

Minutes of the Mental Health Specialty Training Board meeting held on Friday 6th June 2025 at 10:45

Present: Greg Jones (GJ) [Chair], Natalie Bain (NB), Rachel Ball (RB), Daniel Bennett (DB), Lisa Conway (LC), Amanda Cotton (AC), Philip Crockett (PC), Leah Drever (LD), Andrew Donaldson (ADo), Monica Francies (MF), Pujit Ghandi (PG), Neera Gajree (NeGa), Rekha Hegde (RH), Vicky Hayter (VH), Emma Lewington (EL), Jonathan May (JM), Jen Mackenzie (JMack), Larissa MacFadyen (LMcF), Michelle McGlen (MMcG), Dianne Morrison (DM), Norman Nuttall (NN), Filippo Queizenna (FQ), Bill Rogerson (BR), Laura Sutherland (LS), Quadrat Ullah (QU), Gordon Wilkinson (GW) & Sam Wilson (SW)

Apologies: Doris Ayemyat (DA), Mithun Barik (MB), Melissa Bremmer (MB), Deborah Browne (DBe), Deborah Brown (DB), Stephen Byres (SB), Martin Carlin (MC), Adam Daly (AD), Nitin Gambhir (NG), Rosemary Gordon (RG), Ishan Kader (IK), Stephen Lally (SL), Ewan Mahoney (EM), Brook Marron (BM), Susan Richardson (SR), Neloom Sharma (NS), Chris Sheridan (CS) & Colin Tilley (CT),

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	The chair welcomed the following new members: <ul style="list-style-type: none"> Dr Filippo Queizenna – Senior Lecturer in Psychiatry, University of Glasgow 	
2.	Minutes of meeting held 21/02/2025	<ul style="list-style-type: none"> The notes of the 21/02/2025 meeting were approved by the members The members requested that an Action Log be created for the next STB meeting 	RBS to create an Action Log for the next STB meeting
3.	Action Points from the meeting of 21/02/2025		
3.1	Expansion Posts - Members Response - North Region - Higher Training Posts	<ul style="list-style-type: none"> GJ confirmed that one higher post has been allocated to the expansion posts in the North Region. This was agreed by Lyndsay Donaldson as part of the NES Workforce plan. 	
3.2	Expansion Posts - Members Response -	<ul style="list-style-type: none"> This item was not discussed 	

	North Region - Less than Full Time		
3.3	Expansion Posts - Next Steps	<ul style="list-style-type: none"> • VH confirmed that this has been actioned 	
3.4	Psychotherapy Competencies		
3.4.1	Core Training	<p>EL gave the members an update concerning competencies and Core Training including:</p> <ul style="list-style-type: none"> • Supervision of Core Resident Doctors: EL confirmed that discussions are ongoing between NHS Greater Glasgow & Clyde and NHS Ayrshire & Arran regarding psychiatric supervision of psychotherapy resident doctors in Core training. EL confirmed that resident doctors who require to finish their psychodynamic competencies will be supervised by NHS Greater Glasgow & Clyde. EL noted however that this may be impacted by proposed cuts to psychotherapy funding in the West Region. • Future over Supervision: GJ asked whether this would be an ongoing arrangement. EL confirmed that this arrangement would have to be maintained for the foreseeable future. 	
3.4.2	Higher Training	<p>Various issues regarding resident doctors and higher training were discussed including:</p> <ul style="list-style-type: none"> • Issues with Higher Training: EL confirmed that resident doctors are still having issues accessing CBT case work to complete their psychodynamic competencies. In addition to this, resident doctors are having issues accessing suitable supervision. EL stated that there are temporary measures for resident doctors in place at present. 	

		<ul style="list-style-type: none"> • Areas Impacted: EL noted that there are issues in NHS Greater Glasgow & Clyde. PC noted that similar issues have arisen in the North Region. LC noted that there were similar issues in NHS Forth Valley. 	
3.4.3	Resident Doctors Curriculum Competencies	<p>Various issues were discussed regarding the identification of resident doctor's curriculum competencies including:</p> <ul style="list-style-type: none"> • Resident Doctors Competencies: GJ stated that the curriculum competencies affected in NHS Ayrshire & Arran must be identified. GJ suggested that the minimum requirement for both Core and Higher training must be identified. • Further Action: RH suggested meeting with LD and Core training TPDs to discuss issues and carry out a mapping exercise. RH also suggested involving the Special Advisory Committee. 	LD to meet with RH and Core Training TPDS to discuss resident doctor Curriculum competencies and supervision requirements
3.5	NHS Lothian refusing LTFT for CAMHS trainees - Next Steps	<ul style="list-style-type: none"> • GJ confirmed that this issue has been discussed with the Lothian. GJ confirmed that issues had arisen due to lack of communication between NHS Lothian and NHS Borders. GJ noted that the resident doctor was happy with the eventual resolution. 	
4.	Standard Business Issues – Deanery Issues		
4.1	Training Management	<ul style="list-style-type: none"> • VH confirmed that the rotation deadline for health boards is 06/06/2025. VH thanked the members for their help with this. 	
4.2	Professional Development	<ul style="list-style-type: none"> • GJ suggested this item be removed from the next meeting's agenda 	RBS to remove Professional Development item from next meeting agenda
4.3	Recruitment		

4.3.1	Recruitment & Data Requirements	<p>GJ asked the members for their opinions regarding data on recruitment including:</p> <ul style="list-style-type: none"> • Core Recruitment: GJ noted that data is required regarding impact of recent expansion posts. In addition to this, data is required regarding attrition rates between Core and Higher training. Data can then be used to draft a new 2026 recruitment request. • Recruitment Requirements: GJ highlighted that data is required regarding areas of greatest population need and areas with low recruitment such as Lanarkshire, Borders and Fife. 	
4.3.2	Data to be gathered	<p>Various issues regarding the kind of data to be gathered were discussed including:</p> <ul style="list-style-type: none"> • Type of Data Required: GJ noted that data related to first, second and specialty preferences is required including information on regional preferences and willingness to move. • Data Gathering: RB suggested that data gathering exercise carried out in the North Region could be expanded. RB suggested using the North Region google form (see link at bottom of meeting notes). GJ requested link from RB. • Specialty Doctors: NN suggested that specialty doctors be included in any information gathering. GJ asked how information could be gathered for this group. NN suggested local contact be used. • SAS Doctors: GJ suggested that SAS doctors be included. LC suggested the survey be sent to SAS doctors via AMDs. 	<p>RB to send revised google survey to GJ for circulation to TPDs</p>
4.3.3	Who will collate Data	<p>Various issues regarding who was to gather data were discussed including:</p> <ul style="list-style-type: none"> • Education Supervisors Meetings: RH suggested Education Supervisors be asked to carry out survey in Induction meetings with resident doctors. 	

		<ul style="list-style-type: none"> • TPDs: GJ suggested that TPDs survey resident doctors and send information to the STB. • AMDEs: AC offered to circulate any survey to AMDEs and requested GJ send her the survey link. • PRDC: JM suggested that any survey be carried out via the royal college and not the PRDC due to high levels of member turnover. • Deadline for Data: SW asked when the deadline for information was. GJ suggested by the next STB meeting. 	GJ to send revised google survey from RB to AC for circulation amongst AMDEs
4.3.4	Possible Issues	<p>Various issues regarding a possible data gathering exercise were discussed including:</p> <ul style="list-style-type: none"> • Possible Issues: DB highlighted that it should be made clear to resident doctors that this data gathering exercise. DB suggested that the survey be anonymous, and it be stressed that no resident doctor will be held to the preferences expressed in the survey. • Accuracy of Data: DB also noted that resident doctors career intentions may not be very accurate at CT3 level and may change significantly when moving into Higher training. LD suggested that doctors be asked for reasons why they have changed their career intentions. • Resident Doctors Response: LC noted that resident doctors are very anxious about the availability of future posts and transparency is required when conducting any survey. PC noted that this as issue raised recently at the UK Royal college. 	
4.3.5	General Update	<p>Various issues regarding Recruitment were discussed including:</p>	

		<ul style="list-style-type: none"> • Core Programme: RH confirmed that there has been one resignation in Core in the West Region. • General Adult Psychiatry: GJ confirmed that there was one vacancy in the East Region • Intellectual Disabilities: QU confirmed that five posts have been filled which is an improvement an improvement since the last recruitment round (see Item 5.2.6). 	
4.4	MDRG	<ul style="list-style-type: none"> • GJ confirmed that there were no issues to discuss 	
4.5	Equality & Diversity	<p>RH gave the members the following update:</p> <ul style="list-style-type: none"> • Neurodiversity Module: The Trainer Development Collaborative has produced a new neurodiversity module. RH confirmed that she has circulated information about this to TPDs. • Mental Health STB & AMEG: GJ asked RH whether she attended the AMEG group. RH suggested that the AMEG group send her the meeting minutes to see if there were any ED&I issues that require a response. • STBs & ED&I: GJ noted that there must be a new process whereby STBs are properly integrated to ED&I activities within NES. 	
4.6	Quality Team		
4.6.1	General Update	<p>NB gave the members an update regarding Quality issues including:</p> <ul style="list-style-type: none"> • Quality Engagement Meeting: One QME meeting is scheduled for Strathedan Hospital and Queen Margaret Hospital on 17/07/2025. An update will be provided through the SQMG. 	

		<ul style="list-style-type: none"> • NTS Survey: NB confirmed that the NTS Survey is now closed. Access to the dashboard will be provided by the GMC on 26/06/2025 and information will go live on 07/07/2025. • Repeat Requests: LD asked why the survey questions are often sent out several times. GJ clarified that this is due to delays from DMEs, Clinical Directors etc. • DME Reports: DB asked NB if TPDs could be sent DME reports. NB stated that she would include all TPDs when these reports are sent out. 	<p>NB to include TPDs when sending out Psychiatric DME reports</p>
4.6.2	Quality Team & Data Reviews	<p>Various issues regarding the integration of Quality Team and TPM activities were discussed including:</p> <ul style="list-style-type: none"> • Integration of Quality & TPM Teams: GJ asked how well Quality Teams and TPM were integrated. NB confirmed that all APGDs are invited to all data review meetings however for small meetings a summary sheet is sent to APGDs to review. In addition to this, any TPM concerns are fed back to APGDs. • Site Data vs Programme Data: DB noted that it was better to review data from individual sites rather than programmes. DB also noted that an element of integration between the two teams has been lost due to expansion. 	
4.7	Simulation Programme	<p>Various issues were discussed regarding the Simulation programme including:</p> <ul style="list-style-type: none"> • Simulation Posts: NG confirmed that the APGD post in Simulation will not go ahead. Instead, two new Simulation posts (one strategic post and one delivery post) will be advertised. • CT1 Simulation Post: NG confirmed that NES have reviewed all the Simulation courses and identified the CT1 Mental Health Simulation course 	

		<p>as essential for training. Funding will continue for this in NHS Lothian and NHS Lanarkshire. GJ congratulated NG on developing such as successful course. JM noted that there has been very positive feedback.</p> <ul style="list-style-type: none"> • Mental Health Foundation Course: NG confirmed that Jemma Pringle is wanting to implement the Mental Health Foundation Course across Scotland for all FY1s. 	
5.	Reports - Specialty & STC		
5.2	General Adult Psychiatry		
5.2.1	NHS Lanarkshire	<p>LC gave the members the following update:</p> <ul style="list-style-type: none"> • NHS Lanarkshire Post: LC confirmed that a candidate has been recruited to the three year post in NHS Lanarkshire. The candidate will have one Education Supervisor for the whole of their training which is similar to LPL national programmes. LC confirmed that Matthew Cordoner will act as educational Supervisor. GJ noted that this was a positive move. • Further Issues: LC highlighted however that this post did not count to the overall expansion in NHS Lanarkshire which is a concern. GJ suggested that this could be used as an example of how to expand to non-traditional rotational training post and could lead to further expansion. AD thanked LC for her input into this. 	
5.2.2	Other Regions	<p>SW gave the members the following update regarding GAP posts in other regions including:</p> <ul style="list-style-type: none"> • North Region: SW confirmed that all vacancies in the North Region have been filled. 	

		<ul style="list-style-type: none"> • East Region: SW confirmed that there was one vacancy in the East Region. SW stated that this would most likely be filled in the near future as there is at least one local CT3 who has indicated an interest. In addition to this, discussions are ongoing regarding health board funding for a further three posts. NS noted that any additional expansion posts in the East Region could be peripheral posts which would have a positive impact on consultancy recruitment. • GAP LPL: SW confirmed that a new LPL has been appointed for NHS Tayside. 	
5.2.3	Core Training Psychiatry	<p>PG gave the members an update regarding CPT including:</p> <ul style="list-style-type: none"> • Fill Rates: PG stated that there have been some resignations within CPT however numbers have not been impacted due to the large number of resident doctors CCT-ing out of sync within the training programme. • Less than Full Time: PG highlighted the increased demand for Less than Full Time which is causing some CT3s to CCT out of sync. GJ confirmed that he has contacted Amanda Barber regarding funding issues for the resulting vacant posts. GJ asked if these candidates would stay on if there was funding. GD confirmed that this would be the case. GJ noted that staggered finished dates can also impact resident doctors VISA status. • Study Leave Budget: PG asked if there would be an increase in the Study Leave budget. PG noted that recent increases in consultant salaries has resulted in increased fees for course organisers. GJ stated that there are no plans at present to increase the budget. 	<p>GJ to discuss vacant posts and financial issues related to Core Training and Less than Full Time requests with Amanda Barber</p>
5.2.4	Psychotherapy	<p>EL gave the members the following update:</p> <ul style="list-style-type: none"> • Dual Training Posts: EL stated that there is a requirement to dual the psychotherapy programme as there are fewer available consultancy posts 	

		<p>especially in the West Region. Possible dual programmes include Child & Adolescent or General Adult psychiatry.</p> <ul style="list-style-type: none"> • Move to Dual Training: GJ asked whether there were any single accreditation doctors who would consider joining a dual programme. EL suggested canvassing resident doctors. • Possible Draw Back to Approach: DB cautioned that this may have a negative impact on single training and consultancy posts in psychotherapy. SW cautioned that this approach may increase training times which would slow down the provision of consultants. • Royal College Response: PC noted that the royal college is concerned by the reduction in posts in the West Region and would be very supportive of dual training. • DME & Service Approach: AC noted that it was unclear what was driving the disestablishment of posts in Psychotherapy in the West Region and that she would contact the health and social care partnerships to get further information. AC suggested that there may be an unintended impact on these posts from the establishment of the Directors of Psychology positions. 	<p>EL to canvas single accreditation resident doctors on whether they would consider dual training</p> <p>AC to gather information related to possible reduction in psychotherapy posts in the West Region and report back to STB</p>
5.2.5	Old Age Psychiatry	<ul style="list-style-type: none"> • RH confirmed that there is only one vacant post in the East Region at present. In addition to this, one dual Old Age & GAP post has started in the North Region. 	
5.2.6	Intellectual Disability		
5.2.6.1	General Update	<p>QU gave the members the following update regarding ID including:</p> <ul style="list-style-type: none"> • ID Recruitment: QU confirmed that five posts have been recruited to. One post in the North Region, two in the South-East Region and two in the West Region. 	

		<ul style="list-style-type: none"> • NHS Tayside Issues: QU confirmed that the pots moved to the South-East region from NHS Tayside due to lack of Trainers could be moved back to NHS Tayside as there is now a qualified consultant who is willing to take on a resident doctor. GJ noted that the any post would have to be advertised UK wide. • Dual Training Programme: QU confirmed that we will be developing the Dual Training programme when the ARCP season has finished. 	
5.2.6.2	Condensed Hours	<p>Various issues related to condensed hours were discussed including:</p> <ul style="list-style-type: none"> • Condensed Hours: QU stated that he has had a request for condensed hours. QU stated that he has received a suggested timetable which did not seem to raise any training issues. GJ clarified that this is a contractual issue and does not impact training requirements. • Issues with Condensed Hours: LC and GW both highlighted the difficulty of balancing condensed hours against training requirements such as research, teaching, clinical exposure etc. RH highlighted requirements for resident doctors to integrate into teams and attend unscheduled care issues. GJ noted that this may have to be judged on a case-by-case basis. 	
5.2.7	Forensics Psychiatry	<ul style="list-style-type: none"> • MMcG confirmed that Forensic Psychiatry has a 100% fill rate and there are no vacancies. 	
5.2.8	CAP	<p>GW gave the members an update regarding CAP including:</p> <ul style="list-style-type: none"> • Dual Training: GW noted that one Dual Training resident doctor (CAP & Forensic Psychiatry) has dropped the CAP component of their training. Unfortunately, due to timing the CAP programme has not been able to recruit to the vacant post. 	

		<ul style="list-style-type: none"> • CAP Vacancies: GW confirmed that there will be four CAP vacancies for the February 2026 recruitment round. • NHS Tayside Issues: GW stated that there is only one substantive community CAMHS Trainer available to supervise CAP resident doctors in NHS Tayside. GW confirmed that he would investigate how this was to be resolved and report back to the STB. 	<p>GW to investigate NHS Tayside Trainer support for CAMHS resident doctors and report back to the STB</p>
5.2.9	Dual Training	<ul style="list-style-type: none"> • GJ confirmed there were no items to discuss 	
5.3	Service & Workforce		
5.3.1	Service (MD) Report	<p>AC gave the members an update regarding Service issues including:</p> <ul style="list-style-type: none"> • Vacancies: AC confirmed that there are various vacancies across Scotland particularly in the general specialties. • Scottish Government Workshops on Recruitment: AC confirmed that this project has now concluded. AC stated that the resulting paper must be approved at minister level. If the paper is approved there will be several implementation workshops. GJ noted that NES may be actioning may of the suggested recommendations already. 	
5.3.2	DME Report	<ul style="list-style-type: none"> • RH suggested that a mental health ADMEs group be formed to discuss information from the royal colleges etc. GJ requested NN and DB contact ADMEs. 	<p>NN & DB to contact regional ADMEs regarding a Mental Health ADME discussion group</p>
5.3.3	BMA – Consultant Doctors	<ul style="list-style-type: none"> • CS was not available 	
5.4	Resident Doctors		

5.4.1	SAS Report	<ul style="list-style-type: none"> No SAS rep was available 	
5.4.2	BMA Report – Resident Doctors		
5.4.2.1	General Update	<p>JM gave the members an update regarding resident doctor’s issues including:</p> <ul style="list-style-type: none"> Pay Negotiations: JM confirmed that negotiations were ongoing with the Scottish Government regarding resident doctors’ contracts. E-Portfolio: JM noted that the new e-portfolio has been delayed and will not be available until February 2026. There will therefore be a short period where supervisors will be on two different platforms. Proposed changes also include a new ARCP interface. 	
5.4.2.2	Training Bottlenecks	<p>Various issues were discussed regarding training bottlenecks including:</p> <ul style="list-style-type: none"> Training Bottlenecks: JM noted that there were still issues related to training bottlenecks and the number of doctors who do not have posts after FY2. GJ noted that NES is aware of this and noted that there have been a number of FY2 candidates who have not been deemed eligible for Core training. Foundation Doctors Competitiveness: GJ noted that problems may arise when candidates are deemed more appointable due to experience gained outside of training. GJ highlighted that this is not what the training process aims to achieve. Instead, all candidates leaving Foundation should be trained to an acceptable level to enter Core training. NES Response: GJ noted that this is being investigated and there is awareness that there should be a greater link between Core and Higher training. RH highlighted that this is an issue for all specialties not just mental Health. 	

5.4.3	Psychiatry Resident Doctors Committee		
5.4.3.1	Less than Full Time Issues in CAMHS	<p>Various issues were related to Less than Full time were discussed including:</p> <ul style="list-style-type: none"> • CAMHS Training in South-East: RB stated that there are issues regarding Less than Full Time requests and their impact on out of hours rota in the South-East region. It has been suggested that new Less than Full Time requests may be refused. • NES Response: GJ noted that resident doctors need to raise issue with TPDs if they have been refused Less than Full Time. RB stated that she would confirm if any resident doctors has been declined a Less than full time request. 	<p>RB to canvases resident doctors on whether they have been refused a Less than Full Time request in South-East region</p>
5.4.3.2	More Higher Resident Doctors	<p>Various issues regarding the requirement for more Higher trainees in NHS Lothian were discussed including:</p> <ul style="list-style-type: none"> • NHS Lothian Action: GW noted that a request for more Higher doctors in NHS Lothian was made for 2025 however the region was given two run-through training candidates instead. GW suggested recruiting two whole time equivalents to resolve this issue. • Core Training: GJ confirmed that there are ongoing discussions regarding this issue for Higher training but that solutions depended on the amount of funding that is available. GJ noted that NES cannot dictate how many resident doctors there are but can decide on where those resident doctors are located. 	
5.5	Others		
5.5.1	Royal College of Psychiatry, Scotland	<ul style="list-style-type: none"> • PC confirmed that there are ongoing discussions about the recruitment and use of Physician Associates. The college will be issuing guidance for 	

		employers regarding this in the next few months. GJ noted that the name 'Physician Associate' will be changed.	
5.5.2	Academic Reports	<p>FQ gave the members an update regarding academic activities including:</p> <ul style="list-style-type: none"> • New Clinical Fellow: FQ confirmed that a new Clinical Fellow has been appointed. • GATE Resident Doctors: FQ confirmed that the University of Edinburgh and University of Glasgow have recruited four new GATE resident doctors. These are resident doctors in the Core programme who are involved in research and teaching. • Clinical Lectureship in General Psychiatry: FQ confirmed that the University of Edinburgh and University of Glasgow may create a new clinical fellowship post however this is still to be confirmed. • University Lectureship: FQ confirmed that one University of Glasgow lectureship will be discontinued however this could be replaced with a NES funded SCREDS lectureship. • Clinical Leadership Posts: GJ asked if there was a possibility of clinical leadership posts at the University of Aberdeen or the University of Dundee. GJ suggested an increased academic presence may encourage local retention. FQ stated that he could contact Douglas Steel at the University of Dundee regarding this. 	FQ to contact Douglas Steel regarding possible academic clinical leadership roles at the University of Aberdeen and University of Dundee
5.5.3	Heads of Schools		
5.5.3.1	General Update	<p>RD gave the members the following update:</p> <ul style="list-style-type: none"> • Meeting Notes: RH stated that she has requested the minutes from the last meeting. 	

		<ul style="list-style-type: none"> • Less than Full Time Data: RH stated that she has also asked for information on resident doctors who are requesting Less than Full Time for the August intake. • Training in Private Provision: RH confirmed that she would be attending a meeting regarding how training acquired via private provision is recognised. 	
5.5.3.2	TPD Information	<p>RH gave the members an update regarding TPD information required by the Heads of School including:</p> <ul style="list-style-type: none"> • TPD Tariffs: RH confirmed that she has sent the Heads of School group information regarding TPD tariffs. GJ asked whether the TPD tariff was based on head count or whole time equivalent. RH suggested that it is based on head count. PG suggested that it may be based on Establishment Numbers. GJ suggested that this be checked with Amanda Barber. • Increase in Numbers and Impact on TPD: with additional information regarding increased resident doctor numbers and the requirements of TPDs to provide more support to doctors, • Additional Information: RH stated that she had also sent information regarding IMG doctors and doctors with neurodiversity. 	<p>GJ and RH to check whether TPD tariff information is based on head count, establishment number etc. with Amanda Barber</p>
5.5.4	Lay Member Report	<ul style="list-style-type: none"> • BR stated that the meeting was well run and had created some stimulating information. BR stated that the meeting was very positive. 	
6.	AOB		
7.	Meeting dates for 2025:	<ul style="list-style-type: none"> • 03/10/2025 (10:45 – 13:00) • 05/12/2025 (10:45 – 13:00) 	

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Recrutment Google Form

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