

# THE REGISTRAR

17 May 2010

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## Editorial

By Dr Jon Van Niekerk, Chair of the PTC

Welcome to the Spring Edition of the PTC Newsletter.

In keeping with the season, we thought we would give our Newsletter a whole new fresh and bright make-over. We hope you like it as much as we do!

I would like to invite you all again to join a great line-up of speakers at the Trainees' Day of the International Congress in Edinburgh on the 21st of June 2010. We are pleased to offer a full-day programme of workshops specifically aimed at trainees featuring the most eminent psychiatrists in the UK including Professor Dinesh Bhugra, Professor Robin Murray, Professor Nick Craddock and Professor Rob Howard. These successful role models will be speaking on a range of issues including management, leadership, teaching, research and other hot-topics. See the advertisement on page 2 for more details.

I was delighted to meet a lot of colleagues (and proud family members) at the recent New Member's Reception held on the 30th of April. I would also like to congratulate those that passed their recently held CASC examinations – well done! The PTC remains committed to representing trainees at the highest levels within the College and we have recently negotiated a new Exam calendar that will allow two diets of the CASC in the CT3 year starting this August.

There has been a lot of anxiety following recent GMC guidance which details that any examination or assessments taken while not in an approved training post cannot contribute towards the requirements needed for the award of a CCT. The PTC is working with the relevant stakeholders to seek further clarification for the benefit of trainees. This is an evolving issue and we will keep you up to date with regards to the outcome of high level meetings. Dr Ollie White (past chair and current active member of the PTC) is the current Co-Chair of the Academy Trainee Doctors Group and also addresses this issue within this edition.

Applying for a Consultant post can be an anxiety provoking experience. Chris Pell describes his top 10 tips on how to prepare for this most important interview. Dr Mark Lovell describes the work of ACAMH (Association for Child and Adolescent Mental Health), a not-for-profit organization that works towards advancing the study of child and adolescent mental health. Ayesha Rahim (ST5 Adult Psychiatry Trainee and Deputy Chairman of the JDC BMA) talks about the power of negotiating and how to make the most of your Local Negotiating Committee. Neel Halder argues that we should all know how to engage with the media. The PTC continues to work closely with the Dean and Recruitment Working group to showcase our specialty to medical students

and Foundation doctors. Gianetta Rands, Consultant Psychiatrist, describes an innovative way of doing this by setting up a 'Taster session' for Medical Students in your place of work. Josie Jenkins (Secretary of the PTC) describes a much overlooked area within medical training: bullying, and gives some advice on what to do about it.

There will be a trainee's dinner on the 21st of June at a restaurant close to the Congress' Venue (details enclosed with advert). Please come and join us for a great evening and I look forward to meeting many of you there.



# Trainees' conference

## 21st June 2010

At the International Congress of the  
Royal College of Psychiatrists,  
Edinburgh

A full-day programme of workshops specifically aimed at trainees featuring the most eminent psychiatrists in the UK including:

Professor Dinesh Bhugra  
Professor Robin Murray  
Professor Nick Craddock  
Professor Rob Howard



### 1. Management

Learning to lead a multidisciplinary team  
What management experience do trainees need?  
What does a medical manager do?

### 2. Teaching

Using films to teach psychiatry  
Why it is important to engage medical students?  
Open access educational material

During lunch there is an opportunity to meet the Chief Examiner, Professor Anthony Bateman, in the trainees' lounge to ask any questions relating to the MRCPsych exams.

### 3. Research

How to get published  
How to get involved in a research project  
What schizophrenia has done for me

### 4. Hot topics

Medicalizing human experience: the boundaries of psychiatry  
What is the fate of functionalised teams?  
Public spending cuts - an opportunity for radical change?

Only £95 for CT1-3 trainees and £165 for ST4-6 trainees.  
Book online: <http://www.rcpsych.ac.uk/events/2010.aspx>

The day will be followed by a Trainees' Dinner generously supported by the College so that the cost to trainees is only £10. Please email Rebecca Cove at [rcove@rcpsych.ac.uk](mailto:rcove@rcpsych.ac.uk) if you would like to attend. Allocation will be first come, first serve.

**“Have you ever sighed in frustration at the introduction of yet another new policy at work, with no idea about how it was decided, or by whom?”**

## Do you know your negotiating rights?

By Dr Ayesha Rahim

**ST5 General Adult Psychiatry,  
Deputy Chairman - Junior Doctors  
Committee, Chairman - Terms &  
Conditions of Service and  
Negotiating Subcommittee, British  
Medical Association**



As rotating employees of large organisations, it's easy for us as junior doctors to feel removed from the high level management decisions within our workplace. These decisions affect the way we all work from day to day. Have you ever wondered where these dikats come from? Have you ever sighed in frustration at the introduction of yet another new policy at work, with no idea about how it was decided, or by whom? Well the good news is that as a junior doctor you can be part of that decision-making process via the Local Negotiating Committee (LNC). This is the group that exists within every Trust/Health Board and is the official forum whereby the medical staff and the management of an employer organisation can communicate and negotiate.

The purpose of the LNC is to allow either party - staff or management - to bring issues to the table of mutual interest which affect groups of doctors (rather than for individual grievances). Examples of things that are raised are changes to hospital policy/new policy development (which must be ratified by the LNC), or collective issues such as redundancies, rota issues or car parking.

Each LNC has a "constitution" which governs how the committee is run, for example how often it should meet, and how many seats are allocated to consultants, juniors and SAS doctors. The committees tend to be dominated by consultants, as junior doctors often aren't aware of LNCs. All LNCs must have BMA input usually in the form of an Industrial Relations Officer who attends the meetings, and most doctors on the staff side must be BMA members. Each of the LNC representatives is there to act in the best interests of the medical staff of the employer organisation - so as junior rep to the LNC, you are there to represent your junior doctor colleagues.

If you want to get involved in your LNC, the easiest way is to become accredited as the BMA rep for your hospital. Once you are accredited, you will receive information about your LNC, and relevant contact details within your employer organisation. To find out if your hospital has a vacancy for a BMA junior doctor rep, contact askBMA on 0300 123 1233, or via [the BMA website](http://www.bma.org.uk).

To find out more about LNCs specifically, [this link will take you right to the relevant page on the BMA website](#) (you will need to be a BMA member to access this).

# Dealing with bullying

By Dr Josie Jenkinson ST3, Surrey and Borders Partnership NHS Foundation Trust  
Honorary Secretary of PTC



Unfortunately many doctors have experienced bullying at work and the problem has been recognised as being widespread within the UK. The terms bullying and harassment are often used interchangeably. Harassment is defined as any form of unwanted and unwelcome behaviour affecting the dignity of employees within the workplace. Bullying tends to refer to an abuse of power or position and can come in a variety of forms, including giving a competent worker constant criticism, exclusion or victimisation, and spreading malicious rumours.

Trainees are no exception when it comes to bullying; during the 2009 PMETB survey, specific questions were asked on whether trainees had been subjected to undermining behaviour. Results were as high as 10% of CT1 trainees within psychiatry reporting such behaviour. Rates reported fell with increasing seniority of the trainee, and were considerably lower for higher trainees. The numbers and trends seem to be similar across all medical subspecialties. Positive responses cited bullying as coming from a variety of sources, including the consultants, and nurses. The organisation and other trainees were also named as sources of bullying.

Trainees may be unsure as to how to address a situation in which they are feeling bullied, and the associated stress can have a severe negative impact. Fortunately there are many sources of support and advice for those who are in need of help, and often incidents can be resolved informally with careful mediation. It can be difficult to know where to start, but getting an impartial opinion on whether what you are experiencing constitutes bullying can be useful. This might be possible by talking to friends, seniors or a trusted work colleague.

Your supervising consultant or college tutor should also be able to help you to address the situation, and you may have access to a trade union representative. If possible, it may be enough to raise your concerns with the source of the bullying – either by speaking to them directly or writing to them, making it clear what it is that has upset you. If you do this, it is important to keep a copy of any correspondence and the reply.

**“Bullying and harassment benefit no-one and must not be tolerated, and your concerns should be addressed swiftly and sensitively by the organisation you work in.”**

## Useful resources

**Psychiatrists Support Service**  
Tel: 020 7245 0412  
[Support Service Advice Leaflets Page](#)

**British Medical Association**  
Tel: 020 7387 4499

**The Andrea Adams Trust**  
[www.andreadamstrust.org](http://www.andreadamstrust.org)

**Advisory, Conciliation and Arbitration Service (ACAS)**  
Helpline: 0845 747 4747  
[www.acas.org.uk](http://www.acas.org.uk)

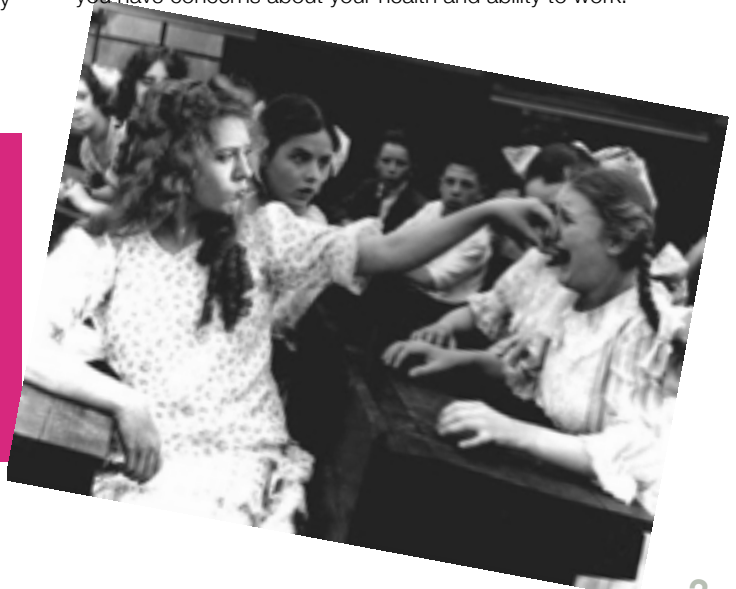
**Doctors Support Line**  
0844 395 3010

If things progress to the point where you need to make a formal complaint, there should be procedures within your organisation which will guide you through the process. These are normally accessible via your Trust's intranet. Organisations such as ACAS (Advisory, Conciliation and Arbitration Service) can also provide support.

Bullying and harassment benefit no-one and must not be tolerated, and your concerns should be addressed swiftly and sensitively by the organisation you work in.

## If you are a victim of bullying:

- You are not alone and there is huge amount of help available
- Don't suffer in silence
- Seek help and support early - many instances can be resolved informally with careful mediation
- Keep dated records of what has happened as well as any relevant correspondence
- Read your local Trust and Deanery policies for guidance
- Take care to look after your own mental well being – seek help and support from those you trust, make time for yourself.
- Speak to your own GP or occupational health department if you have concerns about your health and ability to work.



## Applying for consultant posts: Top 10 tips.

By Dr Christopher Pell, ST6, NHS Tayside

Reaching the end of your training can be an exciting and daunting time. As an ST6 you will be counting down the days until you get your CCT and can finally apply for a permanent job. However with the timescales imposed by MMC, many of your peers will have the same CCT date and competition for posts can be high. Therefore it is crucial that you take every opportunity to maximise your chances of success when applying for your ideal job. Having recently been through the process here are my top tips to getting the job you want.

**1. Stay ready** - job adverts can come and go quickly, so make sure your curriculum vitae is kept up to date and all set to send at a moments notice. Use your last few months of training to complete relevant audits, papers and management training and make sure that your C.V. will stand out from the crowd.

**2. Look out** - keep your eyes open for jobs on the horizon. Your local grapevine may provide you with news of potential retirements or scope for local service expansion. You can also make use of the [BMA Careers](#) and [NHS Jobs](#) websites for a national perspective.

**3. Do your homework** - when a job comes up, try to find out as much about the post as you can. This is important to enable you to tailor your application and C.V. to the job, and to provide you with enough information to ensure this will be a suitable job for you. (Remember you are choosing them as much as they are choosing you.)

**4. Meet and greet** - introduce yourself to the relevant medical director and service manager as well as any potential consultant colleagues. Not only will this show your interest, but it will allow you to get a feel for whether you will fit into the organisation.

**5. Be certain** - do you really want the post? Can you see yourself fitting in to the role? Have you ideas on how to develop the service? If not, then perhaps you should look for other options.

**6. Apply** - make sure you have put in your application well in advance of the closing date. Trusts often have their own formatting requirements, so check the details - you will not be shortlisted if you have not filled in the right application form.

**7. Widen your revision** - go beyond the post itself and research the local and national strategic plans for the service. Trust websites will often contain information from the board about the key priorities and challenges faced. Ensuring you have a working knowledge of management and corporate structures in the NHS and national policy directions will help with the trickier interview questions. Useful resources include the NHS Handbook 2009/10, Management for Psychiatrists, and The SpR and New Consultant Handbook.

**8. Interview skills** - try to get some local practice with one of the new consultants. There are also a range of paid-for courses you can attend or subscribe to on-line if you feel that your interview technique needs a brush up. Remember that having good written answers is no substitute for actually organising your thoughts under pressure and vocalising them.

**9. On the day** - all the usual apply - turn up on time, smartly dressed, and ready to wow the panel. The panel is often large (8-10 people including consultants, managers, University representatives, HR staff, external panelists) and the interview likely to take the traditional format of running through your c.v., finding out why you would be suitable, and assessing your knowledge and ability to answer difficult questions for the next hour or so. Keep calm and remember what you have prepared.

**10. Sealing the deal** - If you are successful, congratulations! Go and celebrate. But first, make sure that you do at least provisionally accept the offer. Usually this can be phrased that you are

**“It is crucial that you take every opportunity to maximise your chances of success when applying for your ideal job”**



mindful to accept, subject to an acceptable contract and job plan being drawn up. This will then open the dialogue to help you shape the job you want, along with the correct balance of clinical and SPA sessions. Your trade union will be able to advise if you feel you are being asked to accept terms and conditions that are unacceptable.

### And finally...

If you aren't successful try to focus on the positives: interviews can be a useful learning experience and you should be able to obtain feedback on how to improve your performance for the next time round. Remember too that you are entitled to a 6 month extension to your training contract once you reach your CCT date. This should be plenty of time to look at new options, and perfect your skills for the next time round.





The current Psychiatric Trainees' Committee Representatives at Belgrave Square.  
Can you spot your local rep?

## Update from the Academy Trainee Doctors Group

By Dr Ollie White, SpR in Child & Adolescent Forensic Psychiatry, Oxford  
Co-Chair, Academy Trainee Doctors Group

The Academy Trainee Doctors Group (ATDG) membership consists of trainees from all Royal College trainee committees. The group's aim is to provide a coherent, informed and balanced view on generic issues relevant to all College-registered trainees. The ATDG acts, where possible, by consensus, and where this is not possible we compare the views of our constituent members to reach a representative view. ATDG helps our parent body (the Academy of Medical Royal Colleges) meet its objective of supporting and promoting the work of the medical Colleges and Faculties through specialty training issues and other changes in the provision of medical services and education. The ATDG has direct input to wider stakeholders including the BMA's JDC Postgraduate deaneries (via COPMeD), Medical Education England (MEE), the Medical Programme Board, PMETB (now merged into the GMC), NHS Employers, and Department of Health. In doing so we have the potential to inform and influence the medical profession as a whole. [Further information can be found on our website.](#)

I have been Chair of the ATDG for the past 18 months, during which time the group has focused on various key issues. Our concerns regarding the role of credentialing (the defining of discrete waypoints during training) during training, particularly with regards to the implications for the development of a sub-consultant grade, have helped to limit the future implementation during pre-CCT training. We have also had direct input into the discussions and decision-making regarding selection into specialty training and will continue to emphasize the need for transparency, fairness, piloting, and trainee input into any future selection processes.

Many specialities have been extensively affected by the full implementation of the EWTD and, perhaps unsurprisingly, this issue has been a particular focus for the ATDG over the past year. We have held several meetings with the Department of Health and other stakeholders to ensure trainee views are registered and to improve two-way communication regarding this issue. We are also a member of MEE's Expert Review Group into the impact of the EWTD on the quality of training, which will be reporting within the next month.

The Foundation Programme is also currently being reviewed by MEE and the ATDG is a member of the expert advisory panel. The future of the Foundation Programme does have direct significance to psychiatry and the ATDG has been able to represent the PTC's views, together with views of trainees from other specialities. The final report of the review is expected within the next few months.

The ATDG is aware of the recent GMC guidance which details that any examination or assessments taken while not in an approved training post cannot contribute towards the requirements needed for the award of a CCT, and that entry onto the Specialist Register would be via the CESR route. This is clearly of significant concern for trainees and we are working with the relevant stakeholders to seek further clarification and work towards resolution. [Our statement on this issue can be found here.](#)

Above is a brief insight into some of the work of the ATDG. As Chair, it is often challenging working with trainees from different specialities, but I believe we have been successful in identifying key common issues. I am confident that the ATDG will continue to be effective in using our high-level links with various stakeholders to ensure trainee's views have a direct influence to the future of training.

**"The ATDG is aware of the recent GMC guidance which details that any examination or assessments taken while not in an approved training post cannot contribute towards the requirements needed for the award of a CCT"**

# Tasters in psychiatry: A management project for higher trainees

By Dr Gianetta Rands

Consultant Psychiatrist, Camden and Islington NHS FT

Writing on behalf of the Royal College of Psychiatrists Recruitment Committee

## Introduction

If you are looking for an exciting project why not develop a taster session for Foundation doctors? Whatever your sub-specialty you could organise a 3 to 5 days "Taster" experience of Psychiatry for your local Foundation School. This project could count as management training, be audited, contribute to your team's reputation, and help recruit young doctors into Psychiatry. It would be evidence of your commitment to training and look good in your portfolio.

## Background

The new [Foundation Programme \(FP\) Curriculum and Reference Guides](#) have just been launched and will be used from August 2010.

The Royal College of Psychiatrists believes that all Foundation Trainees need at least 4 months in posts that include significant experience of Mental Health services in order to gain the competencies and knowledge relevant to mental health, as outlined in the FP Curriculum. There are currently about 500 of these posts, and about 2,000 are needed.

Until this expansion of FP Psychiatry occurs we need to access the Foundation Programmes via the "Careers Management" part of the curriculum. This states that "all foundation doctors should have access to local taster programmes". This is to help them make informed career choices. Each Foundation School should have a Careers Lead whose role includes the development of taster opportunities. Now is our chance to send Taster Timetables in all branches of Psychiatry to our local Foundation Schools and Foundation Programme TPDs.

## Organising a taster in psychiatry

Not many of us have done this yet but it should be easy! Just follow the recipe provided. This is in Appendix F of the [FP Reference Guide](#).

## The headings are:

1. Developing High Quality Tasters (see boxes on the next page for more detail)
  - a. The purpose of a taster experience
  - b. The essential components of a taster experience

- c. Seven steps to developing local taster opportunities
  - d. Tips for a specialty: ensuring the best taster experience for the foundation trainee
2. Developing a Register of Tasters
  3. Tasters in F1

Appendix F gives examples of Taster Timetables in Anaesthetics, Cardiology and General Practice.

## Summary

Go on! Give it a go! Then write to us and tell us about your experience at [ptc@rcpsych.ac.uk](mailto:ptc@rcpsych.ac.uk)

**"All Foundation Trainees need at least 4 months in posts that include significant experience of Mental Health services in order to gain the competencies and knowledge relevant to mental health"**

## Example of a Three Day Taster in Psychiatry – specialty: Old Age Psychiatry

Hours: (09.00-13.00) and (14.00 – 17.00)

### Monday

- ➔ Day Hospital for Mentally Unwell Older People
- ➔ Meet Core Trainee, introduction to staff, attend Team handover
- ➔ Meet Consultant and review plan for taster
- ➔ Attend Multiprofessional team meeting for patient reviews and CPAs
- ➔ Lunch. Office space available; local shops/cafes etc.
- ➔ Attend Psychotherapy Group (open) at Day Hospital
- ➔ Transport with patients
- ➔ Handover and Reflection about Purpose and Effectiveness of Day Hospital

### Tuesday

- ➔ Continuing Care Panel, chaired by PCT member.
- ➔ Supervision of Psychiatry Trainee - observation
- ➔ In-patient Psychiatry Unit – meet Core Trainee and GP trainee
- ➔ Observe assessments of mental state

### Wednesday

- ➔ Liaison Work in local DGH. MDT meeting, new referrals, observe new assessments, time to discuss careers with Higher Trainee
- ➔ Local Teaching
- ➔ Discuss the taster and career planning for Psychiatry
- ➔ Complete evaluation and hand in; Reflective entry in portfolio.

To extend this to a 5 day taster other experiences could include out-patients clinics, specific clinics such as Memory clinics or Psychologist clinics, emergency work by shadowing the Core Trainee both in hours and out of hours, meeting with Academic colleague to discuss research and Academic Psychiatry, discussions about Psychiatry sub-specialties and career options.

## Developing high quality tasters Practical tips:

The purpose of a taster experience is to:

- enable the doctor to gain a small amount of clinical experience in a specialty in which they have not worked whilst a medical student or foundation trainee;
- enable the doctor to explore in closer detail what a career in a specialty might entail – skills, attitudes, behaviours, essential aptitudes;
- compare the taster specialty with others already experienced;
- meet clinicians and explore career pathways in “unusual” specialties and settings;
- explore opportunities available in small specialties and those specialties which have traditionally been undersubscribed.

Seven steps to developing local taster opportunities:

1. identify a lead contact in a specialty for foundation tasters (this would usually be a consultant or GP trainer);
2. determine the number of taster weeks which might be accommodated / supported in the specialty;
3. develop a programme which lasts for 2-5 days. This programme should explicitly state where to go for each half day, the start and finish times and who trainees should contact. (See example taster programme timetables);
4. develop a short summary of what the foundation taster will deliver in each component;
5. outline the objectives of the taster experience:
  - Include 1:1 time with a senior clinician (clinic, theatre, laboratory, GP surgery); time with the whole team (outpatients, ward round, team meetings) and time with trainees in the specialty. This should include some evening work which can demonstrate the out of hours experience;
  - Include educational events;
6. develop an evaluation form which allows ongoing development of all components of the programme;
7. ensure foundation training programme director locally has full details of all taster opportunities (and any changes which are made following evaluation) and all local foundation trainees have access to this register of tasters.

The essential components of a taster experience include:

- opportunity to find out what is needed to succeed / progress / enjoy this specialty – skills, attributes and behaviour;
- time with senior clinician(s) in the specialty, observing work, discussing career pathways, future opportunities, work life balance, this should include some time for 1:1 discussions;
- time with current trainees (of various grades) in the specialty, observing work, discussing what life is like as a trainee in the specialty, work life balance, how their career choices were made, current and future shift patterns, exams, curricula, entry to specialty, this should include some time for 1:1 discussions;
- time with key workers who support the specialty e.g. nurse practitioners, professions allied to medicine, community specialists, operating department practitioners, laboratory staff;
- opportunity to participate in hands on activities under direct supervision;
- opportunity to attend specialty education / training events e.g. multidisciplinary team meeting, trainee tutorial, skills lab, audit meeting.

Tips for a specialty: ensuring the best taster experience for the foundation trainee:

- discuss each individual placement in advance to give the foundation doctor the opportunity to identify what they wish to achieve /see /do during the placement;
- welcome at start of day one with person who will be their main contact – explain programme again, introduce to the department, explain who to contact in an emergency, explain trainee is expected to undertake all the agreed activities, encourage reflective notes in the e-portfolio;
- explore why individual is undertaking taster – expectations v. reality;
- meet with foundation doctor regularly during the time to ensure satisfaction with experience so far, anything else they would like to do?;
- at end of the taster, meet to review the experience, review reflective notes in e-portfolio and ensure evaluation form is completed.

# Why and how psychiatrists should engage with the media

By Dr. Neel Halder

The following is taken from various sources, including my own experience of working with the media, Royal College, GMC and MDU guidelines, media training and talking with journalists. Due to limited space, I acknowledge much of the information has to be limited to generalisations.

## Why more psychiatrists need to be involved:

Professor Buckley in an editorial in November's Psychiatric Bulletin wrote that any psychiatrist who wants a leadership position needs to develop media skills as a core competency. Lord Darzi said that all doctors at all levels should be striving towards leadership positions. So putting both of those together, I conclude that all doctors need to develop media skills.

I see many psychiatrists pick up newspapers or watch TV and moan about Schizophrenia for example being portrayed as "split personality" once again. I would encourage psychiatrists not just to sit there and moan, but complain. Jeremy Lawrence, the health correspondent for the Independent, wryly observed that he received more letters from angry dentists than he ever did from psychiatrists. If we don't complain the media will continue to use stigmatising headlines, like the front-page example in the Sun recently: "Bonkers Bruno Locked Up," which was later altered to read "Sad Bruno in Mental Health Home"

90% of the information the public receive about medical stories comes from the media, so you can make a difference.

## If the media turn up at the door:

Don't panic, and don't hide your face. Let them take your picture and look calm and confident but beware of smiling. The MDU advise not to say "No comment" as it looks defensive. You can try saying: "Due to issues of confidentiality I cannot answer your questions right now, but if you give me your contact details, I or my trust's press office will get back to you".

**"90% of the information the public receive about medical stories comes from the media, so you can make a difference."**

## Preparing the soundbite for TV

Usually a 5 minute interview will be edited down to 15 seconds on air (for a news story where your patient may have absconded for example). This means you only have time to put across a maximum of 3 major points. You should write this down (about 45 words) and learn it. Use the "elevator test" which is practise getting your points across to a stranger in a lift in the time it takes to go from the ground floor to the 3<sup>rd</sup> floor. A suggested structure is acknowledge- contextualise- look forward. Media training companies will tell you that you shouldn't deviate from these points, irrespective of the questions asked (just watch politicians).



## General tips for media

If a journalist contacts you for advice on a story or feature, get details of what he/she wants and what the publication/ angle is, and then say you'll call them back in 15 minutes. In that 15 minutes, you can collect your thoughts, familiarise yourself with the latest research including NICE guidelines and Royal College viewpoint from the website, familiarise yourself with some relevant statistics (from [www.statistics.gov.uk](http://www.statistics.gov.uk) or Royal College website)

Try to use short snappy soundbites like "More people die from speeding police cars than they do by people with schizophrenia". You can obtain some more examples from the Royal College.

Aim to pitch your language as if you are talking to an intelligent 14-year old. Use analogies and anecdotes if helps get complex concepts across (and there is an unwritten rule that journalists can't

**"There is much to be said in favour of modern journalism..."**

**...by giving us opinions of the uneducated, it keeps us in touch with the ignorance of the community."**

Oscar Wilde

interrupt during these). Vary the pitch and tone of your voice more than you normally do- it holds attention and you sound more interested and interesting.

If writing in newspapers never miss your deadlines and add a disclaimer at the bottom. One I use is: "The above is for information only and not a substitute for seeing your GP"

## Conclusions

Be proactive not reactive! Why wait for something bad to happen and then be thrust into the spotlight reluctantly? Better to contact the media yourself and aim to portray the profession in a good light, destigmatise and correct any misinformation. Add your name to databases such as Science Media Centre, Medical Journalists' Association or the Royal College, so that journalists can be put through to the relevant people to clarify certain stories.

I'll leave you with the words of Dr. Peter Byrne (Chair of the Public Education Committee)

"There's only one thing worse than a psychiatrist appearing on TV to talk about subjects outside his/her experience...and that's an empty chair. Wild accusations can be made, unchallenged, and our work and our patients are misrepresented by a cynical media".

Dr. Halder is a member of the Royal College's Public Education Committee, and will be amongst those on hand to advise and analyse psychiatrists' media skills (for free!) at the media booth at the International Congress at Edinburgh this June.

## ACAMH: The Association for Child and Adolescent Mental Health.

Dr Mark Lovell

**Specialist Registrar Dual Training in Child and Adolescent Psychiatry and Learning Disability Psychiatry.**

Established in 1956 to advance the study of child and adolescent mental health, the Association for Child and Adolescent Mental Health (ACAMH, formerly ACPP, the Association for Child Psychology and Psychiatry) is unique in its inclusive approach to disseminating knowledge and promoting evidence-based practice in a multi-disciplinary environment. A not-for-profit membership organisation for all those engaged in child and adolescent mental health and its related disciplines, it now has a membership of 2500, predominately UK-based but extending across Europe, America and the rest of the world.



Benefits of membership are multi – affordable education and professional development opportunities for CAMHS professionals, high-quality events attracting eminent speakers, access to internationally-based like-minded professionals, a national and local network of branches, monthly issues of the high-impact-factor Journal for Child Psychology and Psychiatry, quarterly issues of the practitioner-based Child and Adolescent Mental Health, access to members-only advanced Master Class Series – a few of the most popular activities and initiatives.

Having been a member of ACAMH for a number of years, I have increasingly found the many opportunities afforded to me both incredibly helpful as well as influential. Current positions I hold within the Association include Chair of the Yorkshire branch, local representative on the national branches committee, member of the Special Interest Group submissions group and national sub-branches website liaison officer. Importantly, the accessible annual subscription fees, specially reduced to attract trainees and researchers, enabled me to join the Association and benefit from its many resources during the early stages of my career.

If you are interested in being part of something special, tailored to meet professional requirements and receptive to ideas, visit [www.ACAMH.org.uk](http://www.ACAMH.org.uk) or email [acamh@acamh.org.uk](mailto:acamh@acamh.org.uk).

## Did you know?

The Psychiatric Trainees' Committee is made up of 3 representatives from each UK deanery. Elected reps serve a two year term.

The first psychiatric hospital is thought to have been founded in Baghdad in 705 C.E. The oldest British psychiatric hospital only started taking in patients over 600 years later.

The Royal College of Psychiatrists came into existence in 1841 as the "Association of Medical Officers of Asylums and Hospitals for the Insane." It received its Royal Charter in 1926.

The German physician Johann Christian Reil is credited with first using the term "psychiatry" in 1808.

The College crest features butterflies which represent Psyche - the ancient Greek personification of the mind and soul, and a rod of Asclepius to signify the practice of medicine.

**"....committed to advancing standards, disseminating knowledge and enhancing clinical practice in a multi-disciplinary setting, to best meet the psychological needs of children, young people and all those involved in their care and development."**

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