

# the Registrar

Magazine of the  
Psychiatric Trainees' Committee

Autumn/winter 2023

Choosing psychiatry was easy.  
The challenge is to choose *from* psychiatry!



## SPECIAL INTERESTS

Trainees share their experiences  
of their special interest time

# Welcome to this themed issue, which is all about special interest days



Dr Asilay Seker,  
Editor of the Registrar

Special interest sessions, or professional development sessions, are one of the means by which we can enrich our training, meet various curriculum requirements we might struggle fulfilling within the regular training setting, and start carving out a niche on our way to becoming a consultant.

The two sessions of four hours per week offer protected time that is separate from weekly teaching programmes for higher trainees, study leave and mandatory training requirements, and they are designed to mitigate against the toll that clinical pressure can place on the other aspects of training.

We all need time to develop and grow, and learning to use special interest time well is also good practice for preparing our own professional development plans and independent learning, which is a requirement for consultants in order to maintain their Continuing Professional Development.

The scope of special interest sessions is intentionally broad to enable trainees to advance both their clinical and non-clinical skills which will enhance their future practice.

They can be used for clinical activities in specialist clinics, pursuing a post-graduate certification or delving into medical education and leadership development.

It goes without saying that special interest sessions are highly anticipated by core trainees and help psychiatry stand out as a truly holistic training scheme – which helps to support the [#ChoosePsychiatry](#) campaign. However, these sessions can also be crucial for retention, as specialty registrars cherish this protected time for their professional development. Therefore, providing trainees with this is in line with the [Supported and Valued](#) principles and can reduce attrition. (More information on the technicalities of special interest sessions can be found in the [Psychiatry Silver Guide](#).)

In this issue of *the Registrar*, trainees and young consultants from all psychiatry specialties provide personal accounts of their special interest sessions to raise awareness about the huge variety of opportunities they offer.

Choosing psychiatry was easy – the challenge is to choose from psychiatry!



## Editor's welcome

*Welcome back everyone!*

It has been a busy while since our Congress 2023 issue. The RCPsych International Congress was a success in all fronts, and we hope you enjoyed the sessions and the PTC activities. We would be very keen for your feedback on your Congress experience, so please get in touch with your local PTC representative or contact us directly at [ptcsupport@rcpsych.ac.uk](mailto:ptcsupport@rcpsych.ac.uk).

In other news, we have newly elected PTC Executives! I look forward to working with Dr Laura Thorn (chair), Dr Chiara Cattri (vice-chair), and Dr Daniela Borges (secretary), who are already very busy supporting trainees!

I would also like to take this opportunity to mention the outgoing PTC chair, Dr Chris Walsh. It was such a pleasure to work with him, and I would like to thank him again for his tremendous efforts for the PTC – which he always delivered with such dedication and flair.

We have prepared this new issue to highlight an important aspect of psychiatry training. Since we are now soon in the 'offer' season, we thought it was the perfect time to feature one of the many great perks of the scheme – special interest sessions. We are dedicating this issue to the highly diverse ways these sessions can be spent.

On the next page, you will hear from Dr Laura Thorn, new PTC chair, on the PTC's plans over the next year. Then, we dive into special interest sessions. You will see a short interview with the RCPsych Dean Professor Subodh Dave, giving his take on the value of these sessions. This is expanded upon in another interview with Dr Tarun Khanna, the Training Programme Director for General Adult Psychiatry for the North West School of Psychiatry. We hope both these pieces will give you an idea on how these sessions should be planned and how trainees can avoid some common difficulties encountered.

We then have an article about spending special interest time to complete research competencies for the child and adolescent psychiatry curriculum – this specialty has some particular requirements on how those sessions should be spent, depending on the training level. This is followed by Dr Howard Ryland's recount of his experience with his special interest sessions as a trainee in forensic psychiatry, confirming the broad range of interests we can have and how these can form the consultants we become.

For professional development opportunities in old age psychiatry training, you will read the diverse experience of two trainees from the Midlands. This is followed by the piece on intellectual disabilities psychiatry, written by a dual trainee in the east of England, giving details as to how these sessions complement the biopsychosocial skills that this specialty requires. Our final specialty-specific article is on medical psychotherapy – again, emphasising that trainees can use their protected time to gain new clinical skills while pursuing cultural interests relevant to psychiatry. Last but not least, we have a piece from Dr Imrana Puttaroo on her experience pursuing a diploma in women's health in her special interest time, reminding us that the clinical skills that can enrich our practice are actually very broad.

As you can see, we have tried to feature authors from different regions/schools/trusts so that as many of you as possible can relate to the experiences. However, it is important to point out that we rely on the interest we receive from you, therefore our content variety depends on the spread of the enthusiasm to write for *the Registrar*. We would love to feature training experiences from all parts of the UK – so please don't be shy!

I hope you enjoy this issue – and your special interest sessions. Brave these gloomy wintery days, there is always spring to come!

*Asilay*

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Dr Laura Thorn, PTC Chair



Dr Chiara Cattrra, PTC Vice-Chair



Dr Daniela Almeida Borges, PTC Secretary

## Introduction:

# PTC's welcome

**Dr Laura Thorn introduces the new PTC executive line-up, with her as chair.**

**S**hwmae a croeso, hello and welcome, to this issue of *the Registrar*. I am thrilled to be introducing myself as the new chair of the Psychiatric Trainee Committee. I am a less-than-full-time (LTFT) old age psychiatry higher trainee working in South Wales and I am delighted to be joined on the PTC executive team by Dr Chiara Cattrra, Vice Chair, and Dr Daniela Borges, Secretary.

We are really excited to be working together to improve training for those we represent. Our focus this year will be improving learning

resources, working closely with the College and co-leading discussions surrounding physicians associates, improving representation for LTFT trainees and advocating for improvements in study leave. We also hope to improve links with our international colleagues and the fantastic work they do. We also look forward to hosting our annual conference in Spring 2024 and it would be great to see you there.

I would like to take this opportunity to thank the outgoing PTC executive, Dr Chris Walsh (Chair), Dr Gemma Buston (Vice Chair) and

Dr John Moore (Secretary) for all their hard work and dedication over the past year. They have worked tirelessly to advocate for trainees across all aspects of training in all areas of the College, and delivered on lots of great projects improving the quality of training.

I would also like to thank our outgoing PTC representatives for all their contributions and engagement. Dr Alina Braicu has represented us at the European Federation of Psychiatric Trainees and I extend my thanks to her as her term comes to an end. My final thanks go to Dr Asilay Seker, our editor of *The Registrar* for putting together this fantastic issue. I am excited to see the new direction she and the editorial team will take and look forward to reading the upcoming issues.

This issue of *the Registrar* explores professional development sessions, also known as special interest sessions – an aspect of training that psychiatry can be proud of. It is a wonderful opportunity to develop skills and knowledge in our personal areas of interest allowing us to create a highly skilled and diverse workforce which is exciting to be a part of. As you will see, trainees use their protected professional development sessions in very different ways and there are plenty of opportunities to vary how you use your sessions across your training. I have used mine so far to complete a Master's in biomedical and healthcare ethics, sit of a research ethics committee, develop psychoanalytic skills and now chair the psychiatric trainee committee.

Diolch, thank you, and I look forward to meeting as many of you as possible over the coming year. Please keep in touch with us via your local representatives. Email [ptcsupport@rcpsych.ac.uk](mailto:ptcsupport@rcpsych.ac.uk) or Tweet us [@rcpsychTrainees](https://twitter.com/rcpsychTrainees).



Professor Subodh Dave, RCPsych Dean

## The Dean's take:

# Skilling up

**Trainee Dr Amin Elmubarak speaks to RCPsych Dean Professor Subodh Dave about his perspective on the value of special interest days.**

**S**pecial interest days seem to be one of the many exciting things that psychiatry trainees look forward to as part of higher training. These sessions, for many, are one of the highlights of the working week.

But, beyond spending these days separated off from clinical duties, what is their value?

I had the pleasure of stealing a few moments with Professor Subodh Dave, the Dean of the Royal College of Psychiatrists (whose role is focused on training and workforce), to understand his take on special interest days to better conceptualise the idea so that you may get the most out of them.

### What is so important about special interest time and what can people use it to do?

Special interest days are an opportunity for specialty trainees to use time from their

working day to branch out and gain extra skills in areas that they feel will help them prepare for being a consultant.

A good rule of thumb when considering what to choose for a special interest day is to see how this can help improve the trainee's patient care. Medicine is holistic, it isn't just about medication doses and blood levels. Being able to engage with and understand the community that our patients come from is important, so using a special interest day to do that would be a great use of time.

Spending time in ED, for example, can help gain insight into how and why our patients present in the way they do or how best to manage physical health.

Having research opportunities arranged locally to slot trainees into during special interest days will be useful for the profession.

### How useful was your special interest time during your training?

My special interest in neuropsychiatry during my training in Birmingham under Professor Michael Trimble at Queen's Square in London was amazing. It was such a great experience to broadened practice.

Although I ended up as a community psychiatrist, the experience I had in neuropsychiatry complements my practice every day. No skill learned is ever wasted.

### What provisions are there for less-than-full-time (LTFT) and academic trainees?

Lots of people are in less-than-full-time training and we no longer require a reason to be provided in order to do this.

I feel that no LTFT or academic trainee should be disadvantaged in any way, and most do get the flexibility that they wish for. The challenge is that certain opportunities involve practicalities such as travel that may limit this kind of trainees. However, we are utilising digital access more; and I have founded a Remote, Rural and Coastal Training Group to help address these issues.

Our specialist advisor Mary Barrett in LTFT is a good point of contact: [mary.barrett1@nhs.net](mailto:mary.barrett1@nhs.net)



General adult psychiatry trainee:

# Making the most of it

Dr Saumya Singh offers advice on choosing special interest sessions, drawing on advice from her training programme director, Dr Tarun Khanna.



Dr Saumya Singh

Special interest sessions, also known as professional development sessions (PDS), are an integral part of the higher training curriculum. These are available to all higher trainees in psychiatry but the days of the week the trainees are able to take them must be agreed with the clinical supervisor/educational supervisor and training programme director beforehand. These sessions must also meet the higher trainee curriculum requirements and the personal development plan (PDP) of individual trainees.

These sessions are protected and consist of two sessions of four hours per week (pro-rata for LTFT trainees). These can be taken as two successive sessions in a day (for example, the whole day used as a special interest session) or two sessions days on different days of the week. These are separate to weekly teaching programmes, mandatory training and study leave allocations.

I had an opportunity to meet my training programme director (TPD), Dr Tarun Khanna, who

**About the author:**

Dr Saumya Singh is an ST5 in general psychiatry based in Manchester, currently working in addictions psychiatry as a part of her endorsement.

shares the role with another TPD for the Northwest School of Psychiatry. I discussed with him about the options higher trainees have in terms of special interests and the prospects of special interest sessions. Drawing from this discussion and my own experience, I've outlined some recommendations below:

**1) Choosing special interest sessions**

Dr Khanna spoke about several factors that should be considered such as individual interest. General adult psychiatry, for example, is a very broad and deep specialty and is not limited to simply being 'general', which is almost a

misnomer in that regard. In fact, it encompasses various subspecialties, such as perinatal psychiatry, eating disorders, addictions, neurodevelopmental psychiatry and rehabilitation. Another interesting realm is the management of patients with emotionally unstable personality disorder, which may require the development of particular skills. Lately, there has been increasing focus on this, with the aim of improving the quality of care provided.

Dr Khanna emphasised that it is possible for higher trainees in general adult psychiatry to undertake special interest sessions in other psychiatric specialties, such as older adult, forensic, or child and adolescent psychiatry.

Dr Khanna highlighted that these sessions can be used as required, but they should complement the PDPs and meet the learning objectives. Also, I gathered from

my previous clinical supervisors that higher trainees have used these sessions in a varied way, such as by using the time in research, audit/quality improvement projects etc. A few trainees I spoke to have used the sessions to complete their fellowships or additional degrees. These can also be used towards pursuing one's interest in medical education, leadership and management.

These special interest sessions provide trainees with the opportunity to gain additional experience because it is not possible for the trainees to be placed in all the subspecialties during their training period due to certain limitations, such as there being a set time period for training and a lack of availability of placements.

Therefore, these sessions benefit trainees by exposing them to a structured training experience without actually being in that placement, and helps them broaden their perspectives while meeting various career requirements. Unfortunately, these sessions do not count towards an endorsement, but there are various opportunities to achieve the endorsement of interest.

**2) Barriers to undertaking special interest sessions**

Some commonly seen barriers are lack of knowledge and awareness about the ways in which these sessions can be used. Geographical distance could pose a physical barrier when a trainee would like to undertake a certain placement only available in certain locations, for which the cost and length of the journey might make undertaking the experience unfeasible. Governance and IT processes can sometimes result in there being long waiting times before the session can be undertaken.

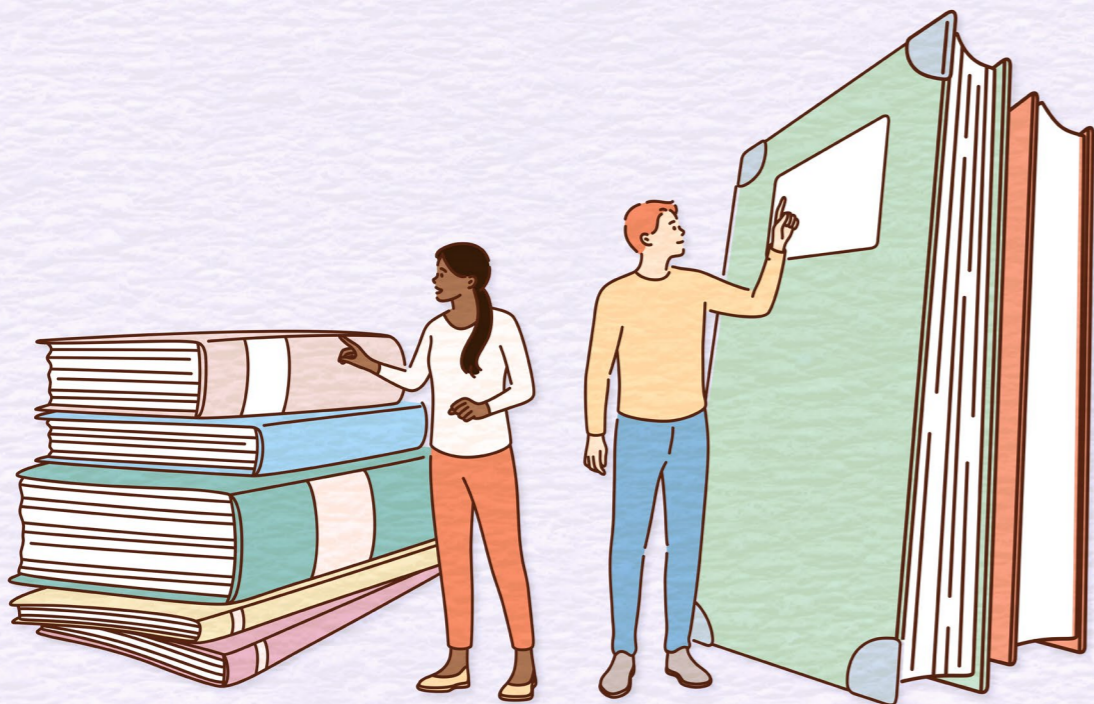
Sometimes, trainees struggle to arrange a day for these sessions due to other usual routine commitments at their workplace. Cover must be arranged whilst the trainee is undertaking their special interest time to ensure continuity of patient care. As these sessions are seen as protected time, such arrangements should be agreed with the clinical supervisor in advance, and necessary arrangements made, to prevent breakdown in patient care.

To support trainees in their planning for their special interest sessions, it would be helpful to have a list of possible sessions on the school/deanery website along with contact details for arranging them. As an example, the Northwest School of Psychiatry website has an extensive list which, reportedly, trainees have found very helpful. Agreement with the clinical supervisor/educational supervisor or TPD along with the intended special interest supervisor beforehand is essential.

**3) How can trainees show evidence of their special interest sessions?**

This is not different from demonstrating competencies/activities in regular placements. Workplace-based assessments (WPBAs), reflective notes and audit/research output, where possible, during these sessions could be evidenced and linked to the curriculum HLOs.

To conclude, these sessions can enrich the training experience immensely. However, trainees need to plan their sessions in advance with their supervisors. Schools need to be supportive to address some potential barriers to accessing desired sessions.



## Child and adolescent psychiatry trainee:

# A focus on research

**Dr Demelza Beishon-Murley on meeting the research competencies of the curriculum for higher training in child and adolescent psychiatry.**

Child and adolescent psychiatry (CAP) trainees need to demonstrate the development of research skills as an integral part of their training. Unless undertaking another research-related activity, CAP ST trainees are expected to undertake at least a structured review of literature in one aspect of CAP/child mental health that is of an academic standard. ‘Special interest’ or ‘professional development’ days can be dedicated to fulfilling this.

High Level Outcome (HLO) 9 of the CAP curriculum states that trainees should be able to: “Critically evaluate data, papers, reviews, and meta-analyses and implement findings in daily clinical practice”, which can be met through a literature review.

From a personal perspective, as someone not particularly research-minded, conducting a literature review was useful as it’s not something I would have otherwise opted to do, and I

would have found it challenging to meet HLO 9 without it.

I spoke with the Training Programme Director for the Higher Training Scheme in Child and Adolescent Psychiatry at South West London St George’s NHS Mental Health Trust (SWLSTG), Dr Victoria Fernandez. She explained that the literature review is an important scholarly activity that helps trainees to achieve competencies that may not be covered elsewhere in the programme.

Within SWLSTG, we are allowed to choose the topic ourselves. For us, this meant the project remained personally relevant and interesting, allowing us to indulge a special interest as trainees in other specialties do, albeit in an academic rather than clinical way. Being able to choose the topic ourselves can be a double-edged sword though, particularly as, if you’re research-naïve, it can be hard to

formulate a question appropriate for a literature review (i.e. original enough that it has not already been done, but general enough that good quality literature has been published on the topic). Finding a research supervisor who shares your interest or has specialist knowledge of the area and has capacity to supervise can also prove to be difficult.

Following completion of a literature review, trainees are able to use the day to pursue a special interest. This can be academic (e.g., pursuing an additional degree) or clinical, (e.g., meeting outstanding training needs by, for instance, gaining clinical experience in a team that sees children under the age of five). In my case, I used this time for a psychotherapy case to meet that competency. After therapy was completed, I chose to go back to the CAMHS eating disorders team for one day per week, as this is a particular area of interest for me.

Whatever your interests are, these sessions are an invaluable way to explore various career interests and help shape the consultant you aspire to be.



## Forensic psychiatry consultant:

# Branching out

**Dr Howard Ryland discusses how special interest sessions can be used to gain skills that, though not necessarily specific to one’s speciality, can be invaluable addition to a psychiatrist’s career.**



Dr Howard Ryland

Special interest sessions are a unique and indeed ‘special’ aspect of training in psychiatry – a true luxury in the pressured systems we all work in and one that has benefited me in many diverse ways. Some benefits are tangible in career terms, but others are subtler, perhaps a chance to step sideways from the training conveyor belt and think differently. I used my sessions for a hotchpotch of different activities over the course of my higher training, none specifically forensic. Most weren’t planned at the start, but rather developed over time as opportunities arose and my interests evolved. I hope that sharing my experiences will be helpful to others who are choosing how to use their sessions.

I was a semi-accidental leader, initially motivated by my disgruntlement with the status quo to try improving local on-call rotas. One thing led to another, and I joined the Psychiatric Trainees

Committee and, subsequently, the European Federation of Psychiatric Trainees. Meeting passionate colleagues from around the country and internationally was a fantastic experience that really inspired me professionally. I loved working on shared projects, from a trainee-led response to proposed national training pathway reforms to expanding an [exchange programme for psychiatric trainees in Europe](#).

I explored my interest in medical education with the Maudsley Simulation Centre, a pioneering facility dedicated to mental health. Alongside out-of-programme fellows, the centre welcomed those interested in developing simulation skills using special interest time. I learned how to debrief – to conduct a facilitated, structured discussion following the simulation which encourages learning to occur through mutual reflection. This

### About the author:

Dr Howard Ryland is a consultant psychiatrist with Oxford Health NHS Foundation Trust and Honorary Senior Clinical Research Fellow at the University of Oxford. He completed his higher training in forensic psychiatry in South London. During his training he was the Chair of the Psychiatric Trainees’ Committee at the Royal College of Psychiatrists and President of the European Federation of Psychiatric Trainees

experience served me well in my current role organising the Oxford Postgraduate Psychiatry Course, to which we have introduced simulation sessions.

A more ‘left-field’ experience was the British Science Association’s Media Fellowship – a chance for scientists and clinicians to spend time embedded in a media outlet, including big hitters like the *BBC* or *The Guardian*. I was assigned to *Londonist*, where I had a fantastic time as a part-time journalist – researching and writing articles on everything from advising readers about [where to learn about science in the Capital](#), to reviewing a [Wellcome Collection exhibition about Bedlam](#).

In the past, I had made several failed applications to enter the Integrated Academic Training Programme. But, I decided to leverage my special interest time to make one more attempt to enter academia by developing a proposal for the NIHR Doctoral Research Fellowship. The application process was a steep learning curve, which required spending lots of time filling out a long form, but all the effort paid off. I went on to complete a PhD following my CCT, and research is now a big part of my current consultant role.

Despite the disparate nature of these various activities, they all combined to broaden my outlook and help shape my career. Whatever you choose to do with your sessions, I hope you enjoy the experience!

## Old age psychiatry trainees:

# A rich mix of opportunities

As a specialty at the confluence of psychiatry, neuroscience, and geriatric medicine, old age psychiatry offers a wealth of opportunities. Here, Dr Jason Holdcroft-Long and Dr Sandar Kyaw share their experiences of how they used their special interest days to enrich their knowledge, and offer tips on how to get the most out of special interest sessions.

### About the authors:

Dr Sandar Kyaw is a higher trainee in old-age psychiatry (ST6), based in the liaison team, Lincoln, Peter Hodgkinson centre, Lincoln county hospital. She grew up in the golden land called Myanmar, where the culture of mindful compassion, particularly to elderly and sick people, is immensely valued. This deep-rooted compassion drives her to pursue a career in old age psychiatry, aiming towards an endorsement in liaison psychiatry.



Dr Jason Holdcroft-Long is a final-year registrar [OR HST6] in old age psychiatry with the liaison team at Royal Derby Hospital. He has a longstanding interest in medical education, co-creating an 'expert patient clinic' for medical students and designing teaching on mental state examination for nursing students in Nottingham. He combined two special interests by rejuvenating ECT teaching sessions for medical students in Derby while attaining the RCPsych competences for an ECT lead consultant.

### Neuropsychiatry

Given the age of patients that psychiatrists encounter in this specialty, as well as the unavoidable prevalence of neurodegenerative disease, a popular area of interest is movement disorders, particularly Parkinson's disease.

Jason followed a well-trodden local path, joining the nationally recognised Parkinson's Disease Service in Derby, led by geriatrician Dr Rob Skelly. He spent the first few half-day sessions shadowing the consultants and Parkinson's disease nurse specialists in their clinics to learn about how they diagnose new patients and manage the myriad symptoms of neurodegenerative movement disorders.

In comparison, Sandar travelled from Lincoln to Nottingham and the neurologist-led movement disorder clinic at Queen's Medical Centre. It was a "long

journey," she says, "but worth it to access the multifaceted learning opportunities available."

"We shadowed colleagues and took part in MDT discussions about complex problems, before striking out more independently seeing our own patients," she says. "We developed skills in differential diagnosis, including 'Parkinson's-plus' syndromes and other movement disorders."

Both Jason and Sandar found that seeing longstanding patients highlighted to them the different courses these diseases take.

"On these special interest days, both myself and Jason learned more about supporting patients with deterioration, both psychiatric manifestations and physical symptoms, and juggling the complex interplay of treatments affecting mental and physical health in ways desired or unwanted," says Sandar. "Our expertise as psychiatrists was called upon for patients

struggling with cognitive and affective aspects of illness".

Jason comments: "We found our time with these services enormously interesting, and enjoyed working with the doctors, nurses, physiotherapists and other professionals providing genuinely holistic care."

### Medical education

Medical education is an eternal favourite special interest for trainees in all specialties. Teaching opportunities are plentiful, with medical school and postgraduate training organisers grateful for all offers.

Sandar facilitated a clinical reasoning workshop for medical students. She became more aware of the different learning styles and styles of reasoning employed by the learners, fuelling her interest in the cognitive theories of learning.

Jason also seized the opportunity to indulge in education theory, using part of his time to complete a postgraduate certificate (PGCert) at the University of Sheffield. Here, he met other doctors, nurses and others of all grades developing their practice

as medical educators, expanding his understanding of how teaching and learning happen through their experiences in many different settings. Like similar courses, the PGCert covered the theoretical aspects of education theory, e.g. taxonomies of learning and 'constructive alignment,' with a strong practical focus and plenty of peer assessment.

The sessions really highlighted to Sandar and Jason that the role of doctors as teachers is essential in a profession in which learning takes places very much like an apprenticeship. Over the course of their sessions, their design and delivery of teaching activities became more efficient and evidence-led, and they gained valuable peer and tutor feedback which will inform our practice throughout our careers.

Choosing medical education as a special interest also offers the opportunity to work in assessment, such as by examining and interviewing at undergraduate level or sometimes beyond. While these roles can be more formal and have a schedule that is not incredibly flexible, they can broaden your insight into how educators can measure

and capture what their learners are taking away from teaching sessions, and why it is important to do this.

If, as a trainee, you can get involved in post-hoc review of outcomes and feedback too, then you see the whole cycle of programme design, delivery and evaluation, which can stand you in good stead for later senior roles in medical education.

### Getting started:

#### Jason and Sandar's tips

1. **Be imaginative and open-minded:** The first task is finding out what's available and choosing what to do. To aid trainees in finding suitable opportunities, we maintain a 'menu' of some of the more popular interests in our region, with contacts. Some examples are addressing distressing symptoms and the end-of-life journey in palliative care; assessing and treating patients with new psychosis with the early intervention team; or developing subspecialty expertise in perinatal mental health. It is fine to go à la carte though! We know of trainees who have used their special interest time in the creative arts, for instance.

#### 2. **Be flexible and courageous about negotiating your plans:**

Often your choice of special interest will be guided by timetables and availability. For example, Sandar found that some of the interests she hoped to pursue couldn't be made to work when her schedule was set against that of the host service. Travel may also pose an issue. This is, however, your time, and your employers and training bodies should allow for some flexibility in timing and support in covering costs for you to meet your training objectives.

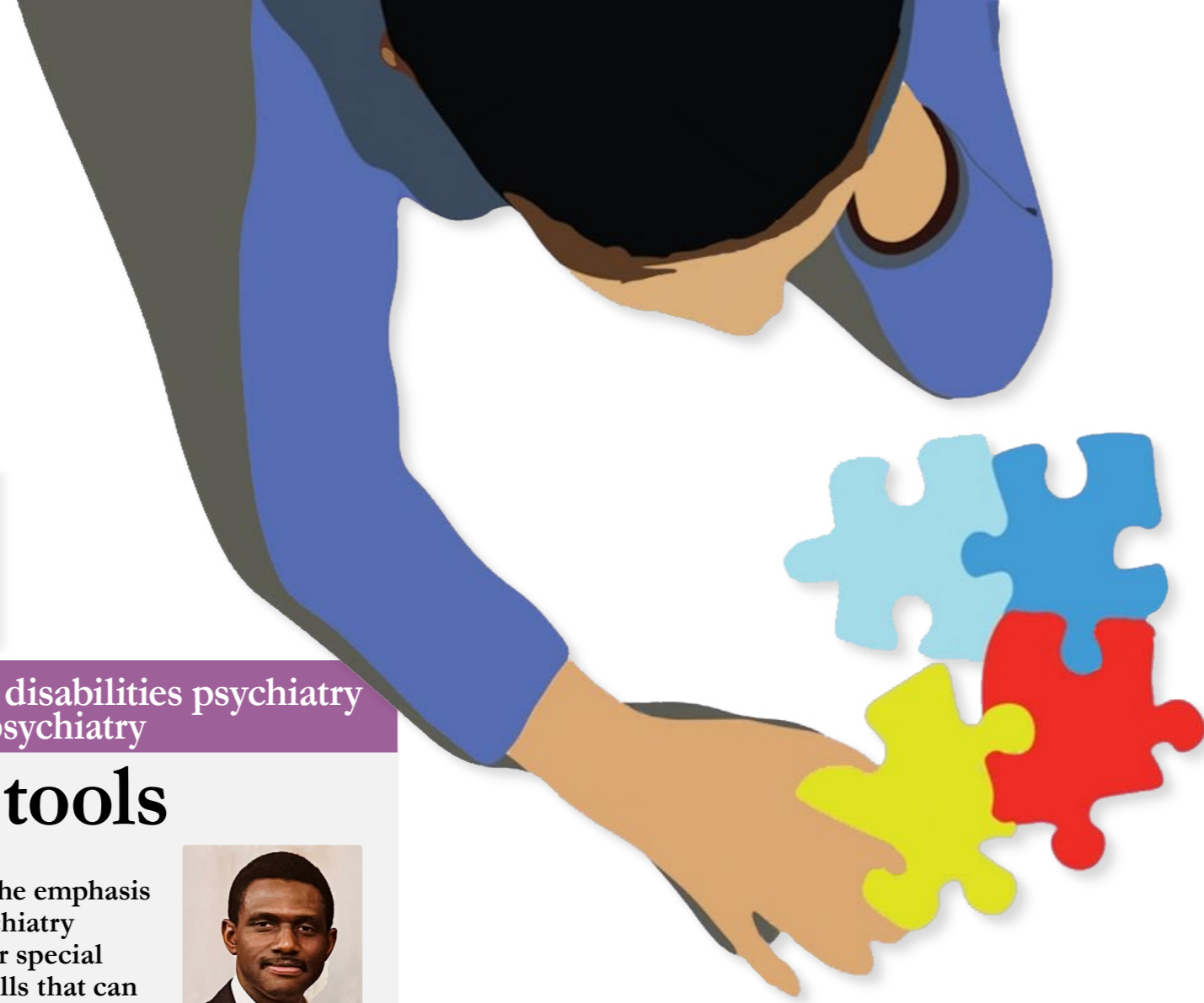
#### 3. **Be clear about the target:**

You will have a stronger case in arranging your plans if you have identified clear learning objectives and skills to develop. Most TPDs and ARCP panels are not prescriptive about what you can and cannot do, but they need to know how your interests and plans relate to your development as an old age psychiatrist.

#### 4. **Above all, enjoy it!**

It's a chance to spread your wings and spend time developing yourself in ways that will inform your work for many years so come, so choose something that truly interests you and adds value to your training.





**About the author:**  
Dr Olurotimi Adejumo is currently an ST6 in the East of England and has previous experience in child psychiatry and research. His wide-ranging interests include trauma-based experiences and related psychiatric presentations.

## Dual trainee: Intellectual disabilities psychiatry and child and adolescent psychiatry

# A variety of tools

**Dr Olurotimi Adejumo's take on the emphasis of the intellectual disabilities psychiatry curriculum, the diverse options for special interest sessions and the many skills that can be gained as a result.**



Dr Olurotimi Adejumo

In intellectual disabilities (ID) psychiatry, higher trainees follow a curriculum designed to enable them to recognise, formulate, diagnose and manage mental health difficulties in individuals, families and populations with ID. The curriculum recommends the first two of three (full-time-equivalent) years to be spent training in specialist services for adults with ID. The third training year is relatively flexible, offering opportunities to “consolidate and develop clinical skills according to the specific needs and interests of each trainee”, as stated in the [Psychiatry Silver Guide](#). Trainees may distribute their clinical interests across the training years using special interest days, also known as professional development sessions (PDS).

### Broad categories of important skills

The RCPsych Higher Specialty Curriculum for ID psychiatry training specifies areas of expertise in which trainees are required to achieve competence, mapped to broad categories of good medical practice as recommended by the General Medical Council. These include a need to maintain professional relationships and practise according to professional standards; to optimise clinical skills including communication; to work optimally and leading within teams; to manage clinical complexity and uncertainty, undertaking research and clinical appraisal; and to perform roles in teaching, training, and supervision, among others.

It is helpful for a trainee to evaluate their levels of confidence with practising within these areas of competence, and based on perceived areas of need, identify areas requiring training supplementary to that obtained in their regular rotations. PDS are helpful for this purpose.

### Examples of PDS opportunities in ID

There are few limits to the type and extent of PDS opportunities available to trainees. Most psychiatry trainees would explore a mix of endeavours based on individual interest and the options available. Listed below are some broad PDS categories and options an ID trainee might find useful (this list is not exhaustive).

### Improving clinical diagnostic and management skills

- Skills for managing conditions frequently comorbid with ID: epilepsy (e.g., pharmacologic and vagus nerve stimulation (VNS) clinics), sleep disorders, dementia.
- Additional diagnostic and management expertise (e.g., for ADHD, autism).
- Forensic aspects, including gaining expertise with application of Mental Health Act and Mental Capacity Act.

### Multidisciplinary exposure

Improving familiarity with the roles of other professionals, including:

- speech and language therapists
- occupational therapists

- psychologists, psychotherapists, and Positive Behaviour Support specialists
- art therapists.

### Research

This could involve:

- designing studies based on identified research questions
- identifying established researchers and participating in ongoing projects
- conducting audits of services and designing quality improvement projects.
- team-building and educational activities
- leadership, including participating in representative and administrative roles.
- medical education.
- supervision and mentoring.

### My personal experiences

For me, my PDS choices changed across my rotations in ID and CAMHS. My first PDS involved attending specialist epilepsy clinics. I spent much of my time in the clinic within a specialist neurology department in order to understudy a professor of psychiatry with epilepsy expertise.

Most patients in this clinic had complex presentations, with longstanding psychiatric involvement and multiple comorbidities including epilepsy. Joining this clinic also enabled me to see patients on VNS programmes and participate in reviewing these.

Another PDS opportunity I had involved working with a specialist autism diagnostic service in my NHS Trust. This experience spanned a year and gave me the opportunity to use a variety of tools when working with adults referred for autism assessments. Debating the outcomes of these assessments within a

multi-disciplinary team allowed me to gain increased familiarity with autism diagnostic criteria, and valuable insight into the process of ruling out differentials to make accurate diagnoses.

I have always devoted some of my PDS to research activities. I have had the opportunity to work on previous research projects of my own and to join researchers on new and ongoing projects. This has helped me develop skills in clinical rating, literature review, and report writing. I have further intentions to spend more PDS time in research, gain psychotherapy competencies, and to take up roles in mentoring and developing leadership experience.

### Conclusion

While PDS offer valuable opportunities for higher trainees to develop additional skills that may not be obtainable in their scheduled psychiatry rotations, these sessions are only as useful as the trainee makes them.

For the ID trainee, a vast number of personal enrichment options exist for developing expertise in diverse areas of interest, building skill in clinical and research practice, and developing abilities in leadership and administration.

A trainee's options are specific to their locality. It is critical to identify one's needs and interests early, then to begin to enquire about existing opportunities to meet these needs within one's NHS trust or nearby trusts, and to seek out specialists or professionals who may already be active in these areas. It is often easiest and most effective to learn from people who are already practising in an area of interest. Many professionals are very willing to accommodate a keen doctor seeking to learn and improve their skills.



Medical psychotherapy trainee:

## Expanding a skill set

Dr Preety Das discusses how her special interest time in both medical psychotherapy and general adult psychiatry allowed her to draw personal and professional experiences together.

**B**y spending my special interest time in medical psychotherapy and general adult psychiatry, I've been fortunate enough to be able to foster a space where both mental health and my personal experiences integrate – weaving together strands that are creative and scientific, symbolic and practical, and Eastern and Western.

Within our core curriculum, psychodynamic psychotherapy focuses on understanding how an individual's relationships in earlier life shape daily difficulties, while systemic and group therapy emphasise the wider familial and societal context.

Beyond core modalities, new assessments instil a deeper understanding of which patients are better suited to particular modalities. In part, my special interest has helped me broaden and deepen my grasp of these psychotherapeutic modalities. Transference Focused Psychotherapy (TFP), Dynamic Interpersonal Therapy (DIT) and Mentalisation Based Therapy (MBT) have enriched my existing

practice with frameworks for conceptualising and treating complex difficulties, in particular for those who may benefit from more active and explicit approaches in time-pressured NHS environments. I have also undertaken Balint leadership training to run reflective practice groups in a range of contexts. This has imbued me with an understanding of team dynamics and facilitating reflection around these complexities.

My special interest has also integrated my experiences both personally (as a daughter of refugees) and professionally (as a graduate of public health who previously was a GP trainee). In UK mental health services, there exist long-standing inequalities in access, experiences and outcomes for people from minoritised ethnic backgrounds. South London and Maudsley NHS Foundation Trust is the leading site for 'PCREF' (Patient and Carers Race Equalities Framework). This NHS England policy supports trusts to improve ethnic minority experiences of healthcare. The Maudsley Training

Programme is the largest psychiatric scheme in Europe, with over 200 trainees for whom the Medical Psychotherapy Service provides supervision.

In 2020, I founded the Maudsley Cultural Psychiatry Group (comprising medical psychotherapists, psychiatrists and researchers) to highlight aspects of race and culture in our training. We've hosted academic, creative and reflective spaces, including an international seminar series which had over 600 attendees and was published in *The Lancet Psychiatry*. At the heart of our approach is an introspection on power dynamics between service users, carers and staff, with the aim of enabling an authentic process of co-production.

My experiences have fostered a meaningful integration of psychotherapy, psychiatry and cultural identity culminating in my interest in considering how these factors apply to young adults in our service, particularly those at risk of psychoses. Such opportunities convey how special interest sessions in medical psychotherapy might be used as an integral bridge between NHS policy, training and practice, which can help practitioners to better meet needs of increasingly diverse populations and provide interventions at crucial time points for an individual's development and recovery.



General adult psychiatry trainee:

## Broadening horizons

Dr Imrana Puttaroo discusses the valuable insight she gained from spending her special interest sessions working in perinatal, women's and reproductive health.



### About the author:

Dr Imrana Puttaroo is an ST5 trainee in general adult psychiatry at West London NHS Trust. She sits on the Psychiatric Trainees Committee and the Faculty of Perinatal Psychiatry Committee as a trainee representative. She is keen to promote high-quality training and wellbeing within psychiatry and has interests in perinatal psychiatry, neurodevelopmental disorders, psychopharmacology and psychotic disorders.

**I** believe that psychiatry stands out as a unique medical speciality as it is one that encourages versatile interests and flexible thinking. For a psychiatrist, a singular focus can often be limiting. Mental health does not exist in isolation; it intertwines with every aspect of a person's life, from their physical health to their societal roles. It is essential that a psychiatrist possesses a broad knowledge base to truly connect with their patients and provide optimal care. Special interest sessions are a golden, protected opportunity within higher training to broaden your horizons and think beyond your daily clinical work.

During my core training, I was drawn to the subspecialty of perinatal psychiatry and completed a six-month post at Coombe Wood Mother and Baby Unit in Brent, London. During the first year of my higher training, I used my special interest sessions to extend my experience at this unit.

I am particularly drawn to this speciality as it involves treating women for mental health

disorders during an important transition in their lives. This speciality offers unique challenges, such as managing high-risk situations, making complex pharmacological decisions and collaborating with a wide range of external services and other medical specialities.

My time at Coombe Wood, alongside my broader experiences within general adult psychiatry and substance misuse services, have also helped me gain insights into the multifaceted dimensions of women's physical and reproductive health. Women's health is an intricate tapestry of physical, emotional, and social dimensions that are interwoven throughout the lifespan and often have a vital intersection with psychiatry. For example, disorders like postnatal depression and pre-menstrual dysphoric disorder clearly highlight the connection between a woman's reproductive health and her mental health.

While my interest in women's health was initially sparked during medical school, I had never

received formal postgraduate training in obstetrics or gynaecology. Recognising this gap, I am currently using my special interest sessions to study for the DRCOG (Diploma of the Royal College of Obstetricians and Gynaecologists). The DRCOG is a qualification for doctors who wish to demonstrate their knowledge in obstetrics, gynaecology, sexual and reproductive medicine as applied to women's health. While it is tailored for GPs, I believe this knowledge will be invaluable for my career as an aspiring perinatal psychiatrist and elevate my practice.

I would like to encourage my fellow psychiatry trainees to see special interest sessions as more than just a checkbox or a routine task; they represent untapped potential to redefine your professional trajectory.

Be creative, be curious, and be ready to step outside the box. Our field naturally intersects with countless others, and our special interest sessions are the key to unlocking a holistic, comprehensive approach to patient care.