

Minutes of the Mental Health Specialty Training Board meeting held on 23rd February 2024 at 10:45

Present: Seamus McNulty (SMcN) [Chair], Natalie Bain (NB), Mithun Barik (MB), Daniel Bennett (DB), Deborah Brown (DBr), Alisa Bruce (AB), Alastair Campbell (AC), Adam Daly (AD), Leah Drever (LD), Andrew Donaldson (ADo), Pujit Gandhi (PGa), Partha Gangopadhyay (PG), Rekha Hegde (RH), Greg Jones (GJ), Claire Langridge (CL), Katy Lewis (KL), Nina MacKenzie (JMck), Scott McGlynn (SMcG), Dianne Morrison (DM), Chris Sheridan (CS), Laura Sutherland (LS), Gordon Wilkinson (GW) & Sam Wilson (SW)

Apologies: Julie Arthur (JA), Stephen Byres (SB), Hollie Craig (HC), Jonathan Cavanagh (JC), Lisa Conway (LC), Euan Easton (EE), Tom Fardon (TF), Ian Fergie (IF), Linda Findlay (LF), Nitin Gambhir (NG), Neera Gajree (NG), Ihsan Kader (IK), Rosemary Gordon (RG), Vicky Hayter (VH), Nick Hughes (NH), Ian Hunter (IH), Michael Jamieson (MJ), Edward Kelly (EK), Stephen Lally (SL), Emma Lewington (EL), Jen Mackenzie (JMck), Ewan Mahony (EM), Jane Morris (JM), Norman Nuttall (NN), Christopher Pell (CP), Ganesan Rajagopal (GR), Dee Rasalam (DR), Susan Richardson (SR), John Russell (JR), Neelom Sharma (NS), Priti Singh (PS), Colin Tilley (CT), Michael Turner (MT), & Quadrat Ullah (QU)

In attendance: 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 Leah Drever (TPD Core, North Region) 	
2.	Minutes of meeting held 01/12/2023	<ul style="list-style-type: none"> • The notes of the 01/12/2024 meeting were accepted by the members 	
3.	Action Points from the meeting of 01/12/2024		
3.1	Minutes of meeting held on 05/10/2023	<ul style="list-style-type: none"> • SMcN confirmed this has been actioned 	
3.2	Royal College of Psychiatrists in Scotland - State of the Nation paper - Foundation Doctors & Psychiatry Exposure	Various issues were discussed regarding trainees' exposure to Psychiatry including: <ul style="list-style-type: none"> • Foundation Programme Exposure: GJ confirmed that he has discussed issue with Duncan Henderson (Chair, Foundation Programme STB). DB noted that 	

		<p>Scottish Government exposure target is 37%. GJ confirmed that exposure rates between FY1 and FY2 for 2023 were:</p> <ul style="list-style-type: none"> • East Region: 30% • North Region: 33% • South-East Region: 36% • West Region: 29% <ul style="list-style-type: none"> • Further Development: GJ stated that exposure rates were satisfactory however there were ongoing discussions about expand the programme. GJ confirmed that Duncan Henderson will progress issue with the Recruitment Group. • Issues with Foundation Exposure: SMcN stated that exposure can cause issues with practical medicine component. In addition to this, the importance of exposure has reduced recently and many FY2 trainees do not progress straight to specialisms after FY2 but instead take up CDF posts, work abroad etc. • FY1 Liaison Posts: RH noted that there are suggestions to re-instate FY1 Liaison posts. SMcN stated that these posts do not contribute significantly to recruitment. GJ noted that these posts, if well designed, can support non-Service delivery. LS and AB stated posts were popular in East Region and South-East regions with a high conversion rate. 	
3.3	FY2 Taster Days in Psychiatry Research	<ul style="list-style-type: none"> • To be added to next meeting agenda 	
3.4	Increase in Core Psychiatry NTN's - Confirmation of Post at Scottish Borders Hospital	<ul style="list-style-type: none"> • SMcN confirmed that post has been allocated to NHS Scottish Borders and not to NHS Fife 	
3.5	Recruitment Report - Provision of Academic Research for Trainees -	GJ gave the members the following update including:	

	Psychiatry Research Network	<ul style="list-style-type: none"> • New Academic APGDs: GJ confirmed that he has been in contact with the new APGDs for Academic Training (Dr Lindsey Pope, University of Glasgow, and Dr Samira Bell, University of Dundee). GJ stated that they have discussed the requirement of academic exposure in under served area. • Academic Network: GJ confirmed that he has not discussed Academic Network issues with GJ. 	
3.6	National Resource - Psychogenic Polydipsia	<ul style="list-style-type: none"> • SMCN confirmed that this has still to actioned 	
3.7	Higher Trainees OOPR	<ul style="list-style-type: none"> • See item 4.2 	
4.	Matters Arising		
4.1	Trainee Issues	<ul style="list-style-type: none"> • AB stated that more information was required in response to the Higher Training report. AB stated that data is required regarding why certain posts in the psychiatry programme are still unfilled. 	
4.2	OOPR Application Process	<p>Various issues were discussed regarding OOPR application process including:</p> <ul style="list-style-type: none"> • Guidance to Trainees: RH referred the members to Paper 2 which gives guidance on how to support trainees who apply for Out of Programme – Research. RH stated that this gives advice regarding issues such as the calculation of clinical time etc. • OOP Application Process: DM confirmed that the NES Digital team will be creating an online application process. DM stated that she would ask Vicky Hayter to highlight OOP guidance to the Digital Team. • LTFT Application Process: DM confirmed that the LTFT application process will also be online. DM stated that this may be available in the next six months. 	

		<ul style="list-style-type: none"> • OOP – Career Breaks: GJ confirmed that there will be a new OOP request process for career breaks. This allows trainees to pause training for 12 months. GJ noted that this has had positive results in England. PG highlighted issues related to retention and CCT rates. LS highlighted the requirement of trainees to pass CASC exams within four and half years. • OOP -Pause & LATS: SMcN noted that LATs could be appointed for gaps created by trainees taking career breaks. LD confirmed that there is strong LAT interest in short term posts. 	
4.4	Team Development Day	<ul style="list-style-type: none"> • This item was not discussed 	
4.5	Issues related to NES Trainer & Trainee relationships	<p>Various issue related to Trainer/trainee issues were discussed including:</p> <ul style="list-style-type: none"> • Requirement for an Approach: GJ stated that STBs have been asked for a response in relating to the investigation off sexual harassment in Surgery. GJ stated that an organisational approach is required regarding issues such as professionalism, conflict of interest, potential for exploitation, favouritism etc. • Disclosure: RH stated that trainers and/or trainees should be able to disclose a relationship and be offered the opportunity to move posts. CS asked how disclosures were to be recorded and what level of information was required. • Statutory and Non-Statutory Roles: GJ distinguished between conflicts of interest arising from statutory issues such as a Trainer signing off an ARCP and those which do not pose a conflict. • Definition: SW raised the issue of what defines a conflict of interest. SMcN highlighted other relationships such as family connections (parent/child, siblings etc.), friendships, business relationships etc. could be seen as a conflict of interest. DB stated a pragmatic approach was required especially regarding small programmes and boards. SMcN raised issues regarding Trainers who are also TPDs or APGDs. 	

		<ul style="list-style-type: none"> • HR Guidance: CS asked if NES had guidance related to professionalism etc. GJ confirmed that NES does not have guidance and noted that guidance across the NHS varies considerably. • Contractual & Legal Issues: DB stated that there would be significant legal problems if someone was asked to move posts due to a conflict of interest. GJ suggested that TPD SLAs should have a specific clause requiring them to declare a conflict of interest. • STB Action: GJ requested the members compile a brief summary outlining an approach. GJ suggested a statement that outlines Trainer’s requirement to disclose conflicts of interest so that mitigating actions can be put in place. SMcN, DB and RH stated that he would draft a response. 	<p>SMcN, DB and RH to draft a response regarding conflicts of interest between Trainers and trainees on behalf of STB</p>
4.6	Flexibility in Psychiatric Training	<p>Various issues relating to flexible training were discussed including:</p> <ul style="list-style-type: none"> • Scottish Government Requirements: SMcN stated that the Scottish Government are requiring greater flexibility in training. SMcN stated that he has provided evidence regarding run-through programmes, dual training, LTFT etc. SMcN noted that run-through programmes should not be regarded as an answer to recruitment issues especially in the North and East Regions. • Issues regarding Dual Training: SMcN stated that issued related to dual training may be due to trainee St 3/St4 bottleneck. SMcN stated that some trainees have suggested that this could be alleviated by providing more General Adult and Old Age posts. AB clarified that trainees were in fact looking for dual training opportunities and lack of posts did not impact their commitment to a specific region. CS highlighted the advantage of matching one smaller specialty with a general speciality to increase employability. 	

		<ul style="list-style-type: none"> • ID Dual Training: GW stated that ID programme could expand if there were some additional NTN numbers. GW stated that he has discussed CAP Phytotherapy post with EL in East Region. SMcN stated that the Royal College may develop an ID Forensics training programme. • Run-Through Training: GJ stated that the emphasis should be on run-through programmes and not flexibility in training. GJ noted that if trainees were guaranteed a complete training programme in one region, they would be more likely to move to that area. DB stated that a mixed approach between run-through and flexible approach is better approach. • Trainee Posts vs Trainee Flexibility: GJ highlighted trainees who are unable or unwilling to move to areas where there are available posts. GJ suggested posts be created in those areas where there are trainees. SMcN stated that this has been suggested to Scottish Government however this does not match the NES policy of equity for each region of Scotland. • Reliable Vacancy Data: PG asked how the STB could gather accurate data on vacancies. GJ noted that some boards do not advertise for vacancies because they will not be filled. SMcN suggested that the Royal college has more reliable data. AD stated that data is available on TURAS and some data will be available from the Royal college census. • Adjustment of Psychiatry Posts: AD confirmed that there will be a 'down mixing' of consultant posts in health boards so that 'other professional' staff can be employed, and the use of locums reduced. DB asked whether this could release funding for training posts. GJ stated that this was possible and gave the example of posts funded by Golden Jubilee Hospital. 	
5.	Deanery Issues		
5.1	Quality		

5.1.1	Quality Update	<p>AC gave the members an update regarding Quality including:</p> <ul style="list-style-type: none"> • Action Plan Review Meetings: AC confirmed that meetings have been held with Dykebar Hospital, Paisley and Fife Hospitals and significant improvements have been made. • Fact Finding Meetings: CL confirmed that she had met with the DME at Murray Royal Hospital, Perth and a set of SMART objectives will be developed in conjunction with the NHS Tayside Fact Finding. CL stated that a meeting is also planned for Argyll & Bute Hospital, Lochgilphead. • Enhanced Monitoring: AC confirmed that there were no sites on Enhanced Monitoring. 	
5.1.2	SMART Objective Table	<ul style="list-style-type: none"> • RH confirmed that Paper 5 summaries issues are to be addressed during a SMART Objective and Active Plan meeting. AC stated that he would be send these to Adam Hill and Jill Murray for approval. 	AC to discuss SMART Objective Tables with AH and JM for approval
5.1.3	Clinical Handover Document	<p>NMcK gave the members a summary of the Clinical Handover paper including:</p> <ul style="list-style-type: none"> • Handover Documents: NMCK confirmed that National Survey highlighted handover as an issue for psychiatry trainees. NMCK stated that that she is supporting one site who are developing a Quality Improvement project related to this. • Approval of Paper: NB asked if the paper could be circulated to training sites. GJ asked whether it has been sent to the Mental Health Quality Board. NB stated that it has been circulated to the SQMG and would be happy to submit the paper to any other board for approval. • Circulation of paper to relevant Parties: RH suggested the paper be calculated to Educational Supervisors and Service DMEs. SMcN stated he would ask all TPDs to circulate paper to ESs and health boards. 	SMcN to circulate Clinical Handover Document to all

			TPDs for circulation to Ess and health boards
5.1.4	Quality Re-Structure	<p>GJ gave the members a summary regarding the new Quality Team structure:</p> <ul style="list-style-type: none"> • Quality Team Groupings: GJ stated that the Quality Team will now consist of three operational groups. GJ confirmed that Mental Health will be in a team along with GP, OH, PH & BBT. GJ confirmed that the same APGD structure will apply. NB stated that she would share new structure document to members. • Local Meetings: GJ stated that the Quality Team will now hold local meetings with health board DMEs. This will allow team to look at site specific issues. SMCN asked if there would still be separate QRP meetings. GJ confirmed that this would be the case. 	NB to send RBS new Quality Team structure document for distribution to members
5.2	Simulation	<ul style="list-style-type: none"> • No rep was available 	
5.3	Training Management	<ul style="list-style-type: none"> • There were no items to discuss 	
5.4	Professional Development	<ul style="list-style-type: none"> • DB stated that the next Deanery newsletter will contain information regarding the new Trainer Development Collaborative. 	
5.5	MDRG	<p>GJ gave the members an update regarding MDRG issues including:</p> <ul style="list-style-type: none"> • Financial Issues: GJ stated that there have been ongoing discussions regarding financial issues and the requirement to keep meetings, training etc. online. • Medical PAs: SMCN asked whether there has been any progress regarding PAs within NES. GJ confirmed that discussions are ongoing. GJ noted that Psychiatry is not impacted as much as other specialities. DB and LS confirmed that there are three PAs working in the North Region supporting out-patient clinics. 	

		<ul style="list-style-type: none"> • Medical PAs & BMA: SMcG and CS both stated that the BMA have significant concerns about the use of PAs. In particular, the BMA are concerned about the impact on training opportunities and suitability for the role. GJ noted that if PAs are to be used in Psychiatry, they should be strictly managed to free up qualified doctors. 	
5.6	Equality, Diversity & Inclusion		
5.6.1	Trainees & EDI	<p>RH gave the members the following update regarding Training and ED&I issues including:</p> <ul style="list-style-type: none"> • Mental Health STEP Meeting: RH confirmed that a meeting will be held on 26/02/2024. GJ recommended that attendees apply for travel expenses. RH stated she would contact GJ about this offline. • Generic STEP: RH confirmed that a Generic STEP meeting will be held in August, and she will be meeting with Nitin Gambhir and Mohammad al-Hadid to discuss details. RH stated that the Mental Health STEP may still require to a separate event. • Neurodiversity Modules: RH stated that she has been in contact with the Trainer Development Collaborative about developing a training module for neurodiverse Trainers. 	<p>RH to discuss trainee applying for Mental Health STEP training Day travel expenses with</p>
5.6.2	ED&I Requirements Trainee	<p>Various issues relate to trainee providing evidence of ED&I training were discuses including:</p> <ul style="list-style-type: none"> • ED&I Training & Trainees: SMcN highlighted the requirement for trainees to evidence ED&I training within their ePortfolios. In addition to this, the STB has to provide evidence that it is supporting trainees in evidencing ED&I issues. • Mandated Training: SMcN noted that ED&I training cannot be mandated as it is not a training competency requirement. In addition to this, the ePortfolio 	

		platform does not have specific modules related to this. DB and DJ stated that ED&I issues may not be mandatory but are still relevant in attaining training competencies. RH stated that ED&I issues are mentioned in the curriculum HLO. LA noted that are ED&I requirements within SOAR. SMcN suggested discussing issue offline with GJ.	SMcN to discuss ED&I and trainee ePortfolio issues with GJ
5.7	Recruitment		
5.7.1	Recruitment Update	<ul style="list-style-type: none"> No rep was available 	
5.8	Reports - General		
5.8.1	PTC Report	<ul style="list-style-type: none"> There were no items to discuss 	
5.8.2	Service (MD) Report	<ul style="list-style-type: none"> There were no items to discuss 	
5.8.3	DME Report	<ul style="list-style-type: none"> There were no items to discuss 	
5.8.4	Royal College Report	<ul style="list-style-type: none"> No rep was available 	
5.8.5	Heads of Schools Report	<ul style="list-style-type: none"> There were no items to discuss 	
5.9	Specialty & STC Reports		
5.9.1	GAP	<ul style="list-style-type: none"> There were no items to discuss 	
5.9.2	CPT	<ul style="list-style-type: none"> There were no items to discuss 	
5.9.3	Psychotherapy	<ul style="list-style-type: none"> There were no items to discuss 	

5.9.4	OAP	<ul style="list-style-type: none"> There were no items to discuss 	
5.9.5	ID	<ul style="list-style-type: none"> There were no items to discuss 	
5.9.6	Forensics Psychiatry	<ul style="list-style-type: none"> There were no items to discuss 	
5.9.7	CAP	<ul style="list-style-type: none"> There were no items to discuss 	
5.9.8	Dual Training	<ul style="list-style-type: none"> There were no items to discuss 	
5.10	SAS Report	<ul style="list-style-type: none"> MB confirmed that survey is being carried out regarding SAS doctors and access to higher training. MB stated he would submit a paper with the results to the STB when available. 	
5.11	Academic Report	<ul style="list-style-type: none"> No rep was available 	
5.12	Lay Member Report	<ul style="list-style-type: none"> No rep was available 	
5.13	BMA Report	<p>Various issues were discussed regarding the BMA response to recruitment including:</p> <ul style="list-style-type: none"> Training Issues: SMcG stated that there are issues relating to a bottle neck of trainees in the Psychiatry programme especially at CT1. SMcN noted that this is preventing good candidates from moving into specialties. SMcN stated that there may be a requirement to increase ST4 posts in response to this. Specialty vs Region: GJ outlined that trainees applying for posts have to demonstrate a commitment to specialty and region. GJ stated that the application process may be changed where trainee is given a 'Ticket to Train' which weights specialty and region issues differently. 	

		<ul style="list-style-type: none"> • Whole Time Equivalency: PG asked whether there had been agreement on whole time equivalence. GJ confirmed all future posts will be based on this model. 	
6.	AOB	<ul style="list-style-type: none"> • There were no other discussion items 	
7.	Date of Next Meeting	<p>Date of Next Meeting:</p> <ul style="list-style-type: none"> • 07/06/2024 (10:45 – 13:00) via TEAMS • 04/10/2024 (10:45 – 13:00) via TEAMS • 06/12/2024 (10:45 – 13:00) via TEAMS 	