

**Minutes of the Mental Health Specialty Training Board meeting held on Monday 03
September 2018, at 10.45am, Room 2, Westport, Edinburgh**

Present: Rhiannon Pugh (RP), Euan Easton (EE), Tom Fardon (TF), Rekha Hegde (RH), Nick Hughes (NH), Ihsan Khader (IK), Claire Langrigde (CL), Ronald MacVicar (RMV), Dawn Mann (DM), Alice McGrath (AMG), Seamus McNulty (SMN), Norman Nuttall (NN), Stuart Ritchie (SR), John Russell (JR), Les Scott (LS), Chris Sheridan (CS),

Apologies: Andrew Bailey (AB), Daniel Bennett (DB), Jim Crabb (JCr), John Crichton (JC), Helen Goode (HG), Dianne Morrison (DM), Rowan Parks (RPa), Jackie Picket (JP), Karen Shearer (KS), John Taylor (JT), Andrea Williams (AW)

In attendance: Paola Solar (PS)

| Item | Lead |
|--|------|
| <p>1. Welcome and apologies The group introduced themselves and the apologies were noted. A particular welcome was given to Claire Langridge, new APGD (Quality) Mental Health, and Les Scott, new Lay Rep.</p> | |
| <p>2. Mental Health STB Minutes 14.05.18 The minutes of the previous meeting were approved as a correct record.</p> <p>From the action points:</p> <ul style="list-style-type: none"> • 3.3 Adrian Dalby had received the request not to cancel any AMP training days in the North region. • 3.5 It was hoped that the Single Employer will ensure consistency of checking trainees' references after recruitment, which must be done by the Employing Board. • 8.1 SMN had raised the issue of SAS doctors doing WPBAs at Heads of School. There had been some reluctance to agree on this point. • 13.6 CS noted that the BMA is in the process of electing a new Consultant rep for the Board. | |
| <p>3. Matters Arising</p> <p>3.1. Deputy TPD Psychotherapy – update from MDET RP had taken this request to MDET. MDET will give the request due consideration amongst the work being carried out around TPDs. The Board will await further updates.</p> <p>3.2. Shape of Training update RMV reported that the main impact currently is in CST with the implementation of IST (Improving Surgical Training) from August 2018. CMT will move to IMT (Internal Medical Training) from August 2019.</p> | |

- This item will be kept on the Agenda.
- 3.3. AMP Training Update
As above. No further update.

This item will be kept on the agenda.

- 3.4. Foundation trainees in Psychiatry
No update.
- 3.5. Acting up for LTFT
This is completed and can come off the agenda.

4. Recruitment

- 4.1. National Recruitment Board
SMN had attended the National Recruitment Board and reported:
- Presentation of the fill rates this year. CPT is not doing well in Scotland compared to the rest of the UK, where there was a slight improvement.
 - MSRA (Multi-specialty Recruitment) had been discussed. There was a suggestion to lower the cut off score to 181 (same as for GPs) to exclude the need for an interview. There is no agreement yet.

- 4.2. MDRS Review
A Short Life Working Group is looking at evaluating Scotland's participation on UK national selection and recruitment. The STBs have been asked for their views on this.

The STB agreed that it was vital to keep a Scotland selection centre for CPT, whilst remaining part of the UK recruitment process.

Higher training specialties sometimes get trainees from down south but they tend to go back at the end of their training. It is mostly Scottish people who apply for Scottish posts.

NH noted that it will be necessary to keep in mind the political developments affecting the UK and Europe next year. Scotland should try to future-proof the recruitment process.

RP will summarise the STB's views, send round for further comments and then will send to Rowan Parks.

RP

- 4.3. CT Recruitment
There will be changes to the selection centres in 2019 as booking of all venues have to be done through the Procurement department. It is very likely that Golden Jubilee will be used as selection centre.

CPT1 recruitment will take place on 28-29 January in a Scottish selection centre.

CPT in the North has done poorly this year, which brings the whole recruitment percentage down. RMV noted that this was due to historical reasons, when some OAP numbers were moved to CPT, so it looks artificially worse than it is.

The overall satisfaction for Psychiatry training in Scotland is quite good, according to the NTS.

4.4. ST Recruitment

The Board had received the report paper from Jen McKenzie. Medical Psychotherapy had not filled any posts. It will go to Round 2.

5. **Workforce**

IK reported that the College is preparing their two-yearly census. There have been some discrepancies between the census and the numbers held by the Scottish Government, but this is due to the SG counting WTE. There is an average 10% vacancy in Psychiatry posts in Scotland.

6. **QM/QI**

The Mental Health sQMG had met before the STB, and the group had received reports from several visits, including St John's, Argyle and Bute, CAP as a national programme, and Tayside.

Tayside is under GMC enhanced monitoring and will be revisited in spring 2019. The local PG Dean will take over the visit and the new Quality Associate PGD will also work on it.

The annual Quality Review Panel will take place next week. The group will look at all the data available and will set up an action plan for next year.

7. **BBT update**

EE reported that the programme had started in August. One trainee had resigned. The induction in Glasgow had been very successful. A short life working group has been established to look at processes. There have been some discussions about funding, particularly in the West region. The posts are supposed to be backfilled GP posts, but that region had used a Psychiatry vacancy for it. There was an intention to use the vacancy money to recruit to CPT next year so that will cause an issue.

The trainees are distributed in Tayside, Highlands, Lanarkshire and GGC. There is a reasonable amount of flexibility within the Board as to where the trainees can be placed.

There is an ongoing discussion to increase the numbers to 16 next year.

JC had sent an email stating that there is a governance group for BBT led by the College, for England, Northern Ireland and Wales. JC is attending.

Recruitment for next round of BBT will be held on 26 February.

This item will be kept on the agenda, with reports from EE and NN.

8. **Mental Health ID and Dementia group**

This is a group conveyed by NES. SMN is involved on the consultation process regarding capacity.

RP attended the meeting where the suicide prevention plan paper came out. This STB will respond to the Scottish Government's paper on NES' behalf.

RP had attended the meeting about CAMHS initiatives, but she felt she did not have enough specialist knowledge to contribute. She will ask for information from STB colleagues depending on what is discussed.

9. Single Employer

The Board had seen the letter from Andrew Bailey to NHS Grampian and its reply. They felt that the response did not fully answer the questions from trainees.

There had also been queries about travel expenses which are not resolved. RP will write to Anne Dickson to seek more information for trainees.

RP

10. Suicide prevention plan

As above.

11. ARCP

11.1. Cross-region working

All the national specialties are already working cross-regionally. GAP TPDs from the South East and West regions are happy to do ARCPs together. The North is less supportive and has raised issues concerning travel and the small number of trainees in the region not making it worthwhile. This is an ongoing conversation.

This item will be kept on the agenda.

11.2. Externality issues

JR confirmed that this is on the ETC agenda. He noted that externals are volunteers, and they are not advertised.

11.3. Attrition between CPT and ST

Katherine Vlitos' paper highlights the number of trainees lost between CPT and ST. This has been discussed at ETC but there is no clear solution at the moment.

This item can be taken off the agenda.

11.4. Level 1 forms information on Deanery website

AMG reported that there were an incorrect number of trainees on the website for GAP ST4 in the West. RP will write to Rosie Baillie to update.

RP

11.5. Reflective practice

RP explained that the College had prepared a document on ARCP processes. When requested, RP informed them that Scotland was doing a lot of work on it.

At the last STB it was agreed that Scottish ARCPs will continue following our own guidelines, which include 6 pieces of written reflective practice from CPT trainees. Unfortunately, there was a break in communication and this was not fed back to the College. NN was at a meeting with College and CPT Deanery reps and was challenged by the College when he made the point of the written pieces of evidence.

RMV noted that the College draws the curriculum and as part of that there is a programme of assessments, but the Deanery and the TPDs have to decide what is appropriate reflective practice. The College however, feels that Scotland has to follow their ARCP policy.

The College ARCP policy does not require any written evidence from trainees regarding their reflective practice.

The STB agreed to tell trainees that Scotland will maintain their decision to ask for 6 instances of written reflective practice.

JR will seek more information from the College.

JR

RP will take this to MDET next week. She will also ask other STB Chairs about their ARCP processes and Colleges. After MDET, RP will write a brief note confirming that Scotland trainees will have to follow Scotland deanery guidelines for ARCP. She will send it to the STB for final comments and then it will go out to all Psychiatry trainees in Scotland. **(is it all Psy or only CPT?)**

RP

12. WPBA

- 12.1. Pro rata WPBAs for LTFT
 NN had circulated the paper.

This can be taken off the agenda.

13. Heads of School

SMN had attended the last Heads of School meeting, from his written report he highlighted:

- CAMHS pilot run-through recruitment. Only 11 appointed.
- Trainees have asked for a form to capture Special Interests/Research on ePortfolio.
- WAST. Aimed at IMGs, pilot running in England.
- Andrew Bailey had done a presentation about PTC. The PTC is focusing work on trainee morale and fatigue.
- ARCP working group report.
- Best Practice guidelines.
- LTFT reps in each deanery to advise trainees on flexible working.
- Approval of Educational and Clinical Supervisor. SMN was not certain how this is done in the rest of Scotland, as the West follow an old process. RMV noted that the appointment of named educational and clinical supervisors is done by the Health Boards, involving Medical Directors since they have to work out their job plans.

It is unclear what process is used in each region or specialty.

The STCs get the trainer's curriculum and a timetable of trainer and trainee. They then confirm that the supervisor is on the Recognition of Trainers list and they advise the DME on the supervisor's suitability. RP will check with the STCs to confirm their involvement on the approval or confirmation of ES and CS. **(Rhiannon – not sure about this!)**

RP

14. ETC update

JR reported that the last meeting had taken place on 8 June and he had sent a report. He highlighted:

- ARCP guidance document still needs ratification.
- Supervision by SAS doctors. Supervision can be undertaken by SAS doctors, but WPBA may be a concern depending on the level of the SAS doctor.

15. Updates

15.1. LDD / MDET highlights

RMV reported that Prof William Reid, PG Dean for the South East of Scotland, has now retired. His replacement is Dr Adam Hill.

Chris Sheridan and Darragh Hamilton, both Psychiatry trainees, have been appointed to the new cohort of Scottish Clinical Leadership Fellows.

15.2. Specialties

- GAP – no representative.
- CPT – No further update.
- Psychotherapy – No representative.
- OAP – Deanery visit in October.
- ID – No further update. Raj (**Rhiannon, surname? And do you want me to invite him or have you done it already? Do you have an email address for him?**) is new TPD for the specialty. He will be invited to the STB.
- Forensic Psychiatry – No further update.
- CAP – It was fully recruited, but there are now 4 vacancies in the West.
- Dual Training – No further update.

15.3. DME

No representative. PS is chasing a new rep.

15.4. Academic

No representative.

15.5. College

No representative.

15.6. BMA

CS noted that the BMA is in the process of selecting a new Consultant rep for this Board.

SJDC is involved in the implementation of the Lead employer, where there are still uncertainties for trainees. CS will feed back the letter from A. Bailey to SJDC.

15.7. Trainee

No further issues.

15.8. Specialty Doctor

No representative.

15.9. STARG

The Scottish Government had agreed to provide funding to improve recruitment into Psychiatry.

16. Papers for information
No other papers for information.

17. AOB
There were no other businesses.

18. Date of next meetings
03 December 2018, 10.45am, Room 5, 2 Central Quay, Glasgow

Action points

| Item No. | Item name | Action | Lead |
|----------|--------------------------------------|---|------|
| 4.2 | MDRS review | To summarise the STB viewpoints, send round for further comments and then send to Rowan Parks | RP |
| 9 | Single employer | To write to Anne Dickson about getting more information to trainees regarding the single employer | RP |
| 11.4 | Level 1 forms information on website | To write to Rosie Baillie to update information on website | RP |
| 11.5 | Reflective practice | To seek more information from the College about their ARCP guidelines | JR |
| | | To raise issue at MDET and get feedback from other STB Chairs. | RP |
| | | To write confirmation email to all trainees, get comments from STB and then distribute widely. | RP |
| 13 | Heads of School | To ask the STCs about their involvement in the approval of ES and CS | RP |