Present: Susan Miller (SM) Chair, Dik Athawes (DA), Daniel Bennett (DBe), Steve Birrell (SBI), Roger Blake (RB), Margaret Brenner (MB), David Brown (DBro), Tom Brown (TB), Lisa Collin (LC), John Crichton (JC), Sandra Duke (SD), Robin McGilp (RMcG), Gillian Needham (GN), Rhiannon Pugh (RPu), Peter Rice (PR), Cesar Rodriguez (CR), John Russell (JRu), Karen Shearer (KS), John Taylor (JT).

Apologies: Pauline Browell-Hook (PBH), Stella Clark (SC), Alastair Cook (AC), Kate Darbyshire (KD), Euan Easton (EE), Tracey Hicks (TH), Stephen Lawrie (SL) Kathy Leighton (KL), Patricia Leiser (PL), Ronald MacVicar (RMur), Siobhan Murphy (SMur), Mark Taylor (MT), Phyllis Walker (PW). Linda Watt (LW).

In attendance: Geraldine Bienkowski (GB), Susanne Forrest (SF), Judy Thomson (JTho) for items 1-3; Helen McIntosh (HM).

1. Welcome and apologies

Dr Miller welcomed Geraldine Bienkowski (GB), Susanne Forrest (SF) and Judy Thomson (JTho) to the meeting to talk about the potential links between Mental Health and Psychological Therapies.

Dr Miller noted the retirement of Dr Sally Bonnar as Workforce and SAMD representative on the specialty board. She formally thanked her for her considerable input to the board. Dr Roger Blake will now lead on Workforce for the specialty board and the College.

Dr Miller congratulated Dr Tom Brown on his appointment to the post of Associate Registrar at the College.

Dr Miller noted that Ms Susan Coull has been replaced on the specialty board by Ms Ashley Catto.

Apologies were noted.

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One amendment to the minutes was noted:

Item 11.4.1, page 6, paragraph to read ‘LC provided a trainee update. The current key topic for discussion is CASC.’

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The work of the Psychology Department was policy driven, commissioned by Scottish Government and linked to HEAT targets. Susanne Forrest (SF) welcomed the opportunity to attend today’s meeting to increase awareness and link their work with that of the Mental Health specialty board. Concerns were raised regarding linkage between Psychological Therapies work and NES and other stakeholders. They were now seeking Psychiatry’s view of their
work and where it sat within training.

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An invitation was extended to join the specialty board; SF, GB and JTho will consider it and thanked the board for the opportunity.

**Actions:**
- GB will circulate names of NES Training Co-ordinators in each Health Board.
- SF, GB and JT to consider invitation to join the specialty board.

4. **Matters arising**

4.1 **Mandatory training/study leave update: circulated for information**

To note this has been circulated as a decision aid for TPDs.

4.2 **PSYSTAR update**

No update was received. To note that Professor Lawrie has jointed the specialty board as Academic representative.

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The board previously discussed concerns about the amount of Psychiatry experience in Foundation. TB and the STARG group had considered this and SM and TB have been invited to attend the Foundation Board meeting in August for further discussion further. Although the number of Foundation Psychiatry posts in Scotland was low, in England this was only 6%.

GN stressed the need to continue to promote a career in Mental Health to potential doctors. Recruitment was successful this year but the specialty needed to continue to maintain a high profile. DBro said work on analysing the recruitment dataset was being done on consider trainee demographics, exam results and career progression. KS noted that application forms from previous recruitment rounds have been destroyed; however DBro said this information could be sought from other sources eg Deanery records. It was agreed KS will produce a detailed proposal on what information would assist the analysis for consideration by Fiona Muchet.

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PR noted College discussion regarding 2 year post Foundation training.

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5.1 **Recruitment team report**  
5.2 **May recruitment update**  
5.3 **Plans for future recruitment: update from MDET**

DBro reported 21 of 26 posts have filled. The main issues to consider for next year were decoupling, delayed runthrough ‘competitive allocation’ and exam dates, although he noted it was unlikely they would know the exam date by the time of recruitment. While they could delay recruitment to fit the exam timetable this would have a knock on effect for the service. He will arrange a recruitment team meeting to discuss these issues.

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The board agreed to include LAT posts in recruitment rounds but to prioritise substantive posts.

The board noted the difference between UK national and UK nationally co-ordinated recruitment. The board agreed it did not wish to join UK national recruitment and favoured alignment with England.

To note that all remaining vacancies will be LAT posts and these will be recruited locally. The board agreed there was no need for an Autumn recruitment round.

**Action:**
- SM to raise issue of flexibility between programmes at the Heads of Schools meeting later in the week.

6. **STARG**

To note name change for the group.
TB highlighted:
- John Eagles was standing down as Chair of Training and Recruitment Group; replaced by TB.
- A Teaching the Teachers course has been arranged for November in Glasgow.
- The STARG book was about to be launched.
- To note 3 Scottish Medical Schools were rated in the top 5 in the UK for College associates.
- TB will seek a trainee representative from the STARG group to sit on the specialty board.

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7. Workforce

RB reported:
- The census was completed on 29 May and returns were variable.
- Census and ISD data was very different in some areas. ISD conducted its census on 30 September each year; he will approach ISD to discuss whether timings could be reconciled to create a more cohesive approach.
- Some re-coding may be necessary.
- He will consider census work on endorsements.

To note:
- Work undertaken by RCP on consultant recruitment on behalf of all Colleges; PR felt this was a useful source of information.
- SM reported delay in the process of disestablishing posts.
- BMA was beginning discussion with Scottish Government on the consultant contract.

The board discussed how to obtain career information on specialty doctors. It was not uncommon for Mental Health specialty doctors to move into higher specialty training; this was less common in other specialties. RB will circulate the specialty doctors list to board members for updating and return. The board will discuss by email what information would be useful for the Workforce group to consider and take for further discussion.

Action:
- RB to circulate the specialty doctors list to board members for updating and return.
- All board members to discuss by email what information on specialty doctors should be considered and discussed by the Workforce group.

8. Restructuring Medical training: report on event held on 20 May 2011

GN tabled a document showing the main discussion points at the event. One area of discussion was whether to broaden core training or establish a third year of Foundation. Surgery was the only specialty that did not favour extending the range of experience for trainees at an early stage of training. PR said the College acknowledged the message received about the timings of exams and the need to work to resolve this. LC will include GN’s paper on the agenda of next SJDC meeting for discussion. The paper will also be
circulated to board members. DBro and the recruitment group will consider GN’s document and amend it as necessary. DBe will also send his report to HM for circulation to the board.

**Actions:**
- LC to include GN’s paper on the agenda of the next SJDC meeting.
- GN to send her paper to HM for circulation to the board.
- DBro and the recruitment group will consider GN’s document and amend as necessary.
- DBe to send his report to HM for circulation to the board.

9. **Heads of School meetings: draft minutes of last meeting/next meeting 22 June 2011**

To note draft minutes were previously circulated. SM will attend the next meeting on 22 June.

10. **Forensic Psychiatry: Interdeanery rotations and recruitment**

This was a national programme and trainees competed to one of the 4 Deanery hubs. In Scotland trainees had to go outwith the hub in order to attain all competencies. JC outlined a particular circumstance where a trainee had applied for an IDT. 3 posts had been due to come up in WoS at the beginning of April and the IDT request went through the agreed process for dealing with such requests. However, the process was not completed due to communication issues regarding the Deanery programme and base. This resulted in difficulties for the service in NoS, however they would be able to appoint LAT posts to cover gaps although as there were a number there would be a degree of competition.

Previously this was a popular programme although small and therefore subject to fluctuation. He and his colleagues will assess whether this was a one of situation or whether there was a more serious situation in recruiting to the programme. GN considered there was a general need to improve the processes for managing national programmes. In particular she felt transfers within programme should be termed intra programme transfers not IDTs and there should be a clear and consistent process of application across all national programmes. She will take her proposal to MDET for discussion and agreement.

**Action:**
- GN to take process of transfer within national programmes to MDET for discussion and agreement.

11. **Eportfolio developments update**

Discussion on this item was deferred to the next meeting when feedback on the use of Eportfolio in ARCPs will be given to the board.

**Action:**
- Item deferred: agenda item for August meeting.

12. **ARCP sub group update**
12.1 **ARCP paper**
12.2 **ARCP and Psychotherapy**

It was agreed to discuss workplace based assessments in Psychotherapy higher specialty training at the next ARCP sub group meeting; meeting to be organised later in the year.

JT asked for information on Outcomes to be sent to him, copied to SM and HM for discussion at a future specialty board meeting.

**Actions:**
- To discuss workplace based assessments in Psychotherapy higher specialty training at next ARCP sub group meeting later in the year.
- To send information on Outcomes to JT, copied to SM and HM for discussion at a future specialty board meeting.

13. **Updates**

13.1 **Liaison Dean/MDET update**

Two items were highlighted:

- PMETB Trainee/Trainer surveys – problem with issue by GMC resulted in failure of significant number of trainees and trainers receiving the surveys.
- Concerns raised about F2 ‘exposed posts’.

13.2 **Deanery and Specialty updates**

13.3 **College update**

13.4 **Service update – service representatives**

13.5 **Academic update**

13.6 **Regional planning update**

No update information was received.

13.7 **Trainee/Specialty doctor update**

SB noted dates for CASC in 2012 were not yet available.

14. **Received for information**

No other papers were received for information.

15. **AOB**

15.1 **Recruitment group meeting**

DBro will agree a date for the group to meet and will ask HM to circulate the information.

**Action:**
- DBro to agree a date for the group to meet and ask HM to circulate the information.

15.2 **Annual leave cover**

SM will arrange cover for her period of annual leave.

**Action:**
- SM to arrange cover for her annual leave.
16. **Date of next meeting**

The next meeting will take place at 10.30 am on Monday, 29 August 2011 in Boardroom, Lister PG Institute, 11 Hill Square, Edinburgh.

**Actions arising from the meeting**

<table>
<thead>
<tr>
<th>Item no</th>
<th>Item name</th>
<th>Action</th>
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Minutes of the meeting of the Mental Health Specialty Training Board
held at 10.30 am on Monday 20 June 2011 in Committee Room 2, Level 10,
Ninewells Hospital, Dundee

Present: Susan Miller (SM) Chair, Dik Athawes (DA), Daniel Bennett (DBe), Steve
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The board discussed how to obtain career information on specialty doctors. It was not uncommon for Mental Health specialty doctors to move into higher specialty training; this was less common in other specialties. RB will circulate the specialty doctors list to board members for updating and return. The board will discuss by email what information would be useful for the Workforce group to consider and take for further discussion.

Action:

- RB to circulate the specialty doctors list to board members for updating and return.
- All board members to discuss by email what information on specialty doctors should be considered and discussed by the Workforce group.

8. Restructuring Medical training: report on event held on 20 May 2011

GN tabled a document showing the main discussion points at the event. One area of discussion was whether to broaden core training or establish a third year of Foundation. Surgery was the only specialty that did not favour extending the range of experience for trainees at an early stage of training. PR said the College acknowledged the message received about the timings of exams and the need to work to resolve this. LC will include GN’s paper on the agenda of next SJDC meeting for discussion. The paper will also be
circulated to board members. DBro and the recruitment group will consider GN’s document and amend it as necessary. DBe will also send his report to HM for circulation to the board.

**Actions:**

- LC to include GN’s paper on the agenda of the next SJDC meeting.
- GN to send her paper to HM for circulation to the board.
- DBro and the recruitment group will consider GN’s document and amend as necessary.
- DBe to send his report to HM for circulation to the board.

9. **Heads of School meetings: draft minutes of last meeting/next meeting 22 June 2011**

To note draft minutes were previously circulated. SM will attend the next meeting on 22 June.

10. **Forensic Psychiatry: Interdeanery rotations and recruitment**

This was a national programme and trainees competed to one of the 4 Deanery hubs. In Scotland trainees had to go outwith the hub in order to attain all competencies. JC outlined a particular circumstance where a trainee had applied for an IDT. 3 posts had been due to come up in WoS at the beginning of April and the IDT request went through the agreed process for dealing with such requests. However, the process was not completed due to communication issues regarding the Deanery programme and base. This resulted in difficulties for the service in NoS, however they would be able to appoint LAT posts to cover gaps although as there were a number there would be a degree of competition.

Previously this was a popular programme although small and therefore subject to fluctuation. He and his colleagues will assess whether this was a one of situation or whether there was a more serious situation in recruiting to the programme. GN considered there was a general need to improve the processes for managing national programmes. In particular she felt transfers within programme should be termed intra programme transfers not IDTs and there should be a clear and consistent process of application across all national programmes. She will take her proposal to MDET for discussion and agreement.

**Action:**

- GN to take process of transfer within national programmes to MDET for discussion and agreement.

11. **Eportfolio developments update**

Discussion on this item was deferred to the next meeting when feedback on the use of Eportfolio in ARCPs will be given to the board.

**Action:**

- Item deferred: agenda item for August meeting.

12. **ARCP sub group update**

12.1 **ARCP paper**
12.2 **ARCP and Psychotherapy**

It was agreed to discuss workplace based assessments in Psychotherapy higher specialty training at the next ARCP sub group meeting; meeting to be organised later in the year.

JT asked for information on Outcomes to be sent to him, copied to SM and HM for discussion at a future specialty board meeting.

**Actions:**
- To discuss workplace based assessments in Psychotherapy higher specialty training at next ARCP sub group meeting later in the year.
- To send information on Outcomes to JT, copied to SM and HM for discussion at a future specialty board meeting.

13. **Updates**

13.1 **Liaison Dean/MDET update**

Two items were highlighted:

- PMETB Trainee/Trainer surveys – problem with issue by GMC resulted in failure of significant number of trainees and trainers receiving the surveys.
- Concerns raised about F2 ‘exposed posts’.

13.2 **Deanery and Specialty updates**

13.3 **College update**

13.4 **Service update – service representatives**

13.5 **Academic update**

13.6 **Regional planning update**

No update information was received.

13.7 **Trainee/Specialty doctor update**

SB noted dates for CASC in 2012 were not yet available.

14. **Received for information**

No other papers were received for information.

15. **AOB**

15.1 **Recruitment group meeting**

DBro will agree a date for the group to meet and will ask HM to circulate the information.

**Action:**
- DBro to agree a date for the group to meet and ask HM to circulate the information.

15.2 **Annual leave cover**

SM will arrange cover for her period of annual leave.

**Action:**
- SM to arrange cover for her annual leave.
16. **Date of next meeting**

The next meeting will take place at 10.30 am on Monday, 29 August 2011 in Boardroom, Lister PG Institute, 11 Hill Square, Edinburgh.

**Actions arising from the meeting**

<table>
<thead>
<tr>
<th>Item no</th>
<th>Item name</th>
<th>Action</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Psychological therapies and NES</td>
<td>To circulate names of NES Training Co-ordinators in each Health Board. Psychology Department to consider invitation for a representative to join the specialty board.</td>
<td>GB</td>
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<td>SF/GB/JTho</td>
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<tr>
<td>4.3</td>
<td>Foundation Psychiatry posts: discussion with</td>
<td>To produce a detailed proposal on what information would assist the analysis for consideration by Fiona Muchet. To seek statistics on the number of GPSTs undertaking Psychiatry training in ST1/2. To ask RMcV to talk to the issue as an agenda item at the next meeting.</td>
<td>KS</td>
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<td>Dr Duncan Henderson</td>
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<td>GN</td>
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<td></td>
<td>SM/SM/RMcV</td>
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<td>5.</td>
<td>Recruitment team update</td>
<td>To raise issue of flexibility between programmes at the Heads of Schools meeting later in the week.</td>
<td>SM</td>
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<td>6.</td>
<td>STARG</td>
<td>To seek a trainee representative from the STARG group to sit on the specialty board.</td>
<td>TB</td>
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<tr>
<td>7.</td>
<td>Workforce</td>
<td>To circulate the specialty doctors list to board members for updating and return. To discuss by email what information on specialty doctors should be considered and discussed by the Workforce group.</td>
<td>RB/All</td>
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<td>All/Workforce group</td>
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<tr>
<td>8.</td>
<td>Restructuring Medical training: report on</td>
<td>To include GN’s paper on the agenda of the next SJDC meeting. To send paper to HM for circulation to the board. To consider GN’s document and amend as necessary. To send report to HM for circulation to the board.</td>
<td>LC</td>
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<td>event held on 20 May 2011</td>
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<td>GN</td>
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<td>DBro/HM</td>
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<td></td>
<td>and recruitment</td>
<td>MDET for discussion and agreement.</td>
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<tr>
<td>11.</td>
<td>Eportfolio developments update</td>
<td>Agenda item for next meeting.</td>
<td>SM/HM</td>
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<td>ARCP sub group update</td>
<td>To discuss workplace based assessments in Psychotherapy higher specialty training. To send information on Outcomes to JT, copied to SM and HM for discussion at a future specialty board meeting.</td>
<td>JR All/JT/Future agenda item</td>
</tr>
<tr>
<td>15.</td>
<td>AOB Recruitment group meeting</td>
<td>To agree a date for the group to meet: to circulate information. To arrange annual leave cover.</td>
<td>DBro/HM SM</td>
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<td>15.1</td>
<td>Annual leave cover</td>
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<td>15.2</td>
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