

**Minutes of the Mental Health Specialty Training Board meeting held on 7<sup>th</sup> June 2024 at 10:45**

**Present:** Seamus McNulty (SMcN) [Chair], Natalie Bain (NB), Deborah Brown (DB), Deborah Browne (DBe), Alisa Bruce (AB), Martin Carlin (MC), Lisa Conway (LC), Adam Daly (AD), Andrew Donaldson (ADo), Leah Drever (LD), Rosemary Gordon (RG), Rekha Hegde (RH), Greg Jones (GJ), Jen Mackenzie (JMack), Nina MacKenzie (JMCK), Scott McGlynn (SMcG), Dianne Morrison (DM), Norman Nuttall (NN), Chris Sheridan (CS), Laura Sutherland (LS), Colin Tilley (CT), Samuel Wilson (SW) & Quadrat Ullah (QU)

**Apologies:** Julie Arthur (JA), Mithun Barik (MB), Daniel Bennett (DB), Stephen Byres (SB), Alastair Campbell (AC), Hollie Craig (HC), Jonathan Cavanagh (JC), Euan Easton (EE), Tom Fardon (TF), Ian Fergie (IF), Linda Findlay (LF), Pujit Gandhi (PGa), Nitin Gambhir (NG), Neera Gajree (NG), Partha Gangopadhyay (PGan), Ihsan Kader (IK), Rosemary Gordon (RG), Vicky Hayter (VH), Nick Hughes (NH), Ian Hunter (IH), Michael Jamieson (MJ), Edward Kelly (EK), Claire Langridge (CL), Katy Lewis (KL), Stephen Lally (SL), Emma Lewington (EL), Ewan Mahony (EM), Jane Morris (JM), Christopher Pell (CP), Ganesan Rajagopal (GR), Dee Rasalam (DR), Susan Richardson (SR), John Russell (JR), Neelom Sharma (NS), Priti Singh (PS), Michael Turner (MT) & Gordon Wilkinson (GW)

**In attendance:** Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	<b>Welcome &amp; Apologies</b>	The chair welcomed the members and noted the apologies	
2.	<b>Minutes of meeting held 23/02/2024</b>	The minutes of the previous meeting were accepted by the members	
3.	<b>Action Points from the meeting of 23/02/2023</b>		
3.1	<b>Issues related to NES Trainer &amp; Trainee relationships - STB Action</b>	<ul style="list-style-type: none"> <li>SMcN requested this action point be rolled over to the next meeting</li> </ul>	<b>RBS</b> to add action point 3.1 to next meeting agenda
3.2	<b>SMART Objective Table</b>	<ul style="list-style-type: none"> <li>AB confirmed that this was still to be discussed with AH and Jill Murray (Quality, General Manager).</li> </ul>	<b>NB</b> to discuss SMART Objective Table with AH and Jill Murray
3.3	<b>Clinical Handover Document - Circulation of paper to relevant Parties</b>	<ul style="list-style-type: none"> <li>RH confirmed that this has been circulated to members</li> </ul>	

3.4	Quality Re-Structure - Quality Team Groupings	<ul style="list-style-type: none"> <li>NB confirmed that this has been completed</li> </ul>	
3.5	Trainees & EDI - Mental Health STEP Meeting	<ul style="list-style-type: none"> <li>RH confirmed that this will be discussed at separate meeting</li> </ul>	
3.6	ED&I Trainee Requirements - Mandated Training	<ul style="list-style-type: none"> <li>SMcN and GJ confirmed that this is still to be discussed</li> </ul>	SMcN and GJ to discuss ED&I mandated trainee requirements
4.	Matters Arising		
4.1	Medical Workforce Review - Update	<p>GJ gave the members the following update regarding the review of the medical workforce including:</p> <ul style="list-style-type: none"> <li><b>Workforce Review Papers:</b> GJ gave a summary of two papers from the Scottish Government Workforce Supply Group. These papers address issues related to issues regarding consultant recruitment in Scotland.</li> <li><b>Specific Issues related to Psychiatry:</b> GJ noted that there were specific issues related to the recruitment of consultants in Psychiatry particularly in areas such as Fife and Lanarkshire. GJ noted that a multi strand approach is required.</li> <li><b>Suggested Solutions:</b> Suggested approaches include greater use of CESER programme or in situ SAS doctors, re-organisation of training structures to fill under filled programmes or areas where there is a perceived need, using locally funded NTN numbers and re-examination of trainee pipeline. GJ noted that some of some of these issues are outwith the NES remit.</li> </ul>	
4.2	Training & Retention Group Report		
4.2.1	Flexibility in Training Report	NMacK gave the members a summary of issues related to flexibility in training including:	

		<ul style="list-style-type: none"> <li>• <b>Training &amp; Retention Group Paper:</b> NMack gave the members a summary of the groups paper which was drafted for Scottish Government Policy Officers. This paper lists a variety of recruitment and retention options. NMack asked the members for comments.</li> <li>• <b>Suggested Approaches:</b> Several approaches have been suggested including: <ul style="list-style-type: none"> <li>• Reorganisation of posts across different geographic areas</li> <li>• New approaches to Dual and Run through training</li> <li>• New approaches regarding the delivery of curriculum requirements</li> <li>• Solutions for areas that do not have tertiary services</li> <li>• Review of where expansion posts are located</li> <li>• Providing posts in areas with high levels of trainees on LTFT</li> </ul> </li> </ul>	
4.2.2	<b>Redistribution of Posts</b>	<p>Various issues regarding the redistribution of posts were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Redistribution of Vacant Posts:</b> SMcN asked if the paper referred to the redistribution of vacant posts in higher training. NMack confirmed that this was the case. RH confirmed that that one post will be moved for Old Age Psychiatry.</li> <li>• <b>Temporary Relocation of Posts:</b> QU suggested temporary relocation of posts. For example, there is potential to create one ID post in the North Region due to trainee interest. SMcN noted that this should be possible as the ID programme is a national programme. NMack noted that there should be enough flexibility within the system to move posts to match trainee’s interests.</li> <li>• <b>NTN Numbers:</b> GJ stressed that a flexible approach is now required regarding the location of NTN numbers. In addition to this, there should</li> </ul>	

		<p>be a more flexible approach to rotations across Scotland especially regarding programmes with sub-specialties.</p> <ul style="list-style-type: none"> <li>• <b>Revised NES Allocation Approach:</b> CT suggested GJ contact Adam Hill who is looking at revising NES recruitment models. GJ suggested that psychiatry may require its own bespoke approach.</li> <li>• <b>Psychiatry Workforce Template:</b> LC stated that the West Region still uses the Establishment numbers as outlined in the Workforce Template. LC asked if this could be more flexible. GJ stated that the use of Establishment Numbers should be revised.</li> <li>• <b>Trainee Response:</b> AB stated that a survey has been carried out amongst trainees regarding the possible relocation of posts. The majority of trainees indicated they would be happy to relocate.</li> </ul>	
4.2.3	Other Issues	<p>Various other issues related to recruitment were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Dual Training Programmes:</b> SMcN noted that dual training while popular does not always meet population requirements. GJ noted that trainees who choose Dual training often favour subspecialties over General Adult psychiatry which can cause recruitment issues.</li> <li>• <b>Run Through Programmes:</b> SMcN stated that using run-through programmes does not always address recruitment issues as trainees often want to specialise after completing Core training.</li> <li>• <b>LTFT Issues:</b> GJ confirmed that NES is working to progress the adoption of the Whole Time Equivalent model which will address LTFT issues identified in Psychiatry programmes.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Issues related to Psychiatry Trainers:</b> GJ highlighted the requirement for more Trainers within the Psychiatry programmes to deal with expansion and any proposed changes to programmes.</li> <li>• <b>Response from Trainees:</b> AB asked if the STB would like feedback from trainees regarding possible changes to training programmes. SMcN stated that feedback was essential and suggested that a PTC rep be recruited to the SLWG.</li> </ul>	<p><b>AB</b> to canvas trainees on possible changes to trainee programmes with the aim of making recruitment more flexible</p>
<p>4.2.4</p>	<p><b>Job Descriptions</b></p>	<p>Various issues related to job descriptions were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Job Descriptions on SMT:</b> SMcN suggested that job descriptions could be re-drafted to indicate a wider scope. For example, a South-East post could include a year in Edinburgh and two years in a peripheral board such as NHS Fife. RH noted that trainees refer to the programme descriptors on SMT.</li> <li>• <b>Vacancy Manager:</b> DM noted that revised descriptors would also have to be posted on Vacancy Manager. DM suggested that these descriptions be more general.</li> <li>• <b>Style of Descriptor:</b> JMack confirmed that job descriptions can be redrafted. For example, if two posts were available in the South-East region, one post could rotate to NHS Tayside. Both posts could have separate descriptions so that when the candidates are preferencing they will see that one South-East post may go to NHS Tayside and one will be located wholly in the South-East region.</li> <li>• <b>Role of TPDs:</b> RH highlighted that TPDs still make the final allocation of trainee to posts. RH stated however that allocations should be on training opportunities not trainee preference. NN and QU noted that if new posts are made more general TPDs may have to point out that there are two different systems operating for a short period of time.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Trainee Response:</b> AB stated she would canvass trainees on their opinions about changes to job descriptions.</li> </ul>	<b>AB</b> to canvas trainees on possible changes to job descriptions
4.2.5	<b>BMA Response</b>	<ul style="list-style-type: none"> <li>• SMcG stated that there may be issues regarding trainees not understanding that posts have been made to cover greater geographic areas etc. especially IMG trainees. This may impact trainees forward planning. SMcG stated that posts must be manageable.</li> </ul>	
4.2.6	<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• GJ suggested creating a SLWG group and drafting an SBAR for submission to the APEX Group. SMcN requested that this include associated APGDs including Qudrat Ullah and Gordon Wilkinson. SMcN noted that this should be scheduled for the next recruitment round in August 2025.</li> </ul>	<b>GJ</b> and <b>SMcN</b> to form Psychiatry Recruitment SWLG and draft ToR and SBAR for consideration by the Apex Group
4.3	<b>Psychiatric Recruitment &amp; Retention</b>	<p>CT gave the members a summary of work related to recruitment and retention including:</p> <ul style="list-style-type: none"> <li>• <b>Project Summary:</b> CT stated that different data sets were used to examine the transition between training and employment in psychiatry consultancy posts. CT noted that there was information related to F2 and Core Programmes between ST3 and CCT level. Information also included data from medical schools, Higher Education Statistics Agency and data on postgraduate education from the National Trainee Survey on Postgraduate Medical Education.</li> <li>• <b>Survey Observations:</b> CT stated that there was an attempt to assess the size and speed of trainee movement from one training stage to another using survival analysis methods. For those who completed Core Psychiatry in Scotland 14.25% of trainees were seen in ST4 General Psychiatry training in Scotland three years later. In addition to this, of the trainees who started training in Scotland 27% ended up in General Psychiatry and 11% ended up in Child &amp; Adolescent Psychiatry. A very</li> </ul>	

		<p>small proportion of trainees ended up in different posts indicating a very low attrition rate.</p> <ul style="list-style-type: none"> <li>• <b>Next Steps:</b> CT suggested that this information is used by the Recruitment &amp; Retention Group as a recruitment baseline. In addition to this, the Group could use this information as the basis for re-modelled recruitment practices/allocations and for measuring effectiveness of any intervention. Another possible action would be to investigate the reason for the size and speed of transitions between one stage to another.</li> </ul>	
4.4	<p><b>The Effect of the Psychological Therapies Matrix on trainees' ability to gain Psychotherapy experience</b></p>	<p>DBe gave the members a summary of issues related to therapies matrix including:</p> <ul style="list-style-type: none"> <li>• <b>Cases for Core Trainees:</b> DBe noted that there are problems allocating cases for Core trainees within the NHS Ayrshire &amp; Arran region. DBe stated that the NHS Ayrshire &amp; Arran therapeutic governance board have decided that Psychiatry trainees do not meet the requirements for the Psychological Therapies Matrix compared to clinical psychologists.</li> <li>• <b>Issues in other Regions:</b> LD noted that there have been issues allocating cases for trainees in NHS Grampian. DB confirmed that there were issues within NHS Forth Valley.</li> <li>• <b>Number of Trainees Impacted:</b> SMcG asked how many trainees were impacted by this. DBe confirmed that two trainees were impacted at present with an additional four more trainees in August.</li> <li>• <b>Impact on Trainees:</b> DBe noted that trainees are unable to source short and long cases. DBe stated that there may be short term solutions for short cases but not long cases. SMcG noted that the lack of clinical cases was one of the major reasons for trainees not progressing from CT3 to higher training.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Reasons for Issues:</b> DBe stated that there have been ongoing debates over the governance of therapeutic services in territorial boards. CS noted that psychiatry trainees were having issues accessing clinical cases. This has been due to questions raised by NHS Ayrshire &amp; Arran clinical psychologists querying trainee’s skills set.</li> <li>• <b>Suggested Solutions:</b> DBe stated that NHS Ayrshire have suggested psychiatry trainees observe clinical sessions with a qualified clinical psychologist followed by a reflection session. This has been rejected by NHS Grater Glasgow &amp; Clyde. It has also been suggested that trainees could complete a 10-hour CTB training session, risk assessment and Bright training. This would be assessed and supervised by boards psychologists. DBe noted that this was not a satisfactory approach for trainees who want to pursue psychotherapy.</li> <li>• <b>Discussion with NHS Ayrshire &amp; Arran:</b> LC suggested DBe propose the approach used in NHS Forth Valley. This approach requires psychiatry trainees’ cases to be supervised by a Medical Psychotherapist.</li> <li>• <b>Discussions with Quality Team:</b> GJ suggested that this issue could be raised with the local DME. If this this does not illicit a satisfactory response it could be referred to the Quality Team. SMcN suggested raising issue at next SQMG meeting on 19/06/2024.</li> </ul>	<p>DBe to discuss allocation of clinical cases to psychiatry trainees with NHS Ayrshire &amp; Arran governance group SMcN and GJ to raise allocation of clinical cases to psychiatry trainees with NHS Ayrshire &amp; Arran DME and NES SQMG Group</p>
5.	Standard Business Issues		
5.1	Recruitment	<p>JMacK gave the members the following update regarding recruitment including:</p> <ul style="list-style-type: none"> <li>• <b>Unfilled Higher Posts:</b> JMacK noted that there are UK wide issues in recruiting to higher psychiatric posts.</li> </ul>	



		<ul style="list-style-type: none"> <li>• <b>Round 3:</b> JMack Confirmed that Round 3 would open in July for trainees who will be starting in February 2025. JMack requested members send job descriptions to DM for the September update on Vacancy Manager.</li> <li>• <b>Indicative Numbers:</b> JMack confirmed that indicative numbers will be available when Vacancy Manager is opened in mid-July.</li> <li>• <b>Vacancy Posts:</b> SMCN confirmed the following vacant posts: <ul style="list-style-type: none"> <li>• <b>North Region – ID:</b> 2 posts</li> <li>• <b>East Region - Old Age Psychiatry:</b> 2 posts</li> <li>• <b>North Region - General Adult Psychiatry:</b> 2 posts</li> <li>• <b>National Programme - Forensic Psychiatry:</b> 1 post</li> </ul> </li> <li>• <b>Trainee Response Regarding Vacant Posts:</b> AB suggested discussions with trainees and TPDs on why these posts are unfilled.</li> </ul>	<b>AB</b> to discuss with trainees and TPDs issues of unfilled posts across regions and specialisms.
6.	Reports		
6.2	General		
6.2.1	PTC Report	<ul style="list-style-type: none"> <li>• AB confirmed there were no issues to discuss.</li> </ul>	
6.2.3	Service (MD) Report	<ul style="list-style-type: none"> <li>• ADa confirmed there were no issues to discuss</li> </ul>	
6.2.4	DME Report	<ul style="list-style-type: none"> <li>• ADo confirmed that there were no issues to discuss</li> </ul>	
6.2.5	Royal College Report	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	
6.2.6	Heads of Schools Report	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	

<b>6.3</b>	<b>Specialty &amp; STC Reports</b>		
<b>6.3.1</b>	<b>GAP</b>	<ul style="list-style-type: none"> <li>• LC confirmed there were no issues to discuss</li> </ul>	
<b>6.3.3</b>	<b>CPT</b>	<ul style="list-style-type: none"> <li>• SMcN confirmed there were no issues to discuss</li> </ul>	
<b>6.3.4</b>	<b>Psychotherapy</b>	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	
<b>6.3.5</b>	<b>Old Age Psychiatry</b>	<ul style="list-style-type: none"> <li>• RH confirmed there were no issues to discuss</li> </ul>	
<b>6.3.5</b>	<b>ID</b>	<ul style="list-style-type: none"> <li>• QU raised the issue of trainees 'Acting Up' and 'Acting As'. QU stated that there were issues related to one West Region trainee who had requested to 'Act Up' in a role in a different territorial board. RH confirmed that trainees should be classified as 'Acting As' as they are not Out of Programme.</li> </ul>	
<b>6.3.6</b>	<b>Forensics Psychiatry</b>	<ul style="list-style-type: none"> <li>• GJ confirmed that Partha Gangopadhyay has resigned and an advert for a new Forensics TPD will be posted in June.</li> </ul>	
<b>6.3.7</b>	<b>CAP</b>	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	
<b>6.3.8</b>	<b>Dual Training</b>	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	
<b>6.3.9</b>	<b>SAS Report</b>	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	
<b>6.3.10</b>	<b>Academic Report</b>	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	
<b>6.4</b>	<b>Lay Member Report</b>	<ul style="list-style-type: none"> <li>• No representative was available</li> </ul>	
<b>6.5</b>	<b>BMA Member Report</b>	Various issues regarding BAM issues were discussed including:	

		<ul style="list-style-type: none"> <li>• <b>Physician Associates:</b> SMcG stated that the BMA have issued a response to the proposed use of Physician Associates. SMcG noted that there were specific references to Psychiatric Physician Associates.</li> <li>• <b>Impact of Scottish Income Tax Banding:</b> CS noted there were ongoing negotiations regarding English consultant contracts and disparities between English and Scottish contracts regarding pay scales and income tax bands. CS stated that the Scottish Consultants Committee are attempting to start discussions with Scottish Government regarding this.</li> </ul>	
7.	<b>AOB</b>		
7.1	<b>Forensic Psychiatry Board</b>	<ul style="list-style-type: none"> <li>• SMcN referred the members to the Scottish Government communication regarding a suggested Forensic Psychiatry board.</li> </ul>	
8.	<b>Date of Next Meeting</b>	<ul style="list-style-type: none"> <li>• 04/10/2024 (10:45 – 13:00)</li> <li>• 06/12/2024 (10:45 – 13:00)</li> </ul>	