

Minutes of the Mental Health Specialty Training Board meeting held on 4th October 2024 at 10:45

Present: Seamus McNulty (SMcN) [Chair], Natalie Bain (NB), Mithun Barik (MB), Daniel Bennett (DB), Alisa Bruce (AB), Martin Carlin (MC), Jonathan Cavanagh (JC), Lisa Conway (LC), Philip Crockett (PC), Andrew Donaldson (ADo), Leah Drever (LD), Pujit Ghandi (PuGa), Neera Gajree (NeGa), Rekha Hegde (RH), Edward Kelly (EK), Greg Jones (GJ), Emma Lewington (EL), Jen Mackenzie (JMack), Michelle McGlen (MMcG), Dianne Morrison (DM), Chris Sheridan (CS) & Norman Nuttall (NN)

Apologies: Julie Arthur (JA), Deborah Brown (DB), Deborah Browne (DBe), Stephen Byres (SB), Alastair Campbell (AC), Hollie Craig (HC), Adam Daly (AD), Euan Easton (EE), Tom Fardon (TF), Ian Fergie (IF), Linda Findlay (LF), Pujit Gandhi (PGa), Nitin Gambhir (NG), Partha Gangopadhyay (PGan), Ihsan Kader (IK), Rosemary Gordon (RG), Vicky Hayter (VH), Nick Hughes (NH), Ian Hunter (IH), Michael Jamieson (MJ), Claire Langridge (CL), Katy Lewis (KL), Stephen Lally (SL), Ewan Mahony (EM), Nina MacKenzie (JMck), Scott McGlynn (SMcG), Jane Morris (JM), Christopher Pell (CP), Ganesan Rajagopal (GR), Dee Rasalam (DR), Susan Richardson (SR), John Russell (JR), Neelom Sharma (NS), Priti Singh (PS), Laura Sutherland (LS), Colin Tilley (CT), Michael Turner (MT) & Gordon Wilkinson (GW) Samuel Wilson (SW) & Quadrat Ullah (QU)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	The following new members were welcomed by the chair: <ul style="list-style-type: none"> • Dr Michelle McGlen: TPD - Forensic Psychiatry • Dr Philip Crockett: RCPSYCHiS - Scotland Education & Training Committee 	
2.	Minutes of meeting held 07/06/2024	CS requested the following item be corrected: <ul style="list-style-type: none"> • Item 4.4: The Effect of the Psychological Therapies Matrix on trainees' ability to gain Psychotherapy experience – Reasons for Issues - CS noted that have been questions regarding trainee's skills set when moving into higher training compared to clinical psychologists which has prompted some boards to use clinical psychologists for the majority of therapeutic services' 	CS to send RBS revised text for Item 4.4

		<ul style="list-style-type: none"> • Change to: 'CS noted that psychiatry trainees were having issues accessing clinical cases. This has been due to questions raised by NHS Ayrshire & Arran clinical psychologist querying trainee's skills set' 	
3.	Action Points from the meeting of 07/06/2024		
3.1	Issues related to NES Trainer & Trainee relationships - STB Action	<ul style="list-style-type: none"> • SMcN confirmed that this action point has been completed 	
3.2	SMART Objective Table	<ul style="list-style-type: none"> • NB confirmed that the SMART Objective tables were now available in the folders 	
3.3	ED&I Trainee Requirements - Mandated Training	<ul style="list-style-type: none"> • RH confirmed that any 'learning discussions' should be part of appraisals and not part of the ACRP process 	
3.4	Flexibility in Training Report - Other Issues - Response from Trainees	<ul style="list-style-type: none"> • See Item 3.5 	
3.5	Flexibility in Training Report - Next Steps	<ul style="list-style-type: none"> • SMcN confirmed that APGDs have met to discuss issue. SMcN asked for item to added to next meeting agenda 	RBS to add Flexibility in Training Report - Next Steps discussion item to next meeting agenda
3.6	The Effect of the Psychological Therapies Matrix on trainees' ability to gain Psychotherapy experience - Discussion with NHS Ayrshire & Arran	<ul style="list-style-type: none"> • See Item 4.3 	
3.7	The Effect of the Psychological Therapies Matrix on trainees' ability to gain Psychotherapy experience - Discussions with Quality Team	<ul style="list-style-type: none"> • See Item 4.3 	

3.8	Recruitment - Trainee Response Regarding Vacant Posts	<ul style="list-style-type: none"> This item was not discussed 	
4.1	Matters Arising		
4.2	NES Trainer & Trainee Working Relationships – STB Response	<ul style="list-style-type: none"> See Item 4.9 	
4.3	NHS Ayrshire & Arran - Supervision of Psychotherapy Trainees by Psychologists	<ul style="list-style-type: none"> SMcN suggested he and GJ hold a separate meeting with DB and DBe and feed back to STB and APGDs 	
4.4	Heads of School – Proposed Restructuring of APGD & STB Chair roles	<p>GJ gave the members an update regarding APGDs and STB chair roles including:</p> <ul style="list-style-type: none"> Role Re-Structuring: GJ confirmed that NES will be revising the APGD and STB chair roles. A short life working group will be set up to assess tariffs, hours, trainee ratios, and remit. GJ stated that some roles may not be continued however there will be an effort to retain front-line APGDs. GJ noted that APGDs often work more than their allotted hours and fill many gaps in the TPD structure. GJ confirmed results from SWLG should be available in November and anyone with concerns is free to contact him. Change to Employment Contracts: In addition to the above, APGD and STB chair roles have been changed from 3-year SLAs to six-year contracts. GJ stated that he has suggested that all expired SLA agreements run until March. APGD Simulation Posts: GJ confirmed that the APGD Simulation posts, funded through Covid 19 funds, will not continue. NG confirmed that she would be meeting with Simulation Group to discuss future of national programme. NG confirmed that local Simulation courses (funded by territorial boards) would continue. 	

		<ul style="list-style-type: none"> • Tom Farden Role: NN asked if TF role is being phased out. GJ confirmed that this is the case. • Management of Other Psychiatric Training Areas: DB asked if consideration could be made regarding additional admin activities APGDs carry out such as management of Approval of Medical Practitioners etc. DB stated that care should be taken when considering what roles should be retained and which roles should be dropped. 	
4.5.1	General Adult Psychiatry - Programme Redesign	<p>SMcN gave the members an update regarding a proposed redesign of the General Adult Psychiatry Programme including:</p> <ul style="list-style-type: none"> • Change of Model: SMcN stated that discussions have been held to discuss changing the higher-Level programme to a single Scottish programme whilst retaining separate regional rotations. Within each rotation there would be the maximum level of flexibility. For example, job descriptions would be changed so that a trainee could have one year in one region and two years in different neighbouring regions. • Reasons for Change in Programme: GJ noted that the historic training centres and regions do not match patient and population requirements. GJ stated that the flexible approach allows an element of choice for trainees who want to stay in one 'region'. 	
4.5.2	General Adult Psychiatry - Programme Redesign – Impact on TPDs	<p>Various issues related to the impact on TPDs by proposed changes were discussed including:</p> <ul style="list-style-type: none"> • Impact on TPDs: NS asked whether NES would use a regional or national TPD model. GJ stated TPDs would still be linked to training sites however oversight and governance would change. GJ confirmed that trainees may still have to move between TPDs when rotating. 	

		<ul style="list-style-type: none"> • TPDs working across Regions: NS noted that there were some logistical barriers to moving trainees across training sites. For example, this can impact Work-Based Assessments. • TPD structure for General Adult Psychiatry: SMcN confirmed that there are already only three TPDs for General Adult Psychiatry, and it is envisaged this would continue to be the case. 	
4.5.3	General Adult Psychiatry - Programme Redesign – Various other Impacts	<p>Various related issues were discussed including:</p> <ul style="list-style-type: none"> • International Recruitment: CS asked if the change in programme would impact international recruitment. SMcN confirmed that this could be the case however the benefits might outweigh the risks. • Rotation of Trainees: LC asked if trainees would be rotated based on population or Service needs. SMcN confirmed that this would not be the case. Trainees will only be rotated based on training requirements • Information regarding Rotations: SMcN stated that any proposed job descriptions would list rotations in detail. RH noted that rotation information has not been used in job descriptions before and if trainees are given information before taking up posts this would limit TPDs ability to provide 'bespoke' programmes. • Ranking of Regions: SB asked whether trainees would rank regions and asked how the CASC exam was factored into rankings. SMcN clarified that trainees already apply for one UK programme and preference regional posts from across the UK. JMack confirmed that the proposed change would reduce the four Scottish regions down to three and recommended 	

		<p>that the STB contact VH and DM about how jobs would be advertised on the national platform.</p> <ul style="list-style-type: none"> • Information for Trainees: AB asked if information regarding programme changes could be communicated to trainees. DB stated that dialogue is required between NES, trainees and the royal college to communicate information and noted that there has been a genuine effort to provide assurance and flexibility to trainees. AB noted that trainees have responded to changes so far. • Timeline for Proposed Changes: NN asked when these changes would be enacted. JMack Confirmed that new programme would have to be uploaded by February 2025. SMcN stated that SLWG would have to decide timeline and impact of changes. • Impact on Quality: DB noted that not giving trainees greater flexibility could impact smaller units in terms of Quality assessments. For example, quality processes may not be nuanced enough to take into account trainees who were dissatisfied with the rotation process but did not have specific complaints against a specific training site. 	
4.6.1	Expansion Posts – Update	<p>SMcN gave the members the following update on the Psychiatry expansion posts bids including:</p> <ul style="list-style-type: none"> • CAMHS Run-Through: SMcN confirmed that a bid has been submitted to continue the CAMHS Run-Through programme in the West Region for another three years. • CAMHS ST4 Posts: SMcN confirmed that a bid has been submitted for three new CAMHS posts at ST4. Post will be located in the West, North and South-East regions. 	

		<ul style="list-style-type: none"> • General Adult Psychiatry ST4 Posts: A bid has been submitted for four new posts at ST4. This takes cognisance of the fact that there are still vacant posts in the North and East Region. Two posts will be located in the South-East Region and two posts will be located in the West Region. In addition to this, the bid stipulates that the posts required for the West Region be predominantly located in NHS Lanarkshire which has a significant level of consultant vacancies • Core Psychiatry Posts: A bid has been made for 13 Cores Psychiatry posts. Five posts will be located in the North Region, three will be located in the East Region, two South-East (Fife and Borders) Region and one post in the West Region (Stobhill Hospital). • Old Age Psychiatry ST4 Posts: A bid has been submitted for three ST4 Old Age Psychiatry posts. One post will be located in the West Region. Two posts will be located in the South-East Region. 	
4.6.2	Expansion Posts – Impact of Expansion	<p>The following issues related to Psychiatry Expansion Bid request were discussed including:</p> <ul style="list-style-type: none"> • Expansion Bid and impact of ST4: PG noted that there planning is required regarding the impact of increased Core trainees on ST4 posts. SMcN stated that this has been considered in the bid for Adult and Old Age Psychiatry. GJ stated that this would also be mitigated by filling empty posts via changes to rotas. • Additional Trainers: MC stated that additional Trainers would be required if expansion bid is accepted. MC noted that there were low numbers of substantive consultants available to take on additional trainees. 	

		<ul style="list-style-type: none"> • Additional Training for Consultants: AD stated that he and LC have considered additional training for consultants to become Trainers. • Additional Infrastructure Costs: DB noted that expansion requests do not include additional staff, on-call costs, equipment etc. DB suggested that this be factored into future bids. SMcN stated that some infrastructure costs, mainly TPD time, was factored into the last bid. GJ noted that when an expansion bid is accepted it is expected that territorial health boards accept additional costs. 	
4.6.3	Expansion Posts – NHS Lanarkshire Posts	<p>The members discussed the following issues related to the Expansion Bid and post is NHS Lanarkshire:</p> <ul style="list-style-type: none"> • NHS Lanarkshire Posts & NTN: AD asked if posts would require trainees to be located within NHS Lanarkshire for three years. AD stated that if this was the case it would impact the recruitment of locally employed NTNs. SMcN stated that this was still to be decided. GJ confirmed that a decision on these posts would be available within the coming weeks. • Impact on Training Rota Model: GJ stated that location within NHS Lanarkshire would be preferable as trainees would not have to rotate frequently however RH noted that there was still a need for trainees to accept rotations outwith the larger health boards as part of their training. • Training Capacity within NHS Lanarkshire: SMcN noted that in theory trainees should be able to achieve all their training competencies within NHS Lanarkshire unlike other smaller territorial boards. LC confirmed that work was ongoing to develop sub-specialty training which would allow trainees to achieve competencies. 	

4.6.4	Expansion Posts - Bids to Scottish Government – Information for Trainees	<ul style="list-style-type: none"> • AB asked if information could be circulated to trainees. GJ confirmed this could be the case but emphasised that the final decision will be made by Scottish Government. GJ also noted that the bid is based on areas of need and Service and that mitigating issues such as flexibility of training and trainee preferences would be considered soon. 	
4.7	MRCPsych (West) – Possible Reduction in Course Fees	<p>GJ gave the members an update regarding the funding of the MRCPsych Course in the West Region:</p> <ul style="list-style-type: none"> • West Region: GJ confirmed that the Study Leave Endowment Fund, run by NHS Greater Glasgow & Clyde on behalf of Royal College of Psychiatrists in the West Region, has a significant underspend. It has therefore been suggested that there be a reduction in West Region trainees MRCPsych course fees. • North Regions: DB confirmed that the North Region does not charge for MRCPsych course. SMcN confirmed that historically trainees have had their fees paid for in the North Region as an inducement to attract trainees to an area that has been difficult to recruit to. • East & South-East Regions: PG confirmed that the East and South-East Region join together to teach the MRCPsych course and trainees pay fees through the Study Budget. • Exam Costs: MC asked to how much the fees would now cost and how the remaining underspend is to be used. GJ suggested fees could be reduced to £300 CT1 for and £150 for C2 & CT3. Remaining monies could either be used proportionally each year until finished or the fees could be paid in full over a shorter period of time. 	

		<ul style="list-style-type: none"> • Administrator Post: SMcN noted that Tracey Aitken’s post may not be renewed when she retires and suggested that monies from the Endowment Fund be used to fund a new admin post. • Communication with Trainees: MC stated that it is important to communicated to trainees that this fund has been created using trainee Study Leave budget and is now being used to pay for exams. MC noted that trainee have been prevented from using Study Budget to pay for exams in the past. • Issues related to Study Budgets: MC stated that there is an imbalance in the amounts trainees are allocated in their Study Budgets. For example, trainees in North Region get £600 however trainees in the West get slightly less due to adjustments in fees. • STB Agenda: SMcN requested that management of Endowment Funds be a standing item on the STB agenda. GJ suggested Christopher Haxton be invited to the STB to explain how this fund is run. 	<p>RBS to add West Region Course Fee Endowment Fund as permanent discussion item to STB agenda</p>
<p>4.8</p>	<p>International Recruitment & CWS Issues</p>	<p>Various issues related to international recruitment were discussed including:</p> <ul style="list-style-type: none"> • Direct Recruitment: GJ state that the Centre for Workforce recruitment and territorial boards have decided not to pressure direct international recruitment. • New Recruitment Pathway: GJ confirmed that he has been discussing new recruitment pathways for international trainees. One option is for NES to become a Vias provider. 	

4.9	STS Sexual Harassment Survey Results 2024	<ul style="list-style-type: none"> SMcN noted that this issue impacts all specialties. GJ stated that the NTN Survey has similar questions and that all regions and specialties have been impacted with one in ten trainees reporting incidents. 	
5.	Standard Business Items		
5.1	Deanery Issues		
5.1.2	Quality - QRP	<p>Various issues related to Quality were discussed including:</p> <ul style="list-style-type: none"> Next QRP Meeting: SMcN confirmed that the next Mental Health QRP meeting will on 30/10/2024. 2024 QRP Data: SMcN noted that data from the last QRP review was too detailed. NB stated that she had contacted the Data Group, and they have suggested a variety of different ways in which the data can be presented for the 2024 results and for next year. Other Business: NB confirmed that DME Enquiries and Good Practice letters will be sent out on 01/11/2024. 	
5.1.2	Simulation	<ul style="list-style-type: none"> See Item 4.4 	
5.1.3	Training Management	<p>VH gave the members the following update:</p> <ul style="list-style-type: none"> Trainee Resignations: VH stated that any trainee who resigns will now complete a Trainee Resignation Survey and can request an Exit Interview with TDWS. Out of Programme Applications: VH confirmed that this process has now been automated on TURAS and will be available from November. TPDs will be sent guidance on how to sign off applications etc. soon. 	

5.1.4	PGMET – Progression Details 2024	<p>Various issues were discussed regarding PGMET Results including:</p> <ul style="list-style-type: none"> • PGMET Results: GJ noted that the Mental Health programme seemed to have greater numbers of developmental outcomes than other programmes however this has been re-evaluated and there is no statistical difference. • Outcome 3: SMcN noted that the Mental Health programme has a higher level of Outcome 3s. RH noted that this was supportive outcome and that there was a high conversion rate from Outcome 3s to Outcome 1s. • Outcome 4: RH suggested that all Outcome 4s be discussed at the next TPD Away Day. 	
5.1.5	Professional Development	<ul style="list-style-type: none"> • DB confirmed that there were no issues to discuss 	
5.1.6	MDRG	<ul style="list-style-type: none"> • SMcN confirmed the next meeting will be held on 07/10/2024 	
5.1.7	Equality & Diversity	<ul style="list-style-type: none"> • RH confirmed she would report back to STB when discussions are finalised regarding the Psych STEP programme. 	
5.1.8	Recruitment Numbers – November 2024	<ul style="list-style-type: none"> • JMack confirmed that the Recruitment Round 3 is ongoing and has a later offer deadline due to exam results. Fill rates and appointments will be known by 11/11/2024. 	
6.	Reports		
6.1	General		
6.1.1	PTC Report	<ul style="list-style-type: none"> • AB stated her PTC role has ended, and a new rep will be recruited soon. 	
6.1.2	Service (MD) Report	<ul style="list-style-type: none"> • No rep was available 	

6.1.3	DME Report	<ul style="list-style-type: none"> AD confirmed that there were no issues to discuss 	
6.1.4	Royal College Report	<ul style="list-style-type: none"> PC confirmed that there were no issues to discuss 	
6.1.5	Heads of Schools Report	<ul style="list-style-type: none"> SMcN noted that he has circulated the minutes of the most recent meeting to members. RH confirmed that the new ePortfolio would be launched next August. NN noted that the word 'exceptional' has been removed in the reduction of training time application process. 	
6.2	Specialty & STC Reports		
6.2.1	GAP	<ul style="list-style-type: none"> There were no issues to discuss 	
6.2.2	CPT	<ul style="list-style-type: none"> There were no issues to discuss 	
6.2.3	Psychotherapy	<ul style="list-style-type: none"> EL stated that there is an ongoing issue related to the provision of systematic placements in Scotland for higher trainees. EL confirmed that this is a long-standing issue and DB confirmed that an SBAR has been drafted for consideration by MDAG. 	
6.2.4	OAP	<ul style="list-style-type: none"> RH confirmed that there were no issue to discuss 	
6.2.5	ID	<ul style="list-style-type: none"> No rep was available 	
6.2.6	Forensics Psychiatry	<ul style="list-style-type: none"> MMcG confirmed that there were no issues to discuss 	
6.2.7	CAP	<ul style="list-style-type: none"> DB stated that NHS Lothian has placed a moratorium on CAMHS trainees applying for less than full time. SMcN queried how this could be achieved under employment law. GJ stated that this can be done on a case-by-case basis. AB asked whether this would impact trainees already on LTFT. GJ confirmed that this would not be the case. 	
6.2.8	Dual Training	<ul style="list-style-type: none"> No rep was available 	

6.3	SAS Report	<ul style="list-style-type: none"> MS confirmed that there were no issues to discuss 	
6.4.1	Academic Report – Career Pathway Update	<p>JC gave the members the following update regarding the academic report including:</p> <ul style="list-style-type: none"> Clinical Lecture Posts: JC stated that the number of clinical lecturers, principally Adult Psychiatry and Child and Adolescent Psychiatry, are satisfactory at present and hoped that NES would continue to fund these posts. JC noted that there were five posts in Glasgow and five posts in Edinburgh. In addition to this, JC confirmed that most Clinical Lecturers have returned into academia however there is still predicted shortfall in candidates. Academic Fellows: JC confirmed that there were a number of Clinical Fellows who have expressed interest in academic posts. JC noted that these posts have mentoring available through the GATE process. RCPsych – Academic Committee: JC stated that discussions have been held regarding the requirement for more qualified psychiatrists in academic roles to compensate for predicted shortfalls. An editorial has been drafted for the British Journal of Psychiatry outline positives of academic psychiatry. Requirement for trained Psychiatrists in Academic Phsy: JC stated that the college will be is discussion with the Wellcome Trust etc. to look at career pathways for trained psychiatrists within neurology/neuropsychiatry training programmes. JC noted the requirement for trained psychiatrists’ input regarding research funding. 	

		<ul style="list-style-type: none"> • Trainee Recruitment: EL asked who trainees should contact if they have an interest in academic pathways. JC suggested that trainees contact him. 	
6.4.2	Academic Report – Establishing academic links in Dundee & Aberdeen	<p>Various issues related to establishing new academic links in Dundee and Aberdeen were discussed including:</p> <ul style="list-style-type: none"> • Issues related to Dundee & Aberdeen: JC noted that there were no posts in Aberdeen or Dundee which was a concern. SMcN confirmed that there were issues related to recruiting trainees to this area as well as high levels of consultant vacancies and high levels of locum use. • Establishing Links at Dundee: GJ suggested taster sessions in Dundee to encourage trainee engagement. In addition to this, clinical and academic services could be brought together for meetings with trainees. JC suggested GJ contact Douglas Steele (University of Dundee). JC to send GJ Douglas Steele e-mail. • Establishing Links at Aberdeen: SMcN asked what links could be established at University of Aberdeen. DB confirmed that there was low uptake of academic pathways. DB stated that there had been changes to senior management within the department however he was happy to discuss issues. 	<p>JC to send GJ Douglas Steele e-mail address for discussions regarding development of academic psychiatry links</p>
6.5	Lay Member Report	<ul style="list-style-type: none"> • The lay rep noted that there were no issues to be raised 	
6.6	BMA Report	<p>CS gave the members the following update including:</p> <ul style="list-style-type: none"> • Pay Offer: CS stated that there has been a pay offer for this year consisting of a 10.5% uplift of base pay and changes to discretionary points. CS confirmed that the BMA will vote on whether to accept this offer. 	

		<ul style="list-style-type: none"> • Change in Pension Contributions: CS confirmed that after consultation, monthly pension contributions will be going down. 	
7.	AOB	<ul style="list-style-type: none"> • There were no other additional business items 	
8.	Date of Next Meeting	<p>Dates for 2024:</p> <ul style="list-style-type: none"> • 06/12/2024 (10:45 – 13:00) via TEAMS <p>Dates for 2025:</p> <ul style="list-style-type: none"> • 21/02/2025 (10:45 – 13:00) via TEAMS • 06/06/2025 (10:45 – 13:00) via TEAMS • 03/10/2025 (10:45 – 13:00) via TEAMS • 05/12/2025 (10:45 – 13:00) via TEAMS 	