation. Feedback from subsequent cohorts has been positive.</p> <p><b>Medical Assessment Unit (MAU):</b> Where the post was allocated a C2 grade, release for study leave and training sessions (CSRs) is being addressed by the newly appointed middle grade supervising doctor. An improvement should be seen but monitoring this post will continue.</p> <p><b>Neuro-Rehab:</b> Changes are on hold as the newly appointed Consultant in Charge has recently taken long term sick leave. Becca will continue to pursue improvements to be made to ensure this post becomes more robust as a GP training post.</p>	<p>Becca Duffy</p>


**ACTION**

<p><b>5.1.2 Bristol</b></p> <p><b>Care of the Elderly, NBT Frenchay:</b> This post has subsequently been removed from the rota.</p> <p><b>Stroke Rehabilitation, NBT Southmead:</b> Patch QA visit of 21 March 2012 marked improvements made. A re-visit is planned for 18 months' time.</p> <p><b>A &amp; E, Weston General:</b> Graded D at March 2012 Quality Panel but regraded C1 at July SB following more positive feedback at Deanery visit including the recruitment of more supporting middle grade doctors. Monitoring progress will continue.</p> <p><b>Endocrinology/Internal Medicine, Weston General:</b> This remains as "D" pending the outcome of a further visit by Stuart Cook, Deanery QA APD, and Louise Davis (GP educator) scheduled for 4 October 2012. Louise to ensure the DME and Stuart Cook are aware of the strong feelings of the SB members regarding this post, especially those of the Lay Chair reps and Non-Executive members. Holly will report back feedback from this visit and if not much improvement has been made since last visit, Holly will consider moving the trainee into a CoE post. However, it should be noted that the CoE consultant has recently died so will discuss other alternative options for a new trainee post. Tom Pelly from the GPE team is looking into this as if we pull either of these Weston posts it is currently unclear as to where we could move the trainees.</p> <p>With regard to above posts, the appropriate DMEs are aware of our concerns and are also monitoring progress.</p> <p>As there will be no QA panels until later next year, an informal quality panel will be held for both Weston posts mentioned above. Holly will attend this panel and provide an update in readiness for the January 2013 SB meeting. As all responses from trainees for these two posts have been negative for at least the last two years, it was agreed that during the next four months, should either of the trainees in these posts express more concerns regarding patient safety issues, lack of support, over stretched workloads, then the post(s) will be pulled.</p> <p>In addition, Bill will write to Stuart Cook on behalf of the SB, with a copy of the letter being sent to Selena Gray, Deputy Postgraduate Dean for Severn Deanery, stating the concerns regarding both Weston posts and the view of the SB members to pulling these posts if no great improvements are made in the near future. Stuart Cook to provide Bill with regular progress updates.</p> <p><b>PMN: Please refer to letter sent to all SB members by Bill of 11 October 2012.</b></p>	<p>Holly Hardy</p>
<p><b>5.1.3 Gloucestershire</b></p> <p><b>Trauma &amp; Orthopaedics:</b> The three trainee posts have now been withdrawn with effect from the new academic year commencing August 2012.</p>	<p>Bill Irish Stuart Cook</p> <p>Jim Morison</p>

## ACTION

<p><b>A&amp;E/Emergency Medicine:</b> One of the three T&amp;O posts has been replaced by a post in A &amp; E to ease the rota. However, recent feedback has not been good stating issues for concern as being poor teaching, overstretched staff and poor rota system. A new clinical supervisor is in place so hope concerns will be addressed shortly. TPD team are actively following this whilst remaining aware of the local management issues relating to the preservation of fully staffed A&amp;E departments in Gloucestershire at two sites only 8 miles apart</p> <p><b>Cardiology:</b> There are no patient safety issues but the concern is the lack of time for teaching by the consultants/clinical supervisors. Jim visited on 2 October for a progress check and will visit again in January with a view to pulling this post if no major improvements have been made to resolve this issue. Jim will report back to the SB.</p> <p><b>5.1.4 Somerset</b></p> <p><b>A &amp; E, Musgrove Park:</b> This hospital post was upgraded from “C1” to “B” at the April 2012 SB meeting due to the significant improvements made as verified at the March 2012 visit. Therefore, no further action necessary.</p> <p><b>5.1.5 Swindon &amp; Wilts.</b></p> <p><b>ENT:</b> The problem with this post was around “handover”. It is otherwise a high quality training post. The consultants are dealing with this and a visit by the TPD team is planned for follow up very shortly.</p> <p><b>General Medicine:</b> A visit was made to check progress on 23 May. Release to allow GP training in the community has been increased for trainees and a new registrar has been appointed which has been seen as a positive step towards further improvements being made to this post.</p> <p><b>Paediatrics:</b> A visit was made on 20 June. Timetables have been changed and feedback from the trainee regarding this issue has improved.</p> <p><b>Psychiatry, Victoria Centre &amp; The Mall:</b> The prescribing of medication for patients not seen has been addressed.</p> <p><b>Obstetrics &amp; Gynaecology:</b> Some improvements have been made regarding the concerns which were evident when Michael Harris visited recently as part of a GMC visit. An action plan has been proposed by the hospital department. The Swindon TPD team will continue to monitor this post closely.</p> <p>Whilst discussing this item in general, the Lay Chair members stated they wished to be notified of outcomes by their local APDs if they were not personally involved in the visits to hospital posts. The Lay Chair members expressed unanimously that in future, they would welcome attending QA visits to trainee hospital posts under scrutiny. This was endorsed by the other SB members present.</p> <p>Also, Board members felt it would be helpful if Stuart Cook were to be invited to attend the next Full SB meeting in April 2013 so that the concerns and strength of feeling of the Non Executive SB members can be highlighted.</p>	<p>Jon Elliman</p> <p>Patch APDs</p> <p>Jackie Pullin</p>
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## ACTION

<p><b>6. Chairman's Actions</b></p> <p>Three requests were received and granted by Robin since the July 2012 SB meeting; one from Bristol and two from Somerset. The requests were to defer CS re-approval dates until the January 2013 SB and all were agreed. .</p>	
<p><b>7. GP Director Report</b></p> <p>Bill's paper was tabled, please see attached for reference.</p> <p>Bill clarified that the Lead Employer and Medical Indemnity stakeholder engagement will take effect from January 2013 if the SHA ratifies the contracts to be awarded. Currently, we are half-way through the tender for procurement and Bill will keep the SB updated. He confirmed there were no GP representatives on the Northern LETB board meeting he attended even though they were invited. Jon Elliman, Holly Hardy and Jim Morison to feed back to their LMCs.</p> <p>James Playfair asked when practices would be notified and when this would be implemented. Bill stated that trainees moved incrementally with effect from April 2013.</p> <p>Bill thanked Robin and Anne for setting up the trainee excellence awards and expressed that it was a very humbling experience and a privilege to celebrate the achievements of our trainees.</p>	<div style="text-align: center;">  </div> <p>Item 7 - GP Directors Report 02 10 12.docx</p> <p>Jon Elliman Holly Hardy Jim Morison</p>
<p><b>8. GP ST Committee Report</b></p> <p>Alison Hutchings reported that Palliative Care placements have been well received in Bath and Cheltenham. AH to feedback on this in all programmes.</p> <p>Several ST1 and ST2 trainee hospital posts across the patches are un-banded. Some trainees are unaware of the salary bandings when they apply for their rotations. This has been addressed by a few of the programme offices and details are available on the website but could be improved upon. Clare or Hardeep will then report back to Alison Hutchings so that she can disseminate to all GP trainees.</p> <p>ePortfolio requires a number of Significant Event Entries (SEEs). It is not clear whether this is similarly applied between programmes. John Edwards confirmed that Deanery guidance is on the website. AH to relay information to trainees. This raised a wider concern over how information reaches trainees. Peter Kellam, ST1 Somerset trainee &amp; Web rep for GP ST Committee, will be working with Alison Needler, School Support Manager, to improve this.</p> <p>Jenny Hepworth requested guidance for lay reps at ARCP panels as well. John Edwards to follow up.</p> <p>The University of Bristol is introducing ePortfolio to undergraduates. Information will be portable from Year 1 Medical School up to and including Foundation.</p>	<p>Alison Hutchings</p> <p>Clare Whittle/ Phil Grimmer/ Alison Hutchings</p> <p>John Edwards</p>
<p><b>9. Quality Reports</b></p> <p>The Patch QA visit by Somerset to Bristol took place on 4 July 2012. Steve Holmes presented his report with a reply from Holly Hardy.</p>	

## ACTION

<p>With regard to QA for hospital posts, Somerset raised a concern on visit cycles being 3-5 yearly for hospital posts where no concerns exist. Holly clarified they aim for 3-yearly visits with informal contact in between. In addition, EoP feedback is reviewed annually. It was agreed annual light-touch contact would be helpful. It should be noted that where problem posts have been highlighted, 6-monthly visits do occur.</p> <p>Peter Amos raised concerns over lay chair attendance as did Robin While. Neither LC rep for Bristol or Somerset was in attendance on this occasion. It was agreed if the lead LC rep is not available then an alternative LC rep should be invited. Visit guidance has been reviewed by Michael Harris on the SoPC website to ensure a non-executive member leads future visits. Programme APDs were asked to ensure lay reps are invited to attend practice visits where budgets allow as this would help their own development in the role.</p> <p>It was agreed that in future, patch visits will not be scheduled unless the appropriate Lay Chair reps are able to attend.</p> <p>On behalf of the Somerset team, Steve Holmes thanked Holly and her team for making them feel so welcome and stated that the Bristol team should be commended for providing a very good quality provision of education despite considerable challenges. Somerset felt there were no significant or high risk areas that needed to be addressed.</p> <p>On behalf of the SB, Robin thanked all participants.</p>	
<p><b>10. Quality Development</b></p> <p><b>10.1 GP Trainee Excellence Awards:</b> The award ceremony for the 2011/2012 academic year was held at Engineers' House on 25 July 2012. Anne Whitehouse presented her paper which provided an overview of this event. Both she and Robin expressed their gratitude to the sponsors and supporters of each of the award categories and wished to acknowledge their commitment to sponsoring such an event for the three to five years. The guest speakers and attendees were also mentioned</p> <p>For the academic year 2012/2013, this event has been scheduled at the same venue for <b>Wednesday, 24 July 2013.</b></p> <p>Details of past and future events, including information on award winners, are available via the website link: <a href="http://www.primarycare.severndeanery.nhs.uk/training/trainees/awards/">http://www.primarycare.severndeanery.nhs.uk/training/trainees/awards/</a></p> <p><b>10.2 ARCP – external QA report from RCGP – Summer 2012</b> John Edwards presented his paper. He mentioned that since providing ESR feedback, the overall quality of the report has improved, however, a tick based proforma was suggested as a more streamlined method for quality feedback. Although it is the trainees under scrutiny, some ESs also expressed their concerns about being criticised. Could feedback be given to supervisors at pre-screening so the ARCP focussed solely on the trainee concerned? Further development possibly required.</p>	

**ACTION**

<p><b>10.3 MRCGP – CSA &amp; AKT pass rates – Summer 2012</b></p> <p>John Edwards presented his self-explanatory paper. With regard to the Clinical Skills Assessment (CSA) held in February/March 2012, 88% of trainees passed and the trainees who failed were first time sitters. 10/11 of these passed on the resit in May following remediation. In the May sitting, 4/5 failures were resits.</p> <p>The Applied Knowledge Test (AKT) results were above the national average with 94% pass rate for January/March and 92% achieved April/May. Six of the seven failures were first timers and one trainee failed in January at her second attempt but passed in April.</p>	
<p><b>11 GP Clinical and Educational Supervisor (Trainer) Reports</b></p> <p><b>11.1 GP Supervisor (re-)approval summaries:</b> All applications submitted were discussed, granted (re)approval and endorsed. On behalf of the SB, Jackie to notify all supervisors and associated parties concerned. <b>PMN: Completed.</b></p> <p><b>11.2 Retirements &amp; Resignations</b> All supervisor retirements and resignations brought to the attention of the SB were acknowledged and, on behalf of the SB, Jackie to send letters to each one. <b>PMN: Completed.</b></p>	<p>Jackie Pullin</p> <p>Jackie Pullin</p>
<p><b>12 Proposal for awarding “A” Grades to GP Supervisors &amp; Practices</b></p> <p>Michael Harris outlined his paper. His schedule stated possible indicators, contributory factors and a list of aspirations for ESs.</p> <p>It is proposed that Quality Panels must allocate 10 – 15% of supervisors and practices an “A” grade. However, some SB members felt that such a percentage allocation and such a grading system might be quite divisive. If specific gradings are allocated, this should relate to the practice/training environment rather than to individual supervisors. The majority felt we need to ensure consistency across the patches and each patch should adhere to the same criteria agreed.</p> <p>In order to continue to develop and define this process further, another follow-up meeting will be arranged; similar to the one arranged for 16 July 2012 after the April 2012 SB meeting – see item 2 of the April minutes. Robin, Michael Harris, Jon Elliman, Steve Holmes, the Lay Chair reps and, if available, Terry Kemple, Bristol TPD, to attend. The outcome of this meeting will be discussed at the April 2013 SB meeting and subject to any proposals being endorsed, this template could be utilised for next summer’s QPs.</p>	<p>Jackie Pullin</p>
<p><b>13 Progress on changes to Supervisor re-approval timescale</b></p> <p>As the 6-year re-approval pilot trialled in Swindon &amp; Wilts is now starting to roll out to other patches, there is a concern regarding the different timescales of re-approval for ESs (6 years) and that of CSs (3 years). The proposal to apply a 6-year re-approval programme to CSs was agreed in principle. It was felt that the process for approval of ESs and CSs should be the same including the completion of an annual self-report for ESs and CSs.</p>	

**ACTION**

<p>However, an annual self-report would not be necessary for the CSs mentoring retainer doctors. The practice visit for CSs to become 6-yearly unless concerns arose. The number of isolated CSs in each patch is minimal and workload for TPDs (peer visits) should not prove too demanding. The process can be managed at patch level with assistance from local TPDs.</p>	
<p><b>14 End of Hospital Post survey results – March &amp; July 2012</b></p> <p>On behalf of the SB, Robin offered his congratulations and thanks to Michael Harris on his report; “a magnificent piece of work”.</p> <p>The data suggested that:</p> <ul style="list-style-type: none"><li>• Bath, Gloucestershire and Swindon &amp; Wilts trainees perceive that fewer of their hospital posts are achieving excellence.</li><li>• Those within the Bristol patch have improved significantly.</li><li>• Fewer Somerset posts are failing to meet the necessary standards.</li></ul> <p>It was agreed that as there was still anxiety amongst the Non Exec SB members, which was reiterated after reading this report, the attendance of Stuart Cook at the April 2013 SB meeting would be appreciated so that the strength of feeling of the Non-Executive SB members can be highlighted with regard to patient safety and other concerns raised by and affecting our trainees whilst undertaking several hospital placements across the patches. Bill confirmed that Stuart Cook is aware of this report.</p> <p>The patch APDs will consider utilising this report as an operational tool and triangulate it with other data available to them as work in progress. Responsibility lies with them to highlight any specific posts causing concern after approaching their TPDs in the first instance.</p> <p>The Lay Chair reps were concerned about the lack of support given to trainees for “whistle-blowing” and urged the patch APDs to address the issues raised appropriately, offering recommendations via the Quality Panels which would provide reassurance that concerns raised regarding patient safety, undermining and bullying are taken seriously and in a more timely manner.</p> <p>Peter Amos proposed the setting up of a non-clinical committee whereby GP trainees could retain their anonymity and raise their concerns. This committee could meet on a six-monthly basis and relay matters of concern to more senior executive audience.</p> <p>Alison Hutchings felt that anonymity and support would be very worthwhile, however, trainees should be encouraged to take responsibility and report their concerns to the DME concerned or their TPD and patch APD as necessary.</p>	
<p><b>15 Proposed changes to Patch Annual Report process</b></p> <p>Michael Harris presented his paper which was fully endorsed by the SB members present.</p>	
<p><b>16 Annual reports to RCGP and Severn Deanery</b></p> <p>Michael’s paper was received with no comments raised.</p>	

## ACTION

<p><b>17 Non-Executive comments on performance of, and recommendations for, the SoPC from their perspectives</b></p> <p>The Lay Chair reps expressed their willingness to participate and engage with the QA process and any tasks the SB wishes them to undertake. They also wished to reiterate their request to be appraised of progress by their local patch offices when actions were taken after visits and panels.</p> <p>The Non-Executive members found the pre-SB meetings very worthwhile and thanks were given to the Lay Chair reps for increasing our patient focus within the School of Primary Care.</p>	
<p><b>18 Defence Deanery &amp; Severn Deanery: Working Together</b></p> <p>Both Bill Irish and Marcus Evershed expressed how they valued the relationship between both Deaneries. Approximately 40 military trainees are placed with UK Deaneries annually to increase their knowledge and experience. GP practice placements provide them with an opportunity to experience NHS GP and enhance their military skills.</p> <p>Within the Severn Deanery area, the majority of military trainees are placed with training practices in the Bath programme due to the geography of the MoD bases. Bill commented that all the military trainees have great qualities and skills to offer, many due to their different experiences. It is a pleasure and a privilege to host them.</p> <p>The Defence Deanery has arranged a GP Trainers Conference for 8 November to which Phil Grimmer has been invited. He has asked Paula Cain, Bath GP Education Office senior administrator, to accompany him for an administrator's perspective. Paula has agreed to attend.</p>	
<p><b>19 Any Other Business</b></p> <p>Nothing to report.</p>	
<p><b>20 Dates of future meetings</b></p> <p><b>20.1 Mini School Board Conference Call:</b></p> <p>The date of the next Mini SB meeting/telephone conference call has been scheduled for <b>Wednesday pm, 23 January 2013</b>. The July 2013 meeting will be arranged after the April 2013 SB.</p> <p><b>20.2 Full School Board Meetings:</b></p> <p><b>Wednesday, 17 April 2013 &amp; Wednesday, 23 October 2013.</b> Both meetings will be held in the Blackwell Room, 1<sup>st</sup> Floor, Deanery House commencing 1.00 pm preceded by a buffet lunch at 12.30 pm. <b>A pre SB meeting for Non-Executive SB members will be held in the Cabot Room, 1<sup>st</sup> Floor, at 11.00 am on the same dates.</b></p> <p><b><u>Important Notice:</u></b></p> <p><b>There is an expectation that all APDs will attend the two Full School Board meetings in April and October 2013.</b></p>	