

**Royal College of Psychiatrists
Psychiatric Trainees Committee**

Finding the balance: The psychiatric training value of Out of Hours Working

Background:

Out of Hours (OOH) experience¹ is an essential part of specialist training in psychiatry, with different skills learned outside the better resourced and supervised daytime work. These skills and experience are necessary to work safely and competently as a consultant psychiatrist.

The Psychiatric Trainees Committee (PTC) are concerned that the quality and quantity of OOH experience is decreasing due to service reconfigurations (e.g. New Ways of Working²), working hours legislation (New Deal³, European Working Time Directive⁴), increasing prevalence of shift-working, and NHS financial pressures.

College Report 118 notes, *"In districts where there are A&E liaison nurses ... there can be a tendency for psychiatrists in training to miss a vital component of their training ... Arrangements should therefore be in place to allow joint working."*⁵

A recently published survey crystallised the concern: *"Although the introduction of psychiatric liaison nurses has ... reduced waiting times ... the opportunity for SHO's to undertake emergency assessments has been reduced, particularly ... of suicidal risk."*⁶

OOH clinical cases and pressures are different to those within-hours, and present unique training opportunities. Certain conditions are more likely to present OOH⁷ (for example acute severe mental illness, substance abuse, self harm, aggression, delirium, and personality disorder in crisis). OOH working involves assessing a larger number of acute patients, working under increased time pressures, and develops decision-making skills. Trainees learn to work with, and manage pressures from, staff, patients and carers.

With the onset of the competency-based curriculum under Modernising Medical Careers (MMC), and the emphasis on 'aspiring to excellence' of the Tooke Review⁸, the PTC believes that the College should act to protect and enhance a balance of OOH and within-hours training experience.

Core Trainees (ST1-3)⁹

Approved Core curriculum competencies unique or opportune to OOH working:

Domain: specific skill	Competencies attained
Domain 1a: Providing a good standard of practice and care	<ul style="list-style-type: none"> • Core trainees need to be able to prioritise the information required in situations of urgency (Ga 11 – Ga 12). OOH work provides opportunities to develop this skill. In addition, skills in emergency assessments are essential to meet the competencies required to work as ST4-6 trainees in a more supervisory capacity, and it is essential that core trainees have experience of performing these assessments. • Trainees should also be able to demonstrate the ability to make clear and concise case presentations (Ga 12). This skill can be further developed OOH where trainees are required to present cases to their senior over the telephone. • Trainees need to be able to prioritise referrals, negotiate settings and urgency and OOH work will allow them to develop the ability to do this independently (Ga 13).

	<ul style="list-style-type: none"> The core and generic curriculum also states that trainees should: <i>"be able to work in partnership with patients, carers, families and colleagues when conducting patient examinations and assessments by:</i> <ul style="list-style-type: none"> <i>- identifying when a situation is sufficiently complex or multifaceted to require a further opinion.</i> <i>- engaging with patients, carers ... and significant others</i> <i>- integrating the information obtained from other sources into a formulation of the case..."</i> (Ga 12). In OOH work, trainees will develop these skills to enable them to begin to work more independently in emergency situations. Core trainees need to be able to accurately assess situations of risk such as severe behaviour disturbance, self harm or risk of harm to others (Ga 12). This emphasises the importance of trainees being involved in such assessments which they are more likely to be able to undertake OOH.
Domain 1b: Decisions about access to medical care	Trainees need to be able to tailor care plans to patients' needs and undertake referrals of patients to other professionals (Gb12). Due to increasing subspecialisation within services, OOH work is an opportunity to work with colleagues from other teams and allows trainees to learn about the role of other teams.
Domain 1c: Manage emergencies	Core trainees should be able to assess and manage patients with common mental illnesses presenting in emergency, including suicidal feelings/acts and acute psychosis under direct supervision (Gc 11). Emergency assessments are more likely to be conducted by trainees OOH than within-hours.
Domain 1d: Maintaining good medical practice	The curriculum states that core trainees should <i>"apply human rights, mental health, and case law with regard to consent, confidentiality and compulsion"</i> (Gd 11). OOH work allows development of understanding of informed consent and the legal framework for capacity in decisions and assessments. Trainees are more likely to have the opportunity for work involving Mental Health Act assessments OOH. They are also more likely to be involved in decisions related to seclusion, restraint and rapid tranquilisation OOH.
Domain 1g: Relationships with patients	The pressures of out of hours work provide good training in organisation of record-keeping, maintaining confidentiality, and information-sharing (Gg 11-13).

Advanced trainees (ST4-6) ¹⁰

The introduction to the General Adult Competencies states: *"Trainees must contribute to the development and delivery of effective services ... Work with others in the multidisciplinary team and ... community to assess, investigate and manage adults with mental health problems".* *Effective services* include OOH services and to enable a consultant psychiatrist to contribute to the development and delivery of such services they must have significant training experience of working within them.

ST4-6s must independently develop skills to make remote decisions about clinical care, risk management, and team-working. They must deal with uncertainty, decide about assessments under relevant mental health legislation, and work across large geographical areas, with input from police and social services. It is likely that trainees will obtain much of this experience when working outside of normal hours.

Domain: specific skill	Competencies attained
Domain 1a: Providing good clinical care	<ul style="list-style-type: none"> • Trainees are more likely to manage resource limitations, difficult cases and complex risks, in community and hospital settings after hours. (Ga 11 – 13) • There is more direct exposure to supervising juniors and covering larger areas OOH (Ga 21)
Domain 1c: Treatments in emergencies	<ul style="list-style-type: none"> • Higher trainees are required to assess and manage at-risk patients and those with uncommon conditions independently (Gc 11) • Due to service reconfiguration (e.g. emergencies no longer being managed by trainee’s community team with crisis team or liaison nurses being responsible for first line emergency assessments) trainees may only complete this competency during OOH work. • Trainees must <i>“advise and supervise others in the assessment and management of psychiatric emergencies”</i>. ST4-6s have to develop this skill OOH to supervise ST1-3s, nurses & crisis/self harm teams
Domain 1d: Maintaining good medical practice	Trainees must <i>“understand implementation of mental health law, common law and human rights”</i> ; and <i>“apply more specialist aspects of the law for example as pertains to children, incapacity, patients in the criminal justice system, etc ”</i> (Gd 11). Trainees are more likely to be exposed to related issues when working OOH.
Domain 1e: Maintaining performance	<p>Trainees must <i>“play a role in developing local and national guidance for clinical governance issues”</i> (Ge 13). Experience of OOH is essential for a masterful understanding of services to contribute to guidance for comprehensive psychiatric services. It may inspire trainees to improve rota design and develop systems for feedback about Serious Untoward Incidents, training experiences, etc.</p> <p>Experience of <i>“managing stress [and its] psychological impact”</i> is enhanced OOH, essential for achieving mastery of the section on <i>“attitude, [and] critical self awareness.”</i> (Ge 12)</p>
Domain 1f: Teaching, Appraising & Assessing	<i>“Competently supervise, mentor and guide junior colleagues and students”</i> (Gf 3). In-hours these responsibilities lie more with consultants but OOH ST4-6s have significantly more exposure to this.
Domain 1g: Relationships with patients	Opportunities for establishing a good working relationship with patients and carers are developed when dealing with an emergency assessment in a patient’s home OOH (Gg 11).
Domain 2: Working with colleagues	<p>OOH work is essential to contribute to work at the interface between sub-specialities and branches of medicine, within the broader health and social care context (Wb 14). OOH work also contributes to a deeper understanding of the roles of different professionals.</p> <p>Unique training opportunities occur OOH to <i>“identify and correctly manage resources”</i> (Wc 11). As resources are more limited OOH and supervision more remote, there is opportunity for developing effective leadership and management skills under pressure; e.g. working with managers about using out of area beds which is usually done by bed managers within-hours.</p>

CONCLUSIONS

It is apparent that a large number of competencies that are required to become a consultant psychiatrist can only be achieved through adequate exposure to supported independent working. Out of hours work is particularly rich in opportunities for achieving these competencies. In addition, attaining mastery of these skills requires practice and repetition. This can be achieved via participation in an OOH rota, allowing exposure to an extensive range of presentations.

The PTC is of the opinion that it will be much more difficult for trainees to achieve all of the competencies required to become a successful consultant psychiatrist with the current trend in the reduction of junior doctors' participation in OOH working. The PTC therefore requests that a minimum on-call experience should be an essential part of both core and advanced psychiatric training.

The Royal College of Psychiatrists has a crucial role in safeguarding against further reductions of essential experience by defending the training value of OOH. The College also has a monitoring role through the use of portfolios to ensure that trainees gain sufficient exposure to emergency psychiatric presentations.

RECOMMENDATIONS:

Time is still an important factor in competency-based training to ensure a broad range of experience with multiple exposures, facilitating the achievement of mastery. To recognise this need, as well as the practicalities of Trusts designing rotas based on guidance of how much time trainees would work OOH, the PTC propose guidance which considers both competency and time. The dual approach of competencies and time required is in line with the recent guidance in Occasional Paper 65¹¹ for **core trainees** which states that trainees should undertake **"a minimum of 55 nights on call during the period of basic specialist training"** and see **"at least 50 individuals with a range of diagnosed conditions and with first line management plans conceived and implemented"**.

The PTC propose that for advanced trainees the guidance should be:

During advanced training, trainees should undertake a minimum of 50 out-of-hours cases supervising core trainees/other members of the Multi-Disciplinary Team, and 30 complex assessments (which may include assessments for detention under the relevant legislation). These cases should be included in a College-approved log-book and cover a range of clinical experience and competencies.

We propose that the College, including the PTC, undertake exploratory work on the number and timing of repetitions for achieving mastery, with a view to piloting and validating such methods.

PTC OOH working Group: Greg Lydall, Meinou Simmons, Karla Marlow, Elena Baker-Glenn, Lisa Gardiner, Anne Aboaja. With thanks to Ollie White and Clare Oakley, and PTC members from the devolved nations.

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Addendum A: Advanced Curriculum pertaining to Out of Hours work

Domain 1: PROVIDING A GOOD STANDARD OF PRACTICE AND CARE

The introduction to this domain states: *“Psychiatrists must take and accept responsibility for the patient’s journey in all clinical contexts”. We feel that all clinical contexts must surely include OOH situations and thus a Trainee must have experience of these services to be able to appropriately take such responsibility once qualified.*

<i>Aspects</i>	<i>Competency</i>	<i>Relevance to OOH work</i>
<i>Ga 11, Consultation</i>	<i>Work within the resource limitations to provide best care</i>	This is a skill learnt more OOH as resources are more limited
	<i>Gather information in difficult or complicated situations</i>	More likely to be exposed to these situations OOHs
<i>Ga 12, Patient examination and diagnosis</i>	<i>Undertake psychiatric formulations in community settings in a multicultural society in people of all ages with mental health problems.</i>	Due to reconfiguration of services many ST4-6s now work exclusively in either Crisis Teams, Community or inpatients – they thus only receive exposure to community or police station assessments during OOH work. OOH work is more likely to encompass patients of all ages due to resource limitations
<i>Ga 13, Patient evaluation and record keeping</i>	<i>Assess and manage complex risks in community settings</i>	As above, trainees may only get exposure to this OOH due to variations in service configuration
<i>Ga 21, Assessment and management of patients with severe and enduring mental illness (SMI)</i>	<i>Assist and guide trainees in assessing and managing patients with severe and enduring mental illness</i>	More direct exposure to supervision of juniors OOH. SMI, psychiatric emergencies, and complex cases are more likely to present after hours

Domain 3: TREATMENTS IN EMERGENCIES

Underlying knowledge highlighted in the curriculum states : *“Demonstrate expertise in applying the principles of crisis intervention in emergency situations.”*

<i>Aspects</i>	<i>Competencies</i>	<i>Relevance to OOH work</i>
<i>Gc 11, Assessment and management of psychiatric emergencies</i>	<i>Make emergency plans for the management of patients at risk</i>	Due to service configuration (eg crisis teams and not CMHTs doing this work in-hours) and also the increased presentation of at risk situations OOH ST4-6s may only complete this competency with OOH work
	<i>Independently assess and manage patients with mental illnesses including uncommon conditions, in emergencies</i>	Uncommon conditions in emergency situations are more likely to get managed by a Trainee in the OOHs setting compared to in-hours when other professionals are likely to be involved

	<i>Advise and supervise others in the assessment and management of psychiatric emergencies</i>	This is the mastery statement on the curriculum and is a key part of OOH work as ST4-6s have to develop this skill OOH to supervise ST1-3s, nurses, CRTs and DSH Teams on the phone
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Domain 4: MAINTAINING GOOD MEDICAL PRACTICE

<i>Aspects</i>	<i>Competency</i>	<i>Relevance to OOH work</i>
<i>Gd 11, Legislation concerning patient care; the rights of patients and their relatives and carers; and research</i>	<i>Provide brief psychological treatments, co-operate and understand implementation of mental health law, common law and human rights</i>	More likely to be exposed to human rights dilemmas and MHA dilemmas when working OOH
	<i>Assess risk in different settings and work within the law to develop appropriate intervention strategies</i>	If no OOH work then trainees may only experience this risk assessment in OPC or inpatient setting but in no other settings
	<i>Apply more specialist aspects of the law for example as pertains to children, incapacity, patients in the criminal justice system etc</i>	More exposure to this OOH

Domain 5: MAINTAINING YOUR PERFORMANCE

<i>Aspect</i>	<i>Competency</i>	<i>Relevance to OOH work</i>
<i>"Ge 13, <u>Actively participate in a programme of clinical governance</u></i>	<i>Help to develop local guidelines for management of patient populations; and mastery states: play a role in developing local and national guidance for clinical governance issues</i>	Many local and national guidance and governance issues relate to OOH working so a trainee needs experience in OOH work to be involved in developing guidance relating to it.

Also the 'attitude, critical self awareness' section in this domain includes the following: "1) Explore and recognise the psychological impact and importance of unconscious processes upon own practice and professional capacities, 2) Monitor stress levels and identify signs of dysfunctional stress, 3) Apply stress management techniques to contain and minimise stress levels, 4) Introduce changes to strategies to accommodate unpredicted events, 5) Acquire necessary sources of support to accommodate changed strategy.

We feel trainees have more experience of exposure to stress and learning how to manage it in OOH situations.

Domain 6: TEACHING AND TRAINING, APPRAISING AND ASSESSING

<i>Aspect</i>	<i>Competency</i>	<i>Relevance to OOH work</i>
<i>Gf 3, Supervise and mentor learners</i>	<i>Competently supervise, mentor and guide junior colleagues and underlying attitudes includes: Ensure that students and junior doctors are properly supervised</i>	In-hours these responsibilities lie more with Consultants but OOH ST4-6 have more exposure to this.

Domain 7: RELATIONSHIPS WITH PATIENTS

<i>Aspect</i>	<i>Competency</i>	<i>Relevance to OOH work</i>
<i>Gg 11, Good communication</i>	<i>Establish and maintain working relationships with families and carers and take their needs into management planning</i>	This is an essential part of dealing with an emergency situation/MHAA in a patient's own home and a trainee may only gain this experience working OOH.

Domain 9: WORKING WITH COLLEAGUES

<i>Aspect</i>	<i>Competency</i>	<i>Relevance to OOH work</i>
<i>Wb 14, Demonstrate an awareness of the roles and responsibilities of the multi-disciplinary teams within the broader health and social care context</i>	<i>Contribute to work at the interface between adult psychiatry, other subspecialties of psychiatry, other branches of medicine, and other service providers such as voluntary organisations etc</i>	More exposure to interface working OOH e.g. substance misuse, shared rotas covering AMH, OPMH and LD.
	<i>Describe the roles and responsibilities of other disciplines and work with them to agree an integrated care plan for management of mental illness</i>	Extremely important OOH when resources are limited to know role of different professionals, eg ASWs, and work with them for benefit of patient.
<i>Wc 11, Effectively, appropriately and constructively lead and manage as a member of a team of healthcare professionals</i>	<i>Identify and correctly manage resources</i>	Resources are more limited OOH and also there is exposure to discussion with managers about resource implications of using out of area beds etc which may not be done in working hours by bed managers not trainees.

Addendum B: Sub-speciality skills.

Key sub-specialty skills which are usefully acquired OOH include:

- a. **Old Age Psychiatry:** The management of delirium, dementia and associated complications. Medical and mental state reviews in the older person with appropriate acute care liaison.
- b. **Child and Adolescent Psychiatry:** The management of deliberate self harm in the context of the younger patient, with reference to appropriate liaison with parents and other agencies. Management of mental state disturbances in the younger patient.
- c. **Learning Disability:** The management of acute agitation and behavioural disturbances specific to the LD population, and interpretation of specific needs and difficulties with associated physical problems. Appropriate liaison with necessary parties including family and care home staff.
- d. **Forensic Psychiatry:** The management of mental state disturbances on forensic units, with appropriate safety precautions and liaison with Criminal Justice Agencies and staff.
- e. **Eating Disorders:** The management of acute physical and psychiatric problems relating to severe malnutrition, liaison with medical teams regarding complications. Emergency use of tube feeding including under the Mental Health Act.
- f. **Perinatal Psychiatry:** Management of perinatal disorders, specifically risk issues relating to post-natal mental illness. Liaison with maternity units.
- g. **Liaison Psychiatry:** Acute assessment and management of medical cases with psychiatric complications, or psychiatric cases with medical complications. Appropriate liaison with medical teams.
- i. **Addiction Psychiatry:** Management of withdrawal states, management of drug-seeking behaviour, and risk assessment of the intoxicated patient.
- j. **Psychotherapy:** Pertinent and consistent management of personality disorders in the acute setting, following existing care-plans where available including making decisions relating to risk and appropriate crisis admissions.
- k. **Psychiatric Intensive Care Unit:** The management of severe behavioural disturbance and review of patients in seclusion, medical and mental state reviews in agitated patients.

¹Although some psychiatric out of hours shifts start at 5pm, for the purposes of this paper, out of hours is defined (per national terms) as after 7pm on weekdays, and work on weekends.

² Psychiatry at night: experience of the senior house officer. Mason J. Psychiatric Bulletin (2006) 30: 329-333

³http://www.nhsemployers.org/restricted/downloads/download.asp?ref=3596&hash=e66b1032367967cf903ec595af871184&itemplate=e_pay_conditions_3col_consult_pay-conditions-467

⁴ Adherence to the European Working Time Directive and its influence on clinical experience. McLernon C, Coccia, F. Psychiatr. Bull., Aug 2007; 31: 295 – 296

⁵ <http://www.rcpsych.ac.uk/files/pdfversion/cr118.pdf>

⁶ Woodall A, Psychiatric Bulletin (2006) 30: 220-222

⁷ Dunn J and Fernando R. Psychiatric presentations to an accident and emergency department. Psychiatr. Bull., Dec 1989; 13: 672 - 674.

⁸ Aspiring to Excellence: Findings of the Tooke Review into Modernising Medical Careers, 2007

⁹ <http://www.rcpsych.ac.uk/docs/Curriculum%20-%20core%20and%20general%20module-%20June%202007.doc>

¹⁰ <http://www.rcpsych.ac.uk/docs/Curriculum%20Specialist%20Module%20-%20GA.doc>

¹¹ <http://www.rcpsych.ac.uk/publications/collegereports/op/op65.aspx>