

MINUTES of a meeting of the **LIAISON PSYCHIATRY FACULTY EXECUTIVE COMMITTEE and REGIONAL REPRESENTATIVES** held on 14th March, 2007 at the Hotel Artemis, Amsterdam.

No. SUBJECT

1.07 **PRESENT**

Professor Elspeth Guthrie (chair)
Dr Paul Gill (honorary secretary)
Dr Max Henderson (acting finance officer)

Professor Dinesh Bhugra; Dr Jeremy Bolton, Dr Jim Bolton, Dr Amanda Gash, Dr Judith Halford, Dr Malcolm Hawthorne (delayed), Dr Andrew Hodgkiss (delayed), Dr John Holmes (delayed), Professor Matthew Hotopf, Ms Jackie Macklin, Dr Alex Mitchell, Professor Robert Peveler, Dr Sanjay Rao, Professor Mike Sharpe, Dr John Sheehan, Dr Peter Trigwell and Dr White.

On behalf of the executive committee and regional representatives, Professor Guthrie welcomed Professor Dinesh Bhugra, dean of the College, to the meeting, chiefly for discussion of item 5.07 below.

In attendance:

Gill Gibbins

2.07 **APOLOGIES FOR ABSENCE**

Received from: Dr Aitken, Dr Alam, Dr Ananth, Dr Anderson, Dr Bass, Dr Bisson, Dr Brodie, Dr Cantwell, Dr Davies, Dr Davison, Dr Feinmann, Dr Friedman, Dr Goldbeck, Dr Halford, Mr Harrison, Professor Ikkos, Dr Jajoo, Dr Kelly, Dr Longson, Dr Malik, Dr Miller, Dr O'Dwyer, Dr Potokar, Dr Read, Dr Rogerson, Dr Stewart, Dr Temple and Dr Walsh.

3.07 **MINUTES**

The minutes of the meeting held on 4th December, 2006 were approved and signed as a correct record subject to the addition of Professor Guthrie's name under item 47.06; to the spelling correction under item 51.06.5, line 6; and to the deletion of the words 'was now part-retired and additionally' under item 57.06.4 , lines 3-4.

4.07 **MATTERS ARISING FROM THE MINUTES**

4.07.1 Payment by results (PBR)

Professor Guthrie reported that the College had set up a PBR working group to look at the thinking behind financing general psychiatry; this faculty is looking at the funding for general hospital medicine – for example, self-harm funding was only for physical care, not for psychological issues.

4.07.1 Professor Guthrie had not heard further from Mr Jean Armand-Clark, the PBR tariff development manager for mental health. Dr Temple had run a workshop in Leeds which had been very successful; there would be further discussion during the conference and business meeting.

Action: MT to contact DoH

4.07.2 Link to the child and adolescent psychiatry faculty executive committee

Dr Rao would serve in this capacity.

5.07 **TRAINING AND PROFESSIONAL DEVELOPMENT**

Professor Bhugra thanked the committee and regional representatives both for the invitation to attend the executive meeting, and also the faculty conference. He explained that about two months previously, the College officers had decided that they should, on a rotating basis, attend faculty conferences both to serve as a source of information if required, and also to collect feedback from College members.

Professor Bhugra confirmed that PMETB had approved the College's core curriculum; he would be presenting the assessment template to PMETB on 4th April, to map on to this. It was important to look at the curriculum 'as is' since by the end of 2007 it would be revised: the faculty needed to think about this now. In addition, if and when there was a single CCT in psychiatry, there could be an opportunity for liaison psychiatry to create specialties within its own curriculum e.g. CAP-liaison, OA-liaison, neuro-liaison, perinatal-liaison, and it would be necessary to starting thinking about this now also, as well as the levels of assessment.

Professor Bhugra thought that a single CCT would give the College more flexibility to create more specialties within psychiatry. It was agreed to be important to work out different streams of liaison psychiatry but taking care not to make smaller specialties mutually exclusive but to see where they overlapped.

It was thought that most liaison assessments would be in ST 4 to 6. The criteria for eligibility for the membership examination were on the College web site; Professor Bhugra gave brief details. As part of the OSCIs for what used to be Part 1, there would be specialised stations across all specialties – the liaison faculty should begin thinking now about creating its own OSCI stations and, with regard to re-certification, the faculty should advise the College what should be required for liaison consultants.

Professor Bhugra also gave an outline of the new examination structure; there would be three theory papers – workplace-based assessments would be linked to eligibility criteria to take each of these and about 30% of workplace-based assessments would be carried out by people from outside the trainees' own Trusts. The papers could be taken in any order and whenever the trainees chose to take them, as long as they fulfilled the eligibility criteria. The three papers would be cumulative, so although in theory it could be difficult to take them in any order, papers 1 and 2 were at much the same level, with paper 3 more complex – it would be possible for

5.07

trainees to delay papers 1 and 2 until they were ready to take paper 3. In order to take the OSCEs, trainees needed to have passed all three papers.

These new structures were expected to be in place by March 2008; the Part 3 assessment, penultimate between ST 5 and 6, should be ready in 2012. The faculty should decide on the assessments for its speciality in the penultimate year, starting off with a definition of a good liaison psychiatrist and working backwards through the stages. The overall examination structure meant that people could not progress until they had achieved the MRCPsych, therefore examinations would be offered more frequently than at present – perhaps three to four times a year. If trainees failed the first year they could sit the examination again; Dr Jeremy Bolton explained the present situation on dealing with this.

There was brief discussion on how academic trainees would go through the RITA process, and the difference between being 'competent' and being 'good and safe' as doctors. Professor Bhugra hoped that the academic faculty would make progress with developing its curriculum and competences; this faculty should consider those aspects as well.

Professor Bhugra confirmed that the patient satisfaction questionnaire was not being used for child and adolescent psychiatry, old age psychiatry nor for liaison psychiatry which was more often one-off, although the questionnaire was being reviewed to find ways of making it more useful.

The first round of workplace-based assessments was due on 15th April; training for assessors would be cascaded through the divisions and until the end of 2007 the assessments would be at cost. Professor Bhugra acknowledged that deaneries and divisions did not always map well on to Trusts, and that there could be difficulties about accessing these training days, in which case members were asked either to contact the Dean or Robert Jackson in the College postgraduate training department about setting one up. The first set of training for examiners and workplace-based assessments would take place in Edinburgh on 18th-19th April.

In response to questions about how the assessment service was funded, and in particular – since the examination structure was becoming caught up with the training structure within the UK – how this might affect those not training in the UK, Professor Bhugra responded that the second point was an especially significant concern. It seemed likely that the Irish College of Psychiatrists would decide before June what to do and when about a separate body for Ireland, and with a transition period likely until 2010, Irish trainees wishing to take the examination would not have to show workplace-based assessments but would have to show equal cases competences; there would be legal implications for entry criteria as well as outcomes. Hong Kong would arrange the same examination for trainees from the Far East and parts of Asia; there would be issues about approval of training and eligibility criteria, and there was still a lot of work to be done on this. With regard to costs, deaneries would have to agree these; there would be a COPMED meeting about this in April or May.

5.07 With regard to special interest sessions, Professor Bhugra asked the faculty to look at what competences could be expected from these to render a trainee 'fit for purpose' to be a liaison consultant. Special interest sessions and research days were likely to be combined into one day a week for ST 3 to 6.

In response to a question about College support for FECCs, Professor Bhugra confirmed that these committees could hold three meetings a year with support from staff in the postgraduate education department. The College Curriculum Committee would be dealing with ST 4, 5 and 6 and it would begin its meetings later in 2007. The faculty view was that the core curriculum needed more experience of liaison psychiatry in ST 1 to 3 – six months if it were available and if people wished to do it. Professor Bhugra thought it likely that the mandatory six months in child and adolescent psychiatry would change to a consideration of developmental psychiatry competences for long cases, similar to those for psychotherapy.

The Dean was thanked for taking the time to discuss these matters with the executive and regional representatives; Professor Bhugra accepted with pleasure the invitation to dine with them that evening.

5.07.1 ETSC

Dr Gill reported that Dr Jeremy Bolton had attended the previous ETSC meeting, as he had been unable to go himself; Dr Bolton confirmed that the topics discussed above had been the main basis of the meeting.

5.07.2 FECC

Dr Gill reported that there were likely to be three meetings a year, held at the College on the mornings of executive committee meetings.

5.07.3 CPD Committee and online

Professor Bhugra reported that the new College director of CPD was Dr J. S. Bamrah; the committee's first meeting was due to take place on 12th March.

5.07.4 Equivalence Committee

Professor Bhugra reported that this committee had a very considerable workload; to date the PMETB had rejected only two of its decisions.

5.07.5 Quality Assurance Committee

Dr Jeremy Bolton reported that this committee had not yet met.

5.07.6 Curriculum Committee

Dr Gill confirmed that he would be the faculty representative on this committee.

5.07.7 PTC

With his apologies, Dr Malik had sent a report on the survey which was **tabled**. It was agreed that this should be one of the topics for the strategy meeting on 11th June, to review the size of liaison psychiatry services across the UK and what threats might be facing them. Once the resultant database was established, the faculty planned to maintain this to reflect services which were developing and those which were reducing or closing.

Action: strategy agenda

5.07.8 Trainees and new consultants group

Dr Mitchell reported that he was demitting office as the group chair this week; Dr Henderson would succeed him and there would be an election for the role of honorary secretary.

5.07.9 SAS doctors

Dr Gill reported on Dr Jajoo's behalf that he would still be interested to organise a meeting for SAS doctors, perhaps in October, 2007; he would report further at the June meeting.

Action: agenda

6.07 **CHAIR'S BUSINESS**

6.07.1 Report from CEC

Professor Guthrie reported on a number of issues:

User/carer involvement in College work

A review had recently been undertaken by Lisa Hayward, a consultant employed by the College; she had produced a paper proposing a more formalised structure for a user forum within the College. Professor Guthrie had had a meeting with Ms Hayward and offered to provide copies of the CEC paper to interested members, giving one copy to Ms Macklin at the meeting. The proposed forum would link with faculties and divisions and would be able to initiate work on policy and training issues, but would not exclude those executives from working with service users in their own way. The paper had had a mixed reception at CEC, with concerns expressed by user representatives on CEC; there might be more debate before the paper was finally accepted.

SIG on sexuality and gender in mental health

A proposal had been received for this new SIG, which would be for psycho-sexual medicine, and not linked to either the gay and lesbian SIG nor to WIPSIG. It would not relate to surgical interventions, but more to gender identity and sexual dysfunction. There would be a session on this at the College AGM in June.

Medical Training Application Service (MTAS)

Professor Guthrie confirmed that all those who had been shortlisted for Round 1 would be interviewed; the implications for those not shortlisted

6.07.1 would be reviewed. For Round 2, the suggestion was that they would not have MTAS - it would be CVs and interviews based on CVs. Professor Bhugra reported that he expected to attend a meeting on 16th March to decide what the next steps would be.

6.07.2 Faculty ACCEA process: England and Wales only

Professor Guthrie reported that there would be some changes for the current year. It would be important to obtain divisional support as well as faculty support. Members should use the previous year's form if this was still on the website and send their submission to Sue Duncan at the College as early as possible; members should state on the form which faculty and which division they belonged to. The CVs would then go to the faculty to be put into rank order and then this list would go to divisions to help their deliberations. The completed list would then be reviewed by the College group meeting later in the year.

The faculty would need to set up its own decision-making group to rank-order nominations; this need no longer be formed of award-holders only but would need to exclude anyone submitting for an award in the current round. The review was expected to be done by email and help would be given on how to go about the work. It was agreed that Professor Guthrie would mention this at the faculty business meeting, stressing that members must reply quickly if they were part of the decision-making group. Dr Tom Brown, chair of the Scottish division, would be undertaking a similar exercise and would be in touch with the faculty decision-making group in due course.

Action: agenda

6.07.3 Review of faculty membership list for nominations to the Fellowship

It was agreed that Professor Guthrie would raise this at the faculty business meeting and would encourage members to be more proactive in approaching likely nominees and in putting themselves forward.

6.07.4 Link to the College special committee on human rights

The committee noted that Dr Sophie Davison would be co-opted to the executive in this capacity and would attend or send reports on an ad hoc basis.

6.07.5 Electronic patient record

Copies of the College confidentiality sub-committee's briefing paper on 'The NHS care records service (NCRS) and patient choice' were **tabled**. A number of concerns were discussed, including the management of inter-Trust communication. It was also recognised that there were complex issues for patients seen on acute care wards: this information could come into general healthcare needs which would be outwith psychiatrists' control.

6.07.5 It was agreed that Professor Guthrie would send comments in general terms to Candace Gillies-Wright at the College; referring to the four groups of patients cited on page 6 of the briefing paper, she would suggest a fifth group for patients who were under the care of more than one secondary care organisation and who had a care package.

Action: EG

7.07 **POLICY**

7.07.1 CPCC

7.07.1.1 *Revision of CR 55 'Report of the working group on the psychological care of surgical patients', 1998*

Dr Bass had been delayed at Birmingham airport. Professor Guthrie would discuss this with him during the conference and if possible provide a report for the minutes.

Action: EG, agenda

7.07.1.2 *Revision of CR 127 'Guidelines for the prescribing of medication for mental health disorders for people with HIV infection', 2004*

In Dr O'Dwyer's absence, discussed was deferred to the June meeting.

Action: agenda

7.07.2 EPC

In the absence of Dr Feinmann no matters were discussed.

7.07.3 Scotland

In Dr Halford's absence, Professor Sharpe reported that liaison psychiatry services were stable but patchy: changes occurring in England and Wales as a result of Payment by Result implementation were not (yet?) happening in Scotland. There would be elections in the Scottish Executive in May, and continuing merging with the devolved health function.

7.07.4 Wales

In Dr Bisson's absence no matters were discussed.

7.07.5 Northern Ireland

In Dr Kelly's absence Professor Guthrie reported on discussion with Dr O'Kane in Belfast, where her service had just received £600,000 set-up monies for short-term and long-term services for people who repeatedly self-harmed.

7.07.6 Republic of Ireland

Dr Sheehan reported that although the establishment of a separate Irish College seemed inevitable there was no clear indication of when this might happen. Professor Guthrie added that the RCPsych was providing financial support to the Irish division to create a business plan for its own College.

7.07.6 The timing would be dependent upon submission dates for the changes to the Privy Council; unless documents were ready this April, the changes would have to be approved at the RCPsych AGM in June 2007 and submitted to the Privy Council in April 2008. There was brief discussion about how Irish members would relate to PMETB and the membership examinations.

Dr Sheehan also reported that liaison psychiatry in Ireland was expanding, with a first locum post in old age liaison. The Irish spring meeting would take place in two weeks' time in Galway: a conjoint meeting with the forensic faculty with the new AHA in Ireland.

7.07.7 Regional representatives' report

It was agreed overall that information should be given to trainees at the business meeting that service cuts were minimal, so that they did not begin to think that they should leave liaison psychiatry.

It was also agreed that regional representatives should continue to attend the residential executive committee meeting and strategy meeting, but that they would in future receive the papers for all meetings. The strategy meeting should from 2008 be in October or November, in order to have the fully joint meetings about six months apart.

Action: GRG, diary

The committee noted that the College was obtaining bids to set up video conferencing from the divisional administrative offices, which could be utilised by regional representatives for faculty executives. It would also then be possible to put such coverage on the faculty web page, and for faculty members to email questions on this to the faculty.

Kent, Surrey and Sussex (South East)

Dr Hawthorne reported briefly on business cases and the views of commissioners, and said it would be helpful to have a College view on what the model should be for crisis teams and liaison psychiatry. The committee noted that Dr Hodgkiss has presented on this in the past, and could be asked to send information to the regional reps; the matter would also be raised at the business meeting.

Action: AHodgkiss

London south east

Dr Hodgkiss reported briefly on the south London trusts and the differences between them.

London south west

Dr Jim Bolton reported that a document from the London Development Centre stated that Accident and Emergency work should not be part of the core business and that liaison psychiatry should not be part of the home treatment service.

7.07.7

Mersey (North West)

There were concerns about Dr Rogerson's service but no firm news. There was now a good northwest Mersey and northwest Wales multi-disciplinary process which included users; there were three meetings a year.

Northern and Yorkshire

Dr Gash reported on a recent Northern Trust merger; she now has four colleagues and a new post north of the Tees. There was also a proposal for a half-time liaison psychiatry post, balanced by the loss of an SpR trainer in Newcastle who would have to be replaced.

Dr Trigwell reported that eight centres in the Yorkshire region all had reasonably well developed liaison services. Some of the others were nurse-led, with two of these well developed and continuing to develop and the others with very little or nothing.

North West

Professor Guthrie reported that there had been no cuts but a small expansion, with a new post in Manchester and a new specialist nurse post. There had been discussion about development of services in a teaching hospital, but it was not yet known whether this would go ahead.

Oxford (South East)

In Dr Bass's absence, the committee noted that there was only one post now, with the same level of cuts in Stoke.

Trent

Dr Gill reported on Sheffield (which, though in Yorkshire, is included in the Trent region), with news on additional resources for A&E services.

Wessex (South East)

Professor Peveler reported on meetings of regional representatives for all specialties, which had been very helpful. Clinically, services remained patchy and small; the foundation Trust process was making services review whether liaison should be part of the core Trust business.

West Midlands

Dr White reported that numerous small services were often nurse-led, with one consultant liaison psychiatrist session per week; some services described as liaison seemed more like home treatment with no liaison representation on wards.

7.07.7.1

Vacancies

Mersey

Dr Rogerson's CV was approved to go to ETSC for ratification.

8.07

COMMUNICATION

8.07.1

Newsletter

Dr Gill confirmed that the next newsletter would be the responsibility of his

8.07.1 successor as faculty honorary secretary; there would, of course, be hand-over discussions. Members were nonetheless asked to send contributions to Dr Gill as soon as possible.

Action: all members

8.07.2 Web page

The content, access to and general use of the faculty web page would be an agenda item for the strategy meeting.

Action: strategy agenda

8.07.3 Public Education Committee

Dr Jim Bolton reported on the President's planned campaign on 'Images of psychiatry' and would give feedback on this in due course. Members with useful ideas or existing texts which could be adapted for use as 'Help is at hand' leaflets were asked to contact Dr Bolton.

Action: all members

Professor Bhugra added that in future the role of director of public education would be an associate registrar post; interviews for the first new incumbent had already taken place.

9.07

REPORT FROM THE FINANCE OFFICER

Dr Henderson confirmed his intention to stand down as acting finance officer following the election results in mid-year.

He found the College accounting system complicated; however, it was clear that the faculty funds depended upon generating surplus income from its residential meetings and in the past the faculty had been very successful in obtaining contributions from exhibition stands.

During 2005 the faculty had had a credit balance of c. £20,000; currently, the credit balance was in the region of £3,500. There had been a loss in 2006 caused in large part by the faculty having to pay late, unbudgeted costs for one of its speakers at the College annual meeting – the lesson was that confirmed programming for the College annual meeting had to be in place at an early stage. Dr Hodgkiss undertook to support Dr Feinmann in planning the faculty programming for the College annual meeting.

Action: AHodgkiss

The cost of operating the faculty executive committee and its various projects was in the region of £7,000 a year, therefore conferences needed to generate that amount over and above costs. The 2007 conference had quite good delegate numbers; it had been budgeted on a low break-even and no contribution from exhibition stands, and also on the basis that some costs would be outwith the conference budget and met from faculty funds.

9.07 For the future, it was clear that conferences must not include half-days as the room hire/catering costs were not economic, nor would the faculty choose venues that necessitated lengthy travel for delegates and longhaul flights for speakers.

As economy measures, it was also agreed that the faculty bursaries would cease forthwith, as would the medical student essay prize – neither would be advertised for 2008, nor included on the web, and the cessation of both would be reported in the next newsletter.

Action: PG, IR

It was agreed that fund-raising would be an agenda item for the strategy meeting. Dr Henderson was thanked for his work in analysing the faculty finances.

Action: strategy agenda

9.07.1 Proposal for a trainee prize funded by Lundbeck

The College now specifically vetoes prizes named for a sponsor, therefore this proposal was declined.

10.07 **WORKING GROUPS**

10.07.1 College working group on traumatic stress training

In Dr Bisson's absence it was agreed to discuss this at the June meeting.

Action: agenda

10.07.2 Joint working group with the perinatal section; possible joint meeting

Dr Hodgkiss reported on issues about training and changes in the NHS, such as Payment by Results. He had had no response from the executive committee to the paper circulated with the December papers, further copies of which were **tabled** now for attention. Following discussion, it was agreed that following further discussion in June, the paper should be published as a faculty paper on the faculty web page, rather than be submitted to be a College Report. Dr Hodgkiss would email the paper to members, who were asked to send their comments to him as soon as possible so that he could prepare a final document for circulation with the June papers.

Action: all members, AHodgkiss, agenda

The possibility of a joint meeting with the perinatal section would be discussed further in June.

Action: agenda

10.07.3 Emergency psychiatry

Dr Gill reported on the revision of the paper tabled at the December meeting. The President had told Dr Gill that the text would be included in the Academy of Royal Medical Colleges' paper on emergency care.

10.07.4 Alcohol-related brain damage

Dr Jim Bolton reported that the addictions faculty was seeking a liaison psychiatry representative to the above group; his offer to undertake this was agreed by the executive.

11.07 **PROGRAMMES AND MEETINGS**

11.07.1 Faculty residential meeting: 14th – 16th March, 2007, Hotel Artemis, Amsterdam

Professor Hotopf was thanked for his work in putting the programme together; he asked members to give him feedback on the meeting's format.

Action: agenda

11.07.2 College annual meeting: 19th – 22nd June, 2007, Edinburgh International Conference Centre

The committee noted that faculty speakers were fixed, so that there should be no extra costs this year. Dr Hodgkiss and Dr Mitchell briefly outlined the faculty's programming.

11.07.3 Trainees and new consultants (TNC) group meeting: early November, 2007, Bristol

Dr Mitchell confirmed that this meeting would be open to consultants outwith the TNC group.

11.07.4 Faculty residential meeting: March, 2008

The dates, venue and programming would be discussed at the June meeting.

Action: agenda

11.07.5 College annual meeting: 1st – 4th July, 2008, Imperial College, London

Dr Hodgkiss was thanked again for offering to assist Dr Feinmann with planning the faculty programming. There was likely to be a meeting of the organising committee during the 2007 annual meeting in Edinburgh; Dr Hodgkiss would ask the conference office when this would be held.

Action: AHodgkiss, CF, agenda

12.07 **REPORTS FROM REPRESENTATIVES ON OTHER COLLEGE COMMITTEES**

Neuropsychiatry SIG link

Dr Mitchell reported on the possibility that the SIG would become a section of the College. If that happened, the section would establish an education and curriculum committee, which he hoped to chair.

12.07 Old age faculty link

Dr Holmes reported on concerns about NICE dementia guidelines, the controversy over costs of drugs, and the implications for liaison psychiatry.

Psychotherapy faculty link

Professor Guthrie reported on concerns over the future of dynamic psychotherapy within the NHS.

13.07 **CORRESPONDENCE**

The committee were reminded, in connection with the circulated letter, that Dr Roger Banks, now vice president with responsibility for primary care issues (commissioning) within the College, would be the conference after-dinner speaker.

14.07 **ANY OTHER BUSINESS**

14.07.1 Dr Gill suggested that as this was the first residential meeting/faculty business meeting since the death of Dr Peter Macguire, an announcement to that effect and about his contribution to liaison psychiatry be made at the business meeting. This was unanimously agreed.

14.07.2 Dr Trigwell reported that the 2008 Diabetes UK would take place in March and suggested that there might be some joint programming with the faculty residential meeting. He would email Professor Hotopf, Professor Guthrie and Dr Gill with further information for discussion in June.

Action: PT, agenda

15.07 **DATES OF FUTURE MEETINGS**

Monday, 11th June: FECC meeting a.m., Council Room, 15 Belgrave Square; 12.30 p.m. working lunch and strategy meeting with regional representatives, Council Room, 15 Belgrave Square, possibly followed by dinner in College

Tuesday, 12th June: 10.00 a.m. – 2.00 p.m., executive committee, Council Room, College, with working lunch at 12.30 p.m.

Monday, 10th September: 10.30 a.m. FECC, Members' Room; 1.00 p.m. working lunch and 2.00 p.m. executive committee, Council Room

Monday, 26th November: 10.30 a.m. FECC, Members' Room; 1.00 p.m. working lunch and 2.00 p.m. executive committee, Council Room

Diary