

West Midlands Division



October 2006

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Editorial

Welcome to the 2nd edition of the West Midlands Divisional Newsletter. We are concentrating in this newsletter on updating Divisional members on Divisional meetings and issues. The major issue confronting us in the next year is the future of medical education, and Dr Brown, Associate Dean of the Royal College of Psychiatrists, has kindly provided us with a comprehensive overview and update. I would like to thank all

contributors and Nikki Davies for all her hard work. Future items for the newsletter should be sent to Nikki by 31 January 2007. Hope to see you at the next Divisional Meeting at Aston Villa FC on 14 December (sorry Blue's supporters!!). A programme and booking form are included with this newsletter.

Best Wishes,

Gabrielle Milner, Editor

12 Joint Conference with South Staffordshire Healthcare NHS Foundation Trust (See inside for further details)

Dates for your Diary

- **Mentor Meeting**
13 October 2006 (pm)
- **Affiliates Meeting**
2 November 2006
- **Winter Divisional Meeting**
14 December 2006
- **Joint BME Conference with CSIP**
13 March 2007
- **Spring Divisional Meeting**
11 May 2007



If you would like to submit an article for inclusion in the next edition of the newsletter please send it to ndavies@wmidsdiv.rcpsych.ac.uk by 31 January 2007

Chairman's Report

Welcome to the 2nd issue of our Newsletter. I am pleased that the West Midlands Division is using this medium to regularly update its membership about our activities. This is indeed a milestone in the history of our Division and I do hope that this publication will help us in reaching our members with more news and information. Thanks again to the editorial board and especially to Dr Milner, Dr Watts, Dr Sukumaran & Nikki Davies who have made this publication possible. I am sure they will continue getting support and assistance from all our membership.

Just to update our readers about the recent developments, we at the Division have taken a number of steps that need to be communicated to all of you.

Formation of special sub-committees of the executive committee:

Looking at the important areas, the Division has been very keen to establish sub committees incorporating a lead from the executive committee members with expertise in each area.

The following active groups are helping the Division with their expertise and report to the committee at each meeting with an update in these areas. Following are the names of these committees with the lead member:

- ◆ Mental Health Act /Mental Capacity Act (Dr Humphreys/Professor Elliott)
- ◆ Recruitment and Retention (Dr Mace)
- ◆ Postgraduate Training (Dr Gingell)
- ◆ Mentoring (Dr Deuchar)
- ◆ Website/Newsletter (Nicola Davies/Dr Milner)
- ◆ Affiliates (Dr Naeem)
- ◆ Psychiatric Trainees Committee (Dr Sukumaran)
- ◆ Patients & Carers sub- committee (Peter Woodhams)
- ◆ Public Education (Dr L Lovett)
- ◆ CPD (Dr Hodgson)
- ◆ Medical Directors Group (Dr Deuchar)

In our recent meeting we have also formed a new committee to look at the issues of ethnic minorities in terms of service provision and other related issues. Help from CSIP /NIMHE has been very useful in establishing this committee and we are grateful to Ranjit Senghera for this initiative. I am pleased that this committee is planning to organize a meeting for the ethnic minority carers and families next March.

Modernisation of medical careers and the place of psychiatry & mental health in these initiatives:

Following the College & the DoH's initiatives the Division has had many discussions about getting these plans approved and implemented in our area. We are keeping a close eye on the current developments in the re-organisation of services (Trusts) in our area. The executive committee is in contact with the Strategic Health Authority and plans to organise a special meeting with them to get more clarity on these issues.

Contact with the Deanery and Changes in Psychiatric Training

The changes in the training of SHO's and Foundation posts affect all of our members. The Division is very keen to strengthen its relationships with the concerned authorities and plans to arrange group meetings to update its membership for all such changes.

Chairman's Report (continued)

PMETB Article 14

The Division is passing on updated information to its Affiliates & SAS doctors about the recent changes in the PMETB guidelines. Dr Iqbal Naeem, Affiliates Representative, is very active in this regard and is organising a one day meeting for the Affiliates and SAS doctors from our Division on 2 November 2006.

Patients & Carers Group activities

The Division has supported the activities of this group by participating in road shows in different parts of the Division and plans to arrange a big meeting in collaboration with the College during the next year.

Formation of group of Medical Directors within the West Midlands Region

I am pleased that our Division has also taken a lead by establishing a group of Medical Directors in the West Midlands. The group has met twice already and is providing a forum to exchange and share views on different issues like medical staffing, recruitment and retention and difficulties with the employment of locum staff. I am thankful to Dr. Neil Deuchar for accepting to be the lead person in this group.

Clinical Excellence Awards

The Division has set up a special committee under the chairmanship of Professor Femi Oyebode to look at applications for Clinical Excellence Awards to the College via the Division. For the first time, we are following a structured procedure to evaluate the applications that is obviously bringing more transparency to this process. The committee is currently formulating its recommendations for this year's awards.

Nomination for Fellowship

The College is keen to increase its fellowship numbers. All the Divisions have been asked to encourage their members to apply for fellowship and our Division is passing on this information to all our membership in this regard. Due to the devolution process, the Division will take responsibility for forwarding recommended names and we are currently in the process of setting guidelines. I would urge all members to contact the Divisional office if they need any assistance.

Divisional meetings

We are pleased that we are getting good participation from our members in our Divisional meetings. The last meeting was held on 11th May and Prof. Sheila Hollins, President of the College, was the key note speaker. The theme of the meeting was New Ways of Working. This was a well attended meeting which generated a lively discussion from all participants.

The Division organized a trainee event under the guidance of Dr. George Tadros. The purpose of this meeting was to provide an update to the trainees about changes in psychiatric training. It was an over subscribed event and we are thankful to all the speakers especially Dr. Brown, Prof. Oyebode and Dr Patel from the West Midlands Division who covered very important areas about the future trends in psychiatric postgraduate education.

The Division was co host for a meeting organized by South Staffordshire Healthcare NHS Foundation Trust. This was attended by a large number of psychiatrists from the region. Prof. Sheila Hollins gave a very informative talk about the College's future plans in the development of mental health strategies. The Division is thankful to Mike Cooke, Chief Executive and Dr. Abid Khan for their help and support.

I once again thank all the executive committee members for their support and hope that we will continue to play an important role in promoting and strengthening College policies in our Division.

Dr Afzal Javed, West Midlands Division Chair

Divisional Meetings & Events

Spring Divisional Meeting, 11th May 2006

Theory to Practice - New Ways of Working for Psychiatrists.

Over 60 delegates attended this thought provoking conference, organised by Dr. Lovett, Public Education Officer, and the Chair of the West Midlands Division, Dr. Afzal Javed. The conference examined how Psychiatry may be practised in the future, and explored the main factors driving change. Unfortunately, it was poorly attended by trainees. The Chairman discussed with the audience how more trainees could be attracted to these meetings in future. Only one trainee submitted a project to the Research Presentation Prize. Encouragement was given for more trainees to submit their research or Audit work by 31 October for the Winter meeting on December 14th 2006.

The morning session began with an engaging talk by Dr Sally Pidd, Consultant in General Adult Psychiatry and Associate Dean for Workforce RCPsych, describing where and why the motivation for change in our working practices began, and how this process led to the publication of the Department of Health document, 'Joint guidance on the employment of Consultant Psychiatrists', in October 2005. We were informed that a 'Capable team tool kit' will be available in September 2006, reviewing the role and responsibilities of the team including the Consultant Psychiatrist.

Dr Pidd's talk was followed by Professor Sheila Hollins, President of the Royal College of Psychiatrists. She described her 10 Point Priorities for her 3 year term in office. These included changes in the role and purpose of Psychiatry, increased input from users and carers, recruitment and training, increased liaison with General Practitioners and raising the profile of Psychiatry, partly through a television documentary on psychiatry next year. She reflected on the need to enhance international reciprocity, by encouraging trainees to consider doing a period of accredited training overseas.

The afternoon session, consisted of descriptions of 2 differing experiences of 'New ways of working'. In St Albans, Dr Francis Burnett, Consultant in General Adult Psychiatry, described various models of New Ways of Working, and her own early experiences of a NIMHE pilot project in her own team. She described the methods her team had used to reduce waiting times, decrease DNA's, decrease duplication of assessments, decrease caseloads and increase capacity for reflective space. Their early findings had revealed in fact an increase in DNA's, a decrease in referrals, but a dramatic rise in referrals to primary care psychology. There was an interesting question from the floor about whether the increased referral to primary care psychology was GP led or due to patient preference.

The second experiential description was entitled "The experiences from the Bennett Centre" - delivered by Dr Lesley Haines, Consultant Psychiatrist, and Sue Mellor, Centre Manager. This community resource centre has been implementing their New ways of working since November 2005, after initially discussing the idea in an away day in April 2005. The immense change in their culture of working, appears to have been achieved by team enthusiasm, and strong leadership. They are considering how best to evaluate the effectiveness of their service, and where they go from here.

The afternoon was completed with 2 small group discussions on the potential drawbacks of New Ways of Working. Both seemed to cover similar issues such as:-

- fears about the loss of role for the Consultant,
- future effects on training,
- Concerns about continuity of care
- concerns about loss of skills,
- fears that the changes appeared to be medically driven, and how other disciplines are viewing the potential changes.

Dr Sue Jones, SpR, Stoke-on-Trent

Improving Patient Care Conference on 28 September 2006

On 28 September, an all-day conference was held jointly by the Royal College of Psychiatrists West Midland Division, and South Staffordshire Healthcare NHS Foundation Trust. The conference took place at the Learning Centre in St George's Hospital, and was attended by over 80 consultants from Staffordshire, Shropshire and the West Midlands. Professor Sheila Hollins, President of the Royal College of Psychiatrists gave a presidential address. The morning session was chaired by Dr Afzal Javed, Chairman of the Royal College of Psychiatrists, West Midland Division.

The conference showed steps taken by the West Midlands Division of the Royal College of Psychiatrists to work in partnership with individual Trusts, particularly the new NHS Foundation Trusts. South Staffordshire is the first wave mental health NHS Foundation Trust.

The conference, in its morning session, focused on raising service user and carer profiles within the services. It also included a presentation on new ways of engaging young people through its work in schools and communities. The morning's session was followed by a welcome by the Chief Executive, Mr Mike Cooke of South Staffordshire Healthcare NHS Foundation Trust, and the presidential address. Sheila Hollins, the Royal College's President, focused on issues in relation to probity, raising the profile of psychotherapy, de-stigmatising mental health services, particularly in the District General Hospital setting, and working collaboratively to improve recruitment and retention in psychiatry from Medical Schools. The presidential address was followed by a word of thanks by Dr Afzal Javed.

The afternoon session was chaired by Dr Abid Khan, Clinical Director of Mental Health Services, and there were a number of individual presentations from different organisations which included New Ways of Working by Professor Fiona Macmillan from South Staffordshire Healthcare NHS Foundation Trust, a presentation by Dr Peter Everett, from Shropshire and Telford Wrekin NHS Trust entitled "Root Cause Analysis of Suicide and Homicide", and finally a presentation from Dr Jonathan Lovett titled "Multi-Disciplinary Clinical Governance Processes a CAMHS Perspective". The last session of the conference was a plenary discussion and question and answer session.

It was a fantastic day to improve partnership and see the Royal College of Psychiatrists working jointly with South Staffordshire Healthcare on improving patient care.

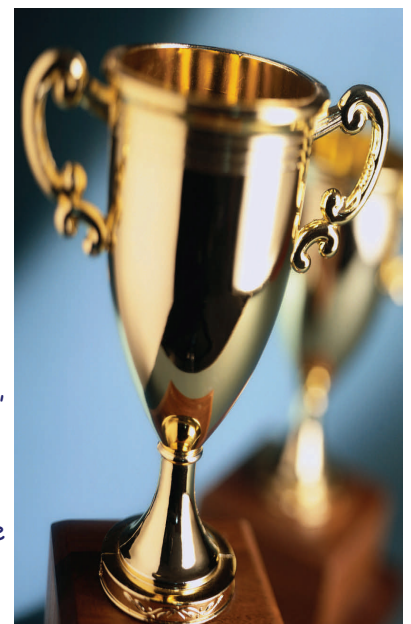
Divisional Prizes

The number of entries for this year's Research Presentation Prize was disappointingly low. The Division would like to encourage any eligible trainees and SAS doctors to apply for this year's Clinical Audit Prize. Entrants must submit a description of a clinical audit in which they have played a significant contribution by the 31 October. The winner will present their audit at the winter meeting on 14 December where they will be presented with a trophy.

The Division has also recently established a new essay prize; The Thomas Bakewell Prize, for medical students studying within the West Midlands. It is hoped that such a prize will encourage medical students to take an interest in mental health in general as well as developing specific knowledge for a particular topic. The title for this year's prize is 'Mental Illness and the Media' and the closing date is 1 December 2006. The winner will be awarded a prize of £200 at the Spring 2007 Divisional Meeting.

Further details about either prize can be obtained from the Division's web page or by contacting the Divisional Office.

<http://www.rcpsych.ac.uk/college/divisions/westmidlands.aspx>



Affiliates' Affairs

New Perspectives in Care - 16 May 2006

This educational event was held in Dudley on 16th May 2006. Its aim was to meet the CPD needs of Psychiatrists working in Staff Grade positions, Associate Specialists and other grades. As hoped the event was very keenly attended by the target group in various psychiatric specialities all over the West Midlands region.

Dr Iqbal Naeem, Affiliates' & SAS psychiatrists' representative for the Division welcomed the participants. The need for such an event was emphasised. Describing it in a broader term he drew attention to how the College was supporting the cause of Affiliates. Dr Afzal Javed in his welcome address appreciated the invaluable work being done by the Affiliates and SAS psychiatrists. He said that this particular group is nothing less than a "backbone" to the present NHS services provided in terms of mental health.

A comprehensive talk was delivered by Roslyn Hope on New Ways of Working. The participants found it very informative regarding different aspects of their current practice and future perspectives.

Dr Sandy Swatkins appraised the recent updates on the important topic of cannabis. Cannabis as a substance of abuse has been linked to other psychiatric disorders in an interesting way. Unsurprisingly it was a popular talk of the day.

Above all participants took an active part in the discussion and sent in encouraging feedback for the event.

Dr Iqbal Naeem, Affiliates Representative, West Midlands Division, Royal College of Psychiatrists



Mental Capacity Act: Divisional Leads

As part of its commitment to the implementation of the Mental Capacity Act in England and Wales, the College has requested that Divisions identify consultant psychiatrists who would be willing to take the lead in their Region and who would develop some additional expertise in the Act and in its Code of Practice.

The role of these psychiatrists will include being part of local training events organised by the College or by regionally based training advisers appointed by the Department of Health and also being available for advice when the Act comes into force in April 2007. The College is undertaking this initiative in collaboration with the British Psychological Society.

The following members have volunteered to be leads for the West Midlands Division and will be receiving training shortly:

Professor Tony Elliot and Dr Amrit Singh

BRIEF GUIDE TO THE CHANGES IN MEDICAL EDUCATION IN PSYCHIATRY

Introduction

You will be aware that there are a number of changes occurring in medical education and the purpose of these notes is to further inform you about how these are impacting upon psychiatry for trainers, trainees and prospective trainees.

Background

There are significant internal and external drivers for change in medical education in psychiatry including NSF, NHS National Plan and EWTD. The other two major influences are modernising medical careers and PMETB.

Future Specialist Training

Future specialist training will be competency based with the end point being an accredited doctor with a CCT. During training specific competencies will be gained and credentialed, allowing individuals to take up posts where these competencies are specified.

The overall outcome of training will be to produce a psychiatrist who is independently competent in the assessment and treatment of the majority of routine and emergency cases (where appropriate with a specific specialty expertise), who is capable of working in a team, and who works with appropriate values and attitudes. The outcome in terms of Certificates of Completed Training is currently the subject of consultation within the College but at the moment is towards one of six CCT's; that is general adult, old age, psychotherapy, learning disability, forensic or child and adolescent psychiatry. The proposal from Council to change to one CCT is the subject of a separate communication from the President and Dean to Members and Fellows. In the design of Training this decision makes little substantial difference. This is because the end-point or outcome of training remains a doctor with clear and demonstrable specialty expertise.

Entry into specialist training will occur after the Foundation Programme and selection will be at Deanery level following a national standardised application and a structured multi-station interview. The College has negotiated with the Royal College of General Practitioners to enable joint early stages of training during the first year of specialist training. There are currently advanced negotiations with neuroscience specialities as well as discussions with paediatrics and obstetrics/gynaecology.

Selection into Specialist Training

This section is to be read alongside current guidance on the MMC website and the MTAS website. In the future trainees will be selected into psychiatry, commencing at the first year of specialist training. There will be a national application system with a single advertisement, the first of which is due to appear in January 2007. Applicants will be supported on the basis of their application, which contains information about the doctor's career and training to date. In addition they must make responses to a series of questions. There are two sets of questions, the first is generic (including questions about team-working, learning from critical incidents and clinical governance) and the second is specialty, i.e. Psychiatry specific, and these latter questions are related to the College document "Good Psychiatric Practice".

After short listing, invited candidates will be assessed at a multi-station interview. The stations may include the following:

1. Review of portfolio/curriculum vitae.
2. Clinical skills assessment.
3. Personal competency assessment.
4. Academic/reflective ability assessment.

Design and pilot work is currently underway on the selection process.

Transition

Transition begins when the first person is recruited into the new curriculum and ends when the last person leaves the old curriculum. For August 2007 recruitment will occur at ST1, for Foundation Trainees, as described above, but also at ST2, 3, and 4 from the existing SHO and Non-Consultant Career Grades (NCCGs - Staff and Associate Specialists).

All entry will be competitive. There are, currently under development, person specifications for all levels of entry to ensure a level playing field for applicants at each entry point. Experience and training in the SHO grade to date may act as evidence of attainment of competencies, thus as equivalents.

The timetable for selection is as follows:-

November 2006	Articles explaining new process in medical press and on relevant web sites
December 2006	Details of specialty registrar training programmes, posts and job descriptions available on Deanery websites
22 January - 4 February 2007	Applications to specialty training programmes submitted
February 2007	Outcome of short listing communicated to applicants
March - April 2007	Local selection activities occur (structured interview)
End April 2007	Offers to successful candidates
End April 2007	Unfilled vacancies identified and re-advertised
May 2007	Round 2 commences
End May 2007	Outcome of round 2 short listing communicated to applicants
June 2007	Local Round 2 Selection Activities
End June 2007	Offers to successful candidates
August 2007 onwards	Specialty Training and FTSTA training to new curricula commences

For current trainees therefore advice is as follows:-

Familiarise yourself with the applications timetable and keep this in mind when planning holidays etc

Think about how to provide evidence of your competences - e.g. FP portfolio, workplace assessments, log book, clinical observations, records of in-training assessments etc.

Make sure you have a working e-mail account

Think about your referees and ask if they are prepared to write on your behalf

Consider the specialty person specifications as soon as you can

Assess yourself realistically against the criteria

Think about your life choices: personal / partners / flexible training?

Curriculum

There has been a working group that has revised the curriculum in line with PMETB requirements. This means that the curriculum is mapped against *Good Medical Practice*. The model is outcome based with an emphasis on teaching, learning and assessment within the workplace. Competencies are matched in need and stage of development. Within the curriculum you will see clear descriptors with learning outcomes and the anticipated level of training at which outcomes would be met. The curriculum emphasises clinical skills, medical and psychiatric knowledge, interpersonal and communication skills, professionalism, and systems-based practice. There is a core curriculum as well as specialty modules that are at an advanced level of development. The curriculum will be under constant review and the College has established a curriculum sub-committee as part of the new Education, Training and Standards Committee.

Assessment

There is a shift toward assessment in the workplace of everyday real practice, that is what the doctor does and how they behave will be observed and rated in the workplace as it happens. A College working group has been examining the use of workplace based assessments both in the UK in the Foundation Programme and abroad in specialty training programmes. A provisional schedule has been drawn up, including the use of multi-source feedback, a clinical assessment exercise (the assessment of real-time clinical practice through an adapted mini cex), the direct observation of procedural skills (dops), a case based discussion (chart stimulated recall), patient satisfaction measures, case log books, project work including advocacy non-statutory service experience, and audit.

There are a number of pilot sites in England and Scotland, which will commence in August 2006. The Pilot work is being undertaken with the College Research Unit. The first report from the Pilot sites will be made at the College Medical Education One-Day Conference on November 29th

Examinations

It must be clearly understood that examinations will continue. It is likely that eligibility will move towards eligibility through the attainment of competencies, rather than time served (with equivalents for those training outside the UK system). The Dean and Examinations Sub Committee are currently working on new examinations which are likely to have three parts; part 1 knowledge based examination taken at the end of ST1, part 2 an examination of clinical skills and competencies taken at the end of ST3, and part 3, a portfolio review taken prior to the award of CCT. There is a target date of 2008/9 for the new part I and II examinations, which will be piloted next year for a group of trainees involved in piloting the new curriculum and workplace based assessment schedule.

Trainee Journey

The current trainee journey is a series of six monthly posts in basic specialist training followed by twelve month posts in higher specialist training. The new run-through grade enables Deaneries to consider different models, particularly in the early years of training. The College is aware that many Deaneries would wish to move towards four month rotations in some or all of the Core (first three) years of training. Innovative models involving, say, one year's general psychiatry focusing in turn on in-patients, out-patients and specialist community teams, followed by one year's developmental psychiatry would be possible with this methodology. However, it is clear that not all Deaneries would wish to move to a method of four month rotations and for these the College is happy for a six monthly rotation to continue for all three of the core training years.

In advanced years, again, models may appear involving three posts of eight months followed by one post of one year, or alternatively continuing with the three times one year posting. The essential for each Deanery to consider is training capacity, the ability to deliver for trainees a comprehensive training that meets the needs of the curriculum, but also the need to provide some stability for trainees and to provide trainees with the opportunity to develop relationships with service users and families over a period of time that is longer than just a few months. It is clear that the model of run-through training means that many of the previous demarcations between higher and basic training, over duties both within hours and out of hours, will have to be re-examined. It is also clear that the use of special interest and research time is something that will need to be closely managed with clear and relevant outcomes within an individuals trainee programme.

Training Schools

The changes in medical education described beg a restructuring of the way in which postgraduate medical education is organised and managed. We will require systems which enable partnership between postgraduate medical deaneries, the Royal College and service providers; we will need systems that can support the new curricula and assessments, that can support the nationally co-ordinated selection methods including those to be used during transition, that can incorporate quality assurance and quality control systems and clearly that can implement and continue to implement large scale change. A generic model for training schools has been proposed by Professor Graham Winyard and a discussion paper for Schools for Psychiatry is available upon application.

In the West Midlands a single school will be developed from the current Psychiatric Training Committee. This school will involve programme directors for the six CCT specialties (General Adult, Old Age, Psychotherapy, Forensic, Child and Adolescent and Learning Disability) and four programme directors for the early (core) years of training. There will be service representation through a Chief Executive and Medical Director and lay representation. Key functions will include:-

- The single recruitment process

- Management of RITA (or equivalent) for all trainees

- Smooth transition from core to advanced phases of training

- Identification of training placements and future accreditation of trainers

- Development of local trainers, teachers and assessors

- Delivery of the new curriculum

- Delivery of workplace based assessments

- Development of systems for career counselling

- The management of clear and consistent quality assurance and quality control systems

Numbers of Doctors in Training

The numbers of doctors in training will be calculated against future service need for specialists. This future service need is, in turn, derived from the work of the National Workforce Review Team. This means that account must be taken of the fact that psychiatry continues to be a shortage specialty and the new roles for consultant psychiatrists described in new ways of working. Workforce planning is devolved to postgraduate medical deaneries who must, in turn, work with their local NHS service providers. This work is currently under way and is due to be complete in late autumn 2006.

1. Numbers in the RTG are to be negotiated by Postgraduate Deans and NHS Employers. You have a vital role to play in this work which should be happening now in your locality.

2. Psychiatry must be seen as a shortage specialty and therefore every effort made to maximise the number of NTN's (see para 8 of (MMC) *Managing Transitions* and Para 11 of *Managing Transition: Advice to the Deaneries* (MMC)). This may mean negotiating the conversion of existing SHO posts to Higher Training. This would have the effect of creating a larger overall "rectangle" for RTG. Data is available from the National Workforce Review Team and the College Census to support in this task.

For those posts not required for Specialist Training of which there will be a number, it is likely that number be allocated to Fixed Term Specialist Training Appointments. Doctors in these posts will be appointed on an annual basis; they will be "in training" i.e. subject to the same processes including assessment and eligible for examinations.

The future?

For those in training there is a change to a more systematic, more focused yet more flexible approach. The aim is to produce the specialists that services and patients want and need. This will be achieved through a method that is competency based rather than time served but which does not ignore the fact that competency but does not necessarily equate to capability and performance.

For those who are trainers there will be a need and an opportunity to "professionalise" education (supported by PMETB - Generic Standards, 2006). There must be greater support, expertise, personal development and enjoyment! A career pathway for educators should emerge for all specialties including psychiatry. Fundamentally, there requires to be clear identification and support for teaching, supervision and assessment in job planning and this must be further reflected in Appraisal so that development can be supported and performance rewarded.

If this comes about there is a great opportunity for "medical education to take a lead in producing doctors who are prepared for a health service that is characterised by choice and personalised care" (Hutchinson, BMJ, 2006)

There are however equally clear problems and threats that include ensuring that services can adapt to the changing service output of junior doctors including but not exclusively the effect on on-call services. The question of whether the training described is feasible - whether the resource base particularly of trainer time exists. Finally but crucially is the question of whether the future CCT holder will be employable? The answer to this is certainly yes because the model is one that is able to adapt to the continuing changing pattern of service demand and provision.

Dr Nick Brown, Associate Dean, RCPsych

Axe sharpening service available - CSIP WM

A man was walking through the forest; he came upon a friend chopping down a tree.

"Hello!" said the man.

"Hi, Can't stop, must get this tree down." said the friend, hacking away in a shower of splinters.

"But your axe looks blunt, why not stop and sharpen it?" asked the man.

"Can't stop, must get this tree down." Said the friend, continuing to swing the axe.

"But if you sharpen the axe the job will be much quicker, and a lot less tiring!" the man pointed out.

"Can't stop, must get this tree down." And the friend continued hacking uselessly at the tree.

How are your working conditions? Has your Trust fully implemented "New Ways of working for psychiatrists". Is your team perfect?

If your answers are "fine", "Yes" and "Yes" then do read something else; if things could be better then maybe we can help. We know that many psychiatrists are struggling with workload and resource issues. We all want to do the best for our patients, but sometimes are overwhelmed by change. Often we feel if we just had a few more resources, another CPN, more time then everything would be all right. If you identify with this then the Care Services Improvement Partnership (CSIP) can help. We can provide the support you and your team need to look at the service you are providing and optimise it; to "sharpen your axe". CSIP West Midlands is one of eight regional development teams formed from the National Institute for Mental Health in England (NIMHE) and other work streams. CSIP is funded by the Department of Health so there is no cost for our support.

If you would like help on service improvement please email me Alison.gray@csip.org.uk and we can discuss how CSIP can help.

**Dr Alison J Gray, MA MB BChir MRCPsych MMed Sci,
Consultant Psychiatrist Advisor to the Mental Health programme of CSIP WM.**

West Midlands Medical Directors Group

The College is presently undergoing a process of modernisation as part of which its repertoire of activities is widening to include a higher profile of engagement with mental health trusts through their Medical Directors (MDs).

A Medical Directors Executive (MDE) has accordingly been founded and has begun to meet at the College regularly under the stewardship of Peter Kennedy, Vice-President (Medical Management). All the Divisions across the UK are represented at the MDE by an appropriate MD who chairs a Divisional MD group such that a network of medical management in mental health is created.

The objectives of the MDE and its supporting network are:

- to make use of the combined intelligence of all MDs in mental health to empower the College, through the Central Executive Committee, to identify important issues that need to be discussed (such as protecting the resourcing of mental health services, PbR and NWW)
- to enhance influence through more consistent collaboration with important partners (such as CEOs, the National Director and the Secretary of State) and organisations (such as CSIP, GMC, BAMB and NMHP)
- to redefine the roles of senior clinical managers in mental health such that we become fit for the future to encourage and coordinate local responses to national imperatives.

I represent the West Midlands Division at the MDE through my role as MD of Birmingham and Solihull Mental Health Trust and chair a Divisional MD group which has begun to meet regularly with good attendance from MDs across the region. Specific topics addressed thus far have included NWW, rationalisation of the employment of locum doctors, creating job descriptions for consultant psychiatrists which are consistent with NWW and the provision of choice for employees of mental health trusts who require psychiatric services.

I intend to report the proceedings of the West Midlands MD group to the West Midlands Divisional Executive Committee (of which I am privileged to be an elected member) on either a regular or an ad hoc basis according to the wishes of the committee's chairperson, Afzal Javed.

Dr Neil Deuchar, Medical Director, Birmingham and Solihull Mental Health NHS Trust and Executive Committee Member, West Midlands Division, Royal College of Psychiatrists

DEBATE SECTION

'New ways of working for consultants-better for consultants or patients?'

Please write to the editor, c/o the Divisional Office with your comments, views and opinions for inclusion in the next edition of the newsletter

Utilisation of Locums in Mental Health - A Collaborative Approach

Locum Psychiatrists and other locum medical staff will always be needed in Mental Health Trusts. There may be times where there are no vacancies and no major operational issues but over the longer term situations will arise where cover is required - unexpected sickness, maternity cover and perhaps where a vacancy is difficult to fill. Safety, appropriateness and efficiency are key factors in decision-making about engaging locums.

National surveys have demonstrated that Trusts have experienced difficulties in the use of locums. For example, the limited scope of the locum role in contrast to that of permanent staff, lack of continuity of patient care resulting in a drop in the quality of that care leading to safety and clinical governance issues. In addition, costs have been high and difficult to control. In summary, the main issues centre on quality of care, risk, clinical governance, and cost.

The Department of Health has funded NHS Employers and NHS Professionals to set up a joint project in collaboration with the National Institute of Mental Health in England (NIMHE) which is part of the Care Services Improvement Partnership (CSIP). The project is supported by the Royal College of Psychiatrists, the National Mental Health Partnership Group of Mental Health Trusts and the Purchasing and Supply Authority (PASA).

The project is a national programme to spread best practice and learning across clusters of Mental Health Trusts. The aims are to help groups of Trusts reduce the risk around employing locums, to deliver clinical governance around that employment, to therefore improve patient/service user care and, finally, to reduce costs.

The project encourages groups of Mental Health Trusts to work together as a collaborative based upon the new Strategic Health Authority geographical areas. The benefits of this collaboration are that a consistent approach can be taken to ensure co-operation rather than competition with regard to locums, as well as being able to fix common rates of pay. Medical Directors, HR Directors and

Medical Staffing can work together to share information, follow best practices with respect to job planning and managing vacancies, addressing attendance issues and ensuring positive use of the medical staffing budget. Furthermore, the Royal College and NIMHE/CSIP are developing guidance on how the use of locums can be used in the context of new ways of working for psychiatrists and all staff working in mental health services. Many Trusts are already looking at the potential for changing roles and doing things differently and the use of locums is part of this picture.

The project draws upon the lessons learned in the North West of England. There, Medical Directors and HR/Organisational Development Directors worked together to address issues such as "hard to fill" vacancies, continuity of care, agreed rates of pay for locums etc. The existence of a working action group to drive the collaborative forward was a major success factor. The leaders in the North West were a Medical Director and an HR/OD Director but this does not limit the leaders to those roles for other parts of the country. The North West reduced budgets by around £2 million in the first instance.

There is an opportunity for the West Midlands to take part in this project. Medical Directors and their HR Directors/Medical Staffing teams would be the best people to learn more and consider the project. Trusts will need to collaborate through the setting up of an action group and define a couple of people to lead this.

Avril Wright is the NHS Employers Project Manager for this piece of work. She will be following up the recent presentation made to the Medical Directors Network and can be contacted on 07785 270615 or avril.wright@nhsemployers.org. Avril will be happy to provide more details about the project, the North West Approach etc and explore the potential for the West Midlands to take part.

Avril Wright
Workforce Development Adviser
NIMHE Eastern Development Centre

Formation of Sub-committees

West Midlands Division: Patients and Carers Sub-committee

The West Midlands Division would like to set up a 'patients and carers group' for psychiatrists that are interested in involving patients and carers in the activities of the Division. If you would like to become a member of this group, which will be led by Peter Woodhams, the Division's Carer Representative, please contact the Divisional Office, ndavies@wmidsdiv.rcpsych.ac.uk. It is hoped that this group will work in close collaboration with NIMHE and CSIP West Midlands and will feedback via Peter to the West Midlands Division Executive Committee.

West Midlands Division: Sub-committee on BME issues

The West Midlands Division Executive Committee has set up a sub-committee on BME issues and delivering race equality agenda. Psychiatrists with an interest, experience or skills in this area are invited to join the committee.

The committee has established collaborative links with CSIP and intends to actively network organisations, voluntary agencies and individuals already contributing in this vital area. The main areas of activity of the sub-committee will be to:

- ◇ Increase knowledge, awareness and responsiveness of the psychiatrists & other mental health professionals in relation to BME mental health
- ◇ Encourage evidence based practices and innovations to improve and develop mainstream mental health to be sensitive and accessible for BME communities
- ◇ Contribute in the training of psychiatrists, carers and other health professionals on cultural competence and delivering racial equality
- ◇ Encourage local pilots and activities with individual Trusts to highlight good practices in BME mental health promotion and education

Anyone interested in joining the West Midlands Division sub-committee on BME issues should contact the Divisional Office, ndavies@wmidsdiv.rcpsych.ac.uk.

West Midlands Division: Public Education Sub-committee

The inaugural meeting of the Public Education Sub-committee was held on September 29th. The Sub-committee aims to improve understanding and awareness of mental illness amongst the general public, reduce discrimination towards the mentally ill and achieve these objectives through working in partnership with other organisations including those associated with Users & Carers.

The Subcommittee hopes to concentrate in the coming year on raising awareness about mental health matters amongst school children and young people through hosting a workshop for teachers and personal, social and health education (PHSE) Coordinators.

Additionally there will be a Media Training event in November and a workshop on Media Skills at the West Midlands Divisional Spring Conference.

If you would like to join the subcommittee or know of someone suitable in your Trust who could champion Public Education please contact Lisetta Lovett, Divisional Public Education Officer or Nikki Davies, West Midlands Division Manager. Our next meeting is on 19th January at The Clarendon Suites, 2, Stirling Road, Edgbaston, Birmingham 1:00 p.m.

Dr. Lisetta Lovett- Lisetta.Lovett@northstaffs.nhs.uk
Nikki Davies - ndavies@wmidsdiv.rcpsych.ac.uk

Membership of the Executive Committee

Dr Afzal Javed	Chair
Dr Derrett Watts	Honorary Secretary
Dr Gabrielle Milner	Financial Officer
Dr Andrew Ashley-Smith	Rehab & Social Psychiatry Faculty
Dr Joanne Barton	Child & Adolescent Psychiatry Faculty
Dr Harm Boer	Learning Disability Psychiatry Faculty
Dr Nicholas Brown	Committee Member
Dr Neil Deuchar	Committee Member
Dr Stephen Edwards	Regional Adviser
Prof Anthony Elliott	Faculty of Old Age
Dr Katherine Gingell	Committee Member
Dr Richard Hodgson	CPDRC
Dr Martin Humphreys	Committee Member
Dr Jonathan Lovett	Committee Member
Dr Lisetta Lovett	Public Education Officer (or PEO)
Dr Christopher Mace	Psychotherapy Faculty
Dr Arshad Mahmood	Committee Member/ General & Community
Dr Vijaya Murali	Faculty of Addictions
Dr Iqbal Naeem	Affiliate representative
Dr Adel Sobeih	Committee Member
Dr Manoj Sukumaran	CTC Rep
Dr George Tadros	Committee Member
Dr Alfred White	Liaison Faculty
Mr Peter Woodhams	Carers Representative

The West Midlands Division Executive Committee meets four times a year to discuss both College and local issues. Members of the Committee can be contacted through the Divisional Office.

2007 Meetings:

19th January 2007

30th March 2007

6th July 2007

28th September 2007

Disclaimer: The opinions expressed in this newsletter are those of individual authors and do not necessarily represent the views of the Royal College of Psychiatrists

Royal College of Psychiatrists

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