
Improving psychiatry placements in the Foundation Programme

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Commissioned by Health Education England (HEE), the Royal College of Psychiatrists conducted a piece of research into foundation doctors' experiences of psychiatry placements in the Foundation Programme. A summary of the study, and its resulting recommendations, is below. As this research was conducted before the COVID-19 pandemic, commentary is also supplied regarding the implications of the recommendations in the context of COVID-19 restrictions.

Summary of research conducted

In 2018, HEE commissioned the Royal College of Psychiatrists to investigate and evaluate foundation doctors' experiences of psychiatry placements in England. The aim was for the findings to provide the evidence base for a set of recommendations for possible updates or changes to psychiatry placements within the Foundation Programme, making the needs of the foundation doctors a priority.

Semi-structured interviews were conducted in 11 focus groups comprising a total of 74 doctors with current or recent experience of a psychiatry placement in the Foundation Programme in England. Over 15 hours of raw interview data were generated and analysed, producing key themes upon which the resulting recommendations were based.

This study built on previous research into psychiatry placements in the Foundation Programme. It evaluated the key aspects of training that are important to foundation doctors, such as meeting their educational needs and the amount of supervision received. It also provided information on their experiences of their placements and their views of their roles within the teams in which they worked.

Additionally, this study provides an understanding of some of the factors influencing career choices. Increasingly, junior doctors are taking time out of training and going abroad or pursuing post-foundation posts. These choices should be considered within career trajectories and educational planning.

Together with the 2019 Health Education England (HEE) [Postgraduate Medical Foundation Programme Review](#), this study's findings adds to the evidence base for the improving psychiatry training within the Foundation Programme.

Implications of COVID-19

The study took place before the coronavirus pandemic arose. The arising restrictions have had an overwhelming impact on clinical practice, as well as the teaching and training of doctors. As a result, not all of the recommendations from the report may be currently realistic.

The study's original recommendations are below, grouped into themes. Notes are provided, highlighting the changes to the training landscape that have occurred since the recommendations were drawn up.

Recommendations

1. Supervision and teaching

- a Mental health trusts should provide a specific and standardised induction for foundation trainees.
- b All foundation trainees should receive one hour of weekly supervision with their clinical supervisor. This is protected time which should be explicit in job plans and trainee timetables.
- c Foundation schools should ensure there is specific psychiatry teaching available based on the foundation curriculum learning objectives.
- d Clinical supervisors should receive additional training in supporting foundation trainees. This could be delivered as part of their usual clinical supervisor/educational supervisor training or as an additional e-learning package.

The rapid expansion and adoption of various online platforms in 2020 has meant that the majority of teaching and training is now delivered remotely. This can be used as an opportunity to offer a more diverse selection of learning options to trainees, and improve access to training for those in rural community locations, who should now be able to access the same packages as trainees in large, central hospitals.

Currently, 30 of the 60 hours of clinical supervision should be used for developing core curriculum competencies. The topics are not specifically mandated at present, but under the new curriculum being introduced in 2021, a certain proportion will need to have a mental health component. Mental health and acute organisations developing e-learning and digital packages should be mindful of this and ensure that content is future-proofed as far as possible.

The role of the clinical supervisor is crucial for foundation trainees. Trainees are transitioning from the very structured environment of medical school to a significantly less structured work environment in which they need to take more responsibility for their learning. Supervisors should take a more proactive role in helping trainees adapt to their new learning environment, navigate mental health services, access a range of educational opportunities, as well as ensuring that trainees are allocated – and understand – their roles and responsibilities within the service.

Physical health care

- a Mental health organisations and educators should provide specific support to foundation doctors dealing with the physical health of patients in psychiatric settings.
- b Foundation schools and local education providers should ensure foundation doctors have a clear understanding of the remit and limitations of their role to ensure any foundation doctor managing physical health care is appropriately supervised by senior doctors.
- c Local education providers should provide greater overall support in managing physical health to all psychiatric staff – this may come from allied health professionals such as physical health nurses or physicians' associates.

Even before the pandemic, foundation doctors were expected to manage the physical health of patients in psychiatric settings, often with variable supervision and support from more senior doctors. This has become more challenging as a greater proportion of the workforce is working remotely and may not be available on site. On-site supervision should still be available at all in-patient sites and there is now even greater need for a wider range of professionals to manage physical health issues (advanced clinical practitioners, physicians' associates and GPs).

Trusts have developed local policies with regards to PPE, infection control and safe working practices, based on national guidance. However, these policies may differ in important details between neighbouring trusts. Foundation trainees should therefore receive up-to-date training and inductions covering these areas – reflecting consideration of the fact that trainees are rotating through different organisations and geographical locations which may have different policies in place.

2. Broadening exposure to psychiatry

- a Where possible, foundation doctors should participate in the psychiatric on-call rota (either appropriately supervised or in a shadowing capacity) in order to gain valuable emergency experience. Where this is not possible, alternative ways of creating emergency experience should be incorporated into the training programme (e.g. within liaison teams in ED departments, attending Mental Health Act assessments, home treatment team).

For F1 doctors, the recommendation was for them to have the opportunity to participate in medical on-call rotas at partnering acute trusts (acute directorates in health boards).

However, during the initial peak of the pandemic, many foundation doctors were redeployed from mental health organisations into acute organisations in order to manage the expected influx of severely ill patients. In some cases, this redeployment occurred at very short notice – not giving the mental health organisation the time to reconfigure their internal resources to manage the departure of medical staff. Negotiating foundation doctors' on-call shifts in acute trusts may still currently be more challenging, and we are yet to see how severe rates of COVID-19 will be this winter, and whether or not redeployment may be again necessary.

- b** Placements should be chosen which will enhance foundation doctors' mental health knowledge and experience
- c** Develop taster days, regular timetabled sessions and other ways for foundation trainees to experience a greater breadth of psychiatry beyond the in-patient or community setting. Training programme directors and directors of medical education should choose and develop posts which provide different experiences of psychiatry. For example, liaison posts are very popular, but also consider posts in CAMHS, intellectual disability or home treatment.
- d** Provide opportunities for trainees who have completed their two-year Foundation Programme but who would like further experience before choosing a career, i.e. F3/F4/Clinical Fellow posts. These should include access to teaching and professional development, rather than just being service-provision posts.

Face-to-face experience is now greatly limited even for trainees working within a service, let alone those who visit for a day or a weekly session. Although some restrictions have been relaxed, specialist services will be unable to accommodate large numbers of trainees in clinics, home visits or other usual settings. The [foundation good practice guide](#) provides examples of innovation and creating variety within posts which stimulate interest and prove very attractive to foundation doctors.