

Minutes of the Mental Health Specialty Training Board meeting held on 5th October 2023 at 10:45

Present: Seamus McNulty (SMcN) [Chair], Mithun Barik (MB), Daniel Bennett (DB), Deborah Brown (DBr), Stephen Byers (SB), Alastair Campbell (AC), Lisa Conway (LC), Adam Daly (AD), Tom Fardon (TF), Partha Gangopadhyay (PG), Neera Gajree (NG), Nitin Gambhir (NG), Rosemary Gordon (RG), Vicky Hayter (VH), Rekha Hegde (RH), Greg Jones (GJ), Ihsan Kader (IK), Stephen Lally (SL), Claire Langridge (CL), Katy Lewis (KL), Jane Morris (JM), Dianne Morrison (DM), Nina MacKenzie (NMck), Scott McGlynn (SMcG), Norman Nuttall (NN), Sam Wilson (SW) & Quadrat Ullah (QU)

Apologies: Natalie Bain (NB), Jonathan Cavanagh (JC), Andrew Donaldson (AD), Pujit Gandhi (PGa), Ian Hunter (IH), Stephen Lally (SL), Emma Lewington (EL), Jen Mackenzie (JMack), Ashling Mooney (AM), Susan Richardson (SR), Neelom Sharma (NS), Chris Sheridan (CS), Laura Sutherland (LS), Colin Tilley (CT), Michael Turner (MT) & Gordon Wilkinson (GW)

In attendance: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	<p>The chair welcomed the following new members:</p> <ul style="list-style-type: none"> • Mithun Barik (South Addictions (START) – NHS Ayrshire & Arran) • Lisa Conway (TPD GAP West) – NHS Forth Valley) • Nitin Gambhir (Lead Dean – NES Education for Scotland) • Greg Jones (Deputy Lead Dean – NES Education for Scotland) • Scott McGlynn (Core Psychiatry Training – NHS Dumfries & Galloway) • Jane Morris (Royal College of Psychiatrists – Scottish Chair) 	
2.	Minutes of meeting held on 02/06/2023	<p>The following corrections were requested:</p> <ul style="list-style-type: none"> • Headline – Correct date at top of notes • Item 6.1.1 - Learning Disability Pilot Run-Through Proposal - Run-through Pilot – Change from West Region to England 	RBS to correct 02/06/2023 meeting notes
3.	Matters Arising		

3.1	National Resource - Psychogenic Polydipsia	<ul style="list-style-type: none"> To be discussed at next meeting 	RBS to add to next meeting agenda
3.2	National PGMET Progression & Proforma	<ul style="list-style-type: none"> See Item 8 	
3.4	Intellectual Disability Psychiatry – Run-Through Pilot	<p>SMcN gave the members the following update regarding run-through pilots programmes:</p> <ul style="list-style-type: none"> Pilot Submission: SMcN confirmed that there are plans to run an Intellectual Disability Psychiatry run-through pilot in Scotland. A bid for two ST posts has been submitted to Transitions Group who will be meeting at the end of October. Proposed Start Date: SMcM confirmed that the pilot start date has been delayed until August 2024. SMcN stated that there would be a higher number of candidates at this intake. 	
3.3	Lead Dean Directors & Deputy Lead Dean	<p>SMcN confirmed the following changes in NES Education for Scotland management:</p> <ul style="list-style-type: none"> Lead Dean: Prof Nitin Gambhir (GP, PH OH & BBT and Mental Health) Deputy Lead Dean: Dr Greg Jones (Mental Health) 	
4.	Action Points from 02/06/2023		
4.1	Learning Disability Pilot Run-Through Proposal - Run-through Pilot	<ul style="list-style-type: none"> SMcN confirmed that this has been actioned 	
4.2	Date of Next Meeting	<ul style="list-style-type: none"> SMcN confirmed that this has been actioned 	
5.	Deanery Issues	All items to be discussed at next meeting	

<p>5.1.1</p>	<p>Recruitment Report</p>	<p>JMcK gave the members the following update regarding recruitment:</p> <ul style="list-style-type: none"> • Round 3 – February Start 2024: JMCK confirmed that interviews for Core Psychiatry and ST4 posts will be carried out by the North-West. JMCK stated that there have been some delays regarding offers due to Junior Doctors strike. • Round 3 - Indicative Numbers: JMCK confirmed the following trainee posts: <ul style="list-style-type: none"> • Core Training: 17 posts (East Region 2, North Region 4, West Region 8, South-East 3) • General Psychiatry: 13 posts (West Region 4, East Region 3 South-East Region 2, North Region 4) • Child & Adolescent: 1 post in West Region • Intellectual Disability: 1 post in North Region • Old Age Psychiatry: 2 posts (East Region 1 & 1 West Region 1) • Learning Disabilities: 1 post in South-East • Medical Psychotherapy: No posts • 2024 Interviews: JMCK stated that there was a draft timeline available for 2024 interviews however some information has still to be confirmed. JMCK stated that she would circulate 2024 interview information to members when it is available. 	<p>JMcK to circulate 2024 Interview timeline and dates to members when available</p>
<p>5.1.2</p>	<p>Recruitment Report - August 2023 Intake</p>	<p>Various issues relating to the August 2023 Intake were discussed including:</p> <ul style="list-style-type: none"> • 2023 Results: SMcN confirmed that there has been 100% recruitment in Core Psychiatry and an improvement in recruitment to ST4 posts (84%). In addition to this, there was 100% recruitment to all sub-specialties but only 61% recruitment to General Adult Psychiatry. 	

		<ul style="list-style-type: none"> • Vacant Posts: SMcN noted that North Region recruitment rates were 40% and the East Region recruitment rates were 33%. SMcN stated that there were ongoing concerns about ability to attract higher trainees to North and East Regions. • Members Response: DB stated that low recruitment levels in North and East Regions was better than expected and that there was the possibility of full recruitment when the expanded Core Training numbers move to ST4. DB stated that he and Leah Dreever is carrying out mapping to address this. • Addressing Population Demands: DB stated that there is an issue regarding whether there were enough ST4 posts that would address future population requirements. TF stated that issue would be discussed at next training management meeting. • Expansion of ST4 posts: SMcN asked whether NHS Highland can accommodate more ST4 posts across all specialties. DB confirmed that General Adult and Old Age Psychiatry and CAMS could be expanded. DB stated that Medical Psychotherapy ID and Forensic Psychiatry might not be able to accommodate additional posts. 	
<p>5.1.3</p>	<p>Recruitment Report - Provision of Academic Research for Trainees</p>	<p>Various issues related to academic research in Psychiatry were discussed including:</p> <ul style="list-style-type: none"> • Lack of Access to Academic Research: JM noted that poor retention of trainees may be due to lack of academic research opportunities. JM emphasised that all departments should have a connection with universities to encourage academic research. JM suggested that this be discussed with Danny Smith. • Academic Supervision: DB stated that academic supervision can be provided at present levels in the North Region but would be a challenge if numbers increased. DB stated that remote supervision can be provided. SW stated that it would be difficult to provide accredited academic supervision due to lack of academic staff. 	<p>JM to discuss psychiatry academic research issues with Danny Smith</p>

		<ul style="list-style-type: none"> • Psychiatry Research Network: GJ noted that a Scotland wide trainee psychiatry research approach is required. SW confirmed that there was a trainee research network in the North Region. RH stated that she runs a National Research Day for trainees within her programme. GJ suggested separate discussions offline with JM, DB and JMcC regarding research network. SMcN asked members to report back on this for next STB meeting. • Other Academic Research: NMcK asked whether trainees can access other academic research outwith Psychiatry such as Psychology. SMcN confirmed that this was the case. • Posts with an Academic Component: RH suggested that consultant job plans should have adequate support in terms of SPA time and sessional payments. This will support research as part of a clinical post. AD stated that there were considerable Service issues related to this 	GJ, DB & JMcC to discuss Psychiatry Research Network strategy with JM and report back to STB
6	Higher Training & Recruitment Retention		
6.1.1	General Issues	<p>NMcK gave the members a summary of the Higher Training & Recruitment Retention paper. Various issues were related to this were discussed including:</p> <ul style="list-style-type: none"> • Flexible use of current training numbers: SMcN confirmed that discussions have been held regarding relocation of training posts. SMcN noted however that it would be premature to move Core Trainee numbers in the North and East Regions as these trainees can be accommodated in higher posts in their preferred geographical areas. • ST4-ST6 Posts - Vacancies: SMcN noted that there are a fixed number of ST4 – ST6 posts across Scotland (some of which are unfilled) which does not meet the demand for NTN consultant posts in areas such as NHS Lothian, NHS Greater Glasgow & Clyde, and NHS Lanarkshire. 	

		<ul style="list-style-type: none"> • ST4 – ST6 Posts – Discussions: SMcN confirmed that he has meet with the Medical Director Senior Team and it had been indicated that there will not be an increase in higher training NTN's while there are unfilled posts. SMcN stated however that there may be 100% recruitment next year which will help with requesting an expansion of Higher training posts. • Increasing attractiveness of Posts: RK suggested that more attractive posts could be offered to trainee aid retention. RH suggested tax breaks etc. could be considered. NMcK confirmed that this has was being discussed by various committees with discussed with Scottish Government. 	
6.1.2	South-East Region Issues	<p>Issues regarding training in the South-East Region were discussed including:</p> <ul style="list-style-type: none"> • Issues for Trainee in South-East Region: SMcN confirmed that trainees in South-East region feel disadvantaged because there are not enough higher training posts in this area. IK confirmed that if the South-East region produces an excess of CCT-ed trainees who cannot be offered consultant posts. • Possible Responses: IK suggested programme could move NTN posts to areas of demand with a guarantee that these posts would return to the South-East Region. • Issues in other Regions: NMcK highlighted that other regions have similar issues. NMcK stated that trainees in the West Region are changing their sub-specialty areas due to availability of posts. For example, a trainee may opt for Old Age psychiatry in the West Region instead of their preferred choice of Adult Psychiatry which is only available in the South-East Region. 	
6.1.3	Alternative Training Models – Run Through Model	<p>Alternative training options were discussed including:</p> <ul style="list-style-type: none"> • Run-Through Higher Trainee to Consultant Posts: JM highlighted alternative run-through approach proposed by DB etc. where higher trainees are matched to consultant posts. DB suggested that trainees could be offered one or two years in 	

		<p>a key consultancy post. DB suggested this approach could be used in addition to regular training model.</p> <ul style="list-style-type: none"> • Members Response: SMcG stated that this would be seen positively by trainees. SB stated that run-through programmes might not be popular with UK graduates however IMG trainees may be very positive response. • IMG Trainees: NG stated that there are positive results regarding IMGs and run-through programmes however this is dependent on the level of educational support these trainees receive in these regions. 	
6.1.4	Alternative Training Models – Expansion of CSER Programme	<p>The members discussed issues relating to the CSER pilot scheme including:</p> <ul style="list-style-type: none"> • Pilot Results: SMcN stated that it results are still due regarding the pilot scheme in NHS Grampian and it remains to be seen whether or not successful CESR applicants stay within the region. • Trainee Cohort: DB highlighted that trainees on CSER route are a different cohort of trainees. DB outlined that these trainees have extensive experience from overseas etc. 	
6.1.5	Alternative Training Models – Extension of Training Rotations	<p>The members discussed issues related to the extension of training rotations:</p> <ul style="list-style-type: none"> • Rotations vs Geographic Barriers: NMcK stated that training programme could extend clinical rotations across traditional geographical areas. For example, a trainee based in NHS Fife could also do clinical rotations in NHS Tayside or NHS Lothian. NMcK stated that this could apply to both Core and Higher levels. • Members Responses: RH highlighted issues regarding training programme descriptions, National Recruitment, Health Board requirements and employment law. SB raised issue regarding Quality and Trainee Survey results. 	

6.1.6	Return of Scottish Recruitment	<p>The members discussed Scottish Recruitment including:</p> <ul style="list-style-type: none"> • Re-establishment of Scottish Recruitment: IK suggested devolving recruitment back to Scotland. SMcN stated that it would be difficult to recruit ST4 interviews and would pose a logistical challenge for the Scottish Deanery. • Value of Face-to-Face Interviews: NG confirmed that face-to-face recruitment does not add value to the recruitment process and the greatest predictor of a trainee's success is their MRSA score. 	
6.1.7	Population Issues	<ul style="list-style-type: none"> • NG stated that run-through programmes and national recruitment may not match national population requirements. NG stated that NES is examining data regarding this and will be issuing information soon. 	
6.1.8	Expansion of Supervisor Capacity	<ul style="list-style-type: none"> • NMCK outlined various options for expanding supervisor capacity to support increased trainee numbers. SMcN confirmed that various suggestions have been put in action such as long-term locums being recruited as Educational Supervisors etc. 	
7.	Psychiatry Attrition Rates in Scotland	<p>IK gave the members a summary of the Royal College Report. Various issues were discussed relating to this including:</p> <ul style="list-style-type: none"> • Areas requiring further investigation: IK stated that there are still areas that require analysis such as impact of Whole Time Equivalent, impact of Less than Full Time etc. RH confirmed that CCT rates in her areas are slow due to Less than Full Time. DB stated that move to Whole Time Equivalent in Paediatrics had been successful. • NES Response: SMcN confirmed that NES are planning to move to Whole Time Equivalent for all specialties. NG confirmed that this has been discussed with Transition Group and NES will issue a response in the next six to twelve months. 	

8.	National Progression Proforma PGMET &	<p>Various issues regarding Psychiatry ARCP results were discussed including:</p> <ul style="list-style-type: none"> • Rates of Outcome 3 & 4s: SMcN stated that Psychiatry has a raised number of Outcome 3 and Outcome 4s used at ARCP. SMcN asked whether this was an issue or was the result of small programme numbers. • Use of Outcome 3: DB and RH both stated that Outcome 3s should not be seen as a negatively as Outcome 3s are often used as a ‘supportive’ response to trainees ARCP requirements. In addition to this, other results are due to small programme numbers. RH stated it would be useful to see how many Outcome 3s move to an Outcome 1 or Outcome 2. • Outcome 3s & EQ&I: NG suggested that Outcome 3s should be analysed with regards to Equality and Diversity themes. SMcN suggested that members look at trends and themes regarding Outcome 3s for next meeting. • Outcome 3s & Psychotherapy: RG asked how many of the Outcomes 3 relate to Psychotherapy competencies. SMcN stated that this would require a more detailed examination of the date. RH confirmed that there are specific issues related to Psychotherapy in Core Training. 	<p>ALL to look at trends and themes regarding Outcome 3s regarding Equality & Diversity for next meeting. RBS to add to next meeting’s agenda</p>
9.	Speciality Reports	<ul style="list-style-type: none"> • To be discussed at next meeting 	
10.	Specialty & STC Reports	<ul style="list-style-type: none"> • To be discussed at next meeting 	
11.	SAS Report	<ul style="list-style-type: none"> • To be discussed at next meeting 	
12.	Academic Report	<ul style="list-style-type: none"> • To be discussed at next meeting 	
13.	Lay Member Report	<ul style="list-style-type: none"> • To be discussed at next meeting 	

14.	BMA Report		
14.1	Junior Doctor Pay Negotiations	<ul style="list-style-type: none"> • SMcG confirmed that recent Junior doctor pay agreement is for 2024 and this agreement will be renegotiated in 2025. SMcG stated that if future negotiations are unresolved there is the possibility of further industrial action. 	
14.2	Junior Doctor Contract Negotiations	<ul style="list-style-type: none"> • SMcG confirmed that negotiations are ongoing regarding Junior Doctor contracts which will cover areas such as rota requirements and working conditions. 	
14.3	Physician Associates	<ul style="list-style-type: none"> • SMcG stated that the BMA have produced a paper on the use of Physician Associates. SMcG stated that the BMA believe that the role of Physician Associates will have to be revised and that this will have a significant impact on medical profession particularly trainees. SMcG stated that further information will be issued by the BMA soon. 	
15.	Date of Next Meeting	<p>Date of Next Meeting:</p> <ul style="list-style-type: none"> • 01/12/2023 (10:45 – 12:45) via TEAMS 	