

The Dean's Newsletter: May 2009

I'm coming towards the first anniversary of my appointment as Dean. It's been a year in which I have been pleasantly surprised to learn just how much the College truly can influence and shape the training agenda to drive up and maintain standards in Psychiatry. I've also been impressed by Robert Jackson and his staff in Professional Standards at the College who keep the whole show on the road. Perhaps it would be helpful for me to outline some of the current challenges that I believe we face and tell you something of the initiatives that the College is leading in order to meet them.

Recruitment into Psychiatry – or rather our current failure to recruit into our specialty – is at crisis point. Many of you will know that only 6% of candidates for MRCPsych Paper 2 last summer had gained their primary medical qualification in the UK. The latest sitting of the CASC examination was only a little better with only 1 in 8 candidates having graduated from UK medical schools. The reasons for this decline in popularity are complex, but I believe that the two major negative contributors are the current dismal experience of many medical school clinical attachments and poor penetration of Psychiatry into the Foundation years. The College has launched a major initiative to engage with medical students which is being led by the Psychiatric Trainees Committee chaired by Clare Oakley. I've been amazed at the progress they have already made in starting up undergraduate Psychiatry Societies within medical schools and linking up these societies into a network within which a new College grade of Student Associate (over 800 registered already) can communicate with like-minded folk, learn about prizes, electives and our Summer Schools and continue to feel a sense of belonging within Psychiatry. Nisha Dogra has led a scoping exercise on undergraduate psychiatry teaching and it is clear that there is an enormous amount that needs to be improved and that UK-wide standards need to be set. The Academic Faculty are leading and advising providers of undergraduate teaching on how best to design and deliver a modern and attractive curriculum. But this issue is primarily the responsibility of all of us who meet medical students in our work. Please take some time to reflect on what kind of image of our specialty you are currently projecting to potential young psychiatrists. Could you be doing a bit more to enthuse and attract them? Currently, only around 3% of Foundation Programme posts are in Psychiatry. We are actively working with the UK Foundation Programme Office, who say that they share our vision of all FP doctors having a 4-month experience of Psychiatry. We have got to

grasp this opportunity because we know that once young doctors come to Psychiatry in the FP a high proportion are likely to choose us for their career. Finally, Nick Brown, magnificently supported by Joanna Carroll, has led a very successful round of College National Selection to all CT1 posts in England this year. Despite a couple of computer glitches and the Home Office repeatedly changing the rules on the employment of non-EAA doctors, we have achieved excellent fill rates in deaneries and the feedback from applicants has been very good. We are bidding to run National Selection to training posts at all levels in 2010 and I believe we need to do this to ensure that the very best potential applicants get into our available training posts. Scotland, Wales and Northern Ireland are always welcome to join with us on this.

Our new Core and Specialist Curriculum has been approved by PMETB and can be viewed on their website or within the College's Training pages. We now have a competency-based curriculum which is an enormous improvement on what has gone before. From August this will be the document that sets out the competencies and standards that we will be training to and I would ask all of you to have a look at the document to update yourself. PMETB allow us to make changes to the Curriculum every year and so we should appreciate that this is a dynamic document that is open to revision and amendment. Preparation of the Curriculum from scratch was a huge undertaking and I'm grateful to all the members of the various Faculty Education and Curriculum Committees who worked hard for many months to achieve this. Submission of the Curriculum to PMETB last summer and the final Approval Panel interview in the autumn filled me with anticipatory anxiety but I'm happy to report that Andy Brittlebank, Amit Malik and Nick Brown made it all look very easy.

As a College we set standards for training and we also assess whether or not those standards are being met. The Workplace-Based Assessments that we have developed, supported by Assessments On-Line, receive good feedback from trainees and trainers and form the backbone of the ARCP. We need to do more to train our trainers to give honest feedback in their assessments which will enormously increase the value of this process. The Education and Training Centre has started running excellent "Train the Trainers" courses for educational supervisors and I would hope that all trainers will complete this. PMETB have recently made such training mandatory for all educational supervisors, but I'd like to think that we would have all wanted to access it anyway! Of course, our objective test that set standards have been met remains the MRCPsych examination. Anthony Bateman, our inspirational Chief Examiner, and Fauzan Palekar, Head of Examinations, have

smoothly steered the College, our examiners and candidates through a time of transition to our new exam. I believe that it is very important for us to maintain the MRCPsych as an exam that can only be passed by a candidate who has both completed a good training and has prepared diligently. I think that the design of the examination and the pass rates that we see should reassure us that this is indeed what is happening. I have, however, been very struck by the differences in success rates in the CASC between the (admittedly very few) UK medical school graduates who have sat it and those candidates who trained overseas. Over the next couple of years, I want us to review the content of core training to reflect the fact that the majority of our trainees are working within a culture and health system that is foreign to them. Training needs to include an appreciation of this and explicit ways of achieving the extra competencies that many of our trainees will need in order to pass the CASC examination and enter higher training.

Revalidation and licensing will be upon us soon. The College's preparation for this is being lead by Laurence Mynors-Wallis who will soon be looking for volunteers to pilot a personalised e-portfolio that will guide members through the new processes involved and capture their supporting documentation in a form that can be submitted to the GMC. As part of the readiness for revalidation JS Bamrah is leading a review of the CPD policy to make it more fit to feed into the process.

We are also looking for volunteers – at both consultant and senior trainee level – to work as College Deanery Training Assessors. If you can remember the role that the College played historically in the quality assurance of training schemes and posts through visiting, then you will appreciate how important our expertise and externality was in helping to maintain standards. We have been invited by deaneries, who now have responsibility for the quality assurance of training, to provide external, College-approved assessors who can visit to help them with local quality assurance. While I am on the subject of volunteering, the College has an important role in offering expert advice to PMETB as to whether or not doctors who are applying for specialist registration through the Article 14 route can be considered to be equivalent to someone who has undergone specialist training through our own system. Led by Greg O'Brien this is crucial work for the College and for supporting the manpower needs of the NHS. If you would be interested in helping out with the fascinating and worthwhile work of the Equivalence Committee, then do let us know.

Sally Pidd is retiring today after five years as Associate Dean for Workforce which followed another five years as Deputy Registrar for Workforce. Those of us who have worked with Sally over the years have been hugely impressed by her dedication to workforce issues and the effort she has put in. Her input will be greatly missed and I want to express my thanks on behalf of the entire College to Sally for the work she has so tirelessly done.

I have had a very enjoyable first year as your Dean and relish the challenges that the post has thrown at me. I'm always interested to learn about the issues that are important to members – particularly if they involve training or recruitment into Psychiatry – and I hope that you will want to email me. Things are getting better for trainees and I hope that you'll want to get involved in what the College is doing to take the initiative and drive positive changes forward.