

**Minutes of the Mental Health Specialty Training Board meeting held on Monday 18 September 2017, at 10.30am, Room 2, Westport, Edinburgh, with videoconference links**

**Present:** Rhiannon Pugh (RP) Chair, Richard Athawes (RA), Tom Carey (TC), John Crichton (JCr), Fiona Drimmie (FD), Euan Euston (EE), Rob Gray (RG), Rekha Hegde (RH), Nick Huges (NH), Ronald MacVicar (RMV), Alice McGrath (AMG), Seamus McNulty (SMN), Jackie Picket (JP), Stuart Ritchie (SR), John Russell (JR), Karen Shearer (KS), Shona Walker (SW), Andrea Williams (AW)

**Apologies:** Dianne Morrison (DM), Norman Nuttall (NN), Rowan Parks (RPa), Perminder Sirha (PSi)

**In attendance:** Graham Leese (GL) Item 2 only, Paola Solar (PS)

**AGENDA**

<b>Item</b>	<b>Lead</b>
<p><b>1. Welcome and apologies</b> The group were welcomed to the meeting and the apologies were noted.</p>	
<p><b>2. Broad Based Training</b> Graham Leese, new Associate Dean for Broad Based Training attended the meeting to give a presentation on the new programme. The main points were:</p> <ul style="list-style-type: none"> <li>• BBT will start in 2018 in Scotland. It was introduced a year ago, in England and Wales.</li> <li>• Two years, post-Foundation, with six months each in Paediatrics, Psychiatry, CMT and GP.</li> <li>• Recruitment will start in October 2017, with interviews on February 2018. There will be a GP interview and then a BBT interview. Reps from all specialties will be required.</li> <li>• There will be 12 posts, 3 each in GGC, Lanarkshire, Tayside and Highlands.</li> <li>• During the 6 months, ½ day per week will be spent on one of the other specialties.</li> <li>• After the two years, the trainee will have direct entry into ST2 level of any of the above specialties, with no interview.</li> <li>• Funding for these posts come from current long term vacancies, mainly in GP.</li> <li>• Evidence and feedback from trainees has been very positive. They particularly appreciate spending 10% of their time in other specialty. This time improves their understanding of other specialties, helps them gain confidence, and it promotes better integration.</li> </ul> <p>The Board expressed concern as they felt it is not possible to complete CASC with the BBT timeframe, as trainees need to have 24 months of CPT to be eligible for CASC. GL indicated that this has not been an issue in England so they must have reached an agreement with the College. JR will enquire at the College and will report back.</p>	<b>JR</b>

In order to guarantee their space in the HST programme, BBT trainees are asked to state their choice during the third six-month rotation. They are guaranteed a post in the same region. If they want to move to another region, they need to apply in open competition.

The average trainees' choice in England is 60% for GP, 15% Paediatrics, 15% Medicine, and around 9% Psychiatry.

BB1 and BB2 are equivalent to CT1 and CT2 in their Terms and Conditions.

They have an ARCP every year, they already have a strict curriculum and the ePortfolio is well established.

Any College exams will only take place once the trainee has decided what path they want to follow.

They will need to identify a Clinical Supervisor and an Educational Supervisor.

Graham Leese was thanked for the presentation and left the meeting.

### 3. **Mental Health STB Minutes 12.06.17**

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

From the action points of the previous meeting, it was noted:

- 3.7 M.A. Level 1 Supervisor Report – all national TPDs have been emailed and the information widely disseminated.
- 12 Externality at ARCPs – JR will bring it up at ETC. JR
- 13.1 Information sharing for National TPDs – RP has contacted the Training Manager and this will be brought up at the TM Group.
- 17.8 STARG – Jim Crabb has been invited to the STB.
- 19.2 Outcome 5 in Turas – the group felt that the automatic email from Turas to trainees regarding outcome 5 was not detailed enough. TM had replied that the response has to be generic as it is the same for all specialties. The email does instruct the trainee to check their ePortfolio after the Outcome 5 email. Also, the TM Admin sends details to the trainees after the generic Turas email. SR will re-check the email and let RP know any issues. SR

### 4. **Matters Arising**

#### 4.1. Shape of Training update

The updated Shape of Training report has been approved by all four ministers.

#### 4.2. AMP Training Update

Work is ongoing but there have been no meetings lately. JCr will keep the group updated.

#### 4.3. Foundation trainees in Psychiatry

The paper to increase the number of Foundation trainees in Psychiatry placements was well received by MDET. With their support, RP will continue to work with Duncan Henderson, Fiona Drimmie and Clare McKenzie to draft an action plan.

#### 4.4. Mentoring for trainees

No action to update.

- 4.5. Communication amongst regions  
As above.

- 4.6. The role of Supervisors (GMC letter)  
The issue arose due to the College's policy indicating that only consultants on the specialist register could be Educational Supervisors. The GMC have contacted the RCPsych and they have now changed the curriculum to confirm that other health professionals can be named Clinical (Educational) Supervisors.

The Board noted that the College makes a distinction between Psychiatry Supervisors and Educational Supervisors, and the former needs to be a consultant in a substantive post. JR will get more information from the ETC about this point.

JR

- 4.7. P45 Deadline  
There have been some instances where trainees have been given P45s when changing Health Boards within a rotation. It has not happened again so the Board was hopeful that this was a one-off. This item can be taken off the agenda.

- 4.8. Permission for locums  
The Scottish deanery website states that all trainees doing locums must ask for permission from their TPDs. The BMA however said that they can do locum if they just opt out of the 48 hours WTD. RMV indicated that it was an individual conversation that needed to take place between trainee and TPD, to clarify whether the locum work was going to affect training adversely.  
Locum work must always be declared on the trainees SOAR self-declaration, except when the trainee is doing locums on their own rotas.

FD noted that each Health Board has different views on how to manage locums and it is not an issue specific to Psychiatry.

As this affects all specialties, the issue needs to be discussed at MDET. RP will draft a paper for RMV to take to MDET.

RP

- 4.9. IRT for national programmes  
JCr noted that the Forensic Psy have a straightforward mechanism in place for IRT in their national programme.  
The national programmes will need a common process. The national programme TPDs will look at other processes and will discuss at their next meeting on 4 December.

## 5. Recruitment

- 5.1. CT Recruitment including digital recruitment and national process  
Digital recruitment will be implemented UK-wide next year. There will be a pilot in Scotland in the autumn, in Gastroenterology. All recruiters will be trained. 50 iPads have been purchased, to be shared between all recruitment days in Scotland. This means that recruitment days will have to be staged and organised centrally. The Board was supportive of all the benefits that the new system will bring.

CT1 Interviews will take place on 29 and 30 of January 2018.

JR reported the ongoing discussions about nationalising CT recruitment. The Board has so far decided to keep recruitment separate in Scotland although following the national process.

- 5.2. ST Recruitment  
No update.

NH asked whether a trainee who had been deemed “non-appointable” at CT Round 1 recruitment was allowed to apply immediately after for Round 2. RP will check with the Recruitment Board.

RP

- 5.3. International Medical Training Fellowship  
No update.

RP will contact John Colvin and enquire about IMTF in Psychiatry.

RP

- 5.4. Improving Psychiatry’s marketing  
No update.

Various organisations are working on promoting recruitment in Psychiatry so it was decided to take this item off the agenda.

- 5.5. Person Spec Review 2018

There are six scenarios, which the STB approved. For information, RP will find out where this paper originally came from.

RP

## 6. Workforce

ISD have interesting figures about average ages in different professional groups. These figures are used for recruitment. The demographic indicates that 39% of CAMHS and SAS are looking to retire in the next 5 years.

The figures will fuel the discussion to expand the number of medical students and Foundation posts. The Scottish Government is looking at setting up a meeting with the College.

If JCr finds a Workforce champion for Scotland, their name will be added to this STB.

## 7. QM/QI

From the sQMG, RMV noted:

- Request for regional Associate Deans to increase their involvement in QM tasks.
- QRP on Friday will be looking at all the data to decide surveys for next year.
- We get a vast number of free-text comments from the Scottish Trainee Survey. Working on how to manage them.
- Two recent quality visits: National Forensic Psychiatry, which had been very positive and the team was congratulated. Murray Hospital had received a 4<sup>th</sup> visit in 18 months, as there are continued issues regarding the delivery of training in general adult services. NHS Tayside will be visited to review the situation.

JR asked whether the STS’ questions matched the GMC NTS’ as he’s been asked to look at questions for next year’s NTS. RMV noted that there is a good degree of cross-over in the questionnaires.

- 7.1. GMC Visit 2017

Psychiatry will not be one of the specialties visited by the GMC in Scotland.

- 7.2. GMC Flexibility Review  
The GMC paper had been distributed. The Board agreed that it was a promising idea but it is still work in progress.

**8. Simulation and Psychiatry**  
Deferred to next meeting.

**9. ARCP**

- 9.1. Level 1 Supervisor report  
As discussed above.
- 9.2. Timing of ES Level 2 report and who fills it in  
There seemed to be some confusion about who should fill in the Level 2 Supervisor report, so it was confirmed that it should be the ES or TPD. To follow the national process, the report needs to be in before the 2 weeks' deadline for ARCP.
- 9.3. Mandatory Training  
The paper confirms that if a trainee is going from one Health Board to another there is no need for them to do the same mandatory training again. It is unclear how can trainees give feedback regarding their mandatory training. Also, where is the mandatory training recorded, for ARCP purposes. RP will bring these queries up at MDET. **RP**
- 9.4. National ARCPs for GAP  
There are no GAP reps present, but in past discussions it was thought that the logistical challenge of this would make it impractical.

**10. WPBA**

- 10.1. Training for WPBA  
There have been further discussions at ETC about SLE, which is currently being piloted. SLE will eventually replace WPBA.

AW noted that Medical Psychiatry have a model for ½ day training on WPBA for other professions. AW will circulate the model of training for information. **AW**

JR will give feedback to the College regarding the grade of the other professions and the proportion of WPBAs done by other professions.

The Chairs of SAC will discuss the issue regarding the number of WPBA required.

Re-mapping of the curriculum is ongoing.

- 10.2. WPBA at ST4 level  
There is a difference in the number of WPBA required in the curriculum and the NES recommendation on the website. This needs to be clarified but it was suggested to keep to the curriculum recommendation, as if there is an appeal, it will be against the curriculum.

If the trainee does the absolute minimum this needs to be discussed on a one-to-one basis.

TPDs were asked to check the deanery website carefully for any inaccuracies or differences with the curriculum. They can email Rosie Baillie and copy RP if they find any.

TPDs

JR noted that any changes to the curriculum will have to go via the SAC and the Curriculum Group.

TM Administrators email trainees with ARCP dates and their requirements.

**11. Heads of School**

There has been no meeting.

**12. ETC update**

No update. Next meeting on 29 September.

**13. Updates**

13.1. LDD / MDET highlights

RMV noted that there is a huge focus on the GMC visit.

The principles of the updated Shape of Training report had been approved by all 4 ministers.

13.2. Specialties

- GAP – No rep
- CPT – RCPsych Induction for all new CT1s went very well. EE thanked all those involved. JCr noted that in view of the success of this induction, the TPDs were thinking about a similar event for ST.  
JCr noted that there are resources available from the College website for CPT curriculum courses across the country. MRCPsy courses are provided by the College in the South East and the East region is joining that one, the North have their own in-house course. The West have no venue at the moment.
- Psychotherapy – AW confirmed that at the last round of recruitment, the West had only appointed to 1 out of 3 vacancies. Psychotherapy is dual training with General Adult in the rest of the UK so they might consider this path for Scotland. Will wait and see how the fill rate goes in the next round.
- OAP – No fill in the North of Scotland, for the first time. SMN noted that they had struggled to fill ST4 in the North. Perhaps will consider dual training in the future.
- ID – JR indicated that there will be 3 posts in the autumn round in the West.
- Forensic Psychiatry – No further update.
- CAP – No further update.
- Dual Training – No further update.

13.3. Medical Managers

No representative.

13.4. Academic

No representative.

13.5. BMA

No update.

13.6. Trainee

No representative.

13.7. Specialty Doctor  
No representative.

13.8. STARG  
There are plans for a new pilot scheme from the Medical Schools, pairing a trainee mentor a medical student. The medical student will shadow the trainee for one day every six months.  
There is also a goodie bag scheme, whereby all medical students starting a Psychiatry placement will get a goodie bag with information about Psychiatry.

**14. Papers for information**

- Forensic Managed Care Network for Mental Health Services and School of Forensic Mental Health report  
The paper was distributed and noted.

**15. AOB**

- Associate Dean responsible for national programmes. SMN had enquired about establishing this post. RP and SMN will look into it.

**RP/SMN**

**16. Date of next meetings**

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

**Action points**

Item No.	Item Name	Action	Lead	Deadline
2	Broad Based Training	To check with the College about CASC exam for BBT trainees	JR	04/12/17
3	Mental Health STB minutes meeting 12/06/17	To bring up Externality at ARCPs at ETC  To check Outcome 5 automatic email from Turas and send any issues to RP	JR  SR	04/12/17  04/12/17
4.6	Matters Arising: the role of Supervisors	To clarify at ETC the distinction between Psychiatry Supervisors and Educational Supervisors	JR	04/12/17
4.8	Matters Arising: Locum work	To draft a paper for MDET regarding TPD approval when doing locum work	RP	04/12/17
5.2	Recruitment: ST Recruitment	To check with the Recruitment Board whether a R1 “non-appointable” trainee can apply for R2 straight afterward	RP	04/12/17
5.3	Recruitment: IMTF	To get more information from John Colvin about IMTF for Psychiatry	RP	04/12/17
5.5	Recruitment: Person Spec 2018	To find out where did this document originate	RP	04/12/17
9.3	ARCP: Mandatory Training	To bring up at MDET queries about feedback from mandatory training and where is it recorded on Turas	RP	04/12/17

## NHS Education for Scotland

10.1	WPBA: Training for WPBA	To distribute the ½ model training to the rest of the Board	AW	04/12/17
10.2	WPBA: WPBA at ST4 level	To check the deanery website for inaccuracies and email Rosie Baillie and RP if any is found	TPDs	04/12/17
15	AOB: Associate Dean for National programmes	To look into creation of new role of APGD for national programmes	SMN/RP	04/12/17