Minutes of the Mental Health Specialty Training Board meeting held on Monday 20 June 2016, at 10.30am, Room 5, 2 Central Quay, Glasgow

Present: Rhiannon Pugh (RP), Tom Carey (TC), Euan Easton (EE), Rob Gray (RG), Rekha Hegde (RH), Seamus McNulty (SMN), Jane Naismith (JN), John Russell (JR), Chris Sheridan (CS), Shona Walker (SW)

Videoconference: Richard Athawes (RA), Margaret Bremner (MB), John Crichton (JCr), Ronald MacVicar (RMV), Dianne Morrison (DM), Norman Nuttall (NN), Rowan Parks (RPa)

Apologies: Andrew Bailey (AB), Alastair Cook (ACo), Jackie Picket (JP), Theresa Savage (TS), John Taylor (JT)

In attendance: Subodh Dave (item 2 only), Alice McGrath (AMG) deputising for Jackie Picket, William Reid (item 4 only), Paola Solar (PS)

Item		Lead

1. Welcome and apologies

The group introduced themselves and were welcomed to the meeting. Particular welcome was given to Alice McGrath, deputising for Jackie Picket.

2. International Medical Graduates – Subodh Dave

Dr Dave had been invited to speak about his work with IMGs in the UK.

- Psychiatry is very reliant on IMGs, with close to 40% of trainees and consultants being from countries outside the EU. Between 72-75% in every diet of the CASC are IMG.
- Medical graduates from the EU are not counted as IMG but they often face the same issues as IMGs.
- Taking the CASC written exam in the UK is riskier that taking it abroad.
- There is an 80-90% probability to pass the CASC exam for UK graduates, while for overseas students, this falls to a 30-40% probability.
- The GMC has proved that the main reasons for the difficulties that IMGs face in training are due to major differences in the ethical framework of their country of training; UK's bigger emphasis on autonomy, duty of confidentiality and informed consent; lack of awareness of Good Medical Practice.
- Cultural communication differences with countries of origin include: cultural/family values, fee-paying Health Services, Hierarchical/patriarchal structures, holistic approach vs disease-focused, rote learning, embarrassment in acknowledging mistakes/ignorance.
- LETBs and Deaneries have a lack of awareness of issues, lack of early remediation, no focus on what does it mean to be an IMG in the UK.
- Dr Dave's work includes raising awareness and supporting trainees by empowering to broach the subject early and acknowledge the issues.
- Measures to help improve the issue include:
  - Offer mentorships to IMGs – other than their ES.
  - Put the issues on deanery agendas
  - Have a champion

- Sign post IMGs to specific IMG resources
- Encourage membership of mixed group study (as opposed to IMG only group)

- Joint RCPsy/RCGP IMG Conference on 01 December 2016

3. Mental Health STB Minutes 07.03.16

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

4. New ARCP process – Bill Reid

Prof Bill Reid attended the STB to present the implementation of the new ARCP process, which will ensure a fair and consistent process, compliant with the Gold Guide. Prof Reid seeks constructive feedback from STB and will update as the agreed process evolves.

- ARCPs will be a desktop exercise, with a 5-6 members panel, including lay rep, and externality in 10% of them. TPM Admin support will be provided.
- Face-to-face meeting with trainees will only be held in cases where the outcome is other than 1. Meetings with Outcome 1 trainees can still occur but it must be explicit that these are separate from ARCP process.
- ARCP dates will be set at the beginning of the year and trainees will be informed.
- Standard emails to be sent to trainees and trainers mid-year and 8 weeks before ARCP date.
- Evidence will have to be submitted 2 weeks before the ARCP date. Tabled evidence will not be accepted. After an Outcome 5, the trainee can send evidence within 10 working days and get a new outcome.
- If trainee gets unsatisfactory outcome, the ES will have to submit a report to the panel.
- There will be a pilot of the process in December, with a wash up meeting in January.

It was acknowledged that getting externality from outside Scotland may prove difficult so a pragmatic approach must be taken, using video links where possible. The ARCP dates will be set well in advance, giving plenty of time to secure externals.

Any feedback/comments about the process are to be sent to RP who will pass them to Prof Reid. **ALL**

5. Matters Arising

5.1. National Programmes

SMN reported the appointment of the new OAP TPD, Stuart Ritchie, based in the West of Scotland. Work to establish the STC had commenced.

The STB agreed that national TPDs should be invited to be members of this Board. **RP/PS**

It was noted that all TPDs in Scotland are being sent letters for renewal of their contracts. There had been some confusion with the OAP and CAP ones and the TPDs were asked to disregard them as these are now national programmes.

National programmes have one national TPD and Local Programme Leads in each region, and it was agreed that the latter can be ES but not necessarily.

5.2. Shape of Training update

There was no update.

It was noted that the Liaison Credentialing pilot is about to begin.

5.3. AMP Training Update
The Steering Group met last week. Work is ongoing, including the coordination of a Train the Trainers programme which will be taken to the Medical Managers Group. **Agenda**
This item will be kept on the agenda.

5.4. Specialty Training Committees
Training Programme Management are still working on guidelines for the standardisation of STCs. **Agenda**
This item will be kept on the agenda.

5.5. Higher trainees doing private work
The letter from Prof Stewart Irvine had been widely distributed to all ES and trainees.
This item can now be closed.

6. Recruitment

6.1. 2017 Training Numbers Intake
The letter from Shirley Rodgers had been distributed. The Board does not predict any increase in numbers in Psychiatry.

6.2. CT Recruitment
Recruitment for Core Psychiatry Training had gone reasonably well across Scotland. CT1 posts had filled to 80%, an increase from last year's 73%, and the same as the overall fill in the UK, 80%.

6.3. ST Recruitment
The overall UK fill rate of ST Psychiatry is 58%. And by specialty in Scotland:
CAMHS: 50%
Forensic: 71%
GAP: 61%
OAP: 36%
LD: 50%
Psychotherapy: -----

6.4. International Medical Training Fellowship
There was no update. **Agenda**
Keep this item on the agenda.

6.5. Scotland as one Unit of Application
This issue had been taken up to MDET. Fiona Muchet has been preparing a paper looking at what the variation is. Feedback will be received from MDET in due course.

RPa noted that other specialties specify their rotations in the advert so that applicants can see what their placements could be. The specialties also choose at what point to offer preferencing to their candidates. It can be done at the point of application, at shortlist, at interview, or at offers.

The Board agreed that, while waiting for MDET's paper, they will gather the information about rotations to have them ready for next year's advert. **TPDs**

7. Workforce
There was no update.

8. Dual Training

8.1. Forensic and Psychotherapy

This dual training specialty filled at recruitment.
The two specialties are blended 50-50 throughout the 5 years, so they will have joint representation at ARCPs.
It was also suggested that there are local 3-monthly reviews, this was agreed to be a good idea by both the forensic and psychotherapy national TPDs. JN and JC will co-ordinate. **JN / JC**

8.2. Other Dual posts

LD and CAMHS is off the agenda at the moment.

It was acknowledged that Forensic ST posts in the North region are challenging to fill so there are discussions to create more dual posts, to make them more attractive to trainees. RPa was very supportive of this and indicated that they would have to let Shirley Rogers and Workforce Planning know about these initiatives. RP will give details to RPa before the 30 June so that he can include the information in the NES response to Shirley's letter. **RP**

9. QM/QI

There had been a triggered visit to Murray Royal, but the unit was now making good progress however there remained areas of concern necessitating a further visit in six months.
Other routine visits had also taken place, and some areas of good practice had been identified.

10. Simulation and Psychiatry

NN had attended the meeting organised by HEE in Yorkshire. All levels of Psychiatry had been discussed. The West and South East Scotland regions were currently working with Simulation so they had agreed to pool resources and pilot simulations looking at patient safety in inpatients – maybe multi professional. NN will report back. **NN**

11. ST OA Psychotherapy competencies

There is an issue with the filling of L2 reports, concerning what is expected in the way of Psychotherapy competencies in the curriculum and what is actually requested in the reports. There are very detailed expectations especially in the OAP curriculum and this may be a capacity issue for Psychotherapy.
It was thought this would not be a problem in 2017 as all curricula are being re-written to match ILOs Good Medical Practice and Psychotherapy competencies are unlikely to be as prescriptive. **Agenda**
Keep on the agenda.

12. Clinical Supervisors not on the Specialist Register

Not all Clinical Supervisors are on the Specialist Register in Scotland. As part of their curriculum, the College specifies that CS need to be a Consultant. This has been discussed at MDET and it was very clearly stated that it is not in the College's remit to specify who can be a Supervisor.
RPa is going to send a formal letter to the College about this issue. **RPa**

13. Heads of School

- HEE have agreed to fund bursaries for Psychiatry trainees going to 'hard to fill' places in a similar initiative to GP. Nothing as yet from NES
- Scoping Emergency Psychiatry competencies and considering adding a new ILO in emergency psychiatry – ongoing.
- New curriculum appeal for Liaison GAP/LD
- Development of SLEs to replace WBAs – early stages. Setting up a new committee with representation from HoS.

14. Updates

14.1. LDD / MDET highlights

- LAT policy agreed on July 2015 is being implemented. Issues arise as recruitment to LATs need to be like for like in relation to their stage of training.
- Recognition of Trainers is a major piece of work. NES have to provide the GMC with the list of recognised trainers by the end of July. Currently 70% completed.
- Performance Support Unit will be a central resource to support trainees. It is expected to be live by the end of December. Greg Jones has been appointed Associate Dean for PSU.
- Work ongoing for GMC visit in 2017.

14.2. Region and Specialty

No regional issues.

- Old Age – no issues
- Psychotherapy – no issues
- Learning Disabilities – no issues
- Core Psychiatry – no issues
- Child & Adolescent – no issues
- Forensic – As a consequence of the transformation of CT posts into ST posts around 2008 the State Hospital has been using ST4 trainees on a more junior rota. The STB agreed that all trainees should be treated the same everywhere and all STs should get the same experience.
- General Adult – no issues

14.3. College

Nothing to report.

14.4. Service

Nothing to report.

14.5. Academic

Nothing to report.

14.6. BMA

CS noted that there will be a referendum in England regarding Junior Doctors' contract, but there is no change in Scotland.

14.7. PsySTAR

Two PsySTAR trainees are coming back into regular training.

14.8. Regional Planning

No representative.

14.9. Trainee
Nothing to report.

14.10. Specialty Doctor
No representative.

14.11. STARG
Nothing to report.

15. Papers for information
No papers received for information.

16. AOB

16.1. From ETSC

- Neuropsychiatry increased in core curriculum
- CASC review
- Recruitment CAMHS run-through pilot commences
- Paper from Sue Miller re attrition rates CPT3 and ST4 to be sent to JR.
- Many issues regarding Physician's Assistants.

16.2. Psychotherapy dual GMC approval
There was an issue regarding Form B and placements as regions do have some differences. In the main most regions have been following GMC guidance which is to fill in a Form B for all placements over 2 sessions however recent guidance from NES has been to fill in Form Bs for all placements no matter how much time is spent in them. This may cause lots of issues as Mental Health trainees move to different locations as part of their training. GMC guidance is that they will no longer issue retrospective approval. It is agreed that a consistent but sensible approach across regions needs to be sought. RP will circulate the email from Anne Dickson about Form B and placements, asking the group for quick replies to RP and copying RMV. **RP/ALL**

17. Date of next meetings

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	New ARCP Process	To feedback constructive comments to Bill Reid	ALL
5.1	Matters arising: National programmes	To invite new national TPDs to this Board	RP/PS
5.3	Matters arising: AMP Training	To keep item on the agenda	Agenda
5.4	Matters arising: Specialist Training Committee	To keep item on the agenda	Agenda
6.4	Recruitment: IMTF	To keep item on the agenda	Agenda

6.5	Recruitment: Scotland as one Unit of Application	To gather data on rotations to put in next year's advert	TPDs
8.1	Dual training: Forensic and Psychotherapy	To co-ordinate 3-monthly reviews	JN/JC
8.2	Dual training: other dual training posts	To give information about dual training initiatives to RPu before 30 June	RP
10	Simulation and Psychiatry	To keep STB informed of developments	NN
11	ST OA Psychotherapy competencies	To keep item on the agenda	Agenda
12	Clinical Supervisors not on the specialist register	To send a formal letter to the College about the issue	RPa
16	GMC approval	To send to RP quick comments about Form B for outside placements	All/RP