

the Registrar

Magazine of the
Psychiatric Trainees' Committee
Summer 2023

Putting the pieces together

Navigating the domains of
self-assessment for specialty
recruitment to build a strong
foundation for specialty training



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Welcome to this themed issue, which is all about self-assessment

The self-assessment portfolio is something you are required to complete as part of your application for higher training. How it affects your application will depend on where in the UK you are:

- In England, Scotland and Wales, the verified self-assessment score will impact your overall ST4 psychiatry application score. Once verified, your score will make up 17.5% of your final ST4 psychiatry score. There is no minimum score required for the verified self-assessment in order to be considered appointable.
- In Northern Ireland, there is a different recruitment process from the rest of the UK. The process is managed by NIMDTA (Northern Ireland Medical and Dentistry Training Agency), and the self-assessment portfolio is only used at the shortlisting stage of the recruitment process, not at the interview stage – it is used to produce a shortlist, based on ranking. The interview stage takes place in the spring, and has, in the past, been a generic interview common to all subspecialties and a subspecialty-specific interview; more recently, there has been a single generic interview.

This issue of *The Registrar* is dedicated to helping you get to grips with the self-assessment portfolio and get you thinking about it ahead of time. Written by trainees for trainees, this content is aimed primarily at trainees under the system in England, Scotland and Wales – but the information is still has value to those in Northern Ireland.

The PTC is always here

If you have any feedback on this magazine issue, or just want to know how you can get involved with the Psychiatric Trainees' Committee (PTC), please get in touch. You can contact us at ptcsupport@rcpsych.ac.uk, or tweet us at [@rcpsychtrainees](https://twitter.com/rcpsychtrainees).

You can also find out more about the PTC using the following links: meetthepc.com | ptcandyou.com | ptc-strategy.com.

– Chris, Gemma and John



Dr Chris Walsh,
PTC Chair



Dr Gemma Buston,
PTC Vice-Chair



Dr John Moore,
PTC Secretary

Disclaimer: The opinions expressed in this magazine are those of individual authors and do not officially represent the views of the Royal College of Psychiatrists.



Dr Asilay Seker

Meet the new editor of the Registrar

New editor of *The Registrar*, Dr Asilay Seker, introduces this issue, which brings you tips and insights about building the right portfolio in psychiatric training.

Hello all! It is a pleasure both to welcome you to the summer 2023 issue of *The Registrar* and to start my tenure as its new editor. I'm aware that this role had been unfilled for a while – so, I am really excited for the opportunity to revamp this magazine. I would like to thank the PTC officers Chris, Gemma and John for keeping *The Registrar* afloat in the interim period with a great issue on wellbeing earlier this year.

Maybe it's best to start with a little introduction about my experience with trainee organisations, as I believe it will have an inevitable influence on shaping the upcoming issues of *The Registrar*. I have been part of the European Federation of Psychiatric Trainees' (EFPT) board for the past 5 years and had the privilege to serve the EFPT as its president too. My experience with the EFPT has been very formative in how I see the 'place' of the psychiatric trainees in 'shaping the future of psychiatry' and has helped me understand the various struggles trainees are going through – which,

surprisingly, have a lot in common across Europe despite all the differences! It has also highlighted to me the value of the trainee voice in bringing about positive change. Communication is not only a key skill in our profession – it is also vital for us to be visible and, hopefully, influential.

With this in mind, I see having a channel such as '*The Registrar*' as a big opportunity. It can be used as a space to highlight more issues, discuss hot topics and address long-standing matters with a fresh take. It can also serve as an outlet for trainees to voice their perspectives while learning from various other figures in training and about other matters important to them.

The aim is to keep the topics and themes relevant and diverse: We will be trying our best to bring people and articles together to help trainees improve their training experience, find out more about potential career paths and provide insights from not only national stakeholders, but international ones too.

More importantly, I hope the

next 2 years will be a period in which trainees feel they *own* *The Registrar* and an active role in creating its content.

Please feel free to contact the PTC (email ptcsupport@rcpsych.ac.uk or tweet us at [@rcpsychtrainees](https://twitter.com/rcpsychtrainees)) to share your ideas, volunteer for writing articles and give feedback about our existing issues – make yourselves at home!

For this issue, we chose a very specific but critical theme – the self-assessment portfolio for Higher Specialty Training recruitment. This may sound more relevant for those in Core Training, but portfolio-building skills in general and the points mentioned under each domain can be helpful for trainees (and even psychiatrists) at any stage of their career. Wherever you are at with your training, we believe you will benefit from the food for thought on each domain, written either by trainees themselves or other key figures.

In the next article, you will read an introduction and updates from Professor Nandini Chakraborty, National Lead for Recruitment in Psychiatry, about the portfolio-based interviews and the reasons behind their format. She also provides some general advice on this part of the specialty recruitment process.

This is followed by a set of 10 domain-specific articles. For each domain, you will either hear from trainees providing their own take or sharing their experience, or from a significant figure with expertise in the area in question, who will give advice on the topic at hand.

We are jam-packed for this issue and I hope our content will be helpful in improving your portfolio.

I would like to finish this introduction by thanking PTC chair Dr Chris Walsh, who did a huge amount of brilliant work for this issue. I'd also like to thank all of our authors and interviewees for their great contributions. I look forward to working with trainees on future issues and hearing your feedback and ideas!

Best wishes,

Asilay



Professor Nandini Chakraborty

Getting to grips with self-assessment

PTC Chair Dr Chris Walsh speaks with Professor Nandini Chakraborty about national recruitment.

Welcome, Professor Chakraborty! Firstly could you tell us a bit about your role?

Thank you! I am the National Lead for Recruitment in Psychiatry which is a joint appointment between HEE and RCPsych. The whole aim of national recruitment is to provide an experience and a system that is fair and objective for all trainees. Many years ago, under the old system, deaneries or regions would do their own recruitment, leading to a scattering of different experiences across the country, and many geographically separate interviews. It was all very messy and

overlapping, so this is a much fairer, neater process.

The National Recruitment Board for psychiatry feeds back into the Medical and Dental Recruitment and Selection Boards (MDRS) so that we have parity with other specialties in recruitment processes, which is important.

How do you approach some of the current concerns, such as closing the gap of differential attainment and removing barriers to recruiting IMGs?

The national recruitment system has input from within HEE, and is overseen by a Work Psychology

Group which regularly reviews the system through psychometric analysis. It has done a piece of work on differential attainment for psychiatry CT recruitment through the Multi-Specialty Recruitment Assessment (MSRA), comparing with past portfolio and interviews where possible. MSRA on its own has less differential attainment. We hope to publish the detailed results in the future.

The focus of this issue of The Registrar magazine is to orientate trainees to the 'self-assessment' domains section of the ST recruitment process. How would you begin your advice to them?

If I had to put it in one line, I would say this, very simply: Focus on quality rather than quantity. So, if you're knowledgeable about the domains, you will realise that you don't get scores by doing the

same thing over and over at the same level. The teaching domain is a good example – you don't get marks for having taught the same group of people the same content repeatedly. For your marks to go up, you've got to go from local to regional to national to having a master's degree in medical education. Enhancing your skills, widening your audience, deepening the content or finding a gap where teaching is needed – this is learning something new, doing something different. It's similar across other domains.

You should aim to go beyond the basics expected of every trainee as per their ARCP. The domains are for capturing work above this basic standard and can help to set you apart. But your work should not exclusively be domain-driven; there should be intersection with what you're interested in.

Familiarise yourself with the

domains and be savvy about where you put your evidence. If you do two master's degrees in leadership and teaching, this will not result in double marks in Domain 3. But you can put your leadership qualification in Domain 3 and the teaching qualification in Domain 8.

And when it comes to managing time and commitment to this work, do you have any advice?

Well, it fits with the curriculum – continuing the example of teaching: enhancing your skills, increasing your audience, deepening the content, or finding a gap where teaching is needed. It's learning something new, doing something different, enhancing and developing the work towards HLOs.

And you don't have to score in every domain. At the end of the day, there are no minimum marks for the domains. Yes, the more you score, the stronger your competitive edge. But don't do it at the cost of your CASC score, which accounts for 50% of your final recruitment score – you have to try and balance it out. So, how much effort are you putting in vs how much are you getting out?

You mentioned the new curriculum: Is it correct that we're encouraged to create PSPDPs to plan a 'roadmap' of what we'd like to achieve over the three years in terms of domains?

Absolutely – if you focus on areas you are interested in, you gain marks in relevant domains. Creating this 'roadmap' is exactly what I'm trying to do with my own supervisees, and I'd love other trainers to do the same, just as they do regarding exams and ARCPs. The domains may change slightly, as exams and ARCPs do also, but the fundamental principles should remain the same.

So, it's about finding what you're interested in and finding a way to excel at the same time, making sure that you're aware

of the self-assessment structure when making plans for projects, and being competitive in a smart way?

Yes, I think that is a very practical point. For example, for someone interested in psychotherapy, points could be gained for adding an extra qualification which could probably go into the postgraduate qualification domain, organising teaching with a psychotherapy angle that you're interested in, doing a research project or QI project on organising a Balint group for medical students or introducing Schwartz Rounds and assessing the impact within your workplace. You have to be creative. This is your opportunity to pull out different strands and do the domain work, plus improve your own interests.

Do you have any final tips or recommendations for trainees about the psychiatric specialty training recruitment process?

Read about recruitment processes just as you read about ARCP requirements or MRCPsych exams – from the beginning – and incorporate them into your planning and goals. Talk about it amongst yourselves, just as you discuss exam tips. Find a trusted adviser regarding recruitment.

The last thing I would say is that, yes, some people are taking a gap between CT and ST to do other things. And, certainly, making sure you have a good work-life balance is very commendable and should be supported. But, realistically, things are getting more competitive. Our recruitment rates for CT have now been 100% for several years. And while we're not quite there with our ST training recruitment, the numbers are creeping up. So, as a practical point, you might need to consider carefully whether you're going to delay your training. You might come back to a lot more competition. I'd say that this shouldn't necessarily put trainees off from delaying. But just be aware of what is happening in the world of recruitment.



Domain 1:

Undergraduate training: Additional degrees

This domain is all about formally recognising and scoring other, non-medical degrees from other paths you might have taken. Trainee Dr Oliver Batham reflects on the value and insight he has gained from his previous academic grounding in literature.

In the middle of the journey of my life, or thereabouts, I decided to go a little off route. Three years into a PhD in English and Comparative Literature in the USA, I had planned to become an academic specialising in Dante and his reception into English literature. But, I was becoming drawn to medicine – something that appeared entirely different to what I had spent the best part of a decade studying.

I've often heard comments about this being a huge change in career, but I'm not sure this is entirely true. For me, the time spent studying literature before medicine has helped in many ways.

In a very practical sense, I came to medical school knowing how best I learned. But the value of my previous learning is possibly less tangible than knowing

how to timetable self-directed learning. Much of the study of literature involves thinking about stories and narratives, about the relationships between people and their world, and about the layers of meaning in language. So, too, is much of psychiatry.

I'm not saying that studying literature is necessary for psychiatry – it's more that, for me, they are complementary lenses for understanding people. The first few words of this article are a translation of the first line of *Inferno*, in which Dante addresses themes such as rejection, loss and fear, which come up often in our work as psychiatrists.

Alongside helping me understand others, studying literature has helped me in the development of at least two other valuable tools. One is thinking critically – which we are all trained

to do – but I came into medicine with an awareness of the slipperiness of language and its power both to inform and to hide, particularly in the age of fake news. The other tool is a tolerance of not knowing. We work in a field where uncertainty is present all the time, from diagnosis to risk assessment, but within a wider social context that often demands something definite.

If you hold any additional degrees in subjects other than medicine, not only will they widen your perspective, as well as your psychiatric practice, but you can score them under Domain 1. While it is helpful for your former academic experience to be formally recognised, more often than not, the impact it has on your psychiatric career has a greater value than can be captured by the score you receive for this domain.

I am grateful that my previous training in literary analysis attended to the nuances of the grey areas, and recognised that there is richness in not knowing, in being able to see other explanations – much as I am grateful that over 10 years ago, I realised that although I had taken a few steps down a different path, it wasn't the wrong one.



Domain 2:

Undergraduate prizes and awards

The PTC highlights some key opportunities to capture in this part of the self-assessment portfolio.

This section showcases some key undergraduate opportunities that, if you have completed, will count for points on your specialty-training application.

If you're a medical student planning to [#ChoosePsychiatry](#), and are thinking ahead, this section offers food for thought to start building your portfolio, while networking and meeting psychiatrists in this amazing community. Why not use these as a blueprint to whet your appetite, and then research your potential shortlist on the RCPsych website?

RCPsych's 'PsychStar' scheme

This one-year scheme is open to UK medical students with an interest and commitment to psychiatry who are seeking mentoring and financial support for activities intended to increase their knowledge.

The appointed 'PsychStars' gain access to mentoring, International Congress and a CPD and Travel Fund, as well as gaining access to CPD learning, Trainees Online (TrOn) and RCPsych's journals.

RCPsych Awards

The RCPsych Awards take place every year and include the category 'PsychSoc of the Year', which is a group award for medical students belonging to psychiatry societies at their medical schools.

Faculty and Special Interest Groups (SIGs)

These include the:

- Addictions Psychiatry Medical Student Essay Prize (£200)
- CAMHS Medical Student Essay Prize (£500 and entry to the Annual Trainee Conference)
- Forensics Medical Student Essay Prize (£500 and access to the Faculty Conference)
- General Adult Psychiatry Medical Student Essay Prize (£250 plus 2 days free registration at the GAP Conference)
- Intellectual Disability 'Jack Piachaud' Medical Student Poster Prize (£75)
- Medical Psychotherapy Medical Student Essay Prize (£250

and free registration to the Medical Psychotherapy Faculty Conference)

- Psychiatry of Old Age Medical Student Essay Prize (£250)
- Eating Disorder Medical Student Essay Prize (£500 along with free registration at their Faculty Annual Conference)
- Rehabilitation Medical Student Essay Prize (£100 and access to their Annual Conference)
- Perinatal Medical Student Essay Prize (£150 and registration to their Annual Conference)
- Neuropsychiatry Medical Student Essay Prize (£250 plus subsidised attendance at the Faculty Annual Meeting)
- Spiritual Psychiatry Medical Student Essay Prize (£300).

Divisional and Devolved Nations Prizes

These include the:

- Eastern Division Medical Student Essay Prize (£200)
- London Division Annual Medical Student Essay Prize for up to two medical undergraduates (£200 each)
- Northern and Yorkshire Autumn Conference Poster Competition (£100)
- South West Division 'Dr Stephen Dinniss' Foundation and Medical Student Poster Prize (£100)
- Eastern Division Medical Student Poster Prize (where the poster will be displayed at the Autumn Conference and the abstract printed)
- 'Thomas Freeman Award' for a Psychotherapeutic Essay (prize is a membership to the Northern Ireland Psychoanalytic Society).

The Aggrey Burke Fellowship

Named after Dr Aggrey Burke, the first Black consultant psychiatrist appointed by the NHS, this exciting fellowship is a two-year programme for Black medical students at UK universities. It offers a range of benefits, including access to a mentor, CPD funding and a fully funded place at RCPsych's International Congress.



Professor Subodh Dave

Domain 3:

Postgraduate medical qualifications

Trainee Dr Kanchana Ramachandran speaks with RCPsych Dean Professor Subodh Dave.

I recently had the pleasure of meeting Professor Subodh Dave and interviewing him on the ST recruitment and self-assessment process. Professor Dave has been the RCPsych Dean since 2021, and is responsible for setting standards for, and facilitating the effective delivery of, psychiatric training. Keen on using education as a tool for improving patient care, Professor Dave and his colleagues have recently re-designed the psychiatric curricula.

He explains that although RCPsych is responsible for setting required standards for trainees and the rest of the psychiatric workforce,

including consultants and SAS doctors, it is not directly involved in the recruitment processes for doctors-in-training. These, he clarifies, are the remit of NHS Workforce, Training and Education (NHSWTE) formerly known as Health Education England (HEE) in England, Wales and Scotland, and the remit of NIMDTA in Northern Ireland.

Professor Dave emphasises the richness of psychiatry as an academic subject and believes that it is vital that all clinicians have good academic skills. "We need more clinicians to be engaged in academics," he says. This doesn't only mean MD/PhD qualifications,

though. Rather, it's about the transferable skills of extracting evidence and being able to narrow the gap between evidence and practice. He gives an example here of being able to understand and employ principles of implementing a quality improvement project, which involves useful skills that a trainee can apply in many different areas throughout their career. He adds that demonstration of this ability either through research experience or quality improvement projects and/or appropriate publications, would be essential to progress – and means extra scores on the ST recruitment self-assessment portfolio if there are any postgraduate qualifications acquired during core training or even earlier.

Regarding the steps that a trainee can undertake to ensure a higher training placement of their choice, Professor Dave stresses 'practice': Go through the self-assessment scoring sheet in advance and work towards maximising your chances accordingly. Even practising with a diverse group of trainees, with different levels of knowledge and experience will help highlight strengths. And it goes without saying that constructive feedback from different perspectives is vital.

Professor Dave encourages trainees to approach the College, and the PTC in particular, as it routinely holds webinars and hosts sessions in conferences to disseminate information about recruitment and other matters relevant to psychiatric trainees. Professor Dave finished our interview with a tip: "Trainees shouldn't shy away from approaching their deaneries, trusts and boards to seek a mentor – a good mentor can help a lot during training."

Domain 4:

Postgraduate prizes and awards

Whatever your background, there is likely a prize out there to suit you. Trainees Dr Baher Ibrahim and Dr Maxime Taquet share their experiences.



From Reflection to Essay Prize

by Dr Baher Ibrahim

'Reflection' is the bane of our existence. With some imagination, you can turn a reflection into a prize-winning essay.

As doctors, and particularly as psychiatrists, we engage in reflection to the point of rumination and obsession. The Oxford Handbook for the Foundation Programme is right to describe the medical training reflective process as 'Maoist'. I want to suggest that reflection can also be a rewarding process. Soon after beginning Core Training, I won the College's Volunteering and International Psychiatry Special Interest Group (VIPSIG) 2022 Essay Prize for my reflective essay 'Public Mental Health Volunteering in Egypt and the Making of a Psychiatric Career'.

Being reflective in nature, it did not take me a lot of effort. In fact, I wrote it during a block of night shifts. In the essay, I described my long and circuitous route to psychiatry: I took a nine-year break between the two Foundation years, during which I undertook an MA in Community Psychology, an MSc in Global Mental Health and a PhD in History (of psychiatry). Drawing on my own experiences and background, I used the essay to articulate my thoughts on what I felt I was bringing to psychiatry.

The College's Special Interest Groups are an excellent forum to find prize opportunities. Other opportunities include the Royal Society of Medicine's Psychiatry Essay Prize and the *Lancet's* Wakley Prize. Whatever your background, there is likely a prize out there for which your reflections and musings are well-suited. And if unsuccessful – try, try again!

Three top tips

by Dr Maxime Taquet

Unlike other elements of the ST process, the awards domain is dichotomous: a trainee either has an award or does not. So how does one go about ticking that box?

While there is no magic formula for winning awards, the following tips might help increase your chances of getting one.

1. Discover where your true passion lies within the vast realm of psychiatry. Perhaps you possess an unwavering dedication to advocating for patients, a natural talent for crafting compelling essays, a keen interest in groundbreaking research, a natural instinct for complex formulations and compassionate care, or an innovative spirit that seeks to redefine mental health. Whatever your interest may be, take the time to nurture it and refine your relevant skills.
2. Do not let those aspirations completely dominate other aspects of psychiatry. Being a well-rounded trainee is not only important for patients, but it is also highly valued in RCPsych national awards, which seek to recognise trainees who have excelled as professionals, clinicians, leaders, educators and researchers.
3. Actively seek open competitions for awards. When deciding whether to apply or not, it is worth weighing up three aspects: the efforts it will take to apply, the chances of winning, and the impact the award will have on your career progression.

Finally, remember that one of the biggest factors in receiving an award is luck! For most awards, there are likely to be many deserving applicants. So, if you find yourself 'unsuccessful', be kind to yourself and seek the next award to apply for.

Domain 5:

Postgraduate training in other specialties

Trainees Dr Rosemary Gordon and Dr Jacqueline Haworth, who both started their medical careers in a different specialty, reflect on the transferable skills they have gained as a result.



From GP to psychiatrist

by Dr Rosemary Gordon

As I come closer to my CCT in psychiatry and reflect on my training pathway, I find myself wondering this: If I were to go back in time, would I do anything differently?

I went to medical school wanting to become a GP. Although I enjoyed many of my placements in other specialties, they never changed my love for general practice, and I always wanted to be a generalist and a family doctor.

I applied for GP training straight from FY2 and got my CCT in 2017. During my GP rotations, I did a fantastic job in psychiatry and I realised how much I enjoyed it. After I finished GP training, I took a year out to locum in psychiatry and general practice, before going back into training for psychiatry the following year.

If I hadn't have done GP training first, instead of looking towards my ST6 next year, I would be looking forward to my fourth year as a consultant. Yes, the higher pay would have been nice. But if I went back, I still wouldn't do it any other way, because training in general practice first has made me a better

doctor and a better psychiatrist.

When we talk about the biopsychosocial model, I think we often reduce the 'bio' part to psychotropic medications. However, our patients may have significant physical illnesses and an increased risk of mortality in addition to mental illness. For numerous reasons, including stigma, our patients may also be less likely to see other health professionals, including GPs. But my GP training has allowed me to feel confident managing the physical health of my patients.

I am grateful for the insight and learning I gained during my time in general practice. Having developed a skill set specific to primary care, and a better understanding of how it functions – including in the areas of funding and workforce – I am able to have a relationship with my GP colleagues where we work in a corroborative fashion, which is in the best interest of patients.

Because I took my time before going into psychiatric training, I had the opportunity to develop leadership and teaching skills and a real understanding of clinical governance, and I found I was really able to enjoy my core training. I started CT1 having sat my Paper A and Paper B and had the time to fully immerse myself in training and my work with the Psychiatric Trainees' Committee.

Everybody has different training experiences, and it is important to value all these experiences, especially in psychiatry – whether it be life experience, career experience, training experience, or even lived experience. Even if you have always wanted to be a psychiatrist, I would advocate for the importance of gaining a variety of experiences.

If you are thinking about taking some time out before core training, spending time in another field of medicine will never be detrimental to your skill set.

From anaesthetist to psychiatrist

by Dr Jacqueline Haworth

People are often curious when they learn that I left a career of more than 12 years to re-train in psychiatry.

Many struggle to see the appeal to a former anaesthetist – there were certainly a few raised eyebrows when I told my former colleagues of my plans to become a psychiatrist. Yet, there is perhaps more in common between these two specialties than first appears.

Anaesthetists care for people at all stages of their lives, often when things are not going to plan. There is little time to build rapport and gain trust before patients allow us to take their lives in our hands. Breaking bad news is unfortunately common in intensive care, with distressed patients and relatives struggling with the knowledge that they or their loved ones are unlikely to survive their admission. Anaesthetists also work in pain clinics, where the psychological components of chronic pain must be addressed sensitively.

I was not unhappy working as an anaesthetist, but for many years I did have a sense that maybe another specialty might be a better fit for me. Whilst proficient, I lacked enthusiasm for practical procedures and high-stress environments no longer gave me that 'energetic buzz' they once did. Instead, they would leave me drained and exhausted. Finally, a period of burnout following the pandemic led me to, once again, question my career choices.

After struggling with my own mental health, I began to see psychiatry in a different way to how I had in medical school. Psychiatry appealed to me because I felt there would be more emphasis on the parts of being a doctor that I enjoyed most: speaking to patients and making sense of the problems that they presented with. I have always felt privileged in being

trusted with our patients' most private thoughts and experiences, yet the therapeutic alliance takes this even further. After seeing this for myself, I knew I wanted to train in psychotherapy after core training. I am also grateful that the financial impact of re-training has been partly offset as psychiatry, to some extent, remains a 'difficult to recruit' speciality, without which my switch would not have been possible.

Attracting the best doctors to a speciality is crucial to improving future care, and psychiatry is no different. Doctors with experience in other specialties offer different perspectives and ways of working, with transferable skills and invaluable life experience. I hope my case serves as an example that it is only normal to experience 'dramatic' changes to your interests over time and that it is never too late to pursue them!



Domain 6:

Clinical governance, audit and quality improvement as a postgraduate

Core trainee Dr Richard Bland interviews Dr Deepa Krishnan, consultant perinatal psychiatrist and medical quality improvement (QI) lead at Nottinghamshire Healthcare NHS Foundation Trust, about the road to meaningful QI projects, effective leadership and empowering psychiatric trainees

Dr Richard Bland

I wondered if we could begin by exploring what attracted you to quality improvement, or QI, and your leadership role within it?

Dr Deepa Krishnan

I was attracted to QI because it is a team sport! In quality improvement, we think about how we can involve others in making change, and this is also relevant to everyone. It's also

problem-focused rather than solution-focused.

We explore the problem and think of all the possible solutions as a team. So it's change that's driven from frontline staff, but that also includes patient voice.

Dr Bland

For core trainees at the beginning of their training, do you have any simple tips about how they

can start getting involved in QI projects?

Dr Krishnan

I think the best thing to do is to understand the key concepts of quality improvement and the tools and methods used within it.

The best way to do that is by getting some training. There are some excellent free resources online on the NHS improvement website (see end of article for link), as well as RCPsych CPD modules.

Perhaps begin by assisting senior colleagues on projects. As they advance through training, they might get more involved and progress from data collection to management and leadership of projects as they prepare for higher training years.

Dr Bland

How can trainees keep incomplete projects 'alive' when moving between trusts and as they rotate through their training posts?

Dr Krishnan

I think that's a really good question

as that's one of the biggest challenges we face. Importantly though, start planning this from the beginning. Think about how you would hand this project over – to the next trainee, if possible – and reach out to them early.

Also, think about how you can make the project changes sustainable going forward. One of the key ways of doing that is making sure all team members know their roles and responsibilities. It all comes down to good planning.

Dr Bland

Do you envisage any other common challenges for core trainees when starting in quality improvement, and how they might overcome them?

Dr Krishnan

When first getting into quality improvement, it can be a challenge knowing where to begin. A good starting point is through the QI team within your trust, looking at existing projects or perhaps any national audit programmes they've subscribed to. Think about problems or incidents that may have occurred in your teams and how you might learn from them. Speak to your supervisor for advice. Understand the data of the problem you are trying to solve and, if possible, try to include patient stories to evidence the problem.

Dr Bland

As part of the self-assessment for ST recruitment and evidencing our quality improvement and audit projects, what do you think the panel will be looking out for?

Dr Krishnan

In the self-assessment part of the interview, they will be looking for evidence of your self-assessed scores. But it's not just the number, it's also the quality of the projects you've undertaken.

Ideally, I would say you'd aim to provide evidence for involvement in two to three projects and be explicit about what that involvement has been and how that's progressed over your postgraduate training years – so, perhaps you've done a team level local project and then later progressed to a bigger regional or organisational project – this demonstrates growth and development.

Dr Bland

Lots of doctors take time out of training during their careers. Is it okay to include projects completed outside of training?

Dr Krishnan

It's absolutely fine! I undertook some quality improvement projects at a team and organisational level during my core training, and outside it during the Health Education England Leadership Fellowship which helped me get some experience at a national level. It's all part of your postgraduate experience. So, yes, you can use that evidence in your scoring.

Dr Bland

As a trainee progresses to higher training, how should their involvement in quality improvement evolve?

Dr Krishnan

There needs to be a transition from involvement in a project to engagement in leading the project. So, that's where the key transition would be expected.

I would also encourage higher trainees to get involved in the RCPsych Leadership and Management Fellow Scheme for which I am the module lead for project support. This fellowship occurs in-programme and the teaching is delivered face-to-face and virtually during specialist interest time over a 12-month period. The scheme gives trainees the chance to develop leadership and management skills by engaging in local leadership projects with an organisational mentor, and will no doubt help with career progression through network building and portfolio enhancement.

I was a fellow in the first cohort of the fellowship in 2019–20, and I think it is a great chance to learn from peers, present projects and develop leadership skills.

Dr Bland

Finally, any top tips and take-home messages for trainees on quality improvement?

Dr Krishnan

Keep it simple! Ensure your project aligns with your organisational aims and see how you can get the patient voice into the project because, ultimately, all the changes and improvements you want to make are for your patients. The best way to learn is to do it. Even if a project fails, it's still valuable and remains a learning opportunity – so don't be afraid!

Useful links:

- NHS workforce engagement platform for quality improvement: www.improvethebest.com
- RCPsych's free CPD QI module: elearninghub.rcpsych.ac.uk/product?catalog=170_CORE_LM_QIM1_QI_Essentials_2021
- NHS England QSIR resources: www.england.nhs.uk/sustainableimprovement/qsir-programme/qsir-tools/



Conducting systematic searches:

Tips from RCPsych's Librarian, Fiona Watson

The first step when carrying out a systematic search of the literature is to be specific about your question and give it some structure. There are models that can help with this, such as PICO (dividing your question into population, intervention, comparison and outcome). But while these are useful, they won't always fit your topic and it can be easier just to split your question into concepts. As an example, you can see how Chris's question was broken down in Figure 1 below.

Once you have identified the core concepts of your question, it is time to translate it into something a database can understand. It is important to remember that databases will only search for exactly what you ask them to. If you search for EUPD, it will not automatically understand that you want to look for emotionally unstable personality disorder, so it may give you other topics with the same acronym. I once worked with someone who was looking for research on IV (intravenous) and was getting inundated with articles about stage IV cancer.

Figure 1

	Concept 1: Clozapine	Concept 2: EUPD or BPD
Free text searching (in the abstract)	AB Clozapine*	AB "emotionally unstable personality disorder*" AB "borderline personality disorder*"
Subject headings	DE Clozapine	DE "Borderline Personality Disorder"

It is good practice to use a combination of free-text searching (using the terms you have chosen), and subject searching (using the subject headings in the database's own thesaurus). Boolean searching is how we then bring together those terms. Synonymous terms within a concept are combined with OR. Those concepts are then combined with AND, so your search will end up looking something like this:

(AB clozapine* OR DE "Clozapine") AND (AB "emotionally unstable personality disorder*" OR AB "borderline personality disorder*" OR DE "Borderline Personality Disorder").

A good quality search will look for research in more than one database. For this project we chose PsycINFO, Medline and Embase. Once you have searched all the databases, you will need to process the results. If you have a large number, it can be useful to export these to a reference management software or something like Covidence or Rayyan,

which were primarily developed for systematic reviews. The library uses Rayyan because it allows us to upload results onto an easy-to-use online platform where members can process them at their leisure. It also makes deduplication much easier, and if someone is processing large numbers of results it speeds the process up immensely.

Figure 2

Records Identified	Duplicate Records Removed	Records for Review
PsycINFO: 37	70	226
Medline: 38		
Embase: 221		

Systematic searching can be complicated and time-consuming, but it allows you to be sure that the answer you find accurately reflects the best available evidence. If you're not sure how to fit it into an already packed schedule, that's where your RCPsych or NHS librarian comes in. Running these kinds of searches is our bread and butter and we are always happy to help. We also offer training for anyone who feels their searching skills are a little rusty!

Domain 7:

Research

Conducting research might sound like a daunting or intimidating prospect. But, PTC Chair Dr Chris Walsh explains how, with the help of the College Librarian Fiona Watson – and the literature search service she offers – even the most complicated elements can become much more manageable.

My literature search – Dr Chris Walsh

Clozapine has the potential to help with emotionally unstable personality disorder, according to case reports.¹ My current supervisor asked me to undertake a systematic review of the current literature available on this topic.

I have had the privilege of knowing Fiona Watson, RCPsych's Librarian, thanks to my role as PTC chair, and she kindly offered to help

me after I approached her with this task. I learned that Fiona offers a literature search service, which is incredibly useful for anyone looking to research a topic or prepare for an essay. As part of this, she will not only carry out a search, but also skilfully highlight which resources and information will be useful.

From my days of completing special study modules as a medical

student, I remembered the basics of refining search topics through different filters until they could become more specific and function as 'tags', so that the term could be searched for as a discrete entity, rather than the search simply identifying text with the term (such as MeSH terms). Fiona used software to search through multiple medical literature databases simultaneously. We refined the search terms through conversation, removing irrelevant aspects and keeping the search fairly wide in case we wanted to include other relevant aspects.

Fiona then created a login for an online platform called Rayyan for me, which allows you to access resources without needing to be

located at the College. She then migrated all of our final search results onto this.

The next step was for me to review all of the articles within Rayyan and identify which ones were going to be included in my final work. Fiona had also set me up with an Athens account which offers access to a large bank of papers. The electronic process enables me to export an explanation of the search methodology, which can then be included in my paper's 'methods' section.

I feel that the process of trying to put together the initial search for a paper is something that puts a lot of people off. But with the help and support of Fiona, even the most complicated part of the process can be very simple.

1. Frogley C et al. (2013) A case series of clozapine for borderline personality disorder; *Ann Clin Psychiatry*; 25(2):125–34

Domain 8:

Teaching

Designing a teaching programme can be an achievable and rewarding experience, and can help you score well in Domain 8 of your self-assessment. ST7 Dr Paul Firth and CT1 Dr Joshua Heslop share what they have learnt.

Remember that it is essential for your application that you evidence your training programme with a signed and headed letter detailing the programme information and feedback received. (Otherwise, it will be considered 'informal teaching' and will only score 1 point.)

We will use an example from our experience of building a 'Single Best Answer' programme for fourth year medical students from St George's University, London.

It is important to aim to design something achievable – so, starting at a local level will help. Think about how long you have with each group and how many times a year they rotate. In our case, we designed a four-week plan matching the duration of the psychiatry rotation and iteratively developed the course in response to feedback.

Another key aspect to consider is the time commitment within the constraints of your clinical work and the students' timetables. For our programme, each session was 50 minutes long and online. Some flexibility is essential. Initially we had opened it up to a maximum of 10 students expected to attend each session. This proved difficult so, subsequently, it was opened up to different students each week.

Prior to commencing the tutorials, students self-appraised their knowledge of psychiatry through a questionnaire. Upon completion of the programme, they took the questionnaire again. We find this helps

with active learning and focuses the students, making their feedback richer. Each session is centred on a case for which there is a single best answer to a question. Sessions were designed to incorporate principles of spaced repetition so that knowledge would be retested. A 'tortoise' rather than a 'hare' approach was used, allowing all components of the stem and the possible answer options to be discussed, including exploring why incorrect answers were wrong. Certain concepts were also demonstrated using role play to enhance learning.

Feedback is an essential part of ensuring quality. We used a 5-point questionnaire made of Likert scale and open-box responses to capture quantitative and qualitative feedback. Working with colleagues involved in medical education also helps ensure quality; you may have a clinical teaching Fellow or undergraduate consultant lead who can advise you on the curriculum and review your teaching methods.

Lastly, if you are particularly taken by teaching, there are many courses and qualifications which can help your development as an educator. For us, locally, we have a Clinical Teachers' Day supporting teaching students. St George's University has a range of formal qualifications from a 6-week Developing Teaching course to a year-long Postgraduate Certificate in Medical Education. Check out the opportunities local to where you are.





Professor Kam Bhui

Domain 9:

Academic publications

Professor Kam Bhui CBE, outgoing Editor-In-Chief of the *British Journal of Psychiatry (BJPsych)*, shares his 10 top tips for trainees looking to get their work published.

Tip 1: Know your motivation

Getting published helps with your career. It shows people that you can write, and that you can synthesise information. It shows that you have critical faculties and leadership qualities – particularly if you've led on a project or done most of the data collection in clinical services, or if you've carried out the work in a very busy setting where there isn't much time to think and reflect.

As such, working towards getting published gives you an opportunity to really review evidence, and to consider your own practice in

light of the evidence. But also, in the process, you might discover things that nobody else is talking or writing about.

Tip 2: Learn the basics

Writing can be a joy, but it's not easy to write a research paper. The key is to be trained – in methodologies, writing and critically appraising. Expose yourself to as many opportunities as possible, because it's a slow process, and it's a developmental process. Once you're more senior, it's very hard to go back and take that developmental leap again.

Tip 3: Collaborate

Research has helped me buffer the pressures of clinical work and allowed me to engage with people around the world with different views, which has helped me to improve my communication, collaboration, and negotiation skills. The best collaborations are friendly, cooperative, and respectful of other people's positions and views, particularly in interdisciplinary work, where many different power dynamics are at play.

Tip 4: Be smart about what you write and for whom

Writing letters in correspondence or writing opinion pieces and reflections is something everybody can do. You can write about something clinically relevant that you spotted that nobody else has. It is important to check the instructions to authors and

guidance of the journals you're targeting and read them very carefully. Choosing the right journal means reaching the right audience and that you are getting exposure for your ideas. So, I'd start off with correspondence and letters.

Tip 5: Read, write, and repeat

To write well, you have to read a lot. So make sure you read a range of journals and identify patterns in how people present opinion pieces, research papers, and statistics, or how trials are presented according to best practice. Being trained in reading and writing well – clearly – can help you prevent your work from being poorly received or overlooked. What you're writing might seem perfectly reasonable to you, however, if you're not practised, you may not have followed important conventions.

Tip 6: Follow methodology convention

Once you've got your research lined up, make sure it is conducted using a conventional methodology – if you don't, no one's going to understand it and likely you will have trouble publishing it. If you haven't met research integrity criteria, undertaken preregistration, and followed a particular methodology and approach, it's going to be harder to publish, even if it's brilliant in terms of what you've found.

Tip 7: Find your style (but keep it simple)

I encourage people not to get carried away with complex or elaborate vocabularies and esoteric descriptions, which I think can be common in academic specialties. We all like our own specialist vocabularies, but they don't help the reader or the editor to understand your paper.

Make it as generic and accessible as possible. Use plain language and short sentences. When I first started writing academically, I discovered I couldn't write. I had to go back and read books on how to write academically. So, it's a learning journey – it's a lot of fun, but it is hard work.

Tip 8: Plan your methodology

You will likely need supervision around methodologies you don't understand. When planning your methodology, you have to be ahead of the curve, but not too far ahead, otherwise, no one will recognise your approach, and might dismiss it as an unusual finding from an unusual approach.

If you're reporting pilot studies or preliminary findings, a lot of them are later disproved, so don't overstate the findings and be more modest in your claims

and ambitions. With feasibility studies and acceptability studies, you don't have to prove anything works, you just have to show that the intervention you're developing is acceptable and feasible in that population. This all needs careful consideration.

Overall, a good question is what your research adds to practice. For *BJPsych* in particular, we look for studies with some definitive finding – positive or negative – which aims to change either practice or policy, or even develops a new research approach.

Tip 9: Write elegantly

I think elegant writing is important. The better you write, the more likely it is that you'll be able to communicate your message concisely and accurately.

When I read something that is well crafted, I can tell someone's spent time on it. The obvious concerns you can correct before submission are typos and spelling errors, illogicality and repetition. If the reader is fighting to understand your paper, that can make the process even harder, and an editor may not form a favourable opinion of your work.

Tip 10: Share your workload

I think, because research is so difficult, it's very hard to do half a day a week, or even a day a week, and be productive. You have to be organised. That's why I think it's important to work with a group. That's a better model than trying to do something all on your own. Don't think of it as only your research, but as research that you are contributing to – your contribution will add to the bigger picture. This also helps as you receive critical feedback from more experienced writers.



A poster presentation at last year's International Congress

Domain 10:

Presentations and poster presentations



Dr Diego Quattrone

Drawing from a considerable wealth of experience, Dr Diego Quattrone, lead clinician, consultant psychiatrist and senior lecturer at SLAM, shares his top tips for presenting at conferences and events.

Tip 1: Start small

The first time I presented a poster, it was a very small study. I remember it fondly because I was really interested in the topic, but I didn't have any research skills at the time. But, it was after this that I was motivated to do more research and get more experience.

Large studies with big sample sizes and fancy statistical analyses will come in time, but having a good idea, no matter how small, is always the best way to start. You should be trying to do something original that someone else hasn't done – this is so much better than replicating something many people have done before.

Tip 2: Find your style

Start presenting wherever you can, even if it's just at your local journal club. You might work with lots of slides or a few, with lots of preparation or less, and with or without

a big audience – as long as you're practising!

This means that when it comes to the day when you have an even bigger and more pressurised audience, you will have a sense of what works for you and what doesn't. For me, I like to have a structure to my presentations, but to be free enough to talk comfortably around the topic as I go. We all have different presenting styles, in a similar way to us all having different leadership styles – so, avoid using a style that does not suit your nature. Also, never take yourself too seriously, even in the most advanced of presentations.

Tip 3: Add some creative flair

I remember when I first presented a factorial analysis – which may be unexciting for most clinicians – I had the idea of explaining variance and co-variance using the metaphor of how sailing boats orientate their sails in relation to the wind

direction, rather than saying it in a boring, statistical way. I think that finding a way of positioning the work in the audience's mind using a practical, tangible example is something that will always get their interest. Another example is from when I was recently in Canada presenting and I used some gorgeous photos taken from my kayaking there to demonstrate boundaries in diagnostic categories.

Tip 4: Ask seniors for support

I spend time checking in with trainees about their anxieties around presentations and try to help them manage these early on. Even just taking someone for a coffee and a debrief if they seem to have had a difficult experience is useful. The teamwork of junior trainees and senior presenters is imperative for both the preparation of the work, and the balance of the presenters in a team at symposia and international conferences.

Tip 5: Don't let imposter syndrome win

When trainees meet with seniors, we all probably need to be more open and share not only the good experiences, but also the times when things did not go according to our expectations. And in my experience, it is the latter which has taught me the most!