Psychiatry Training

PLACEMENT QUALITY REVIEW 2020

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

Review members

Dr Sally Anne Phillips (Associate Dean for Placement Quality)

Dr Keira Walsh (ST6 Psychiatry, ADEPT Clinical Leadership Fellow 2019/20)

Mrs Gillian Carlisle (Quality & Revalidation Manager)

Dr Ian Steele (Associate Dean for Specialty Training and Quality Management)

Dr Damien Hughes (Head of School, Psychiatry)

Contents

Executive Summary

In Northern Ireland, the percentage of doctors entering directly into GP/specialty training post-Foundation has fallen from 70.9% in 2011 to 31.8% in 2018. [(1)] Despite this decline, psychiatry training in NI has remained a competitive and attractive specialty with over subscription to both core training and higher training specialties for the last 10 years. [(2)] This is in contrast to the recruitment and retention of psychiatry trainees in other parts of the UK where an average of 18% of training posts are unfilled. [(3)] Northern Ireland remains an attractive place to work as a consultant psychiatrist. This is reflected in the lower number of vacant consultant posts in NI in comparison to the rest of the UK, with the Royal College of Psychiatrists 2019 Census reporting a Northern Ireland consultant vacancy rate of 7.47% contrasting with 9.66% in Scotland, 9.91% in England and 12.74% in Wales.

Trainees working in Psychiatry in Northern Ireland work in all five Health and Social Care Trusts. They work across six psychiatry sub-specialties: Child & Adolescent, Forensic, General Adult, Intellectual Disability, Old Age and Psychotherapy. Trainees can work in a variety of settings such as inpatient units, outpatient teams, specialist teams or a combination. In addition to core and higher psychiatry trainees, Foundation Year 2 (FY2) and GP trainees also complete rotations in psychiatric specialties. Rotations are for a minimum of 4 months (usually FY2/GP trainees) and a maximum of 12 months (usually higher trainees).

The Placement Quality (PQ) Review of Specialty Training Programmes started in August 2018. The aim of this work is "*To optimise patient-centred care though quality improvement of medical training posts within Northern Ireland, involving rigorous review of current placements, active engagement with trainees, trainers and providers, and the development and implementation of strategies to improve current practice within medical training*." The PQ review adds to the existing information available from NIMDTA deanery visits and the GMC National Training Surveys (NTS), providing a more detailed specialty specific assessment of the quality of training posts in Northern Ireland.

A PQ Review of psychiatry training was completed in 2019/20. The first step in the process was to review the current psychiatry training curricula and educational framework to confirm the requirements for training in psychiatry. A group of psychiatry trainees met with the Placement Quality team to compile a detailed survey to assess the quality of training placements. This was approved by the Head of School for Psychiatry and the Specialty School Board at NIMDTA. The survey was circulated to all trainees working in a psychiatry placement between February and August 2019, including Foundation Year 2, GP and psychiatry trainees (core and higher). The survey was open for three weeks in July 2019. The response rate was 50% (74/149) which represented 36% core psychiatry trainees, 34% higher psychiatry trainees and 30% F2/GP trainees.

Section 1 of this report summarises the results of the survey under the following headings:

1. Post Preferences, Rota Allocations and Induction
2. Educational and Clinical Supervision
3. Clinical Workload
4. Formal Teaching and Educational Opportunities
5. Overall Opinions and Trainee Suggestions for Improvement

Section 2 highlights the identified good/transferrable practice and sets out the agreed local actions for improvement.

To ensure improvements are maintained and to assess the success of additional measures that have been introduced to further improve the training experience, the Placement Quality Team at NIMDTA will be conducting a further survey of all trainees in psychiatry training placements in late 2020.

Section 1: Analysis and Recommendations

1. Post Information, Rota Allocations and Induction

Post Information

Additional information about training posts prior to making placement preferences was requested by 61% of trainees. This included more information on rota patterns, banding, special interest sessions, opportunities for emergency assessments, ECT and tribunal experience and departmental teaching arrangements (Table 1).

Table 1: Information requested prior to making posting preferences (% of trainees)

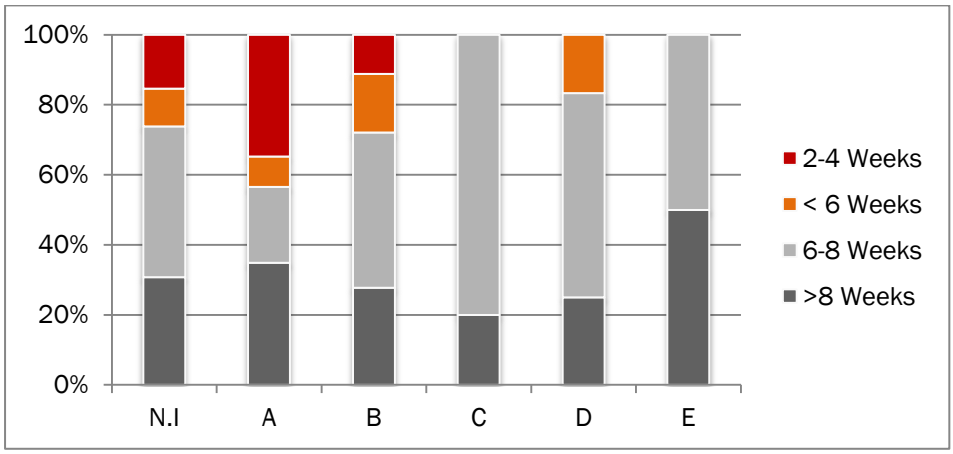
Rota Pattern	27%
Opportunities for Tribunal experience	21%
Opportunities for ECT experience	19%
Banding	19%
Departmental Teaching arrangements	19%
Special Interest Sessions available	15%
Opportunities for Emergency assessments	13%

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. [5] 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. [6]

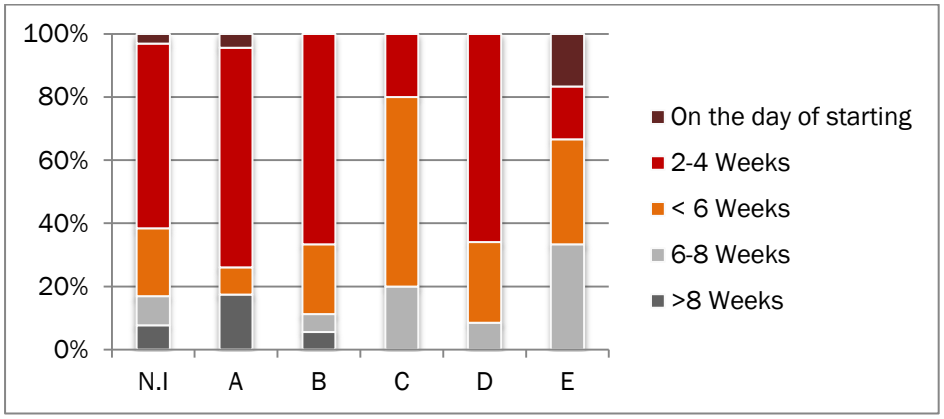
The majority of trainees (74%) reported receiving notification from NIMDTA of the Trust where they would be working at least 6 weeks prior to starting their post, with 31% getting more than 8 weeks' notice. Regionally however 15% had less than 4 weeks' notice. In Trust A, although 35% of trainees reported having less than 4 weeks' notice of their posting it has been confirmed that all trainees were emailed confirmation of their posting to the Trust more than 8 weeks prior to post commencement and the survey response to this question may reflect the later allocation of posts within the Trust.

Figure1: NIMDTA notification of training placement by Trust



Trainee feedback indicated that timely notification by Trusts of OOH rotas is a significant problem with only 17% of trainees receiving information about their OOH rotas at least 6 weeks prior to post commencement. The majority of trainees (72%) reported less than 4 weeks' notice of their OOH rota with 25% having less than 2 weeks' notice prior to starting their post. There was some variation across Trusts, with rota notification in Trusts A, B and D being significantly later, less than 4 weeks' notice of OOH arrangements being reported by 70%, 67% and 65% of trainees respectively. In comparison in Trusts C and E only 20% and 17% of trainees respectively had less than 4 weeks' notice of their OOH rota (Figure 2).

Figure 2: Trust notification of OOH rotas by Trust



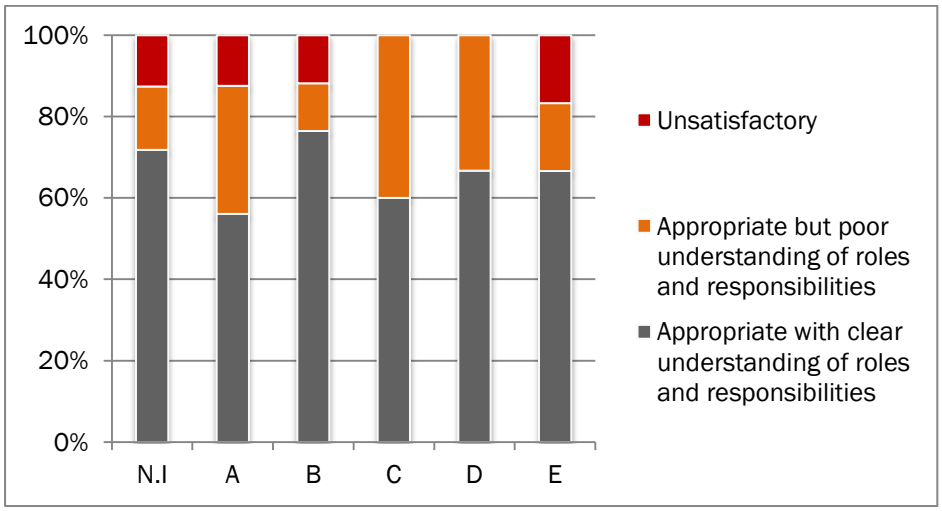
A number of factors were identified that appear to contribute to the delay in rota notification. Trainee post allocations are made by the School of Psychiatry to a Trust and not to a specific hospital site/training post. When Trust Human Resources (HR) are notified by NIMDTA of trainee allocations the Lead Educational Supervisor (ES) then has to assign each trainee to a specific site/post within the Trust. Delays can occur at this point due to the ES not being notified of trainee allocations at the same time as the Trust HR and a lack of provision to the ES of information relating to the specific training requirements of each trainee, needed to make appropriate post allocations.

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. [6]

The majority of trainees (72%) reported that their induction to their placement was appropriate, providing a clear understanding of their roles and responsibilities. In Trusts A, B and E induction was reported as unsatisfactory or did not occur by 17%, 12% and 17% of trainees respectively (Figure 3). Further analysis indicated that 50% of those who felt that their induction did not provide them with a clear understanding of their roles and responsibilities were GP trainees.

Figure 3: Departmental/Unit Induction by Trust



Key Recommendations: Post Information, Rota Allocation and Induction

Development of a Unit Prospectus for all Psychiatry training sites

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

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

2. Educational and Clinical Supervision

Educational Supervision

Both quality of and access to educational supervision was rated very highly with 77% of respondents rating the quality of supervision from their Education Supervisor (ES) as excellent/above average and 85% reporting excellent/above average access to their ES (Figures 4 and 5).

Figure 4: Quality of Education Supervision by Trust

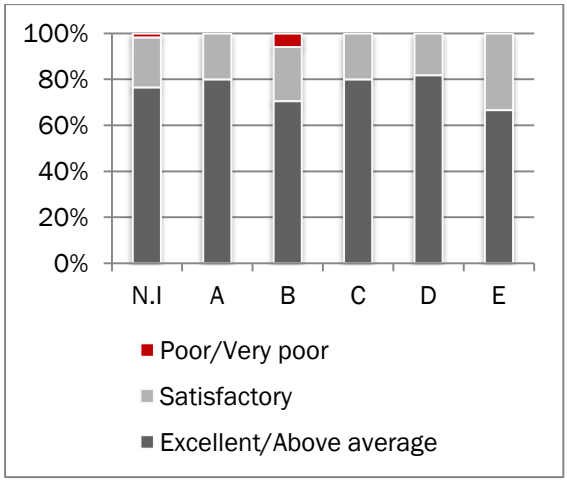
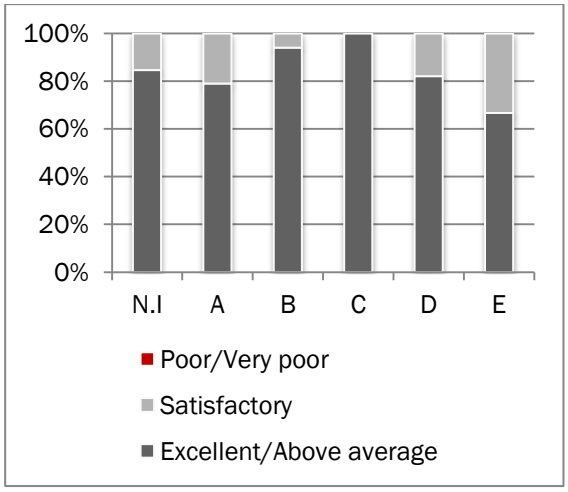


Figure 5: Access to Education Supervisor by Trust



In Trust B one trainee reported the quality of their education supervision as poor: further analysis showed this to be a GP specialty trainee, and this feedback related to an ES from general practice.

Trainee free text comments include:

"Always available and made time for me"

"Approachable at all times. Helpful. Provided scheduled supervision sessions where I had opportunities to discuss my progress and raise concerns."

Clinical Supervision

The majority of trainees rated the quality of their clinical supervision as excellent/above average (81%) with 81% also reporting access to their Clinical Supervisor (CS) as excellent and an additional 9% as above average(Figures 6 and 7).

Figure 6: Quality of Clinical Supervision by Trust

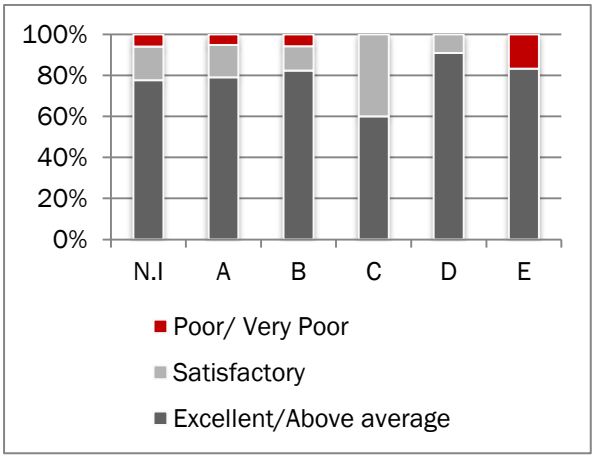
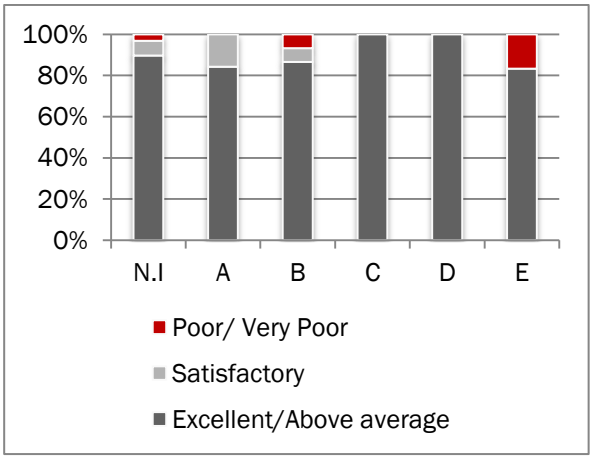


Figure 7: Access to Clinical Supervisor by Trust



When asked to rate the quality of senior clinical supervision during normal working hours the number of trainees reporting clinical supervision as excellent/good was 76% overall with this number falling to 53% for clinical supervision out of hours (Figures 8 and 9). In Trust A and Trust E the quality of senior clinical supervision remained high regardless of day time or out of hours working. Trust D however had the largest drop in the quality of clinical supervision decreasing from 82% excellent/good during normal working hours to 27% out of hours, although all respondents indicated that clinical supervision was at least satisfactory.

Figure 8: Quality of Clinical Supervision during normal working hours by Trust

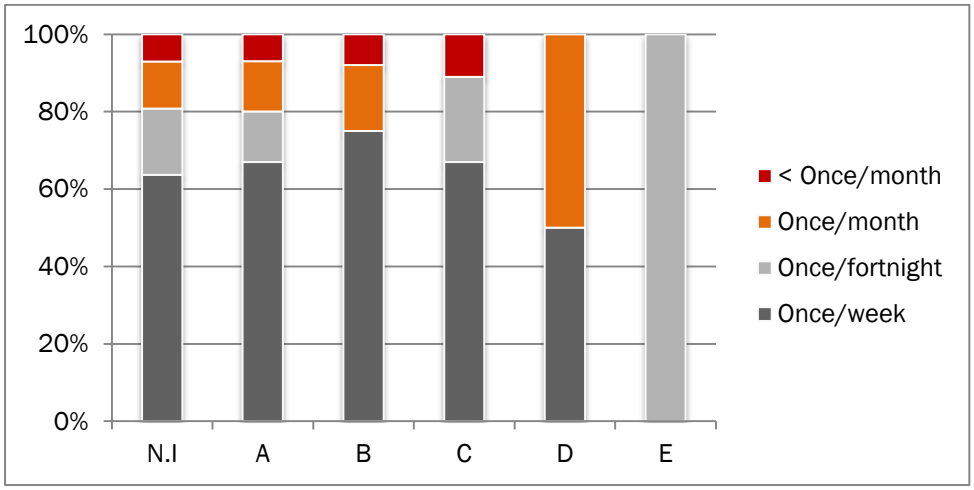
Figure 9: Quality of Clinical Supervision out of hours by Trust

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" and clinical supervisors are required to have protected time within their job plans to deliver this. [7]

Regionally only 63% of trainees reported receiving the mandated 1 hour per week of protected clinical supervision, with 17% receiving 1 hour every fortnight and 20% reporting that protected clinical supervision occurred only once a month or less (Figure 10). Of those reporting protected clinical supervision time of once a month or less, 75% were core specialty trainees.

Figure 10: Protected Clinical Supervision Time by Trust (Core and Higher Psychiatry trainees)



There was variation in results between Trusts, with Trust B delivering the mandated protected clinical supervision time to over 70% of trainees, while in Trusts D and E results were significantly below the regional figures. In Trust D only 50% achieved the mandated 1 hour per week of protected clinical supervision with 50% reporting this occurred only once a month. In Trust E no trainees received the mandated 1 hour per week of protected clinical supervision but all trainees reported that this occurred at least once a fortnight.

Key Recommendations: Educational and Clinical Supervision

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 is highlighted in some areas.

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

3. Clinical Workload

Regionally trainees reported a well-balanced workload during the day with 73% indicating that the workload was just right. In Trusts A, B and C the majority of trainees reported the workload at night was appropriate but in Trusts D and E, 36% and 50% respectively reported workload at night as very intense/excessive above the regional figure of 14% (Figures 11 and 12).

Figure 11: Daytime Workload by Trust

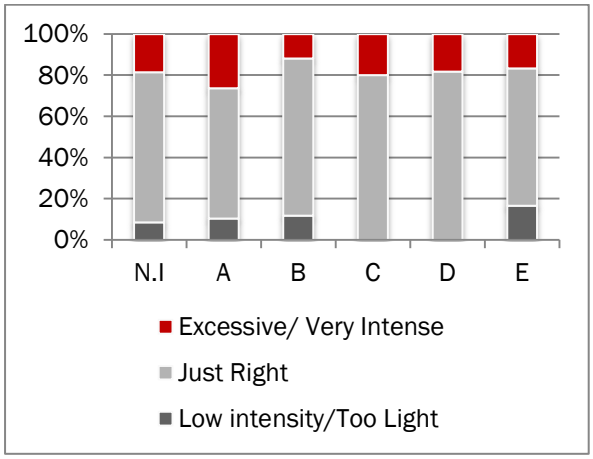
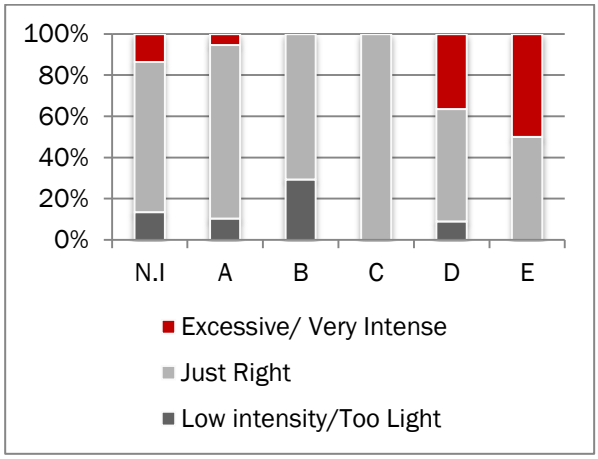
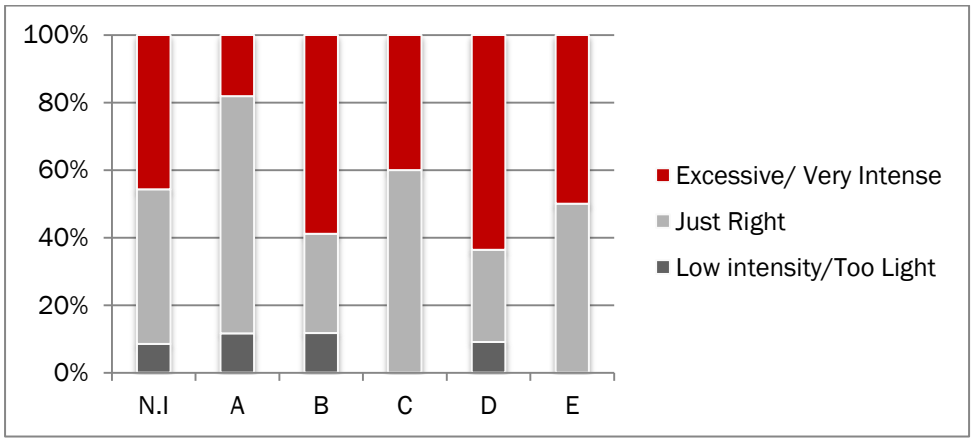


Figure 12: Workload at Night by Trust



At weekends workload intensity was higher with 46% of trainees regionally reporting workload as very intense /excessive. In Trusts B, D and E the figures were above the regional average with 59%, 64% and 50% of trainees respectively indicating that the workload at weekends was excessive (Figure 13).

Figure 13: Workload at Weekends by Trust



In Trust B there is a 1 in 15 on-call rota pattern covering two sites and 2 trainees from this Trust work OOH on the Belfast CAMHS rota covering multiple sites. In Trust D it was acknowledged that the OOH workload particularly at weekends can be busy with limited support from staff grades who do not work OOH or at weekends. As in Trust B, it was noted that one trainee does not work in the Trust OOH but works on the Belfast CAMHS rota. In Trust E there is a single 1 in 15, twenty four hour on-call rota. In Trusts B, D and E consideration had been given to changing the rotas to a 2 person 1 in 7 or 1 in 8 shift pattern to reduce workload intensity OOH and at weekends, but this option had been rejected by trainees who preferred to continue with the more onerous but less frequent current on call system.

Key Recommendations: Workload

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

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

4. Formal Teaching and Educational Opportunities

Formal Teaching

Regionally, 60% of trainees reported receiving 3 hours of protected (bleep free) training time per week, with this figure reaching 75% in Trust A (Figure 14). A further 27% of respondents stated that they received 1 hour per week of protected training time. In Trust C however the results were significantly below the regional average with only 20% of trainees receiving the recommended 3 hours per week of protected training and a further 20% reporting receiving less than 3 hours per month.

Figure 14: Protected (bleep free) Teaching by Trust

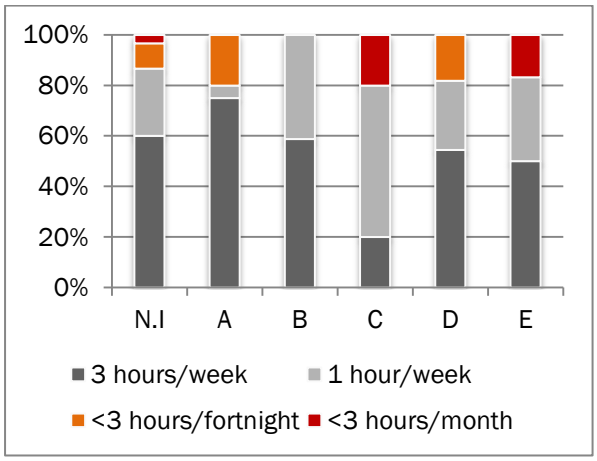
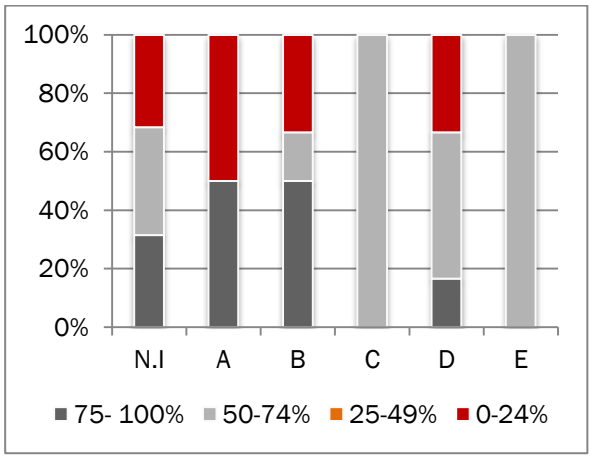


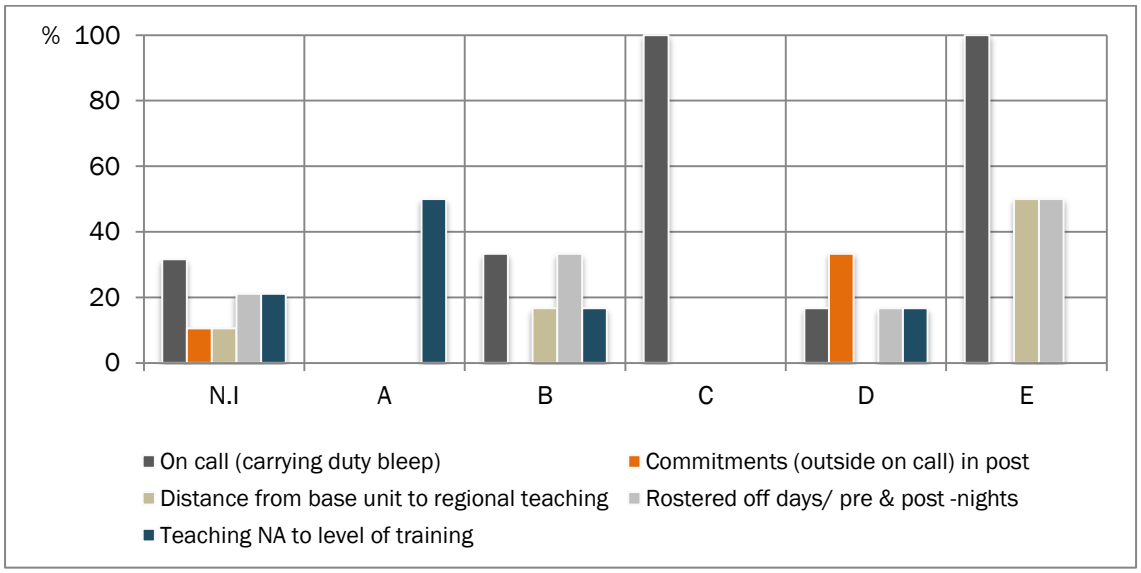
Figure 15: Regional Teaching sessions, annual attendance by Trust



Attendance at **regional teaching** was good with 68% of respondents being able to get to over half of all regional teaching sessions and 32% attending 75-100% of sessions (Figure 15). Around a third of trainees however reported that they had attended less than 25% of sessions. This figure corresponded to the number of trainees who indicated that attendance was not applicable to their level of training – identified as CT3 trainees, who having passed their MRCPsych examination did not need to attend.

For the remainder of trainees, the main barriers to attendance at regional teaching were reported as on call commitments, commitments in post, distance from the base unit to the site of teaching and being pre or post–nights. (Figure 16)

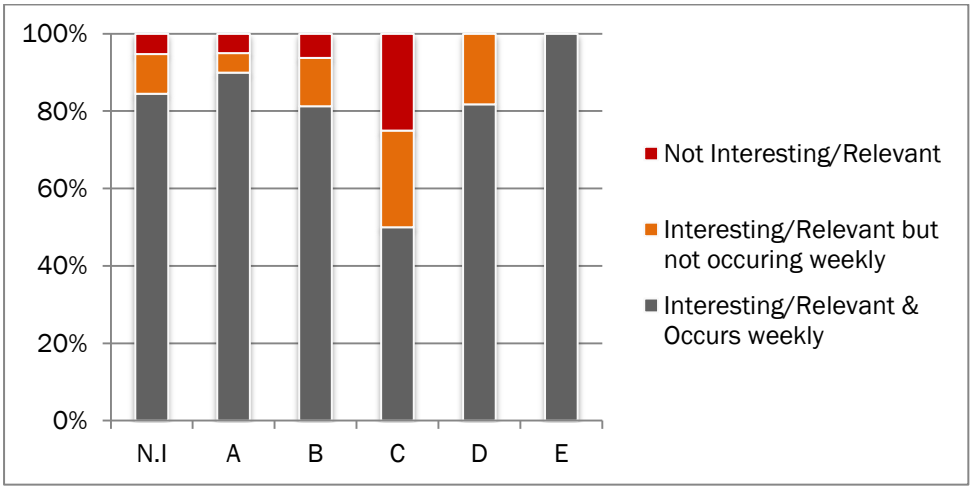
Figure 16: Barriers to attendance at Regional Teaching by Trust



Consultant attendance at regional teaching was high with 75% of trainees indicating that a consultant was always/usually present and 79% reporting that regional teaching was interesting /relevant and occurred weekly.

The quality of departmental teaching was also rated very highly, with 95% of respondents reporting it as interesting and relevant and 85% indicating that it occurred regularly on a weekly basis (Figure 17).

Figure 17: Quality of Local Departmental Teaching by Trust



As with regional teaching there was a notably high consultant attendance at departmental teaching, 96% of trainees indicating that a consultant was always/usually present.

Educational Opportunities

Access to and qualities of training opportunities (TOs) were 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 78% and 84% of respondents respectively; the quality of training in these areas being reported as excellent/good by 94% and 97% of trainees (Figures 18 and 19). There was some variation between Trusts, with the quality of training in this area being rated as excellent/good by all respondents in Trust E while in Trust C, although all training was rated as good by respondents, 50% reported that training opportunities were often missed.

Figure 18: Quality of training received in Acute Care of SMI by Trust

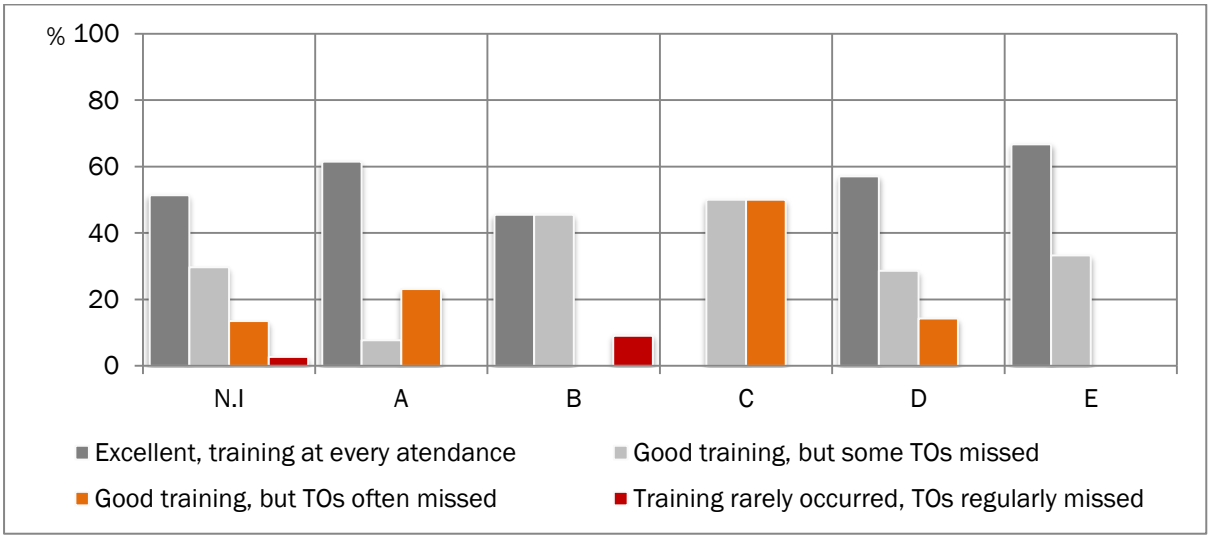
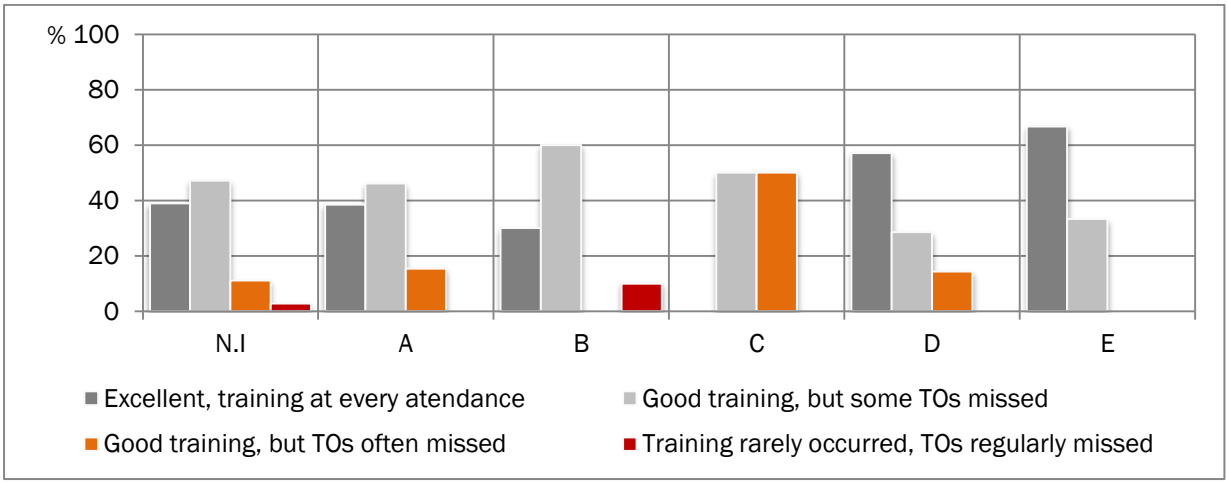
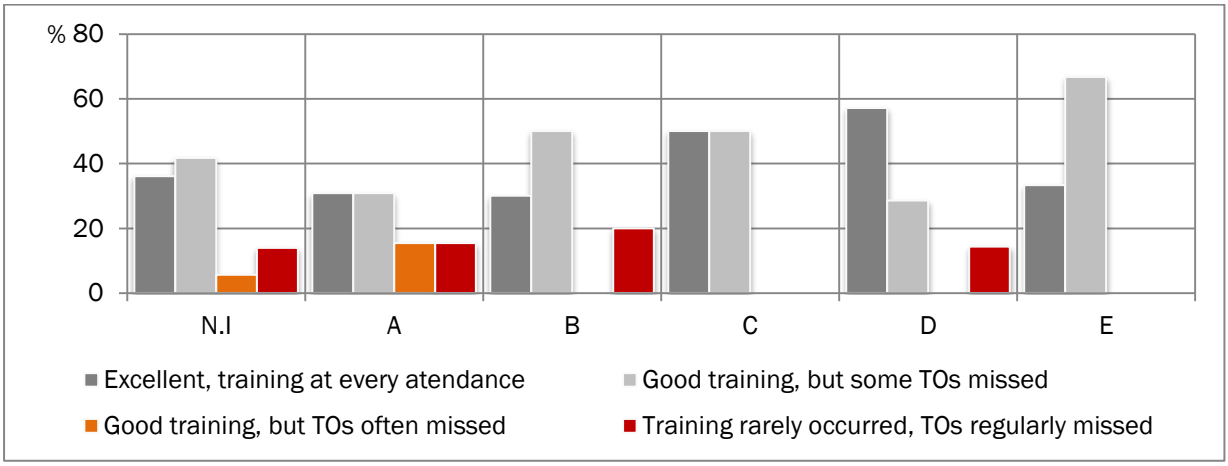


Figure 19: Quality of training received in Management of Chronic MH conditions by Trust



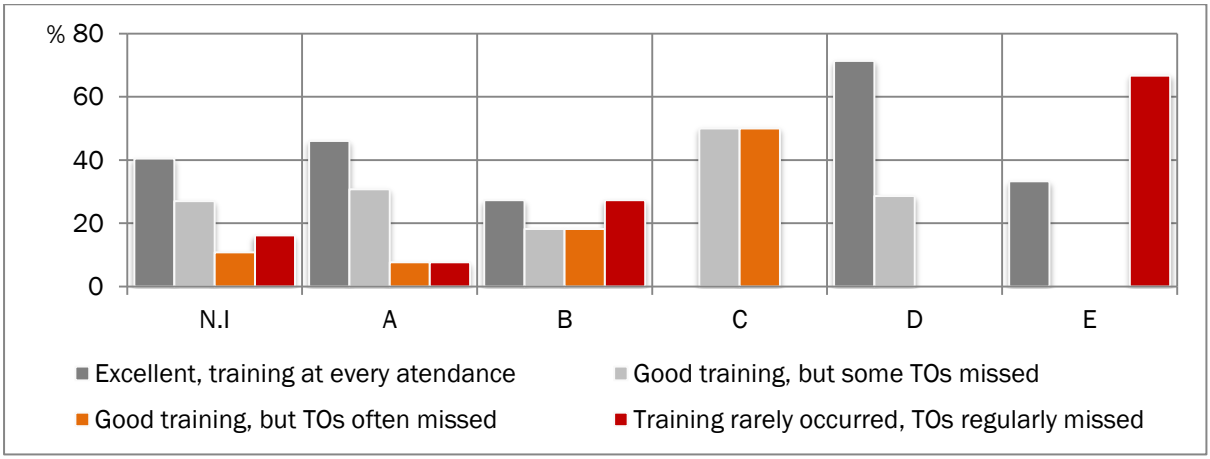
Access to **Mental Health order (MHO) experience** was rated as excellent/good/satisfactory by 92 % of trainees with the quality of training reported as excellent/good by 83% of respondents (Figure 20).

Figure 20: Quality of training received in MH Order Assessments by Trust



Training opportunities for **Emergency MH assessments** were also rated highly regionally with 78% of respondents reporting excellent/good training in this area (Figure 21). In Trust E however the survey results were significantly below the regional figures with 67% of respondents reporting that training opportunities were regularly missed or rarely occurred. This relates to the limited access to training opportunities in this area reported by 67% of respondents on this site.

Figure 21: Quality of training received in Emergency MH Assessments by Trust



The survey also highlighted high quality training regionally in areas including management and leadership and quality improvement and audit (Figures 22 and 23). In Trust C however, 50% of respondents reported that training opportunities were often missed/rarely occurred, twice the regional figure (25%).

Figure 22: Quality of Management & Leadership opportunities by Trust

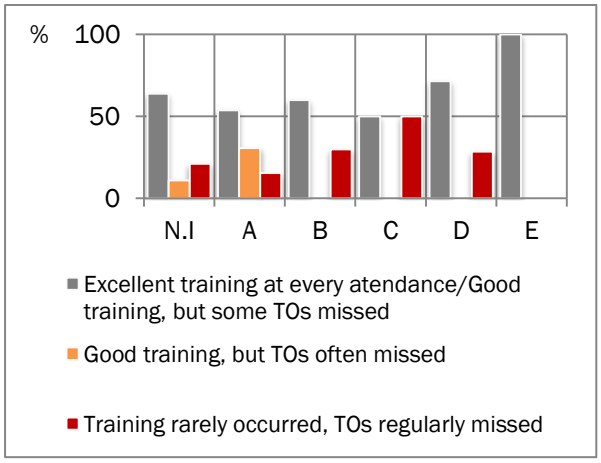
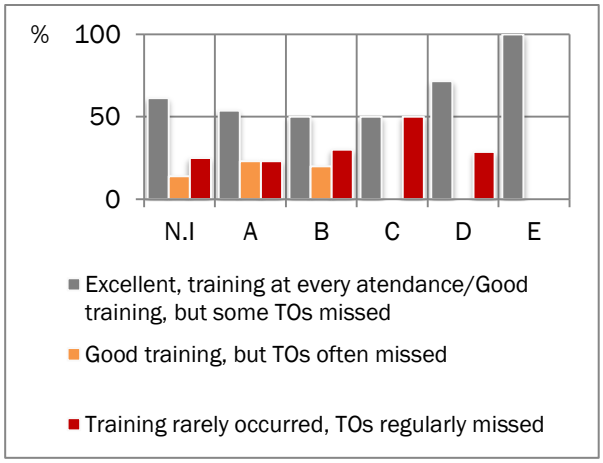


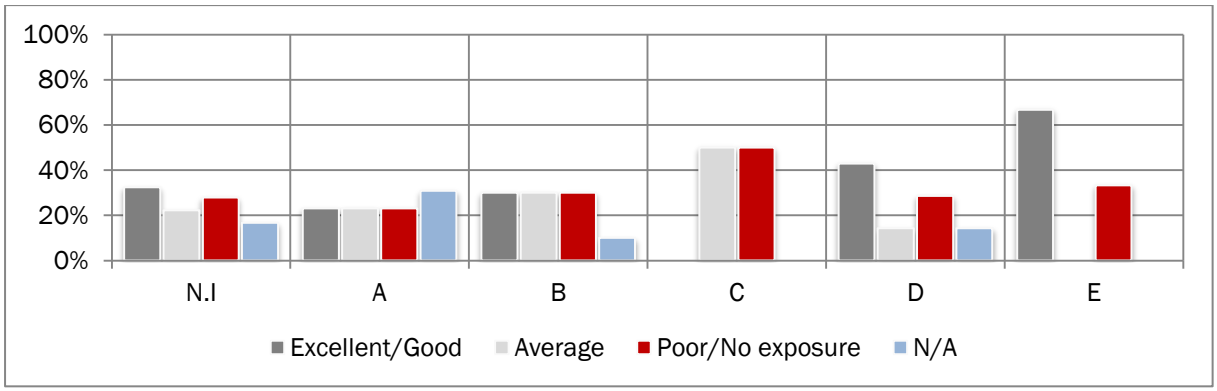
Figure 23: Quality of Quality Improvement/Audit opportunities by Trust



Psychotherapy Training

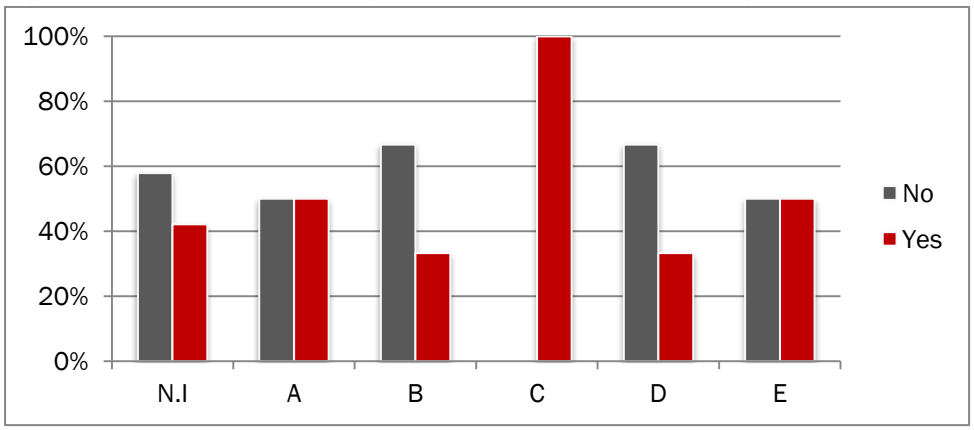
A regional issue identified by the current survey is access to opportunities for psychotherapy training, with only 34% of respondents reporting access to psychotherapy training opportunities as excellent/good and 28% reporting exposure as poor (Figure24).

Figure 24: Access to Psychotherapy Training by Trust



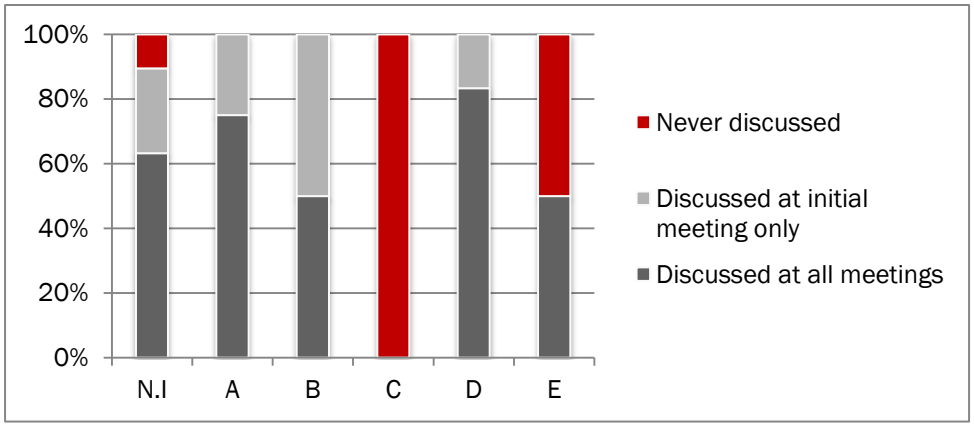
A significant factor contributing to this is difficulty accessing suitable cases for psychotherapy training, reported by 42% of trainees regionally, with figures ranging from 33% in Trusts B and D to 100% in Trust C (Figure25).

Figure 25: Difficulties accessing cases for Psychotherapy Training by Trust



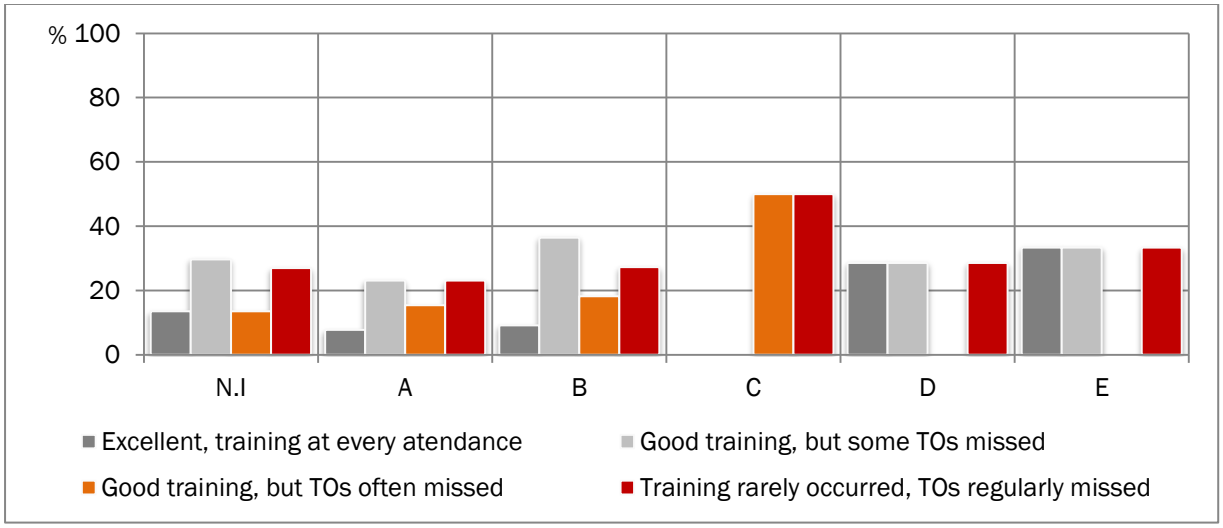
In the current survey 63% of core trainees reported that their Psychotherapy training needs were discussed with their ES at all meetings, but 11% of respondents reported that psychotherapy training needs were never discussed by their ES. In Trust C all core trainees indicated that psychotherapy training needs were never discussed (Figure 26).

Figure 26: Discussion of Psychotherapy Training needs with ES by Trust



The quality of psychotherapy training regionally was reported as excellent/good by only 43% of respondents with 27% reporting that training rarely occurred and training opportunities were regularly missed. In Trust C this figure exceeded the regional average with 50% of respondents indicating regularly missed/absent training opportunities (Figure 27).

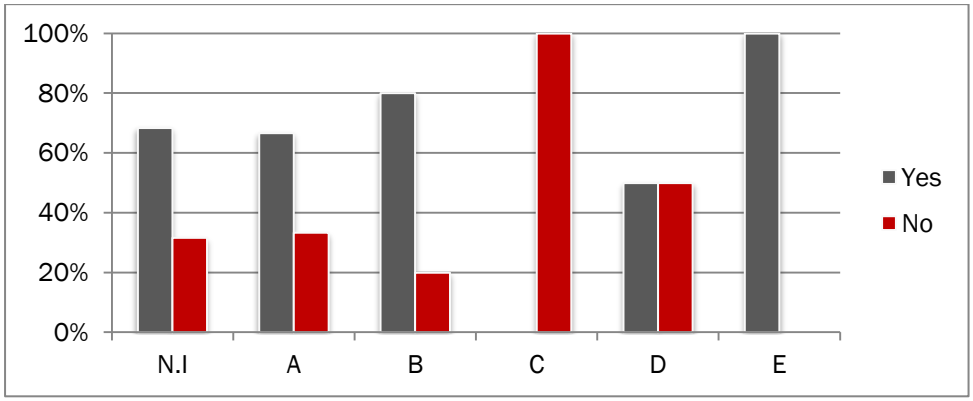
Figure 27: Quality of Psychotherapy training received by Trust



Higher Specialty Trainees

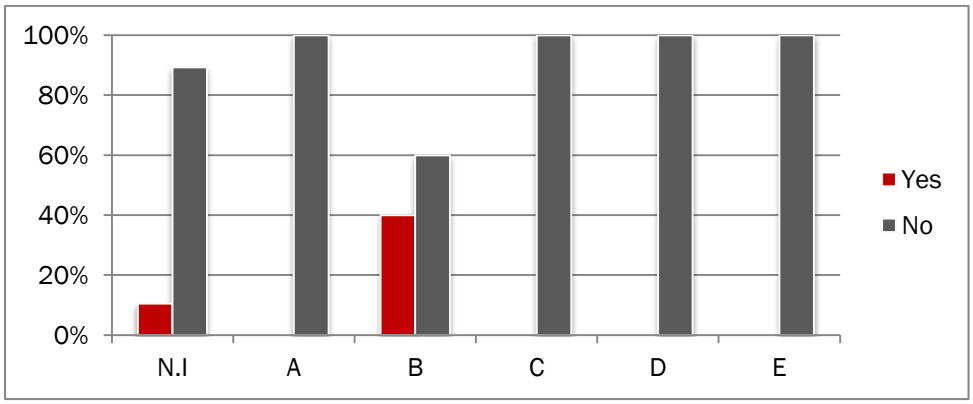
Regionally, 68% of higher trainees reported adequate access to peer group meetings (Figure 28). In Trust C however, access to peer group meetings was below the regional figure with all respondents indicating limited training opportunities.

Figure 28: Higher Trainees – Adequate access to Peer Group Meetings by Trust



In Trusts A, C, D and E, no higher trainees reported difficulties in arranging special interest sessions. In Trust B however, 40% of trainees reported difficulties in arranging these sessions (Figure 29).

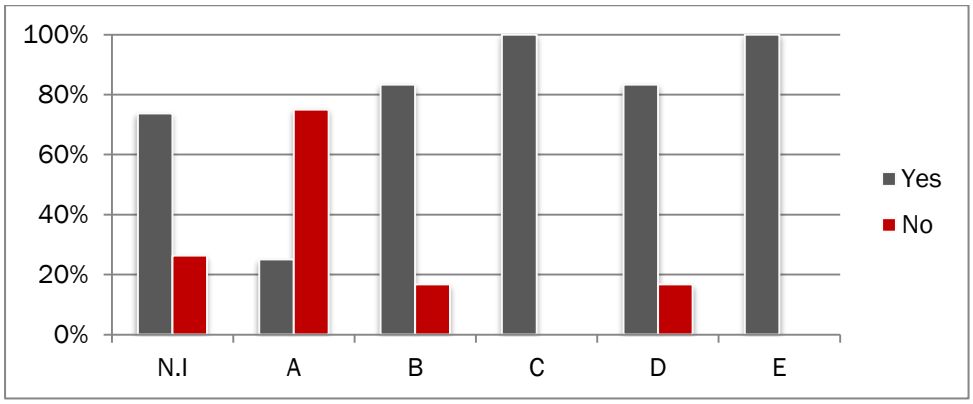
Figure 29: Difficulties arranging Special Interest Sessions (higher trainees) by Trust



Core Specialty Trainees

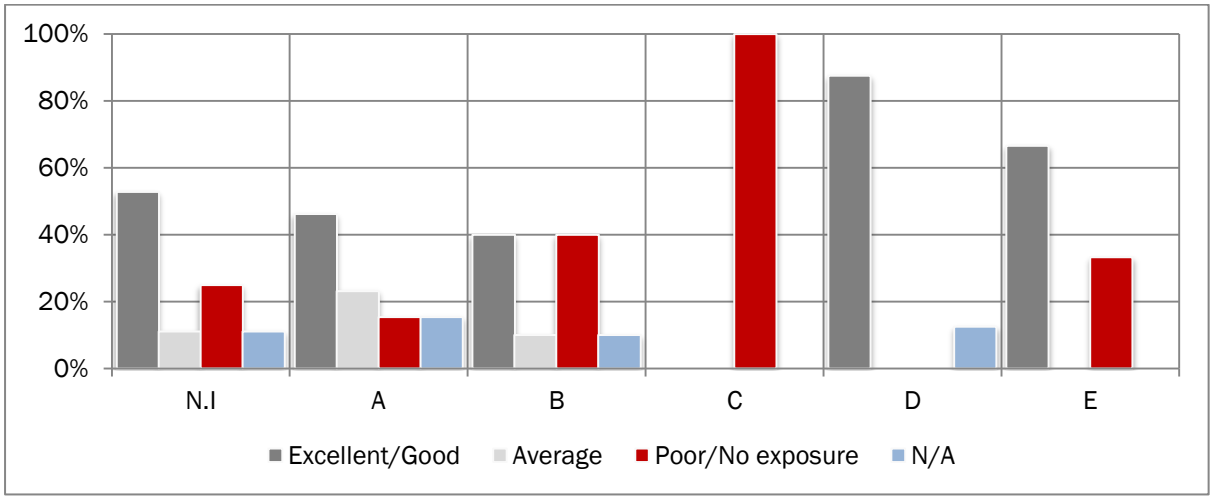
The majority of core trainees (74%) reported receiving ECT training/teaching over the past year. Access appeared best in Trusts C and E (100%), but was below the regional figure in Trust A where only 25% of core trainees reported receiving ECT training during the past year (Figure 30).

Figure 30: ECT training received by Core Trainees over the past year by Trust



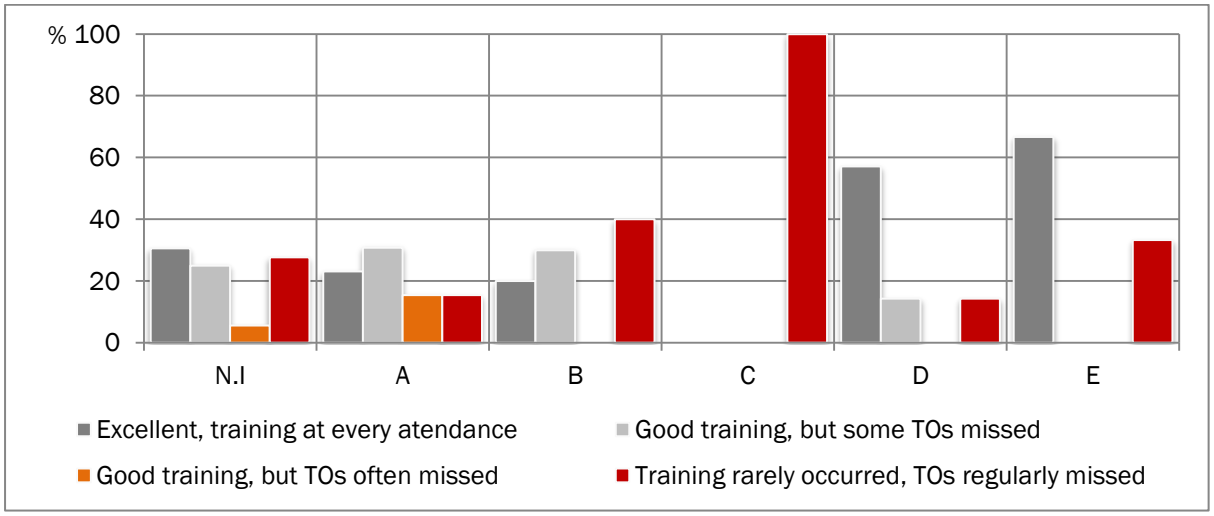
Regionally, 64% of trainees reported adequate access to reflective practice groups (Figure 31).

Figure 31: Access to Reflective Practice Groups by Trust



The quality of reflective practice training opportunities were reported as excellent/good by 61% of respondents however 28% indicated that training opportunities were regularly missed or didn't usually occur (Figure 32). In Trust C, the figures were below the regional average with all trainees reporting that training opportunities rarely occurred and this related to the poor/no access to reflective practice groups reported by trainees on this site.

Figure 32: Quality of Reflective Practice training opportunities by Trust



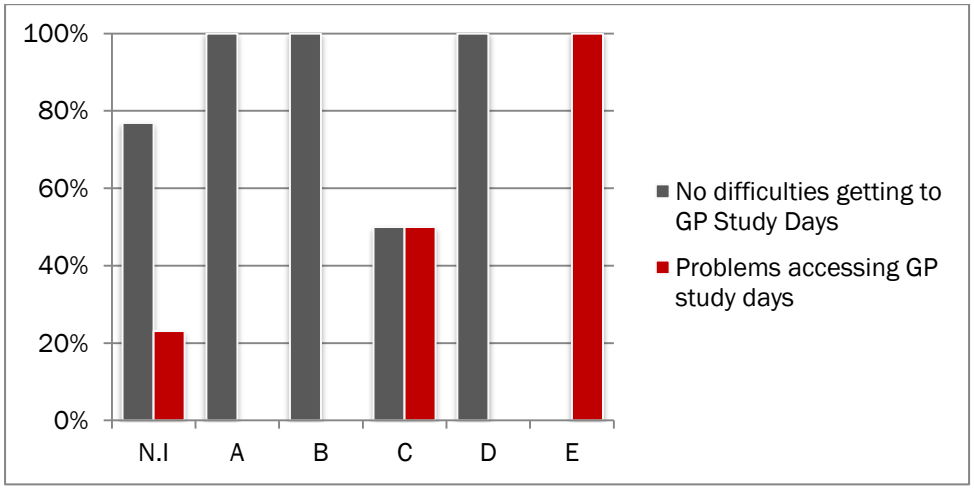
Good access to training opportunities for mental health assessments was reported with 95% of core trainees indicating that they were on track to achieve the curriculum mandated 50 emergency MH assessments. The majority of core trainees (79%) reported having had breakaway training within the past year and a further 16% indicated that they had not had training, but that it was available to them.

GP Specialty Trainees

For GP specialty trainees on a 6 month psychiatry placement, good access to training opportunities was documented in the survey, with all GP trainees reporting having met with their GP Clinical Supervisor within the first 4 weeks of their placement and 92% reporting being on track to achieve their required 3 formative meetings with their CS. In addition, 86% 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 77% of GP trainees having no difficulties in getting to GP study days (Figure 33). There was however some variation between Trusts with all GP trainees in Trusts A, B and D able to access regional study days while in Trust C and E, 50% and 100% of GP trainees respectively reported difficulties attending these sessions.

Figure 33: GP trainees – Access to GP Study days by Trust



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 and all those wanting to complete the PGDip in MH feeling supported to do so.

Key Recommendations: Formal Teaching and Educational Opportunities

All Trusts to have an identified consultant for psychotherapy training

5. 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 71% of respondents rated the training opportunities provided by their current placement as either excellent/good and 21% as acceptable (Figure 34). For GP specialty trainees, placements were rated as excellent/good training opportunities by only 54% of respondents, with 23% reporting the placement as less than satisfactory (Figure 35). Further development in this area is required.

Figure 34: Global score of placement as a training opportunity, by Trust

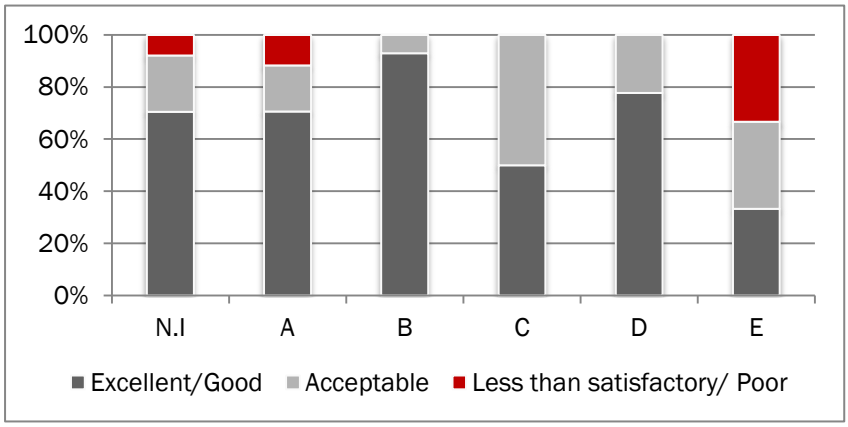
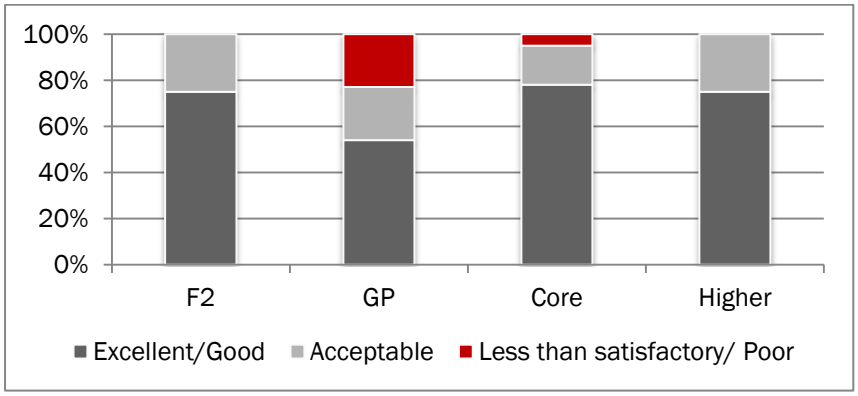


Figure 35: Global score for placement as a training opportunity by trainee grade



Summary of Trainee Suggestions for Improvement

1) More timely distribution of the OOH rota
2) Better access to psychotherapy cases
3) More access to reflective practice groups
4) Increased provision of regular protected time for structured clinical supervision
5) On call duties in same Trust as daytime responsibilities
6) More teaching on common psychiatric issues encountered in GP practice for GP specialty trainees
7) Increased focus on clinic attendance for GP specialty trainees
8) Departmental teaching to include targeted information specifically for core psychiatry trainees
9) More access to research opportunities
10) Formal opportunities 9-5pm for higher trainees to supervise more junior staff

Section 2: Good Practice and Actions Identified

Post Information

The need for improved information for trainees prior to making placement preferences and the suggested development of a prospectus for each Trust was discussed with each Trust at visits conducted in November-December 2019. The proposal for a Psychiatry prospectus, outlining details of training opportunities within all training units, was outlined and discussed at the Psychiatry School Board in January 2020.

Proposed Trust Actions:

1) Each Trust to work with Psychiatry Clinical Education Fellows to provide a draft prospectus in early 2020 for publication on the NIMDTA website by March 2020*.

Rota Allocation

There is a requirement for Trusts to inform trainees of their out of hours (OOH) rota allocation within 6 weeks of the commencement of their post.[2] One factor which appears to contribute to delay in trainees receiving notification of their rota allocation by Trusts is the current allocation policy of the School whereby trainee allocations are made by the School of Psychiatry to a Trust and not to a specific hospital site/training post. This coupled with a lack of information being received by Education Supervisors in regard to trainees' specific training requirements at the time of notification of trainee allocations adds to delays in making post allocations at Trust level.

Proposed Actions:

1) The School of Psychiatry will hold a postings meeting with Lead Education Supervisors from each Trust a week prior to HR notification of posts by NIMDTA in June and December each year**.
2) At the postings meeting:
    a. The Head of School will provide the ESs with the necessary information regarding trainees' specific training requirements to allow appropriate allocation of trainees to posts within their Trust for the next 6 months
    b. The Lead ES will, prior to the postings meeting have ascertained the posts to be filled within their hospital/unit for the next 6 months postings and at the meeting will allocate all trainees to specific posts within their Trust
    c. The School will give trainees' specific post allocations to NIMDTA so that hospital site/training unit post allocations are made to Trust HRs and trainees at least 8 weeks in advance of the changeover date
3) Lead ES will release rota information to trainees as soon as posting information is released to Trust HR
4) It was agreed that if there are any unfilled posts within a Trust, there should not be a delay in sending OOH rota information to the trainees already allocated to the Trust.
5) Trusts to inform NIMDTA of the names of individuals e.g. ESs, who need to receive details of trainee allocations to the Trusts to ensure efficiency and clarity in sharing of information going forward.

Induction

Good Practice

1) Provision of online resources and information, including unit policies and guidelines and specialty specific information (GPs and F2s)[A]
2) Provision of 2.5 day induction programme at start of all posts[D]
3) Provision of handbook in some sub-specialties e.g. Psychiatry of Learning Disability[A]

Proposed Trust Actions:

1) All trainees to be made aware at induction that discussion and clarification of their individual roles and responsibilities will be carried out by their Clinical Supervisor (CS) at their initial CS meeting (A,B.C,D,E)
2) Trusts will engage with current trainees to seek information on 'things they would have liked to have known' at the start of their placement with particular note of GP specialty trainees' requirements – so as to improve the information provided as part of the induction process.(A,C,D)
3) Development of a Trust handbook to cover practical issues.(A)
4) Inclusion of GP trainee input into the Trust psychiatry handbook (C)

Workload

Good Practice:

1) Trainees offered option of 2 person shift rota (1:7 or 1:8) to replace 1:15 twenty four hour on-call rota to reduce intensity of out of hours and weekend workload.(B, D, E)
2) Employment of staff grade to reduce day time medical calls(D)
3) Second on call on site at weekends to review voluntary admissions B)
4) Medical admission of voluntary patients after 9pm completed the next day by daytime medical staff (unless specific clinical concern from senior nursing staff) (D)
5) Senior (Band 7) nurse screens calls on CAMHS rota out of hours (A)
6) Introduction of morning conference call at weekends between consultant and trainees to distribute work to be done equitably (B)
7) Introduction of day off after on call shift(E)

Proposed Trust Actions:

1) Review and simplification of existing rota structure(A)
2) Review of CAMHS rota to allow trainees to do their OOH and weekend on call in the Trust to which they are posted during the day(A)

Education and Training Opportunities

Good Practice:

1) Facilitation of regular protected time for learning with the provision of a dedicated day a week for continued personal development (regional)
2) Delivery of a weekly regional teaching programme for MRCPsych exam preparation
3) Evidence of high quality departmental teaching programmes (A,B,D,E)
4) A high level of consultant involvement in both regional and local departmental teaching (regional)
5) Centrally co-ordinated teaching for Foundation and GP specialty trainees (C)
6) Provision of a named consultant for psychotherapy training (A,B,C,D)
7) Balint group re-established (C)

The GMC Promoting Excellence (R1.16) states that
"Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety."(3)

The survey feedback overall demonstrates evidence of well-motivated and dedicated educators delivering this key GMC training requirement and is to be commended.

Proposed Trust Actions:

1) Identification of a new 'named' consultant for psychotherapy training (C,E)
2) Psychotherapy training needs to be discussed at ES meetings (C)
3) Provide a contact to facilitate access to the psychiatry liaison service to improve access to emergency MH assessments (E)
4) ECT training needs to be identified as part of trainee PDP (A)
5) Information on QI/Audit opportunities to be included in induction material (C)
6) Review of duty bleep arrangements to facilitate attendance of GP specialty trainees at GP regional teaching (E)
7) ZOOM access to regional psychiatry teaching to be investigated (E)
8) Development of tailored teaching sessions for GP/F2 trainees in Psychiatry once a month after regular weekly journal club (B)
9) Establishment of Special Interest days in primary care liaison psychiatry (E)
10) Consideration to be given to appointment of a GP training liaison officer (E)

COVID-19 Amendments to implementation schedule

*Post Preferences: *Prospectus Publication Date put back to August 2020*

** Rota Notification: *Implementation of the new system for placement allocations delayed to December 2020.*

References

1) UKFPO F2 Career Destinations Report 2018
2) NIMDTA (2019) Specialty Recruitment Competition Ratios 2019, Northern Ireland
3) NHS HEE National Psychiatry Recruitment - Fill Rates & Competition Ratios, UK
4) Royal College of Psychiatrists 2019 Workforce Census Report
5) BMA Code of Practice Section 6.1: Employment Information
6) GMC Promoting Excellence: standards for medical education and training. (2016)
7) A Competency Based Curriculum for Specialist Core Training in Psychiatry, Royal College of Psychiatrists. (2013)