

Building Capacity in Perinatal Psychiatry Project: Skills Development Training Programmes; Impact and Assessment Report

Provide commentary and supporting documentation on the impact of the 'Building Capacity' skills development training programmes, on building workforce expertise.

Dee Noonan, Project Manager, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

Dr Liz McDonald, Clinical Lead, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

January 2022

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Summary Conclusion

Recruiting and retaining workforce remains a significant issue: Not all expanding and new services have fully recruited, delaying complete service development and putting at risk strategies to ensure service sustainability, an ongoing commitment if Long Term Plan ambitions are to be met.

Post-crisis demands on mental health services have intensified¹, with an expected rise in mental disorders: Supporting the mental health workforce to prepare and deal with the new reality is essential and all efforts should be made to equip perinatal consultants with the knowledge and skills required to support specialist services.

The masterclass programme is that support mechanism: These sessions support and develop specialist knowledge and skills; for those in-post there was immediate benefit to the service and alongside developing those critical clinical skills, attendees reported increased levels of self-confidence that comes with expertise, enhanced leadership and communication skills.

Expand top-up sessions: They are a very effective way of remaining responsive to the changing service landscape and are a good mechanism for assessing unmet need and delivering the skills required to challenge that.

Devolved nations: Continue to include a cohort from the devolved nations and the Republic of Ireland, ensuring PMH services across all nations are supported and well-developed; there are obvious cross-border learning benefits to this, but it also adheres to the College's responsibility to support all members and constituencies.

¹ [Maternal mental health during a pandemic: A rapid evidence review of Covid-19's impact | Maternal Mental Health Alliance](#)

1. Project Expertise

The Building Capacity in Perinatal Psychiatry Project was commissioned by HEE to deliver a series of tailor-made training programmes to support the expanding perinatal psychiatry workforce:

- To ensure that psychiatrists across all grades and geographical regions develop the knowledge, leadership skills and expertise to develop and deliver excellent clinical services.
- To build awareness of the specialist knowledge, skills and behaviours essential for delivering perinatal mental health services.
- To support the sustainability of specialist skills and services.

‘Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services: Bursary Scheme’, was a project hosted and delivered by RCPsych funded by and in collaboration with HEE (and NHSE). A key component of the scheme was an in-depth and extensive academic training programme for consultants and senior trainees engaged in developing and providing clinical leadership and training support to specialist perinatal mental health services.

Following the completion of the bursary programme, the Project delivered a pilot programme for a credential in perinatal psychiatry and a submitted a report² evidencing the mechanisms required to deliver a specialist training programme. One of key features was a (replicated) academic training component, known as the ‘Masterclass Series’: a ten-day seminar programme, engaging participants with case study analysis and reflections, to consider approaches to managing complex cases and formulating strategies; these sessions brought together clinical and academic leaders in their field alongside expert-users to lead, facilitate and share knowledge and experience.

Such was the success of the masterclass series, HEE supported a roll-out of these training programmes accommodating three main cohorts: a non-consecutive 10-day programme for new consultants, a non-consecutive 5-day top-up programme for previous attending consultants and a 5-day consecutive programme for senior trainees³. The Project is in mid-delivery of the 2021/22 series, with procurement sign-off for another series in 22/23 tentatively agreed.

In all iterations of the programme the participant feedback has been excellent and is indicative of the Project’s commitment to delivering high quality programming, with expert facilitation and delivery across all sessions, in support of developing and sustaining specialist mental health services.

This report provides an opportunity for past attendees to reflect on their experience and the impact the programme has had on developing clinical skills, and more broadly how this support has impacted ability to communicate and advocate on behalf of the perinatal service. It includes commentary from lived experience representatives and service leaders, specifically those who supported consultants and senior trainees to partake in the programme, were asked to submit their views on how this model has delivered specialist skills and how that supports, in the long term, sustaining specialist perinatal services.

² ‘Evidencing a Credential in Perinatal Psychiatry: Finding and Recommendations’; submitted to HEE, 2020.

³ The 2020/21 programme additionally supported a cohort of SAS psychiatrists working in PMH teams and allied mental health services such as Liaison Psychiatry and Crisis/HTT teams.

2. Delivery Model

The programmes are tailored to support workforce development, specifically designed to accommodate new consultants to perinatal psychiatry, consultants who have previously attended the programme and require ‘top-up’ support and senior trainees aligned to perinatal services. It’s formatted to encompass the perinatal pathway and additionally address upskilling required to support delivery commitments as detailed in the NHS Long Term Plan.

Reflecting the training and development needs of the constituent groups, the programme embodies and emphasises the required clinical expertise, knowledge of various treatment modalities, the importance of co-production with women and their partner with lived experience and other relevant agencies/disciplines.

Principally the programme addresses the critical skills required to deliver perinatal mental health services:

- Enable and support new consultants in perinatal psychiatry in their assessment, understanding and management of complex clinical work
- Encourage participants to integrate current evidence into clinical practice
- Develop self-reflection skills
- Support leadership development
- Emphasise the importance of the perspectives of women, infants, partners and families throughout the perinatal pathway
- Improve patient safety
- Improve the experience of women and families in perinatal mental health services.

All sessions are guided by considered and relevant Intended Learning Outcomes, with mandatory and supplementary reading material⁴.

Capacity

The Project has designed and implemented a training programme to develop the clinical, leadership and teaching skills needed for consultant psychiatrists to establish, develop, maintain and lead specialist perinatal mental health services:

The Project accommodates psychiatrists at distinct stages of development and provides a suitable setting for each identified cohort⁵, ensuring space for maximum learning opportunities via full-group didactic teaching and break-out discussions focused on relevant case studies. These sessions are facilitated by expert clinical, academic and lived experienced representatives⁶. The design of the programme allows for and encourages the development of peer networks.

⁴ Appendix I: detailed programmes for each constituent group, including the SAS cohort, with the full ILOs, reading lists and session breakdown by day.

⁵ Initially each cohort was maxed at 25 participants; this was expanded at a later stage to include additionally up to 10 participants from the devolved nations.

⁶ Speaker biographies; Annex III

The target groups consist of:

Newly appointed consultants	poised to take up substantive posts
Senior trainees	aligned to perinatal services, so enabling and supporting the development of this group to ensure availability and sustainability within the medical workforce
In-post consultants	past participants of the <i>new consultant</i> programme requiring 'top-up' support to deliver the commitments of the NHS Long Term Plan
SAS cohort (2020/21 programme)	in support of SAS doctors in perinatal psychiatry and other services for women of child-bearing potential in their assessment, understanding and management of complex clinical work

Application Process

The Project maintained an open and transparent application process⁷ with commitment to the target workforce (new and in-post perinatal consultants, trainees allied to a perinatal service, and past participants who require top-up support for delivering LTP commitments), ensuring an equitable geographical spread, in support of all perinatal services.

Supporting Devolved Nations

The needs of psychiatrists from the devolved nations and Ireland were always tangentially accommodated where space on the programmes allowed for it. These training programmes, the Project has conducted through the College, are financed by HEE for psychiatrists to support the developments in perinatal services in England; training and education is a major function of the College. However, awareness of the inequity of access to training, necessitated formal consideration of how to support the devolved nations and Ireland to participate in the programme, not least to ensure the Project reflect the College's commitment and responsibility to support all its members.

This provided the Project an opportunity to work collaboratively with senior psychiatrists and health bodies within these countries to support their perinatal services. Workforce need across the nations are similar and bringing together all nations within a safe space to discuss complex issues like how to support refugee women, a transborder issue, and universal themes such as safeguarding and learning from serious case reviews, with expert (all nations represented) input to guide colleagues in making their services fit for purpose. A joined-up programme provided a platform for devolved nation colleagues to explore/discuss their ways of working with English colleagues, of particular benefit for those working in rural areas.

Working in a creative manner with trainers and adapting aspects of how the Project delivers sessions, accommodated greater numbers in the cohort without affecting the quality of the programme. Didactic training continued to be of high quality and accessed equally by all participants, inter-mixed with smaller break-out groups (6 groups of 6 people) critically evaluating papers in a circular fashion, so all papers are reviewed by groups throughout and feedback.

⁷ Sample application process/conditions, Appendix II

Specialists from all UK Nations and The Republic of Ireland were formally invited to partake in delivering the 2021/22 sessions⁸; participants from the devolved nations were charged a reasonable fee which supplemented the overall programme funding pot, effectively paying for the additional speaker slots.

Delivered

'Specialist treatment for mental health problems in the perinatal period necessitates specialised skills and facilities to ensure high quality treatment and support is delivered, as evidenced in a range of publications'⁹.

The Building Capacity in Perinatal Psychiatry Project has delivered training programmes reaching circa 500 participants. This report focuses on the 10-day masterclass series, currently in its third iteration.

The masterclass series is a specialist skills development programme, delivering the training and development needs of specialist perinatal psychiatrists leading perinatal mental healthcare teams. The programmes provide focused and intense training and are now considered essential in ensuring the sustainability and longevity of perinatal services (*Section 4, Evaluation*).

The programme primarily engages new consultants in perinatal posts, senior trainees aligned to perinatal services and consultants who has previously attended the session and are invited to partake of the *top-up* offer:

- The current programme, 2021/22, commenced September 2021 with expected completion date October 2022; all sessions are being delivered virtually.
- The 2020/21 programme additionally accommodated two cohorts supporting Speciality Doctors; all session were delivered virtually.
- The 2018/19 cohort was part of the *evidencing a credential in perinatal psychiatry* workstream; all sessions were delivered face-to-face (Manchester and London).

Cumulatively these sessions have accommodated 308 participants.

Trusts that have engaged with the programme are listed and available; Annex II.

The range of material covered by session topic including mandatory and supplementary reading lists is listed and available for each programme (consultant, top-up, senior trainee); Appendix I

Target group breakdown

Snr trainee - 96, plus 10 from devolved nations (expect 25 additional for October 2022 programme)

Consultant (new and top-up) – 141, plus 11 from the devolved nations

Specialty doctors - 50

⁸ Dr Giles Berrisford (England), Dr Roch Cantwell (Scotland), Dr Margo Wrigley (Ireland), Dr Jo Noblett (Wales) and Dr Julie Anderson (Northern Ireland)

⁹ NICE, Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance (2014) and Quality Standard (2016)

3. Synopsis

This report provides a synopsis of session material developed and delivered to perinatal psychiatrists to develop their specialist skills in support of the perinatal pathway.

Perinatal Psychiatry Masterclass Programme: Aims

- Enable and support consultants in perinatal psychiatry in their assessment, understanding and management of complex clinical work
- Enable and support SAS doctors in perinatal psychiatry and other services for women of child-bearing potential in their assessment, understanding and management of complex clinical work (SAS cohort)
- Encourage participants to integrate current evidence into clinical practice
- Develop self-reflection skills
- Support leadership development (*Top-Up, New Consultant*)
- Emphasise the importance of the perspectives of women, infants, partners and families throughout the perinatal pathway
- Improve patient safety
- Improve the experience of women and families in perinatal mental health services
- Develop knowledge and understanding relevant to implementing the recommendations of the NHS Long Term Plan for perinatal mental health services (*Top-Up*)

The following key issues are fundamental to perinatal mental health care and were discussed and considered throughout the programme:

- Safeguarding children and adults
- Culture and difference
- Collaborative working with women, partners and families
- Women's own experience of perinatal mental disorders and care
- Legal issues

Top-Up Programme Themes:

These sessions focused on building and delivering on service expansion, as detailed in The Long-Term Plan:

ADHD - assessment and treatment in the perinatal context and implications for parenting
Autistic Spectrum Disorders in women
Eating disorders
Partners; assessment and signposting
Couple and family interventions
Compassionate Leadership
Infertility and fertility treatments
Premenstrual syndrome and menopause
The NHS Long Term Plan implementation; expanding service delivery

New Consultant Programme Themes:

PMH service development across the UK and Ireland; Assessment and communication

Lived experience, co-production, partners

The infant

Risk and Safeguarding: adults and children

Prescribing in the perinatal period

Personality Disorder

Legal and Forensic

Pre-pregnancy Counselling, pre-birth planning; addictions

Eating Disorders; pregnancy loss, infertility and complex pregnancy related issues

Leadership and service development

Senior Trainee Programme Themes:

The National Picture, Assessment and communication, the lived experience of women and their partners,

Mental disorders in the perinatal period, Pre-birth planning

Safeguarding, Prescribing in the perinatal period

Personality Disorder in the perinatal period, Psychological treatments, Interpreting the evidence in relation to prescribing in pregnancy

Risk, Evaluating the infant, Substance dependency and misuse, Leadership

SAS Programme Themes:

The National Picture: Assessment and communication

Lived experience, co-production, partners

Mental disorders in the perinatal period

The infant

Risk and Safeguarding adults and children

Prescribing in the perinatal period

Personality Disorder

Pre-pregnancy Counselling, pre-birth planning. Addictions

Eating Disorders. Pregnancy loss, infertility and complex pregnancy related issues

Mental Health law, Mental Capacity, Court of Protection. Advance Directives.

A specialist training programme for perinatal psychiatrists, encompassing the perinatal frame of mind – thinking about all women of childbearing potential and ensuring perinatal consultants are equipped to diagnosis not just onset symptoms but recognise recurrence, understand and deliver a biopsychosocial model of delivery in support of women and their families in the perinatal period: clinical presentation, family history prognosis and long-term follow-up.

4. Evaluation

Two surveys were formally sent: to consultants and trainees who have participated directly in these programmes; and to those who have supported participants to attend. The first survey was sent to over 200 past participants of the masterclass programme, with circa 60 completed surveys returned. The second to service leaders, circa 50, with over 20 responses returned (*section 3*).

4.1 Participant evaluation

They were asked a series of questions requiring commentary and thoughtful analysis, not just regarding the session topics and their increased clinical knowledge and ability, but also on any self-directed behavioural change following participation on the programme, such as improved leadership and negotiation skills. They were also asked to reflect upon changes to the service, how they support the PMH team and communicate the work of the team to the wider network of aligned services. Throughout the survey, and explicitly in answering question 3, they were asked to comment and evidence (where possible) the experiences of women who had/are receiving support within the perinatal service.

To ensure a rounded approach to the survey, the Clinical Leads/Facilitators were asked for their comments on the experience of delivering these programmes. Including the benefits of formally expanding the programme to support the needs of psychiatrists from the devolved nations and Republic of Ireland; to first and foremost ensure equity of access and improve learning across borders and for participants to benefit from sharing experiences and discussing different models of service development.

How did your participation on the programme change or improve your clinical practice?

How did your participation on the programme contribute to the service experience by women, infants, and their families?

If possible, can you obtain and include a recent lived experience comment on service provision and personal experience

How did the programme impact your supervision and management of the perinatal team and the development of other psychiatrists?

Did you share this learning in a formal or informal setting?

How did the PMH team and the service benefit from your participation?

Do you consider the masterclass programme essential to sustaining and supporting specialist services; can you provide commentary in support of your view?

Have your leadership skills been enhanced by the programme; if so, how?

Has the programme equipped you with the skills to demonstrate to your senior leadership, Trust, commissioners - the progress, unmet need and need for further investment (to perinatal services locally)?

If there are other subjects you think should be included as part of a future programme, please comment

Please comment on the applicability of this model, for other sub-specialities, as a means of building capacity and capability. **(Section 5)**

How did your participation on the programme change or improve your clinical practice?

The responses were very clear on three critical points: the masterclasses were enormously successful in building a specialist knowledge base; building confidence in clinical and decision-making skills; and providing space to establish a network of peers. Those who attended one of first masterclass series, commented their network is still functioning and vital for discussing service support and evidence-based practices, which was invaluable during the lockdown periods for peer support and exchanging ideas to practical delivery issues that the pandemic had thrown into disarray.

As one commentator succinctly put it *“It gave me a secure base of knowledge and understanding from which to work and continue to build my skills, competence and confidence”*.

The sessions provided a safe space to conduct complex clinical discussions. Focused sessions on eating disorder and ADHD in the perinatal period, prescribing and discussion of risks and benefits of medication in pregnancy and breastfeeding, were all consistently and repeatedly reported as invaluable sessions - with the time and expertise allocated considered apt in terms of the intricacy and sensitivity around these subjects.

Around the broader issues of supporting services, family interventions and sessions on safeguarding, these were considered extremely beneficial, notably as participants saw their ability and sense of responsibility as leaders in these forums/discussions improve greatly, due to their participation.

The overarching sense from responders was the discrete sessions of the programme delivered as whole have been essential in developing them individually as specialist clinicians and leaders who can better challenge and advocate at critical points in the system, such as negotiating and communicating with senior trust management and commissioners, on behalf on their team and in support of specialist services.

“The masterclass sessions (and bursary programme) allowed me to become a perinatal psychiatrist. The masterclasses expanded my horizons, enriching my clinical skill by learning from perinatal experts. The masterclasses boosted the core clinical elements of perinatal mental health, for assessing, formulating and managing perinatal mental health problems from preconception onward but went beyond that, thinking about the whole context of the woman and her infant, their relationship with each other, their family and their social circumstances. They improved my knowledge of what is known, but also of what is unknown.”

How did your participation on the programme contribute to the service experience by women, infants, and their families?

General agreement from all responders that the intended patient population benefited in an immediate sense from the overall higher level of expertise derived from participation on the programme.

Improving services for women and their families by considering how to ensure services are more integrated with clear pathways to aligned services, required additional thinking about the partner and family network at this critical time. The benefit of attending the masterclasses was most clearly exemplified within new and expanded teams: the increased level of awareness of common issues in the perinatal period and sharing that knowledge with the wider team, had a noticeable impact on improving initial assessment.

A common thread throughout the survey and most frequently commented on in this section; participants having a better understanding and ability to recognise specific perinatal issues within a broader clinical setting - the ability to better diagnose in the perinatal period.

Many commented that the masterclasses helped them to recognise the importance of a more compassionate approach to women and their families and have since adapted their own behaviour accordingly when assessing, planning and delivering care and support. These sessions have also led participants to think more meaningfully about external influences and personal circumstances that can affect health outcomes and be mindful not to perpetuate ethnic health inequalities by recognising and respecting culture and difference in planning care and supporting families.

An improved ability to better assess the parent-infant relationship following sessions on mother-infant interaction, infant psychology and understanding the importance of engaging and supporting the wider parent/partner/family network to achieve better outcomes for women and their babies.

Prescribing in the perinatal period, a complex subject, with responders clear they felt more confident in discussing the 'details around medication management with women than before'; the ability to discuss pregnancy and psychotherapeutic medication was much improved, with increased knowledge and awareness of the evidence base and latest research for prescribing during the perinatal period.

The top-up sessions focus on IVF, ADHD, psychological interventions and fertility were extremely well received in support of practice development and increasing confidence in building relationship with patients. These additional sessions also informed team development and responders commented on disseminating this knowledge with colleagues and across relevant teams.

Most all responders agreed these sessions helped them to develop their service to become more fully integrated, person and family-centred: the use of more inclusive language when referring to partners; an new/renewed emphasis on building relationships; a better understanding of and desire to provide holistic care and planning for women and their infants; fundamentally, a better understanding of the experience of the perinatal service user, that being the direct experience of the mother and the wider impact on the partner/family network.

"I and the senior leadership team have been much more mindful of the partner and curious of their experience. There has been a feeling this past year that we are slowly steering a course of raising the expectation of the PMH team and shifting the parameters – from mother and infant to “mother, infant, partner and families”. That our routine processes can enable and establish a space for the voice of the partner - CPA and supervision sessions. This is not an “add on” – a tick box of numbers seen - but a mental shift, a dropping of a boundary and an opening to different creative series of conversations. Valuing the partner and what they bring. Allowing families to think together, identify strengths and difficulties, to support each other and respect that we are entering into their system (not them into ours). The couples and family interventions framework session has I think helped broaden my vision and articulate something that feels so intuitively right and important.”

If possible, can you obtain and include a recent lived experience comment on service provision and personal experience.

Direct quotes obtained from mothers who are/have received care from a perinatal service, for the purposes of this report.

"I am so grateful and thankful that this service exists. The support I received was amazing, in a time of feeling overwhelmed and scared. I was surprised to learn that it had only been running around one year when I was referred, as the team were well-organised, there were systems/plans in place, it was all very professional (but also appropriately friendly) and seemed to be a "well-oiled machine". I cannot praise the Perinatal Mental Health team enough."

A comment from a service user who was under the team for 2 years during a previous pregnancy and attended for pre-conception counselling. She referred to the team "*getting me through*" the difficult period and giving her hope that she may survive a future pregnancy despite severe OCD and dreadful intrusive thoughts.

A young woman with severe postnatal anxiety and obsessional thoughts who was struggling to bond with and feed her baby because *"I was so scared, and I thought you would all think I was a bad mother and take my baby away, I wasn't sure I even wanted the baby, but everyone has been so kind and supportive and now I know I'm going home with the extra help I need"*.

"Thank you for all you have done for me. The support, the time, the help. I feel I've come on a long way since the beginning. Thank you for believing in me."

"I owe my life to this amazing service, I didn't realise how hard life had gotten until now. I'm still not 100% but I'm 90% of the way. [The staff] were very caring and helped me realise things weren't as bad as I thought in my head. Really not sure where I'd be if I didn't have this help."

"Hi Dr X. Really hope you are well, just wanted to send a little message to say Happy New Year. I've been thinking about you and just wanted to let you know that my baby and I are doing great. He's turned into such a little character and is really thriving. I'm definitely loving this stage. He turned one last month (can't believe it!) and it's just crazy to think how far I've come from the place I was in during pregnancy so just wanted to say thank you again as that's mainly down to you and your team and the support you gave me. It's so appreciated every bit of support you provided especially given the pressure on the NHS during this time and I will never be able to truly express the difference you made. Hope you had a lovely Christmas, enjoy some pics of (baby) so you can put a face to a name!"

Additional secondary sources reflect upon cases of women who are pregnant with high levels of anxiety (in some cases following an initial incorrect diagnosis) for both the woman and partner. Referral to the PMH team leading to an assessment, care plan, medication management (if required) and peer support activated, resulted in reduced anxiety, a calmer pregnancy and confidence that if she does become unwell the care she will receive will be prompt and reflect her pre-birth decisions. A patient with postnatal depression on several (GP prescribed) antidepressants was then referred to the PMH service, the assessment resulted in an alternative medication plan which saw quick improvement; *'the patient expressed gratitude for the input of the service, she felt she had been listened to and understood'*.

Both primary and secondary examples of patient experience testify to the value and regard the users have of the perinatal service and team they've interacted with, providing positive feedback.

How did the programme impact your supervision and management of the perinatal team and the development of other psychiatrists?

The overwhelming consensus from responders is the masterclasses have provided the expert knowledge, competence and confidence to share learning in informal settings and partake/lead formal training sessions (within their respective and across teams) and provide supervision.

“It has been integral to my ability to provide good supervision as it has given me a knowledge framework that I can use to help to develop my trainees objectives and competencies. It also gives me credibility as a trainer.”

Participants have commented on sharing up-to-date knowledge with colleagues, GPs and other medics. Delivering bespoke training to allied professionals, such as training sessions for early intervention for psychosis, to home treatment and liaison teams, and receiving excellent feedback.

Many have commented on directing MDT and case-based discussions to ensure the team is informed and taking note of infant health, family environment and the wider network, to better understand the broader dynamics at play, to support and deliver better care planning.

The greater impact of specialised training from supporting speciality and associate specialist doctors and senior trainees, are the principles of perinatal psychiatry not only relevant for work in a perinatal mental health team but benefits the wider health system. Supporting CMHTs or Liaison Teams through formal and informal teaching sessions and/or being able to advise the team of, for example, *“odds of recurrence of major affective disorder episodes during and postnatally in women with bipolar affective disorder if left untreated, in the initial first assessment before referral occurs, is critical.”*

In summary, responders were very clear and unanimous that the programme has helped them to understand much better the role of the other members of the team which has improved their ability to teach, support and supervise. They are more confident in their ability and skills as a perinatal psychiatrist and are willing and actively demonstrating their support in developing other psychiatrists, the team and aligned teams in recognising cases that require support and referral to the PMH team.

“I think the whole format of the first Masterclass and these follow-on Masterclasses have given me the confidence to offer supervision and manage the complexities of working in a perinatal mental health service. I am now doing individual case management/supervision sessions with all care coordinators in the team, I think this too offers something of compassionate leadership, holding a reflective space and opportunity to think, have support holding risks and the emotional burden, discuss clinical judgements and plans, as well as development and learning. It has had a positive impact on clinicians feeling they are able to manage their caseloads, discharge when appropriate and clinicians make the time to do so every 8-12 weeks. The need to grow with others, alongside others, to share this learning, and then learn some more is infectious. I will have in April a perinatal ST trainee. I have developed a locum staff grade doctor working with the team now for 9 months. I have had SPRs do Special Interest days. Consultant colleagues in both EIP and CAMHS have requested expertise in perinatal as one of their learning goals and we are working together to set about achieving this.”

Did you share this learning in a formal or informal setting?

Most all commented they are regularly engaged in sharing their perinatal knowledge in informal sessions through training on specific topics with aligned services, examples provided include –

- A talk on 'Prescribing in the perinatal period' for a local group of GPs
- A perinatal training package delivered to GPs, obstetricians, maternity services, health visitors, IAPT staff, crisis & liaison teams, adult CMHTs, CAMHS staff & AMHPs
- One participant recorded short introductory modules with the ICS available to staff online and aimed at new starters in acute teams
- A lecture on perinatal mental disorders to a GP teaching forum

While there was less reported opportunity for formal sharing, many did comment that they are undertaking both: sharing formally at medical CPD sessions; informally on a regular basis with teams during MDT discussions; and generally, through the established avenues of education, supervision and clinical discussions.

There were many who felt it incumbent (having experienced this comprehensive training programme), to improve the understanding of teams/services who come into contact with women of childbearing potential of the effect that their mental health may have on pregnancy and parenting, and vice versa, and important overall for ensuring women's access to health services and specialist support. Sharing knowledge and expertise on the seriousness of perinatal mental health and providing extensive signposting of indicators through training sessions with the full spectrum of health care professionals (medical, physician associate and midwifery students, AMHP's, junior doctors, GPs, Obstetrics, Speciality and associate doctors, pharmacists, CMHTs) as well as within their own teams and supporting and advising consultant colleagues, was a commitment nearly all responders were enthusiastic about.

How did the PMH team and the service benefit from your participation?

The immediate and often repeated comments reflect on enhanced skills through improved knowledge and competence, supporting the team with clinical and non-clinical updates on recent advances, normalising safeguarding discussions, structured pre-birth planning meetings and so on - all of which support the service and improves outcomes for women. This was commented on in various ways by nearly all the responders. However, the additional personalised accounts of the change to services and teams, in different settings and scenarios, provide an interesting range of examples testifying to the change in mindset and behaviour of those participants, benefitting the development of the service.

- One commented that their participation led to them actively step-up. With the temporary absence of a consultant which would have normally resulted in a locum contract, bringing with it perhaps a sense of uncertainty and variability, the service and team benefitted from the stability, sense of continuity and expert knowledge that their newfound confidence and ability brought.
- Another reported arguing strongly and successfully for a perinatal service, when there was no appetite to start one locally. They felt more knowledgeable (specifically on the risks of not having one) and confident to argue strongly on why one was necessary. The sessions on leadership and navigating the political sphere, gave them the language and ability to influence commissioners. The programme was instrumental in developing their skills to negotiate with decision makers on how to address unmet need, through specialised service provision.

- A participant commented that staff at the trust are more aware of the PMH team and what the service does and how it supports women. This general awareness is becoming embedded in the wider delivery setting; the knowledge that a team with specialist advice and support is available and can be consulted when pregnant and women of childbearing age are admitted.
- Another described embedding the ethos of the perinatal frame of mind, keeping the mother infant dyad at the heart of the service and embracing compassionate leadership, after finishing the masterclass programme. Purposefully raising awareness and educating teams that they joint work with about perinatal risk, preconception health and counselling. The community team is working towards the long-term plan ambitions by changing the focus of service delivery through training, development and recruitment to deliver more evidence based psychological interventions, embedding systems to support working with women up to 24 months and screening partners. The peer network and experts they met through the programme continue to be a source of peer supervision, help and support when challenged with clinical work. Without the masterclasses they would have been poorly equipped to meet the complexity of supporting women in the perinatal period.

Do you consider the masterclass programme essential to sustaining and supporting specialist services; can you provide commentary in support of your view?

From the 58 responses received, an unequivocal 'Yes': the responses all considered this programme vital to developing and maintaining clinic competence and sustaining specialist services.

Perinatal psychiatry is a specialised area of psychiatry with little formal education available other than this programme: 'general' psychiatry does not equip clinicians with the specific knowledge to advise or deal with women in the perinatal period for multiple reasons, most notably medicolegal, prescribing (in the perinatal period) and safeguarding. It is a crucial stage in both the mother and baby's life; the skills and ability required to 'intervene' in a positive way during this time can produce long-reaching effects.

New psychiatrists to perinatal can be daunted entering a highly specialised field such as this. The masterclasses have really helped to build confidence, ensure consultants are learning and applying evidence-based practice and are kept abreast of new developments. With the added benefit of long-lasting peer support from the cohort network, made possible through attending the programme.

As a specialist area, training requires a high level of engagement and expertise to ensure a valuable experience. The "genuine enthusiasm" of the programme leaders was "infectious" and the expectation of active engagement by participants rather than passive attendance was considered a positive, "an incentive to engage and work harder". It was also very useful to have protected time from work to focus on developing clinical and leadership skills.

"This was an innovative programme to provide an additional opportunity for updating knowledge. However, having attended two sets of masterclasses over the last 4 years, I believe they are essential for providing a high standard of care and should be replicated in other sub-specialities as well."

"I absolutely and strongly recommend masterclass programme to continue for years to come as it has tremendous value for every professional related to perinatal services. Considering many perinatal services across the country is relatively new, as a service there is so much to learn, adapt, adopt and mould the service along the way, it becomes very important to keep up to date with the progress happening in every aspect of perinatal services and the masterclass programme is a "One Stop" solution, where most of the aspects are covered and discussed in both qualitative and quantitative

way, by some of the esteemed and knowledgeable professionals involved in perinatal or related services. Having worked in perinatal services for about three years now and prior to that not having much exposure to managing women during perinatal period, looking back, I can say that attending Masterclass at the beginning of my job as a consultant psychiatrist in a perinatal team in 2018 helped me immensely not only to be more confident in my work but also to allay some of my anxieties, related to prescriptions and a few other aspects of perinatal services. The top-up sessions in 2020 only consolidated my learning and made me a better perinatal psychiatrist. I have derived so much benefit from the programme that I would like it to be continued every year as an update for us Psychiatrists working in perinatal services as things keep evolving and at times changing in perinatal services.”

By all accounts the masterclasses have been a very powerful tool for enhancing knowledge and learning and as a model has the potential to be as valuable for other sub-specialities, especially in a period of service expansion. Suitable and accessible training in specialist services is not always available and that a series such as this was able to cover such a breadth of topics was vital for new consultants in the field.

Have your leadership skills been enhanced by the programme; if so, how?

A majority ‘yes’ to this survey question: participants over and over comment on increased confidence in their knowledge and skill and ability as a leader; helping them to be more engaged with key stakeholders, trust management and commissioners in advocating for specialised care and on behalf of perinatal services.

- Chairing MDTs, contributing to management decisions, supervising junior members of the team and ensuring ‘baby in mind’ ethos at team meetings and with other colleagues.
- More confident about medication management and more competent in liaising with other teams/professionals within/external to the trust.
- Developing clinical leadership skills and a better understanding of the importance of clinical leadership in strategic planning and service delivery.
- Insights into the benefits of inclusive leadership and increased ability to liaise with other colleagues across boundaries.
- Developing as a leader has meant using formal supervision and team spaces to acknowledge the emotional landscape is exhausting – COVID, suicide, remote working, personal circumstances – and being able to recognise and celebrate the work we do together and value each other.
- The masterclasses have significantly improved knowledge of perinatal mental health clinically and at service level. Increased confidence as service leaders which supports and maintains clear, robust pathways and cohesive working relationships with partners in maternity, health visiting, social care, primary care, IAPT and across mental health services.
- Better understanding of how important senior engagement is for the sustainability of the perinatal service in funding discussions.

A comment summarised in one scenario the justification for skills-based development programmes that in addition to developing specialist knowledge and behaviours, seek to build confidence for those difficult clinical-led decisions on safeguarding and prescribing.

“My increased knowledge has enabled me to show leadership in patient scenarios with perinatal focus and to encourage all adult psychiatry colleagues to be aware of child-safeguarding needs. For example, I am currently in rotation on an acute general adult inpatient ward. A patient was admitted who was in the final weeks of pregnancy, had a diagnosis of emotionally unstable personality disorder and was dysregulated, requiring seclusion. There was a lot of anxiety about how to manage

the situation. I was able to be confident in prescribing rapid tranquilisation (whilst my consultant colleague felt less confident) and subsequently took a lead in making a plan ahead of the birth."

Has the programme equipped you with the skills to demonstrate to your senior leadership, Trust, commissioners - the progress, unmet need and need for further investment (to perinatal services locally)?

Its equipped participants to better communicate and navigate the administrative systems governing mental health services: the skills to negotiate on behalf of their service with an array of senior figures; the ability to express the commitment required and the serious challenges of delivering a specialist service and the impact when those services are not present or functioning, the high risk and unmet need of mothers, infants, families; and the ability to confidently demonstrate progress, to maintain pressure for supporting/expanding (when required) the service to continue to meet need and develop further to address unmet need.

"The masterclasses have given me the knowledge and confidence to speak directly with our trust senior leadership team. I have ensured that MBU accreditation was celebrated, and patient feedback has been shared with the trust board. I have been able to engage to the extent that perinatal now has an Associate Medical Director (me) and I am an integral part of our SLT, meeting with trust SLT and commissioners, with a clinical voice showcasing the progress of the service, and successfully advocating for funding to meet the perinatal long-term ambitions and sharing our good practice."

"I am looked upon with high regard within my trust and commissioners and they always seek my advice and guidance with regards to the service development as they visualise the positive of our service on patients. My commissioner said in the last contact meeting "Everything about our perinatal service has always been positive."

Most responders concluded they feel improved personal ability and increased confidence in advocating at all levels (including with senior leadership and trust management) on behalf of their service, with some explicitly undertaking wider strategic roles in order to influence service development. A minority remain cautious on maintaining secure funding but feel more aware of these issues and the commissioning/service development internal decision-making pathway and are more capable of negotiating and partaking in those discussions.

If there are other subjects you think should be included as part of a future programme, please comment.

- On expanding services and developing teams: further guidance on the commissioning process and methods for securing investment in perinatal services; supporting the development of new aligned roles for expanding services with relevant job descriptions
- Support with reaching and providing help to women (in the perinatal period) who are victims of domestic violence
- More targeted sessions and guidance on reaching and supporting minority groups and the LGBTQ+ community
- More support on infant mental health
- Further support with substance misuse and rehabilitation psychiatry in the perinatal period
- Expanding the programme to accommodate the autistic spectrum disorder and young people; recognise this is considered a less severe mental illness and beyond the current diagnostic parameters, but incorporated into a session with a case vignette and space to discuss types of interventions, could be considered part of a broader preventative measure/initiative

- Focused session on the intersection point of perinatal and aligned services with further exploration/explanation of roles and responsibilities and clear support pathways
- Implementing a research strategy as part of service development

4.2 Programme Development & Delivery: Clinical Lead/Facilitator Comments

The Clinical Leads/Facilitators were asked to comment on delivering these programmes, including discussing the benefits of formally expanding the programme to support the needs of psychiatrists from the devolved nations and Republic of Ireland.

Dr Liz McDonald, Consultant Perinatal Psychiatrist, Visiting Lecturer Tavistock and Portman NHS Foundation Trust
Clinical Lead and Facilitator 'Building Capacity in Perinatal Psychiatry' Project, Masterclass Programme
Lead Developer 'Consultant and Senior Trainee Masterclass Programmes'

The **senior trainee** week-long programme was developed to ensure the core knowledge required to work in this role within a PMH team was met. Therefore, many of the common disorders were explored as well as assessment, pre-birth planning, psychological therapies and prescribing. The needs of the infant were addressed through sessions devoted to assessing the infant, attachment and safeguarding. The care of and voice of the woman and her partner was addressed in explicit sessions as well as being embedded in the other topics. The programme is designed to include didactic teaching, critical appraisal, self-reflection and group work. The trainees are always very engaged and lively, enjoying the immersive setting, and the mix of teaching styles and breath of experts who contribute to the programme delivery. They develop lasting relationships with each other, keep reflective journals and commit to the training of others within their teams, and other agencies. This week-long model of delivering the training appears to work well for this group as it is relatively easy for them to get study leave and be absent from clinical work. It also means that they are equipped early in their placements with the tools to do the job. We accept trainees who are in full placements in PMH teams as well as those doing one or two 'special interest' sessions. This latter group bring extra clinical support to the PMH teams and in many cases leads to the trainees seeking longer placements within the teams.

The **new consultant** programme is designed to meet some of the myriad needs of consultant psychiatrists working within the PMH setting. The participants include those who are new and younger consultants for whom perinatal psychiatry is their first post to more experienced psychiatrists who have switched to perinatal from another sub-speciality or CMHT post. We have also had several child and adolescent psychiatrists who have taken up perinatal posts attend the programmes, and this training is invaluable to them. The course is run over several months. This allows the participants to develop their thinking in a meaningful way as they acquire new knowledge and skills. The course is designed to deliver new information but much of the programme is designed to ensure that they develop their critical appraisal, self-reflective, communication and listening skills. They are asked to look at their practice from the point of view of the woman, the partner, the infant and family as well as that of their teams and other agencies. Compassionate leadership and self-compassion are models that are encouraged and discussed. They form lasting relationships with each other due to the considerable amount of group work and their own desire and motivation to keep learning and to have peer support. They are usually very engaged and grateful for the programme which is an unusual opportunity for learning at this stage in their careers.

Devolved nations and Ireland: Over the years we have tried to support the learning of trainees and consultants in the devolved nations and Ireland. If there has been spare capacity, we have offered

these places to the other nations. However, as the popularity of the masterclasses has grown, we are usually over-subscribed. With two trainee sessions a year we do manage to offer all appropriate applicants a place.

This year following demand from the other nations we decided to increase the group size by 10 and to support this we took on another facilitator, Dr Roch Cantwell. These participants are funded by their own nations. We have made changes to the way the programmes are delivered to ensure that the participants continue to have sufficient and high-quality group work which is an essential and popular part of the programme. The senior trainee programme worked very well in this regard and the first two days of the consultant training have gone smoothly. It is more demanding for the facilitators as we try to get to know the individual participants and what their needs are. I think we will refine what we are doing as we go along to improve the experience for the attendees.

**Dr Lucinda Green, Consultant Perinatal Psychiatrist
Clinical Lead and Facilitator 'Building Capacity in Perinatal Psychiatry' Project, Masterclass Programme
Lead Developer 'Top-Up Masterclass Programme in Perinatal Psychiatry'**

The Top Up programme was developed for consultant psychiatrists who had already completed the 10-day New Consultant Perinatal Mental Health Masterclass Programme.

This 5-day programme focused on subjects relevant to implementing the NHS Long Term Plan within perinatal mental health services. There were also some sessions covering subjects not previously covered in other perinatal mental health training courses. These included ADHD and Autistic Spectrum Disorders in women, and psychological and psychiatric care for women and partners having fertility treatment. There was also a focus on compassionate leadership and service development. Participants were very engaged and valued the opportunity to have small group discussions with psychiatrists from across England to share good practice. They commented on how relevant and helpful the learning was for the development of their services and how much it would potentially improve the care of women and families in the perinatal period.

**Dr Roch Cantwell, Consultant Perinatal Psychiatrist. Lead Clinician, Perinatal Mental Health Network Scotland. Vice-Chair, Perinatal and Infant Mental Health Programme Board
Clinical Lead and Facilitator 'Building Capacity in Perinatal Psychiatry' Project, Masterclass Programme
Lead Developer for devolved nations 'Consultant and Senior Trainee Masterclass Programmes'**

The inclusion of clinicians and materials from all 4 UK nations and Ireland has enriched the programme. It has exposed participants to a wider understanding of service models and design and broadened the small group discussions, which are an essential component of the learning. It challenges participants to think in a more sophisticated way about how to meet patient need, which I consider the purpose of a course designed to foster leadership skills.

4.3 Devolved Nations; Ensuring equity of training opportunities

Scottish Perspective

The Project has been able to accommodate requests for Scottish trainees to attend the masterclass series and has been funded and supported by NES and SG. Scottish trainees who attended the training have had nothing but praise for the quality of the organisation, teaching and content. While

development on a separate programme in Scotland continues, it is unlikely to recreate the extensive psychiatrist-specific suite of learning that the Project has developed. For that reason, it is hoped that a Scottish contingent may continue to benefit from involvement in this programme.

Northern Ireland Perspective

This programme has been very accommodating in facilitating training for NI consultants and trainees. Funding from the PHA to enable access for consultant and senior training has additionally enabled a close working relationship with senior clinical leaders from across the 4 nations and Ireland. Our joined-up support for the programme and invitation to partake in 'service development' discussions is very welcome and further supports the development of specialist services and aligning good practice and sharing of (intellectual) resources.

Welsh Perspective

The massive expansion in the perinatal workforce in recent years across the UK has resulted in huge problems with a lack of a trained workforce. The Building Capacity programme is a fantastic response to this challenge and has provided vitally needed training to the new workforce. These programmes are now seen as a model for what is needed across other professions which have also seen an expansion in their workforce. With limited funding available, it is difficult to conceive of Wales developing and delivering as complete and strong a training program, and so the invitation to participate in this one has been extremely beneficial to the trainees and consultants new to perinatal. As a model, this is the optimal way forward to ensure all women can expect to receive the same level of skill and expertise from every PMH service. In summary, Wales has benefited enormously from the work of the Project team who have directly sought to include all nations of the UK given the limitations of funding.

5. Building capacity and capability

Please comment on the applicability of this model, for other sub-specialities, as a means of building capacity and capability

Any area of medicine that requires specialist skills and knowledge, this is a very efficient and effective way of communicating with and teaching a group of clinicians. All received comments reported in various ways how indispensable a training programme this has been and were united in considering it an excellent model for developing skills and building interest in other sub-specialities. Replicating this platform by providing a comprehensive programme with expert knowledge delivered through didactic teaching sessions mixed with facilitated break-out discussion forums - is a winning formula.

Disparately located specialist clinicians can learn so much from each other and from leaders/innovators in the field with this type of model; programmes of this nature help to ensure good practice, capable practitioners and supported teams, resulting in well-resourced and skilled specialist services.

Responders considered specialist services including forensic, neurodevelopmental, eating disorders, substance misuse, liaison and addiction psychiatry, and IPTS/ psychological services would specifically benefit from this model of skills development

"The master classes changed my career, my practice and my joie de vivre. They allowed me to become skilled in a way that I could not have done without them and were a springboard into developing expertise. I believe that similar programmes for other specialities would be equally as valuable. They allow a greater immersion in the subject, and a relationship with other learners and experts that is extremely fruitful. The masterclasses should be lauded as an exemplar of what can be achieved. What a gift and opportunity they were. I feel so lucky to have been able to attend them, and proud of what they have allowed me to achieve personally, and for our service."

6. Recommendations

Is there evidence to support a recommendation for embedding skills development programmes as a key component of sustaining specialist services?

A second survey was sent to service leaders (circa 50) who have been involved in the Building Capacity in Perinatal Psychiatry project over the years. The project was keen to reflect their views as many of the consultants and trainees that have participated in the multiple iterations of the programme have come from their services; they've participated directly in the programme by providing expert facilitation of many sessions; and have a first-hand account of the impact this type of skills development model has on service delivery.

The survey comprised of five statements/questions; the responses are anonymised and interwoven to reflect a short statement indicative of the answers received.

- The masterclass sessions: A meaningful tool to improve clinical practice; and positively impact supervision/management of the perinatal team and development of other psychiatrists?
- How has the service benefited from consultant(s) attending these sessions?
- Do you consider these programmes an effective way of developing specialist skills, and therefore critical to maintaining and sustaining specialist perinatal mental health services?
- Has the programme equipped past participants with the skills to negotiate and advocate on behalf of the service when communicating with senior leadership/Trust mgm/commissioners, on the progress, unmet need and need for further investment?
- How should future programmes be developed to continue to meet need and be capable of delivery in the face of chaotic circumstances (considering the two years we've spent in pandemic mode)

Responses:

The masterclass sessions: A meaningful tool to improve clinical practice; and positively impact supervision/management of the perinatal team and development of other psychiatrists?

The perinatal masterclass series has been an enormous success and invaluable in supporting consultants and new trainees in developing their knowledge and skills, and their confidence in caring for and managing patients during the perinatal period. The most obvious difference is a greater understanding of the perinatal frame in mind, parent-infant interactions, specific medication and safeguarding aspects of perinatal.

It has equipped participants with the necessary knowledge, via reflections and clinical support and advice from senior clinicians, service leaders and academics, to the extent that it would be surprising if a routine or rare clinical situation has not been discussed throughout the course of the programme. The sessions while intense present a mix of methods (presentation, discussion, reflection and group work) to allow for variety and supports sustained attention.

Testimonials from senior clinicians who supervise colleagues who have attended the programme, comment on their ability as being “better able to formulate their cases with enhanced biological, psychological, social and cultural aspects, aetiology, holistic treatment and care, within the formulation”.

It’s been of enormous value in creating specialists and clinical leaders who are well prepared to provide a better service than previous generations of patients were offered, and it is hard to see how a programme of this nature with the “enormous experience and knowledge of the trainers leading this course could be bettered”.

How has the service benefited from consultant(s) attending these sessions?

The programme has been enormously valuable in supporting clinicians with managerial and team leadership skills during a time of significant expansion of perinatal services. Their enhanced skills have supported the expansion of the specialist workforce, the multidisciplinary team, especially colleagues who are new to perinatal mental health.

The sessions have been critical in developing the medical workforce and enabling sharing of learning with the wider MDT. Perinatal mental health is a fast-changing field and it’s essential that perinatal consultants keep up to speed with the latest research and service developments.

For new consultants and consultants new to perinatal psychiatry it has provided an excellent overview of the specialty and addressed key aspects of clinical practice that are not accessible elsewhere. It has supported them with understanding the wider commissioning landscape and enabled them to contribute more effectively to service development.

Do you consider these programmes an effective way of developing specialist skills, and therefore critical to maintaining and sustaining specialist perinatal mental health services?

An unequivocal yes: They are an excellent way of drawing people towards the specialty and improving retention. The programme is extremely well conceived and structured, in its breadth and depth, and it should serve as an excellent model of specialist training for other subspecialties.

The mode of delivery through numerous masterclasses, supervisions, opportunity for group work and presentations have been valued greatly by those who attended. They provide a real breadth of knowledge from essential updates on the optimum use of medication to what women and their families are asking for in terms of services and ongoing care. The course leaders are very careful to always consider the needs and views of the women in their care as well as their partners and include those voices in the development of the programme, which is both appropriate and necessary.

It is important and essential to continue this programme as perinatal services continue to expand.

Has the programme equipped past participants with the skills to negotiate and advocate on behalf of the service when communicating with senior leadership/Trust management/commissioners, on the progress, unmet need and need for further investment?

Psychiatrists who have attended the masterclasses have played active roles in advocating for investment and contributed to service expansion in line with the FYFV and LTP, “I can attest to the fact that many psychiatrists have become more vocal and more active locally after attending the programme”.

How should future programmes be developed to continue to meet need and be capable of delivery in the face of chaotic circumstances (considering the two years we've spent in pandemic mode).

A hybrid of face to face and online learning should be (re) considered going forward; these programmes are instrumental in building networks and allowing participants to form peer-groups of support, which can be more difficult when sessions are delivered wholly online.

Continue and expand the top-up sessions: They are a very effective way of remaining responsive to the changing service landscape and are a good mechanism for assessing unmet need and delivering the skills required to challenge that.

Pandemic and post-pandemic practice: Develop and deliver a separate one-day event to analysis and discuss what has worked and what hasn't, via patient feedback, clinician reflections and input for the multi-disciplinary team; ensuring services are prepared in the event of a similar level of disruption to services in the future.

Devolved nations: Continue to include a cohort from the devolved nations and the Republic of Ireland, ensuring PMH services across all nations are supported and well-developed; there are obvious cross-border learning benefits to this, but it also adheres to the College's responsibility to support all members and constituencies.

Conclusion

Recruiting and retaining workforce remains a significant issue. Comments from participants reflect the enormous challenges services are facing: the existing issues with recruitment in rapidly expanded services compounded by the stresses and strains placed upon providers throughout the pandemic. Services have struggled to recruit staff, delaying the development of a complete service and putting at risk strategies to ensure service sustainability, an ongoing commitment if Long Term Plan ambitions are to be met¹⁰.

Post-crisis the demands on mental health services have intensified, with an expected rise in mental disorders, underpinned by fear, anxiety, despair and confusion owing to the dramatic changes in societal norms, precipitated by this current crisis. Supporting the mental health workforce to prepare and deal with the new reality is essential. All efforts should be made to equip perinatal consultants with the knowledge and skills required to support specialist services.

The masterclass programme is that support mechanism. At multiple points in the survey, the attendees reflected upon the excellent support they received throughout the programme most manifestly the clinical expertise made available to them: In their own words, the development of their specialist knowledge and skills was an immediate outcome and of benefit to the service. Almost all reported an increased level of self-confidence that comes with expertise, not only in making those perinatal specific clinical-led decisions, on safeguarding and prescribing for example, but also in leadership, in communication (with senior management) and in advocating for service support and funding. The enthusiasm and commitment with which all facilitators and guest speakers engaged them, a common thread echoed throughout the report, reinvigorating in-place consultants and motivating new consultants to be ambitious in leading their services, and for senior trainees a vision of a fulfilling career pathway.

¹⁰ [170820-UK-specialist-PMH-map.pdf \(maternalmentalhealthalliance.org\)](https://www.rcpsych.ac.uk/docs/default-source/press-releases/170820-UK-specialist-PMH-map.pdf)