

Minutes of the Mental Health Specialty Training Board meeting held on 13th December 2024 at 09:00

Present: Seamus McNulty [Chair], Natalie Bain (NB), Deborah Brown (DB), Deborah Browne (DBe), Alisa Bruce (AB), Martin Carlin (MC), Lisa Conway (LC), Philip Crockett (PC), Leah Drever (LD), Rosemary Gordon (RG), Rekha Hegde (RH), Greg Jones (GJ), Jonathan May (JM), Jen Mackenzie (JMack), Michelle McGlen (MMcG), Laura Sutherland (LS), Gordon Wilkinson (GW) & Quadrat Ullah (QU)

Apologies: Mithun Barik (MB), Daniel Bennett (DB), Stephen Byres (SB), Jonathan Cavanagh (JC), Adam Daly (AD), Andrew Donaldson (ADo), Tom Fardon (TF), Neera Gajree (NeGa), Nitin Gambhir (NG), Ihsan Kader (IK), Edward Kelly (EK), Vicky Hayter (VH), Stephen Lally (SL), Dianne Morrison (DM), Norman Nuttall (NN), Neloom Sharma (NS), Chris Sheridan (CS), Jane Morris (JM), Susan Richardson (SR), Colin Tilley (CT)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Content	Actions
1.	Welcome & Apologies	The chair welcomed the following new member: <ul style="list-style-type: none"> • Dr Jonathan May – Vice Chair, Psychiatric Trainee Committee (PTC) 	
2.	Minutes of meeting held 04/10/2024	The following changes were requested: <ul style="list-style-type: none"> • Membership List – Remove Claire Langridge 	
3.	Action Points from the meeting of 04/10/204		
3.1	Flexibility in Training – Next Steps	<ul style="list-style-type: none"> • This item has been completed 	
3.2	MRCPsych (West) – Possible Reduction in Course Fees - STB Agenda	<ul style="list-style-type: none"> • This item has been completed 	
3.3	Academic Report – Establishing academic links	<ul style="list-style-type: none"> • This item was not discussed 	

	in Dundee & Aberdeen - Establishing Links at Dundee		
4.	Matters Arising		
4.1	Review of NES Roles	<p>GJ gave the members the following update regarding the review of NES roles including:</p> <ul style="list-style-type: none"> • NES Review: GJ confirmed that NES is conducting a review of STB board structures and roles. This will be completed and presented to senior management in January 2025. GJ confirmed that there may be a reduction in the number of Associate Postgraduate Dean sessions however there will be an effort to retain all sessions that are directly relate to education. • New Model: GJ confirmed that each speciality will have a board and chair, and the number of postgraduate deans will be based on the number of resident doctors. GJ confirmed that there will be a small reduction in APGD sessions for Mental Health. The chair of each STB will be renamed Head of School and individual boards will decide whether APGDs responsibilities are regional or national. GJ suggested that a mixed model may be the most appropriate. • Change to Programmes: GJ suggested that any changes to training programmes be carried out after the review. 	06:43
4.2	Expansion Posts 2025		
4.2.1	General Discussion	<p>Various issues were discussed regarding expansion posts including:</p> <ul style="list-style-type: none"> • General Update: GJ confirmed that the additional posts for Core, Higher and Child & Adolescent psychiatry have been agreed. LC asked if expansion posts would start in August. GJ confirmed that this would be the case. 	

		<ul style="list-style-type: none"> • Role of Expansion Posts: RH asked whether expansion posts were base line salaries or posts to meet Less than Full Time demands. GJ confirmed that expansion post were new baseline salaries. GJ noted however that additional posts will have a moderating impact on Less than Full Time issues. 	
4.2.2	Impact of General Adult Psychiatry	<p>Various issues related to General Adult Psychiatry were discussed including:</p> <ul style="list-style-type: none"> • General Adult Psychiatry: LC recommended that General Adult psychiatry posts in the West and South-East Regions should be discussed as soon as possible. GJ confirmed that discussions are required regarding how these posts fit into rotations etc. • NHS Lanarkshire: LC suggested that there are two approaches that could be adopted for expansion posts in NHS Lanarkshire. Either individual trainees complete three years in NHS Lanarkshire as an additional member of the rotation team or one post is added to the establishment number. This additional establishment post would then be added to the rotation in NHS Lanarkshire as and when required. • STB Response: GJ noted that it was important to try and reduce the number of rotations to encourage trainees to stay in any given area. In addition to this, there should be a move away from concepts of essential hospitals, teaching hospital etc. RH noted that any new approach to posts should be made very clear on Oriel and SMT. 	
4.2.3	Vacant Posts	<p>Various issues were discussed related to vacant posts including:</p> <ul style="list-style-type: none"> • Intellectual Disability: QU confirmed that there are five vacant posts in the Learning Disability programme. In addition to this, two resident doctors are due to CTT. QU confirmed that two posts in the South-East Region have been converted into CAMHS run-through posts and the remainder will be advertised in August 2025 	

		<ul style="list-style-type: none"> • Dual Intellectual Disability & Forensic Psychiatry: QU noted that the GMC have approved dual ID and Forensic programmes and suggested that this be offered in 2025. QU suggested further discussions with TPDs and MMcG regarding this. • Old Age Psychiatry: RH confirmed that there are two vacant posts in Old Age Psychiatry and that there has been no interest in these posts at present. RH confirmed that she has re-organised Old Age Psychiatry posts so that there will only be one post vacant in the East Region for 2025. • Child & Adolescent: GW confirmed that there are two vacant posts in the North Region however these posts may be filled in August 2025. GJ suggested that posts could be moved if there was a bulge in candidates based in one area of Scotland. 	
4.2.4	Child & Adolescent Run-Through Training Programmes	<p>Various issues related to run-through posts were discussed including:</p> <ul style="list-style-type: none"> • Run-Through Training Numbers: GW asked for clarity on when resident doctors on run-through programmes move from Core to Higher training and whether they retain their training number or require new numbers. So far Lynda Service has indicated that run-through posts are separate and retain their training number. • Impact on Higher Trainees: In addition to the above, GW raised the issue of resident doctors who were not able to obtain run-through posts and as a consequence may not be able to transfer into Child & Adolescent posts after Core training due to the number of run-through positions. GW stated that additional training numbers may be required for these doctors. • STB Chair Response: GJ confirmed that run-through resident doctors should have separate training numbers, but this is dependent on funding. 	

4.3	Escalation Policy	<p>GJ gave the members a summary of the NES Escalation Policy and referred members to the following link:</p> <ul style="list-style-type: none"> • https://www.rcpsych.ac.uk/docs/default-source/members/divisions/scotland/2024/rcpsych-in-scotland---locum-survey-report-2024.pdf?sfvrsn=ce4e8f9d_3 	
5.	Standard Business Issues – Deanery Issues		
5.1	Training Management		
5.1.1	PGMET – Progression Details 2024	<ul style="list-style-type: none"> • This item was not discussed 	
5.2	Professional Development		
5.2.1	Study Leave - West Region Course Fee Endowment Fund	<p>Various issues related to Study Leave Budget were discussed including:</p> <ul style="list-style-type: none"> • Budget Changes: MC confirmed that the standard £600 Study Leave budget will now be reduced by £300 for CT1s and £150 for CT2s. • Communication to Core Resident Doctors: MC confirmed that an e-mail has been sent to Core resident doctors regarding Study Leave changes. CM noted that there has not been a significant increase of Study Leave claims since the changes have been implemented however some resident doctors have e-mailed asking if monies can be used for exam preparation. • Communication with Supervisors: LC requested that changes be communicated to all Education Supervisors. LC noted that it was important to discuss Study Leave early in training with resident doctors. MC confirmed he would ask Fiona to circulate e-mail to Education Supervisors. 	<p>CM to ask Fiona to circulate Study Leave e-mail to all Education Supervisors</p>

		<ul style="list-style-type: none"> • Consultant Pay Rises: JM asked whether the Study Leave budget would be reduced due to consultant pay rises. GJ confirmed that this was not the case however there is a review of Study Leave Budgets by NES Education for Scotland. 	
5.3	Recruitment		
5.3.1	Recruitment Update & Fill Rates	<ul style="list-style-type: none"> • See Item 4.2 above 	
5.4	MDRG	<p>Various issues were discussed related to the MDRG group including:</p> <ul style="list-style-type: none"> • Less than Full Time Issues: GJ confirmed that NES will be reviewing how Less than Full Time Training requests are managed. This is due to increased pressures on rotas. GJ noted that NES does not take into consideration rotas when approving Less than Full Time. • Whole Time Equivalent: AB asked how far NES had progressed with the adoption of the Whole Time Equivalent model. GJ confirmed that a NES were in discussions with Scottish Government regarding this. GJ stated that there was general agreement on adopting the new model however this was dependent on funding. 	
5.5	Equality & Diversity	<ul style="list-style-type: none"> • RH confirmed that there were no issues to discuss 	
5.6	Quality		
5.6.1	General Update	<p>NB gave the members the following update:</p> <ul style="list-style-type: none"> • Action Plan Reviews: NB confirmed that there were no live Action Plan Reviews for Psychiatry. NB confirmed the Action Plan Review for Dykebar Hospital and Royal Edinburgh (Old Age Psychiatry) have just been closed. 	

		<ul style="list-style-type: none"> • Quality Visits: NB confirmed that the Western Isles Hospital would have a general quality visit which will include Psychiatry. 	
5.6.2	Quality Review Feedback	<p>Various issues relate to quality feedback data were discussed including:</p> <ul style="list-style-type: none"> • Feedback Data Process: RH confirmed that all doctors will identify their base site when filling in the NTS and STC survey. When the resident doctor identifies a base site there will be a list of sites which are associated with the primary site. These sites are locations which the doctor may visits as part of their training. When the quality data is received any site without a trainee is removed. The data is then aggregated into geographic areas. • Sites that are not on the list: LS asked if she could add sites that are not on the official list. NB stated that this could be done but she would have to consult TPM first. RH noted that all sites must be on the GMC register. • Issues in Tayside: QU confirmed that Tayside does not have any training or resident doctors and asked if Tayside should be removed from the site list. NB advised that Tayside site should be left on the list at present. 	
5.7	Simulation	<ul style="list-style-type: none"> • The Simulation rep was not available 	
6.	Reports		
6.1	PTC Report	<ul style="list-style-type: none"> • JM suggested that PTC reps could be added to the STB membership so that they can attend meetings on rotation. AB confirmed that she will be stepping down from her post. 	RBS to contact JM for PTC rep contacts
6.2	Service (MD) Report	<ul style="list-style-type: none"> • GJ confirmed that there were no items to discuss 	
6.3	DME Report	<ul style="list-style-type: none"> • GJ confirmed that there were no items to discuss 	

6.4	Royal College Report	<p>Various issues related to the royal college were discussed including:</p> <ul style="list-style-type: none"> • Royal College Locum Report: RG stated that the college has just issued a report regarding locums. RG noted that doctors are often keen to become locums as these posts do not require them to carry out supervision and teaching. • Start Well Event: RG confirmed that a Start Well event was held in August with ST4 and ST5s. This event discussed resident doctor's issues such as job planning, appraisals etc. • Interview Skills Workshops: RG confirmed that an interview skills workshop was held for SAS and Core resident doctors. The event involved mock interview for over 30 trainees and received positive feedback. • Recruitment Meeting: RG confirmed that an emergency meeting was convened to discuss Scottish training numbers. RG noted that similar recruitment issues regarding recruitment can be seen in other parts of the UK. • Preparedness for Consultancy Group: RG stated that this group looks at issues such as autonomy in the workplace, extending training periods, applying for Less than Full Time etc. In addition to this, this group will be compiling a questionnaire to be sent to all ST6s and consultants for feedback. • Clinical Supervisors: PC confirmed that there have been discussions regarding the recruitment of a wider range of CT Clinical Supervisors. Suggestions include using experienced SAS doctors, returning retired doctors, remote supervision etc. • Royal College Report: GJ raised the issue of employing non-consultant doctors or doctors not on the specialist register. RG confirmed that this has 	
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		<p>been discussed by Medical Manager and Scottish Government and it has been agreed that this practice will be phased out. RG noted however that there are ongoing issues regarding Service. RH noted that the employment of non-consultant doctors devalues qualified doctors. JM noted that this issue has been found in other specialties.</p>	
6.5	Heads of Schools Report		
6.5.1	MRSA Exam Discussions	<p>SMcN gave the members the following update:</p> <ul style="list-style-type: none"> <p>MRSA Exam: SMcN confirmed that the MRSA exam format was discussed at an in-person meeting in London on 14/11/2024. SMcN confirmed that there will be a significant increase in applicants in 2025 (approx. 6000 to 7000) applying for approx. 550-600 posts. Due to the increase in demand, there will be two MRSA exam windows, one in January and one in February.</p> <p>MRSA Exam & Psychiatry: SMcN confirmed that there have been discussions regarding the usefulness of MRSA exam as a tool for selecting psychiatry candidates. Data indicates that satisfactory performance in the MRSA indicates satisfactory performance in other exams and ARCPs however there are variations, for example UK domiciled candidates do not perform as well as international candidates. SMcN stated that a SLWG will be set up, involving all four nations, to address this issue. AB noted that the MRSA exam sometimes does not have any questions related to psychiatry.</p> <p>Psychiatry Recruitment: RH stated that the recruitment process for Core and Higher training needs revision with specific attention given to candidates in deprived areas and remote and rural areas. GJ noted that Psychiatry used local recruitment in the past which was very good at identifying local candidates etc. however this was very time consuming and expensive. Recruitment has now move to national model.</p> 	

		<ul style="list-style-type: none"> • Commitment to Area: GJ noted that candidates are asked to indicate a commitment to area however this does not address local recruitment satisfactorily. LD noted that commitment to area questions should be combined with commitment to specialty questions. • Resident Doctors Rotations: GJ noted that there is a desire to reduce rotations to encourage resident doctors to stay in particular regions. GW, RG, RH and QU highlighted however that trainees can benefit from working in different health boards. JM and LC noted however that trainees often object to having to move too often in training. 	
6.5.2	Reduction in Training Time	<p>SMcN gave the members an update regarding the reduction in training guidance including:</p> <ul style="list-style-type: none"> • COPMeD Accelerated Training Guidance: SMcN confirmed that COPMeD have now stipulated that the minimum reduction of training time is four months, and the maximum reduction of training time is one year. In addition to this, COPMeD now require robust evidence at ARCP that all competencies have been met. SMcN advised that all accredited evidence, LAT training etc. should be considered at a resident doctor's first ARCP. • College Response: SMcN confirmed that Royal college guidance has been removed from the website and will be replaced with new guidelines. 	
6.5.3	Psychiatry ePortfolio	<p>SMcN gave the members an update regarding the Psychiatry ePortfolio including:</p> <ul style="list-style-type: none"> • General Update: SMcN confirmed that updates to the ePortfolio have stalled due to technical difficulties. SMcN confirmed that there will now be a phased roll-out and a steering group will be revising the project specifications. • Launch August 2025: SMcN confirmed that EMIS are still expecting a full launch in August 2025 however plans are in place if the platform is not 	

		available by then. In this situation, the current provider will continue supporting the platform and tenders will be sent out to other providers.	
6.5.4	Resident Doctor Drop-Out Rates	<ul style="list-style-type: none"> SMcN confirmed that there is no firm data regarding resident doctor's drop-out rates at present and further work is required regarding this. 	
6.5.5	Expansion Posts	<ul style="list-style-type: none"> SMcN confirmed that discussions are ongoing regarding expansion posts and confirmed that there has been an increase in training posts on England from 1300 to 2000. SMcN noted however that the funding for these new posts may is not guaranteed. 	
6.5.6	Run-Through Training	<p>SMcN gave the members a summary of issues related to run-through training including:</p> <ul style="list-style-type: none"> CAMHS Training: SMcN confirmed that 13% of CAMHS resident doctors in the UK left training before completing CCT. SMcN noted that recent discussions do not include resident doctors in Scotland. GW stated that it was difficult to collect qualitative data related to run-through programmes. Old Age Psychiatry: It has been suggested that an Old Age Psychiatry run-through programme be developed however there has been very little enthusiasm for this amongst the Head of Schools. 	
7.	Specialty & STC Reports		
7.1	GAP	<ul style="list-style-type: none"> LC confirmed that there are ongoing discussions regarding changes to programmes etc. to accommodate new expansion posts. 	
7.2	CPT	<ul style="list-style-type: none"> GJ confirmed that there were not items to discuss 	
7.3	Psychotherapy		

<p>7.3.1</p>	<p>Psychotherapy Issues in NHS Ayrshire & Arran</p>	<p>Various issues regarding Psychotherapy training were discussed including:</p> <ul style="list-style-type: none"> • Interpretation of Psychotherapy Matrix: DBe clarified that issues in NHS Ayrshire & Arran are related to the interpretation of the psychotherapy matrix by psychological therapists. In addition to this, supervision arrangements are inadequate and do not meet training requirements. MC noted that failure to complete competencies is the major reason some resident doctors are not able to progress to Higher training. • Approach Used at Present: DBe stated that solutions have been found for short- term cases however it is proving more difficult to find a solution for long-term cases. At present the only solution for long-term cases is to offer resident doctors CBT courses which do not match the two modality requirements for the Royal College. DBe noted that if this is not resolved then training may have to be completed outside the board. PC noted that this issue has been seen in other regions. • Next Steps: DBe confirmed that this issue was going to be discussed with Clinical Governance next week. RH suggested discussion between Dean of Curriculum & Assessment at the Royal College, the Psychotherapy SAC and STB members. PC recommended that this issue be discussed at a national level and recommended Emma Lewington be included. SMcN requested SMcN contact Emma Lewington to discuss a strategy with the Royal College. DBe requested that she be included. AB suggested that the members contact Psychotherapy in the East Region to see what approach they take. • Issues at Stobhill Hospital DB confirmed that there were issues related to resident doctors and On-Call rotas at Stobhill Hospital. DB confirmed that she would be meeting with the ADM and Clinical Director to discuss issues. PC confirmed that this has been discussed at the Psychotherapy Faculty Group. PC noted that these issues must be addressed at a national level. 	<p>SMcN to contact EL regarding the creation of a SWLG to address resident doctor's Psychotherapy training in NHS Ayrshire & Arran</p>
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7.4	OAP	<ul style="list-style-type: none"> RH confirmed that there is ongoing issue with vacant posts in the East Region. GJ stated that this may improve at the next recruitment round 	
7.4	ID	<p>QU gave the members an update regarding issues related to ID including:</p> <ul style="list-style-type: none"> Change of Posts: QU confirmed that that two posts in the South-East Region have been changed to dual CAMHS in response to recruitment issues. Identification of Competencies: QU asked what training activities satisfying the short and long-case requirements in Higher Training. RH confirmed that work with groups such as the Anxiety Management Group, Work Stress Group etc would be acceptable. 	
7.5	Forensics Psychiatry	<ul style="list-style-type: none"> MMcG confirmed that work is ongoing related to the establishment of a single Forensic Psychiatry Board. The Forensic Advisory Group will be visiting sites and will be in discussion with resident doctors. GJ asked whether there were any significant risks in moving to a national board. MMcG confirmed that there were no outstanding risks at present. 	
7.6	CAP	<ul style="list-style-type: none"> GW confirmed that it has not been confirmed that resident doctors can or cannot apply for Less than Full Time in the South-East region however one recent resident doctor has been able to apply with no issues. GJ noted that the Less than Full process may be reviewed in the future (See Item 8). 	
8.	SAS Report	<ul style="list-style-type: none"> The SAS rep was not available 	
9.	Academic Report	<ul style="list-style-type: none"> The Academic Rep was not available 	
10.	Lay Member Report	<ul style="list-style-type: none"> The Lay Rep was not available 	
11.	BMA Report	<p>JM gave the members an update including:</p>	

		<ul style="list-style-type: none"> • Uplift Rates: JM confirmed that there have been good uplifts for residents and consultant so far however there are outstanding issue regarding SAS and GPs. • Resident Doctor's Contracts: JM confirmed that negotiations are ongoing regarding resident doctor's contracts. 	
12.	AOB	<ul style="list-style-type: none"> • There were no other business items 	
13.	Date of Next meeting	<ul style="list-style-type: none"> • 21/02/2025 (10:45 – 13:00) • 06/06/2025 (10:45 – 13:00) • 03/10/2025 (10:45 – 13:00) • 05/12/2025 (10:45 – 13:00) 	