

**Minutes of the Mental Health Specialty Training Board meeting held on Monday 7 March
2016, at 10.30am, Room 3, Westport, Edinburgh**

Present: Rhiannon Pugh (RP), Margaret Bremner (MB), Tom Carey (TC), Alastair Cook (AC), John Crichton (JC), Rob Gray (RG), Ronald MacVicar (RMV), Seamus McNulty (SMN), Jane Naismith (JN), Norman Nuttall (NN), Jackie Pickett (JP), John Russell (JR), Theresa Savage (TS), Karen Shearer (KS), John Taylor (JT), Shona Walker (SWa), Sally Winning (SWi)

Apologies: Richard Athawes (RA), Andrew Bailey (AB), Euan Easton (EE), Stephen Lawrie (SL), Dianne Morrison (DM), Rowan Parks (RP), Laura Sutherland (LS)

In attendance: Paola Solar (PS)

Item	Lead
<p>1. Welcome and apologies The group introduced themselves and were welcomed to the meeting, in particular Tom Carey, new Lay rep.</p> <p>The apologies were noted.</p>	
<p>2. Mental Health STB Minutes 27.11.15 To amend Item 3.4 AMP Training update, first paragraph, third sentence to read: “The STB’s favoured option would be for Health Boards to provide this training through their own local faculty, but keep overall Quality Management by NES.” With this only amendment, the minutes of the previous meeting were approved as a correct record.</p> <p>Actions from previous meeting, not on the agenda:</p> <ul style="list-style-type: none"> • 3.1. Foundation Psychiatry placements – The number of Foundation 1 trainees doing Psychiatry placements in England is much larger than in Scotland. The move to increase this number in Scotland is going well. • 4.4. OAMTF - The Health Boards received communication by the Scottish Government on this initiative, but the information was not cascaded to TPDs. JT will bring this back to Medical Managers. • 7. QM/QI – RP has emailed all Associate Deans with a document outlining the composition of their STCs and requesting feedback about inaccuracies in their regions. • 11.5. Updated: Academic – RP clarified that an NTN is required to apply for SCREDS 	
<p>3. Notification of AOB</p> <ul style="list-style-type: none"> • Mental Health Strategy 	
<p>4. Matters Arising</p> <p>4.1. National Programmes SMN is working on the job description for National TPD for Old Age Psychiatry. The advert will be out this week using a generic TPD job description. The start date for the new TPD is to be agreed. If the National TPD is in place shortly, it would be possible to recruit trainees for a February 2017 start.</p>	

The same applies to CAMHS.

4.2. Shape of Training update

There is no formal update from Shape of Training.

In connection with this item the ETC has discussed piloting credentialing on Liaison Psychiatry. They would offer a one year pilot credentialing to people with CCT.

Keep this item on the agenda.

Agenda

4.3. AMP Training Update

The last meeting of the Steering Group has been postponed, but the work is ongoing. Associate Postgraduate Deans may be asked to be involved in coordinating local faculties. Although training will be devolved to Health Boards, NES will retain a coordinating role in quality assuring the training.

The Board discussed briefly the need to set a timetable with a deadline for this training. Keep this item on the agenda.

Agenda

4.4. Specialty Training Committees

MDET is preparing a paper on STC competencies, so it is recommended not to make any changes to STCs until the paper is out. SWa noted that the East STC is in transition at the moment, but she will feed back any changes to the group.

After this work is complete, the Board will look at the STB membership.

Keep this item on the agenda.

Agenda

5. Recruitment

RP tabled a report paper from the RCPsych Recruitment Committee. The main points were:

- CT1 Recruitment: Round 1 Interviews finished. Offers will be released this week. 699 applicants in the UK, but only 55 applicants in Scotland for 58 posts.
- ST4 Recruitment: Round 2 closes on Thursday this week. Number of applicants similar to last year.
- European recruitment: 180 people have registered interest. Hoping to interview 150 and appoint around 50.
- Pre-Psychiatry training: LAS appointments and extra support provided for trainees who only need help with their ePortfolio before they can re-apply.
- Centralisation of CT interviews: this would bring consistency of scoring and process, but there was little support for it. CT1 interviews will remain in Scotland but the Lead Clinician needs to be trained by the College to ensure a standardised process. One change this in the process will be that all candidates will be ranked and can be interviewed anywhere for places anywhere in the UK.
- Scotland currently is one Unit of Application: this was not a College directive and can be changed. It is perceived to put trainees off applying for Scotland. RP will bring up to MDET's attention. JR will check with the Recruitment team if applicants would be able to preference the four regions in Scotland.

**RP
JR**

5.1. Overseas Advanced Training Fellowship

No update. Keep on the agenda.

Agenda

6. Workforce

Work is ongoing on the College census.

The group discussed briefly the increasing number of trainees working LTFT and their

impact in the rotas. The Regional Workforce groups would know the exact number of junior doctors working part-time.

SWi noted that SAS posts had been advertised in Grampian but had failed to recruit. The plan was now to advertise them as Associate Specialists to incentivise recruitment. There are a number of unfilled SAS posts in Forensic Psychiatry in England that had been renamed as Physician Assistants. The GMC had expressed concern about these posts as the Physician Assistants are unregulated and are not allowed to prescribe. The group acknowledged the value of the Advance Nurse Practitioners.

7. Dual Training

7.1. Forensic Psychotherapy

Two applicants have shown interest in this post.

7.2. Other Dual posts

CAMHS/ID is to be discussed at the STC next week.
General Adult/OA in Aberdeen.

8. QM/QI

TS noted that they are trying to align sQMG dates to the STB.

Two documents with a report and a schedule for the year had been distributed.

Regional Advisers are welcome to attend the visit's feedback sessions. The role of the Associate Deans in the visits was still unclear. It was felt that the feedback session was more appropriate for the LEP team. These points will be discussed at the sQMG after the current STB.

9. ST OA Psychotherapy competencies

JR informed on the ongoing work in the assessment of ST Old Age competencies. The level 1 form does not correspond with the effective experience of the trainees. It is felt that the form is mismatched with the curriculum. The Board felt that as long as the experience obtained fulfilled curriculum competencies it should be ok.

JR will email all Old Age TPDs to reassure them of the point above. The item will be kept on the agenda.

**JR
Agenda**

10. Higher Trainees doing private work

The group had a lengthy discussion about trainees doing private work. Trainees are currently required to state clearly that they are not CCT holders and their private work has to be under consultant supervision.

There has been an issue where trainees are asked for a second opinion report in a variety of CTOs, including contested CTOs, and not making clear their status as trainees. This is not always regulated at ARCP as trainees have not always been declaring this work on SOAR.

It was agreed that trainees need to be told clearly that they have to report any medical activity at their ARCP. Some private reports for court are required for training purposes so this will have to be kept into account when issuing guidance for trainees. A second opinion for a CTO is a gray area not mentioned in the current guidance so any activity in this sense should be mentioned at ARCP.

Deanery advice will be issued stating:

- Trainees should work under supervision of a CCT holder from the NHS
- Trainees have to declare their private work at ARCP
- If there is conflict of interest this should be highlighted and addressed.

RP,JC,SMN,
RMV

RP, JC, SMN and RMV will draft the guidance and will ask Stewart Irvine to send out on behalf of the Deanery.

TC stated that trainees doing external work of the nature discussed could have potential for reputational damage if not addressed but he was satisfied that the proposal for the Deanery to issue guidance would deal with the issue.

11. ARCP process

There is no update other than a push to make sure all regions use Level 1 and Level 2 reports from the college e-portfolio.

12. Heads of School

RP tabled a paper from the Heads of School meeting. The main points were:

- A mandatory CAMHS/LD placement for CPT has now been taken to GMC for approval.
- SJT in GP has been proved to be highly predictive of GP trainee performance later on. There is work ongoing tracking SJT results and Core Psychiatry trainees' performance to see if they are as predictable as in GP.
- Dr Subodh Dave will be coming to the next STB to talk about IMG issues.
- There is a Simulation conference taking place in April.
- The low levels of Foundation Psychiatry in Scotland were commented upon.
- A letter from the RCPCH regarding use of trainees' portfolios in court cases had been circulated. There had been a couple of cases where a court order had been issued and the trainee's portfolio had been used as evidence against them. This could have a high impact in the way the trainees do their self-reflection, so it is advised to cascade the letter to trainers.

Note post-meeting: It was decided at a later meeting not to distribute to trainees as the Academy is to issue guidance for them.

- The Exam Subcommittee has decided to consider extending some of the linked CASC stations to 15 minutes which is more realistic in terms of what psychiatrists do in a clinical situation.
- Other points mentioned were: office space for trainees, accreditation of MRCPsych courses and PTC.

13. Updates

13.1. LDD / MDET highlights

RMV reported ongoing work by workstreams:

Training Management: Standardisation of ARCP process; Management of LTFT; Performance Support Unit; Resilience; StART.

Quality: Meeting with Medical Directors in April to review QM/QI arrangements.

Professional Development: Recognition of trainers. It was noted that this is GMC policy, not NES. NES is working with the DMEs to make it as practical as possible.

13.2. Region and Specialty

There were no further updates from any of the regions.

There were no further updates from any specialty except Psychotherapy: training for non-medics has been done in Glasgow and is now going to Aberdeen.

13.3. College

AC reported that the Executive Committee's main points of discussion had been the SJT issue and the location of interviews. JR will disseminate information on the SJT.

JR

The other issue was the number of Foundation Psychiatry posts in Scotland. The College is going to lobby for an increase in the number of Foundation Psychiatry posts.

13.4. Service

No further updates.

13.5. Academic

No updates.

13.6. BMA

No further updates.

13.7. PsySTAR

SL had sent a report indicating that the first two trainees to complete their PhDs (Lindsey Mizen and Ally Rooney) will roll back into LD (ST5) and adult (ST6) clinical training in SES this Autumn.

13.8. Regional Planning

No further updates.

13.9. Trainee

No representative.

13.10. Specialty Doctor

No further updates.

13.11. STARG

No further updates.

13.12. Lay Rep

No further updates.

14. Papers for information

No papers received for information.

15. AOB

- Mental Health Strategy

NES has been asked to respond to this consultation and the STB has therefore been asked to provide their input. The Board was asked to send their comments to RP.

One point to note was the wish to increase FY1 and FY2 experience in Psychiatry placements.

ALL

16. Date of next meetings

Monday 20 June 2016, 10.30am, Room 5, 2 Central Quay, Glasgow

Monday 10 October 2016, 10.30am, Room 6, 2 Central Quay, Glasgow

Monday 12 December 2016, 10.30am, Room 3, Westport, Edinburgh

Action points

Item No	Item Name	Action	Lead
4.2	Matters Arising: Shape of Training	Keep on agenda	Agenda
4.3	Matters Arising: AMP training update	Keep on agenda	Agenda
4.4	Matters Arising: Specialty Training Committees	Keep on agenda	Agenda
5	Recruitment	To query MDET about Scotland's being one unit of application and see if it can be changed. To check with recruitment team if applicants can preference the 4 Scottish regions	RP JR
5.1	Recruitment: OAMTF	To keep on the agenda	RP
9	ST Old Age Psychotherapy competencies	To email TPDs to inform them of the mismatch of Level 1 form with the curriculum. Keep on agenda	JR Agenda
10	Higher trainees doing private work	To draft clear guidance to all trainees re doing private work	SMN, RP, JC, RMV
11	Updates: College	To disseminate information about SJT	JR
15	AOB: Mental Health Strategy	To send comments to RP	ALL