

REGISTRAR: THE PTC NEWSLETTER

Thursday, 23 September 2010



Contents:

- Editorial
- Interdeanery Transfers
- What's in a Name?
- In at the Deep End
- To Degree or Not to Degree?
- The EFPT
- New Members' Reception
- Psychotherapy Competencies
- Portfolio Online
- Medical Leadership
- Teaching Psychiatry Overseas

Editorial

By Dr Jon Van Niekerk, Chair of the PTC

I hope that you have all had a great summer and are settling in to your new posts.

The Newsletter of the PTC aspires to inform Psychiatrists in training of important developments within the College. We also aim to address difficulties that doctors have contacted us about to advise those who might find themselves in similar situations. In this issue Professor Nick Craddock and I debate what doctors in training should be called and we ask that you contribute to this discussion [by answering a short survey](#). It should only take a couple of minutes.

The College has launched the new and more comprehensive Assessments online portfolio in August. The new portfolio has had extensive input from trainees, the PTC and Heads of School. We feel that this is a big improvement on the previous model and will hopefully aid the ARCP process. Several trainees have contacted the PTC about trouble in gaining psychotherapy training. Josie Jenkinson (Honorary Secretary) addresses this in her article and also

offers advice to those not being able to access psychotherapy competencies. Josie also addresses the issue of Inter-Deanery Transfers and offers practical advice on how to go about organising this.

The change from a doctor in training to a Consultant Psychiatrist is the biggest and possibly most anxiety provoking step in a young psychiatrist's career. Chris Pell gives practical advice on how to survive and thrive during this important transition. Ashleigh Duthie discusses the benefits and potential pitfalls of taking on a postgraduate degree. Meino Simmons (Vice-Chair of the PTC) has recently been elected as the Child and Adolescent Secretary of the EFPT (European Federation of Psychiatric Trainees) and in this issue informs us of the training issues that affect junior doctors across Europe. Neil Masson reports on overseas teaching opportunities that exist for trainees that are interested and reports back on his own experiences of teaching in Malawi.

It was great to meet so many trainees at the International Congress in Edinburgh. We've had some excellent feedback and

we are already starting to plan for next year's Trainees day in Brighton. I have really enjoyed my experience as the Chair of the PTC over the last year and I would encourage any of you who are interested to stand in your local regions to become part of one of the largest and most active committees in the College.



Inter-Deanery Transfers

I'm a trainee, get me out of here!

By Dr Josie Jenkinson, Honorary Secretary of the Psychiatric Trainee's Committee

Recently the PTC has been approached by a number of trainees regarding inter-deanery transfers. Trainees may wish to change deanery for a variety of reasons and it can be difficult to know where to start. Fortunately, a national process to manage inter-deanery transfers has existed since April 2009, and all the deaneries have advice published on their websites. All the deanery website addresses are available via the Modernising Medical Careers website, www.mmc.nhs.uk.

The principles guiding the facilitation of inter-deanery transfers are clearly described in the Gold Guide, also available via the MMC website: http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx

Important points to consider:

The Gold Guide advises that requests will only be considered where there has been: 'significant change in a trainee's situation which could not have been foreseen at the time of appointment to their current post.'

A request for an IDT must be based on well-founded personal reasons and where there has been a change in circumstances since their appointment, i.e. only issues which have developed since they started with their current deanery. Clearly there are a wide range of issues that may affect trainees in their decision to apply for transfer, but deaneries have cited some specific examples of the reasons that they will consider on their websites. These are as follows:

- Significant life events
- Caring responsibilities
- Committed relationships – particularly marriage, civil partnerships
- Other relationships including the importance of support networks
- Length of rotation
- Impact on the well being of the individual
- Having to accept a change of location for a partner where the partner has no real choice in changing the length or location of their employment



Photo by Dano

No applications will generally be considered until after the first ARCP unless there are exceptional circumstances, and generally these are arranged Dean to Dean.

There are two transfer windows each year in March and October, and specific dates for closure of application requests are given on deanery websites. The rationale for this is that if the trainee's transfer request is successful, sufficient time is then available to give three months notice before commencing a post in August or February. An application for transfer should be made to the deanery in which the trainee is currently working, and it is up to them whether or not to approve the application. The transfer then depends on the deanery that the trainee wishes to transfer to accepting the application.

The process can take considerable time and trainees are advised to make contact with their deanery at the earliest opportunity if they are considering a transfer.

If trainees are applying for transfer during ST3 to start an ST4 post in their new deanery this has proven complicated due to overlap with the recruitment process. However, if the trainee is on a run through post, it is clear that their transfer should be given preference over new recruits and they should not have to enter open competition for a post.

Finally, if you are considering applying for a transfer and encounter any difficulties do [contact us at the PTC](#).

Call for Submissions For the PTC Newsletter!

The PTC has in recent years tried to improve the communication with trainees with the introduction of the PTC Newsletter and the dedicated website and e-mail address: ptc@rcpsych.ac.uk. We would like to expand this by asking for submissions for the PTC Newsletter, the entirely electronic Newsletter of the Psychiatric Trainees' Committee.

Articles may cover any aspect relevant to training in psychiatry. The newsletter is published on the open section of the website and may be read by anyone with access to the internet.

Submission Guidance:

Authors should aim for articles to be between 400 to 600 words. Pictures are always welcome. Please submit your articles to: ptc@rcpsych.ac.uk

Submission deadline: 30 November 2010

What's in a name?

By Dr Jon van Niekerk and Dr Nick Craddock

Names are important. Patients, carers and the general public should be able to understand the job titles used by different health care practitioners in order that to help them to gauge the competence, level of expertise and experience of the professionals that they see. It is also undoubtedly beneficial for a practitioner's self-identity and self-confidence to have a title that is meaningful and readily appreciated by everyone.

The importance of considering the optimal nomenclature for trainee psychiatrists has been highlighted and discussed at recent College Psychiatric Trainee Committee meetings and was also aired by the trainee representative at the College's Education, Training and Standards Committee (ETSC). Here we bring some of the issues to the attention of the wider College membership in the hope of receiving opinion and feedback from psychiatrists at all stages of their careers, in order to inform the debate.

Problems with the current terminology

A Junior doctor's sense of self-identity and self esteem is unlikely to be enhanced when he/she is not even called a real name but, like some Star Wars character, is likened to just a number or some letters that sounds like some dystopian B-rated movie: "CT3/ST4/FTSTA."

To an individual with knowledge of the medical training system, a name like "Core Trainee 1 [CT1]" or "Senior Trainee 6 [ST6]" conveys explicit information about the point in the training path reached by the individual doctor. However, it lacks familiarity or intuitive meaning for those lacking such detailed technical knowledge. It is a rather obvious and undesirable legacy of the MTAS fiasco to which recent trainees were subjected.

It is useful to consider a few terms in current usage and how they may be interpreted. "Sub-consultant", "Nurse consultant", "SHO", "Advanced Practitioner", "Foundation Doctor", "Foundation Trainee", "Consultant", "Student Doctor", "Specialist Registrar", "Specialty Doctor", "Associate Specialist", "GPVTS", "CT1" and "ST6". For a person with no clinical training and no technical knowledge of what these terms might mean, it is unlikely that the level of training and competence could be matched against the name.

Does it make sense that a 34 year old final year StR is called a junior doctor? Might there be fear and confusion in patients' and carers' eyes when they are told they will now see the "Trainee doctor"? (Is this person qualified or a medical student?).

Complete the survey now: <http://www.surveymonkey.com/s/LYHFTWF>

Possible terms:

- Junior Doctor in Training – Senior Doctor in Training
- Junior Registrar - Senior Registrar
- Junior Trainee – Senior Trainee
- Core Trainee - Higher Trainee
- Intern – Resident



It is useful to consider some of the options:

1. **The terminology adopted by MTAS** – this is fine for the bureaucrats and officionados of the new training machine but (as discussed above) lacks intuitive meaning and has a distinctly impersonal, Orwellian feel that informs few and probably makes no-one feel happy.
2. **Continuing to use the recent terms "Senior House Officer" and "Specialist Registrar"** - some seniors and managers have simply not assimilated and have resisted the changes in nomenclature. The problem of course is that they don't exist anymore and as the new doctors progress, they will start frowning at the slightly senile reminiscence of days gone by. Of course it also does not make sense to call someone a Senior House Officer when there is no House Officer to be senior to (and Senior Foundation doctor makes no sense).
3. **Options that keep "Trainee" in the title** – It can be argued that retaining the word "trainee" in the titles keeps training in the mind of seniors, committees, DoH etc and that removing the term could decrease the focus on training. Proposals include Doctors in Training (DITs) and keeping the Core Medical Trainee (CMT) and Higher Medical Trainee (HMT). This option ignores the contribution of trainees to service provision and can be confusing to patients (particularly now that medical students are often called "Student Doctors"). There is also, perhaps, something misleading in suggesting that only junior doctors are in need of training. Of course, the reality is all practitioners are required to keep up with lifelong learning.
4. **Adopt American terminology** - The names used in the United States are short, do not include the word "trainee", have been stable over many years and convey some meaning about the clinical role and seniority of the practitioner: intern and resident. A major disadvantage for the UK is that these terms have not been in common usage here and they do not necessarily fit well into the model of care used within NHS mental health services.
5. **Adoption of "Junior and Senior Registrars"** – An option that received substantial support at a recent Psychiatric Trainees Committee meeting was that a simple distinction between those in Core training and Higher training could be made by the terms "Junior Registrar" (JR) and "Senior Registrar" (SR). The concept of "Registrar" is already within the consciousness of the health service and has been heard by many in the public. This option has already been used in some mental health trusts so it will be possible to obtain feedback.

Conclusion

Whatever terminology is used, it should be simple, help to indicate with clarity the level of qualification of the practitioner, minimize confusion and have a lifespan that can outlive the inevitable technical changes to training pathways.

We are keen for comments and suggestions. In particular, we request that psychiatrists at all stages of their career, [complete an extremely brief online questionnaire](#) (3 questions taking less than one minute to complete) to indicate their preferred terms and/ or send comments to us by [email](#).

In at the deep end: How to stay afloat as a new consultant

By Dr Christopher Pell, Consultant Psychiatrist, Montrose

So you've aced the interview, and the phone is ringing with that all important job offer! Finally you have hit the big time. But...

It's easy to find the start of a consultant post daunting. I'm currently 3 months in and the emotions range from abject terror (absconding patients) to confusion (too many admissions to keep track of) to joy and relief (opening the first pay packet!).

Here are my top ten tips for surviving those crucial transitional months.

“Assertiveness in managing your time commitments is a good skill to practice early, and is necessary for maintaining your workload and sanity.”

1. Get finished!

Just because you have the job doesn't mean you can relax. Your final ARCP will be needed in order to then apply for your CCT. Do this at the earliest opportunity as the GMC specialist registration process can take several weeks, especially around August. Without your CCT you cannot take up a substantive consultant post.

2. Negotiating a job plan

The national terms and conditions state the norm is 7.5 sessions of "direct clinical activity" (DCA), and 2.5 for "supporting professional activities" (SPA) are the norm for consultants. Drawing up what your timetable should look like and then negotiating this with your clinical lead before you take up post is recommended. Remember that you can request a job plan review after 3 months if you feel your job plan doesn't accurately reflect the work you are doing.

3. Check your contract!

If left unsigned you have agreed to their terms by turning up for work. If there are things that you disagree with, seek advice from your trade union. Remember to think about other requirements you might have: somewhere in your job plan or contract you should have a formal agreement about office space, secretaries, annual leave, cover arrangements and on-call duties.

4. First impressions

Turning up on the first day can be as daunting as starting a new school. Always make sure you have met the relevant people beforehand

and try to make a good impression. Teams will go through a number of phases when faced with change, and you need to be able to anticipate this as they get used to "your way" of doing things.

5. Finding your feet

Induction into a new job is usually provided. This may involve formal corporate induction from your trust, and/or local advice and support from your clinical leads. If you are new to the area this can be an invaluable way of finding out about local policies and systems. Try to familiarise yourself quickly with the key documents – admissions and discharge protocols, use of ICPs – that will make your life easier.

6. Doing nothing and saying no!

Most people advise: "do the job for 6 months, then decide what you want to change." This makes sense, but there may be things that need to be changed if your post creates new service demands. It's hard to find the balance between being helpful, and getting lumbered with responsibilities that no one else wants! Assertiveness in managing your time commitments is a good skill to practice early, and is necessary for maintaining your workload and sanity. However, refuse too many things and you may get an early reputation for being work-shy...

Useful Resources:

Articles:

CHAMBERS, R. (2005) Find yourself a mentor. *BMJ Careers*, 330, 170.

Websites:

[Psychiatrists' Support Service CPD and Revalidation](#)

Books:

Management for Psychiatrists 3rd Ed.- Bhugra D, Bell S and Burns A. (2007)
The SpR and New Consultant Handbook - Gatrell J and White T. (2006)

Training and courses:

[In At The Deep End - CETC](#)
[BMA New Consultants Course](#)



7. Mentoring

Named for the tutor of Ulysses' son Telemachus, Mentor helped to prepare the youngster for his role as a future king. Whilst the NHS cannot guarantee this level of meteoric rise, seeking out a senior colleague can be invaluable in helping you to find your feet in the organisation. They can provide sensible advice, and reduce the stress and uncertainty of starting out in a new job.

8. Appraisal

Make sure your trust provides you with an appraisal folder, and a clear expectation of your obligations towards this. They should also be able to supply a list of Appraisers for you to approach. Remember that your pay progression and future revalidation will require annual appraisal to be completed. The skills you have developed collecting evidence for your portfolio for ARCP will give you a fair idea of appraisal and eventual revalidation requirements.

9. CPD

Alas! Gone are your sessions for research and special interest! How will you find time to read journals, complete on-line modules and perform audits now? Whilst your job plan should contain sufficient time for you to carry out these activities, you will need to set clear personal development goals. Joining a local peer group is an invaluable part of getting your expected 50 hours of CPD activity approved.

10. Keep smiling!

If it is all getting to you then discuss it at an early stage with those around you. Your colleagues would rather have you there working even if it means they take on some of the load. It is better than you going off and them having to do it all! Remember too that the Psychiatrists' Support Service is also available to give advice if you are feeling overwhelmed. Becoming a consultant undoubtedly puts new pressures and expectations on you. It is easy to lose sight of your achievement in getting to this point as the daily grind settles in. Make sure you monitor your work life balance, and use your family and friends to guide and support you. Make the most of your free time, and plan in your holidays and study leave early so that you have regular breaks to look forward to.

Postgraduate qualifications: To degree or not to degree?

By Dr Ashleigh Duthie, ST6 Old Age Psychiatry, Aberdeen

It is not always easy to remain up to date with current medical thinking outside our own specialty. For most of us progression through specialty training is unfortunately accompanied by some atrophy of knowledge learned at medical school or as a junior doctor. One means of refreshing, or adding, to our knowledge is to undertake a postgraduate qualification.

Old Age Psychiatrists are often required to solve complex problems resulting from the interaction of social, medical and mental health factors. It is therefore important for us to have some knowledge of physical disorders common in the elderly. I decided to sit the Diploma in Geriatric Medicine in autumn 2007 while working as a Staff Grade in Old Age Liaison Psychiatry. The Diploma run by the Royal College of Physicians of London is accessible to those with a background of psychiatry or medicine, and the course is also recommended for General Practitioners. To obtain the Diploma, candidates must successfully pass a written exam in "best of five" format, then a clinical OSCE. In preparation, I studied from textbooks for about six weeks prior to each exam. I am grateful to colleagues in Geriatric Medicine for allowing me to observe at out patient clinics, and I also visited the local Elderly Occupational therapy Department. I chose not to attend any preparatory study courses, though a specific course is available in Cardiff. I found the diploma syllabus relevant and useful to my everyday practice. The required standard was high, and the OSCE anxiety-provoking. However my previous experience of MRCPsych examinations stood me in good stead.

King's College London currently recognises the RCP Diploma in Geriatric Medicine as equivalent to 30 credits towards an MSc in Gerontology. I chose to undertake the MSc having enjoyed the challenge of returning to study and I was keen to pursue this further. The course cannot be taken by distance learning. For me, this meant commuting from Aberdeen to London for one full day of teaching weekly, for a total of twenty weeks plus some additional visits for assessments. This course comprises 50% taught material and 50% original research dissertation. Assessments were on average monthly in the form of essays, exams or oral presentations. I found the course content fascinating and challenging in equal measure. The course covered a wide range of topics including global population ageing, biological and social aspects of ageing, social policy and health policy, with freedom to pursue a

dissertation relevant to my own background.

In my opinion, this course offered an optimal balance between the opportunity for self-directed study and research, and the provision of a supportive and well-resourced environment. I valued the opportunity to study with individuals from other disciplines including geriatric medicine, occupational therapy, nursing, psychology, social sciences and management. Group discussions were wide-ranging and enthusiastic.

Finally handing in my Dissertation was a proud moment, evidence of the process of devising my own research project and seeing each stage through to completion. I have gained valuable skills and confidence, which I hope will enable me to contribute meaningfully to research throughout my career. As a result of this project I have presented at various meetings and conferences and I hope to achieve publication of a shortened version of my work soon. A further benefit for me was the opportunity to build links with experts in the field whom I would not usually have the opportunity to meet. Finally, after my endeavours, it was satisfying to celebrate alongside other KCL graduates at the London Barbican, with a cold glass of Pimm's and canapés!



Useful resources:

Diploma in Geriatric Medicine
[Royal College of Physicians of London](#)

MSc Gerontology
Institute of Gerontology, King's College London,
Strand, London, WC2R 2LS, Tel: +44 (0)20 7848
2735, Fax: +44 (0)20 7848 1866
Email: gerontology@kcl.ac.uk

**Lecture Notes in Geriatrics. Coni, Webster 6th
Edition ISBN 1405101628**

**Essential Facts in Geriatric Medicine Catherine
Bracewell, Rosaire Gray, Gurcharan Rai 2004
ISBN 13: 9781857758672**

Choosing a degree course – important factors to consider:

Work-life balance

Do fully take into account travel time and the impact this may have on your energy levels during the week. Don't underestimate how long coursework and study will require. A part-time degree like mine was based on an expected 20 hours study per week. This can be difficult when working full-time, even with research/special interest time!

Deadlines

While sometimes we all need a deadline to work towards, do be realistic as to whether you can meet the deadlines set out by your course. It can be difficult to focus on your full-time job with a deadline looming, and many of us will have various "life events" which require our attention at set times. Distance learning courses where students can work at their own pace offer a real benefit in flexibility according to other pressures which you may be facing.

Finances

Shop around – there is considerable variability in cost between universities and courses. Investigate options to help with costs such as bursaries or grants.

Have a clear goal

Whether you have a clear vision of future grant or job applications which require a higher degree, or whether you are just really interested in the subject, have a clear motivation for what you want to achieve. There may well be low points, when you need to remind yourself why you chose to do this!

The European Federation of Psychiatric Trainees (EFPT)

A European perspective on training

By Dr Meinou Simmons, Vice Chair of the PTC, and Child and Adolescent Secretary, EFPT

What is the EFPT and how did it come about?

The EFPT is an independent federation of psychiatric trainees' associations in Europe. The origins of the EFPT can be traced back to a meeting in London in 1992, when sixteen psychiatric trainees from nine different countries met to explore training issues. The EFPT was formally established as an organisation in the Netherlands in 1993. The EFPT has a number of goals including helping create links between countries, sharing information about training, and upholding standards to help improve training in member countries. The EFPT also has an important function in supporting the creation and maintenance of national training organisations.

How does training in the UK compare with other countries?

There are strong contrasts between countries, with some trainees in some Eastern European countries struggling to earn a decent wage, and with little support for training and no study funding. The Netherlands and Scandinavia have an excellent record of training and support. The UK is at the higher end of the spectrum in terms of training. Our training organisation, the PTC, is also one of the most powerful and well supported training organisations. As we are at the forefront of a number of areas in training, for example in leading in competency based training, a large part of our role is to support other less well-off countries in achieving our standards in training.

How does the EFPT operate?

A large part of the EFPT's work is centred around its annual forum, or Annual General Meeting. This can be thought of as operating similarly in structure to the EU, with a large circle of tables with flags representing countries in meetings chaired by the President. Each member country of the EFPT sends two representatives from their national training committee: one trainee from adult psychiatry and the other in child and adolescent psychiatry, if possible. Decision making occurs through the Executive Board (EB) of the Federation. The officers are elected at the Forum by the Full Member organisations present. The UK has enjoyed prominence on the Board in recent years. As a UK rep, I was recently elected as the Child and Adolescent Psychiatry (CAP) officer on the Board. The last EFPT president was Amit Malik, ex-PTC chair, who hosted an excellent Forum in Cambridge in 2009.

What happens at the forums?

The most important part of the forums is to update member countries on current issues affecting psychiatric training, and to form working groups. Each member country writes a country report about psychiatric training, the highlights of which are presented to the Forum. The working groups do two days work at the Forum, which is then continued through the year online. These include the Research Working Group and the Child and Adolescent Psychiatry (CAP) Working Group. Having chaired the CAP working group this year, I have found it an excellent opportunity to explore some core training issues in more depth, especially as this is such a diverse sub-specialty across Europe.

Croatia 2010

This year the EFPT was hosted in Dubrovnik, Croatia, in June, by our outgoing president Martina Rojnic. This was an excellent event with meetings attended by delegates from 29 countries. We had a reception hosted by the Mayor, and had some inspirational talks, such as by Norman Sartorius, ex-WHO Lead in Mental Health. The best part of the Forum is the time spent making contacts with other trainees across Europe: both through formal working groups and informal meetings. A good ice-breaker is the International Drinks Reception! I feel very privileged to have been part of this group of inspirational people, some of whom are working in very difficult circumstances with very poor training and rewards. However, optimism and the desire to improve training are ubiquitous.

The future of the EFPT

Next year's forum will be held in the Czech Republic, from June 29th - July 2nd. Each year more countries gain official member status, bringing added diversity. As well as official delegates, other trainees are welcome to attend as observers to the meetings. They are able to attend the meetings and working groups. If you would like more information about the EFPT's activities or register for next year's forum (available in early 2011) go to our website on: <http://www.efpt.eu>.

"The EFPT has a number of goals including helping create links between countries, sharing information about training, and upholding standards to help improve training in member countries."

Attaining psychotherapy competencies

By Dr Josie Jenkinson, Honorary Secretary of the Psychiatric Trainee's Committee

There is a lot to take on board when starting out as a psychiatry trainee; workplace based assessments (WPBAs), portfolios, ARCP and exams to name but a few. It can be easy to overlook getting your psychotherapy experience sorted, or to leave it too late. Psychotherapy experience is an essential part of training to be a psychiatrist, and without it you cannot meet the competencies in psychotherapy that are outlined in the College's curriculum. Unfortunately, even if you have got onto things early, you may find it difficult to gain the necessary experience. If so, you are not alone. The PTC has become aware that a number of trainees are struggling to organise their psychotherapy experience, and as a result have not been able to meet the required competencies. In some cases this has led to them receiving an unsatisfactory outcome (Outcome 2) at their Annual Review of Competency Progression (ARCP). Clearly this is not something any trainee wants to go through, so we have sought to provide some advice.

What psychotherapy competencies/experience do trainees need anyway?

It has recently been made clear that the psychotherapy requirements for ARCP progression are entirely based on the Curriculum. Ideally these competencies will be met by following the guidance issued in the psychotherapy training documents available on the college website.

Broadly speaking, trainees need to:

- Complete a psychotherapy WPBA (NB for a long case this is different to other WPBAs and requires different documentation – namely two SAPES and a psychotherapy ACE. [If you are having problems finding these they can](#)

[be found here on the college website.](#)

- Attend a case based discussion group (Balint groups) over 2 years (a form to evidence this can also be found by the above method)
- Undertake two psychotherapy cases in two modalities and over two durations between years ST1 and ST3

The trainee web pages have recently been updated with a lot of useful information regarding this issue, and the following documents are now available on the trainee pages:

- Training in psychotherapy for ST1-3
- Psychotherapy core training guidance
- Psychotherapy information pack – curriculum guidance

These are all accessible at: <http://www.rcpsych.ac.uk/training/specialtytrainingguides.aspx>



to the unavailability of Psychotherapy training (and all other aspects of their training were satisfactory) that such a trainee should receive a letter or other written document from their deanery explaining this. This letter can then be kept in the trainee's portfolio as evidence that they were not at fault.

If you are experiencing difficulties, here is the PTC's current advice:

- Inform your training programme director in writing of the difficulties you are experiencing at the earliest opportunity. If this is not fruitful, you could also write to your Head of School or Postgraduate Dean.
- Keep a log of your attempts to gain psychotherapy competencies.
- Ask for a letter confirming your attempts to gain experience. This can then be presented at your ARCP in the event of any problems.
- Highlight the problems when filling in the annual GMC/PMETB survey; this should trigger an inspection.
- The issue can also be raised at your local faculty group meetings, which a trainee rep should always attend.

The PTC are very keen to hear about situations in which trainees have experienced difficulties. Please get in touch with us via ptc@rcpsych.ac.uk, or contact your local PTC representative.

"We strongly advise trainees to familiarise themselves with the above and to start looking at arranging their psychotherapy experience as early as possible in their training."

We strongly advise trainees to familiarise themselves with the above and to start looking at arranging their psychotherapy experience as early as possible in their training.

What if I can't access psychotherapy experience?

A soon to be published survey performed by Dr Hugo de Waal confirms that there is huge national variation in psychotherapy training opportunities.

As a result of this we have sought advice from the lead dean who has agreed in principle that if a trainee does not receive an outcome 1 (satisfactory) at ARCP due

**"One repays a teacher badly if one always remains nothing but a pupil."
-Wilhelm Nietzsche**

**"When inspiration does not come to me, I go half way to meet it."
- Sigmund Freud**

Portfolio Online

Electronic evidencing for ARCP

By Dr Joanna Carroll

The [College Portfolio Online](#) was launched on 4 August 2010. This new web-based tool allows you as trainees to build an electronic repository of your professional activities, development and achievements, including workplace-based assessments (WPBAs). Portfolio Online is a performance based tool designed to promote the use of the postgraduate psychiatric curricula in educational planning and enhance learning based on reflection. The portfolio can support the deaneries during the Annual Review of Competence Progression (ARCP) by demonstrating how and what trainees are learning and by allowing supervisors to measure your progress – both in relation to the curriculum.

Portfolio online has been developed with extensive input from trainees and heads of school and was piloted in three Schools of Psychiatry across the country. The new system has been built on the existing Assessments Online platform (www.training.rcpsych.ac.uk) and centres on your learning objectives, that are derived from the curriculum and includes the full set of Assessments Online functionalities PLUS these additional features:

- Developing a learning plan
- Linking learning plan to curriculum
- Compiling evidence
- Linking evidence to curriculum
- Sharing with supervisors
- Supervisor functions
- Storing reports
- Facilitating reviews
- Archiving annual content
- Content printing

To complete specialty training and obtain positive ARCP outcomes you are expected to meet the competencies set out in the relevant curriculum – and provide evidence to support this. The e-portfolio is, therefore, the perfect tool to collate all your educational activities and show documented evidence of developing key skills and meeting the required competencies. Linking assessments/experiences to the curriculum is

the most efficient way to demonstrate adequate coverage of the curriculum – it also looks good and makes it much easier for users to navigate. And it is a great way to keep everything in one place!

The Assessments Online (AO) usernames and passwords of all users have been retained, so if you were registered with the AO you do not need to do anything. When you log into your account on www.training.rcpsych.ac.uk (using the same username and password) you will notice the name has changed to Portfolio Online and you will be able to explore new areas straight away. If you have not used the system before you can register at www.rcpsych.ac.uk/training/assessmentsOnline.aspx. This facility is provided to all trainees as a benefit of your trainee registration fees. Please remember that GMC requires all trainees to register with the College. For more information on this go to Annual Trainee Registration.

If your Clinical or Educational Supervisor, Tutor, Training Programme Director, Director of Medical Education (or equivalent) or Head of School have not registered yet you may wish to encourage them to go to <http://training.rcpsych.ac.uk/register> and register in order to monitor and review your progress.

Most questions you may have regarding any specific functions available in Portfolio Online will be addressed in our 'How To Guide' accessible via the main menu as well as from individual pages. If you prefer to speak to a real person, we have a dedicated helpline 0844 800 6516 and will be happy to chat. You can also email us: support@training.rcpsych.ac.uk

As always, we are grateful for any feedback. Please email us at eportfolio@rcpsych.ac.uk.

The Royal College of Psychiatrists
Let Wisdom Guide

[Return to the main college website](#)

Purpose of the Portfolio

Mon, 03/05/2010 - 19:46 — James Teasdale

The portfolio builds from a collection of documentary evidence with regard to training, learning and experience with the inclusion of reflection. Reflection gives the doctor the opportunity to consider and consolidate their recorded achievements. In the short term to track training outcomes; in the longer term the portfolio will form a cornerstone of the revalidation process.

Portfolios are used to:

1. Evaluate a doctor's ability to reflect and learn
2. Demonstrate professional development
3. Enhance learning and thus improve the ability of the doctor to care for patients

Portfolios can be adapted to the needs and aspirations of the individual and research studies have shown that they can be reliable and contain the face validity that is needed for "high stakes" assessment. Their use is greatly enhanced by consistency (total uniformity) of content and by the training of assessors.

It is expected that the framework of an individual portfolio will be agreed between the trainee and those responsible for their training. You must ensure that you have covered all parts of the curriculum relevant to your stage of training, so that you can present a complete picture of your current curriculum can be accessed via the following link;



- o Portfolio Online
- ▶ How To Guide
- ▶ Trainee Information
 - o Purpose of the Portfolio
 - o Trainees' Guide to WPBA
- ▶ Supervisor Information
- ▶ mini-PAT
- o mini-ACE
- o ACE
- o CbD
- o Contact Us

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Embedding Medical Leadership in the RCPsych Curriculum

A new study guide for trainees

Dr Andrew Brittlebank, Associate Dean

It is essential that all clinicians demonstrate high order leadership and management skills. Many generations of newly appointed consultants in all specialties including psychiatry, have complained that their training has left them poorly prepared for exercising these skills. If the NHS is to have the leadership capacity that it needs to undergo the transformation that is necessary in order for services to develop in a way that meets the public expectations within a challenging financial context, this situation must change.

In order to address this problem, the NHS Institute for Innovation and Improvement in collaboration with the Academy of Medical Royal Colleges published the Medical Leadership Competency Framework (MLCF) and the associated Medical Leadership Curriculum (MLC) in 2009. The MLCF is intended to guide curriculum development in the domain of leadership across all stages of medical education from undergraduate to the first five years of continuing practice. The MLC is intended to guide the acquisition of appropriate knowledge, skills and attitudes in the postgraduate phase of training.

A number of materials have been developed to support the embedding of the MLC in postgraduate training. Before its

demise, NHS E-learning for Health produced a range of e-learning materials that can be used for teaching of leadership competencies in all medical specialties. These are now available on the NHS E-learning for Health website.

Each medical royal college has been asked to produce resources that will support embedding in their specialties and sub-specialties. The Royal College of Psychiatrists has produced a study guide for psychiatry trainees as its contribution to the development of resources.

The intention of the Guide is to support workplace learning by helping trainees develop leadership skills by using the opportunities that arise close to or within their workplace. The model of learning is therefore a task-based one. The Guide explicitly refers to established theories of adult learning.

The content of the Guide is written around five competency areas that a study of psychiatry trainees and newly appointed consultants in the Northern Deanery of England identified as major learning needs (Briel et al, 2003), plus a sixth area of managing and leading change.



Within each competency area, we have described links to the MLC, given pointers for writing a learning plan, described practical learning activities and suggested assessments for and of learning. The text is written directly to trainees, but we expect that trainers will want to read it as well, so we have included lots of 'tips for trainers'.

We aim to launch the Guide at September's Medical Education Conference. We look forward to your comments and feedback.

“If the NHS is to have the leadership capacity that it needs to undergo the transformation that is necessary [...] this situation must change.”

“The intention of the Guide is to support workplace learning by helping trainees develop leadership skills”



Picture:
www.lumaxart.com

Teaching psychiatry overseas...

Dr Neil Masson, ST6 in General Adult Psychiatry, Glasgow

Gaining experience and developing expertise in teaching is a requirement of psychiatric training in the UK. Teaching has a prominent place in the psychiatry curriculum and evidence of teaching is usually required at the ARCP. Most trainees gain teaching experience locally but there are opportunities to teach overseas as part of training. Several projects exist where psychiatric trainees, usually higher trainees, can spend a period of time outwith the UK to deliver undergraduate or postgraduate psychiatry teaching. This article highlights some of the options available.

The Scotland Malawi Mental Health Education Project (SMMHEP)

Since 2006 this project has been sending Scottish higher trainees to the University of Malawi in Southeast Africa to teach undergraduate psychiatry. As there is only one resident psychiatrist for the whole country the teaching of medical students would be an almost impossible task without the project. This year I was one of 6 Scottish trainees who travelled to Malawi to teach 41 medical students during their 6 week psychiatry attachment. The format of the block is similar to the UK with formative lectures and clinical teaching in clinics and in a psychiatric hospital. This year we introduced problem based learning for the first time to complement the lecture programme. The students visited children's projects and an orphanage as part of child psychiatry teaching and had an optional evening film club showing films with a mental health theme. The students were bright, enthusiastic and a pleasure to teach. Several students expressed a desire to work in mental health. The project has now received funding to develop postgraduate training to try and capture those interested students so more can train and continue to work in Malawi and eventually inspire the next generation of psychiatrists. The long term aim is for Malawi to be self-sustaining in its delivery of mental health education.

Further information:
mail@SMMHEP.org.uk
 or <http://www.smmhep.org.uk>

Kings - THET - Somaliland Partnership (KTSP)

Links between Kings College Hospital, the Tropical Health Education Trust (THET) and Somaliland in Northern Africa have been established for many years. Higher psychiatry trainees from the Bethlem & Maudsley and Guy's & St Thomas' rotations have been teaching students,

interns and nurses there since 2007. Trips usually last 2 weeks which is taken as study leave or professional leave. There are also opportunities to get involved in distance learning via the internet.

Further information:
susie.whitwell@gmail.com or
Somaliland

Institute of Psychiatry - Kings College London - Addis Ababa University Link

This project has had several higher trainees spend up to 2 months in Ethiopia supporting the training of psychiatrists there. The teaching has focused on specific topics where expertise is lacking in Ethiopia such as psychotherapy, substance misuse and old age psychiatry. Trainees have been involved in introducing OSCE's and role play, helping with grand rounds and journal clubs, and assisting with educational supervision.

Further information:
charlotte.hanlon@kcl.ac.uk

South West London & St Georges - Ghana Link

This project arranges for individual higher trainees to spend 3 months in Ghana in West Africa to undertake clinical work and to teach medical assistants. Although this placement is for a longer duration than others, the experience is usually counted towards the trainees CCT and trainees will continue to get their salary paid back home.

Further information:
daliah@challengesworldwide.com,
<http://www.rcpsych.ac.uk/members/internationalaffairsunit/volunteersprogramme/ghanaoct09.aspx>

Royal College of Psychiatrists Volunteer Scheme

Several other partnerships exist where senior trainees from the UK spend time overseas and gain teaching experience at the same time as delivering clinical care under supervision. With approval it is possible for this to be counted as training. The Royal College of Psychiatrists Volunteer Scheme aims to facilitate contact between psychiatrists who are willing to offer their time and support, and hospitals and projects in need of psychiatric expertise and training.

Further information:
volunteer@rcpsych.ac.uk

Summary

There are several opportunities for trainees to gain teaching experience overseas. There is variation in who the projects aim to teach, the duration of the project and whether there are additional clinical responsibilities during the placement. The experience of teaching overseas has been of great value to me professionally and personally and I would wholeheartedly recommend it as part of your psychiatric training.



Advantages to teaching psychiatry overseas

- Dedicated period of time to develop teaching skills and competencies
- Experience of teaching where there are language and cultural challenges
- Clinical exposure to transcultural psychiatry and of mental health care where resources are limited
- Opportunity to enhance recruitment and retention in psychiatry in host country
- Can be considered as part of training so pay, annual leave and training duration may not be compromised

Problems with teaching psychiatry overseas

- May interfere with training in UK
- Stress of being in new country and away from family and friends
- Funding and approval may be problematic to obtain
- Supervision is necessary and may be difficult to find





MRCPsych 2010: The New Members' Reception

This year's convocation ceremony to welcome and congratulate all of the successful candidate passing their MRCPsych CASC and obtaining membership of the College was held in the Kensington Town Hall on the 30th April. New Members were welcomed and received congratulations on their achievement from the current President of the College, Prof. Dinesh Bhugra. The assembled psychiatrists and their proud families and guests were then addressed by the President, along with the Dean, Registrar, Treasurer and CEO of the College. Dr Jon van Niekerk also spoke on behalf of the PTC about the ongoing need for recruitment of high quality candidates into careers in psychiatry.

Being trainees ourselves, the PTC knows first hand the hard work that goes into preparing for and passing the MRCPsych exams. We hope that the newest members of the college will continue to make valuable contributions to the specialty and to promote improvements in the understanding and treatment of psychiatric illness in the decades to come.

Many congratulations to you all on behalf of the Psychiatric Trainees' Committee!



Academic Programme Survey

Dr. Jon van Niekerk Chair, Psychiatric Trainees' Committee
Dr. Damien Longson, Head of School, North West Division

Complete the survey now: [Click here...](#)

In response to trainers and trainees raising the issue of variability in the quality of MRCPsych courses nationally, the Heads of School in collaboration with the Psychiatric Trainees' Committee of the Royal College of Psychiatrists would like to invite you to take part in a quick survey to tell us what your experiences have been and what you would like to see change or improve. We will also be asking specific questions regarding the quality of journal clubs, case presentations and in-house training. It is crucial to hear about good practice and also where there have been some difficulties.

It is important that Core and Higher Trainees participate and the survey is tailored to each group's needs. It is vital that we get a representative sample that can influence and hopefully improve locally delivered MRCPsych courses.

We would be grateful if you could fill in this quick survey at <http://manchesterpsychiatry.net/limesurvey/index.php?sid=39214&lang=en>.

It should not take more than 10 minutes. The survey is completely anonymous, and your answers cannot be traced back to you. No person identifiable data will be stored at all. There are 34 questions in this survey. Please do not complete the survey more than once.

Newsletter Editorial Board:

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Comments and feedback to
ptc@rcpsych.ac.uk

Did you know?

The Eber's papyrus details an illness in the Book of Hearts which sounds very much like depression. It dates back to Egypt around 1500 B.C.E.

The election process for the new PTC members is now completed. Your area may have a new rep, so check for updated details on the PTC pages of the website.

The film "One Flew Over the Cuckoo's Nest" was the film debut for Christopher Lloyd of later Back to the Future fame.

ANOVA (ANalysis Of VAriance) has been used in some form or other since the 1800's, being formally set down in 1918 by Ronald Fisher.

There are many College Special Interest Groups including Philosophy, Psychopharmacology, Gay and Lesbian, Spirituality, Management and Women in Psychiatry. [For info about joining one click here...](#)