

**Minutes of the Mental Health Specialty Training Board meeting
held at 10:45 on Friday, 17th February 2023**

Present: Seamus McNulty (SMN) Chair, Adam Daly (AD), Linda Findlay (Standing in for Susan Richardson of RCP), Neera Gajree (NG), Pujit Gandhi (PGa), Partha Gangopadhyay (PG), Rosemary Gordon (RG), Ian Hunter (IH), Wai Lin Imrie (WI), Edward Kelly (EK), Claire Langridge (CL), Nina MacKenzie (NMck), Ashling Mooney (AM), Dianne Morrison (DM), Karen Shearer (KS), Chris Sheridan (CS) Laura Sutherland (LS), Michael Turner (MT)

Apologies: Julie Arthur (JA), Natalie Bain (NB), Daniel Bennett (DB), Deborah Brown (DBr), Stephen Byers (SB), Alastair Campbell (AC), Jonathan Cavanagh (JC), Hollie Craig (HC), Euan Easton (EE), Judith English (JE), Tom Fardon (TF), Ian Fergie (IF), Linda Findlay (LF), Rekha Hegde (RH), Nick Hughes (NH), Michael Jamieson (MJ), Ihsan Kader (IK), Emma Lewington (EL), Katy Lewis (KL) Jen Mackenzie (JMck), Clare McKenzie (CMck), Jane Morris (JM), Norman Nuttall (NN), Christopher Pell (CP), Susan Richardson (SR), Ganesan Rajagopal (GR), Dee Rasalam (DR), John Russell (JR), Neelom Sharma (NS), Priti Singh (PS), Colin Tilley (CT), Gordon Wilkinson (GW)

In attendance: June Fraser (JF) (Minutes)

Item		Action
1.	Welcome and apologies The Chair welcomed members to the meeting and apologies were noted.	
2.	Mental Health STB Minutes 9th December 2022 Minutes were accepted as an accurate record.	
3.	Review of action points 9th December 2022 All previous action points were completed or established as agenda items except for:- <ul style="list-style-type: none"> • Item 5.4 - NG to share slides to TPDs for use at induction 	(c/f from 9 Dec minutes) NG to share slides to TPDs for use at induction.
4.	Matters Arising <ul style="list-style-type: none"> • No matters arising were notified. 	
5.	Main items of business	
5.1	Trainee Report/Update RG reported that HEE movement of training numbers (moving training posts from London – which are seen as disproportionate - to more peripheral places) is causing a stir and there is concern that this may be followed in Scotland. There is also ongoing concern about the bottleneck of higher training numbers, particularly in south east Scotland.	

	<p>Strike action is a prominent item with trainees at the moment - England are currently voting on this and Scotland will follow suit shortly. CASC is going back face to face in September which is excellent news and the Conference is in Wales in May.</p> <p>SMN confirmed that there are no plans for a similar process to take place for movement to training numbers in Scotland, therefore trainees can be reassured as to this point.</p>	
5.2	Recruitment Update	
	<p>Email provided by JMCK noted that interviews and assessments are ongoing. Offers will be released by HEE NW for Core and ST1 CAHMS by the end of March and ST4 offers will be released by the 20th of April 2023. Expecting to continue to have 100% recruitment at Core Psychiatry level but need to wait and see what the results are. In August 2023 it will be the 3 year anniversary of initial 100% recruitment to Core Psychiatry so in August 2024 will see if this has significant impact on recruitment at ST4 level across Scotland.</p>	
5.3	Pilot of ID Psychiatry	
	<p>GR gave apologies but provided an update.</p> <p>A draft ID Psych Run Through Training proposal paper has been completed and submitted to Deanery for approval at Snr Management level and then GMC level.</p> <p>RCPsych has updated its run through training page to include ID Psych related info (learning outcomes).</p> <p>https://www.rcpsych.ac.uk/training/your-training/run-through-training</p> <p>For STB to consider- In the ID Psych run-through pilots in England (started Aug 2022), the offer includes:</p> <p>Free place at RCPsych Annual Faculty of Intellectual Disability Meeting held in the Autumn.</p> <ul style="list-style-type: none"> • A once per year free training / networking day hosted at the Royal College by the Faculty <p>Conference fee funded by ID Psych Faculty currently. Travel / accommodation – the College paid first time round from central education & training funds, but will not guarantee that as an ongoing thing, so there will be some debate as to who pays next time round – options would be College, Faculty or HEE/equivalent (i.e.) Deanery.</p>	

	<p>Could this be replicated as part of our Scottish run through 'package'?</p> <p>GR is stepping back from role of ID Psych TPD w.e.f end March 2023.</p>	
5.4	Simulation based training in Core Psychiatry	
	<p>NG updated the group on Sim Training. First round of the PESC course (Psychiatry Emergency Simulation Course) just finished for CT1s who started in Scotland in August 2022. 34 out of 44 trainees attended the course in Lanarkshire and Lothian and still looking at feedback but overall extremely positive. (The trainees unable to attend were due to rota commitments, family issues etc. The training is not compulsory but trainees are highly encouraged to attend.) Certificates will be provided to those who attended which can be used in portfolios – many of the scenarios are aligned to the high level outcomes of the new RCPsych curriculum. Anorexia Nervosa station particularly helpful as not seen at clinical practice.</p> <p>11 CT1s who started in Scotland in February – courses planned for them also.</p> <p>Trainees who started in August were asked what types of courses they would like to see and many requested medical emergency courses which ties in well with plan to carry out medical emergency course for CT2s.</p> <p>It is hoped the medical emergency course for CT3s will be ready to go next (mental health tribunal simulation). Was hoped to be ready for summer but it is likely to be later in the year due to issues with sound.</p> <p>The medical emergencies sim course is likely to be the last one to be ready. Collaboration will be undertaken with sim colleagues working in Medicine with expertise in that field. Previous scenarios from Lothian course could be re-used, however will look at feedback from initial trainee survey and modify accordingly.</p> <p>It was requested that if not already happening that DMEs/Boards are notified directly of the dates of the sim courses to avoid rota clashes. It is hoped that ANPs will be able to join at a later date to make the courses multi-disciplinary but would depend on funding.</p> <p>Cost of course is £270 per trainee – this is not from study budget and funded by NES.</p> <p>It was requested that if possible, SAS doctors could attend the mental health tribunal simulation course.</p>	

5.5	New APGD Post for West Region	
	<p>SMN reported that Rekha Hegde has been appointed as an additional APGD for Psychiatry in the West Region. Rekha will have a combination of regional and national roles.</p> <p>As part of portfolio, RH will remain as TPD for national Old Age Psychiatry Training Programme but will be taking on a higher specialist training in General Adult Psychiatry in the west of Scotland plus the National Forensic and ID programmes and has been tasked with developing an Equality, Diversity and Inclusivity strategy for Psychiatry Training across the whole of Scotland.</p>	
5.6	Curriculum Update	
	<p>New curricula have now been fully implemented.</p> <p>It was noted that some were struggling with the new curriculum and portfolio – steep learning curve and some discrepancies around QI and audit. College have been giving some conflicting advice about who should be on which curriculum. Portfolio also noted as being difficult to navigate and PDPs seem less placement-specific and more restrictive. PS PDP also seems to be a much longer document and difficult to see what belongs where. Needs to be done regularly as otherwise would require a lot of work at the end. It was noted that if you make a comment on one of the capabilities that same comment goes across all the other capabilities within that theme. WLI has asked supervisors to label what comment they are putting it against, i.e.. HLO 1, theme 1 capability 2. There is a requirement to discuss PDPs further before ARCP and what the standards will be for CCT.</p> <p>Supervisor and trainee sessions were given in each area but further sessions can be run if required.</p> <p>There will be a further updates regarding the system at the next STB.</p>	
5.7	RCPsych Guidance for Recognition of Trainers	
	<p>Guidance on how appoint educational and clinical supervisors (Paper 2) sent to group.</p> <p>No longer excluding SAS grade doctors from being educational or clinical supervisors. There was some discussion on this being a contentious issue. The RCPsych was the only royal medical college that has not allowed SAS grade doctors to be ESs or CSs.</p>	<p>To be discussed further at the next STB meeting.</p>

	The document is for guidance only and the college cannot mandate anything above and beyond existing processes in Scotland however it is encouraged that TPDs and DMEs work as closely as possible re how appoint trainers and training posts. This item will be discussed further at the next STB meeting once digested.	
5.8	ASR Recommendations Approved	
	<p>This was a year-long consultation and the key recommendations were:</p> <ul style="list-style-type: none"> • From September 2023, moving to a face-to-face delivery model for CASC (subject to final GMC approval) • Continuing the delivery of written exams, Papers A and B, via Pearson VUE test centres • Creation of a new Assessment Oversight Committee to have strategic oversight of educational assessments, and report to the Education and Training Committee (ETC) • Creation of a formative assessment working group to create a recommendations report by the end of 2023. <p>The final item caused much debate amongst the participants as it asks trainees to evidence their formulation skills and looking to assign a number of formulation assessors.</p>	
6.	Standing Items of Business	
6.1	<p>Deanery issues:</p> <ul style="list-style-type: none"> • Quality – Tayside and Inverclyde remain in enhanced monitoring. There are a number of scheduled triggered visits to take place this year including Stratheden hospital in Fife, the State Hospital, Old Age Psychiatry in Lothian and Dykebar. IH mentioned that had reached out to the State Hospital for ADME connection but been unable to do speak to anyone and requested if through the Quality process someone could let them know that they are welcome to join as part of the DME group. • Training Management – No issues noted. • Foundation Programme Director – No update given. • Professional Development – No update given. • MDST – No update given. • Equality and diversity (including differential attainment, fairness in training for all) – No update given. <p>Recruitment Report – no further update.</p>	

7.	Reports	
7.1	<p>General Reports</p> <ul style="list-style-type: none"> • Service Report – AD reported that the National Care Service and Quality Standards continue. Also, there will be a slight separation in the Medical Management Group – there will be a separate group for the Associate Medical Directors which will be linked to the existing Medical Managers Group. Therefore there will be two groups going forward instead of one. Continue to be worried around vacancies and workload. • DME report – IH noted that the action plans from quality visits will involve the new SMART objectives which are being rolled out and which should be beneficial to both the boards and the quality process. Workload and pressures on sites continue to be extremely high which is causing issues down through service and well-being. Excellent recruitment to core but anxieties about fellow and non-NTN recruitment this year. Expecting lower application rates due to discussions from trainees seeking opportunities in other parts of the world now that Covid restrictions have been relaxed. • Royal College report – Looking for a new Education and Training Committee representative as SMN’s terms is coming to an end shortly. May be of interest to TPDs. SMN would be happy to discuss the role. LF also drew attention to the Scottish Mental Health and Wellbeing Workforce Action Plan (commissioned by Scottish Government) – expecting a draft of this shortly. There is a tight turnaround. Be good to get views from the STB to feed into the action plan. A corporate NES reply is also being sent. The Scottish Psychiatry Report is at the drafting stage and anticipated completion by June. • Heads of School report Last meeting was 2nd November 2022. Discussions included SAS celebration week, SAS strategy, having SAS tutors in every trust and SAS representation on school boards (STBs are Scottish equivalent). Also discussed were UK wide recruitment, core psychiatry expansion, post conversion into ST4 posts and post re-distribution, e-portfolio, PTC strategy, study budgets and lack of parity in deaneries. Additionally, the development of Core Psychiatry Specialist Advisory Committee was discussed and they will be linking in with TPDs across all nations. Discussion also took place about curriculum update – assessment of the pilot but limited feedback. Spoke of trainer recognition and also about addictions – there is talk of development of an addictions tutor network. 	
7.2	<p>Specialty and STC reports</p> <ul style="list-style-type: none"> • GAP – Nothing to report. • CAMHS – No report. 	

	<ul style="list-style-type: none"> • Core – PGa noted that of the four posts previously recruited to, unfortunately one person has pulled out and that additional number will be added to the August intake. • CPT – No update. • Psychotherapy – No update. • OAP – No update. • ID – No further update. • Forensic Psychiatry – PG noted that did not recruit to vacancy in North so in August will have five vacancies – four in the west and one in the north. • CAP – No update. 	
7.3	SAS report	
	<p>New contract</p> <ul style="list-style-type: none"> • everyone has had to give a note of interest. • Introduction of new specialist grade. • Role of SAS may become more attractive due to significant uplift in salary at the lower end of the scale. 	
7.4	Academic report	
	<p>Paper circulated. It was noted that some of the clinical lecturers have moved on and others appointed. WLI noted that Nick Graham is a consultant and has been replaced by Emma Leighton. Jamie Herron is also a consultant and his post has been advertised. Daniel Kerr to CCT in August which will also be advertised.</p>	JC to update report.
7.5	Lay member report	
	<p>EK has been in post for 2 years and been involved in mental health forums for over a year and completed some visits. It has been good from a lay person perspective to see the full circle. Considering what has been happening in the NHS in the last few years, great strides have been made in mental health and excellent work being conducted.</p>	
7.6	BMA report	
	<p>CS noted that fundamental issues have been pay and pensions and BMA have been making strong representations regarding pay awards. In terms of pensions – there is consultation out around some changes to flexibilities through the SSPA. Launch of the REC scheme – whereby you can get the employers contribution normally made to your pension so that not losing deferred income. This covered the period to the end of this financial year but it is hoped it will be available in future years.</p>	

	Ballots in England for junior doctors strike action and discussion in Scottish Junior Doctors committee about balloting. May have and impact on all in terms of workload and anxieties for trainees.	
7.	AOB None	
8.	Next Meeting: Friday, 2 nd June 2023 at 10:45	

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