

**Minutes of the Mental Health Specialty Training Board meeting held at 10:45 on Friday 13
September 2019 in Room 5, 2 Central Quay, 89 Hydepark Street, Glasgow**

Present: Seamus McNulty (SMN), Ian Fergie (IF), Rekha Hegde (RH), Wailan Imrie (WI), Claire Langridge (CL), Dawn Mann (DM), John Dearden (JD), John Taylor (JT), Daniel Wilkes (DW).

By videoconference: *Aberdeen* - Daniel Bennett (DB), Dianne Morrison (DM); *Dundee* – Tom Fardon (TF), Chris Pell (CP); *Edinburgh* – Anne Dickson (ADi) for item 4, Duncan Henderson (for item 2), Amjad Khan (AK), Norman Nuttall (NN), Rhiannon Pugh (RP), Ganesan Rajagopal (GR).

Apologies: John Crichton (JC), Fiona Duncan (FD), Euan Easton (EE), Nupur Gandhi (NG), Helen Goode (HG), Duncan Gray (DG), Darragh Hamilton (DH), Nick Hughes (NH), Ihsan Khader (IK), Stephen Lawrie (SL), Jen Mackenzie (JM), Alice McGrath (AMG), Marina McLoughlin (MML), Helen Millar (HM), Rowan Parks (RPa), Jackie Pickett (JP), Stuart Ritchie (SR), John Russell (JR), Karen Shearer (KS), Chris Sheridan (CS).

In attendance: Helen McIntosh (HM).

Item	Lead
1. Welcome and apologies The Chair welcomed all to the meeting and apologies were noted.	
2. Foundation posts: update – Duncan Henderson Dr Henderson provided an update to the STB. He said that while there was no formal announcement, it was likely they will receive additional Foundation posts in 2021 and hence exposure to Psychiatry in F2 in Scotland would rise in 2022 from 20% to 34%. Most of the expansion would be in West and North with fewer numbers than usual for the rest of the country. He cautioned that this was not guaranteed but that he was cautiously optimistic. The Scottish Government's paper 'Protecting Scotland's Future' states: 'We have already announced an increase in medical undergraduate numbers. By 2021 medical school places will have increased by 190 over 2016 levels. To help ensure that Scotland has a world-class and sustainable medical workforce, we will fund an additional 105 foundation places for medical graduates by 2022. These will accommodate the first of the additional graduates and enable them to proceed to the next stage of their training in order to become qualified doctors. The new places will create a greater range of placements for trainee doctors, particularly in general practice and psychiatry and in remote or rural parts of Scotland.' DH stressed that if approved they would not move trainees between regions. He noted that F1 Liaison Psychiatry provided good experience and if the additional posts were agreed this would be the focus. SMN expressed some disappointment that these numbers fell well short of the exposure foundation doctors in England where 46% had exposure to psychiatry. SMN reported that HEE has rebadged the new Psychiatry Fellowships as now being open to all UK graduates whereby initially it had seemed open solely to	

doctors in England. DH said that devolved nations were not included in the initial discussions, but Scotland had been added to the mix after the initial publicity for the initiative

3. CT Recruitment – Anne Dickson

Anne Dickson (ADi) noted that core recruitment was beginning to experience problems. In the past there have been initiatives to attract trainees to other specialties via videos/facebook campaigns and this was an option; they could involve the College and ask trainees for input. There have been good videos produced promoting Forensic Psychiatry. Changing rotations was more complex and would require the involvement of the service. RP said that STARG would be keen to work with NES on producing videos and other promotional materials/events. She also reported the Forensic STC would like to look at the attractiveness of the SMT website. ADi said this could be possible and they could direct people to the Psychiatry section. They were also looking at programme descriptors. This was work that could be done quickly and she will take this forward.

ADi

It was difficult to say if such a campaign would increase applications. HEE is offering increased study leave expenses of £734 per trainee; Northern Ireland provides £1400 per head and if Scotland wanted to be comparable with England increased funding would have to be sought from Scottish Government. In terms of introducing a bursary as in GP, there were mixed views as to whether this would be helpful or not as experience elsewhere showed that this resulted in moving the same posts around. DB felt it could worthwhile trying this however he felt that they needed to consider resources where there are vacancies eg Inverness and should target this area on a national basis. He was happy to be involved in the work. ADi reported that the introduction of the GP bursary resulted in better fill in the North, but this impacted on recruitment to East; there was little impact on the West. ADi will send SMN information on the GP scheme for the STB to consider.

ADi

DW said he and the other trainee reps would be happy to work with NES and STARG; he will share contact details with ADi. RH noted the use of a networking bursary to host 3 sets of lunches at training sites and those trainees involved would be happy to join this initiative. GR noted a survey research project run by Fiona Alexander which is contacting core Psychiatry trainees for feedback on their experience, whether they continued in the specialty and the decision making process. It was agreed to focus on Core. The group was asked to send information to HM.

DW

All

GR noted the situation in ID Psychiatry where they have 13 numbers and 6 vacancies in the West and one in SES and interested parties in SES. He asked if trainee allocation could be made more flexible to increase the attractiveness of the specialty. Tayside has been trying to transfer/convert posts. ADi said this was technically possible but would need the support of the STB which would have to consider the impact on other areas. JT said that while the service would not want to lose training posts in some areas there are many vacancies in ID and so he did not feel that making one or two posts more flexible would impact adversely on the service. There would have to be agreement around payment of on call costs.

4. Minutes of Mental Health STB meeting on 3 June 2019

The minutes were accepted as a correct record of the meeting.

5. NHS Tayside

AK reported there will be an enhanced monitoring visit on 9 October with GMC involvement. NES has discussed the situation with Scottish Government and HIS and it was clear the situation was not improving with various issues and pressures involved. The visit could decide to continue enhanced monitoring/to continue with enhanced monitoring with conditions/to remove trainees. CP expressed concern around the remit of the visit as it would impact on trainees in other specialties not just GAP. TF said there were ongoing changes in the service structure and a meeting will be held with the new service appointee at the end of September, which he will attend. He will also meet all trainees at the end of September to outline the visit process. CL will share a video showing the visit process with TF.

CL

AK further reported that a telephone call involving NES and representatives of HIS and Scottish Government has been arranged for 2 October to share information. He will feedback any information from the meeting to the group. It was not clear what the impact of the visit will be until it takes place. If trainees were withdrawn it was hoped they would be able to find other posts/experience for them. JT said if it was decided to remove trainees this would be with immediate effect. Other specialties have also been on enhanced monitoring and it would be useful for this information and experience to be shared; some positive changes have resulted in other areas. The visit will consider if issues previously identified have been dealt with and should be viewed positively.

6. Matters Arising

6.1 Recognition of Trainers update – trainers' appointment

SMN will produce a draft paper with diagram of responsibilities re approval of trainers for the December meeting and which AK will then take to MDET.

Agenda

6.2 Reference checking

AK reported that in the GP recruitment process, administrative staff look at references submitted and pass on any issues to medical personnel. SMN said it was the responsibility of the employing board to highlight any issues to the TPDs. JT was uncertain this was being done. It was agreed to discuss this further as an agenda item at the next meeting when JM should be present.

Agenda

6.3 Mental Health ID and Dementia

SMN will update the group when information is available.

6.4 Run-through CAHMS

SMN said this was piloted in England where 100% appointments were made. Scotland has not been involved but given the level of upcoming retirements it may wish to consider this. DB said there were no major gaps in CAMHS HST programme however consultant workforce was a different issue and trainees did not want to do CAMHS alone and lose their higher training numbers. SMN said trainees in the pilot were still expected to complete the core curriculum in 3 years and they could not progress to ST4 without this. He felt it would be helpful to hear how the pilot has gone to provide the STB with an informed view

whether it wanted to consider this for the future. It was noted that Scotland provides runthrough training in T & O and this is well subscribed so this could be well received. It was agreed SMN will invite Dr Suyog Dhakras, leading on the pilot, to the spring meeting of the STB and when the TPD would be present.

SMN

7. Recruitment

7.1 National Recruitment Board

Information from the meeting on 19 July was circulated to the group. SMN noted that several deaneries in England had a 100% fill rate while Scotland was second last on the list. There has been good recruitment in Core Psychiatry in the past; SM reported that Kate Lovett, Dean of the RCPsych had indicated that the improvements in core psychiatry recruitment were probably not solely due to the "choose Psychiatry" programme but was perhaps more attributable to an increase in Psychiatry exposure for Foundation trainees in England secondary to increased numbers of foundation posts being created 2 or 3 years ago. CL felt that medical students tend to have a clear idea of what they want to do by 4th/5th year, so it was important to expose them early to Psychiatry. Early exposure in Medical schools varies widely, Health Boards use ACT money differently and Glasgow does this ad hoc. She also felt that as a community specialty, travel and accommodation costs are a factor. NN added that within SES trainees tended to want to be based in Edinburgh rather than Borders or Fife. The group agreed the need to provide good quality exposure/experience and that Health Boards should promote themselves more.

7.2 ST Recruitment

This was generally going well especially GAP. SMN felt the recruitment rate may reflect the success of core recruitment a few years ago. However, ID was not doing well. Trainees must do at least one developmental post during core training but tended to favour CAP over ID with the result that fewer trainees were getting exposure to ID and were thus less likely to specialise in this. NN confirmed that trainees can do both if they wished. GR said they were asking ID consultants to have a higher profile in teaching to promote the specialty and he stressed that posts were available.

7.3 Allocation of Core Psychiatry trainees in the West of Scotland

The group discussed the preferencing letter sent to all trainees. The letter states that all trainees will have a base health board for 2 years after which they may move elsewhere for CT3; those going to Lochgilphead are promised a central/Glasgow post for the remainder of their training. However trainees are reporting that they are not given this information when they receive rotations and so there seems to be a communications gap. It was agreed that SM will check the letter with trainees to ensure clarity and a flowchart illustrating the trainee journey will be added to the document.

SM

8. Counting Maternity leave towards training

This was discussed at the recent Heads of Schools meeting where there was no firm resolution. Trainees were seeking to have annual leave counted towards training. The group felt that only time in actual training could be counted however it was clear that contradictory advice was being given. It was agreed that HR advice was required, and AK will ask Muriel Russell for her opinion.

AK

9. ARCP
9.1 WPBA

SMN reported he has replaced JR on the Education and Training Committee of the RCPSych but had yet to attend a meeting.

10. Updates
10.1 LDD/MDET highlights

AK highlighted:

- Foundation expansion.
- QRP - this went well, and the Annual Quality Report will be produced on 1 October. DM added that the SQMG will issue outcomes and good practice letters on 1 November.
- TM vision – currently in the handover period with full introduction on 1 November.
- CCT and revalidation – revalidation was at the point of CCT however the GMC was seeking to uncouple this and move to a strict 5 year cycle. The status quo remains while discussion continues.
- RoT Away Day – Professor Alan Denison and AK will attend.
- Reverse Mentoring Pilot re Differential Attainment – senior members of the Executive Team will be mentored by junior colleagues. It was hoped finance will be received for training and after the pilot it will be rolled out more widely.

10.2 Specialities

• **GAP**

All WoS numbers, including LAT posts, filled.

• **ID**

One issue noted and which was being monitored.

• **Forensic Psychiatry**

JC has demitted and replaced by Nick Hughes. An issue regarding SOAR was noted where trainers were not being recognised and listed on the system. This is not a NES issue and William Liu was working with DMEs to resolve it. This will be discussed at the forthcoming workshop.

• **CAP**

Noted: appointment of national TPD.

• **DME**

Noted: replacement awaited.

• **Academic**

Professor Lawrie is happy to continue to provide reports to the STB but is not able to attend meetings. It was agreed SMN will approach someone to replace him.

• **Trainee**

DW reported their annual meeting has taken place and they were looking at holding a trainee conference in Glasgow.

- **BMA**

Noted: Dr Helen Miller has demitted and will be replaced in due course.

11. Papers for information

No papers were received.

12. AOB

No other business was raised.

13. Date of next meeting

The next meeting will take place at 10:45 on Friday 6th December 2019, in Room 1, Westport, Edinburgh

Actions arising from the meeting

Item no	Item name	Action	Who
3.	CT Recruitment	To take forward work; to send SMN information on the GP scheme for the STB to consider; to share trainee rep contact details with ADi; to send information to HM.	ADi; ADi DW All
5.	NHS Tayside	To share video on video process with TF.	CL
6. 6.1	Matters Arising Recognition of Trainers update – trainers' appointment	To produce a draft paper with diagram of responsibilities re approval of trainers for the December meeting.	SMN
6.2	Reference checking	Agenda item for next meeting.	Agenda
6.4	Run-through CAHMS	To invite Dr Suyog Dhakras to meeting in Spring 2020.	SMN
7. 7.3	Recruitment Allocation of Core Psychiatry trainees in the West of Scotland	To check letter with trainees to ensure clarity and add flowchart to the document.	SMN
8.	Counting Maternity leave towards training	To seek opinion from Muriel Russell.	AK