

Minutes of the Mental Health Specialty Training Board meeting held on Monday 01 April 2019, at 10.45am, in Room 5, 2 Central Quay, Glasgow

Present: Seamus McNulty (Chair) SMN, John Crichton (JC), Fiona Duncan (FD), Euan Easton (EE), Nupur Gandhi (NG), Rekha Hegde (RH), Nick Hughes (NH), Wai Lan Imrie (WLI), Amjad Khan (AK), Claire Langridge (CL), Dawn Mann (DM), Alice McGrath (AMG), Dianne Morrison (DM), Norman Nuttall (NN), Jackie Pickett (JP), Rowan Parks (RPa), Rhiannon Pugh (RPu), Ganesan Rajagopal (GR), Stuart Ritchie (SR), Karen Shearer (KS)

Apologies: Daniel Bennett (DB), Tom Fardon (TF), Iain Fergie (IF), Helen Goode (HG), Darragh Hamilton (DH), Ihsan Kader (IK), Marina McLoughlin (MM), John Russell (JR), Les Scott (LS), John Taylor (JT)

In attendance: Paola Solar (PS)

Item	Action
	Lead
1. Welcome and apologies	
The group were welcomed to the meeting and the apologies were noted.	
Dr Ganesan Rajagopal (GR) was welcomed to the STB as new TPD for Intellectual Disabilities. It was also noted that the new TPD for Psychotherapy is Dr Marina McLoughlin (MM), who replaces Dr Andrea Williams on the Board. Dr Wai Lan Imrie (WLI) was also welcomed to the Board, as both GAP TPD rep and DME deputy.	
2. Mental Health STB Minutes 18 January 2019	
The minutes of the previous meeting were approved as a correct record.	
From the Action Points it was noted:	
<ul style="list-style-type: none">• 3. RoT – on the agenda.• 4.7. Reference checking for trainees – to keep on the Agenda.• 5.2.1. Recruitment Lead per specialty – RPa noted that, following the MDRS Review, the STBs had confirmed that, in general, UK recruitment was going well for Scotland.	
One of the recommendations coming out of the review was that each individual specialty should have a Recruitment Lead so that Scotland is not at disadvantage at UK level discussions. The LDD will be informed of any issues by the Recruitment Lead. The Board agreed that the National TPDs will be the nominated Recruitment Leads for their specialties. SMN noted that he sits on the UK National Recruitment Board so he can be the Lead for GAP and CPT.	
<ul style="list-style-type: none">• 9.3. Reflective Practice – The final document had been circulated widely. SMN thanked RPu for all her work in this.• 9.4 WPBA – JR had advised that he will update the STB by email after the College meeting.• 11. Alignment of LDD, STBs and trainees with TP teams – on the agenda (under Single Deanery re-alignment).	

- 13.2. GAP and ID – as noted above, WLI is the new GAP rep on the Board and GR the new ID rep.
- 15.1. Compressed Training – The Board agreed that the current curriculum does not allow less than 36 months training. The trainee has been informed of this. The query can be looked at again when the new curriculum is ready.

3. Matters Arising

3.1. Shape of Training update

RPa informed the group that the Scottish SoT Steering group continues to meet. IMT (Internal Medical Training) will be launched in August. The Scottish Government is engaging at UK level. A final paper on Credentialling is going to the GMC Board this month. Work is ongoing on the updating of all specialties' curricula.

This item will be kept on the agenda.

3.2. AMP Training

JC reported that a new letter from the Scottish Government had been received confirming that AMP training is mandatory. This means that all doctors will have to have the initial ½ day of training, and the refresher after 5 years. If this is not completed by December, the doctors will lose their certificate for AMP training. This training is not covered by study leave.

JC is going to the next AMP Steering Group on 26 April as College rep.

Members were advised to contact Steve Young at NES, for any queries or issues with the course.

3.3. Foundation trainees in Psychiatry

The Scottish Government is fully supportive of an increase to the number of Psychiatry and GP placements in Foundation. This is likely to start from 2021-2022. The Board is encouraged to start thinking about where these placements should be. This will be coordinated by Dr Duncan Henderson, as Chair of the Foundation Programme Board. SMN will liaise with Dr Henderson and invite him to attend a future Mental Health STB for an update.

SMN

3.4. Mental Health ID and Dementia

SMN is a member of this group as Chair of this STB, but has not received anything so far.

3.5. Recognition of Trainers update

This concerned a clarification of responsibilities when appointing a new Trainer, in particular what is the procedure when colleagues deem a new trainer not suitable for the role. AK will take the query to the next RoT Steering Group.

AK

3.6. Reference checking for Trainees

This will be kept on the agenda.

3.7. Single deanery re-alignment

All STBs have been updated via emails from the Deanery. The Specialties will be aligned to regional offices and their Training Management teams. Mental Health will be run by the North region. The move will be implemented from 1st November, with a handover period between August and October. The TM vision was presented at the Associate Deans Away-Day last week and the

reception had been relatively positive. There is some understandable anxiety as TPDs will lose their local contacts, but the move will mean that there will be a single point of contact for each specialty.

NH asked whether there had been any consultation with trainees as they will be losing their go-to person in the Deanery. AK replied that there have been consultations with staff only so far. Once the changes are done there will be only one contact office per specialty and it is expected that this will be an advantage for trainees.

4. Recruitment

4.1. National Recruitment Board

The last meeting of the Board had been cancelled.

Although figures are not confirmed yet, HEE think that they will have an uptake of 100% in CPT. Local intelligence suggests that there is a significant shortfall across Scotland: SE will have a 100% fill, West 66%, East 75% and North 33%.

There has been the Choose Psychiatry campaign in England and Wales but nothing similar in Scotland. The Scottish Government did fund some events at the end of last year, which was too late to show results this year. There have been events in the West and East for students in Medical Schools. The same needs to be done in the North.

JC suggested that CPT numbers could be increased in the South East region since it is a 100% fill rate, in the hope that it will help areas more challenged in recruitment terms in the future. RPa noted that this has been considered seriously by NES as the fill rates of all specialties are higher in the South East. Making Scotland one recruitment unit or continue with geographical distribution has been discussed at length with the SG, who have decided on the latter as a matter of policy.

Some trainees had indicated that changes in the Junior Doctors contract in England mean that CPT trainees down south are paid more than in Scotland, as Scottish trainees will pay higher taxes later in their career. This is just a perception and it is not certain what the reality will be.

The group discussed the possibility of making CPT more flexible, giving trainees the possibility to move between Health Boards in Scotland.

Poor recruitment numbers mean an increase in rota gaps, which could lead to trainees not able to fulfil competencies. The group will keep an eye on this.

4.2. Recruitment Lead per specialty

As above.

4.3. CT Recruitment

Final numbers are not available yet.

4.3.1. UKFPO Career destination report

The report shows an ongoing trend with a high number of clinical fellows, locums, etc. The biggest driver for Foundation trainees' geographical preferences is to be near family and friends.

The output of Foundation trainees going directly into Core is low, but most come back in 2-3 years. Some are lost to the system but 85-90% are in a training programme after 2-3 years.

RH noted that, as FPD in the East region, she had been told that only two FY2 trainees had applied to Core – the reason being that they felt the transition into clinical work was too sharp and they did not feel prepared for it. Only two trainees knew about BBT.

4.4. ST Recruitment

This was completed last week but numbers are not available yet.

5. **Workforce**

In IK's absence, JC noted that there is an ongoing recruitment feedback exercise that closes on 08 April.

The International Psychiatry congress in July does not seem to have Scottish presence in stands. JC had been liaising with the recruitment team in Glasgow but has not heard from them recently.

6. **QM/QI**

6.1. Triggered visit to Tayside

AK reported that the re-visit was led by Prof Clare McKenzie. It had been quite positive, it was noted that the teams are working in the right direction, but it is slow progress as there is a lot to do. The new Associate DME is in post.

NH noted that recruitment and retention of consultants and trainees is still an issue in the region.

7. **BBT update**

EE noted that there had been an increase in the number of applications for this year's BBT intake, but not many candidates had been interviewed.

8. **ARCP**

8.1. Cross-region working / externality

The admin teams have struggled to get externality in the past for ARCPs and there are still some issues. JC noted that he had obtained a list of TPDs after emailing a personal request. The College is supposed to source external advisors for ARCPs but they have not done so in the last couple of years. The official route is through them, so RPa advised to exhaust any other avenue before trying to get externals on an individual basis. Some Colleges have devolved this role to SACs.

JC will contact Alice Simpson at the College in the first instance, as coordinator of the EAs for all specialties.

JC

8.2. Reflective Practice

As above.

8.3. WPBA

For next agenda.

9. **Heads of School**

SMN reported from the last meeting:

- The run-through pilot for CAMHS seems to be a success. In Scotland this would involve a lot of logistics as CAMHS has only been a national

AMG

programme for 2 years. AMG will take to the STC to discuss a possible way forward.

- The Leadership and management scheme had been emailed to all. Trainees have to pay £2000 and need approval from their MD or AMD at Health Board level as it is funded by the employer. SMN will email the programme to RPa so that he can take it up to MDET.
- Information regarding differential attainment, obtained from the GMC Survey, was also discussed.
- Strong discussion about Recognition of trainers and who appoints the trainers. Trainers can achieve RoT status but could potentially be appointed to a trainer role that they are not suited for. There needs to be a clear path between DME and the STC prior to the appointment of any approved trainer. After some discussion the MH Board decided that AK and SMN will liaise to take this forward.

RPa

AK/SMN

10. ETC update

No update.

11. Updates

11.1. LDD / MDET highlights

To note only that MDET is awaiting further funding from the Scottish Government for Forensic Examiners.

11.2. Specialties

- GAP – no update
- CPT – EE noted the increasing concern amongst colleagues due to rota gaps.
- Psychotherapy – Marina McLaughlin is the new TPD.
- OAP – No update.
- ID – There is an issue in Tayside with a trainee who wants to move location there but there is only one recognised post in the East. It was suggested to transfer a number from another region but RPa pointed out that such a change would need approval from all parts involved: NES, GMC, Health Boards and the Service. The STB can make a recommendation to MDET, who will then take it to the Scottish Government. There is general support for persistently unfilled posts that can be filled elsewhere. SMN and AK will discuss and take forward.

SMN/AK

AMG noted that the CAP + ID dual programme was the most oversubscribed and a number could be used for this issue. SMN and AK will also discuss this suggestion and take forward if appropriate.

SMN/AK

- Forensic Psychiatry – The Clinical and Educational Supervisor day had been very successful, with excellent feedback.
- CAP – The trainee who had enquired about compressed training has now asked about compressed hours over each week. They would like to do Mon-Tue-Wed full time on call. AK noted that there was a similar application in GP but it was turned down on educational grounds. AK will share this case with AMG. There is no support from this STB but they would need more background information, for example comparing with the compressed hours policy in NES.

AK

AMG further noted that there are issues in the OOH rota in GGC. There was a grievance complain not yet resolved.

- Dual Training – as above.

11.3. DME
No further update.

11.4. Academic
No update.

11.5. College
No further update.

11.6. BMA
No further update.

11.7. Trainee
No further update.

11.8. Specialty Doctor
No update.

11.9. STARG
No update.

12. Papers for information
There were no papers for information.

13. AOB

13.1. College rep
DM asked whether it is possible to get another College rep contact as the Quality team are having problems getting a College rep for the visits. She will email JC so he can enquire at the College.

DM/JC

13.2. AML and JP will soon be retiring from the role of TPDs and they were thanked for all their work and contributions.

14. Date of next meetings

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 1, Westport, Edinburgh

Action points

Item No	Item Name	Action	Lead
3.3	Foundation trainees in Psychiatry	To invite Duncan Henderson to a future meeting for an update	SMN
3.5	Recognition of Trainers update	To bring query to RoT Steering Group for clarification	AK

8.1	ARCPS – cross region working/externality	To contact Alice Simpson at the College regarding the sourcing of External Advisors for ARCPS	JC
9	Heads of School	To discuss possibility of run-through CAHMS programme at next STC To take to MDET the funding of the Leadership and Management scheme To discuss appointment of recognised trainers	AMG RPa AK/SMN
11.2	Specialties updates	ID - To discuss how to take forward moving a training number to Tayside ID – To discuss possibility of using a number from dual CAHMS/ID training CAP – To share GP case of compressed hours with AMG	AK/SMN AK/SMN AK