

# Training in addictions competency assessment for Addictions Tutors

R.C.Psych Addiction Faculty Meeting 28<sup>th</sup> April 2023

Julia Sinclair (chair), Louise Sell,

Derrett Watts, Fran Debell, Olamide Orimoloye, Patrick Horgan

# Plan for Session

- Background to the Addiction Training Initiative
- What's been happening in South London
- What's been happening in West Midlands
- What's been happening in North West
- Questions / Comments

# Addiction psychiatry could be wiped out in a decade without urgent government funding

## [Training in Addiction Psychiatry: Current Status and Future Prospects](#)

Press release

17 February 2020

- Professor Julia Sinclair, chair of the addictions faculty at the Royal College of Psychiatrists and co-author of the report, said:
  - *“This report reveals the **meltdown** that has occurred within addiction psychiatry across the UK, but especially in England.*
- Diane, whose life was saved because of the specialist addiction treatment she received, said:
  - *“I am in no doubt that **my addiction psychiatrist saved my life**. They brought me back from the brink and helped me to see that I had a future and my life was worth living. His unique expertise, knowledge and understanding ensured I detoxed properly and received the support and help I needed to treat my condition.”*

# Addiction psychiatry could be wiped out in a decade without urgent government funding

## *Training in Addiction Psychiatry: Current Status and Future Prospects*

Press release

17 February 2020

- Reduction in training places;
  - Higher training posts across England have fallen by 58%, from 64 in 2011 to just 27 in 2019 (only 16 higher trainees in post)
  - 5 out of 12 English Regions - South West Peninsula, Severn, Wessex, Thames Valley and Kent Surrey and Sussex - have no such posts.
  - 4 regions have no posts in Core Training
- The College called for urgent government funding to protect existing places and to create training posts especially in England, as the falling numbers cannot be solved by the current funding arrangements.

# Training in Addiction Psychiatry: Current Status and Future Prospects

- [Training in Addiction Psychiatry | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)
- **Recommendations**
  1. Address the lack of structural safeguarding by introducing a requirement that core trainees will need to undertake Workplace Based Assessments (WBAs) in addictions psychiatry in order to progress through training
  2. Develop and provide training courses for higher trainees and consultants who had no addictions experience during training, and for SAS (staff grade, associate specialist, speciality) doctors with addictions experience

# Training in Addiction Psychiatry: Current Status and Future Prospects

- [Training in Addiction Psychiatry | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)
- **Recommendations**
  3. Engage with and support SAS doctors to gain access to the specialist register via the Certificate of Eligibility for Specialist Registration (CESR)
  4. Support the GMC credentialing of addiction psychiatry
  5. Encourage centralised funding to support addiction psychiatry training posts in all regions
  6. Consider using the financial models of training in public health, general practice and other specialities whose trainees are not principally employed by NHS trusts



# Dame Carol Black Report – A Source of Hope

Independent report

**Review of drugs part two: prevention,  
treatment, and recovery**

Updated 2 August 2021

- July 2021; Professor Julia Sinclair, Chair of the Addictions Faculty at the Royal College of Psychiatrists, said:
  - *“Dame Carol Black’s report is a once-in-a-generation opportunity for government to build the foundation for humane and comprehensive addiction treatment. We welcome Dame Carol’s report and her call to increase investment in addiction services by an additional £552 million a year and for this funding to be ring-fenced.*
  - *“This will begin to undo the decade of cuts, to enable local communities to improve the quality and access to addiction treatment and support.*

# What has progressed against the recommendations?

## Recommendations

1. **Core trainees to undertake (WBAs) in addictions psychiatry**
2. Addiction training courses for doctors
3. Engage with & support SAS doctors to gain (CESR)
4. Support the GMC credentialing of addiction psychiatry
5. Encourage centralised funding to support addiction psychiatry training posts in all regions
6. Consider different financial models for training

## Progress

- 1. **Main focus for us today!**
- 2-6 Varying degrees of progress (or not) – Webinars have been delivered for instance, funding discussions on-going.



# Change to Curriculum – Some progress!

- Approved by College Council January 2020
- Final Core Curriculum approved by GMC in August 2022
- Capability in **Core training** specific to Addictions;
  - the need to demonstrate skills in assessing & managing patients with addictions.
  - **To achieve this RECOMMENDATION IS TO COMPLETE 2 WPBAs to meet ADDICTION PSYCHIATRY REQUIREMENTS**
- There is also a “**Combined capability**” (Addiction applying for all)
  - Thoroughly assess the general health of your patients, taking into account the impact of their physical health on their psychiatric needs & vice versa.
  - This assessment should include consideration of nutritional, metabolic and endocrine factors, & the physical impact of substance use and addiction.

# ARCP Decision Aid: Core Psychiatry Training (Example)

Activity/ Domain	HLO Key Capability Domain	CT1	CT2	CT3	Progression Notes
Addiction Psychiatry	HLO 2.2 – Clinical Skills	Recommend the completion of 2 WPBAs in Addiction Psychiatry, overseen by an Addiction Psychiatry Tutor.			<b>Critical Progression:</b> It is recommended complete two WPBAs to meet addiction psychiatry requirements.

# Developing an “Addiction Tutor” Network (AFTI – Addiction Future Training Initiative)

- Network will not be uniform across the country
- Most likely assessments will be CBD
- Needs to be perceived as an “offer” not a “threat” for trainees.
- Regional Tutors to help facilitate the process
- Tutors could be;
  - Consultant Psychiatrists (with or without CCT in Addiction),
  - GPwSi / SAS Doctors working in Addiction
  - Consultant Nurses working in Addiction
  - ST4-6 with experience in Addiction.

Meeting new addiction CT  
curriculum requirements in  
South London & Maudsley Trust  
– feedback and learning points

Dr Fran Debell (ST4 Forensic Psychiatry & SLaM Chief Registrar)

# SLaM offering to CTs

- Case-based discussion groups (virtual)
- 11 addiction consultants/experienced STs
- Small groups of 3x CTs with 1 tutor
- 3 sessions over 3-4 months with same tutor
- CTs sign-up via Teams spreadsheet (range of days/times available)
- Discuss 1-2 cases per session (~1 hour)
  
- Groups likely to run twice per year - up to 66 CTs could take part annually
  - ~Oct-Jan
  - ~Apr-Jun

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Participate in 6 case discussions!

Get 1-2 WPBAs!

Build links with specialists!

Increase confidence in Ax/Mx/  
knowledge of resources + services!

# Pilot CBD groups (Oct 22–Jan 23) (1)

- Fully subscribed (30 participants) + waiting list
- 67% attended 2 sessions, 33% attended all 3 sessions
- 60% had 2 WPBAs completed, 40% had 1 WPBA completed
- Aim was 2 cases per session – actually ~1.5 on average

	Score out of 5
Ease of signing up	4.89
Structure & organisation	4.84
Relevance to training	4.95
Quality of discussion	4.89
Interactivity	5.00

# Pilot CBD groups (Oct 22–Jan 23) (2)

I feel confident in...*	Pre-pilot	Post-pilot
Assessing substance use problems	20%	90%
Managing substance use problems	4%	80%
Knowing how to find information and advice on substance use problems	16%	90%

\*i.e. 'Agree' or 'Strongly agree' with statement



# CT Feedback

"Great tutor, super knowledgeable and engaging and helpful and followed up from the sessions with emails with further information we discussed. Very enjoyable discussions"

"It was very helpful and informative to discuss clinical cases with XX, and I feel a bit more confident in approaching addictions-related issues on-call as a result."

"A brilliant scheme which I think should be continued. Was great to have the opportunity to discuss cases with a consultant with expertise in addictions. I feel a bit more confident in assessing and managing patients with addictions now."

"XX was an excellent facilitator of discussions, striking a good balance between allowing us to work out answers to questions but also imparting specialist addictions knowledge when needed."

"It was really interesting and useful to have sessions with someone with so much experience. I would have liked more sessions to be honest! Case based discussions were good, the best bit were the discussions/tangents they triggered."

"Really engaged with our cases and provided astute advice. Advice would not only assist with clinical decision making, but also provide me with relevant learning points. Also, lots of advice regarding the work involved with addictions (ie motivational interviewing) and great insight given about life as an addictions consultant."

"Really really interesting, able to discuss things that often don't have time for in other settings/or are often given a second place to discussions about symptoms/medication, even though the addiction issues may be the biggest current problem"

# CT Feedback - suggestions for improvement

- Protected time for sessions
- Extend number of sessions
- Increase session time
- Give suggestions for topics/plan out topics within group in advance
- Add a Q&A session or allow free-floating Qs in sessions
- Have some addiction teaching sessions before the CBD groups start
- Provide twinned opportunities for tasters in addiction services

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# Tutor Feedback

- 1 hour generally most feasible for CTs/tutors
- 1-2 cases discussed
- Clinical work had some impact on attendance
- Tutors preferred focusing on case discussions plus some linking to guidelines/theory/soft skills
- Important role for signposting and awareness of wider services
- Suggestions for reading list and online space with curated resources
- Unexpectedly picked up clinical issues/discrepancies in wider services – non-concordance with protocols, protocols needing review, prescribing discrepancies, reluctance to prescribe OST, negative attitudes to substance use and service users with these problems

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# Lessons learned in implementing curriculum

- Engage with potential supervisors (NHS/other?)
- Engage with CTs and their supervisors – publicising, building interest, ensuring participation
- Liaise with Postgrad education team re feasibility/support
- Timings – what works for tutors, be realistic about what can be covered
- Content of sessions – CBD plus links to theory/guidelines/clinical skills/ethics
- Wider addictions offering – teaching on theory, reading list, online resources, shadowing/taster opportunities
- Ensure mechanism for addressing any concerns raised during sessions
- Supervisor support via wider Tutor network

Meeting New Addiction CT  
Curriculum requirements in  
West Midlands  
Feedback and Learning Lessons

DR OLAMIDE ORIMOLOYE, ST5 ADDICTION TRAINEE TO DR DERETT  
WATTS ADDICTION PSYCHIATRIST

HARPLANDS HOSPITAL, NORTHSTAFFORDSHIRE COMBINED  
HEALTHCARE TRUST

# 2 prongs

- Trainees Perspective
- Tutors Perspective
- Running simultaneously
- Main drivers to the initiative in west Midland  
Dr Derrett Watts –Addiction Psychiatrist  
Dr Adarsh – CCG Clinical lead in west midlands  
Dr Ola Orimoloye – ST5 Trainee in Addiction



# Building Addiction Tutor Network in West Midlands

- Email sent to all Educational and stakeholders across the deanery
- Presentation at the west midlands School of psychiatry Annual Educators Day, 27/01/2023
- “Addiction competencies in core psychiatry training, new curriculum requirements” by Dr Derrett Watts
- Simulated video made with a CT2 trainee and an Addiction Psychiatrist Assessing to meet Case Based Discussion competence
- West Midlands Addiction tutors Network Training held on Ms Teams; April 2023
- Each video was played to generate feedback and discussion
- Engage with potential supervisor from private sector-CCG

# NSCHT Offering Assessment to CTs

- Assessment of Clinical Expertise(ACE) in the Edward Meyers Drug and Alcohol service at Harplands Hospital
- This was open to trainees in the region(Stoke on Trent and Shrewsbury)
- The assessment was agreed in place of the Wednesdays local teaching in April 2023.
- 2 Addiction tutor(An addiction psychiatrist and ST5 trainee with Addiction endorsement)
- 4 patients consented to be part of the assessment

# PILOT ACE

5 Trainees indicated interest through the PGME

4 attended the assessment

Trainees were matched with a patient

Assessment was for 1hours(20mins with patients, 20mins to discuss full case, 20mins for feedback)

	Score out of 5
Ease of signing up	5.00%
Structure & organisation	5.00%
Relevance to training	5.00%
Quality of discussion	5.00%
Interactivity	5.00%

	PRE PILOT (LIKERT SCALE AGREE 4/5,STRONGLY AGREE 5/5)	POST PILOT
I feel confident assessing substance use problems/Addictions	50%	100%
I feel confident managing substance use problems/Addictions	25%	75%
I feel confident knowing how to find info/Advice on Addictions	50%	75%
Gaining knowledge and skills in assessing and managing Addictions is important for work as a core trainee in psychiatry	100%	100%
Gaining knowledge and skills in assessing and managing Addictions is important for my future career	100%	100%
Discussing real cases is a helpful way of improving knowledge & clinical skills	100%	100%

# Feedback –Free Text

“they are very helpful in getting competencies signed”

“well structured and good organization”

“I think it went well” “face to face was even better than virtual although I had to travel but still it was very good experience overall”

“to continue with the assessment”

“easy to assess substance patient”

# Learning Lessons

To run a CBD Cohort likely online

To discuss the Addiction training initiative at the core psychiatry education conference in the region

# Review of data

CBD Programme for North West

October 2022 – March 2023

Dr Patrick Horgan

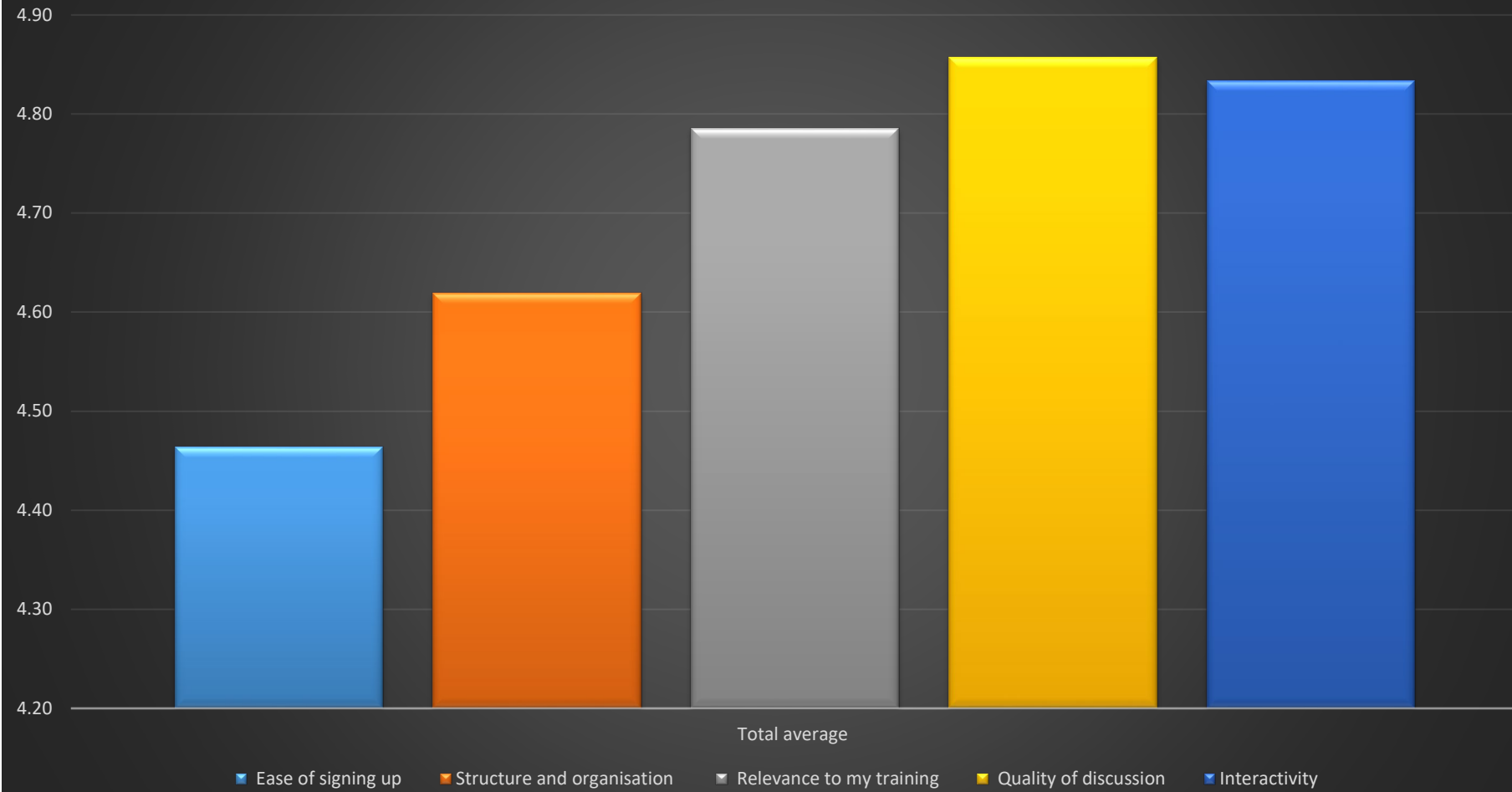
Dr Louise Sell

# Overview of programme

- Sessions offered by 12 tutors
- Offered over the period 01/10/22 to 31.03.23
- Initially 51 sessions, giving option for 204 case discussions
- Cancellations occasionally and also strike disruption
- 88 case discussions completed ; 4 case discussions not used for analysis (incomplete data or did not consent to use data)
- Hence 84 case discussions and 44 sessions used for data analysis



## Summary of Feedback



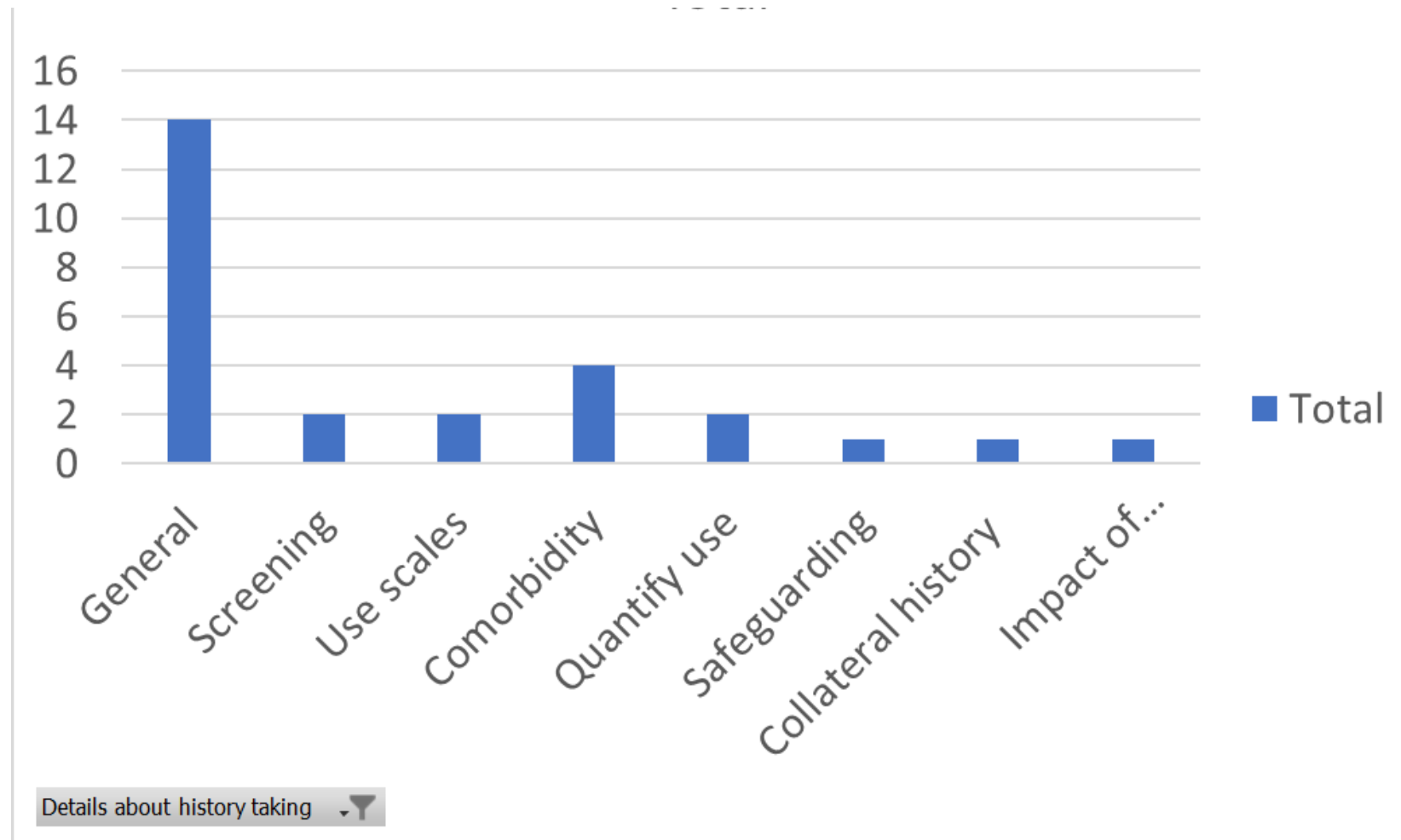
Please tell us one thing you will change in your practice as a result of attending these sessions

<b>Comment</b>	<b>Number</b>
Comment was nothing to add	5
No comment provided by Trainee	9
<b>Grand Total</b>	<b>14</b>

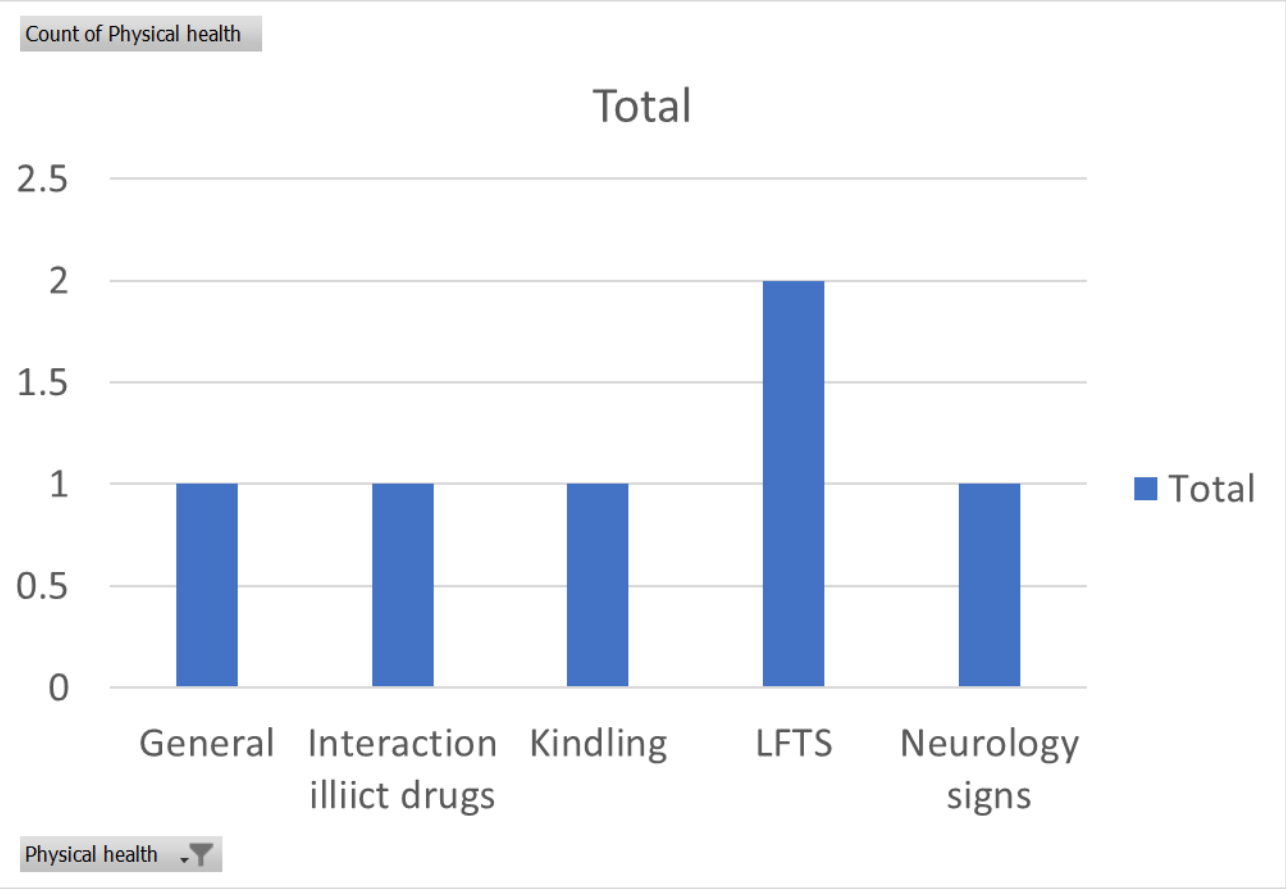
70 case discussions resulted in comments

14 did not comment as above

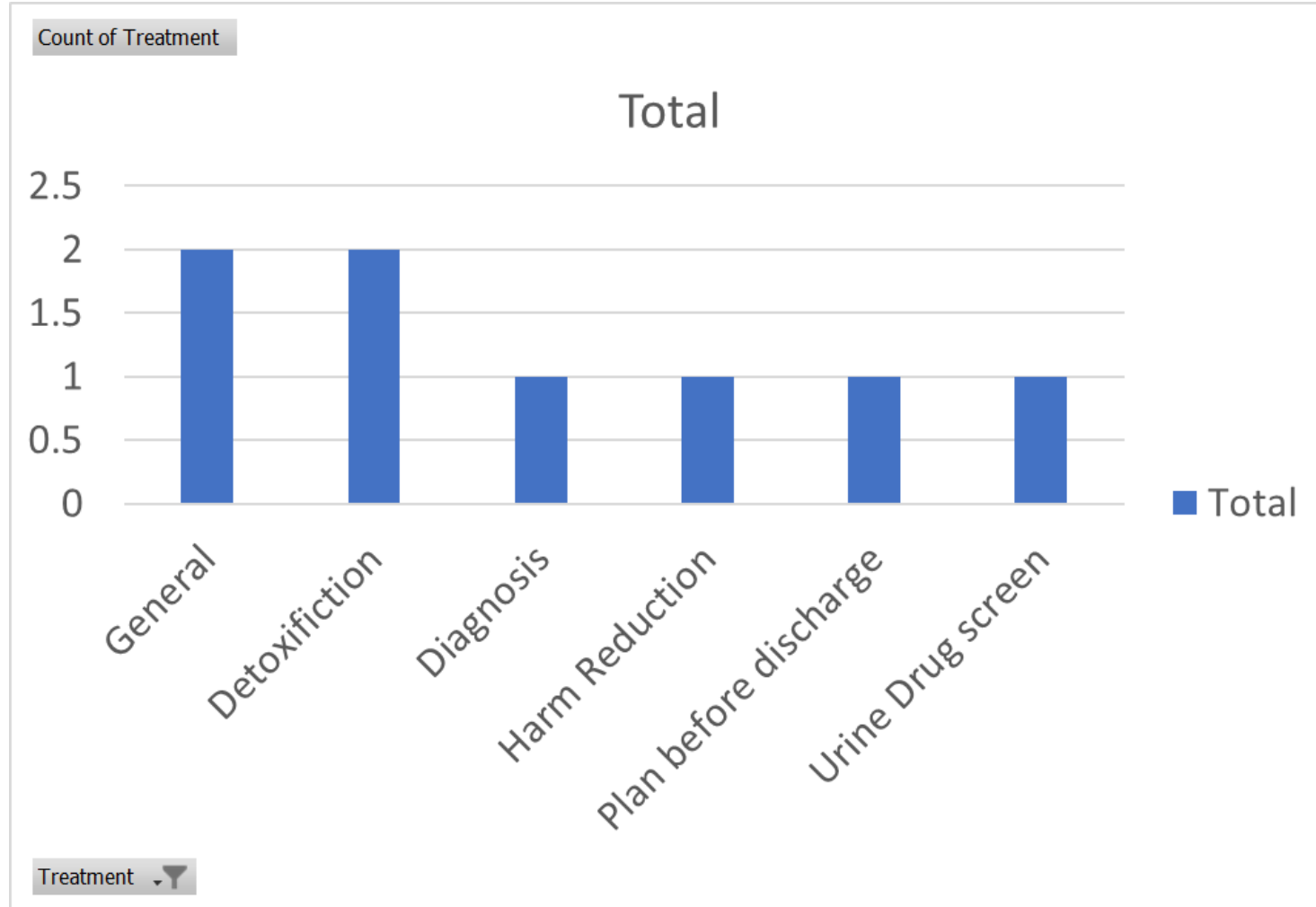
# History aspects



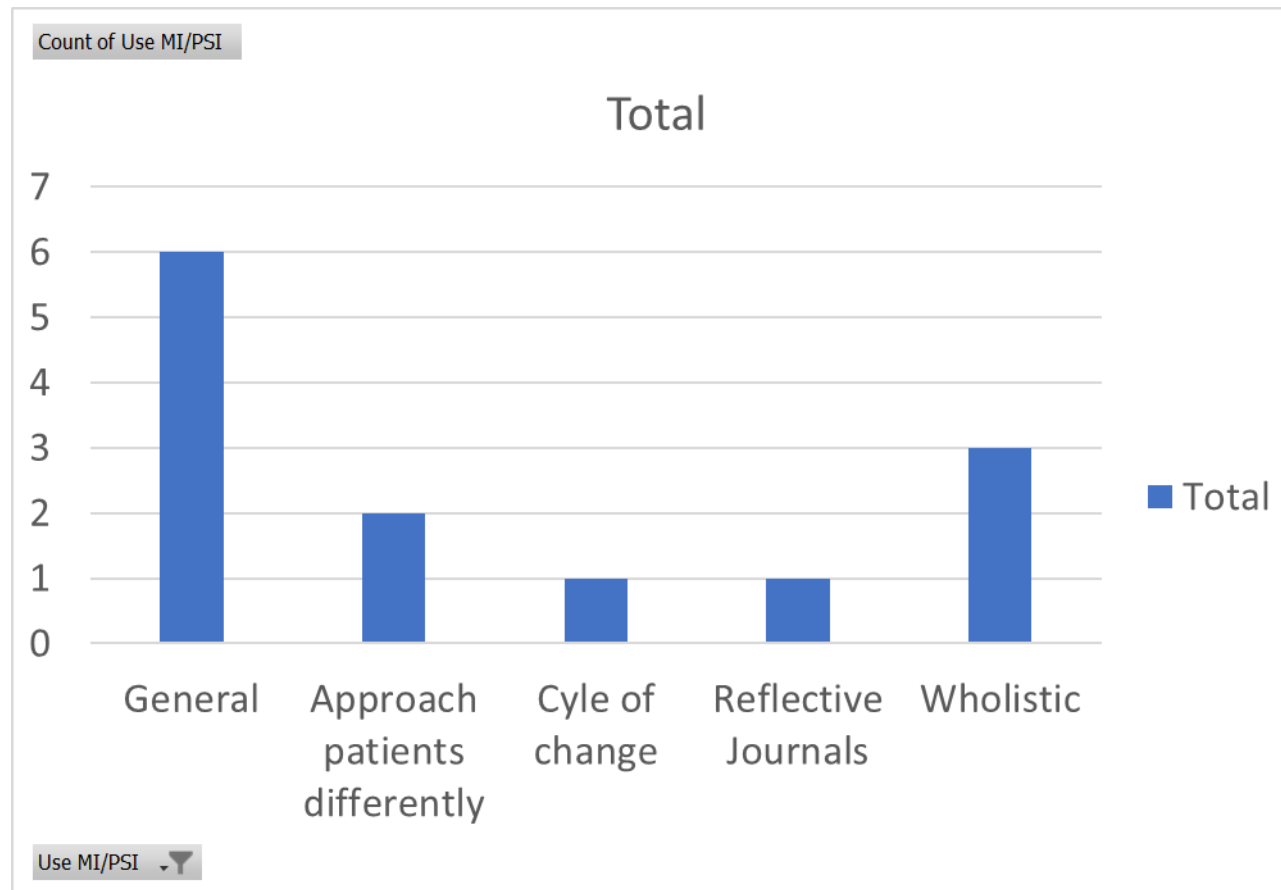
# Physical Health



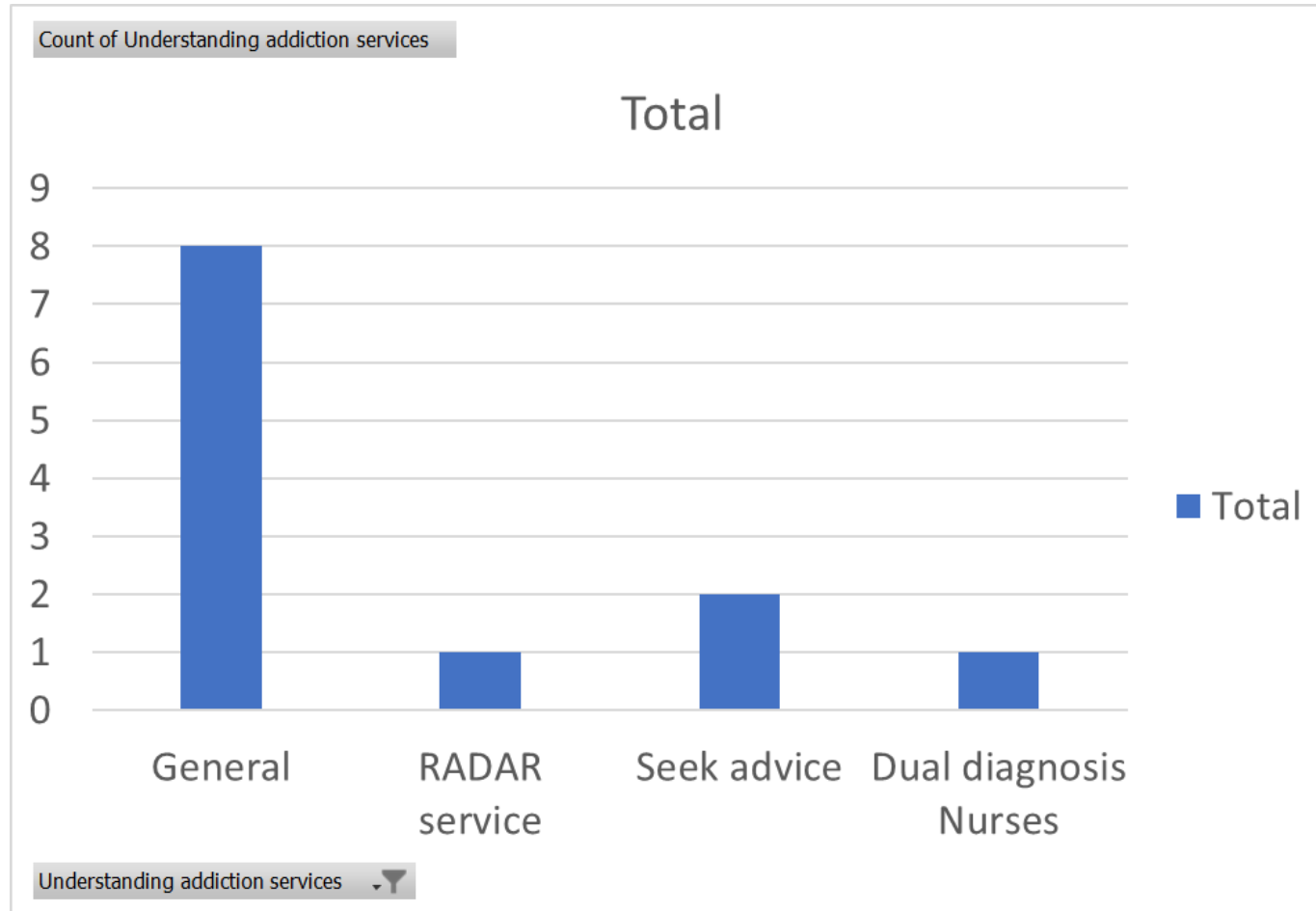
# Treatment



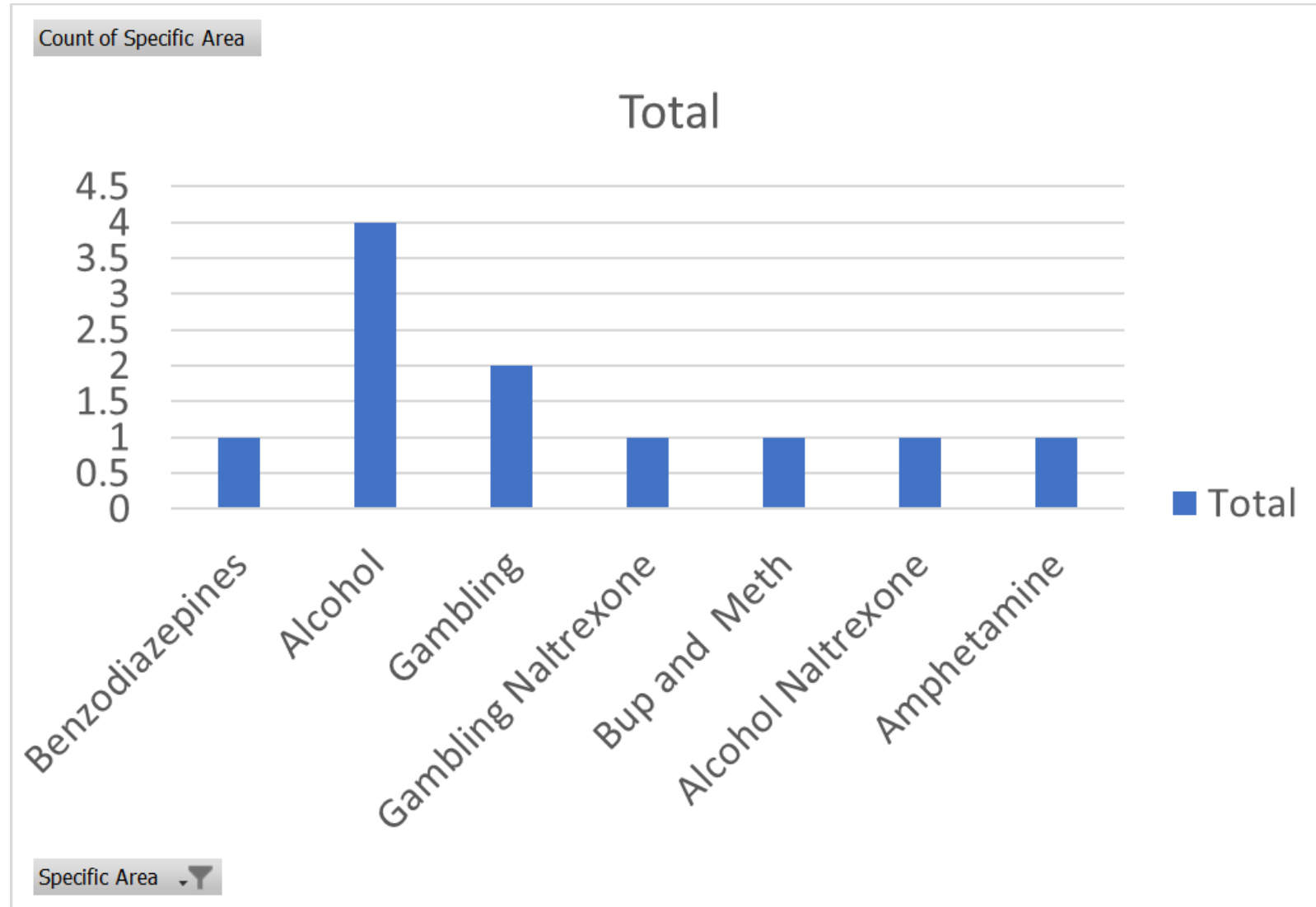
# Psychosocial approaches



# Understanding addiction services



# Substances mentioned





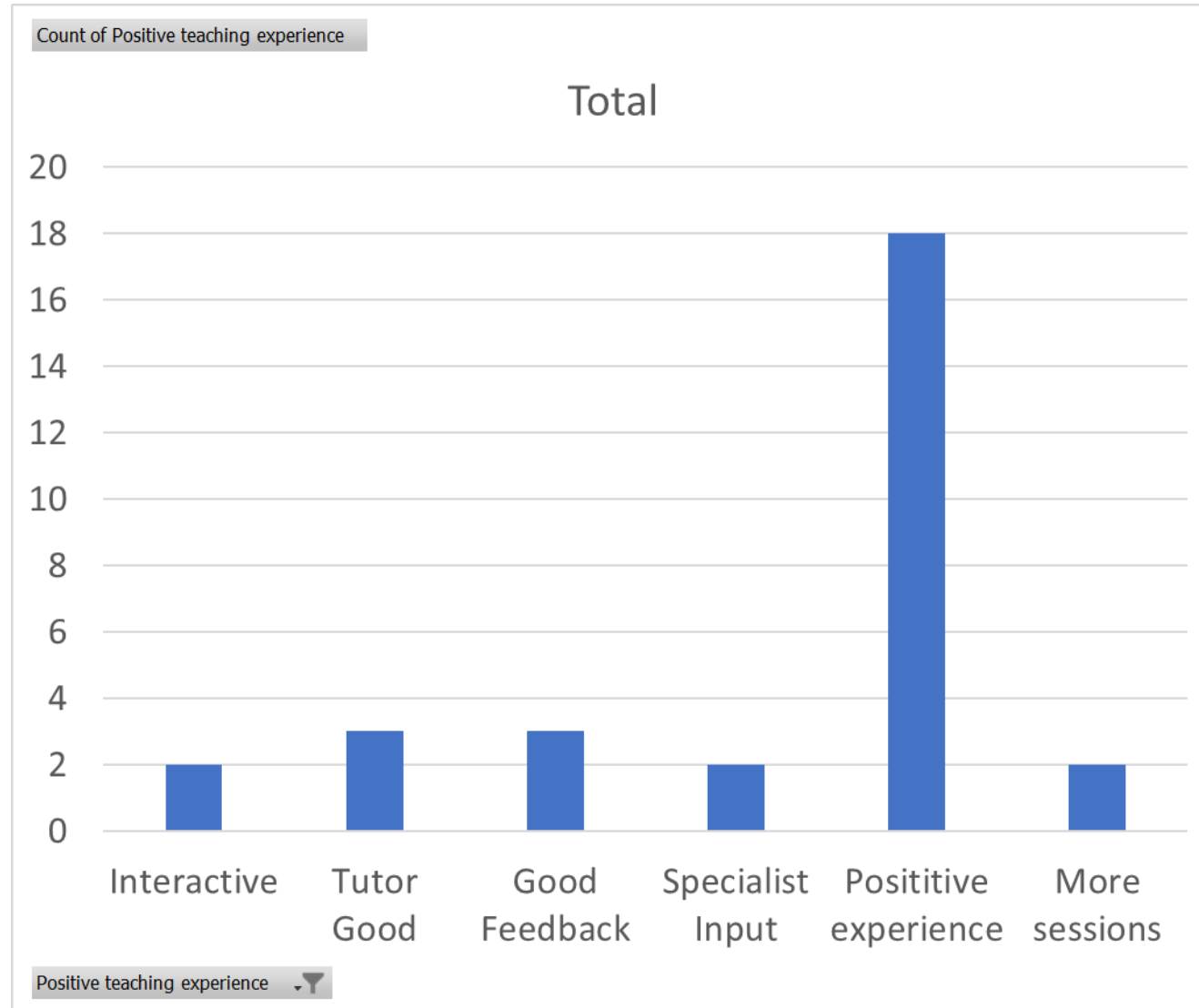
Please provide any other feedback you would like to about these sessions or the pilot programme as a whole

<b>Comment</b>	<b>Number</b>
Comment was nothing to add	7
No comment provided by Trainee	32
<b>Grand Total</b>	

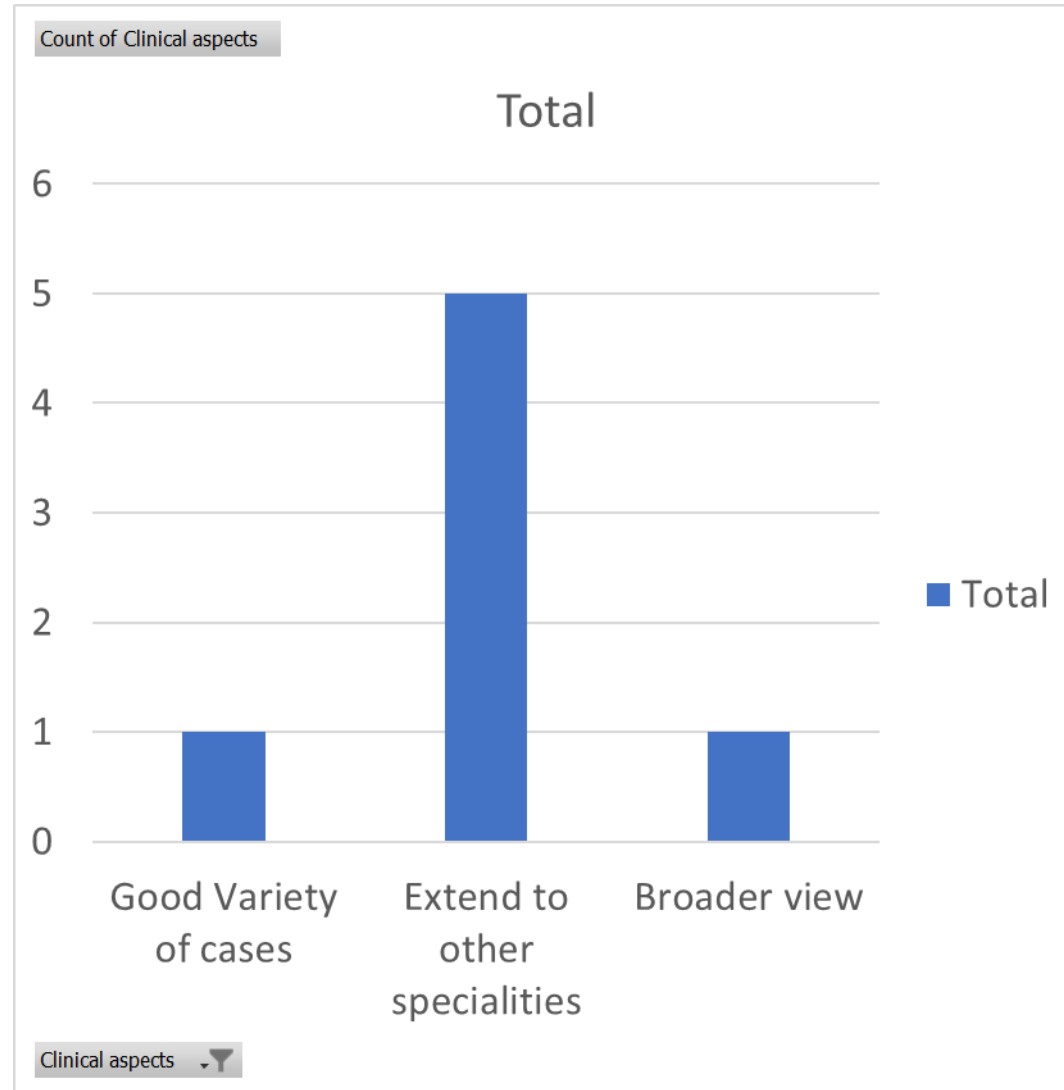
45 had comments

39 no comment as above

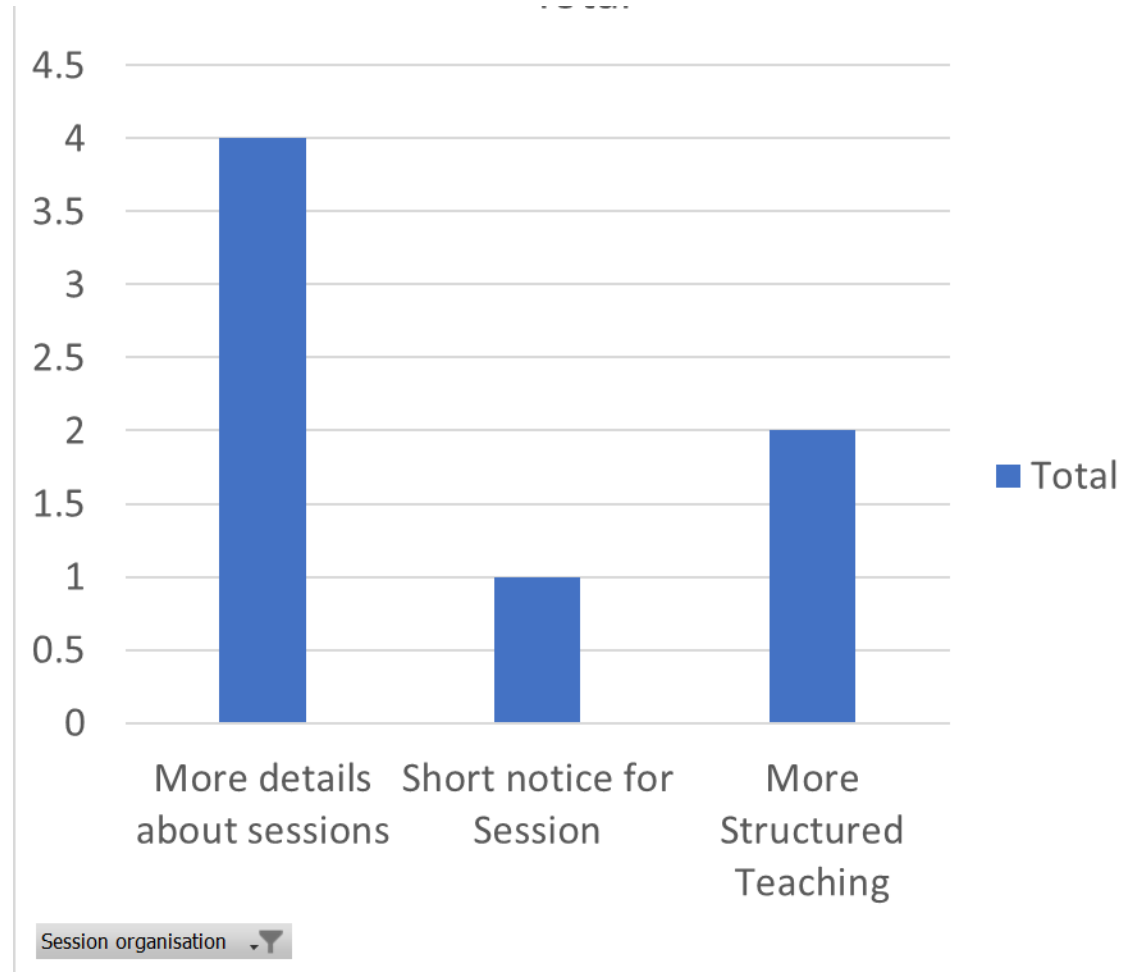
# Positive teaching experience



# Clinical aspects



# Session Organisation



# QUESTIONS

Tutor training

Feedback process

What happens at  
ARCP

Other  
recommendations  
from Addictions  
Training report