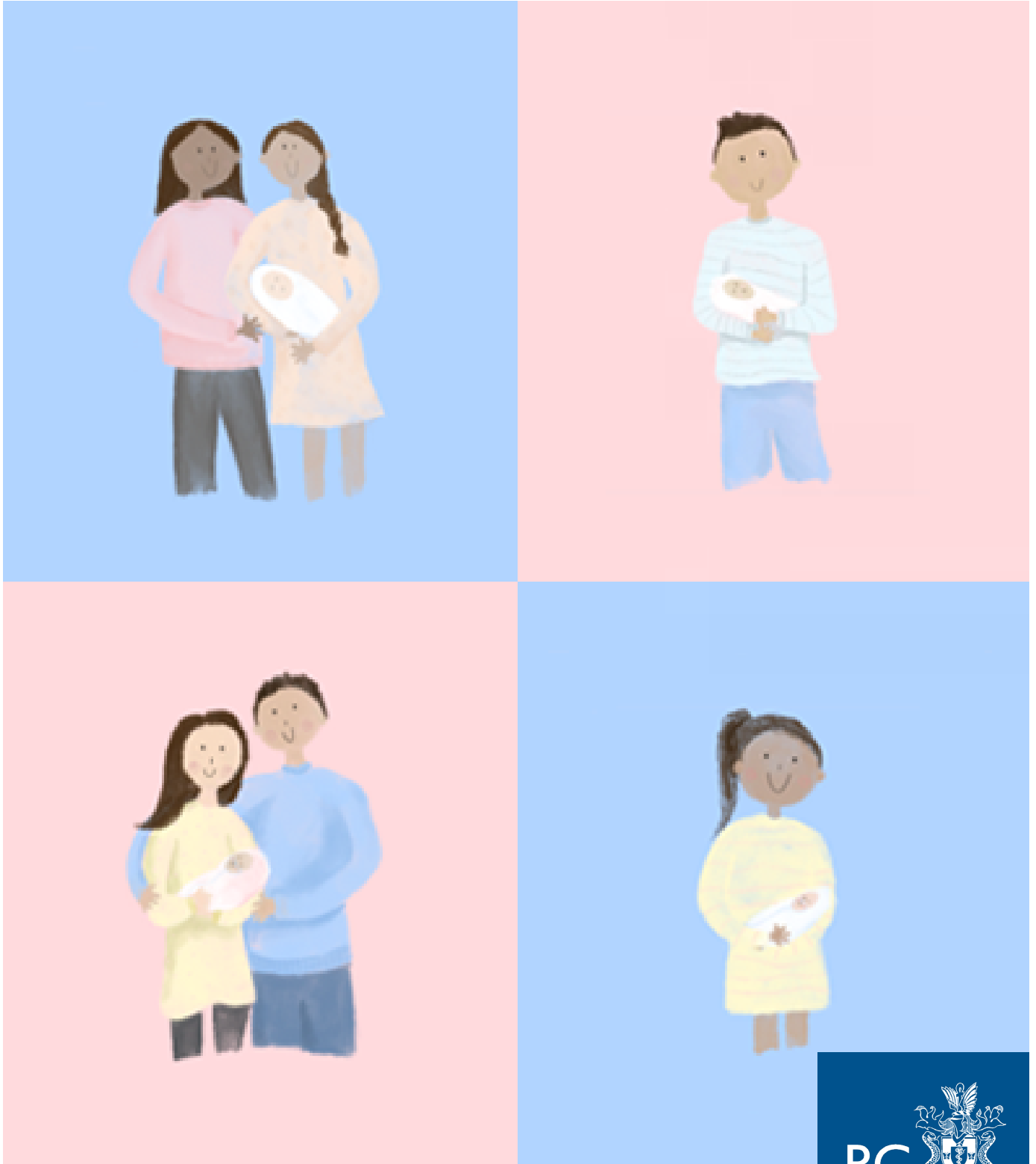


THE REGISTRAR

The Psychiatric Trainees' Committee magazine

March 2020



Illustrations courtesy of Leo's Neonatal

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The Psychiatric Trainees' Committee

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

Editor's introduction



Dr Ahmed Hankir,
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'The Wounded Healer' @ahmedhankir

Hello everybody and welcome to the March 2020 issue of *The Registrar*! Your Psychiatric Trainees Committee (PTC) has been working relentlessly behind the scenes over the last few months to ensure that psychiatry trainees, in England and throughout the devolved nations, feel equipped and empowered to realise their potential and to progress seamlessly through the ranks to acquire the coveted Certificate of Completion of Training (CCT). Our latest PTC meeting was held at the College headquarters in London in January 2020 and I was blown away by how passionately your PTC Officers and Regional Representatives felt about improving the training experience. Many of the items that were on the agenda will be discussed and described in the PTC Officers' Welcoming Letter. Suffice to say, I emerged from that meeting feeling inspired and musing to myself, as clichéd as it might sound, 'Ask not what your PTC can do for you, but what you can do for your PTC.'

The remit for the topics of the articles included in the March 2020 issue is broad and wide-ranging. Dr Laura Stevenson, co-secretary of the PTC, kicks off by providing valuable tips on how to navigate training as an expectant parent and highlights the PTC Parental Leave Guidance that will be published in the 2020 Royal College of Psychiatrists International Congress in Edinburgh later this year. Although this is an incredibly important topic, it seems not to have received the

attention that it requires so the publication of the parental leave document – co-produced by Laura and her colleague, a fellow expectant parent at the time of writing – will be a significant milestone. Next up is a scintillating article about neonatal mental health co-authored by Dr Kim Barkas, former PTC representative for Northern and Yorkshire Division, and Ms Lottie King, founder of Leo's Neonatal. Since taking over the reins as Editor of your PTC magazine it was important for me to include articles from trainees and people who have lived and living experience. This piece, therefore, is particularly appealing since it contains an autobiographical narrative from Dr Barkas about her personal experiences as a mother of a premature baby which was incredibly informative and moving. As part of a series of initiatives to increase interest in psychiatry as a career, the College has launched multiple waves of their [#choosepsychiatry](#) campaign on social media and through other platforms and mediums. Pertinent to this is an article composed by Dr Karen Ball, an ST4 in General Adult Psychiatry in South West Yorkshire Partnership NHS Foundation Trust, and her colleagues that contained data from a cross-sectional study they conducted on the 'pull' and 'push' factors that influence recruitment and retention into psychiatry. Dr Stephanie Anne Ewen writes an engrossing, enlightening and entertaining piece about her experiences as a Royal College of Psychiatrists Parliamentary scholar. Prepare to be disillusioned if you ever

thought that working in Westminster was beyond your reach as a psychiatry trainee! Lastly, but by no means the least, I was fortunate to interview our RCPsych President-Elect Dr Adrian James. It has been my pleasure and privilege to share a stage with Dr James (we both gave a talk during mental health awareness week to College staff about workforce wellbeing) and we have often crossed each other's paths during lecture circuits in the UK. What I have always noticed about Dr James was the humility he evinced whenever I would greet him and how caring he is towards his colleagues especially trainees. The interview signposts the journey that Dr James has taken to occupy the helm at the College and also provides an insight into the person behind the professional.

As we mentioned in the previous issue, we will be re-branding your PTC magazine. If you have any ideas for a new name please do send them over to us for our consideration at: ptcsupport@rcpsych.ac.uk Also, please do get in touch if you have any ideas and/or suggestions for articles.

Well, enough from me! I sincerely hope you enjoy reading this issue of *The Registrar* as much as

I have enjoyed compiling it. As always, I want to thank our PTC Officers for the incredible work they do: Chair Dr Ross Runciman for his leadership, our Vice-Chair Dr Luke Baker for his advice and support and Co-Secretaries Dr Laura Stevenson and Dr Rosemary Gordon for helping bring this latest issue to fruition.

Special thanks:

Editing this issue of *The Registrar* coincided with my preparation for the MRCPsych CASC examination. I cannot deny that this was challenging and I'm truly grateful and indebted to Dr Laura Stevenson for her timely intervention and contribution to the publication of this issue. In the spirit of the values that the PTC uphold in supporting one another, Laura reached out to me and we had multiple face-to-face and virtual meetings. From sourcing articles, writing pieces, liaising with authors to providing me with moral support for the exam (I must admit I was a bit of a wreck), Laura went above and beyond the call of duty to come to my aid. I'll never forget her kindness, positive energy and help and I want to pay tribute to Laura for her time, consideration and efforts.

PTC officers' update

Do you feel empowered to break barriers? Barriers come in all shapes and sizes, and some might be more common than others, but each of us has our own personal hurdles to overcome. However, the old adage of "a problem shared is a problem halved" often rings true.

In psychiatry, for what may feel like a long time now, we have struggled to recruit and retain trainees. The reasons for this are complex; addressing them takes time and considerable effort. This is exactly what the College is doing. The impact of low recruitment and retention will, we are sure, affect a significant number of you. Whether this be in the form of rota gaps or increased workloads or something else, increasing and improving recruitment and retention will only bring benefits.

A barrier such as this cannot be broken easily but by working as a collective, along with the College, we are confident that it can be overcome. With this in mind, we are planning a Breaking Barriers Conference. Originally scheduled for April/May, this has now been postponed, but we would welcome feedback about timings for the conference and topics that are important to you. The conference will provide an opportunity for us, as trainees, to learn from colleagues about what initiatives and projects are being undertaken locally, nationally and across the devolved nations to break these barriers down.

Consistent with this theme, we would like to highlight a number of the projects that the PTC is currently undertaking, under the umbrella of 'Supported and Valued'.

We are delighted to be able to tell you that our [Quality Improvement \(QI\) guide](#) has now been published and is available to view on the College website. This provides details on how to undertake QI projects and why they are important, potentially leading to benefits for trainees now and in the future. We hope that you find it valuable. Our sincere thanks to Dr Russell Gibson (South West PTC representative) for all his hard work on this project.

Our International Medical Graduate (IMG) representative, Saadia Alvi, led the PTC's involvement in the recent and very successful IMG conference, which was a wonderful opportunity to share good practice and celebrate diversity in the psychiatric workforce. We continue to draft a guide for IMG trainees, aiming to enable and empower them to progress successfully through training and highlight support available to help them along their journey.

As we are only human, we may find at some point that our wellbeing is negatively affected by something that happens either at work or in our personal life. This could be physical or mental ill health, bereavement, burnout or a whole plethora of other challenging situations. The PTC is currently compiling a guidance document entitled 'Staying Well'. This is designed for use by both trainees and trainers as a vital resource; providing helpful advice on how situations may be overcome with trainees supported appropriately throughout.

In addition to the above, we are producing a guide on mentoring, a cost of training transparency document and a report on the results from the psychotherapy survey conducted last year. We continue to trial the Workplace platform in the East of England and Northern Ireland, building on the work started in Severn Deanery of linking psychiatric trainees together, with the eventual hope of rolling this out nationally.

We also continue to strive to ensure that trainee voices are represented and heard across the College. We are working closely with all the College Officers, as well as many committees and others on areas such as changes to examinations, the role of Physician Associates in psychiatry, and of course the new curriculum. We will endeavour to keep you updated through this publication, the PTC newsletter and your regional representatives. If you have any thoughts, comments or feedback we'd love to hear from you.

We also look forward to welcoming you to the Trainees' Mess at Congress 2020 in Edinburgh, where you'll get the opportunity to meet the College Officers, learn more about forthcoming changes to examinations and the new curriculum. Please come and join us.

Finally, we would like to take the opportunity to congratulate our President-Elect Dr Adrian James, on his recent election victory and to thank him for agreeing to be interviewed for this issue, illustrating his focus on the future of psychiatry. Thanks also to Dr Ahmed Hankir, Editor of The Registrar, for his hard work in ensuring we are able to provide you with a high-quality publication of both interest and relevance to all psychiatric trainees.

You can contact us, your representatives or keep up to date through Facebook, Twitter or by emailing us at ptcsupport@rcpsych.ac.uk. We really like hearing from you and receiving your feedback.

Do feel free to email us at ptcsupport@rcpsych.ac.uk

Best wishes,

Ross, Luke, Laura and Rosemary

The PTC Officers



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Making the most of parental leave



Laura Stevenson is an ST6 dual trainee in GA/OA based in the West Midlands and is currently co-secretary of the PTC. Email: ptcsupport@rcpsych.ac.uk

Three tips from a PTC officer with personal experience

As part of my role within the PTC, I have been heavily involved in compiling guidance for trainees relating to parental leave. The aim is to launch this guidance document at the 2020 Royal College of Psychiatrists International Congress in Edinburgh later this year and we hope that it will prove valuable. The work stemmed from the fact that when a colleague and I both became expectant first-time mothers, we had found it complex to navigate our way through the various policies and frameworks, and we wanted a reliable point of reference. By the time you read this article, my daughter will have just celebrated her first birthday and I will be back at full-time work. I wanted to use the opportunity to reflect on my own personal experience of parental leave and share my top three pieces of advice.

1: Don't worry about work

As my husband will tell you, one of my favourite sayings is: "It'll all work out in the end!". I am forever the optimist! I was tremendously nervous telling my supervisor that I was pregnant as I had my 12-week scan the day before the August rotation and so was very new to the team. They were all marvellous and I have no idea why I thought it would be

such a big deal. Medical staffing and Payroll were very accommodating and really helpful when it came to considering my options. I was fortunate in that I had an uneventful pregnancy until the third trimester when I needed some additional scans (nothing to worry about thankfully). Taking time off was never an issue and given that I was working an hour and a half from home, a scan meant a whole morning or afternoon away. I came off the on-call rota after 20 weeks' gestation and again this was not a problem. The ability to have open and honest discussions about what I felt I could manage was hugely important and you should try not be anxious about doing this. Given the spotlight on trainee and workforce wellbeing at the moment we should always remember the need to take care of ourselves, as well as others in our team.

2: Plan ahead where you can

Something else my husband may tell you is that I am nothing short of organised. I love a checklist! When planning my parental leave, having a checklist, for me at least, was essential. Thinking ahead allowed me time to work out what the best options were for me and my family. This included when to start my leave, how long to take off, funding my leave and when to return (and where, as I chose not return to my previous post due to logistics). Talk to those involved in your training as early as you can. Your clinical and educational supervisors and training programme director among others are valuable resources so make full use of them. Think about how you want to utilise your keeping-in-touch (KIT) days (you get paid for them and they count towards training so you may as well take advantage of them)! I have used mine for PTC activities in addition to attending MDTs and ward rounds in preparation for my return. Don't forget the Supported Return to Training (SuppoRTT)

programme by Health Education England. They offer courses, coaching, mentoring and lots more to make the transition a smooth one.

3: Enjoy the time you have

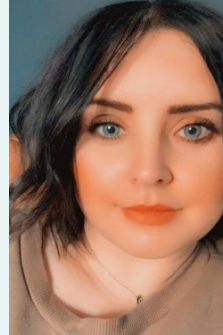
It may be a cliché that time goes by quickly but in my experience it's very true. It's almost hard to believe I've had a year away from work and am currently wondering whether I remember very much at all about psychiatry!

But... children are only children for a short time so try and enjoy every minute. Being a parent is the most wonderful but challenging experience a person can ever go through. Sometimes it's extremely difficult. If you can, surround yourself with support. If you can't, try and look for ways to expand your network. Believe me, you are not alone, there are plenty of other parents, including trainees, out there who are in a similar situation. And of course, don't hesitate to contact me and the other PTC officers if you require further information and/or advice.

Mental health on neonatal units: A personal perspective



Dr Kim Barkas is a specialist trainee in old age psychiatry and former PTC representative for Northern and Yorkshire. kimbarkas@nhs.net @drbarkas



Ms Lottie King is the founder of Leo's Neonatal and Neonatal Mental Health Awareness Week nicumentalhealthweek@leosneonatal.org [@LeosNeonatal](https://www.leosneonatal.org)

Background: Kim's personal experience

“In 2018, my world was turned upside down. Following a complicated pregnancy, my baby was born prematurely at 26 weeks gestation. What followed was a 114-day stay on a Neonatal Intensive Care Unit (NICU), a hospital environment I had managed to avoid successfully throughout my time training as a doctor. However, I don't think any amount of 'professional' exposure could have prepared me for that personal experience. Initially, my baby was too sick and I was informed that I could not hold him, so our first moments together were separated by physical and psychological barriers including a plastic



Dr Kim Barkas' son during his stay on a neonatal unit

incubator, numerous machines and my own (sometimes overwhelming) anxiety and fear. I experienced anxiety about tasks most parents take for granted. Giving him a feed or a cuddle was like a military operation – all meticulously pre-planned to the smallest detail. I was surrounded by professionals but had never felt so alone and helpless as I watched my brave boy valiantly fight for his life.

Even following our discharge from NICU, the traumatic experiences continued to impact on my health and wellbeing, and this made me consider how other parents and families feel when they are on such units, what support is available and if mental health services are needed to play an even bigger role. ”

What do we know about the mental health of parents on neonatal units?

A survey conducted by the charity Leo's Neonatal during Neonatal Mental Health Awareness Week in 2019 indicated that a staggering 79% of parents felt their mental health had been affected by their neonatal journey, with 41% diagnosing themselves with mental health illnesses such as post traumatic stress disorder, obsessive compulsive disorder and depression. A quarter of fathers

and 33% of mothers needed antidepressant or anxiolytic medication following their neonatal stay. 46% of parents suffered relationship difficulties as a result of their stay.

However, the effects were more widespread than just parents and immediate carers: 40% of grandparents reported similar mental health difficulties and 54% of respondents reported that their children’s behaviour was also affected by the neonatal journey. 25% of siblings were reportedly afraid of death or becoming unwell, with 12% requiring counselling.

Occupational functioning was also affected:

- 91% of fathers who returned to work whilst their baby was still on the unit stated they struggled to concentrate.
- 20% of mothers had taken sick leave following their maternity leave
- 27% of mothers and 16% of fathers who returned to work took time off around dates that could trigger anxiety.
- 42% of mothers and 21% of fathers left work to care for their child or children as full-time carers.

Families and carers were exposed to traumatic events whilst on the neonatal unit, and they were not always just concerning their baby or babies. In the survey, mothers and fathers were asked what aspects they found the most traumatising, and they are shown in the table 1.

Table 1: Traumatic factors reported by mothers and fathers on the neonatal ward	
Mothers	Fathers
Separation from baby: 78%	Witnessing traumatic situations: 42%
Witnessing traumatic situations: 72%	Separation from baby: 25%
Financial strain/surgery: 24%	Transferring to another neonatal unit: 17%
Transferring to another neonatal unit: 22%	

Understanding the differences between mothers and fathers might help offer more tailored support, although it is important to remember that each person’s experience is unique. It was reported that fathers were keen to receive psychological support and partake in activities specifically for them. A shocking 85% of mums and 70% of dads who tragically experienced a loss on the neonatal unit reported that they did not receive any support.

The survey found that the majority of support for those on neonatal units was offered by the neonatal nursing staff, and that overall parents felt well supported whilst on the units. However, there was a lack of support for grandparents and siblings, and longer-term support

was not readily available following discharge from the neonatal unit. Families felt better supported where good community support was in place. Health care professionals of all grades working on neonatal units indicated a desire to improve their knowledge regarding mental health. They felt this would help them to better understand what parents and families experience, and to also help them support each other.

So what can psychiatry do?

Mental health services, as we know, are incredibly stretched and it is important that somewhat understandable experiences are not overly medicalised. However an increased awareness of the potential issues is important, particularly for those in perinatal, liaison or access teams.

It is important to recognise the benefits of good mental health care for families of babies on units and the longer-term impacts on bonding and development. Those who show signs of mental illness whilst on the unit or following discharge may need extra support



Dr Kim Barkas' son during his stay on a neonatal unit

and treatment. It is also important to consider the specific experiences someone might have had even if they are presenting to services sometime after being on a neonatal unit.

Furthermore, liaison teams or perinatal teams may wish to look at the support offered in their local areas and work with other agencies to improve services, or increase support for staff through interventions such as Schwartz rounds.

Conclusions

The inpatient neonatal journey can have far-reaching and widespread effects on the mental health and wellbeing of parents and carers and the wider family. It can also have an impact on occupational functioning and finances. Often, mental health on neonatal units can be overlooked and support across the country is inconsistent, however interest in this area is increasing. Raising awareness and allocating resources to fund research on all aspects of neonatal mental health and wellbeing are crucial to help address the needs of parents, carers and the families involved in the neonatal journey.

We need more psychiatrists

A cross-sectional survey on 'pull' and 'push' factors that influence recruitment and retention into psychiatry

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Dr Saba Mattar (ST5 forensic psychiatry, Birmingham and Solihull Mental Health NHS Foundation Trust),

Dr Kim Barkas (ST6 old age psychiatry, Tees, Esk and Wear Valleys NHS Foundation Trust).

“You’re wasted on psychiatry”

It’s common knowledge that recruitment into psychiatry training has been a challenge for many years. The reasons are multifactorial and numerous attempts have been made to try and understand these, with subsequent suggestions made for improvement^{1,2,3}. Yet training places remain under-subscribed. One reason for this, which many of us are likely to have experienced, is stigma. A negative perception of psychiatry as a profession was evident throughout our time at medical school and during foundation training. “You’re wasted on psychiatry,” was uttered a few times from colleagues who couldn’t see the impact such comments have. Many such colleagues assessed multiple patients on a daily basis who were experiencing mental health problems but couldn’t see the irony of being derogatory about psychiatry. Experiences like this put people off training – but is this just a minority experience?

What are the views of trainees?

As members of the Psychiatric Trainees’ Committee (PTC), we wanted to explore the current views of those recently recruited to psychiatry. The hope was that an up-to-date understanding of push and pull factors might help inform local and national actions. We designed and disseminated a nationwide survey to core psychiatry trainees who had commenced training in August 2017 and February 2018. We wanted to explore the following questions:

- Why did they choose to train in psychiatry?
- What effect did medical school have?
- What effect did post graduate posts have?
- Did they have any reservations?
- Why did they choose to train in their current deanery?

We received 133 responses. Of these, 57% were influenced by their experience at medical school (not all in a positive way) and 75% were influenced by a postgraduate post (the majority in a positive way).

The top three ranking reasons for choosing psychiatry were:

1. I am enthusiastic about the specialty.
2. I think my skills are suited to psychiatry.
3. I want to support patients who have problems with their mental health.

The three reasons deemed to be least important were:

1. I thought it was easiest to get into.
2. There are good opportunities for private practice.
3. The psychiatric pay premium.

1 Cameron P, Persad E (1984) Recruitment into Psychiatry: A Study of the Timing and Process of Choosing Psychiatry as a Career. *Can J Psychiatry* 1984; 29(8): 676-680

2 Malhi GS, Parker GB, Parker K, Carr VJ, Kirkby KC, Yellowlees P, Boyce P (2003) Attitudes Towards Psychiatry Among Medical Students Entering Medical School. *Acta Psychiatr Scand* 2003; 107(6): 424–29

3 Henfrey H. Psychiatry – Recruitment Crisis or Opportunity for Change? *Br J Psychiatry* 2015; 207: 1–2

This clearly shows that a natural aptitude and desire to work with psychiatric patients is the driving force for the majority whereas financial remuneration and lack of competition were not deciding factors. It's good to know that we are not a greedy lot!

The main reservations about choosing psychiatry were fear of losing general medical knowledge, followed by the stigma of psychiatry as a profession (table 2). When considering the choice of deanery (table 3), views were clear; people simply want to live in the area or near their family, and this appears more important than the scheme itself. Therefore attracting people to under-filled deaneries will be a significant challenge, and attracting people to a new area must be done early in their careers (for example by increasing medical school places in under-resourced regions).

Reservation	Percentage of respondents
I might lose my general medical knowledge	62%
Stigma of psychiatry as a profession	42%
Fear of physical assault from patients	17%
I won't be able to see clinical improvements quickly	13%
I don't like the idea of working so closely in an MDT	2%
Other	17%

Reason	Percentage of respondents
I wanted to live in the area	68%
Family reasons	44%
I have heard good things about the scheme	33%
The scheme offered something extra/unique	17%
I wanted to stay in the same deanery	14%
The scheme was less competitive	0%

Moving forwards

More work must be done to address the reservations in choosing psychiatry that were indicated by this survey. The College is already doing work to promote the importance of physical health in psychiatry, and courses such as Recognising and Assessing Medical Problems in Psychiatric settings (RAMPPS)⁴ are being rolled out across the country. Stigma remains a challenge - being proud of our profession and attracting the brightest and the best people early on is paramount. Social media and celebrities are beginning to play a positive part in addressing this but it's up to each of us to speak positively about psychiatry, promote our specialty to sixth formers, medical students and foundation doctors, and although difficult at times, challenge negative caricatures and stereotypes. We won't let colleagues get away with bashing and badmouthing our specialty again.

4 Health Education England 'Recognising and assessing medical problems in psychiatric settings'. www.hee.nhs.uk/our-work/simulation/recognising-assessing-medical-problems-psychiatric-settings. (Accessed 15/05/19)

My experience as an RCPsych parliamentary scholar

by **Dr Stephanie Anne Ewen,**

Dr Stephanie Anne Ewen is an ST5 in psychiatry of intellectual disabilities at South London and Maudsley NHS Foundation Trust. She is also an RCPsych parliamentary scholar and the trainee representative on the RCPsych Examinations Sub-Committee.

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Like many medics I know, I wouldn't describe myself as being 'political'. I've never joined a political party (in fact, I've never even told my family who I vote for), and I count politics in the same categories as religion and finances when it comes to dinner party conversation.

Having said that, as a higher trainee working in intellectual disabilities on a daily basis, I see the effects of difficulties in accessing housing, structured activities, respite, benefits and reasonable adjustments on the lives of my patients and their families. And I often feel frustrated at how little power I have in improving my patients' quality of life – medication is not the panacea to all ills.

So, when I saw an advertisement to join the Royal College of Psychiatrists' Parliamentary Scholar Scheme as my special interest session, I knew I had to apply. This was a unique opportunity to understand the process of policy formation and how to influence change.

In the scheme, which was founded by Baroness Sheila Hollins, former President of the Royal College of Psychiatrists, five higher trainees are each allocated to a peer (i.e. a member of the House of Lords) with an interest in mental health. Peers give generously of their time and experience, in mentoring psychiatry higher trainees in understanding the process of policy formation or even pursuing a career in politics themselves. The scheme is made possible because of the support of the BMA Foundation.

The peer with whom I am working is Lord Brooke of Alverthorpe. Lord Brooke is particularly interested in addictions and childhood obesity. As such, I spend my special interest days meeting with various experts and interested parties to share knowledge and ideas to ascertain how Lord Brooke can best promote these causes and influence policy change. We are currently in the process of setting up an All-Party Parliamentary Group on the 12-Steps Recovery Programme for Addictions, where MPs and peers from various parties with a shared interest meet to work towards common goals.

We also recently submitted a Private Members' bill (i.e. a proposal for a new law) regarding publishing a strategy on video gaming and its effects on health and wellbeing. I had previously been ignorant to the many stages in law formation: the initial bill is debated at multiple 'Readings' (three in each of the Houses), amendments are made and it finally receives 'Royal Assent' to become an Act of Parliament (i.e. Law). You can really start to appreciate why it takes so long for changes to take place.

In addition to the work which the scholars do directly with their peers, the scheme can open unexpected opportunities through introductions made. I have recently started attending the Mental Capacity Act Leadership Group which, as a psychiatry of intellectual disability trainee, is a fascinating and privileged opportunity to be involved in the work that the group does in promoting implementation of the Mental Capacity Act. Furthermore, I am aware that some of my predecessors have gone on to work full-time for MPs and even stand as candidates in elections themselves.

Apart from the huge learning opportunities which the scheme affords, the experience is entirely unique. On arriving at Westminster station, it is not unusual to pass Harry Potter tour guides explaining where scenes of entering the Ministry for Magic were filmed within the station. Then comes the thrill of using my staff pass to access the 'hidden' underground staff entrance to the Palace of Westminster and getting continually lost in the rabbit warren that is the House of Lords. It is a standard day at the office here to pass party leaders in the corridors or see John Snow filming in the Central Lobby. I have fully accepted that grasping the idiosyncrasies of 'The House' within a year is unachievable and have instead focused on perfecting my apologies when I am regularly chastised by security staff for going into areas/seats which I 'should know' I am not allowed to.

Between Brexit and elections, this has been a particularly turbulent time in Westminster. However, as a parliamentary scholar, it has been thrilling to feel part of the action and be on the inside. On the lighter end of the spectrum, I was delighted to find that the staff canteens, very fittingly, have a 'HP sauce' dispenser and that there are vending machines for tights in the event of a laddering emergency.

Every week brings with it a new experience. I am thoroughly enjoying it and would highly recommend that others apply. The RCPsych advertises positions for parliamentary scholars every year through their website – it all starts with an application.

Interview with RCPsych's President-Elect Dr Adrian James

Dr Ahmed Hankir, Editor of *The Registrar* goes head to head with Dr Adrian James.

As many of you may be aware, the results of the Royal College of Psychiatrists' Presidential Elections were announced in January. I'm a huge admirer of Dr Adrian James so when I discovered that he would succeed Professor Wendy Burn as College President I was absolutely delighted! One of the many advantages of having an account on Twitter is that I could send a direct message to Dr James to congratulate him and to also ask if he would be willing to be interviewed for the March issue of *The Registrar*. Despite being inundated with messages, our President-Elect got back to me instantly. The next thing I knew, I was sat down on a chair in his office at the College headquarters with a cup of tea in my hand (which he made for me himself!) and the off-the-cuff interview was soon underway.

Thank you for accepting our request to be interviewed for *The Registrar* and congratulations on your appointment as President-Elect of the Royal College of Psychiatrists. My first question is this: Who is Adrian James?

What a question! It is interesting that that is how I identify myself. I was born and bred in south-east London so I would describe myself as a South-east London boy! I was the first in my extended family to get into medical school and as a student there I made the decision to go into psychiatry.. I'm incredibly interested in psychiatry; I absolutely love my job. I got drawn into the policy side which I found very stimulating and enjoyable. I'm a keen cyclist and I am a very happily married man – I have three children of my own and I'm now a grandfather! I would say that I'm at my happiest when I'm attending big family events.



RCPsych President-Elect Dr Adrian James

How will your appointment as President-Elect impact on the trainee experience?

Trainees are absolutely key to the future of psychiatry and the future of mental health services is dependent on the quality of the training we provide to our trainees and how supported and valued we make them feel. It is paramount that we provide the highest quality training to the doctors we recruit, that we support them well and that we identify what their needs are. The review of the curriculum and improving the quality of the training and focusing on the wellbeing of our trainees are the things that I am most interested in. So, I think the whole training experience and how we equip doctors throughout the journey of training and beyond is key to everything that we do at the College.

Where did you train and how would you describe your training experience?

I did my basic training as a house officer for a year and four years as an SHO and a registrar at Guy's Hospital in London. I was very lucky, I worked with some incredibly stimulating and forward-thinking mentors who became leaders in their fields. Then I completed higher training in forensic psychiatry in Devon. The people I worked with were generally very

positive whenever I expressed an interest in starting a project. Moreover, when I wanted to explore the wider medical and political world, again I found they were very positive. One particular experience comes to mind, I became the Chair of the South East Thames Junior Doctor Committee at the British Medical Association (BMA). It was at the height of one of the disputes about the number of hours junior doctors would work. We used to work up to 120 hours per week back in those days. I remember I compiled a huge database with all the evidence about the impact that long working hours was having on doctors' morale and wellbeing and how this might impact negatively on the quality of patient care provided. I also had some interviews with the media and I remember ringing the chief executive of the trust at the time and I told him that I was chair of the South East Thames Junior Doctor Committee at the BMA and that I would be doing some interviews on TV. I thought he would give me a hard time about this but to my surprise he didn't. He just asked me if I collected any evidence and if I knew what I was talking about and then he said good luck and that I have his blessings. So, looking back at my training experience, I learned a lot and there were plenty of characters who inspired me.

You mentioned during your presidential campaigning that some of your priorities would be workforce wellbeing and retention and recruitment in the profession. Are you able to comment?

Of course. I think lots of psychiatrists and plenty of trainees have done some fantastic work on recruitment, such as the #choosepsychiatry campaign – part of which involves psychiatrists and trainees going to schools, sixth-form colleges and medical schools to speak to students about careers in psychiatry, as well as working closely with 'PsychSocs' and I think we are really starting to get some traction and these are really positive

developments. This is definitely something that we need to continue focusing our efforts on, the work is far from over but we are certainly making progress. I really want to focus on the wellbeing agenda. We have the Psychiatrists' Support Service and we also have the Sustainability Committee that addresses the sustainability of the workforce. I have recently appointed an Associate Registrar on workforce wellbeing and retention who has taken up the position with gusto. We now have a three-year strategy that we are going to be focusing our efforts on that very much includes trainees.

A major concern for International Medical Graduates is differential attainment. Has the College taken any action to address this?

We most certainly have. We have an International Medical Graduate (IMG) Conference at the College and differential attainment will be a prominent item on the programme. The College has commissioned a piece of work to look into differential attainment. This is a real issue that the College is taking very seriously. We understand that IMGs when they arrive in the UK can experience immediate challenges when they try to adjust to the British culture. There are layers of things that we need to address and that we are determined to address.

What advice would you give to trainees?

I would say, first of all you've made a good choice. It is a great specialty. I've loved it. I've had my own moments; it can be incredibly challenging but the challenges contribute to the richness of what we do. Try to enjoy every moment if you can and see the challenges not as something that you need to 'just get through and tick off'. Embrace every opportunity to make a real impact into our patients' lives with the skills you've got. Sure, we will make mistakes but that gives us the opportunity to learn so try to develop a positive mindset around how you approach and do your job. And of course, cycle to work!