

Minutes of the Mental Health Specialty Training Board meeting held on Monday 14 May 2018, at 10.45am, Room 6, 2 Central Quay, Glasgow

Present: Rhiannon Pugh (RP) Chair, Marie Therese Allison (MTA), Daniel Bennett (DB), John Crichton (JCr), Euan Easton (EE), Rekha Hegde (RH), Nick Hughes (NH), Claire Langridge (CL), Ronald MacVicar (RMV), Alice McGrath (AMG), Seamus McNulty (SMN), Dianne Morrison (DM), Norman Nuttall (NN), Rowan Parks (RPa), Jackie Pickett (JP), Stuart Ritchie (SR), John Russell (JR), Chris Sheridan (CS), Alan Spratt (AS), John Taylor (JT), Andrea Williams (AW)

Apologies: Richard Athawes (RA), Ihsan Kadher (IK)

In attendance: Paola Solar (PS)

Item	Lead
<p>1. Welcome and apologies The group were welcomed to the meeting and the apologies were noted. A particular welcome was given to Claire Langridge, new APGD for Quality in Mental Health.</p>	
<p>2. Mental Health STB Minutes 26.02.18 The minutes of the last meeting were approved as a correct record.</p> <p>Actions arising from the last meeting not on this agenda:</p> <ul style="list-style-type: none"> • 2. WPBA in ST4. The letter was reviewed and sent to trainees. • 2. Deputy TPD in Psychotherapy. RP will check that there are no further comments re SMN's paper and then will take to MDET on Monday 21 May. 	RP
<p>3. Matters Arising</p> <p>3.1. Outcome 5 on Turas – generic email issues SR confirmed that the letter was clearer this year and this item can be taken off the agenda.</p> <p>3.2. Shape of Training update RMV reported that all changes and new curricula are to be reviewed to make sure they are SoT compliant. RPa highlighted the role of the STBs in any revision of curricula. A new CoPMED national group, the Curriculum Oversight Group, will approve the general principles of any new curriculum. NES will be required to check that any new curriculum delivers what the Service in Scotland requires, and at the same time that we are able to deliver the training. The STBs will be asked to confirm both points and then the curriculum will go to the Curriculum Advisory Group for final GMC approval. Peter Johnston is the liaison with CoPMED. All curricula are expected to be reviewed by 2020.</p> <p>Currently the main impact of Shape of Training is on Core Medical and Core Surgical Training. The pilot for Improving Surgical Training will start this August, and Scotland will participate in it. An Internal Medical Training pilot will start August next year.</p> <p>3.3. AMP Training Update</p>	

JCr confirmed that the concerns regarding delivery of part 2 training had been addressed. The new part 1 is now available and the refresher training has also commenced. More trainers will be required particularly in the North of Scotland. This item will be kept on the agenda.

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DB noted that there are about 60 people awaiting training in the North region. They have been asked to come to the central belt for their course. RP will write to Adrian Dalby, who is leading on this resource, to coordinate a training course in the North. Once the training is done, this may alleviate the shortage of trainers in the region. JCr noted that the College have already been in touch with Adrian with the same message.

RP

It was felt that it would be preferable not to cancel any of the AMP training dates, even if the numbers are low. This training is mandatory for anyone wanting to work in the NHS, so cancelling training will affect Service delivery. RP will also highlight this to Adrian.

RP

3.4. Foundation trainees in Psychiatry

The short life working group chaired by Clare McKenzie had finished an options paper to increase the exposure of Foundation trainees to Psychiatry and GP. The paper will be presented to MDET next week by Duncan Henderson. RP will re-circulate the paper to the STB.

RP

It was acknowledged that the new medical schools will increase the output of medical graduates in the next 3-4 years, but there will still be need of a Government policy to increase Foundation numbers.

Foundation colleagues had suggested placements in GP attached to Community Mental Health centres. It is not clear whether this suggestion had been added to the paper. The option to increase Tasters was on the paper. The Board felt that, although welcome, these were very small short-term solutions.

Keep this item on the agenda.

Agenda

3.5. Checking of references after recruitment

All successful candidates are required to supply recent references, but it was unclear who was checking these. The references need to be from recent work and this is clearly stated in the candidates' instructions.

Local NHS employers should check the references, but this is not done consistently across Scotland. RP will take this to MDET as this will be an issue for all specialties.

RP

4. Recruitment

4.1. CT Recruitment

RP noted that numbers are still embargoed but around 72% of Core has been filled in Scotland, with regional variations. Scotland is on the top 5 fill rate deaneries.

4.2. ST Recruitment

Offers have just gone out.

SR noted that Old Age has filled, with the exception of one dual post in the North.

JR reported that only 2 out of 7 posts had been filled in ID.

Forensic Psychiatry have filled 5 out of 5.

5. Workforce

No representative.

6. QM/QI

6.1. GMC Visit 2017

The GMC visit had gone well and Scotland had received very positive feedback overall. The final report had been launched at the SMEC conference in April. There were only two requests for NES on the report: to ensure territorial Boards continue their engagement with the Quality process; and to work with the Health Boards to maintain the high level of quality training.

6.2. Triggered visit to Tayside

RMV explained that concerns about MRI had triggered the initial visit, but this had highlighted the issues in all Acute Services in Tayside. The previous visit in November 2017 had focused on all general adult services across Tayside, including GAP. The recommendation had been that, unless significant improvement was done the Health Board would be put under enhanced monitoring. The last visit in May 2018 had confirmed that decision as there are serious ongoing concerns about the training environment. The GMC will consider the Quality team's recommendation and will very likely support it. This is a politically sensitive decision since all Acute General Adult Services in Tayside will be under enhanced monitoring.

Board members were asked to think about ways to offer practical support to Tayside colleagues in anticipation of the measure that will be put in place. For example, Tayside trainees have access to the South East MRCPsy training.

7. ARCP

7.1. Cross-region working

This only applies to Core and GAP. The South East are struggling to get externality this year. SE and West TPDs are keen to do the 10% together to enable externality. North and East have much smaller numbers so TPDs felt that it would be a lot of work for very little benefit.

The College has to provide externality for all the programmes. JR will raise the issue again at ETC. All were asked to email to JR with the difficulties their teams are encountering to get externals.

**JR
ALL**

The Board agreed to continue as it is this year and revisit next year.

7.2. ARCP Feedback

This had been done and sent to Rosie Baillie. This can be taken off the agenda.

7.3. ARCP requirements on the Deanery website

No further comments. This can be taken off the agenda.

7.4. Reflection on extra work outside of training

There is some uncertainty about whether all trainees and TPDs are aware that trainees have to declare any extra work they do outside their training.

The template distributed was a good starting point for trainees to declare their work so RP will suggest it to MDET as a template for Scotland.

RP

- 7.5. **Attrition between CPT and ST**
The College have asked Scotland to monitor the reasons for attrition between CPT and ST. The CPT TPDs were happy to do this.

8. WPBA

- 8.1. **Pro rata WPBAs for LTFT**
NN had update the table and re-circulated it. It might be helpful to do the same for all ST.

The Board discussed whether SAS doctors doing WPBA were counted for ARCP, as there were areas in Scotland where this was not done. This was clearly an anomaly and JCr will feed back to the team. The term Specialty Grade covers a large number of seniority levels and experience. EE noted that CPT in the West had discussed this and they had agreed that SAS doctors need to have approval of Educational Supervisors to make sure that their experience is appropriate to do WPBA. EE will send this paper to RP for further discussion as the STB felt that this was a sensible practical solution. DB noted that the North region’s guidance mentions “with approval of ES or TPD” for SAS doctors doing WPBA. JR will also get the ETC’s view on this.

EE

JR

9. Paediatric Child Mental Health Curriculum

RP confirmed that she had informed Peter MacDonald that the STB was not in a place to follow this now, but can revisit in the future.

10. Acting up for LTFT

DB reported that the GMC had confirmed that this is a pro-rata 3, so it might effectively be more than 3 calendar months in final year of training for LTFT.

JR will take this to the ETC. Please send examples to JR.

JR/ALL

11. Heads of School

RP had sent the report of the meeting on 16 March.

- 215 applicants had bypassed interviews based on their SJT score and had been offered posts directly. More than 85% of them had accepted.
- ST4 interviews had been changed slightly, increasing the portfolio and the clinical stations time to 20min, including a Q&A session. JR noted that there was some concerns about self-assessment. RP asked the group to send any issues about the recruitment process and interviews to RP so she can take to the Recruitment Board.
- ARCPs are being looked at by the College as there are some variations across the UK. RMV noted that the College can have a view about ARCPs but the process belongs to the deaneries.

The Board discussed whether it was within the Deanery’s remit to check mandatory training at ARCP. After some discussion it was felt that this is the employer’s mandatory training, which is currently being looked at by an HR group, so it does not need to be checked at ARCP. It is assumed that the HR group will have a way to measure and record the mandatory training. The deanery will still ask for 6 pieces of reflective practice though, as part of what is currently mandatory in the curriculum.

12. ETC update

JR had sent a summary of the last meeting. The next meeting is on 8 June. The main discussion will be around the ongoing curriculum re-mapping process.

13. Updates

13.1. LDD / MDET highlights

RMV reported:

- SMEC had been held on 26-27 April. It had been very successful, with more than 1500 delegates over 2 days and positive feedback. A provisional date in May has been booked for next year.
- BBT recruitment had gone very well. 12 posts out of 12 had been filled. They will be distributed 3 each in Highlands, Lanarkshire, Tayside and GGC. Funding comes from under-recruited posts. Associate Dean and TPD are in place. The Board agreed to invite Nitin Gambhir to the next STB to look at the operational detail of BBT. RP noted that the pilot is limited by the geography of the Boards involved, but there will be a proposal to the Scottish Government to expand the programme, with a request for additional funding. EE is involved in the BBT CPT working group and will feed back.
- David Bruce has just retired, and William Reid will be retiring at the end of August. Both posts will be advertised soon.

PS

EE

13.2. Specialties

- GAP – no representative.
- CPT – no further update.
- Psychotherapy – AW noted that they are waiting to recruit 3 posts but if they do not fill they will let RP know.
- OAP – no further update.
- ID – only 18 posts have been filled in the UK, out of 40. The specialty is looking into doing Dual training. There will be an advert shortly for a national TPD for ID as JR finishes his role in June. The Board thanked him for all his contributions to the specialty.
- Forensic Psychiatry – no further update.
- CAP – AMG noted that they have a deanery visit on 30 May. There is no Adolescent unit in Grampian so patients have to go to Tayside which is not good enough.
- Dual Training – no update.

13.3. DME

No representative.

13.4. Academic

No representative.

13.5. College

JCr noted that the Scottish website of the College is being updated. The College has approved the creation of a new Scottish Council, which will bring an opportunity to revise views of working.

13.6. BMA

A new BMA consultant rep will be sought.

PS

13.7. Trainee

No further update.

13.8. Specialty Doctor
No representative.

13.9. STARG
There has been no meetings since last one.

14. Papers for information

- **Single Employer**

The paper was noted for information.

15. AOB

- **BBT** – make a standing item on the agenda.
- **Mental Health ID and Dementia group** – make a standing item on the agenda. SMN is in this group so he will feed back to the group and circulate relevant papers.

**Agenda
Agenda**

16. Date of next meetings

03 September 2018, 10.45am, Room 2, Westport, Edinburgh

03 December 2018, 10.45am, Room 5, 2 Central Quay, Glasgow

Action points

Item No.	Item Name	Action	Lead	Deadline
2	Deputy TPD in Psychotherapy	To take SMN's paper to MDET	RP	21.05.18
3.3	AMP training update	To keep on the agenda To email Adrian Dalby to coordinate a training day in the North region, and to highlight the importance of not cancelling any training days	Agenda RP	03.09.18
3.4	Foundation Trainees in Psychiatry	To re-circulate the options paper going to MDET To keep on the agenda	RP Agenda	 03.09.18
3.5	Checking references after recruitment	To highlight at MDET that this is not done consistently across Scotland	RP	21.05.18
7.1	ARCP: Cross-region working	To raise externality challenges at ETC To email JR with issues about externality	JR GAP & CPT TPDs	
7.4	ARCP: Reflection on extra work outside of training	To take template to MDET to suggest its adoption in Scotland	RP	21.05.18
8.1	WPBA: Pro-rata WPBAs	To send agreement re ES' approval of SAS doctors doing WPBAs To get ETC's view on this	EE JR	

10	Acting up for LTFT	To send to JR examples of this. To bring up at ETC	ALL JR	
13.1	LDD highlights	To invite Nitin Gambhir to attend STB to speak about BBT To keep the Board updated re BBT-CPT	PS	03.09.18 03.09.18
13.6	BMA	To seek new BMA consultant rep	PS	03.09.18
15	AOB	To make BBT a standing item on the agenda To make MH ID and Dementia Group a standing item on the agenda	Agenda Agenda	03.09.18 03.09.18