



Report of the Dean

A disproportionate amount of work over the past year has gone into the preparation and submission to PMETB for annual approval of our Specialist Training Curriculum in Psychiatry, its 6 specialties (General Adult, Forensic, Child and Adolescent, Psychotherapy, Learning Disability and Old Age) and the 3 subspecialties of General Adult Psychiatry (Liaison, Substance Misuse and Rehabilitation). Andy Brittlebank has ably led on this process and the individual Faculty Education and Curriculum Committees have fed materials into the process and attended meetings at PMETB with us when we have presented and defended our Curriculum. Now that PMETB have merged with the GMC the processes will no doubt all be changed again. But we now have a Curriculum that is a much more useful and comprehensive guide to training. You can read it for yourself on the College website, although I'd suggest that you limit yourself to the material for your own specialty to begin with.

The College has worked hard to raise awareness of the recruitment crisis that we are currently experiencing in Psychiatry and a number of new initiatives are aimed at improving our image among medical students and foundation doctors. More than 1600 Student Associates have now joined the College and the PTC have connected undergraduate Psychiatry Societies in most UK medical schools into a vibrant and hotly competitive network. Together with the Institute of Psychiatry, we have established an annual Summer School and I'd like to see several of these running next year in other centres. Please contact me if you would like us to help you to get something similar started in your own hospital. The Academic Faculty have been highly active in identifying ways of improving the quality of the undergraduate psychiatry experience, following last year's report from the important scoping group led by Nisha Dogra. It's wonderful to see academic psychiatrists wholeheartedly committing themselves to undergraduate teaching again. In recent years, the demands of the Research Assessment Exercise certainly led to a withdrawal of many of our

most exciting and inspiring role models from the medical school lecture halls. Finally, in order to ensure that the best applicants for psychiatry training posts are matched with all available vacancies, the College ran national recruitment in England to CT1 in 2009 and to CT1 and 2 and ST4 in 2010. Nick Brown has led on this since the idea was first suggested and it has been tremendously successful – achieving very high fill rates last year and getting excellent feedback from applicants and deaneries. As I write this, we have just completed the first round of appointments and 73% of available posts are filled. The feedback from deaneries is that the quality of applicants in 2010 has been significantly higher than last year and I hope that this is a good omen for the future.

Thanks largely to the visionary leadership of the Chief Examiner, Anthony Bateman, and the uncomplaining hard work of Fauzan Palekar and colleagues in the Examinations Office, our “new” MRCPsych Examination is established and running well and July 2010 sees the last opportunity for those who had passed the old Part 1 to carry over exemption from the new Papers 1 and 2. In an environment of legislated and regulated postgraduate medical training, our examinations remain the mechanism by which we as a profession remain able to determine the standards of knowledge, behaviour and clinical skills that psychiatrists in training must attain. The current CASC examination overall pass rate of only around 35% reflects the unfortunate fact that many trainees have failed to acquire the basic competencies of a psychiatrist during their core training. Effective communication with patients and colleagues is at the heart of what a good psychiatrist does and this is the area where we are seeing the most serious difficulties that are leading to CASC failures. Undergraduates in UK medical schools now receive extensive communication skills training and they consequently begin core specialist psychiatric training at something of an advantage over trainees who have come from medical schools overseas. Our current system of workplace-based assessments has not been sufficiently robust enough to give trainers and trainees early warning of potential difficulties with the acquisition of those skills and competencies tested by the CASC. We are increasing the guidance provided to WPBA assessors within Assessments Online together with some exemplar assessments chosen by each of the College faculties to cover the most important curricular competencies in their particular specialty. Gill Pinner has been appointed to a new Associate Dean post to lead on developing changes to the way that we deliver

core training in psychiatry in order to identify and meet the particular needs of trainees from the UK and overseas who are likely to struggle with the CASC. Those of us who are trainers will have taken previous incarnations of the MRCPsych exam and we may not really be aware of what the CASC tests. To familiarise us with the CASC so that we can help our trainees to prepare for it the Examinations Department will be laying on extra CASC Examiner training in centres across the UK that you can attend even if you don't want to become an Examiner.

The process of Revalidation for all practising doctors began in November, 2009 when the General Medical Council issued licences to practise. Laurence Mynors-Wallis and Robert Jackson have, between them, visited most Divisions across the UK and the Faculties, Sections and Special Interest Groups to present our proposals for the revalidation of psychiatrists which have been submitted to the GMC. As I write this the GMC is still consulting on the processes for revalidation but we are hopeful that our specialist standards and proposals will be accepted. The proposals aim to make the revalidation process as simple and burden free as possible and Laurence is to be commended for the clear and helpful way in which he has presented the College position.

It is clear that revalidation will only be possible where doctors are fully engaged with annual appraisal. With this in mind we appointed David Fearnley as our Revalidation Lead to ensure that the College's proposals and systems remain focused and relevant.

Gregory O'Brien leaves us later in the summer for a new challenge in Australia. Greg has been key to the College's work in the assessment of applications for Specialist Registration under 'Article 14'. Together with a committed and keen group of colleagues Greg has worked tirelessly to ensure that the College sets robust, fair standards and that candidates are treated fairly. This work has often not been easy and I would like to place on record my sincere thanks to Greg and his team for their excellent work. We wish Greg every success in Australia and welcome Tony Rao as his successor.

Andrew Clarke has been appointed Workforce Lead to succeed Sally Pidd. Sally was an extremely hard act to follow, having undertaken this role for many years, but Andy immediately settled into his work and is paying a key role in the College's work.

All of the College's work in education and training now comes under the umbrella of the rather horribly named Professional Standards. The Conference Unit and the Education and Training Centre are the two areas which were the final pieces of the jigsaw to be fitted and which now enables a much more 'joined up' approach to education within the College. With all areas working closely together it is much easier to provide what members want and need. A good example is the provision of appraisal training to support the College's work in revalidation. The training has been specifically tailored to revalidation and can be modified to meet the needs of organisations and delivered at their sites. Helen Miller who previously had medical responsibility for conferences has extended her remit to include training, again demonstrating a much more co-ordinated approach.

Assessments On-line has been a highly successful service for all trainees registered with the College to enable them to record their workplace based assessments. The latest development coming out of this is to create an electronic portfolio for trainees to enable them to record and maintain everything they need for their ARCPs and CCT applications. The College portfolio will have several advantages over other products which are available and we hope that all trainees will take advantage of it at no additional cost. This is an example of the College providing members with what they want and need and I hope this will be the first of many such initiatives. Amit Malik and Joanna Carroll have worked tirelessly with our developer, Simon Bettison, to ensure the success of this project.

Medical education and training continue to evolve and be subject to a bewildering variety of external influences. It is challenging and highly rewarding to be involved in this work. I am committed to the College supporting all members in your day to day work and to providing you with what you want and need from what you must remember is after all your College. I am extremely grateful for all of your support – particularly when this is expressed through excellence in the training that you provide to those young doctors who have chosen our specialty and through the positive image

of what being a psychiatrist means that you project to medical students and foundation doctors who see your daily practise.

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