

Minutes of the Mental Health Specialty Training Board meeting held on Friday 5th December 2025 at 10:45

Present: Greg Jones (GJ) [Chair], Natalie Bain (NB), Rachel Ball (RB), Mithun Barik (MB), Daniel Bennett (DB), Debby Brown (DB), Lisa Conway (LC), Philip Crockett (PC), Leah Drever (LD), Monica Francis (MF), Pujit Ghandi (PG), Rekha Hegde (RH), Vicky Hayter (VH), Emma Lewington (EL), Jonathan May (JM), Jen Mackenzie (JMack), Michelle McGlen (MMcG), Dianne Morrison (DM), Norman Nuttall (NN), Bill Rogerson (BR), Chris Sheridan (CS), Quadrat Ullah (QU), Gordon Wilkinson (GW) & Sam Wilson (SW)

Apologies: Doris Ayemyat (DA), Aalap Asurlekar (AS), Melissa Bremmer (MB), Deborah Browne (DBe), Stephen Byres (SB), Martin Carlin (MC), Adam Daly (AD), Neera Gajree (NeGa), Nitin Gambhir (NG), Rosemary Gordon (RG), Monica Francies (MF), Ishan Kader (IK), Stephen Lally (SL), Ewan Mahoney (EM), Brook Marron (BM), Larissa MacFadyen (LMcF), Fiona Patterson (FP), Filippo Queizenna (FQ), Susan Richardson (SR), Neloom Sharma (NS), Laura Sutherland (LS) & Colin Tilley (CT),

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	The chair welcomed the members and noted the apologies	
2.	Minutes of meeting held 03/10/2025	<p>The following corrections were requested:</p> <ul style="list-style-type: none"> • Item 5.1: Training Management Update - Indicative numbers – Correct Spelling • Item 5.4: Equality & Diversity Update - RCPsychScot ED&I Module – Change spelling of paragraph title to ‘RCPsychScot ED&I Module’ • Item 6.1.6: Forensics Psychiatry - Medical Legal Work – Correct wording to ‘There are ongoing discussions regarding the sustainability of this course’ 	RBS to make corrections to 03/10/2025 meeting notes
3.	Action Points from the meeting of 03/10/2025	<ul style="list-style-type: none"> • See Action Log – December 2025 	

3.1	<p>Action Log – 03/12/2025 – Item 6.1.1 – General Adult Psychiatry - Issues with Specific Rotas</p>	<p>LC updated the members regarding rota issues including:</p> <ul style="list-style-type: none"> • Rota Management: LC confirmed that Tonya Sheridan has discussed this issue with Una Graham. LC stated that there is now better management of the core training rota and there has been a reduction in requirement of absences and resident doctors to act-up. • Rota SOP: LC confirmed that James Loudon has circulated a SOP for South Glasgow area. 	
3.2	<p>Action Log – 03/12/2025 – Item 6.1.2 - Issues regarding Study Leave and Training Funding</p>		
3.2.1	<p>Background to Issues</p>	<p>Various issues regarding Study Leave budget were discussed including:</p> <ul style="list-style-type: none"> • Background to Issue: GJ outlined the different approaches each region is using to fund Study Leave requests and training. For example, some specialties fund their training through SLA time and some through the Study Leave budget. GJ confirmed a freedom of information request had been made regarding the management of Study Leave budget. • Resident Doctors Response: GJ noted that some resident doctors may be unhappy at the uneven approach to Study Budget funding. LC and MF noted that most resident doctors’ response were mixed and suggested further investigation. • Breakdown of Study Budget Costs: RH confirmed that information has been gathered regarding budget Study costs and teaching costs in each region. 	

3.2.2	Proposed Changes	<p>Proposed changes to the Study Budget were proposed including:</p> <ul style="list-style-type: none"> • Proposed Changes: GJ confirmed that a new approach has been discussed at Study Budget Governance group. GJ suggested that the courses be funded from a central fund for the next two years. GJ noted however that exams will still be paid in the West Region through the Endowment fund. • Additional Demands on Study Leave Budget: GJ noted that any additional training requirements (venue hire, travel costs, accommodation etc.) will be discussed when required. GJ suggested that the group consider options such as online delivery, national programmes etc. 	
3.2.3	Next Steps	<p>The members discussed the next steps to address Study Budget issues including:</p> <ul style="list-style-type: none"> • Members Response: The members agreed that this approach was appropriate for the transitional period pending further revisions to the process where required. • Proposed Timetable: NN suggested that the transition plan work within an April to April timeline. • Short Life Working Group: GJ suggested that a SLWG be established to look at how funding for MRC exams will be managed for next August. • West Region Endowment Fund: GJ suggested discussion with RD regarding the West Region Endowment Fund. 	<p>GJ and RD to discuss issues related to management of the West Region Endowment Fund.</p>
4.	Matter Arising		

4.1	ARCP Results	<p>Various issues related to this year's ARCP results were discussed including:</p> <ul style="list-style-type: none"> • ARCP Results 2025: GJ noted that 59% of resident doctors achieved an Outcome 1 and 17% achieved an Outcome 6 in all the mental health specialties this year. • GMC Survey Results: GJ noted that the Scottish Denery ranks as one out of eighteen in terms of resident doctor overall satisfaction in General Adult Psychiatry. GJ thanked the members for their efforts regarding this. 	
4.2	ST4 Psychiatry Pannel Members 2026	<ul style="list-style-type: none"> • JMack confirmed that she has not been contacted by National Recruitment asking for additional assessors in 2026. 	
5.	Standard Business Issues – Deanery Issues		
5.1	Training Management	<p>VH gave the members an update regarding TPM issues including:</p> <ul style="list-style-type: none"> • Core Training & Whole Time Equivalent: VH confirmed that TPM are still waiting for a decision from Scottish Government concerning the ongoing funding of whole-time equivalent mitigation posts. A response is expected by the end of the week. GJ confirmed that Amanda Barber and Lindsay Donaldson have discussed ongoing funding, LTFT mitigation numbers and extra posts etc. with Scottish Government. • Resident Doctor Head Count: GJ confirmed that the head count numbers for February will be finalised soon. • Winter ARCP: VH confirmed that all the winter ARCP are complete apart from the South-East region. 	
5.2	Recruitment		

5.2.1	Fill Rates	<p>GJ updated the members regarding Fill Rates including:</p> <ul style="list-style-type: none"> • Fill Rates: GJ confirmed that over all the fill rates for 2025 have been very good. MF and SW confirmed that all posts had been filled in General Adult Psychiatry. QU confirmed however that one post in Learning Disabilities has not filled, and this will be readvertised in August 2026. • Communication with Resident Doctors: RH noted that communication is required with resident doctors about the availability of Old Age Psychiatry posts especially those in in NHS Tayside. JMack confirmed that indicative post numbers are available on the MDRS and the Scottish Medical Training websites. JMack noted that all psychiatry posts are advertised under the subject area 'General Adult Psychiatry' and resident doctors must then select specific specialisms. • Information for Core TPDs: LD requested that a list of all specialty posts be sent to each Core Training Programme TPD. LD suggested posts can be discussed ahead of time with resident doctors. DM confirmed that this could be done. 	
5.2.2	SCREDS Query	<p>Issues regarding a SCREDS post were discussed including:</p> <ul style="list-style-type: none"> • SCREDS Query: LC asked for advice regarding a Core resident doctor who has been provisionally appointed to a higher SCREDS post and has now been provided with three NTN numbers. LC asked if the two additional NTN numbers could be re-cycled so that they do not lie unfilled for six months. • TPM Response: DM confirmed that it was not possible to re-cycle the extra posts in a more efficient manner and there would always be several months gap between these posts in such circumstances. 	

5.2.3	Expansion Post Request to Scottish Government	<p>GJ gave the members an update regarding the most recent expansion proposal including:</p> <ul style="list-style-type: none"> • Expansion Proposal: GJ confirmed that a request has been submitted for expansion posts. GJ confirmed that this request comprises three parts; additional posts to mitigate the increase in less than full time, additional posts for overall expansion in Core training and additional posts which will support locally funded higher specialist training. • Discussion Documents: GJ confirmed that the proposal has been accepted in principle by MDAG. An outline proposal has been sent to Scottish Government and response is awaited. • Start Date: GJ confirmed that the start date for this expansion proposal will be August 2027. 	
5.2.4	Specialty Career Intentions Survey		
5.2.4.1	Results	<p>DB gave the members the following update regarding the specialty doctors survey including:</p> <ul style="list-style-type: none"> • Background to Survey: A survey was sent out asking resident doctors about their career intentions and 110 resident doctors responded. • Resident Doctors & Higher Training: DB reported that 37% of resident doctors indicated that they wanted to apply for high training. When choosing a specialty General Adult Psychiatry was the most popular followed by different combinations of dual training. 	

5.2.4.2	Training vs Location	<p>Various issues regarding training and training locations were discussed including:</p> <ul style="list-style-type: none"> • Retention of doctors in Scotland: Under half of respondents stated that they would stay in Scotland if they did not get into higher training with many respondents stating that they would attempt to enter higher training via different recruitment rounds or the portfolio pathway. MB noted that there may not be enough SAS posts to accommodate the number resident doctors prepared to train using the portfolio pathway. • Specialty vs Location: DB confirmed that 51% of respondents indicated that their location was more important than their speciality. The West region was the most popular followed by, South-East, East and North region. In addition to this, 57% of respondents stated that they would not leave their preferred area for a post in their preferred speciality. 	
5.2.4.3	Other Issues	<p>Various other factors impacting training were discussed including:</p> <ul style="list-style-type: none"> • Factors Impacting Training: Respondents listed various issues that would improve or encourage them to continue training in Scotland which included childcare support, better remuneration, great Less than Full Time flexibility etc. GW noted that issues with one resident doctors post in the borders may have impacted doctors' impressions about flexible working arrangements. • Issues related to Psychotherapy: JM and EL both highlighted the demand for Medical Psychotherapy posts. EL suggested that Medical Psychotherapy could be combined in a dual post. 	
5.3	MDRG	<ul style="list-style-type: none"> • GJ confirmed that there were no issues to discuss 	
5.4	Equality, Diversity & Inclusivity	<ul style="list-style-type: none"> • RH confirmed that she has uploaded the college's guide to reasonable adjustments to the website. RH confirmed that work is ongoing regarding the ED&I diversity toolkits. 	

5.5	Quality Management		
5.5.1	General Update	<p>NB gave the members an update regarding issues related to Quality including:</p> <ul style="list-style-type: none"> • Quality Management Update: NB confirmed that the Quality Management STB timetable was sent out on 13/10/2025. • DME Enquiries: NB confirmed that eight DME enquiries have been received so far, and the deadline is 05/12/2025. • TPD Enquiry: One TPD enquiry has been received and returned. • Good Practice Letters: NB confirmed that 31 Good Practice letters have been sent out. Six letters were sent to CAMHS units, seven for General Adult Psychiatry, three for Medical Psychotherapy, four for Core Psychiatry and one for Learning Disabilities. 	
5.5.2	Site Visits	<p>NB gave the members details of the following Quality management visits including:</p> <ul style="list-style-type: none"> • Murray Royal Hospital & Carseview Centre: NB confirmed that a combined quality meeting has been arranged for Old Age and General Psychiatry. A meeting date was agreed however this is to be rescheduled. • Royal Cornhill Hospital: A quality engagement meeting for General Psychiatry was held on 20/02/2025 and a follow-up meeting is to be arranged. LD asked whether she would be attending the visit. NB noted that TPDs did not have to attend visits however there would be a preparation meeting which LD could attend. • Dyke Bar Hospital: A date is still to be arranged for a quality meeting at this site. 	

		<ul style="list-style-type: none"> • Visit Information: DB asked if more information regarding Quality visit requirements could be posted on the website. NB stated that she would contact Alex and Hazel regarding this. 	<p>DM to contact Alex and Hazel regarding guidance to Quality visits on the website</p>
5.6	Simulation programme	<ul style="list-style-type: none"> • GJ confirmed that there were no issues to discuss and requested that the item be removed from the next meeting agenda. 	<p>RBS to remove Simulation Programme discussion item off the next meeting agenda</p>
6.	Reports		
6.1	Specialty & STC		
6.1.1	General Adult Psychiatry	<ul style="list-style-type: none"> • RH and SW both confirmed there were no outstanding issues 	
6.1.2	Core Programme Training	<ul style="list-style-type: none"> • See Item 5.1 	
6.1.3	Psychotherapy		
6.1.3.1	Reduction in Psychotherapy Services	<p>Various issues regarding the reduction in Psychotherapy services and its impact of training was discussed including:</p> <ul style="list-style-type: none"> • West Region Training Sub-Committee: EL confirmed that she and GJ had attended a training sub-committee with Donald MacCormak to discuss reduction in service provision and the impact on resident doctor training. EL confirmed that she presented an SBAR to help correct inaccuracies regarding training requirements. • Further Discussions: A further meeting will be held with the Heads of Service to discuss the issue in January. GJ suggested a member of the board could attend this meeting to provide further representation. 	

		<ul style="list-style-type: none"> • Proposed Changes: EL confirmed that the West may now reduce the provision of consultant time work by 1/6 instead of 1/3 however a decision on this has not been made regarding this yet. 	
6.1.3.2	Access to Psychology Training Opportunities	<ul style="list-style-type: none"> • GJ noted that there have been issues regarding Psychiatry resident doctors accessing psychology training posts. EL confirmed that that the areas that are most affected by this are the North and West regions. EL confirmed that she and RH will be discussing the issue with Judy Thompson. 	
6.1.4	Old Age Psychiatry	<ul style="list-style-type: none"> • RH confirmed there were no outstanding issues 	
6.1.5	Intellectual Disability	<ul style="list-style-type: none"> • McG noted that the dual ID and Forensic Psychiatry post has not been progressed yet. This is due to one unfilled ID post. McG confirmed that if this post is not recruited to at the next recruitment round then the ID TPDs may consider offering a dual post. 	
6.1.6	Forensics Psychiatry	<ul style="list-style-type: none"> • See Item 6.1.5 	
6.1.7	Child & Adolescent Psychiatry	<p>Various issues were discussed related to training within CAMHS including:</p> <ul style="list-style-type: none"> • Resident Doctor Training Issue: GW stated that he has one trainee based in the North region who is keen to take up a post either at Foxgrove Hospital or at a CAMHS unit in Glasgow. GW noted that even though the resident doctor was on a regional training programme the doctor still felt that they should be able to access other training opportunities in Scotland. • Response: GJ noted that the board would be open to exploring possible solutions to accessing different training. Alternatives could involve secondments, use of expansion posts etc. RB noted that an ID resident doctor located in the North Region was able to access a post at the State Hospital. GW stated he would contact QU regarding this. 	<p>GW to contact QU regarding the process of resident doctors accessing training posts outwith their regional programme</p>

6.1.8	Dual Training	<ul style="list-style-type: none"> GJ confirmed that there were no issues to discuss 	
7.	Service & Workforce		
7.1	Service (MD) Report	<p>Various issues were discussed regarding DME and MD representation on the STB including:</p> <ul style="list-style-type: none"> Representation on STB: GJ informed the members that NES have decided to remove Medical Directors and Directors of Medical Education from the specialty training boards. DMEs and MD will now meet in a separate NES group. Alternative DME Group: RH stated that a Mental Health DME group will be set up which could then relay information to the STB. RD suggested that Andrew Donaldson be invited to the STB when required to discuss ongoing issues. 	
7.2	BMA – Scottish Consultant Committee	<ul style="list-style-type: none"> JM confirmed that there were no issues to discuss 	
8.	Resident Doctors		
8.1	SAS Report	<ul style="list-style-type: none"> See Item 9.1.1 	
8.2	BMA – Scottish Resident Doctors Committee	<p>JM updated the members regarding various BMA issues including:</p> <ul style="list-style-type: none"> CASC Issues: JM confirmed that there are ongoing discussions regarding the CASC exam. Industrial Action: JM confirmed that the ballot for industrial action closes in ten days. JM noted that any pay negotiations at this stage will impact negotiations for future consultant pay. 	

8.3	PRDC - Psychiatry Resident Doctors Committee	<p>MF gave the members an update regarding various issues including:</p> <ul style="list-style-type: none"> • National Recruitment: MF confirmed that discussions were held between the PRDC and Jane Morris (RCPsychEng) regarding the national Task and Finish Group. MF confirmed that a PRDC rep will be sitting on this group, and an official name has yet to be chosen. A second meeting will be held in February 2026. • CASC Exams: MF confirmed one member on the waiting list has received a place on the additional CASC exam diet. MF confirmed that the exams will be held on the 12/02/2026 and 13/01/2026. In addition to this, formal allocations will be made on 19/12/2026. 	
9.	Others		
9.1	Royal College of Psychiatry, Scotland		
9.1.1	General Update	<p>PC gave the members the following update:</p> <ul style="list-style-type: none"> • UK Training Committee Report: PC confirmed that the committee met in October. PC confirmed there have been ongoing discussions regarding recruitment ratios. PC noted that there is a desire to create equity between British based resident doctors and IMGs. • Support for Neurodiversity Doctors: PC confirmed that there are ongoing discussions on how to provide support for neurodiverse doctors, their TPDs and trainers. A neurodiversity toolkit will be produced for members soon. • Physician Associates: PC confirmed that there are no outstanding issues to be discussed regarding physician associates at present by the college. 	

		<ul style="list-style-type: none"> • Eating Disorder Credentialling: PC stated that NHS England funding has ceased, and the college is investigation other funding options. PC noted that there has been interest in the Scottish EATS programme. • New Portfolio: PC noted that there are ongoing issues regarding the implementation of the new portfolio. The new portfolio is unlikely to be available at the start of 2026. 	
9.1.2	CASC Exams - 2025	<p>Various issues regarding the CASC exam were discussed including:</p> <ul style="list-style-type: none"> • 2025 Exam Issues: PC confirmed that the Lead Examiner identified standardisation issues in the last exam. All candidates that have been affected have been contacted directly by the college and there have been ongoing discussions with the GMC. JM noted that the college may organise an additional exam to correct this year's issues. • Resident Doctor Response: JM confirmed that many BMA members were very unhappy at the problems that have arisen with this year's CASC exam. • Resident Doctors who finish in February: PG asked about resident doctors who finish training on 3rd or 4th of February 2026. Will these doctors be given an extension or will they be given an Outcome 4? GJ suggested extensions could be provided and no doctor will be dropped from training due to the college being unable to provide exam dates. • Impact of Second Exam Diet: RH noted that those who sit the second exam diet may be disadvantaged when allocated to a post. RB confirmed that allocation is made on a first come first served basis and that allocation starts when a doctor submits their application. 	
9.1.3	CASC Exam - 2026	<p>Various issues regarding next year's CASC exams were discussed including:</p>	

		<ul style="list-style-type: none"> • 2026 Exam Oversubscription: RH noted that there had been significant oversubscription for the next CASC exam diet. GJ confirmed that an extra exam sitting has been scheduled for 01/02/2026. RB confirmed that there will be extra exam capacity for the August 2026 exam. PC confirmed he would discuss exam capacity issues with the college. GJ confirmed he would discuss issue with Ross Haslett. • Prioritisation of Doctors in Training: DB asked if the college could provide some assurance that doctors in training will be prioritised when selected for the CASC exam. This would ensure that training is not interrupted. JM noted that there have been some legal objections raised regarding prioritisation of UK based doctors in training and this issue has still to be clarified. • SAS Response: MB stated that prioritisation should also include SAS doctors in training. GJ noted that this should be the case and requires further discussion. • Waiting List: PG asked for clarification of the number of resident doctors on the waiting list for the CASC exam. PC stated he would contact the college urgently regarding this. • PRDC Response: JM stated that he would collate information of who was and not on the waiting list from members. 	<p>PC to discuss CASC exam capacity and related issues with Dean of the Task & Finish Group. GJ to discuss CASC exam issues with Ross Haslett</p> <p>PC to contact the Royal College regarding the number of resident doctors on the CASC waiting list</p> <p>JM to contact PRDC members to identify who is on the CASC exam waiting list</p>
9.2	Academic Reports	<ul style="list-style-type: none"> • GJ requested the members review the academic paper and the discussion item be added to the next STB meeting agenda 	<p>RBS to add Academic Discussion item and paper to the next mental Health STB agenda</p>
9.3	Heads of Schools	<ul style="list-style-type: none"> • RH confirmed that all outstanding issues had been addressed and noted that there is considerable overlap between the Heads of Schools group, ETC and the Recruitment and Retention board. 	

9.4	Lay Member Report	<ul style="list-style-type: none"> BR noted that the members had discussed the possibility of provided national and/or online training for the Core programme. BR stated that there are many advantages of providing national training as it allows standardisation of delivery. GJ acknowledged that this was a beneficial approach but must be balanced against travel cost, accommodation etc. 	
10.	Meetings for 2026	<p>Meetings for 2026:</p> <ul style="list-style-type: none"> 26/02/2026 (10:45 – 13:00) via TEAMS 04/06/2025 (10:45 – 13:00) via TEAMS 01/10/2025 (10:45 – 13:00) via TEAMS 03/12/2025 (10:45 – 13:00) via TEAMS 	

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