

REGISTRAR: THE PTC NEWSLETTER

Friday, 16 December 2011



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Editorial

By Dr Alice Lomax, Chair, Psychiatric Trainees Committee

Dear fellow psychiatry trainee,

Welcome to this edition of The Registrar, my first as PTC Chair. Whilst preparing for the holiday season, shopping on a crowded Oxford Street (or trying to save my feet by moving into the 21st century to buy my presents online...) I'm looking forward to the excitements and challenges 2012 has in store. I think this will be a very exciting academic year for the College.

I am very pleased to welcome our new Dean, Wendy Burn, who was elected in October 2011. She has up until now been Head of School for Yorkshire so is well aware of some of the day to day problems there are for on the ground trainees, and she knows what makes a good training programme in psychiatry!

The College has also recently appointed an Associate Registrar for Recruitment, Dr Tom Brown. He feels 'recruiting high quality doctors to psychiatry is crucial not only for the College, but for the patients we treat on a daily basis' and that it is 'everyone's business'. The PTC has

had recruitment to psychiatry as a main initiative for the past 5 years and were instrumental in starting up medical student psychiatry societies and the 'Student Associate' grade. However there is loads more to do! We would love to hear your ideas on how to tackle the recruitment difficulties, and anything you've been involved in locally which has worked (we don't want to reinvent the wheel!) for the next edition of this newsletter, due out March 2012.

2012 also brings back MedFest, the UK's only national medical film festival, which was founded by Dr Kamran Ahmed, immediate past vice chair of the PTC. This year the event has got bigger and better, with Dr Rory Conn, a current PTC rep for London, leading it. Following on from feedback last year we've opened up the festival to non-psychiatrists, and Chloe, the secretary this year, is a paediatrics trainee. The theme is "HealthScreen: Understanding Illness through Film". Visit their website for more info: www.medfest.co.uk

We've aimed for an issue of 'The Registrar' this quarter that looks at what is great about being a psychiatry

trainee, but also what you can do outside work to enhance your CV and career enjoyment. There is also a focus on recruitment hints and tips as CT1 recruitment opened on the 1st December 2011: <https://trainingjobs.rcpsych.ac.uk/cac/home.aspx>

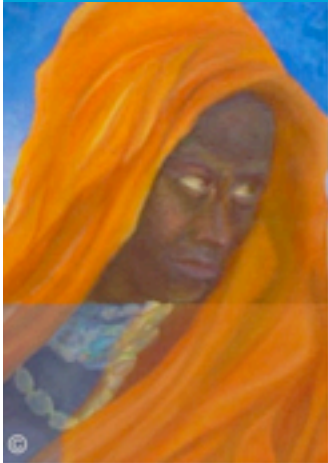
The PTC continues to aim to improve communication between trainees and the College. Please follow us on Twitter (@RCPsychTrainees) and like our Facebook page (Psychiatric Trainees Committee). I hope that you have good access to your local PTC reps – if you are unsure who they are please get in touch.

As ever, do please get in touch via ptc@rcpsych.ac.uk. I wish you all a very happy holiday season, and also the best of luck those sitting the CASC in January!

Alice

**Dr Alice Lomax, Chair of the PTC
Clinical Teaching Fellow, St. George's, University of London and
South West London and St. George's
Mental Health Trust**

LATEST NEWS



The 3rd world congress of cultural psychiatry World Association of Cultural Psychiatry

Mental capital, mental disorders, resilience and well-being through the life-course

Main conference: 9th – 11th March 2012

Trainee day: 7th March 2012

Location: Queen Mary,
University of London,
East London



Register online now at the **reduced trainee/student rate**
for the whole conference including the trainee day

Included events:

- Film night
- 'Faith, spirituality and science' session, St. Paul's Cathedral
- Trainee social
- Walking tours

Twitter: @wacptrainee.com

Facebook: 'World Association of Cultural Psychiatry Congress 2012: Trainee Day'

Email: wacp2012trainees@gmail.com

www.wacp2012.org/registration/

CT1 application window for England and Wales OPEN NOW and closes at 12:00 on 21 December 2011

<https://trainingjobs.rcpsych.ac.uk/cac/home.aspx>

The Royal College of Psychiatrists coordinates national recruitment to core psychiatry training at year 1 (CT1) and to specialty training at year 4 (ST4) in all six psychiatric specialties in England. Wales participates in national recruitment at CT1 level only. More information is at: <http://www.rcpsych.ac.uk/training/nationalrecruitment.aspx>

Northern Ireland and Scotland continue to operate their own application systems for recruitment to psychiatry. To find out more about training opportunities in those countries please visit the relevant websites: [Northern Ireland Medical and Dental Training Agency](#) and [Scottish Medical Training](#).

You can now follow us on twitter! Search for: @RCPsychTrainees for the most up to date news from the PTC.

follow us on
twitter



Being a psychiatrist in the media...

By Dr Leanne M Hayward

ST4 General Adult Psychiatrist – Avon and Wiltshire Partnership Trust, Bristol

Trainees often talk about seeking new or “different” experiences as they build their skill set, and work towards that pinnacle role of “Consultant Psychiatrist”. For me, the search for a unique opportunity, or “something outside the box”, resulted in something altogether unexpected. Rather than outside it, I found myself, colloquially speaking “ON the box”.



My affair with the Media began when the college sent out an advert by a TV company seeking young doctors to front a programme for BBC3. My initial reaction was “...I’d love to do something like that...” hastily followed by the self-deprecating default position “...I don’t know enough...”

My husband, however had other ideas! With a simple, “what have you got to lose?” I was convinced to firmly park any doubts and one telephone call, CV and photo later, I was invited for a screen test.



Weeks after the screen test, I was called and recruited as one of four Resident Medical experts for “Make My Body Younger” – a programme exploring issues such as over and under-eating and drug misuse, amongst 18-25 years olds.

The show required me to “live-in” with participants for 3 days, to observe their behaviours, home circumstances and social lives, and to formulate plans to help them overcome their difficulties. Post-stop-over, follow up visits enabled me to check progress and offer support and encouragement.

The experience was challenging, un-rehearsed, terrifying, yet exhilarating, since you can’t predict what reactions will surface when cameras are rolling, and you’re in unfamiliar surroundings. To my advantage, this show was not live,

meaning there was scope for communicating with the production team, and explaining the important public education messages that should be highlighted during the edit. As a doctor, usually in control of the information imparted to patients, having no input into the final version of what was transmitted to viewers was the hardest aspect of the experience. However, to their credit, I was delighted that the producers responded to my suggestions during filming, and highlighted clearly the messages I deemed crucial for viewers.

Working as a TV doctor is superb for building self-confidence, and improving communication skills. You are required to think beyond what is important for the person in-front of you and must also consider how to phrase advice and questions, such that those watching can also make connections for themselves and be educated or challenged around their own behaviour patterns.

Working in the media, you need to have a clear, concise message for your audience, and to be alert to the agendas of others. In this case, the TV company agenda was educational entertainment, and good ratings. My agenda, using medical knowledge to educate the public, needed to align with that of the TV company, so though always professional and approachable at work, I was required, for example, to dress in a more “trendy” way, to appeal to the target audience.

By taking one step “out of the box” further opportunities have subsequently arisen. Following the show, I was invited to create 2 video-podcasts for the internet, and several months later, secured a regular magazine column, writing about psychological and psychiatric aspects of Diabetes.

I would encourage anyone interested, to apply when such opportunities present. While you clearly need support from your employers and advice from defence unions before signing any contracts, I would suggest that for one’s personal development, and to improve the public perception of mental illness, and psychiatry, the more Psychiatrists willing to get “on the box” and involved in Media work, and public education, the better. Go on, “Break a leg!”



Psychiatry summer school and setting up a “buddy” scheme....getting Liverpool undergraduates interested in psychiatry!

By Dr Declan Hyland, Core Trainee 2 in Psychiatry, Mersey Care NHS Trust

The difficulties in recruiting UK-trained junior doctors into psychiatry are well known and publicised. The debate on how to get more students interested in psychiatry rages on. Having experienced first hand the negative experiences some Liverpool medical undergraduates have had when undertaking their psychiatry attachments, I wished to challenge the apparent apathy for and negativity towards the specialty. I figured that one way of challenging undergraduate attitudes would be through providing students an appreciation of the breadth within the specialty. Inspired by the existence of such events in Leeds, Sheffield and London, I decided to set up a “summer school” for undergraduates interested in psychiatry or just curious to learn more about the specialty. Such an event had never been run in Liverpool before. With assistance from a Higher Trainee colleague, Dr Arpan Dutta, we produced a programme of varied and interesting talks for the summer school.

I realised the first step in setting up the summer school was to establish whether there was a sufficient level of potential interest amongst Liverpool medical undergraduates. Having e-mailed the entire medical school body, 45 students expressed an interest in attending such an event. An encouraging enough response to prompt me to proceed with organising the summer school, I thought!

I figured that students would be more likely to attend the summer school if it was free. I therefore approached the Medical Director of the Trust I am currently working for, Mersey Care, who was happy to support our venture and provide a free venue and free catering for the entirety of the summer school. I then approached the Clinical Lead for undergraduate psychiatry at the University of Liverpool, Dr Andy Chatfield, as I felt his input would be vital in helping to develop and implement strategies to get more undergraduates interested in psychiatry.

Having decided that we wished to run the summer school over two days (I felt one day would not allow us to deliver enough talks and that more than two days would be a gamble given that this was the first year of running the event), I approached Consultants in different subspecialties about delivering a talk. I was encouraged by the number of Consultants who supported the concept and were happy to give up their free time.

In deciding on the topics of talks I wished to include in the programme for the summer school, I was keen to include talks on topics not routinely encountered by students during the course of their undergraduate psychiatry teaching. I therefore recruited a Consultant Neuropsychiatrist to provide an introduction to his field and a Consultant Forensic Psychiatrist from Ashworth Hospital to talk about “dangerousness and risk assessment.” A Higher Trainee in Learning Disability psychiatry provided an introduction to the field. I felt it was important for the students to hear from a service user who could provide an insight of what it is like to be the receiver of psychiatric care and what it is like to be sectioned. I also

recruited Higher Trainees from the different subspecialties to provide an informal forum for the students to be able to ask questions about what each subspecialty involved. I gave a talk on how to maximise one’s chances of getting into Specialist Training in psychiatry. The Medical Director of Ashworth Hospital kindly agreed for the students to be able to spend a couple of hours being shown around the hospital site.

I contacted the Director of Medical Education for Mersey Care NHS Trust, Dr Manoj Agarwal, as I wished to be able to provide those students that attended the summer school with attendance certificates that were authenticated and could be added to their portfolio at their Foundation Training stage. Dr Agarwal was happy to provide these for me.

The summer school was run over two days on 23rd and 24th of August 2011 at Ashworth Hospital in Maghull, Liverpool. The event was attended by 20 students, the majority of whom were second or third year undergraduates whom had had no prior exposure to psychiatry but were interested in the field. I asked the students to complete a questionnaire ascertaining their attitudes towards psychiatry at the beginning of the summer school and then asked them to complete the same questionnaire at the end of the event. Dr Dutta and I are currently comparing the questionnaires to determine whether attending the summer school had any effect on their attitudes towards psychiatry.

The first Liverpool psychiatry summer school was deemed to be a successful venture, with those students that attended providing some very positive feedback. I am planning to run the event on an annual basis and shall extend it to three days next year and include a social event for the attending students.

In the aftermath of the summer school, there has been an increase in the number of Liverpool undergraduates who have requested to be able to complete optional placements in various subspecialties within psychiatry, particularly Old Age and Forensic.

I am now working closely with Dr Chatfield to implement further strategies in our shared vision of getting students interested in psychiatry. We are about to implement a “buddy” scheme in Liverpool, in which Core Trainees in psychiatry will act as a “buddy”, or confidant, to a group of Liverpool undergraduates from all years of training who wish to learn more about psychiatry. So far, 53 undergraduates have registered their interest in participating in the “buddy” scheme.

The challenge that faces those of us that work in psychiatry is not simply to initiate a level of interest in psychiatry within undergraduates, but to nurture and develop that interest so that those students pursue their desire to follow a career in psychiatry. Anyone who wishes to find out more about the Liverpool psychiatry summer school or the “buddy” scheme we are proposing to set up, can contact me at declan.hyland@nhs.net for further information.

How To Make The Shortlist - Ideas To Bolster Your Application For Higher Training

By Dr Cheryl Colquhoun, Core Trainee Psychiatrist, Eastern Deanery

With CT3 approaching, I was convinced that good clinical aptitude on my 'Work Place Based Assessments' would be sufficient to highlight me as a strong candidate at higher training interviews. Reading through the person specification and application forms for ST4 jobs I had a sudden dawning realisation that being a good clinician was not enough to make me stand out from the crowd!

Core training years should focus on obtaining a variety of skills in addition to clinical experience, but what with the difficulties of passing exams and getting the job done well, this often isn't apparent to trainees until they are well into their training. An old adage says 'Forewarned is forearmed'...and this article aims to help with that in mind. Applications for Higher Training shortlisting involve a 30 point scoring system which addresses a multitude of areas. At first the breadth of experiences appears daunting. However, with a bit of advanced planning, and a few tips on how to hit the checklist boxes, proactive trainees should find no problems mapping out a sure foot clear pathway to short listing success.

Postgraduate Qualifications

Several Deaneries such as the Eastern Deanery subsidise MSc programmes which also cover the MRCPsych syllabus, but there are many trainees who also undertake Postgraduate Certificates, Diplomas or Masters qualifications in Medical Law and Ethics, Leadership, Medical Education & lots more.

Prizes and Awards

This box looks scarily empty if there is nothing to put into it, but it's not as hard as it feels to fill it. Be proactive - check the Royal College website for examples of what is out there to apply for: <http://www.rcpsych.ac.uk/rollofhonour/prizes,bursarieslectures.aspx>

Achievements Outside Medicine

Highlight your sporting achievements, volunteer work and anything you have done outside medicine that makes you stand out.

Presentations

Enter a poster abstract to the annual national conference of the specialty you are interested in. Every subspecialty faculty, section and special interest group at the College has its own annual conference, as do most Deaneries. A poster at the RCPsych International Congress has international prestige! It is worth submitting suggestions for presentations or workshops or doing one with your consultant.

Publications / Research

A Lancet or other high impact peer reviewed publication is fantastic, obviously, but don't feel disheartened if this isn't happening! Many other publications still gain recognition. Contribute to newsletters such as this, write letters to the BMJ or The Psychiatrist, publish your audit or a case report.

Teaching Experience

There is endless scope to teach; juniors, other health care professionals, service users at charities such as MIND. Gain formal tuition on teaching skills through a 2 day course specifically aimed at training doctors to teach. Google 'Doctor teacher training course' for details.

Audit

Audit your department's adherence to protocols, make service improvement recommendations, then re-audit. A completed audit cycle has more weight on applications. Your local audit department can provide useful support. Get it published, for example in the trust newsletter.



Management, Leadership

Become a local representative for Junior Doctors. Look towards becoming the British Medical Association (BMA)LNC (Local Negotiating Committee) representative for higher management experience. This

post entitles you to free training packages from the BMA. And of course, get involved in the College. Every 2 years your Division will be electing PTC representatives! To see when yours is coming up for election see: <http://www.rcpsych.ac.uk/specialtytraining/trainees/ptc.aspx> or contact us at ptc@rcpsych.ac.uk

Research Skills

Get involved in research, attend a skills course. Data collection for a national research project can gain affiliation with a research project, without giving the full time-commitment needed for authorship.

Commitment to Specialty

Work in the sub-specialty of psychiatry you aspire to be in. Attend meetings, annual conferences, shadow other professionals, do taster sessions around your current clinical commitments to maximise your exposure to the breath of the specialty. Make sure you can demonstrate your suitability to the role.

Your clinical and educational supervisors are a mine of information, ideas and support regarding how best to explore all of the above areas. Start planning the demonstration of your skills in these varied areas well in advance of application rounds, and you will have sufficient time to make yourself a strong candidate for short listing.

Details of the shortlisting framework can be found at: <http://www.rcpsych.ac.uk/training/nationalrecruitment/applicationsforpsychiatry.aspx>
Good luck!



MEDFEST 2012

The UK's only National Medical Film Festival

By: Dr Rory Conn, (CT2 Psychiatry, MedFest Lead)

Dr Chris Kowalski (CT2 Psychiatry, Medfest Deputy Lead)

Dr Chloe Bulwer (ST2 Paediatrics, MedFest Secretary)

Each year, the PTC undertakes a number of projects that are rolled out across the British Isles. We use the structure of the committee and our quarterly meetings to co-ordinate assignments leading to improvements in training, or recruitment to psychiatry. In 2011, the PTC established an exciting concept: "Medfest". This was the UK's first national medical film festival, the brainchild of Kamran Ahmed, then vice-chair of the PTC. Its purpose was primarily to encourage medical students to choose a career in psychiatry, but ultimately the 9 events held around the UK drew an audience of students, health professionals, actors, filmmakers, scriptwriters, the public..... and indeed our patients. It was a real success, and we were delighted to have the festival enthusiastically reviewed in "The Lancet".

screen successes and nightmares! Our diverse panellists include doctors, filmmakers, medical ethicists, social scientists and media celebrities with an interest in medicine. We look forward to welcoming the author Max Pemberton, BBC's 'Radio Doctor' Stuart Flanagan, film director Mat Whitecross and stand-up comedian Paul Sinha, amongst many others.

We have learnt that planning a national festival is very time consuming, but also hugely rewarding. We've taught ourselves to edit websites, learned the tricks of grant applications, and had a

great excuse to contact some celebrities along the way. Throughout, we've been reminded that psychiatry is closely linked to the humanities, and that many of our fellow trainees are passionate about the arts and their influence on our day-to-day practice.



We see the festival as the perfect platform for promoting psychiatry to both doctors and the public, and also an opportunity to broaden our interests and skills outside of clinical medicine!

Please take a look at our website: www.medfest.co.uk on which you can watch our promotional video, learn more about our programme and get in contact. We'd love to hear your ideas and to let you know more. Also, you can join our twitter feed @Medfest for regular updates.



(With funding from the IME)

Most importantly,

we'd love to see you at your local event. We will be touring to: UCL, KCL, St George's, Queen Mary's, Cambridge, Cardiff, Aberdeen, Bristol, Manchester, Leeds, Leicester, Birmingham, Southampton, Glasgow, Nottingham and Queen's, Belfast.

If your local university is not on the list, let's change that for 2013! Ask around about the possibility of starting up a PsychSoc at your university, and we can take things from there. We look forward to seeing you in February!

wellcome
library

wellcome
collection

The festival was made possible by the hard work of many PTC members, who orchestrated local

events run by university PsychSocs. It also could not have occurred without the generous sponsorship of the South London and the Maudsley Charitable Trust. MedFest is running again, supported by the RCPsych Public Education Committee. We are hosting events at 16 university venues, throughout February 2012, and anticipate an audience of over 1,000. All are FREE to attend. Our theme this year is:

"HealthScreen: Understanding Illness through Film"

Our aim is to provoke debate of the social, political and ethical implications of depictions of health and illness on our screens, not only in the form of Hollywood film, but also public health campaigns and advertisements. Such depictions are hugely powerful. When inaccurate, they can create myths and incite stigma. But when correctly presented, they have the potential to empower patient groups and dispel prejudice. We will be watching shorts from *The Wellcome Trust* archive collection, charitably funded campaigns such as *Animated Minds*, and some silver



How to set up a Student Selected Component (SSC) on Mental Health Workshops in Schools: A guide for trainees

By Dr Meinou Simmons, ST6 in CAMHS, Cambridge meinou.simmons@gmail.com



1. Assemble a core group of willing trainees, preferably including CAMHS registrars.

Arrange some meetings and an email list to coordinate the project. You should nominate an overall coordinator of the project.

2. Approach SSC coordinator at medical school and ask about procedure for submitting a proposal to host an SSC prior to advertising project to the year group.

This may involve filling in an SSC outline: an example of how an outline could be filled out can be found on the Schools web-sharing forum. You need to select a year group to target: this depends on the medical school and the available dates of SSCs. 1st/2nd year students may be more enthusiastic but may need more basic mental health coaching if they have not yet done psychiatry attachments. Final year students may be too focussed on finals and personal statements to commit. Ask about how assessment will be carried out.

3. Approach your local CAMHS department and ask for some Consultant level support to help oversee the project.

This Consultant should be someone who is willing to meet the students and check they are happy with the presentation material before it is presented to the schools.

4. Approach some local high schools' PHSE coordinators to set up the practicalities and dates of the projects in advance.

Select high schools which are accessible for the students and willing to engage with the project. Try to meet with receptive teachers and explain the outline

of the project to them, and forge a good relationship which can be continued via email/telephone. You need to explain to them this is a project aimed at whole mixed ability classes (rather than select groups) and is best focussed at Years 8-9. You need to set up dates in advance, and ensure that you have at least 45 minutes per workshop (a double slot lasting over an hour is ideal). Teachers will be present during the workshops. Decide how many workshops your group can run (aim for 4-6). N.B. the workshops should be scheduled for the penultimate rather than last week of the project so that students have time to engage in an evaluation exercise and write a report/poster of experiences in their final week.

5. Put interested students into groups.

Group sizes can vary according to interest but a group of 4-6 students is optimal. Email them as a group in advance of the project and ask them to start thinking about ideas and how they will best use their time when they start. Ask them to look into mental health for young people information websites.

Examples include:

RCPsych Young people's information

Time to Change clips:
<http://www.time-to-change.org.uk/>



Beat: <http://www.b-eat.co.uk/>



Talk to Frank: <http://www.talktofrank.com/>



How to set up a Student Selected Component (SSC) on Mental Health Workshops in Schools: A guide for trainees (continued)

By Dr Meinou Simmons, ST6 in CAMHS, Cambridge meinou.simmons@gmail.com

6. Start the project.

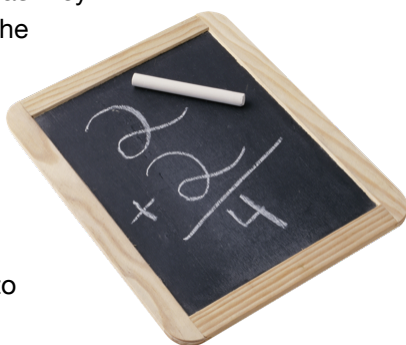
Trainee time commitment:

The project should be primarily self directed learning so the time component for trainees should not be significant. Students will require 1-2 supervisions weekly and an Introduction and Debrief session. Students will require a psychiatrist to supervise all workshop sessions so these need to be diarised in advance. It would be good for trainees to supervise the students in pairs and to have a Consultant overseeing each group.



Trainee supervisory structure:

Trainees should be encouraged to direct students to appropriate resources and ensure material selected is appropriate for students' age. The presentations should be creative and dynamic and steer clear of didactic teaching. Trainees should give students ongoing feedback as they progress through the module, and especially provide feedback between workshops so that students are able to improve between workshops.



Content focus:

The focus of the content of the project should be around basic mental health topics which should include: Stigma (using celebrities with common mental health problems may help this); anxiety and depression: basic facts; how substances impact on mental health; how to seek help from mental health services. Schools may request particular areas are

covered, so you can be flexible but don't try to tackle too many topics in one session!

Format:

Students should be encouraged to split the workshops into 4 components: 1) Initial presentation about basic mental health and stigma including video clips where possible; 2) Small role-play or prepared video with a basic message about a school student struggling with a common mental health problem and then accessing appropriate support for this 3) worksheet focussing on how to spot common mental health problems and where to seek help for these. Your group may wish to prepare a leaflet with information on when to get help and what is provided by local services (voluntary and NHS) for young people with mental health problems; 4) Summary and Feedback forms.



Ensure feedback/ evaluation exercise occurs.

Students should be encouraged to design feedback forms which are relevant and allow some free text commentary for an evaluation exercise. Trainees should then be encouraged to log all feedback onto a spreadsheet and analyse the data and put it in a report or poster.

Encourage presentation of workshop.



Students could present their experiences as a talk in a local conference or local presentation forum (e.g. psychiatry society talk).

The NHS Medical Director's Clinical Fellows Scheme

By Dr Anna Moore, currently placed at the Faculty of Medical Leadership and Management (FMLM)

Walking fifty meters past the protestors sitting at the gates at 10 Downing Street and up to the front door of the office in the DoH, where I now sit doing a full time 'desk job', I still can't really believe I'm here! It's a far cry from my Community Mental Health Team out-patients clinic. Having just completed CT2 core psychiatry, I am taking a year out of programme experience to do the NHS Medical Director's Clinical Fellowship Scheme run by the Department of Health and the Faculty of Medical Leadership and Management (FMLM).

I saw the scheme advertised in the BMJ earlier in the year and even though I wasn't really looking to do a different job, it really struck a chord as something that could compliment my psychiatric training and provide an opportunity to broaden my experience. With all the recent NHS changes, the emphasis on clinical commissioning and not least the concerning reports from CQC and awful situations like Mid Staffs, clinical involvement in leadership and management in the NHS was something that seemed to be emphasised as increasingly important. That said, I had no idea what it really entailed and was under the impression that surely it was a topic for my consultants and senior SPRs, not me!

The Clinical Fellowship scheme

The scheme is run by the Faculty of Medical Leadership and Management and is designed to give trainee doctors experience in management and leadership for a year as an out of programme experience (OOPE). It is not specialty specific and anyone from F1 to final year of training can apply. There is a half-day interview process followed by matching. This year there were 11 places with the opportunity to work full time in a variety of roles such as the BMJ, Department of Health, NICE, FMLM, GMC, BUPA or Health Foundation, as examples. The idea is to gain experience in management and also higher level strategic thinking about the healthcare system; for example about policy, health economics, systems and operations within the NHS and wider healthcare system. During the year we have a variety of training days at our hosts and have sessions on different topics including influencing and negotiating, politics, presentations skills, finance and the reforms within the NHS as examples. I think the best part is that we are encouraged to seek out opportunities ourselves and arrange training in areas that we feel will benefit our future career or that meet a need.

On deciding whether to apply, I was concerned that I'd be extending my training by a year and not doing something directly related to psychiatry. Would this really help my career, or just distract me from my core training? Would it make me a better psychiatrist? This was also a concern expressed by some colleagues and tutors. However, just three months in it seems odd that I worried. The skills I'm learning and the practical experience I'm getting are all helping me to build a solid foundation in good clinical leadership and management, both of which are fundamental to how good services are run. I'm learning that there is a huge difference between knowledge gained through attending courses and the experience gained through using these skills on a day to day basis.

My psychiatric training has been a great advantage so far. A lot of the skills we are developing require advanced

communication skills, empathy, an understanding of ourselves and how we affect both individuals and teams. I was fascinated to discover the Cabinet Office has a behavioural psychology department. I have also really benefitted from my time spent in a therapeutic community studying group dynamics, because a part of leading a team or organisation is learning how to understand how groups are working, how to identify and discuss problems.

The Faculty of Medical Leadership and Management

A growing number of clinicians are recognising the opportunity we have to influence the way our NHS and healthcare services are organised and run. Many also recognise that clinicians understand the needs of patients and from working on the front line, that we are best placed to understand how services can be developed to meet our patient's needs. However, it is also recognised that embarking on this road can be a lonely and bewildering one. How does a doctor know what skills they need? How do we learn them? Where do we start? Although clinical leadership and management is increasingly part of undergraduate education today, this was certainly not the experience of the majority of doctors working in the NHS now. There are lots of organisations that provide courses and there are also many ways in which as individual clinicians we can gain experience in these areas. However I don't think there is a clear signposting service that helps guide clinicians through the process. FMLM aims to fill that gap. It aims to support trainees and fully qualified doctors to develop skills throughout their career, empower them to understand how they can make change and to develop understanding of how it is relevant for all doctors, not just those already in leadership positions.

In 2010 a steering group from the Academy of Medical Royal Colleges was set up to explore the development of a faculty of medical leadership and management. A year later, the Academy formally endorsed the establishment of FMLM and the inaugural meeting of the Founding Council took place on 24th May 2011. The aims and purpose of FMLM are to promote medical leadership and management, to determine competencies and standards for medical leadership and to advance quality improvements at all stages of the careers of those involved in clinical leadership, for the benefit of patient care. The plan is for the FMLM to be member-led, modern and play a key role in shaping the future of healthcare in the UK. 'Founding Membership' is open to all who join before April 2012 and carries with it the opportunity to shape this very new organisation at a critical time for medical leadership.

Psychiatrists are ahead of the game. There are more psychiatric trainees than any other specialty going through the clinical fellowship scheme and more trainees and consultants whom have joined the FMLM. This year has been incredibly exciting so far, it's re-invigorated my resolve to be the best psychiatrist I can be. I would encourage as many trainees as possible to look into FMLM and also at the Clinical Fellowship Scheme as it has so much to offer, but I am also increasingly convinced that as psychiatrists we have a huge amount to offer in return!

Please do get in touch if you would like to be involved in the FMLM. Anna.moore@fmlm.ac.uk

What is a Darzi Fellowship?

By Dr Kamran Ahmed, Darzi Fellow, 2011-2012
Winner RCPsych Advanced Trainee of the Year 2011



Before I applied for a Darzi fellowship, I didn't really know much about it other than it being a year of experience in the murky world of management and like many other psychiatric trainees, I considered management to be the less exciting sibling of research and teaching. However it was becoming increasingly apparent as my CCT looms ever closer (despite my Peter Pan style efforts to delay the inevitable) that

management and service development are an important part of being a consultant. So, when the Darzi Fellowships for 2011-2012 were advertised and one of them sounded appealing, I decided to apply and was fortunately successful.

The Darzi Fellowships are funded by the London Deanery, but there are similar schemes around the country. In London, healthcare Trusts bid for this money by proposing a service improvement project for the Fellow to be involved in during their year at the Trust. The successful Trusts gain the assistance of an enthusiastic trainee while the newly appointed Fellow gains the experience of working on the service improvement project and an intensive leadership development programme provided by the King's Fund. There are 28 Darzi Fellows this year from a range of specialties working around London. Fellows do not necessarily have to work on a project that is related to their specialty, as the principles of service improvement are the same in all.

My particular service project involves the restructuring of a large mental health Trust, particularly helping to set up Triage wards; a new style of psychiatric ward where patients are admitted for a brief spell (usually two weeks maximum) before being discharged to the community or admitted to a longer stay ward if they need further treatment. Ward rounds are conducted daily which

results in better quality, more efficient care. I have some experience of working on a Triage ward in the past, which has come in handy, but it has been fascinating to see how a change of this magnitude is managed and implemented. I have been able to sit in on senior management meetings, written operational policy documents for the wards, helped with training staff and will be overseeing the evaluation of the new system. All valuable experiences, which I am sure will stand me in good stead.

The academic part of the Fellowship has been the most stimulating, challenging learning experience I have ever taken part in. We have four one-week modules involving group exercises and seminars on leadership, service improvement and healthcare management. The style of teaching is very hands on; personality tests to highlight our strengths and weaknesses and practical exercises to understand key leadership principles, some of them explicitly designed to see how we cope with difficult situations. It has been intense but extremely valuable and I am sure the skills and personal insight I acquire will be hugely beneficial. In addition to the modules, we have action learning sets and project surgeries to help us work through problems encountered in our service improvement projects, 1:1 tutorials, lots of opportunities to attend leadership and management conferences and four written assignments to hand in over the course of the year. At the end of the programme Fellows will attain a Postgraduate Certificate in Healthcare Management and Leadership.

The Darzi Fellowship has been an eye-opening experience so far. I have gone from an attitude of reluctant indifference to service improvement to realising that it is the key to providing better quality care for our patients and would certainly like to remain involved in this aspect of health care in my future career. The future of the Darzi Fellowship programme is uncertain given the current financial climate, but if it does continue I would encourage trainees to consider applying. Gaining these skills will equip us to modernise mental health services and provide quality care more efficiently in the future.



Support Organisations for Doctors in Difficulties

By Dr Fiona Donnelly, ST6 General Adult Psychiatry Registrar and Chair, Doctors' Support Network

There are a number of organisations in the voluntary sector for doctors who find themselves in difficulty however its often difficult to decide which service is for you and which are UK wide. I have attempted to compile a list of the most popular organisations and those which are UK wide for more local organisations and non-voluntary sector services the website www.support4doctors.org is extremely helpful.

BMA COUNSELLING LINE 08459 200 169

Open to BMA members 24 hours per day and staffed by trained counsellors. Can advise and help on a range of problems, as well as one off interventions ongoing counselling can be arranged. It is possible to be anonymous though if there are serious concerns about yours or others safety they may in extreme circumstances break this confidentiality.



DOCTORS SUPPORT LINE 08443 953 010

Open Mon and Tues 8pm-10pm and wed, thurs, fri 8pm-11pm, Sundays 4pm-10pm. Staffed by trained doctors DSL offers fully confidential peer support to all doctors no matter what their difficulty, you can call as many times as you like.

BMA DOCTORS FOR DOCTORS

http://www.bma.org.uk/doctors_health/index.jsp Tel: 08459 200 169

Talk to a trained doctor advisor by appointment. As with the counselling service ongoing sessions can be arranged and in extreme circumstances confidentiality may be broken if there are concerns about yours or others safety.

DOCTORS SUPPORT NETWORK www.dsn.org.uk

Online email support forum for doctors suffering stress and any degree of mental health problems. Open 24hrs a day, very active and completely confidential – you need to join and sign a confidentiality agreement first which can be done via the website. DSN also offers face to face support and social meetings and a regular newsletter.



BRITISH DOCTORS AND DENTISTS GROUP

www.bddg.org
(John 07792819966, Peter 07982594779)

Support groups for all doctors and dentists trying to overcome addiction to drugs or alcohol. Regular confidential support meetings are held across the country and the organisation has over 1000 members UK wide.



SICK DOCTORS TRUST 0870 444 5163 (24 hours) www.sick-doctors-trust.co.uk

Anonymous helpline for doctors and their families suffering from addiction problems. They can provide advice on treatment options and provide a doctor confident to help doctors through the process.

PSYCHIATRISTS' SUPPORT SERVICE

<http://www.rcpsych.ac.uk/rollofhonour/psychiatristssupportservice.aspx> Tel: 020 7245 0412

Open office hours it can provide advice on many issues including bullying, problems with career progression including exams, whistle blowing and difficult working relationships. Calls are confidential and free to RCPsych members and trainee members.

ROYAL MEDICAL BENEVOLENT FUND www.rmbf.org

For doctors struggling with debt they can provide financial planning, debt advice, one off loans and grants as well as regular payments for doctors unable to work.



ROYAL MEDICAL FOUNDATION

www.royalmedicalfoundation.org

BMA CHARITIES info.bmacharities@bma.org.uk

Tel: 0207 383 6142

Provide one-off grants/loans to doctors in financial difficulties.

BRITISH ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN

www.bapio.co.uk

Provide support to improve careers and social networking. It organises social and cultural events and supports all doctors from the Indian subcontinent.



BRITISH INTERNATIONAL DOCTORS

ASSOCIATION www.bidaonline.co.uk

Provides support to all overseas doctors promoting equality and has a lot of self help information on its website. They also organise some local meetings.

HOPE FOR DISABLED DOCTORS www.hope4medics.co.uk

A website for doctors with physical health problems it provides advice on careers and adaptations to workplace environment.

Working at Glastonbury

Dr Ian Rodin, a consultant psychiatrist, has worked as a psychiatrist at The Glastonbury Festival since 1991. We asked him to tell us a bit about it 'Desert Island Discs' style, and to pick the Glastonbury tracks that sum up his experience there.



Sorted for Es and Whizz - Pulp

Most psychiatric presentations at Glastonbury to Festival Medical Services are of people between the ages of 18 and 30 who have developed psychotic symptoms following recreational drug use. The sense of social freedom and experimentation cultivated by the festival prompts some to go beyond their usual intake, but generally the drug use is a consequence of bringing together 150,000 people for a long weekend of music and entertainment.



Boy In Da Corner - Dizzee Rascal

The Ivymead Medical Centre is based in a large marquee and provides A&E type care to people on the festival site. Mental health care is provided in a small tented annex, furnished only with mattresses and blankets. On each shift there is a psychiatrist and a small team of psychiatric nurses. Management consists of hydrating and feeding patients, building trust, making them feel as safe as possible and, in some cases, offering rapid tranquillisation with diazepam and occasionally haloperidol.



The Sun and the Rain - Madness

No discussion of Glastonbury can pass without mention of the weather. Rain and mud are a well-known feature of some festivals, but there is little shade on site, so sunny weather can also be problematic. None of this seems to have much effect on psychiatric presentations, which suggests that the practical challenges faced by festival-goers is not a major factor in their aetiology.

Killing an Arab - The Cure

One of the more memorable presentations I've encountered was a young man who for about six hours shouted repeatedly "I'm alive...I'm dead", which I'm told is a lyric from this song. He needed to be restrained to stop him attacking whoever was nearest him and became increasingly hot. We made a best interests decision to administer intramuscular benzodiazepines and, as the effects of stimulant drugs he had taken wore off, he rapidly made a full recovery. Prior to working at the festival, I never would have believed that people could be so unwell and, within hours, return to their usual selves.



Working at Glastonbury...



Satellite of Love - Lou Reed

When I first worked at the festival, we were called to see people at various locations around the site. I was once called to the back-stage area shortly before Lou Reed was due to perform and couldn't help hoping that the consultation would somehow involve this iconic figure. It didn't, but the story is a reminder of how much the way we work has changed. There was a novelty and excitement to seeing people wherever they presented but the practice left us personally and professionally vulnerable and,

as Festival

Medical Services has evolved, its organisation and clinical governance have become much tighter.

Has It Come To This - The Streets

By the mid-1990s, attendance of the festival was doubled by people finding ways to get in without a ticket, leading to



concerns over safety and the installation of a

more secure perimeter fence. As a result, fewer people were able to attend festivals and the demographics changed. This has led to a substantial reduction in the psychiatric workload and fewer psychiatrists were needed. The rota, which consisted of three of us in 1991, expanded to 14 at one point, but is now down to six.

Heroes - David Bowie

I first volunteered to work at Glastonbury not for professional reasons but because I couldn't get a ticket and my most abiding memories of the festival will always be personal. It's hard to choose a favourite moment, but standing with my wife in the natural amphitheatre of the Pyramid Stage, our infant children playing at our feet, watching the sun set behind the Glastonbury Tor and

listening to David Bowie perform this transcendent song will take some beating.



UPCOMING EVENTS

The CETC is a College service, currently in its sixth year of operation, providing a range of education and training opportunities.

See the website for further details:
<http://www.rcpsych.ac.uk/training/cetchome.aspx>



See <http://www.rcpsych.ac.uk/events/collegediary.aspx> for all RCPsych events

A date for your diary:

International Congress of the Royal College of Psychiatrists 2012

Psychiatry: medicine and the future

ACC Liverpool, 10-13 July 2012

The trainees day will be Friday 13th July and trainees and students evening drinks reception Thursday 12th July.



See your local division's website for RCPsych Events near you:

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

Date	Conference	Place/Booking Info
20 January 2012	Faculty of Child & Adolescent Psychiatry	Cavendish Conference Centre, London College Conferences, Tel: 020 7235 2351 ext 6145 Email: eventsadmin@rcpsych.ac.uk
26 January 2012	Joint RCOG/RCPSYCH Meeting, Hormones and Mood Disorders in Women	RCOG London Contact: 020 7772 6245
1-3 February 2012	Faculty of Forensic Psychiatry Annual Conference	Hilton Hotel Newcastle Gateshead College Conferences, Tel: 020 7235 2351 ext 6145 Email: eventsadmin@rcpsych.ac.uk
29 February - 2 March	Faculty of Liaison Psychiatry Annual Meeting	Grand Hotel, Malahide, Dublin College Conferences, Tel: 020 7235 2351 ext 6145 Email: eventsadmin@rcpsych.ac.uk
14-16 March	Faculty of Old Age Psychiatry Annual Meeting	Holland House, Cardiff College Conferences, Tel: 020 7235 2351 ext 6145 Email: eventsadmin@rcpsych.ac.uk
30 March	Faculty of Learning Disability One Day Meeting	CBI Conference Centre, London College Conferences, Tel: 020 7235 2351 ext 6145 Email: eventsadmin@rcpsych.ac.uk
19-20 April 2012	Faculty of Psychotherapy Annual Meeting	Hilton Hotel, Manchester College Conferences, Tel: 020 7235 2351 ext 6145 Email: eventsadmin@rcpsych.ac.uk
3-4 May 2012	Faculty of Addictions Annual Meeting	Holland House, Cardiff College Conferences, Tel: 020 7235 2351 ext 6145 Email: eventsadmin@rcpsych.ac.uk

Coming March 2012:

Done something amazing to inspire school or medical students and Foundation Doctors to choose psychiatry?

We're looking for articles specifically on innovations in recruitment to psychiatry for the next edition.

Guidelines for submissions to The Registrar:

Articles should be around 400-600 words but shorter ones, especially for adverts for upcoming events, courses or conferences are welcomed. Any topics that are relevant to training in psychiatry or would be of interest to psychiatric trainees always have a better chance at being accepted. We love hearing about innovative projects that fit with the PTC agenda of increasing recruitment to psychiatry and improving training, and about interesting things psychiatrists do outside of their clinical work, for example in volunteering, sports or music. Articles will be peer-reviewed by a member of the editorial team who does not know the author personally (unless this isn't possible, for example if the author is an elected PTC member who is known to us all).

We aim for something really visually appealing and can include lots of relevant pictures as 'The Registrar' is sent to all UK psychiatry trainees by email - so we have no printing costs. We do of course have to have permission to reproduce photos and pictures, so we will need to know where the ones you supply have come from.

Prizes and Bursaries

The College offers various prizes and bursaries for attending events. Details can be found at:

<http://www.rcpsych.ac.uk/rollofhonour/prizes,bursarieslectures.aspx>

We would also like to include a photo of you, the author, and your email address so that interested trainees can contact you, if you are happy with this.

Please do email us any time with any ideas for new articles, and any original submissions.

Deadline for the next newsletter is 20th February 2011. Contact: ptc@rcpsych.ac.uk

PSYCHIATRISTS'
SUPPORT
SERVICE

Need help or advice?
Contact the Psychiatrists' Support Service in confidence.

Telephone (direct line): 020 7245 0412

Email:
psychiatristssupportservice@rcpsych.ac.uk

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Comments and feedback to ptc@rcpsych.ac.uk

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.



Faculty of
**Medical Leadership
and Management**

The Faculty of Medical Leadership and Management is a new UK-wide organisation that aims to promote the advancement of medical leadership, management and quality improvement at all stages of the medical career for the benefit of patients.

Membership of the Faculty is open to medical doctors, secondary-care dentists and medical students. Members receive a package of benefits around professional support and personal development, as well as having the opportunity to shape the Faculty and its work.

Register now at: www.fmlm.ac.uk