

Minutes of the Mental Health Specialty Training Board meeting held on Friday 3rd October 2025 at 10:45

Present: Greg Jones (GJ) [Chair], Aalap Asurlekar (AS), Rachel Ball (RB), Mithun Barik (MB), Daniel Bennett (DB), Deborah Brown (DB), Stephen Byres (SB), Martin Carlin (MC), Lisa Conway (LC), Amanda Cotton (AC), Philip Crockett (PC), Andrew Donaldson (ADo), Pujit Ghandi (PG), Neera Gajree (NeGa), Rekha Hegde (RH), Vicky Hayter (VH), Emma Lewington (EL), Jonathan May (JM), Jen Mackenzie (JMack), Michelle McGlen (MMcG), Dianne Morrison (DM), Fiona Patterson (FP), Bill Rogerson (BR), Laura Sutherland (LS), Quadrat Ullah (QU) & Sam Wilson (SW)

Apologies: Doris Ayemyat (DA), Natalie Bain (NB), Melissa Bremmer (MB), Deborah Browne (DBe), Leah Drever (LD), Adam Daly (AD), Nitin Gambhir (NG), Rosemary Gordon (RG), Monica Francies (MF), Ishan Kader (IK), Stephen Lally (SL), Ewan Mahoney (EM), Brook Marron (BM), Larissa MacFadyen (LMcF), Norman Nuttall (NN), Filippo Queizenna (FQ), Susan Richardson (SR), Neloom Sharma (NS), Chris Sheridan (CS) & Colin Tilley (CT), Gordon Wilkinson (GW)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	The chair welcomed the following new member: <ul style="list-style-type: none"> Dr Aalap Asurlekar – PRDC - West Region 	
2.	Minutes of meeting held 06/06/2025	<ul style="list-style-type: none"> The notes of the 06/06/2025 meeting were approved by the members 	
3.	Action Points from the meeting of 06/06/2025	<ul style="list-style-type: none"> See Action Log – October 2025 	
3.1	Action Log – 06/06/2025 – Item 3.4.3 – Resident Doctors Curriculum Competencies	<ul style="list-style-type: none"> RH confirmed that this has not been actioned, and she will arrange a meeting to discuss the issue. GJ confirmed that this applies to all CP TPDs. 	RH to organise meeting to discuss Resident Doctor Curriculum Competencies

3.2	Action Log – 06/06/2025 – Item 4.3.3 - Recruitment - Who will collate Data - AMDEs	<ul style="list-style-type: none"> GJ confirmed that a survey has been sent out and data will be shared at next STB meeting. GJ requested discussion item be rolled over to next STB meeting. 	RBS to add Recruitment – Survey Data discussion item to December meeting agenda.
3.3	Action Log – 06/06/2025 – Item 4.3.3 - Recruitment - Who will collate Data - AMDEs	<ul style="list-style-type: none"> SW stated that he has not received the complete AME report. FP confirmed that she would request QM send SW requested information. 	FP to request QM pass AME data to SW
3.4	Action Log – 06/06/2025 – Item 5.2.4 - Recruitment - Psychotherapy – Dual Training	<ul style="list-style-type: none"> EL confirmed that none of the present resident doctors wish to take up dual training. The training post will therefore be re-advertised. RB asked if this post would be re-advertised as a single training programme. EL confirmed that there are ongoing discussions regarding this. 	
3.5	Action Log – 06/06/2025 – Item 5.2.4 - Recruitment - Psychotherapy - DME & Service Approach	<p>Various issues regarding Psychotherapy training were discussed including:</p> <ul style="list-style-type: none"> Outstanding Issues: GJ confirmed that there is a lack of training opportunities for Core and Higher resident doctors at present. PG and PC both suggested a national approach is required. GJ noted that there is a risk other specialties will refuse to take resident doctors due to a perceived lack of specialist training. DMEs & Risk Assessment: GJ confirmed that DMEs have been asked to add this issue to their Risk Assessments. Discussion with NES Psychology: GJ confirmed that he has discussed this with Juli Thompson (NES Psychology) and there is agreement that a NES approach is required. RCPsychScot Response: DB highlighted that the college view the lack of training opportunities as a serious concern. RH suggested that the royal college hold discussions with NES psychologists to discuss possible solutions. 	

		<ul style="list-style-type: none"> • Impact on Resident Doctors: MB noted that some doctors are choosing the SAS training pathway due to the lack of training options. MB stated that alternative courses are required for these doctors and asked the STB for suggestions. EL suggested MB e-mail her to discuss issue. • Core vs Higher Training Programmes: JM noted that Higher resident doctors require training opportunities not just Core resident doctors. LC however suggested that there should be a greater emphasis on Core trainees due to difficulties of timescales etc. • Kate Slone Sub-Committee: EL stated that a West Region sub-committee will discuss issues. Various models of service delivery will be discussed before training numbers can be clarified. RB asked if west region resident doctor reps could join this group. RH stated that this may not be the case as this meeting related to changes in Service. 	MB to e-mail EL to discuss alternative Psychotherapy courses suitable for SAS doctors
4.	Matter Arising	<ul style="list-style-type: none"> • There were no matters arising 	
5.	Standard Business Issues – Deanery Issues		
5.1	Training Management Update	<p>VH gave the members an update regarding TPM issue including:</p> <ul style="list-style-type: none"> • Indicative numbers: VH confirmed that indicative numbers for 2026 are being collated at present. GJ stated that numbers for run-through programmes will be similar to last year even though funding has not been confirmed. • February 2026 Rotations: VH confirmed that TPM will be contacting TPDs regarding February rotations. 	

5.2	Recruitment Update	<p>JMacK gave the members an update regarding Recruitment issues including:</p> <ul style="list-style-type: none"> • February 2026 Starts: Core Resident doctors starting in February will be confirmed by the end of October and Higher Resident doctors will be confirmed by the middle of November. • Timeline for 2026: JMacK confirmed that applications will open on 23/10/2025 and a timeline has been provided in the attached document. • Round 1 Applications - GMC Registration: JMacK confirmed that all applicants for all specialities will now be required to have GMC registration. JMacK noted however that applicants do not require a Licence to Practice. It is hoped that this will reduce the number of applications for 2026. • SCREST GAP: LC stated that one SCREST GAP NTN posts has been held back. LC asked if this could be filled by resident doctor who already has an NTN number. DB confirmed that this could be the case. 	
5.3	MDRG Update	<p>GJ gave the members an update regarding MDAG issues including:</p> <ul style="list-style-type: none"> • Expansion of Higher numbers: GJ confirmed that there will be no request for additional numbers in 2026. GJ noted however that there will a large volume of Core doctors moving into Higher training next year. GJ confirmed that he has discussed this issue with Amanda Barber, and a draft document will be sent to the Scottish Government. The report will also include suggestions related to funding from territorial boards such as NHS Lanarkshire and NHS Borders. • Whole Time Equivalent Numbers: GJ noted that it was likely that the Scottish Government would agree to funding based on WTL however it is less likely that they would agree to funding based on head-count. 	

		<ul style="list-style-type: none"> • Members Response: JM and RB both noted that communication with Scottish Government regarding the requirement for additional posts was positive. DB suggested that resident doctors provide information regarding which posts they were willing to move to. 	
5.4	Equality & Diversity Update	<p>RH gave members the following update regarding ED&I issues including:</p> <ul style="list-style-type: none"> • RCPsychScot ED&I Module: RH confirmed that the college is developing a new diversity module. In addition to this, the FDA module is ongoing. • Racial Discrimination: RH asked TPDs to encourage resident doctor to engage in anti-racism programmes and highlighted the materials available from NES and online. DB highlighted that TPDs are available at any time to discuss issues. 	
5.5	Quality Management Team	<p>FP gave the members the following update regarding Quality Management including:</p> <ul style="list-style-type: none"> • Data Review Meeting: FP confirmed that a data review meeting was held on 26/08/2025. Results will be released on 13/10/2025 including all TPD, APGD reports, Letters of Good Practice and proposed engagement meetings. The closing date for enquiries will be 18/11/2025. • Scottish Training Survey: FP confirmed that the next survey will be issued on 18/11/2025 and will principally involve Foundation doctors. 	
5.6	Simulation Programme	<p>NG gave the members an update regarding the Simulation programme including:</p> <ul style="list-style-type: none"> • Change to Staffing: NG confirmed that the Simulation Programme staffing model has been changed. Two Strategic Simulation Leads have been appointed for all specialties and NES will appoint Delivery Leads for each individual specialty. NG confirmed that she has been appointed Delivery Lead for Mental Health. 	

		<ul style="list-style-type: none"> • PES Course: NG confirmed that only mental health simulation course to be run in 2025/2026 will be the PES course for CT1s. • Information about PES Course: DB asked how resident doctors are informed about the course. NG confirmed that information is sent out by NES. SB asked for a link to the booking page to give to resident doctor's information during their Induction. • Dates of PES Course: RH asked for a timeline of courses. BG confirmed that courses are scheduled between August and February and workshop dates are available at the start of training. • Issues Regarding PRS Course: NG noted that there has been a distinct drop off in attendance over the past two years which has impacted NES's commitment to funding. NG asked all TPDs to encourage resident doctors to attend the training. • Members Response: AA stated the course was very useful and suggested that the course could become a training requirement. JM noted that NES should still fund the course even when there has been a drop in attendance. DB suggested data be collected to see where why there has been a low take up. 	<p>NG to send SB link to PES booking page for dissemination to Resident doctors</p>
6.	Reports		
6.2	Specialty & STC		
6.1.1	General Psychiatry Adult	<p>LC and SM gave the members the following update regarding GAP issues including:</p> <ul style="list-style-type: none"> • Quality Management Visits: SW confirmed that the GAP programme was preparing for a quality management visit for the East and West Regions. • Acting Down Issues: LC confirmed that data is being collected regarding Acting Down in the NHS Greater Glasgow & Clyde rotas. LC noted that there are now weekly issues 	

		<p>regarding this which are impacting trainee moral. LC noted that there is lack of clarity regarding which SOP is being used. GJ asked why this was the case. LC and SB confirmed that this may be due to the merging of rotas. SB stated however that there have been fewer absences since the most recent resident doctor intake.</p> <ul style="list-style-type: none"> • Issues with Specific Rotas: RH noted that issue were impacting both the south and north rotas and noted that rotas CDs were involved in discussions. SD confirmed that a TEAMS channel has been created with one SOP that can be used by resident doctors. SB stated he would forward information regarding this to LC. • Impact of Resident Doctor Surveys: GJ thanked those involved for their attempts to resolve this issue. GJ noted that it was important to protect resident doctors training experience. 	<p>SB to forward information regarding South & Noth GAP SOP to LC</p>
6.1.2	Core Programme Training	<p>Various issues regarding the funding of core training were discussed including:</p> <ul style="list-style-type: none"> • Issues regarding Study Leave & Training Funding: GJ stated that there may be a requirement to review Study Leave and training courses for Core resident doctors. GJ noted that there were different approaches in different regions and there may be requirement to align processes. GJ suggested he discus this issue with Lesley Metcalf. • East & South-East Funding Models: LS confirmed that health boards run locally delivered courses using consultants via SPA time. PJ confirmed that the South-East Region has one course organiser on one session funded through the Study Leave budget. This course organiser is provided with admin support from NSH Lothian who recoup the costs via NES Education for Scotland. GJ noted however that costs have increased due to rise in consultant fees. • West Funding Models: RH noted that one consultant session is paid for by NHS Greater Glasgow & Clyde via the endowment fund and admin support is paid for by the board directly. 	<p>GJ to discuss issues regarding Study Budget and additional training alignment with Lesley Metcalf</p>

		<ul style="list-style-type: none"> • North Funding Model: DB confirmed that local boards fund training directly. DB noted however that all deaneries across the UK use different funding and teaching models. PG asked if the full Study Budget was available in the North Region. DB confirmed that this was the case. DB and SB suggested outlining how Study Budget is used when advertising posts. • Equity for Resident Doctors: RB and JM noted that some resident doctors are required to carry out teaching as part of their contract however some resident doctors are paid to do this. RH noted that this is an historic issue, and payments were originally offered to encourage teaching in areas that did not have any. • Next Steps: GJ stated that the process should be reviewed however that if it is found that revising the system has a negative impact on fairness and resident doctors' results then there should be no change. GJ requested TPD send him a breakdown of associated costs regarding training and study budget. 	ALL TPDs to provide breakdown of Study Budget and additional teaching costs in their region
6.1.3	Psychotherapy	<ul style="list-style-type: none"> • EL confirmed that the four higher residents will remain on interim measures due to the lack of systemic training places. EL noted that there are particular issues related to CBT training in the West Region. 	
6.1.4	Old Age Psychiatry	<ul style="list-style-type: none"> • RH confirmed that all Old Age Psychiatry posts are filled apart one post in the East. In addition to this, the specialty performed well in the most recent STS. 	
6.1.5	Intellectual Disability	<p>QU gave the members the following update regarding ID including:</p> <ul style="list-style-type: none"> • Recruitment – February 2026: QU confirmed that four posts will be advertised in the February recruitment round. One post will be advertised in the West, South-East, East and North Region. QU noted that these posts may have to be re-designed if there is not enough uptake. 	

		<ul style="list-style-type: none"> • North Region Post: QU confirmed one post in the South-East was moved to the North Region as there is one potential candidate already in the North. QU confirmed that he has had discussions with the South-East Region on how to mitigate the impact of moving this post and supporting future consultant recruitment. • NHS Tayside: QU confirmed that a consultant has been recruited as an Education and Clinical Supervisor and will be able to supervise resident doctors in NHS Tayside. 	
6.1.6	Forensics Psychiatry	<p>MMcG gave the members an update regarding Forensic Psychiatry including:</p> <ul style="list-style-type: none"> • Recruitment - February 2026: MMcG confirmed that posts in the East, South-East and West will be available in the next recruitment round. • Medical Legal Work: MMcG confirmed that there are issues regarding a reduction in the number of requests for legal work especially in the South-East region. MMcG stated that this may be due to the use of private contractors and confirmed that there are ongoing discussions with the Procurator Fiscal regarding this. GJ suggested that this could be discussed with Scottish Government if required. • Court Simulation Training: MMcG stated that a simulation course has been developed between Napier University and resident doctors. There are ongoing discussions regarding the sustainability of this course. 	
6.1.7	Child & Adolescent Psychiatry	<ul style="list-style-type: none"> • GJ confirmed there were no items to discuss 	
6.1.8	CAMHS Dual Training	<ul style="list-style-type: none"> • QU and DB confirmed that the CAMHS Dual Training programme were working well. DB confirmed that resident doctors on the CAMHS run-through programme have not finished their training yet and it remains to be seen whether this new programme will be able to address recruitment issues 	
6.2	Service & Workforce		

6.2.1	Service (MD) Report	<ul style="list-style-type: none"> A Service rep was not available 	
6.2.2	BMA – Scottish Consultant Committee	<p>Various issues related to BMA SCC members were discussed including:</p> <ul style="list-style-type: none"> 9-1 Job Plans: JM stated that there have been ongoing discussions about the end of the 9-1 job plan. GJ noted that there have been many issues regarding the use of this type of planning tool. BMA Committees: JM confirmed that RB has been appointed Scottish chair of the BMA Workforce & Key Careers Committee. 	
6.3	Resident Doctors		
6.3.1	SAS Doctors	<ul style="list-style-type: none"> MB confirmed that he would update the STB regarding Psychotherapy issues at the next STB in December. 	
6.3.2	BMA – Scottish Resident Doctors Committee	<p>RB gave the members the following update regarding BMA SRDC issues including:</p> <ul style="list-style-type: none"> Non-Medical Approved Clinicians: RB stated that the SRDC have been discussing the use of non-medical clinicians. RB noted that psychologists, nurses and occupational therapists can act as non-medical clinicians in England and Wales. Such professionals are not able to work in these posts in Scotland due to the Scottish Mental Health act. Despite this there is ongoing concerns regarding this in Scotland. Psychotherapy Training: RB asked whether all psychotherapy resident doctors would be moved over to Dual training. Recruitment: RB noted that there has been a significant increase in applications to Core Training and the RCPsychScot have set up a task group to examine this issue. GJ noted that this is regarded as an urgent issue. 	

		<ul style="list-style-type: none"> • Resident Doctors Committee: RB stated that there have been discussions regarding reinstating the interviews for Core Training. • New Vice Chair: RB confirmed that JM has been elected the Committees new Vice-Chair 	
6.4	Others		
6.4.1	Royal College of Psychiatry, Scotland	<p>PC gave the members the following update regarding Royal College matters including:</p> <ul style="list-style-type: none"> • Eating Disorder Credentialling: PC stated that eating disorder credentialling will continue for another year for the October 2026 cohort. PC noted that NES will be hosting discussions regarding further funding of additional specialty training. • Formative Assessment: PC confirmed that proposed changes to formative assessment have been submitted to the GMC for approval. • ARCP External Training: PC stated that the college is keen to promote external assessor training for ARCPs. PC noted that training is available in November and there are plans to hold training in May 2026. • ePortfolio Issues: PC stated that the royal college are still waiting for updates concerning the ePortfolio. RB and JM noted that resident doctors have been informed that the launch date should be February 2026 and there should be no delays. • Core & Speciality Issues: PC confirmed that the college have been discussing issues related to bottlenecks between Core and Higher training. PC noted that this issue is affecting deaneries across the UK. 	
6.4.2	Academic Reports	<ul style="list-style-type: none"> • No Academic rep was available 	

6.4.3	Heads of Schools	<ul style="list-style-type: none"> GJ noted that RH is now attending the Heads of School meetings. GJ noted that there were no discussion items from the last meeting 	
6.5.4	Lay Member Report	<ul style="list-style-type: none"> RB stated all members have an equal opportunity to contribute to this month's meeting. In addition to this, he noted that the main theme of discussion was the lack of standardisation across services. GJ noted that this often occurred in large organisations and that it was the job of the STB members to address these issues. 	
7.	AOB		
7.1	Membership List	<p>The following corrections were requested:</p> <ul style="list-style-type: none"> Medical Psychotherapy: DB asked for EL's name to be added to the Medical Psychotherapy entry Resident Doctor Reps: JM and RB asked for Doris Ayemat to be removed and replaced by Aalap Asurlekar 	RBS to make requested change to Mental Health STB membership list
8.	Date of Next Meetings	<p>Meeting dates for 2025:</p> <ul style="list-style-type: none"> 05/12/2025 (10:45 – 13:00) <p>Suggested meeting dates for 2026:</p> <ul style="list-style-type: none"> 26/02/2026 (10:45 – 13:00) 04/06/2025 (10:45 – 13:00) 01/10/2025 (10:45 – 13:00) 03/12/2025 (10:45 – 13:00) 	