

Minutes of the Annual meeting of the Special Interest Group for CBT in Medicine (Friday 17th July 2009)

Attendance: -

Approx. 10 attendees – all names recorded separately on attendance register
Apologies from: - Anita Munroe, Moira Connolly, Helen Sowden, Anne Stewart, Jane Morris, Paquita de Zulveta

Minutes Approval:-

Minutes of the Annual meeting of the Special Interest Group for CBT in Medicine from 18th July in Edinburgh agreed as accurate with following changes: -

Ben Wright was agreed to be the Chair rather than President
Apology was from Dr Steiner not 'Dr Herbert'.

Matters Arising: -

2. Training Psychiatric trainees in CBT competencies: -

Sarah Robertson and Sterling Moorey are developing generic SAPE for ST4-6 in psychotherapy. Sarah Robertson also developing another SAPE on assessment.

Sterling also fed back that there continued to be a stand-off about ST1-3 psychotherapy case supervision in that it had been considered mandatory but resistance from some quarters about this status. Funding had been sought around the country for the supervision. There is the competencies argument (stated as competency in curriculum) that has been used in some centres as way in for argument for funding.

Lynne Drummond that a trainee survey is going forward in the London Deanery to see how many juniors have received supervision of CBT/ psychodynamic cases. Nationally this may also be rolled out. Agreed that getting the Psychotherapy Tutor and the Medical Education Lead on board was essential locally.

3. Role of CBT trained Psychiatrists and IAPT:-

Ben Wright has prepared a document with Chris Mace about the relationship between Step 4 interventions and IAPT. Discussion about the grades of clinicians running IAPT centres = 8D and C in London, 8A/B elsewhere. Agreement that most IAPT services will not be thinking about psychiatric training. In a few places however – such as with Sterling Moorey, good links have been forged and access for cases for SHO supervision has been granted. Risk is also that now that primary care CBT services have been developed that PCT's will not want to pay for secondary care CBT services.

Action – Ben Wright to distribute document he is developing with Chris Mace

Feedback from Chair

In the faculty psychotherapy meetings rebranding of psychotherapists with medical Training has been an issue. Many of the group expressed their preference for 'Consultant Psychiatrist in Psychotherapy'. In faculty many are using term 'Medical Psychotherapist. This is continuing to be addressed by the faculty.

Rob Waller has successfully set up the e-mail list.

Medical Psychotherapy posts/ workforce planning document

The workforce document presented by Ben illustrated an increase in trainee numbers without planned increase in posts. This led into discussion about how currently therefore it is wise to have dual training wherever possible – there are lack of these posts although it was fed back that such posts continued in Leeds. – 5 y overall of higher training. Discussed need for specific diploma level training for medics. Although this was discounted as unfeasible there was acceptance that post-IAPT more training spaces will be freed again on Diploma/ Masters CBT courses.

AOB – Lynne Drummond

Lynne reminded the group that the national OCD/ BDD service existed in London (Springfield Hospital), and providing provisos regarding treatment resistance were met, this is *free to Trusts and spaces are currently available*.

Next Meeting

Will be at next conference although not decided if it will be evening or lunchtime.

G Whitfield 2.08.09