

**Minutes of the Mental Health Specialty Training Board meeting held on Monday 27  
February 2017, at 10.30am, Room 3, Westport, Edinburgh**

**Present:** Rhiannon Pugh (RP), Richard Coleman (RC), John Crichton (JC), Nick Hughes (NH), Ronald MacVicar (RMV), Seamus McNulty (SMN), Norman Nuttall (NN), John Russell (JR), Perminder Sihra (PSi), Shona Walker (SW)

**Videoconference:** Margaret Bremner (MB), Tom Carey (TC), Rob Gray (RG), Rekha Hegde (RH), Alice McGrath (AMG), Dianne Morrison (DM), Stuart Ritchie (SR), Karen Shearer (KS)

**Apologies:** Andrew Bailey (AB), Euan Easton (EE), Rowan Parks (RPa), Jackie Pickett (JP), Chris Sheridan (CS), Andy Williams (AW)

**In attendance:** Paola Solar (PS)

<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. Mental Health STB Minutes 12.12.16</b> The minutes of the previous meeting were approved as a correct record.</p> <p>From the action points it was noted:</p> <ul style="list-style-type: none"> <li>• 3.4 Form B approval. The Board members checked the approved places on the GMC list and had filled in the form to update the ones that were not there yet.</li> <li>• 4.5 ScotMT website. JR has seen some inaccuracies and has tried to liaise with IT about them.</li> <li>• 4.6 Units of Application. JR confirmed that Mental Health specialties applicants will be able to preference what part of Scotland they want to go. Scotland is still one unit of application, but candidates can select regions at the initial preferencing stage.</li> </ul>	
<p><b>3. Matters Arising</b></p> <p>3.1. Shape of Training update There is no update. This item will be kept on the agenda.</p> <p>3.2. AMP Training Update MP reported that the last Steering group had been cancelled but they will meet again on 24 March. JCr noted that work is ongoing regarding the AMP training and the refresher course. This item will be kept on the agenda.</p> <p>3.3. GMC approval for new national programmes All national programmes are now GMC approved. The new TPDs are encouraged to create their own network. A meeting of all national TPDs after the next STB meeting will be suggested. This item can be taken off the agenda.</p>	<b>JR</b>

3.4. Foundation trainees in Psychiatry

It was reported that HEE England have hit their target of Foundation trainees in Psychiatry placements, but Scotland is not quite there yet. The difference comes from this being a government mandate in England but not in Scotland. Anne Boyle, Duncan Henderson, Anthea Lints, RMV and RP are liaising to discuss this. RP is drafting a paper for MDET that she will circulate to this Board for comments.

RP

The main issue preventing the increase in the number of Psychiatry placements in Foundation is that this would imply fewer posts in other specialties. It was noted that there is a plan to increase the number of medical students in all Scottish Medical Schools.

3.5. Supervision guidance from NES

RP had brought this up at MDET, where it was acknowledged that Psychiatry gives very good Supervision to trainees. The only issue is with the last sentence at the bottom of the first page where the guidance suggests that trainees in their first year of higher training can only do clinics with Supervisors present. Psychiatry would have to check that they meet all five criteria on the second page.

JCr felt that this was a process issue as the specialties had not been consulted prior to releasing the guidance. A definition what a clinic is would be essential, as a clinic in Medicine or Surgery is not the same as a clinic in Psychiatry.

AMG further noted that an ST4 requiring consultant supervision at clinics leaves only 2 years working without supervision which is not good enough.

SR noted that all OAP sites have reported easy access to consultant supervision, and there are no concerns if the consultant is not physically present as they are all easily contactable by phone.

The group agreed that the guidance as it stands is not realistic for Psychiatry. What they currently do meets GMC requirements.

RMV confirmed that the guidance had been drafted with hospital posts in mind and it is about trainees' safety and training.

RC highlighted that trainees must know that they are supervised and they have to be happy with the level of supervision.

In Psychiatry, junior trainees should not be unaccompanied when doing a home visit, but the supervision can be provided by a consultant or a senior nurse.

RP will draft a letter for MDET and will share with this Board before sending it.

RP

3.6. Level 1 Supervisor's report in ARCP – guidance

All specialties are required to provide L1 and L2 Supervisors' report. RP will double check that this information is consistent across the Scotland Deanery website and will liaise with Anne Dickson if inaccurate.

RP

4. **Recruitment**

4.1. CT Recruitment

CT offers are not out yet. Scotland had 58 vacancies at CT1. There were 52 appointable candidates after interviews and before the SRA test. If the vacancies are not filled, they will go to re-advertising.

It was noted that CT applications were down by 15% across the UK.

4.2. ST Recruitment

The applications window is still open. Interview dates are set in March.

4.3. International Medical Training Fellowship

A bid has been put for an OAP fellowship in Forth Valley. This was sent to this Board to ensure appropriate education experience. This is a Service type post but with educational components. As long as the post gets appropriate supervision, the Board is happy to support this bid.

PSi noted that this fellowship was suggested because there was a SAS retirement some time ago and Forth Valley had not been able to recruit a replacement. The fellowship is limited to 1 or 2 years fixed term which would enable the post to be advertised as a SAS post again.

SMN noted that training capacity in Forth Valley has becoming increasingly challenging.

4.4. Improving Psychiatry's marketing

RP had spoken to Bill Reid about this and he had indicated that there is some funding available for online marketing. They can ask Anne Dickson for it.

JR noted that the ETC had discussed various recruitment strategies, including Psychiatry Early Experience Programmes (PEEP).

This had also come up at the College meeting. RH felt that the College would be happy to tweet directing potential trainees to the training website.

MS works with undergraduate specialty interest groups which could also be used to increase Psychiatry's awareness.

There are various local events and possible strategies. RP will get in touch with Luke Boyle, the trainee who was at the last STB and had a few ideas for online marketing.

5. **Workforce**

No update.

6. **Dual Training**

6.1. Forensic and Psychotherapy

There is one trainee in post. There had been one process issue regarding ARCP but it was sorted now. Currently Turas does not allow trainees to be under two specialties. KS will check this.

6.2. Other Dual posts

OAP and GAP for the North region. This will be advertised for August.

7. **QM/QI**

The sQMG meeting will take place after this Board meeting. RMV suggested that it would be more practical to have the sQMG meetings before the Board, and perhaps delay the latter slightly. The STB agreed with this.

**8. Simulation and Psychiatry**

NN had been to the last Simulation meeting. There were no updates. There are no simulation requirements in the Psychiatry curriculum.

**9. WPBA**

9.1. Training for WPBA

JR noted that this was not picked up at the last ETC but he will make sure it is discussed at the next one and will report back. There are several queries about WPBA: who can do them, senior nurses, social workers, senior members of other health professions? what training is available for them in order to be able to do these assessments? Also, is there any recommendation about how many should be carried out by consultants.

JR

The group noted that it is expected that Supervised Learning Events will be taking over WPBAs in the future.

9.2. WPBA at ST4 level

SMN reported that the Faculty of OAP is rewriting the curriculum for the specialty. He had noted that the WPBA required at ST4 level by the College is very different from NES' guidance.

RP will write a letter to the RCPsych as there has been no consultation for this. She will send round the STB for comments.

RP

This item will be kept on the agenda.

9.3. Supervised Learning Events

The College feels that WPBAs are no longer fit for purpose and would like to replace them with SLE. This is being piloted in England.

This item will be kept on the agenda.

**10. Crossover time between trainer and trainee**

AMG explained that someone in the South East is interested in becoming an Educational Supervisor. This person has never supervised before and she is LTFT (4 sessions). The Board discussed briefly whether this provided enough time for supervision.

It was felt that as long as there is time in the job plan it should be ok. However, Psychiatry usually requires a 1-to-1 relationship between trainer and trainee so it would be not possible with only 2 days a week. It also depends on the clinical case work of the trainee.

The group felt that it could work if there is good clinical supervision and time in the job plan. AMG will find out more from the proposed trainer.

**11. Heads of School**

RP reported that the following items had been discussed at the last HoS:

- HEE has provided £65K to look into improving Recruitment.
- Supervision – Education and Clinical Supervisors have to be substantive posts.
- There was a report on OOH competencies.
- The PTC had presented a long report from a survey about trainee retention. About 30% of trainees think about leaving Psychiatry. There is also anxiety regarding ARCP requirements, as these vary across the country.
- ePortfolio has changed.
- Scoping exercise about a Neuroscience project. SMN is attending these meetings, which are considering an increase in the amount of neurology in the curriculum.

## 12. ETSC update

JR reported from the last meeting:

- CASC exam pass rate is only 50.3%. Changes are being done to the exam.
- Psychiatry competencies. The curriculum is vague about requirements to meet Core competencies. The curriculum committee is looking into it.
- Physicians Associate. It is expected that this will be a new group of healthcare professionals with any science background. There will be 3000 by 2020 across specialties.

## 13. Updates

### 13.1. LDD / MDET highlights

RMV reported current issues:

- GMC visit. There is a meeting between Medical Schools, NES and GMC on 4 April to clarify what Schools, Health Boards and what specialties will be looked at.
- Recognition of Trainers is now established. There are 3500 trainers recognised. Now putting in place a QA system so people in all specialties in all areas will be randomly checked.
- Clare McKenzie is leading the Simulation Group. MDET has now accepted the policy for Simulation but there is still no funding available.
- The 7<sup>th</sup> cohort of Scottish Clinical Leadership Fellows has just been recruited. There are 2 Psychiatry trainees in this round.

### 13.2. 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
- CAMHS - no further update

### 13.3. Medical Managers No further update.

### 13.4. Academic No further update.

### 13.5. BMA No further update.

### 13.6. Trainee

No further update.

- 13.7. Specialty Doctor  
PSi had circulated the notes of the last meeting to the group, for information.  
Grampian had taken a long time to apply for the Associate Specialist Grade, so other Health Boards have been invited to put their proposals forward.

- 13.8. STARG  
There has been no meeting.

**14. Papers for information**

No further papers have been received for information

**15. AOB**

- o Local Programme Leads – SMN noted that there is a regional issue as the 2 National TPDs in the West, SB and AMG, are also expected to fulfil the role of Local Programme Leads. This is a non-remunerated post but due to the high number of trainees SMN was seeking support for a business case for funding.

In the South East, the ID National TPD have ½ session over and above their SPA in the job plan.

The STB agreed that if a LPL has more than 6 – 7 trainees, it has to be remunerated because there is a lot of work involved and it cannot be accommodated in SPA time. RMV and the Board support the business case.

- o This is Margaret Bremner’s last meeting as she will be leaving in May. RP thanked her for all her support and hard work.
- o RP will be retiring at the end of April. NES will advertise the Associate Dean post and the Mental Health STB Chair post.

**16. Date of next meetings**

12 June, 10.30am, Room 6, 2 Central Quay, Glasgow  
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
3.3	M.A.: GMC approval national programmes	To arrange a national TPDs meeting after next STB	JR
3.4	M.A.: Foundation trainees in Psychiatry	To draft paper and share with the STB for comments	RP
3.5	M.A.: Supervision guidance from NES	To draft letter to MDET and share with the STB for comments	RP
3.6	M.A.: Level 1 Supervisors Report in ARCP guidance	To check that advice is consistent throughout Scotland Deanery and liaise with Anne Dickson if otherwise	RP
9.1	WPBA: Training for WPBA	To make sure that queries about WPBA are discussed at next ETSC	JR

9.2	WPBA: WPBA at ST4 level	To draft a letter to the RCPsy with the Board's concerns about the changes in WPBA requirements	RP
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