

**Minutes of the Mental Health Specialty Training Board meeting held on Monday 12 June
2017, at 10.45am, in Room 6, 2 Central Quay, Glasgow**

Present: Rhiannon Pugh (RP), Tom Carey (TC), Euan Easton (EE), Rob Gray (RG), Rekha Hegde (RH), Alice McGrath (AMG), Seamus McNulty (SMN), Jackie Pickett (JP), Stuart Ritchie (SR), Chris Sheridan (CS), John Taylor (JT), Shona Walker (SW)

Videoconference: Richard Athawes (RA), Andrew Bailey (AB), John Crichton (JCr), Nick Hughes (NH), Ronald MacVicar (RMV), Dianne Morrison (DM), Norman Nuttall (NN)

Apologies: Fiona Drimmie (FD), Stephen Lawrie (SL), Rowan Parks (RPa), John Russell (JR), Karen Shearer (KS)

In attendance: Paola Solar (PS)

Lead

1. Welcome and apologies

The Board members were welcomed to the meeting and the apologies were read.

2. Mental Health STB Minutes 27.02.17

The minutes of the previous meeting were approved as a correct record.

The action points from the previous meeting had all been completed or are on this meeting's agenda.

3. Matters Arising

3.1. ScotMT website accuracy

JR had managed to update the website with the help of a TP Administrator. TPDs were encouraged to check the information on the ScotMT website related to their specialties and make any changes with their TP Admins.

This item can be taken off the agenda.

3.2. Form B approval

Form Bs are not required anymore, but all programmes need GMC approval for any placement with 2 sessions or more.

This item can be taken off the agenda.

3.3. Shape of Training update

RMV noted that the final paper was about to be agreed by all the Administrations. The paper will confirm UK Government support for the Shape of Training review, indicating particular areas of action in General Surgery and Medicine.

3.4. AMP Training Update

JCr noted that the last meeting had been cancelled.

3.5. Foundation trainees in Psychiatry

RP and Anne Boyle had finished the paper. RP will circulate it to the STB before sending to MDET for support and approval.

3.6. Supervision guidance from NES
As discussed below.

3.7. Level 1 Supervisor report
After a quick check around the table it was clear that there is variation in the supervisor reports requested by specialty and region. After a brief discussion the group agreed that trainees should be asked for a minimum of 1 report per 6 months. RP will feed this back to all National TPDs, TPDs in the South East, and would be grateful if the other Associate Deans could do the same in their regions.

RP

4. Recruitment

4.1. CT Recruitment

CT recruitment had gone relatively well, with 88% fill in Scotland, third highest in the UK.

4.2. ST Recruitment

There are no numbers for Scotland yet, but the UK average fill is 50%.

One dual OA/GAP post had been appointed very quickly in the North. The Board agreed that it might be worth considering creating dual posts, of GAP plus another specialty, in the North and other hard to fill areas as they appear to be popular posts.

AMG noted several trainees had resigned, including one from a SCREDS post. It was clarified that SCREDS posts can effectively do 60% clinical and 40% academic – consistent of 20% SCREDS and 20% old Academic.

Forensic Psychiatry recruitment had gone quite well, with the highest occupancy since the start of the programme.

4.3. International Medical Training Fellowship

No update.

4.4. Medical Training numbers

The letter from Shirley Rogers at the Scottish Government had been distributed for information. It was understood that there will be no increase on Psychiatry numbers.

4.5. Improving Psychiatry's marketing

RP had contacted Luke Boyle, who had suggested another trainee for this work. William Reid and Anne Dickson had indicated that there could be some funding available to develop new marketing technologies. RH will take this work forward.

AMG noted that the College still does events for Medical students, and all the Medical Schools have Special Interest groups that also organise events every year.

JT suggested that it may be a good idea to feed into the Foundation trainees mailing, to disseminate information about Mental Health specialties events.

There are various things happening to market Psychiatry in Scotland but the various initiatives need to be joined up. RH will liaise with JCr and the College to do this.

5. Workforce

JT noted that the College census had gone out so new data about workforce should be available in the next few months.

6. Dual Training

6.1. Forensic and Psychotherapy
ARCP had gone ahead satisfactorily.
This item can come off the agenda.

6.2. Other Dual posts
ARCPs seem to be done differently in regions, in relation to Supervisor report requirements, as discussed above.

7. QM/QI

RMV apologised for the lack of papers at the previous sQMG meeting.

There had been a review of the Mental Health quality management system, with very positive feedback, in particular regarding the engagement from the Postgraduate Associate Deans.

The Quality Review Panel for the Mental Health specialties will take place at the end of September. The Quality team have decided to visit the whole Forensic programme in July, rather than just one site.

The GMC visit to Scotland will not include any of this Board's specialties.

8. Mental Health Quality Indicator Profile

The letter from John Mitchell had been circulated to the Board. The Scottish Government had asked for comments last week.

The BMA had already replied indicating that lack of resources would impede any improvements.

RP will send a reply on behalf of the Board noting that there is not mention of training in the consultation but that lack of resource may have an impact on training.

9. Simulation and Psychiatry

There is a small simulation project ongoing locally in the South East.

Partha Gangopadhyay has been invited to the next Mental Health board meeting to speak about Simulation as he has been attending the Simulation Collaborative group.

10. Broad Based Training

The letter from Clare McKenzie had been distributed to the Board. The new BBT programme is due to start in August 2018, in four Health Boards: Highland, Lanarkshire, Tayside and GGC. The programme will involve Psychiatry, Paediatrics, Medicine and GP.

The group felt that there is still much uncertainty about the practicalities of how this programme is going to work.

CS noted that he is in the BBT working group. The programme was implemented in England a couple of years ago. The posts give trainees more experience in community specialties harder to fill. The posts are created for trainees post-FY2 who are unsure about what to do next. These are going to be new posts that may come from vacancies or development fellowships. There will be only 3 posts in each of the host Health Boards and they will not be taken from current specialties. They will have the same placements as in the specialties. After 2 years, trainees will take priority to progress into the specialty of their choice.

GMC approval is ready and the DMEs are identifying trainers.

England is using their own ePortfolio, although it was uncertain how they are going to pass the evidence to CT2 when trainees moved on.

There is a DME in the BBT working group but they may need Psychiatry input. RP will invite Clare McKenzie to attend this Board to get more information.

RP

11. Autism Practitioners Survey on the Autism Training Framework

This was circulated for information and action.

12. Externality at ARCP

The group agreed that they are all struggling to get externality from outside Scotland to attend ARCPs. JR will be asked to bring it up at the next College ETSC.

JR

13. Mentoring for trainees

AMG reported that she had suggested to re-ignite mentoring, for trainees who may have differences with their ES or other issues. This would be just another layer of support and advice for trainees, non-compulsory and informal. The West and the South East are keen to do this, and the East and North are thinking about it.

JT noted that the College had got a request from a trainee for a mentor but they had to decline as they felt it was a training issue.

CS noted that it would be very good to have a mentor in the final year of training, someone who can continue to be a mentor in the first few years as a consultant. The College already has a mentoring scheme for new consultants.

The Board were happy to support the expansion of mentoring in CAP to other regions. Other specialties may want to follow once there is some feedback from them.

- On another note, AMG queried how do other TPDs get information regarding issues in other regions. The TP administration for CAP is in the North and AMG gets all the information from that region but not from others. RP will find out what happens in other specialties outside this Board.

RP

14. WPBA

14.1. Training for WPBA

This is in the agenda for Friday's Heads of School meeting. JR will feed back in due course.

14.2. WPBA at ST4 level

The College requirements and NES requirements for WPBA are very different, so the STB needs to clarify where the College got its information from as the NES requirements have been taken directly from the curricula.

AMG will email JR about the CAP curriculum to get clarity from next Friday's Heads of School meeting.

Trainees are encouraged to follow the Deanery guidelines for WPBA, as per the Deanery website.

14.3. Supervised Learning Events

SLEs are not in use yet, but they will be replacing current WPBA in due course.

15. Heads of School

JR is attending this Friday 16 June meeting.

16. ETSC update

JR had sent a report with highlights from the last ETSC, which PS will circulate to the Board.

SMN had been invited to attend another meeting at the College regarding the Neuroscientist project. He will attend and feed back to the Board.

17. Updates

17.1. LDD / MDET highlights

- RP has been appointed Chair of this Board again, after resigning from her clinical commitments.
- The GMC will visit Scotland in the late fall but the Psychiatry specialties were not selected for the visit.
- MDET had accepted that Psychiatry trainees may not require to have senior supervision in the building at all times.

17.2. Specialties

- GAP – no representative
- CPT – no further update
- Psychotherapy – no further update
- OAP – no further update
- ID – no further update
- Forensic Psychiatry – no further update
- CAP – AMG reported that they may have a problem with inpatient experience, which is a curricular requirement, as a trainer had resigned in Dundee. The group agreed that it is very clear that CAP is a national programme and as such trainees may have to acquire some competencies in other regions. The TPD cannot guarantee that trainees will not have to travel outside their region.

17.3. Medical Managers

JT had a query about inpatient units with no OOH cover in England and he asked around if there are cases in Scotland. The group only knew of one in Hairmyres in Lanarkshire, which only has admissions until 5pm.

17.4. Academic
No representative.

17.5. BMA
No further update.

17.6. Trainee
CS noted that the WPBA advice in the Deanery website was very clear.

17.7. Specialty Doctor
No representative.

17.8. STARG
RP had chaired one meeting and seen a very good presentation looking at Psychiatry improvement and re-branding. RP will ask the presenter to come to this Board. **RP**

18. Papers for information

- Pathological demand avoidance syndrome
- This paper had been circulated to the Board for information.

19. AOB

19.1. The GMC are working on a Flexibility review. This paper will be circulated to the Board and included in the agenda for next meeting. **PS**

19.2. ARCP Outcome 5. It had been noticed that in the automatic email Turas sends trainees after their ARCP there is no information about what to do when they get an outcome 5. MK will bring this up with Anne Dickson. **RP**

Under this item there was discussion re the timing of the level 2 report. The group agreed that the L2 report form can be done after the day set to have the evidence – 2 weeks before ARCP, as the L2 report can only be completed after all the other evidence is in place. RP will check with the other National TPDs to get agreement and then with CPT and GAP TPDs who do not attend the STB. **RP**

20. Date of next meetings

18 September, 10.30am, Room 2, Westport, Edinburgh

04 December, 10.30am, Room 6, 2 Central Quay, Glasgow

Action points

Item No.	Item Name	Action	Lead
3.7	Matters Arising: Level 1 Supervisor Report	To inform national TPDs and TPDs in South East, that trainees will be asked for 1 report per 6 months	RP
10	Broad Based Training	To invite Clare McKenzie to attend the next STB to speak about BBT	RP
12	Externality at ARCPs	To bring up lack of externality at Scottish ARCPs for Psychiatry specialties, at ETSC	JR

13.1	Information sharing for National TPDs	To find out how other national specialties share regional information with TPDs	RP
17.8	STARG	To invite presenter of re-branding in Psychiatry to attend this STB	RP
19.1	GMC Flexibility review	To distribute paper to the Board and add to next agenda	PS
19.2	Outcome 5 in Turas	To check Turas' automatic ARCP emails have the correct information for trainees	RP