

# Psychiatry Training

PLACEMENT QUALITY REVIEW  
Regional Resurvey Results  
March 2021

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Northern Ireland Medical and Dental Training Agency  
REPORT COMPILED BY DR S.A. PHILLIPS

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## Executive Summary

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The NIMDTA Placement Quality (PQ) Review of Specialty Training Programmes aims to add to the existing information available from NIMDTA deanery visits and the GMC National Training Surveys (NTS), to provide a more detailed specialty specific assessment of the quality of training posts in Northern Ireland.

NIMDTA's Placement Quality (PQ) team completed a review into the quality of Psychiatry training posts in Northern Ireland (N.I) in 2019/20. The current psychiatry training curricula and educational framework was reviewed to confirm the requirements for training in psychiatry and a group of psychiatry trainees met with the Placement Quality team to compile a detailed survey to assess the quality of training placements. Trainee feedback was obtained through the PQ Survey of Training in Psychiatry in July and August 2019. Results were disseminated at individual Trust meetings (October – December 2019) and from the identified improvement strategies the key recommendations for placement quality improvement were defined. The analysis of the results was summarised and a report of the PQ Psychiatry Review published on the NIMDTA website in August 2020.

### Key recommendations included:

1. Production of a Unit Prospectus for Psychiatry Training in N.I
2. Trusts to review induction process for GP specialty trainees in Psychiatry training posts
3. Trusts to provide all trainees with information on their OOH rota at least 6 weeks prior to the start of their post
4. To ensure that all psychiatry specialty trainees receive 1 hour per week of protected clinical supervision
5. Core trainees: All OOH and weekend work should be in the Trust where the trainee works during normal working hours
6. Higher trainees: When OOH work is outside the base Trust, appropriate induction to these sites, including provision of IT and security access must be in place
7. All Trusts to have an identified consultant for psychotherapy training

Following a period of time to allow for implementation of the key recommendations, further trainee feedback was obtained on Psychiatry training placements, through the Psychiatry PQ Review re-survey in December 2020/Jan 2021. The overall survey response rate was low (21%) and a breakdown of the resurvey results for each Trust is not provided due to the small number of responses in some units. This report therefore details only the regional results of the re-survey. The responses received provided a representative view of all the trainee groups surveyed; 30% core psychiatry trainees, 37% higher psychiatry trainees and 30% F2/GP trainees. The results are discussed under seven headings:

1. Post information, Rota Allocations and Induction
2. Educational and Clinical Supervision
3. Clinical Workload
4. Formal teaching
5. Training opportunities and Feedback
6. Overall opinions

Section 1 of this report summarises the Regional results of the 2020 Psychiatry PQ re-survey. The N.I 2019 PQ Regional Averages are included for comparison.

Section 2 outlines the positive developments within the N.I training programme and areas where further improvements are still required.

This report and the results of the re-survey will be circulated to Medical Directors, DMEs, the Head of School/TPD and Lead Educators. To ensure continued improvements are maintained and to assess the success of additional measures that have been introduced to further improve the Psychiatry training experience, the Placement Quality Team at NIMDTA will be conducting a further survey of all trainees working in Psychiatry in 2022.

## Section 1: Analysis and Progress update on Recommendations

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### 1. Post Information, Rota Allocations and Induction

#### Key Recommendations:

- Production of a [Unit Prospectus for Psychiatry Training in N.I](#)
- Trusts to review induction process for GP specialty trainees in Psychiatry training posts
- Trusts to provide all trainees with information on their OOH rota at least 6 weeks prior to the start of their post

#### Post Information

A recommendation from the 2019 PQ Review, in which 61% of trainees requested additional information about training posts, prior to making placement preferences, was the development of a Unit Prospectus for Psychiatry Training in N.I. With input from all Trust Educational Leads, a [Unit Prospects for Psychiatry Training](#) was developed and published on the NIMDTA website in August 2020.

In the 2020 resurvey, 66% of trainees reported that had received enough information about placement options prior to making placement preferences, an improvement on the 2019 survey results; however while 93% of trainees indicated that the information provided by the Psychiatry Prospectus would be useful in making placement preferences, only 17% of respondents had been aware of the Prospectus prior to the resurvey.

It is recommended that efforts should be made to Increase awareness of the Prospectus at School level to further improve the information available to trainees about Trust training opportunities.

#### Recommendation: Post Information

Production of a Unit Prospectus for Psychiatry Training in N.I

#### Recommendation: MET

#### Rota Allocations

It is a requirement of the Learning and Development Agreement between NIMDTA and Local Education Providers (LEPs) that information relating to the allocation of trainees within training programmes is provided to LEPs 8 weeks in advance of the changeover date. <sup>(1)</sup> Trainees are notified by NIMDTA of their post allocation at this time and Trusts are then required to inform trainees of their out of hours (OOH) rota allocation at least 6 weeks before the commencement of their post. <sup>(2)</sup>

Regionally 97% of respondents reported receiving notification from NIMDTA of the Trust where they would be working at least 6 weeks prior to starting their post, an improvement from the 2019 figure of 74%. The majority of trainees (76%) reported getting the required 8 weeks' notice, more than double the 2019 figure (31%).

Trainee feedback however indicates that timely notification by Trusts of OOH rotas remains a significant problem, with only 17% of trainees receiving information about their OOH rotas at least 6 weeks prior to post commencement. This is unchanged from the earlier PQ survey. The majority of trainees (66%) reported less than 4 weeks' notice of their OOH rota with two thirds of these (45%), having less than 2

weeks' notice prior to starting their post. Only half of all respondents indicated that the notice of their rota allocation was adequate time for personal/professional preparations.

A significant variation was noted regionally between the Belfast Health and Social Care Trust (BHSCT) and other regional sites (Table 1). In the BHSCT, 85 % of trainees reported less than 4 weeks' notice of OOH rota arrangements, with two thirds (64%) indicating that they had less than 2 weeks notification. Two thirds of trainees in the BHSCT specified that the notice of their rota allocation was inadequate for personal/professional preparations.

In the other regional Trusts 74% of respondents reported that they had had adequate notification of their OOH rota, with only 27% of trainees reporting less than 2 weeks' notice and at least 4 weeks' notice being reported by around half of all respondents (54%), an improvement on the regional figure of 38% in the 2019 survey.

**Table 1: Trust Notification of OOH rotas**

OOH Rota Notification	N.I 2019 Survey	N.I 2020 Resurvey	BHSCT 2020 Resurvey	Other Trusts 2020
At least 6 weeks	17	17	7	27
4-6 weeks	21	17	7	27
< 4 weeks	37	21	21	20
< 2 weeks	25	45	64↑↑	27

A number of factors were identified in the 2019 PQ Review contributing to the delay in rota notification. A number of actions were agreed by the School to try to address these (2019 Psychiatry PQ Review Report: Section 2: page18), however this plan has yet to be implemented due to ongoing COVID restrictions.

It is recommended that the School review the agreed actions from the [2019 Psychiatry PQ Review](#) and make efforts to implement these through the use of available technologies for August 2021 placements.

#### Recommendation: OOH Rota Notification

Trusts to provide all trainees with information on their OOH rota at least 6 weeks prior to the start of their post

#### Recommendation: NOT MET Regionally

#### Rota Gaps

A full complement of trainees on the out of hours (OOH) rota was reported by only 17% of respondents. Where there were gaps in the OOH rota, 59% of trainees reported that it was expected that they should fill the gaps, with only 21% indicating that the gaps were filled by external locum/agency doctors.

Over half of core trainees (57%) reported that gaps on the rota had impacted on their day time training, up from the 2019 figure of 24%. The majority of higher trainees (78%) however reported that rota gaps had not had a significant impact on their day time training.

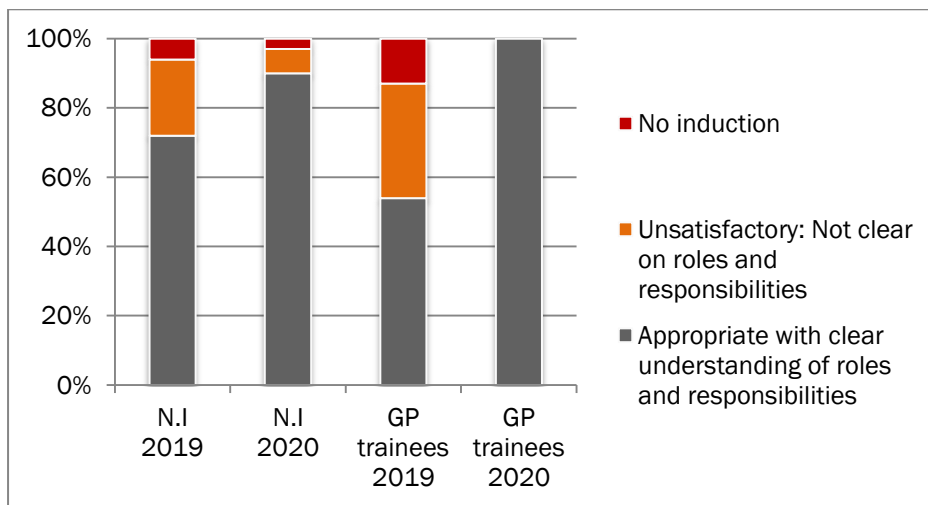
Induction

The GMC's Promoting Excellence sets out the requirements for Trusts to provide an induction at the start of a placement with clearly defined aims. (2)

The majority of trainees (90%) reported that their induction to their placement was appropriate, providing a clear understanding of their roles and responsibilities, an improvement on the 2019 regional figure (72%). All GP (ST1-2) respondents (BHSCT and WHSCT) reported that departmental induction was appropriate for GP trainees a significant improvement from the 2019 survey in which 54% felt that their induction did not provide them with a clear understanding of their roles and responsibilities. (Figure1)

There was no data available from GP trainees in the NHSCT, SHSCT or SEHSCT.

**Figure 1: Departmental/Unit Induction**



**Recommendation: Departmental Induction**

Trusts to review induction process for GP specialty trainees in psychiatry training posts

**Recommendation: MET in BHSCT and WHSCT\***

\*No data available from NHSCT, SHSCT and SEHSCT

## 2. Educational and Clinical Supervision

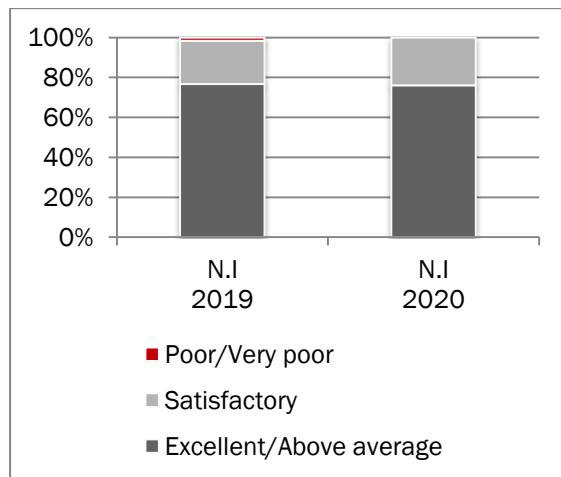
### Key Recommendation:

- To ensure that all psychiatry specialty trainees receive 1 hour per week of protected clinical supervision

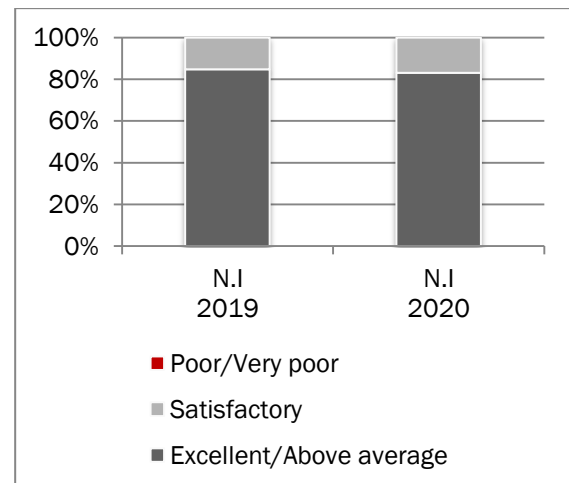
### Educational Supervision

A high standard of Educational Supervision has been maintained. Both quality of and access to educational supervision was rated very highly with 76% of respondents rating the quality of supervision from their Education Supervisor (ES) as excellent/above average and 83% reporting excellent/above average access to their ES (Figures 2 and 3).

**Figure 2: Quality of Education Supervision by Trust**



**Figure 3: Access to Education Supervisor by Trust**



Trainee free text comments include:

*“Very supportive, informative and encouraging” WHSCT (GP ST1-2)*

*“Received really good advice and guidance on my training and also on a personal level. It feels so nice to feel heard and seen and not just another name on a list to ensure service provision” BHSCT (ST4-8)*

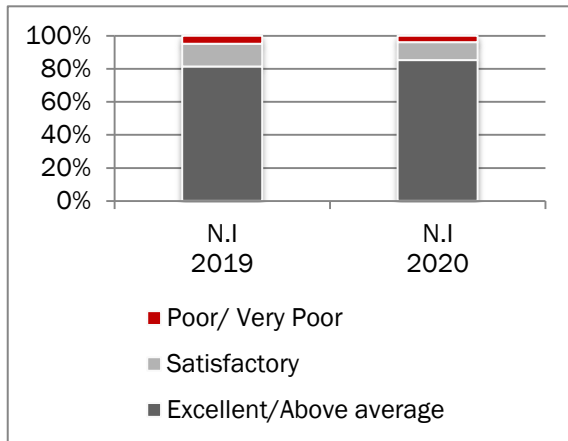
*“Very approachable and friendly. Made me feel at ease from the start” BHSCT (F2)*

## Clinical Supervision

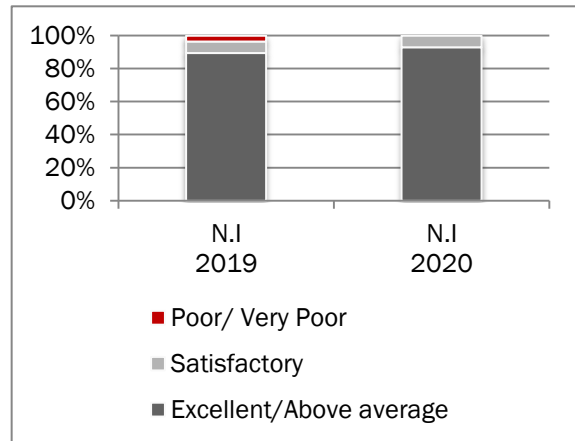
A high standard of clinical supervision is being maintained and has further improved.

The majority of trainees rated the quality of their clinical supervision as excellent/above average (86%) with 93% reporting access to their Clinical Supervisor (CS) as excellent (Figures 4 and 5).

**Figure 4: Quality of Clinical Supervision**



**Figure 5: Access to Clinical Supervisor**



When asked to rate the quality of senior clinical supervision during normal working hours the number of trainees reporting clinical supervision as excellent/good has increased to 89% overall with this standard being maintained at 83% for clinical supervision out of hours (Table 2). Moreover, there has been a significant increase in the number of trainees rating clinical supervision as excellent both during normal working hours (32%→ 64%) and out of hours (9%→31%).

**Table 2: Clinical Supervision during normal working hours and OOH**

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2019 Re-survey (%)		NI Regional Average 2020 Re-survey (%)	
	Normal working hours	Out of hours	Normal working hours	Out of hours
Excellent	32	9	64↑	31↑
Good	44	44	25	52
Acceptable	19	44	4	14
Less than satisfactory	0	0	7	3
Unsatisfactory	5	3	0	0

Trainee comments:

*“Mindful of my training needs and I’ve learnt a lot from excellent Clinical Supervision” BHSCT (ST4-8)*

*“Approachable and engaging; proactive in seeking out learning opportunities for me” NHSCT (ST4-8)*

*“I have daily contact with my Clinical Supervisor” SEHSCT (CT1-3)*



Protected Clinical Supervision

One hour per week of 1:1 protected clinical supervision is mandated in the Psychiatry curriculum for all core and higher trainees as “a key to developing strategies for resilience, well-being, maintaining appropriate professional boundaries and understanding the dynamic issues of therapeutic relationships”. Clinical supervisors are required to have protected time within their job plans to deliver this.<sup>(3)</sup>

Regionally there has been a slight increase in the number of trainees who reported receiving the mandated 1 hour per week of protected clinical supervision (63%→70%), with 15% receiving 1 hour every fortnight and 15% reporting that protected clinical supervision occurred only once a month or less (Table 3).

**Table3: Protected Clinical Supervision Time (Core and Higher Psychiatry Trainees)**

Q. How often did you have protected supervision time with your CS	NI Regional Average 2019 Re-survey (%)	NI Regional Average 2020 Re-survey (%)
Once/week	63	70↑
Once/fortnight	17	15
Once/month	12	5
< Once/month	7	10

An ongoing commitment to deliver high quality educational and clinical supervision is evidenced by trainee feedback across all training units in the School of Psychiatry. These high standards are to be commended. The need for attention to regular provision of the mandated one hour per week of protected clinical supervision remains an area for further development.

**Recommendation: Clinical Supervision**

Ensure that all psychiatry specialty trainees receive 1 hour per week of protected clinical supervision

**Recommendation: NOT MET Regionally**

### 3. Clinical Workload

Regionally trainees reported a well-balanced workload during the day with 93% indicating that the workload was just right, an improvement on the 2019 regional figure of 73%. Two thirds of trainees also reported the intensity of the workload as just right at night (Table4).

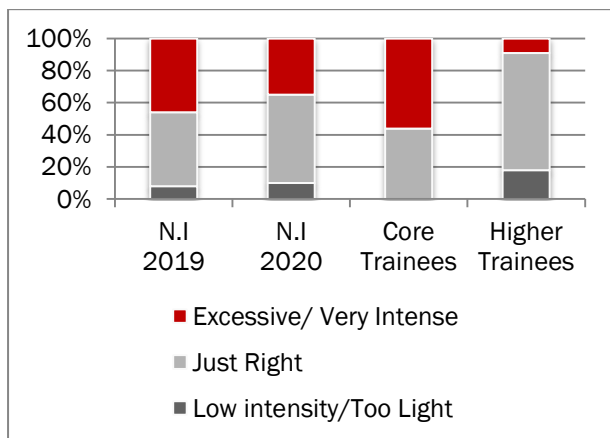
Although there has been a slight rise in the number of trainees reporting weekend workload as just right (46%→55%), a third of trainees regionally are still reporting weekend workload as very intense /excessive.

**Table 4: Clinical Workload – during the Day, at Night and at Weekends**

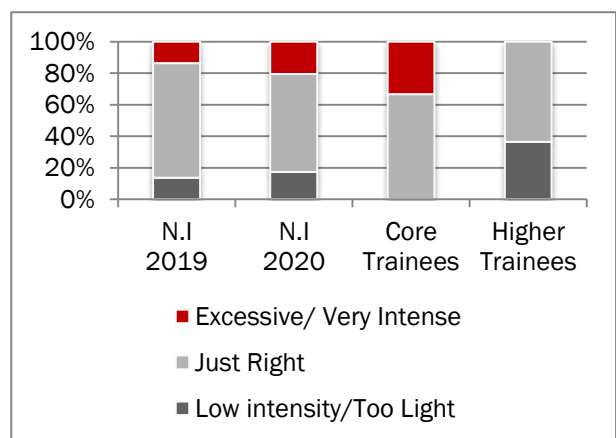
Q/ please rate the work intensity over the following time periods?	NI Regional Average 2019			NI Regional Average 2020 Re-survey		
	Daytime	At night	At weekends	Daytime	At night	At weekends
Too light/Low intensity	8	14	8	3	17	10
Just right intensity	73	73	46	93↑	62	55↑
Very intense/excessive	19	14	46	3	21	35

Workload intensity is noted to vary with training grade (Figures 6 and 7). The majority of higher specialty trainees (ST4-8) report clinical workload as just right or low intensity both at night (100%) and at weekends (91%). For core specialty trainees (CT1-3) however workload intensity is reported as excessive or intense at night and at weekends by a third and over a half (56%) of trainees respectively.

**Figure 6: Clinical workload at Weekends (CT/ST Psych)**



**Figure 7: Clinical workload at Night (CT/ST Psych)**



Trainee comments:

*“Beechcroft on call particularly busy, on call alone for multiple sites, not appropriate.” BHSCT (CT1-3)*

*“Different roles during night and weekends but CAMHS shifts very intense.” They are labelled on call from home but you are often in a lot of the night and can work 28 hours on a row. BHSCT (GP ST1-2)*

*“48 hours on call weekend can be very difficult in terms of workload when there is no protected rest period.”*  
**WHSCT (ST4-8)**

**Recommendation: Core Trainees**

**All OOH and weekend work should be in the Trust where the trainee works during normal working hours**

**Recommendation: Higher Trainees**

**When OOH and weekend work is outside the base Trust, appropriate induction to these sites, including provision of IT and security access must be in place**

There is limited information from the current re-survey to ascertain what progress has been made addressing the recommendations concerning out of hours working for core and higher trainees made in the 2019 PQ Review. From trainee comments however it is clear that multiple site rotas are still a feature of out of hours work on many sites. More detailed questions will be included in the next PQ review of the training programme to see whether the recommendations that core trainees should work OOH and at weekends in the Trust where they work during the day has been met and appropriate induction to OOH sites other than their base Trust is being provided for higher trainees.

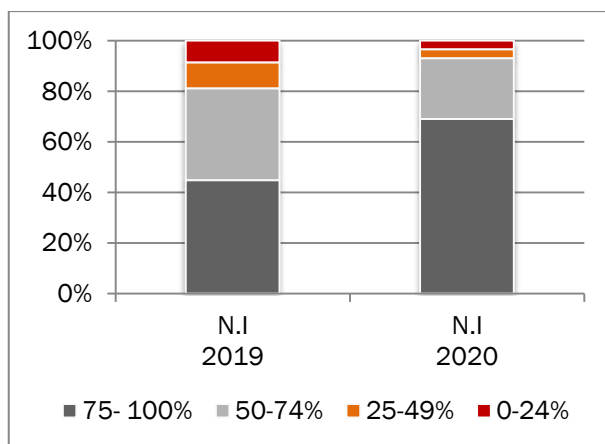
## 4. Formal Teaching

### Formal Teaching

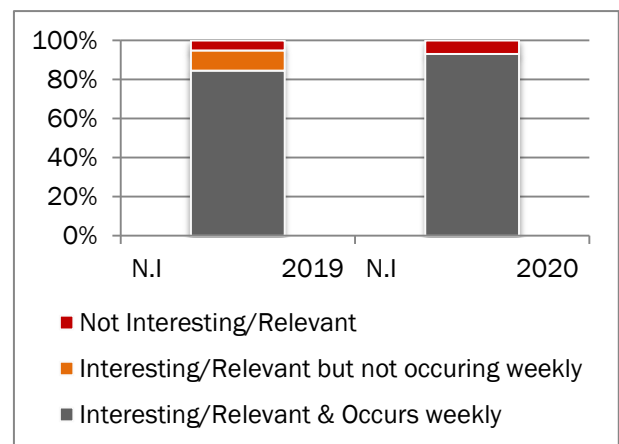
Regionally there has been an increase in protected training time with, 80% of respondents now reporting receiving 3 hours of protected (bleep free) training time per week, up from the 2019 figure of 60%. A further 12% indicated that they had received 2 hours per week of protected training time and no trainees reported receiving less than 1 hour/week.

A high standard of attendance at departmental teaching sessions has been maintained and further improved, with 93% of respondents in the re-survey reporting that they attended at least 50-75% of all departmental teaching sessions. Over two thirds of trainees (69%) reported being able to attend between 75-100% of sessions, an increase from the 2019 regional figure of 45%. (Figure 7)

**Figure 7: Departmental teaching sessions, Annual attendance**



**Figure 8: Quality of departmental teaching sessions**

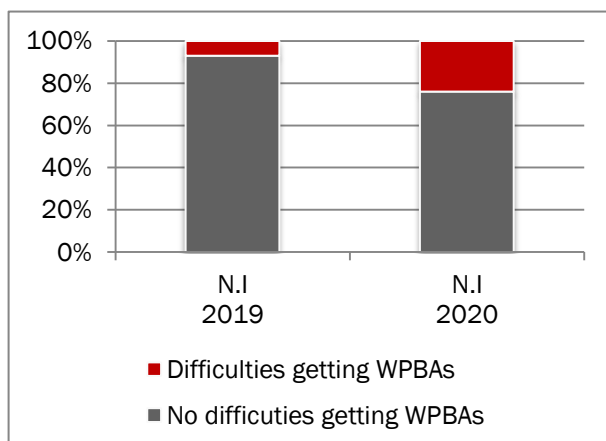


The quality of departmental teaching has also been maintained and is rated very highly, with 93% of respondents reporting it as interesting and relevant and indicating that it occurred regularly on a weekly basis (Figure 8). A notably high consultant attendance at departmental teaching is also reported, 100% of trainees indicating that a consultant was always/usually present.

### Work Place Based Assessments (WPBAs)

Although 76% of respondents regionally report no issues in getting the required number of WPBAs for progression, this has fallen from the regional figure of 93% reported in the 2019 PQ review (Figure 9). Trainee comments all suggest that the major contributing factor has been the current COVID pandemic with limited face to face patient interaction, reduced training opportunities and redeployment.

**Figure 9: Difficulties getting WPBAs**



*“COVID has limited opportunities to complete some WPBAs. My consultant has been very good in trying to address this” BHSCT ST4-8*

*“WPBAs more difficult with reduced face to face patient contact during the pandemic” BHSCT (ST4-8)*

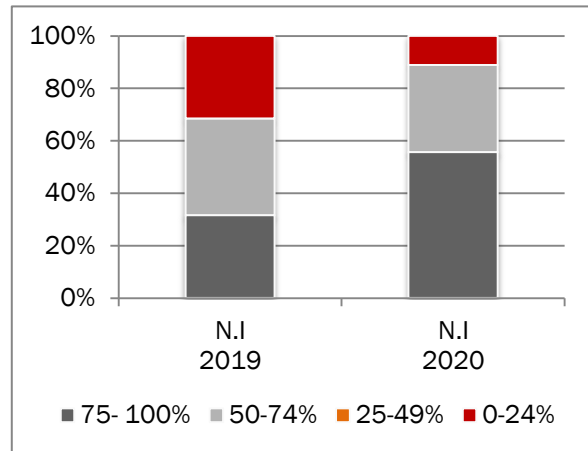
*“Re-deployed for COVID and re-deployed within psychiatry to cover sickness. Difficult to get time to complete assessments” BHSCT (GP-ST1-2)*

Regional (MRCPsych) Teaching

There has been further improvement in attendance at **regional teaching** with 89% of respondents reporting being able to get to over half of all regional teaching sessions and 56% attending 75-100% of sessions, an increase from the 2019 regional figures of 68% and 32% respectively (Figure 10).

The main barriers to attendance at regional teaching were unchanged from the 2019 PQ survey; on call commitments and being rostered off days, pre or post-nights.

Good consultant attendance at regional teaching has been maintained with 67% of trainees indicating that a consultant was always/usually present and 71% reporting that the quality of regional teaching was excellent/good.



**Figure 10: Attendance at Regional (MRCPsych) Teaching**

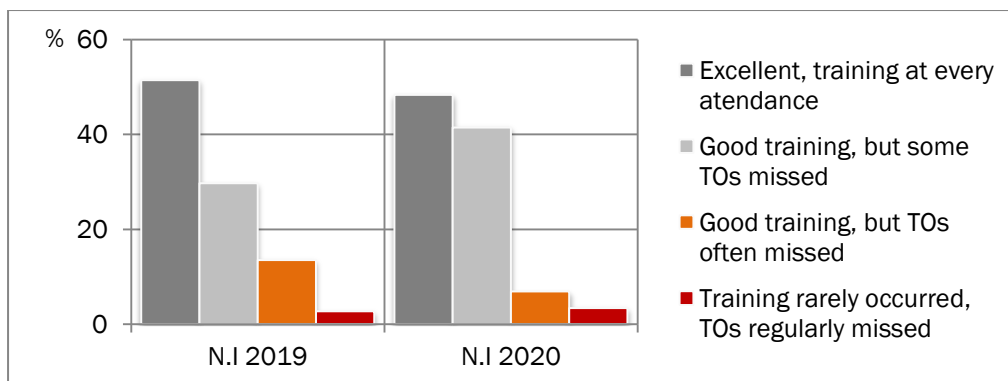
## 5. Educational Opportunities and Feedback

Educational Opportunities

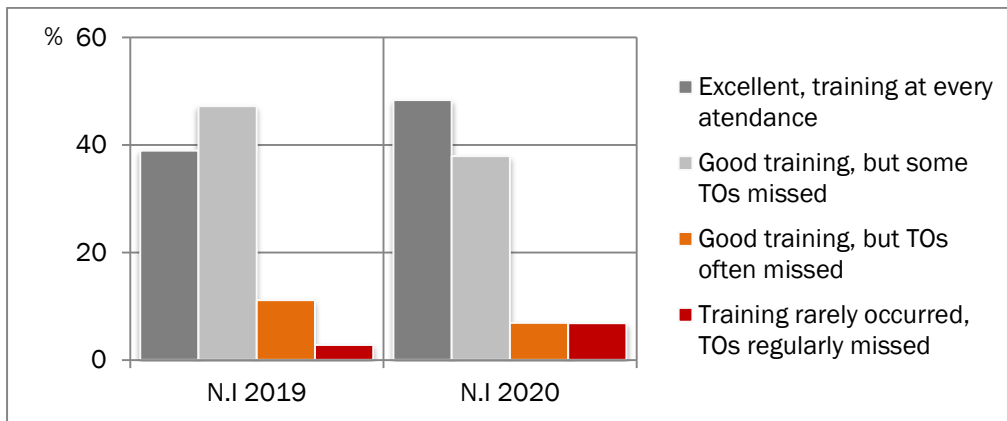
A high standard has been maintained in access to and quality of training opportunities (TOs) which are rated highly by trainees across a number of key areas.

Access to training opportunities for the **acute care of serious mental illness (SMI)** and the **management of chronic mental health (MH) conditions** were rated as excellent/good by 93% and 97% of respondents respectively; an increase on the 2019 regional figures of 78% and 84%. Moreover, the quality of training in these areas is reported as excellent/good by 97% and 93% of trainees (Figures 12 and 13).

**Figure 12: Quality of training received in Acute Care of SMI**

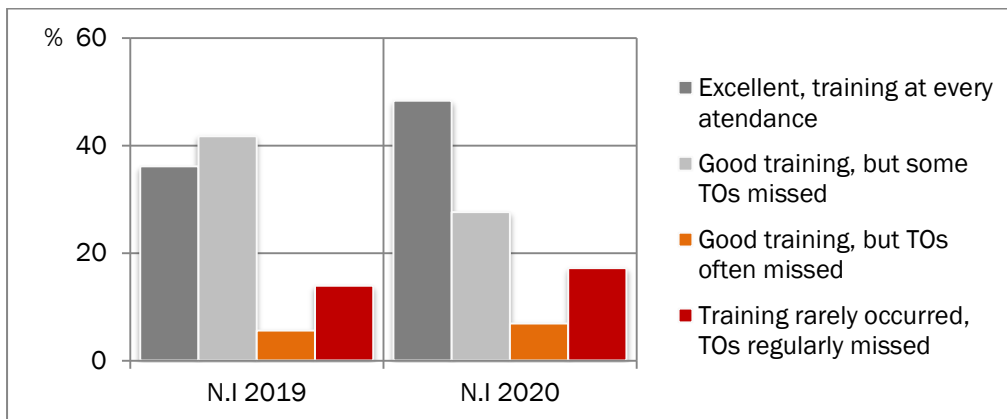


**Figure 13: Quality of training received in Management of Chronic MH conditions**



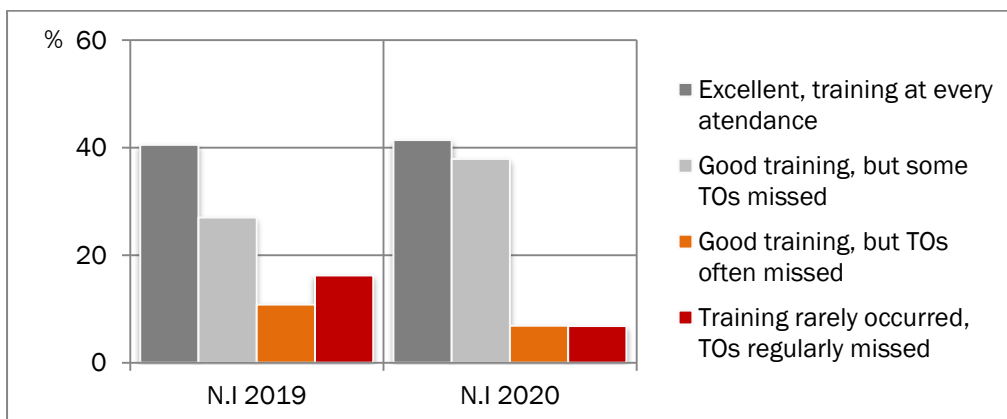
Access to **Mental Health order (MHO) experience** was rated as excellent/good/satisfactory by 93 % of trainees with an increase in the number of respondents reporting access as excellent or good (64%→79%). The quality of training in this area was reported as excellent/good by 83% of respondents (Figure 14).

**Figure 14: Quality of training received in MH Order Assessments by Trust**



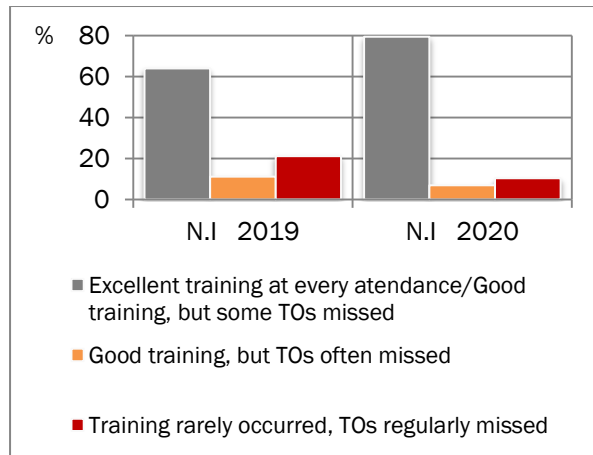
Training opportunities for **Emergency MH assessments** were also rated highly with 86% of respondents reporting the quality of training as excellent/good (Figure 15). Improved regional access to training opportunities in this area is also noted with 79% of trainees in the current survey reporting excellent/good access to emergency MH assessments, an increase from the 2019 figure of 67%.

**Figure 15: Quality of training received in Emergency MH Assessments**

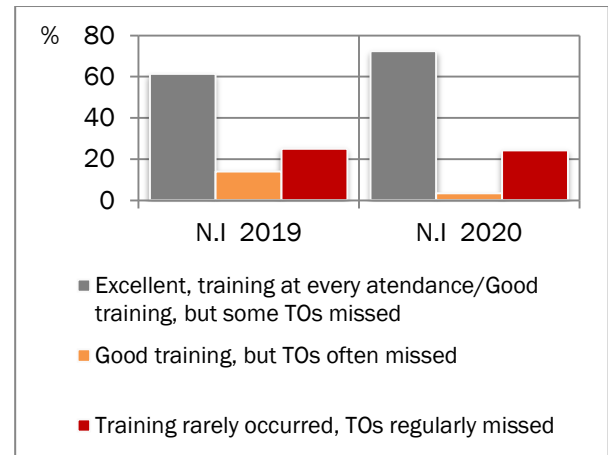


The survey also highlighted further regional improvement in the quality of training in the areas of **Management and Leadership** and **Quality Improvement (QI)/Audit**; quality of training being reported as excellent or good by 86% and 72% of respondents respectively (Figures 16 and 17). It is noted also that there has been an improvement in access to training opportunities in these areas; access to management and leadership opportunities being reported as excellent or good by 79% of respondents (2019 regional figure 59%) and to QI and audit by 83% of trainees (2019 regional figure 61%).

**Figure 16: Quality of Management & Leadership opportunities**

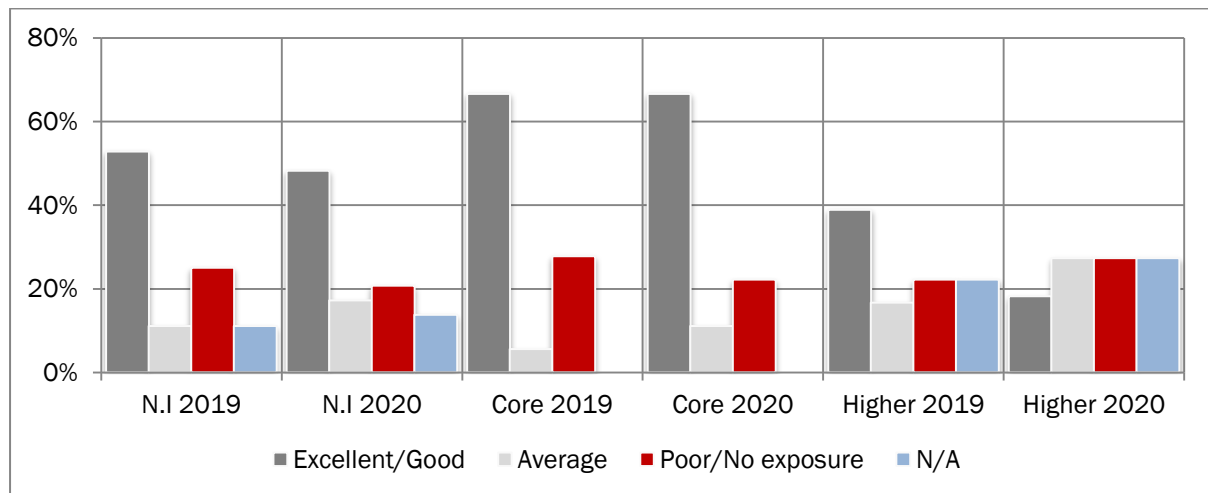


**Figure 17: Quality of Quality Improvement/Audit opportunities**



Regionally, 65% of trainees reported adequate access to reflective practice/Balint groups, unchanged from the 2019 PQ review (Figure 18). A difference is noted in the access reported by core and higher specialty trainee groups. Two thirds of core trainees report access as excellent or good, unchanged from the 2019 survey, but this falls to 18% for higher trainees a reduction from the figure of 39% reported in the 2019 survey.

**Figure 18: Access to Reflective Practice/Balint Groups**



The quality of reflective practice training opportunities was reported as excellent/good by 65% of respondents (2019 regional figure 61%). A reduction is seen in the number of respondents reporting that training opportunities were regularly missed or didn't usually occur (28%→17%).

Psychotherapy Training

**Key Recommendation:**

- All Trusts to have an identified consultant for Psychotherapy training

In the current survey 78% of core trainees reported that they had been made aware of their psychotherapy training needs at induction, an increase from the 2019 figure of 58%. In addition 89% of core trainees reported that their Psychotherapy training needs were discussed at their initial or at subsequent meetings with their ES; 11% of respondents however reported that their psychotherapy training needs were never discussed with their ES.

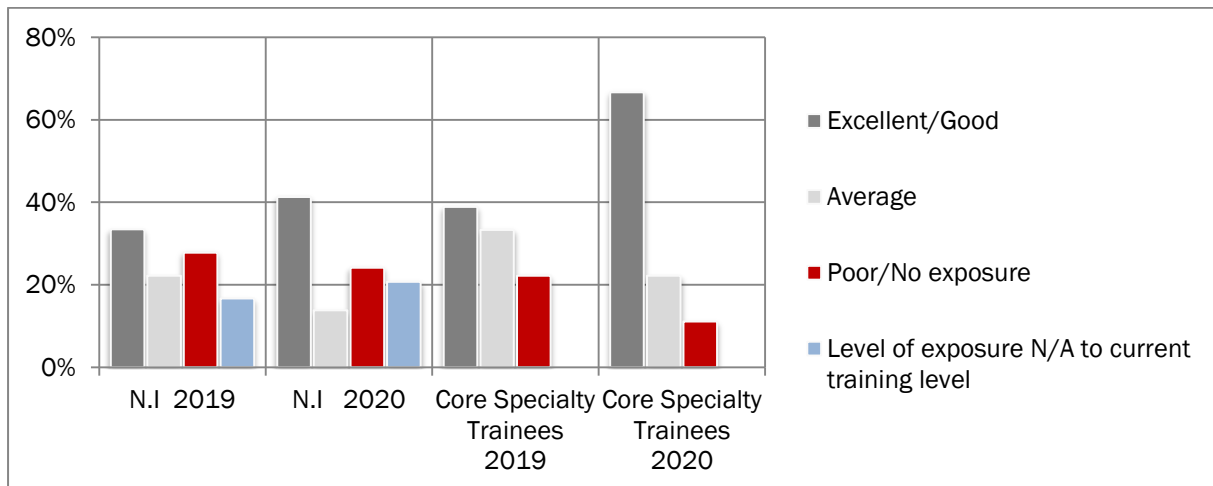
Although a consultant has been identified within each Trust to co-ordinate psychotherapy training, there is evidence that this information is not known to all trainees. Only 78% of core trainees in the current survey reported that they were aware of a specific consultant with responsibility for co-ordinating Psychotherapy training in their Trust, a figure little changed from the 2019 PQ survey (84%).

A regional issue identified by the 2019 PQ survey was access to opportunities for psychotherapy training.

Regionally there has been a small improvement in the number of respondents reporting access to psychotherapy training opportunities as excellent/good (33%→41%). A quarter of respondents however still report exposure as poor, largely unchanged from the 2019 survey results.

For core specialty trainees however there has been a significant improvement in access to psychotherapy training opportunities; 67% of core trainees in the current survey reporting access as excellent or good almost double the 2019 figure of 39%. (Figure 19)

**Figure 19: Access to Psychotherapy Training**

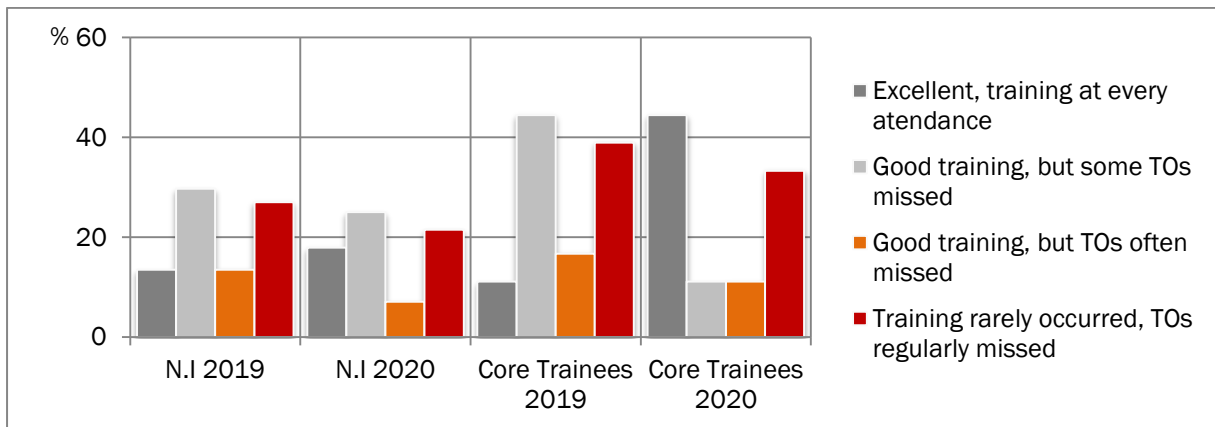


For core specialty trainees, psychotherapy training was reported as excellent/good by 56% of respondents, a figure unchanged from the 2019 survey; an improvement in the quality of the training delivered is however noted, with 44% of respondents reporting that the training received was excellent, four times the 2019 figure of 11%. (Figure 20)

A third of trainees continue to report that training rarely occurred and training opportunities were regularly missed.



Figure 20: Quality of **Psychotherapy training**



**Recommendation:** Identified consultant for Psychotherapy training

**Recommendation:** MET

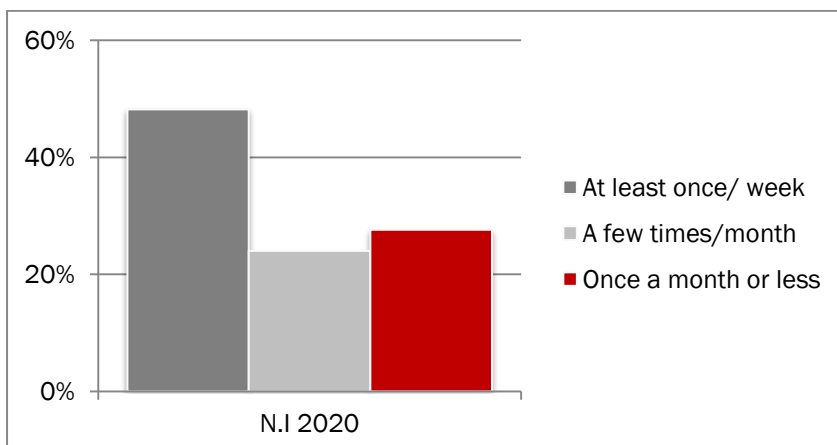
Trainee feedback indicates that the identified consultant for Psychotherapy training in each Trust is not known to all trainees. It is recommended that efforts should be made by each Trust to increase trainee awareness of the consultant within each Trust with the responsibility for co-ordinating/leading psychotherapy training.

Feedback

The GMCs Promoting Excellence: standards for medical education and training <sup>(3)</sup> in its requirements related to supporting learners states in section R3.13 that *“Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it.”*

Regionally the majority of trainees (72%) reported that they had received feedback a few times a month, with 48% reporting feedback on their performance once a week. Just over a quarter (28%) of trainees reported feedback once a month or less (Figure 21).

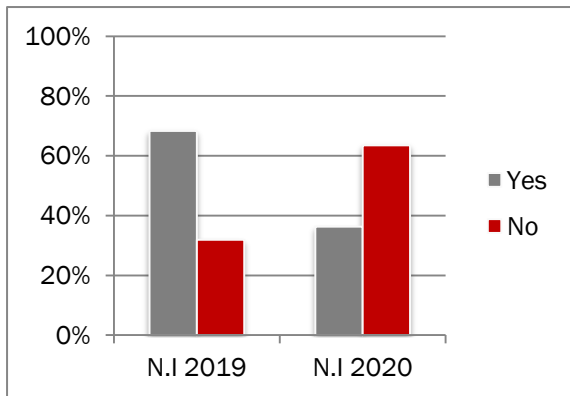
Figure 21: Frequency of trainee **Feedback**



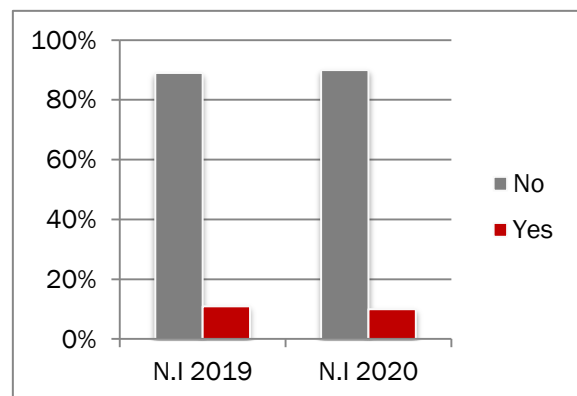
### Higher Specialty Trainees

Regionally, the number of higher trainees reporting **inadequate** access to **peer group meetings** (64%) has doubled from the 2019 figure of 32% (Figure 22). The current results however indicate that access to **special interest sessions** has been well maintained, with 90% of higher trainees reporting no difficulties in arranging special interest sessions (Figure 23).

**Figure 22: Adequate access to Peer Group Meetings**



**Figure 23: Difficulties arranging Special Interest Sessions**



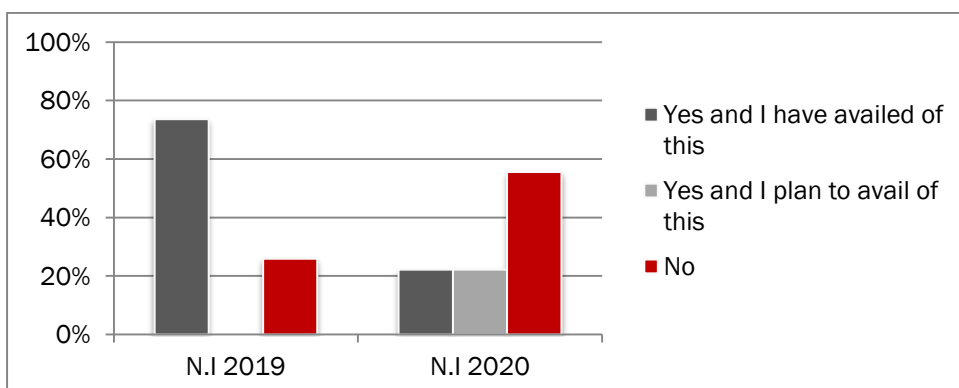
A [higher trainee handbook](#) for Psychiatry ST4+ specialty trainees was published on the NIMDTA website in December 2020. Although 91% of trainees indicated that the information provided by the handbook would be useful, particularly at the commencement of ST4 training, only 9% of respondents had been aware of the handbook prior to the resurvey.

It is recommended that efforts should be made by the School to Increase awareness of the handbook for all trainees entering higher training, to further improve the information available to trainees about available training options/paths.

### Core Specialty Trainees

Only 22% of core trainees reported having received **ECT training/teaching** in the last year, down from the 2019 figure of 74%. A further 22% of respondents however indicated that ECT training was available and that they will be able to access this during the next 6 months of their placement. **No access** to ECT training/teaching within their Trust was reported by 56% of respondents, double the 2019 figure of 26% (Figure 24).

**Figure 24: ECT training received by Core Trainees over the past 6 months**



Good access to training opportunities for **MH assessments** has been maintained with 80% of core trainees indicating that they were on track to achieve the curriculum mandated 50 emergency MH assessments. A reduction in the number of core trainees (79%→33%) who reported having had **breakaway training** within the last year is noted, but a further 22% of trainees indicated that while they had not had training, that it

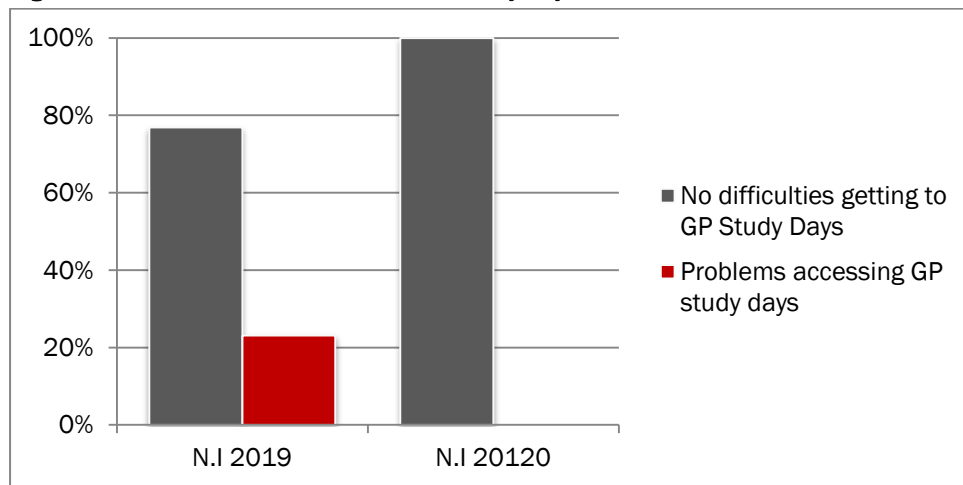
was available to them. Regionally, 44% of core trainees reported that breakaway training was not available.

**GP Specialty Trainees**

Data for GP specialty trainees on a 6 month psychiatry placement is available for the BHSCT and WHSCT only. A high standard has been maintained with excellent/good access to training opportunities documented in the re-survey, with all GP trainees reporting having met with their GP Clinical Supervisor within the first 4 weeks of their placement and all reporting being on track to achieve their required 3 formative meetings with their CS. In addition, all of the GP trainees who wanted to complete the PGDip in Mental Health (DMH) indicated that they had been supported to achieve this.

Overall, good access to regionally delivered GP training was reported, with 100% of GP trainees having no difficulties in getting to GP study days (Figure 25).

**Figure 25: GP trainees – Access to GP Study days \***



\*BHSCT & WHSCT data only.

**Foundation Year 2 Trainees**

Similar positive results for training opportunities were reported by Foundation Year 2 (F2) trainees, with all F2 trainees reporting no difficulties in attending regional generic skills days, all being on track to achieve the required number of meetings with their Foundation CS. All those wanting to complete the PGDip in MH reported being supported to do so.

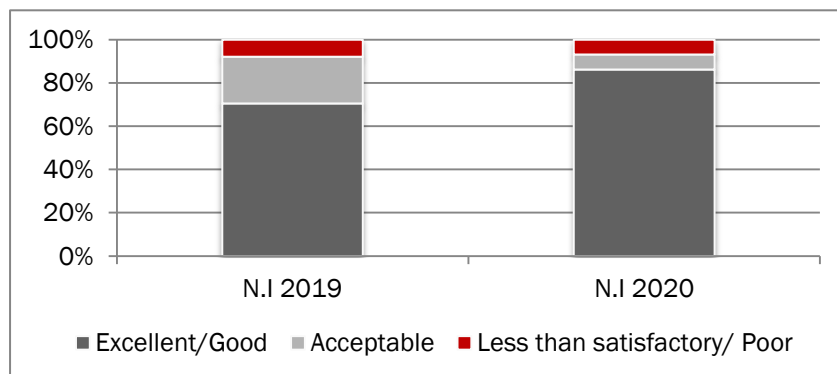
## 6. Overall Opinions and Trainee Suggestions for Improvement

### Overall Opinions

Feedback from trainees was very positive across a wide range of areas surveyed and this is reflected in the overall global score for placements, where regionally 86% of respondents rated the training opportunities provided by their current placement as either excellent/good and 7% as acceptable (Figure 26).

All core and higher specialty trainees rated their training placement as excellent or good. One GP and one F2 trainee reported their placement as less than satisfactory, however no specific trainee comments were provided to enable any further analysis of this feedback.

**Figure 26: Global score of placement as a training opportunity**



### Trainee comments

#### **BHSCT:**

“Excellent training environment. A psychologically a safe space, whilst being given enough clinical autonomy for my level of training” (ST4-8)

“Reasonable exposure to different aspects of mental health, but limited supervision and training throughout across all areas” (GP ST1-2)

#### **NHSCT:**

Excellent clinical supervision locally, excellent educational supervision” (CT1-3)

“Diverse team, opportunity to manage unwell patients” (CT1-3)

#### **SHSCT:**

“Good supervision from LD consultants, very beneficial to have outpatient experience” (CT1-3)

“My allocated consultant provided limited teaching and supervision” (F2)

#### **SEHSCT:**

“I feel the best is being made out of the pandemic in Lagan valley. I cannot fault they staff here” (CT1-3)

“Excellent clinical and educational support, flexibility in training and encouragement to develop own interests while being offered full range of areas to work in within the Downpatrick site” (ST4-8)

#### **WHSCT:**

“Staff accommodation very poor. Unable to organise a psychotherapy case. Limited opportunities for WPBAs due to reduced patient numbers.” (CT1-3)

### Summary of Trainee Suggestions for Improvement

- 1) More timely distribution of the OOH rota
- 2) Increased opportunities for WPBAs
- 3) Focused teaching sessions on common psychiatric issues encountered in GP practice for GP specialty trainees
- 4) Increased provision of regular protected time for structured clinical supervision
- 5) On call duties in same Trust as daytime responsibilities

## Section 2: Practice Improvements and Development Needs

Practice Improvements	Development Needs
<p><b>Placement information:</b></p> <p>Development of a Unit Prospectus for Psychiatry Training. Two thirds of trainees reported that they had sufficient information about placement options prior to making placement preferences.</p> <p>93% of NI trainees stated the information provided by Psychiatry Training Unit Prospectus would give them useful information about available training opportunities.</p>	<p><b>OOH rota allocation by Trust:</b></p> <p>Only 17% of trainees reported receiving their OOH rota allocations &gt;6 weeks prior to commencing their post, with 45% of trainees reporting &lt;2 weeks' notice. This figure reached 64% in the BHSCT.</p> <p>Half of all trainees indicated that the notice of their rota allocation was inadequate for personal/professional preparations,</p> <p>Not yet achieving the target of 6 weeks with 66% regionally reporting &lt;4 weeks' notice.</p>
<p><b>Post notification by NIMDTA:</b></p> <p>97% of NI trainees received at least 6 weeks' notice of their posting with the majority (76%) getting the required 8 weeks' notice.</p>	<p><b>Rota:</b></p> <p>57% of core trainees reported that vacant rota slots had impacted on their training; increasing clinical workload. This is a significant increase from the 2019 regional figure of 24%.</p>
<p><b>Unit Induction:</b></p> <p>A high standard is noted in the quality of unit induction with 90% of trainees reporting that their unit induction was appropriate, giving them clear understanding of their roles and responsibilities. This is further improvement on the 2019 regional figure of 72%.</p> <p>All GP trainees reported that departmental induction was relevant to GP trainees, a significant improvement on the 2019 figure of 54%. RECOMMENDATION: MET (BHSCT &amp; WHSCT)</p>	<p><b>Protected Clinical Supervision Time:</b></p> <p>Although the number of trainees receiving the mandated 1 hour per week of protected clinical supervision time has risen slightly (63%→70%), this remains below the target of 100%.</p> <p>RECOMMENDATION: NOT MET</p>
<p><b>Educational and Clinical Supervision:</b></p> <p>A high standard of ES and CS has been maintained. All trainees rate their <b>Education Supervision</b> as acceptable, with 76% reporting the quality of education supervision and 83% access to their ES as excellent/above average.</p> <p>Similarly 96% of trainees rate their <b>Clinical Supervision</b> as acceptable, with 86% reporting the quality of education supervision and 93% access to their CS as excellent/above average.</p> <p>Regional improvements are noted in the quality of clinical supervision both during normal working hours and OOH. The number of trainees reporting CS as excellent/good during normal working hours (89%) and OOH (83%), has increased from the 2019 figures of 76% and 53% respectively</p>	<p><b>Clinical Workload: (CT1-3)</b></p> <p>Workload intensity is reported as excessive or intense at night and at weekends by a third and over half (56%) of core trainees respectively.</p> <p><b>WPBAs:</b></p> <p>There has been an increase (7% →24%) in the number of trainees reporting difficulties in getting the required number of WPBAs. Trainee feedback suggests that the major contributing factor has been COVID issues.</p>

<p><b>Clinical Workload:</b></p> <p>A good balance of workload has been achieved during the day with 93% of trainees reporting workload intensity as just right; an improvement on the 2019 figure of 73%.</p> <p>(ST4-8): the majority of higher specialty trainees report the clinical workload as just right or low intensity both at night (100%) and at weekends (91%).</p>	<p><b>Psychotherapy Training:</b></p> <p>A third of trainees continue to report that psychotherapy training opportunities are regularly missed.</p>
<p><b>Local Departmental Teaching:</b></p> <p><b>Protected training time</b> Regionally there has been an increase in the number of trainees receiving 3 hours/week of protected training time (60%→80%), with a further 12% receiving 2 hours/week. No trainee reported receiving less than 1 hour/week.</p> <p><b>Attendance:</b> A high standard of attendance at departmental teaching sessions has been maintained with 93% of trainees reporting attendance at a minimum of 50-75% of sessions.</p> <p>There has been a significant increase (45%→69%) in the number of trainees reporting attendance at 75-100% of departmental teaching sessions.</p> <p><b>Quality:</b> The quality of departmental teaching remains of a high standard with 93% of trainees reporting it as interesting and relevant and occurring weekly.</p> <p><b>Consultant attendance:</b> A notably high consultant attendance at departmental teaching is reported, 100% of trainees indicating that a consultant is always/usually present.</p>	<p><b>Feedback:</b> 28% of trainees report receiving feedback only once a month or less.</p> <p><b>Peer group meetings (Higher):</b> Significant increase in the number of trainees reporting inadequate access to peer group meetings (32%→64%).</p> <p><b>ECT Training (Core):</b> Only 22% of trainees reported receiving ECT training/teaching in the past year. <u>No access</u> to ECT training was reported by <b>56%</b> of respondents.</p>
<p><b>Regional (MRCPsych) Teaching:</b> There has been improvement in attendance at regional teaching, with 89% of respondents reporting attendance at over half of all regional teaching sessions and 56% attending 75-100% of sessions. This is an increase from the 2019 regional figures of 68% and 32% respectively</p>	
<p><b>Training Opportunities:</b> A high standard has been maintained in both access to and quality of training opportunities (TOs) across key areas.</p> <p><b>Acute Care of SMI:</b> Access/quality of TOs reported as excellent/good (93% and 97%)</p> <p><b>Management of Chronic MH conditions:</b> Access/quality of TOs reported as excellent/good (97% and 93%)</p>	

<p><b>MHO Assessments:</b> Access/quality of TOs reported as excellent/good (79% and 83%).</p> <p><b>Emergency MH Assessments:</b> Access/quality of TOs reported as excellent/good (79% and 86%).</p> <p><b>QI and Audit:</b> Access/quality of TOs reported as excellent/good (83% and 72%)</p> <p><b>Management and Leadership:</b> Access/quality of TOs reported as excellent/good (79% and 86%)</p> <p><b>Reflective Practice/Balint Groups(Core):</b> Access/quality of TOs reported as excellent/good (67% and 65%)</p>	
<p><b>Psychotherapy Training (Core):</b> 89% of trainees reported having their Psychotherapy Training needs discussed with their ES. Significant improvement in access to TOs with 67% now reporting access as excellent/good (2019 regional figure 39%). There has also been an increase in the number of trainees reporting the quality of training in psychotherapy as excellent (11%→44%)</p>	
<p><b>Feedback:</b> The majority of trainees (72%) report receiving feedback at least a few times a month, with 48% of trainees receiving feedback at least once a week and a further 28% a few times per month</p>	
<p><b>Special Interest Sessions (Higher):</b> 90% of higher trainees report no difficulties arranging special interest sessions.</p>	
<p><b>*GP Specialty (ST1-2) trainees:</b> A high standard has been maintained with excellent/good access to and quality of TOs.  *Data from BHSCT &amp; WHSCT only</p>	
<p><b>Overall Opinions:</b> Regionally 86% of all trainees and 100% of core and higher psychiatry specialty trainees rated the training opportunities in their current placement as excellent or good.</p>	

## References

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- 1) BMA [Code of Practice Section 6.1: Employment Information](#)
- 2) [GMC Promoting Excellence](#): standards for medical education and training. (2016)
- 3) [A Competency Based Curriculum for Specialist Core Training in Psychiatry](#), Royal College of Psychiatrists. (2013)



## Appendices

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### Appendix 1 Free Text Comments – PQ Re-survey 2020

#### *Trainee Suggestions for Improvement*

##### **BHSCT**

“Improve rota, specifically unsafe hours on Beechcroft shift and AMHIC safety issues” (CT1-3)

“Probably need more doctors on the rota to reduce excessive workload and hours.” (CT1-3)

“Improve relationship between trainees and HR (CT1-3)

“The actual building we work in is in disrepair. I do feel the trust could provide better facilities for staff (including access to Wi-Fi)” (ST4-8)

6 months only. (ST4-8)

“Not to be made into a hybrid post with CMHT.” (ST4-8)

“Might be more beneficial to a more experienced trainee to act more in a consultative role as you work quite autonomously” (ST4-8)

“Better organisation - particularly when notifying of the rota before starting placement. An opportunity to preference day job would have been useful for training / special interest.” (GP)

“Designated supervision / teaching time out with academic meeting. No individual training” (GP)

“Give people a day off after doing a 24 hour shift. Don't work 12 days in a row. Don't threaten to allocate people unfilled locus shifts at random. People would be much more likely to pick up extra shifts if the current rota was not so poor” (GP)

##### **NHSCT:**

“Opportunities for observed teaching (for portfolio sign-off)” (F2)

“Clarity of ongoing QI projects from the beginning of the placement (F2)

“Facilities - hot desking, not enough rooms to see patients” (ST4-8)

“More teaching from consultants at weekly academic meeting” (ST4-8)

##### **SHSCT:**

“Continued outpatient experience along with in-patient” (CT1-3)

“Trainees to have opportunity to work with different consultants to ensure training opportunities available” (F2)

**SEHSCT:** No comments received

##### **WHSCT:**

“Improve staff accommodation” (CT1-3)

“Increased opportunities for WPBAs” (CT1-3)

“Improved rota” (CT1-3)

“Focused teaching sessions for psychiatry illness in GP practice” (GP ST1-2)

Trainee comments: What makes this a good training post?

**BHSCT:**

"Friendly staff. Very supportive team. Good teaching provided" (F2)

"Friendly trust atmosphere generally. Friendly and helpful consultant staff group. Supportive environment" (CT1-3)

"The clinical experience is very good, the consultant support is very good, but the main issues with the placement come from HR (rota being sent out late, rota gaps, escalated locum rate not used) and safety concerns during on call shifts due to lack of medical support in AMHIC and unsafe working hours during Beechcroft shift" (CT1-3)

"Excellent training post. Would definitely recommend the post to higher trainees" (ST4-8)

"The variety I've seen is useful. Medication queries from GPs and other medical specialists have been useful. Emergency assessments are always useful experience- especially with challenging patients"

"Opportunity to supervise the practitioners is useful for management and leadership skill building. Dr Barr has been very flexible and supportive of my SI sessions and allowing time to work on QI projects and work with the recovery college. It's very much appreciated" (ST4-8)

"Excellent senior support within hours, supported by consultants out of hours, able to have special interest and research sessions, management opportunities" (ST4-8)

**NHSCT:** No comments received

**SHSCT:**

"Good experience reported by colleagues but unfortunately I had a negative experience with my allocated Consultant in terms of poor teaching opportunities, limited supervision and excessive/inappropriate workload allocated to F2" (F2)

**SEHSCT:**

"The support received from senior staff is of a high quality. I have been able to have high level of autonomy in my role. I would suggest this as an excellent training post for someone at my level of training. " (ST4-8)

"Excellent clinical and educational support, flexibility in training and encouragement to develop own interests while being offered full range of areas to work in within the Downpatrick site and opportunities to get involved in teaching and leadership/management/governance" (ST4-8)

**WHSCT:**

"Friendly and supportive staff. Able to attend Wednesday teaching" (CT1-3)

