Minutes of the Mental Health Specialty Training Board meeting held on Monday 03 December 2018, at 10.45am, in Room 5, 2 Central Quay, Glasgow

Present: Rhiannon Pugh (RP) Chair, Daniel Bennett (DB), John Crichton (JC), Fiona Duncan (FD), Euan Easton (EE), Nupur Gandhi (NG), Helen Goode (HG), Darragh Hamilton (DH), Rekha Hegde (RH), Claire Langridge (CL), Ronald MacVicar (RMV), Dawn Mann (DM), Alice McGrath (AMG), Seamus McNulty (SMN), Helen Millar (HM), Dianne Morrison (DM), Norman Nuttall (NN), Jackie Picket (JP), Stuart Ritchie (SR), Les Scott (LS), Karen Shearer (KS), Chris Sheridan (CS), John Taylor (JT), Andrea Williams (AW)

Apologies: Jim Crabb (JCr), Iain Fergie (IF), Ihsan Khader (IK), Rowan Parks (RPa)

In attendance: Amjad Khan (AK), Paola Solar (PS)

Item 1. Welcome and apologies
The group were welcomed to the meeting and the apologies were noted.

Amjad Khan will take over Ronald MacVicar’s role as LDD for this Board in the new year.

Item 2. Mental Health STB Minutes 03.09.18
The minutes of the previous meeting were approved as a correct record. All action points were completed or on the current agenda.

Item 3. Matters Arising
3.1. Deputy TPD Psychotherapy
No update. Keep this item on the agenda.

3.2. Shape of Training update
IST and IMT are under way. All curricula are being updated to comply with Shape of Training requirements.

JR noted that work is ongoing to develop the Core Psychiatry and 6 higher specialties curricula. They are paying particular attention to the generic training framework. JR is meeting colleagues from GMC informally to make sure the work is on the right track. They are hoping to have the new curricula ready for March.

3.3. AMP Training
JC is part of the Steering group in his College role. The course is expected to be ready by the end of next year. They are currently debating the cost and who should pay for it. The College’s position is that AMP training should not be funded from the study leave budget. It was felt that Health Boards should have separate budgets for it.

DB noted that AMP courses have taken place in Aberdeen and Inverness.

This item will be kept on the agenda.
3.4. Foundation trainees in Psychiatry
There is agreement from the Scottish Government that any numbers expansion in Foundation will go to GP and Psychiatry placements.

3.5. Mental Health ID and Dementia
There was no update.

This item will be kept on the agenda.

4. Recruitment
4.1. National Recruitment Board
SMN summarised the discussions held at the last Board:
- Core Psychiatry recruitment in Scotland was 86% fill in 2018 – 4th in the UK. Higher specialties however did not do so well.
- According to HEE, 25% of CCTs do not work in the NHS. It was noted that historically Forensic CCTs go directly to the private sector.
- MSRA test was cut off to 181 score but reduced this year so this will not be implemented for the time being.
- There is an ongoing WAST pilot in England.
- The recruitment of panel members is still under discussion.
- The clinical scenario for ST4 interviews has been extended 5 min, so that trainees can get feedback from the consultant.

4.2. MDRS Review
The short life working group has produced a report for the Scottish Government regarding Scottish participation in the UK national recruitment. The large majority of specialties were happy to remain in the national recruitment, perhaps with more Scottish presence, ie interview centres in Scotland and more Scottish panellists.

DH noted that she is doing some work around the high number of drop outs between CT3 and Higher Training. She will bring an update to a future meeting.

This item can be taken off the agenda.

4.3. CT Recruitment
There was an 86% recruitment in Scotland, but still 14 vacancies in the North region. A recruitment exercise is taking place in Dundee to entice candidates out of the central belt.

4.4. ST Recruitment
As above.

4.5. WAST
This is a HEE initiative that helps people from out-with the UK to strengthen their competencies so that they are able to apply to Core Training. This is only taking place in England.

5. Workforce
IK had sent a brief report, highlighting that BMA and the College are working to resuscitate the Associate grade. CESR in Scotland had also been discussed.
JC felt that some specialties and geographical areas may have to increase the retirement age of their consultants. The GMC survey has working statistics of trainers and trainees and their well-being. The College will explore these themes at their January meeting.

6. **QM/QI**
The Quality Annual report has been published, including a section on Mental Health. This will be circulated to the Board.  

RMV noted that the QRP had taken place and letters of good practice had been sent. The group has also planned the visits for next year. OAP has been visited as a national programme. A verbal report has been given after the visits to Royal Cornhill in Aberdeen and NHS Fife – written reports will be sent in January. Argyle and Bute will be re-visited, and an enhanced monitoring visit to Tayside is also planned.

7. **BBT update**
No update.
EE is the MH STB representative on BBT.

Expansion to 14 BBT posts has been agreed for next year, in 7 Health Boards.

8. **ARCP**

8.1. **Cross-region working**
This has been put on hold for now.

8.2. **Level 1 forms information on Deanery website**
The information should be correct on the Deanery website now.

8.3. **Reflective Practice**
The ARCP guidance document issued by the College differed from the Scottish guidelines. This issue was taken to MDET, who agreed that the College and GMC guidance should be followed. Their document does not ask for 6 pieces of reflection as the Scottish did. DB, SMN and RP have fed back the differences to HEE.

There is a tab in ePortfolio for reflective practice but there is not a minimum number required. DB noted that in the discussions he has been involved in they have decided that it is up to the ARCP panel to decide if there is enough reflective practice.

JD proposed to change the wording for trainees, to make it a suggestion rather than mandatory, making sure that the College is copied in the notification. RP will find a form of words to distribute to ES, TPDs and trainees. CS noted that trainees prefer to have clear guidance – how many and what counts as evidence for example.

8.4. **WPBA**
EE had distributed a paper regarding non-consultants doing WPBAs for Core trainees, SAS doctors in particular.
The proposal is for Educational Supervisors to keep a list of health professionals approved to do WPBAs. They will share the list prior to doing ARCPs.

The group felt that it was difficult to assess the training received to do WPBAs, as it differs in each specialty and site. And trying to provide the same course in all site might be over-complicating the issue.

JR will bring the proposal for ES to sanction non-medics doing WPBAs to the College’s QA Committee. He will also bring up the differences in training for assessors to Heads of School, for both Core and Higher training.

This item will be kept on the agenda.

ARCP Outcomes
The paper with ARCP outcomes by specialty had been distributed to the group.

Recognition of Trainers
RMV stated that the identification and recommendation of a trainer is responsibility of the DME. JC highlighted that the issue arises when a trainer is approved by the DME but the STC deems that the trainer is not appropriate for the specialty or grade. This might need more communication between DME and STCs.

RMV will take this to the DME group. PS will ask again for a DME rep for the Board.

Fixed Rotations for CPT
There is a perception by candidates that when they apply to Scotland they can be placed anywhere. CPT TPDs had been asked to provide fixed rotations to trainees, to improve recruitment, but they felt this would take away flexibility.

This will be kept on the agenda.

So you want to be a Psychiatrist?
The group considered replicating the GP campaign. It was noted that there are already various ongoing initiatives, so it would be better not to duplicate them.

Heads of School
• CAP had been discussed.
• MSRA pilot in GP that puts the bottom 20% in a programme to strengthen their competencies.
• PTC – “Supported and valued” paper mentions in particular the amount of supervision time per week, and flexibility of training offered.
• Transfer of competencies – The Aug 17 - Feb 18 cohort will be able to state their competencies retrospectively.

ETC update
• ARCP and reflective practice
• Connectivity to College improved so JR can VC in.
• Website is live – feedback welcome.
• CASC has 62.6% pass. Improvement of non-UK graduates.
• Psychiatry Recruitment Conference in Manchester on 23-24 January.
• Australia and New Zealand qualifications are now recognised in the UK.
• There is a Mentoring and Coaching Lead in Scotland.
• JR will be stepping down from ETC and SMN will take up the role.

14. Updates
14.1. LDD / MDET highlights
• RMV highlighted discussions on Shape of Training; Recruitment issues including Psychiatry, reflecting a larger overall supply side issue. Also work ongoing on Wellbeing of trainees.
• Psychiatry is well represented in SCLF cohorts.
• Lyndsay Donaldson (GGC DME) is taken the lead on the “2019 Year of the Trainer”, focusing on promoting excellence and value of trainers.

14.2. Specialties
• GAP – no representative.
• CPT – no update
• Psychotherapy – No representative. AW is standing down. The specialty has very good results in the GMC Survey.
• OAP – Quality visit was very positive.
• ID – New TPD in the North from January. UK will prioritise ID recruitment next year.
• Forensic Psychiatry. There will be a Faculty Development day next spring.
• CAP – no update.
• Dual Training – DB will take to the STC the proposal to convert a CAMS post to dual and then revert.

14.3. DME
No representative.

14.4. Academic
RP will contact Stephen Lawrie, the current Academic rep on the Board.

14.5. College
No further update.

14.6. BMA
HM noted a few practical issues related to the move to a Single Employer.

14.7. Trainee
FD was at the meeting via teleconference but could not be heard due to a technical issue.

14.8. Specialty Doctor
No representative.

14.9. STARG
JC noted that funding from Scottish Government has been secured to boost recruitment and do an evaluation exercise.

15. Papers for information
No papers received for information.
16. **AOB**

- MSRA scores have been sent to RP, with a password for secure access. She will send to CPT TPDs.
- JT noted that there was no update about who checks references for trainees.
- This is RP’s final meeting as Chair of the Board. She was thanked for all her hard work and contributions to Mental Health training. RP will continue to be part of the STB as Associate Dean.

17. **Date of next meetings**

Friday 18th January 2019, 10.45am – Room 1, Westport, Edinburgh
Monday 1st April 2019, 10.45am – Room 5, 2 Central Quay, Glasgow
Monday 3rd June 2019, 10.45am – Room 3, Westport, Edinburgh
Friday 13th September 2019, 10.45am – Room 5, 2 Central Quay, Glasgow
Friday 6th December 2019, 10.45am – Room TBC, Westport, Edinburgh

**Action points**

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<tr>
<th>Item No.</th>
<th>Item Name</th>
<th>Action</th>
<th>Lead</th>
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<td>6</td>
<td>QM/QI</td>
<td>To send the Quality Annual Report to the Board</td>
<td>PS</td>
<td>10/12/18</td>
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<td>8.3</td>
<td>Reflective Practice</td>
<td>To find a form of words for trainees regarding the number of reflective practice evidence suitable for ARCP</td>
<td>RP</td>
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<td>8.4</td>
<td>WPBA</td>
<td>To bring up WPBA and SAS doctors to College QA committee and to HoS</td>
<td>JR</td>
<td>18/01/19</td>
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<td>9</td>
<td>Recognition of Trainers</td>
<td>To discuss with DMEs the appointment of Trainers and communication with STCs</td>
<td>RMV</td>
<td>18/01/19</td>
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<td>To request a new DME for the STB</td>
<td>PS</td>
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<tr>
<td>14.4</td>
<td>Academic</td>
<td>To contact Stephen Lawrie for academic updates</td>
<td>RP</td>
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