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Introduction to Credentialing

RCPsych Annual Medical
Education Conference

21st May 2021

Professor Helen Bruce

Chair, RCPsych Credentialing Working Group

Our session today

- **Introduction** – Professor Helen Bruce
- **Overview of credentialing and the GMC's credentialing framework** – Pauline Whitelaw
- **Liaison Psychiatry Credential Pilot** – Professor Helen Bruce, Dr Thirza Peters
- **Perinatal Credential Project** – Dee Noonan, Dr Liz McDonald
- **Q&A Session** – All Panel

What is credentialing?

'a process which provides formal accreditation of competences (knowledge, skills and performance) in a defined area of practice, at a level that provides confidence that the individual is fit to practise in that area...'

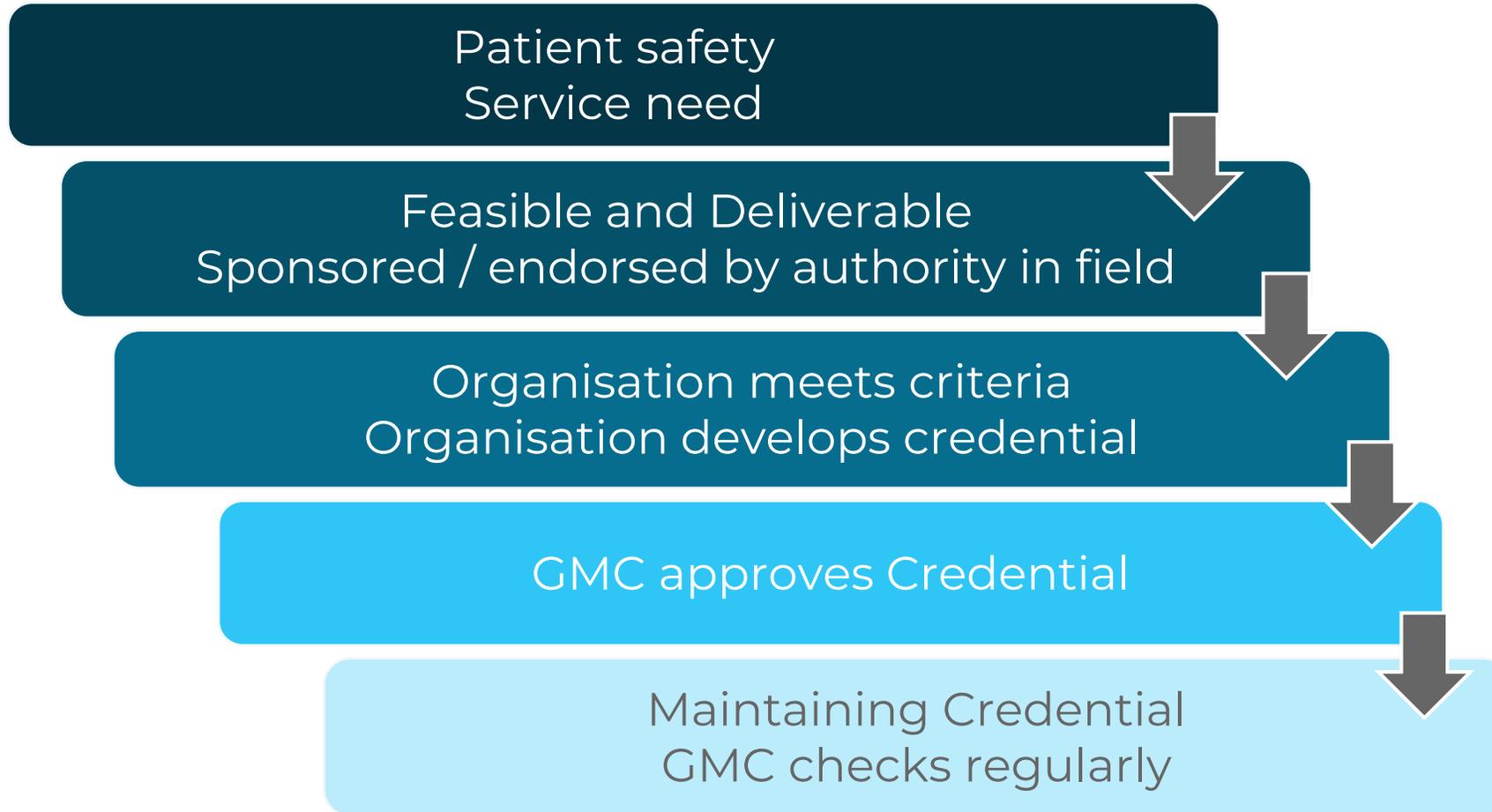
- Postgraduate Medical Education and Training Board, Credentialing Steering Group Report, April 2010
- <https://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/credentialing>
- https://www.gmc-uk.org/-/media/documents/annex-b-credentialing-framework_pdf-78983531.pdf

What is credentialing?

- Used to protect patients and make sure that future healthcare developments are safe and effective.
- Particularly relevant for doctors working in areas of medical practice that are not covered by existing standards for training and in new and emerging areas of medical practice.

http://www.gmc-uk.org/education/continuing_professional_development/27258.asp

Process for regulated credentials



Background

- 2008 DoH(England) ask PMETB to explore the concept of credentialing.
- 2010 PMETB and GMC merger. GMC launch credentialing pilot study.
- 2012 GMC's Council agree in principle that a regulatory framework for credentialing should be established, and further development work is taken forward by the Credentialing Working Group.
- 2013 Greenaway Report https://www.gmc-uk.org/-/media/documents/shape-of-training-final-report_pdf-53977887.pdf

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/credentialing/background>

Background

- 2018 GMC draft framework and begin engagement to gain feedback on the proposals.
- 2019 The final framework and full engagement report for GMC-regulated credentials approved (June).
- 2020/1 GMC approvals processes.

Background: Our response

- Credentialing working party with representation from all the SACs in response to Shape of Training report 2014.
- Initial pilot for Liaison Credential and some funding from HEE April 2016-17.
- Round of presentations.
- June 2019 GMC approves Liaison Psychiatry Credential as Early Adopter.
- June 2019 to Current GMC approvals processes.

Early Adopters: June 2019

- **Liaison Psychiatry** led by the Royal College of Psychiatrists
- **Interventional Neuroradiology (Acute Stroke)** led by the Royal College of Radiologists
- **Pain Medicine** led by the Faculty of Pain Medicine
- **Cosmetic Surgery** led by the Royal College of Surgeons
- **Remote and Rural** led by NHS Education Scotland

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A Framework for Credentialing

RCPsych Annual Medical
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Pauline Whitelaw

RCPsych Curricula & Quality Assurance
Manager

GMC's Credentialing Framework

Why credentials?

Helping to meet patients' evolving needs

1. Quality assured training in areas that will support patient and service needs.
2. Ensuring additional regulation and monitoring where there is a need to reduce risks to patient safety.

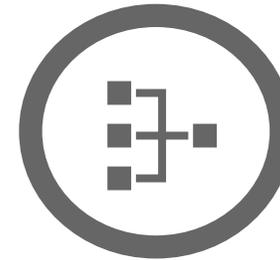
The GMC don't envisage a large number of regulated credentials.

GMC Approved Credentials

Definition and purpose



Focused on areas where there are service/workforce gaps that would impact on patient safety.



There are existing systems in place that will ensure oversight of the service and safe practice.



Needs to be an approved training pathway in place that ensures safety and quality in area of practice.



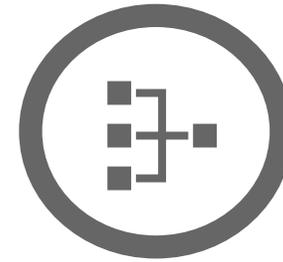
Recognition of credential holder will be historical (e.g. no need for continuous evidence to be provided).

GMC Regulated Credentials

Definition and purpose



Risk to patient safety due to lack of assurance around training, practice, or additional factors.



Current systems may not ensure safe practice in the proposed credential area, and further maintenance and evidence requirements are needed.



An approved training pathway is required (not yet in place), or a framework of standards to ensure safety and quality in a particular area of practice.



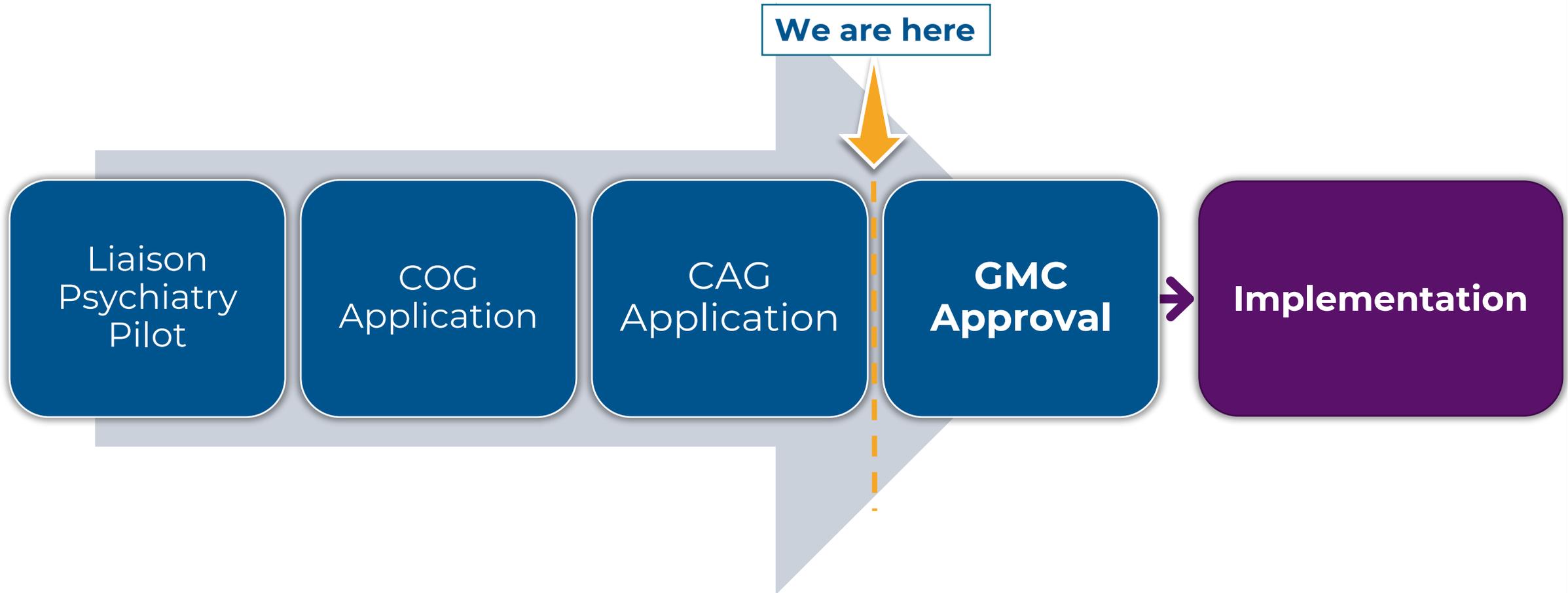
Recognition will require continued evidence of ongoing skill maintenance as part of a cycle.

Sign-off and maintenance plans

- Discussion around what sign-off and maintenance of credentials will look like.
- Credentialing bodies (Colleges) will play a role in sign-off and maintenance.
- Further updates in due course.

www.rcpsych.ac.uk/training/credentialing

GMC's Early Adopter Process



Next steps for RCPsych

**To proceed through
the Early Adopter
Process with Liaison
Psychiatry**

**To develop sign-off
and maintenance
processes with the
GMC**

**To identify key areas
of priority in MH for
further credentialing
pilots**

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Liaison Psychiatry Credential Pilot

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Professor Helen Bruce
Dr Thirza Peters

Acknowledgements

- Prof Wendy Burn
- Dr John Russell
- Credentialing Shape of Training working group
- Liaison Psychiatry Faculty
- RCPsych team: Pauline Whitelaw, Nikki Cochrane, Past and Present Coordinators

Why Liaison?

- Liaison Psychiatry services were and are still rapidly expanding across the country.
- Formal training in Liaison Psychiatry is only offered as part of higher specialist training leading to an endorsement.
- A recognised training route is needed for consultants working (or expected to work) in this area, who do not hold an endorsement in liaison psychiatry.
- Old Age Liaison was until 2016 not included in the Endorsement.

Key features of the credential

- Candidates need to be spending 5 sessions in Liaison Psychiatry.
- Consultant Status.
- Working with an experienced Mentor.
- Academic sessions.
- Key link with Liaison faculty.

Supervision/Mentorship

- Consultant Liaison Psychiatrist who has a liaison endorsement.
- Registered Trainer and experience of training Higher Trainees with at least 3 years Consultant experience.
- Need not be same Trust.
- May need to be achieved remotely in some areas of the country.
- Minimum of 20 hours clinical supervision.
- At least fortnightly.
- The role of the supervisor will include both clinical and educational supervision elements.
- Supervision records will need to be kept.

Supervision/Mentor Roles and Responsibilities

- Work with individual doctor to develop & facilitate a PDP that addresses their specific educational needs.
- Meet/speak for at least an hour/fortnight to complete supervision (pro rata).
- Act as a resource for information & guidance.
- Complete mid and end evaluation report.

Competencies

- Participation in minimum of 30 hours of approved academic training.
- May include an online element.
- Minimum of 24 hours face-to-face training approved by the RCPsych (via appropriate SAC).
- Attendance at 5 of 6 days is mandatory (in line with ARCP/Masters courses).
- Supervisors training and assessment training (a limited version for the pilot).
- Simulation training day.

Assessment

- A portfolio with evidence showing that each competence is met.
- Assessed by RCPsych and a recommendation made as to whether the competences for the credential have been achieved.
- 2 independent reviewers.
- The portfolio will need to include examples of clinical work which must all be fully anonymised.
- Signed off by the supervisor/mentor and include a structured end report.
- Appeal system - Dean and Director of Standards.

E-portfolio

- Evidence of up to date appraisal and revalidation.
- Case reports which will need to include a reflection.
- Letters to GPs/professionals; direct observations of competencies (similar to a work place based assessment).
- Case discussions.
- Details of courses attended and relevant CPD.
- 360 degree appraisal.

Results from the pilot

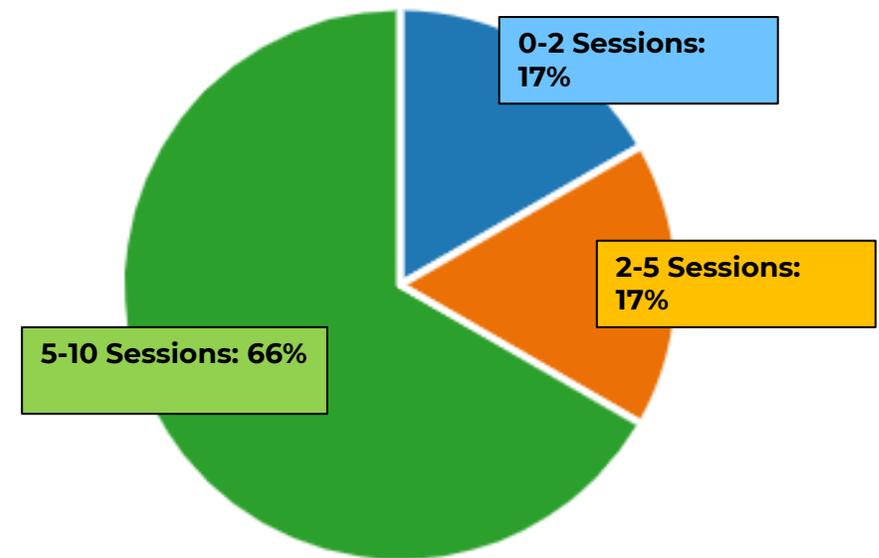
- **20** expressions of interest from all over the country.
- **17** took up the pilot.
- **17** completed the year.
- Extensions for **3/12**.
- Main reason for extension was not completing the required amount of supervision.

Feedback

- Overwhelmingly positive!
- Value of training days with peers.
- Simulation day.
- Case discussions.
- *“Felt trained for the job”*

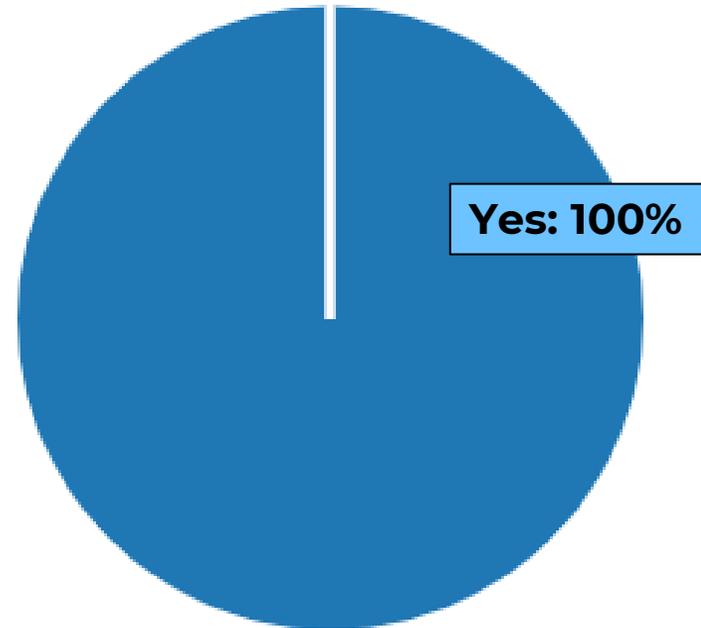
Survey April 2021: How many sessions of Liaison Psychiatry are you completing a week?

- **17%** of respondents are completing 1-2 sessions of Liaison Psychiatry a week
- **17%** of respondents are completing 2-5 sessions of Liaison Psychiatry a week
- **66%** of respondents are completing 5-10 sessions of Liaison Psychiatry a week



Survey April 2021: Do you feel that the Liaison Credential has helped you in your current post?

- **100%** of respondents felt that the Liaison Credential had helped them in their current post



Survey April 2021: How has the Liaison Credential helped you in your current role?

Provided the key knowledgebase to transition from a different endorsement to Liaison Psychiatry as a Consultant Post CCT.

Also, tremendous increase in confidence in working in a busy teaching hospital liaison psychiatry department

I have learnt a great deal during the Liaison Credential pilot and have been able to put this knowledge in practice

Whilst doing the credential, I moved to a full time WAA Liaison Consultant job, which I did from April 2016 to 2020. I have now gone into medical management so do minimal clinical work, but this was not the case until recently.

The Credential was structured in a way that we had to submit evidence showing our understanding about various key aspects of Liaison Consultant job.

Reflective Feedback from 2016/2017 pilot

The credential pilot was an excellent piece of work, and I am so pleased I did it.

It would be good if successful completion of the Liaison Credential pilot is officially recognised by the GMC.

It gave me an opportunity to pursue my liaison passion. I am thankful to my mentor and the credential team to provide me this opportunity. My mentor and credential team were flexible around my eligibility criteria and accommodated my service shortcomings. Till endorsements are available in all geographical areas of UK Credentialing will be an excellent way to raise standards of service provision by Liaison services.

I really thought the credentialling was such an empowering and good learning experience.

Issues

- Deliverability in terms of cost and time
- Issues with finding supervisors and then achieving the required 20 hours

What next?

- Re run the pilot.
- New curriculum link.
- Expansion of online options for academic component and mentoring/supervision.
- Link with other College activities and other pilot credentials.
- GMC processes as early adopter.

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Building Capacity in Perinatal Psychiatry

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Dr Liz McDonald & Dee Noonan

Building Capacity in Perinatal Psychiatry: Modelling a Credential Programme

Building Capacity in Perinatal Psychiatry

- £1.4m project to train 10 consultants
- Expanded programme reached 469 participants

Piloting a Credential

- Commissioned by HEE to develop and evidence a credential pathway for consultants (10) and snr trainees (10)
- A funded proto-pilot programme

Workforce Development 2020/21

- Following the success of the Building Capacity masterclass series, HEE commissioning 6 additional skills development programmes (150 participants).
- Via a 'virtual' delivery model

Scoping an MDT credential

- A scoping exercise to determine the feasibility of delivering a multi-disciplinary credential programme aligned to the service pathway
- Supporting the LTP commitment to workforce flexibility and the national programme for PMH

Evidencing a Credential in Perinatal Psychiatry

Workforce development

- Deliver a mechanism to support and evidence a flexible workforce
- Support specialist services with a skills development programme
- Develop a specialist workforce for new and enhanced services

Pilot programme

- Recruit a cohort of senior trainees and consultants
- Applicants required to evidence eligibility, intent and Trust/supervisor support
- Specific targeting of nationally funded sites to ensure key services benefit from skills development programme

Support mechanisms

- Academic training via a series of masterclasses
- On-site mentor support
- Underpinned by a competency framework aligned to intended learning outcomes (ILOs)

Evidence of competency

- Demonstration of skills, knowledge and experience, aligned to ILOs, via an ePortfolio
- Reviewed by an expert panel with user and clinical representation

A credential programme, explored and discussed with workforce colleagues, presents and commits to a number of functions:

A whole-systems approach to skills development

A development tool, recognising decision-making and leadership skills as part of each role and integral to each discipline

Delivering multi-agency support

Supporting and valuing each role

Embodying competencies reflecting and delivering excellent outcomes for women and their families

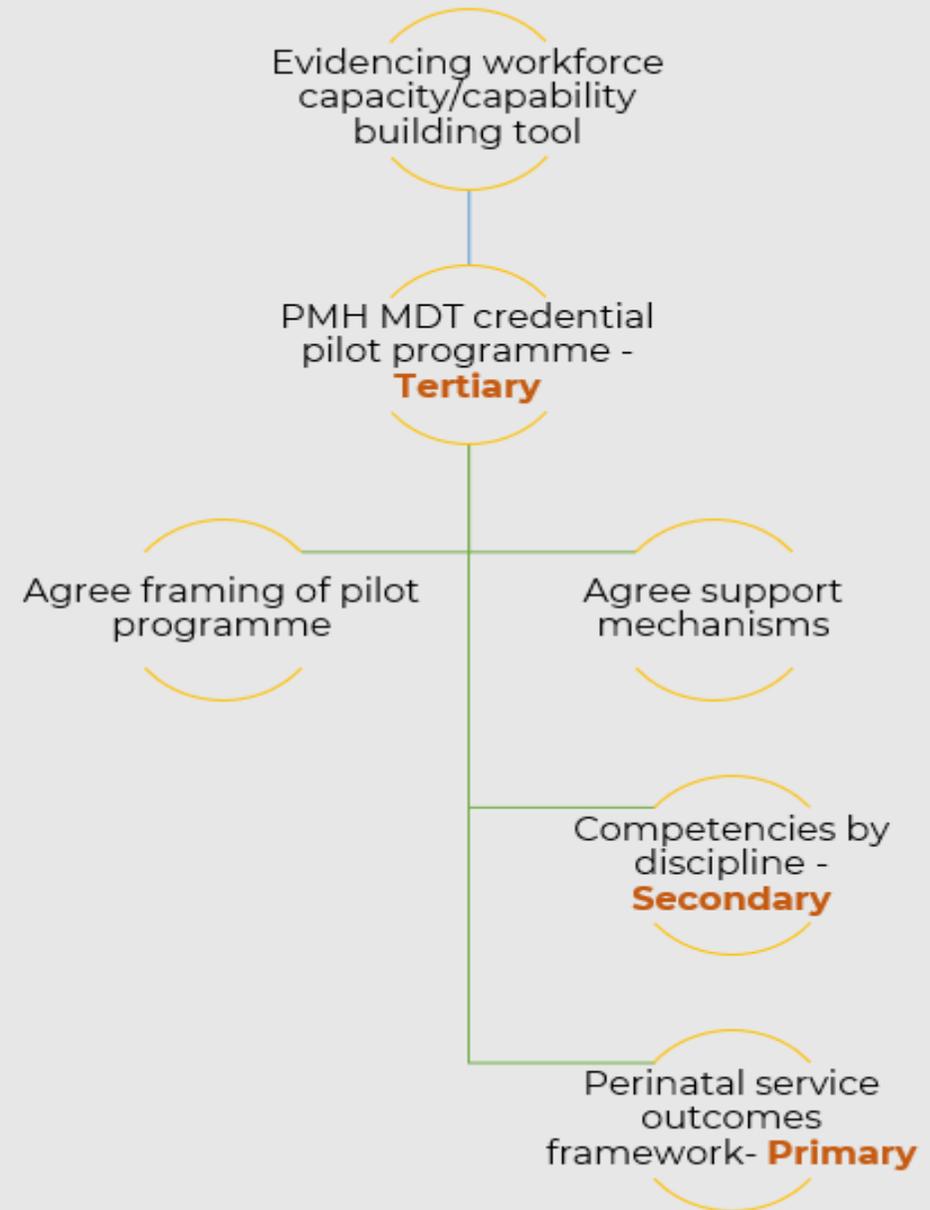
Provide a robust training model for specialist MDTs

Scoping the perinatal service pathway; a multi-disciplinary/multi-agency credential programme

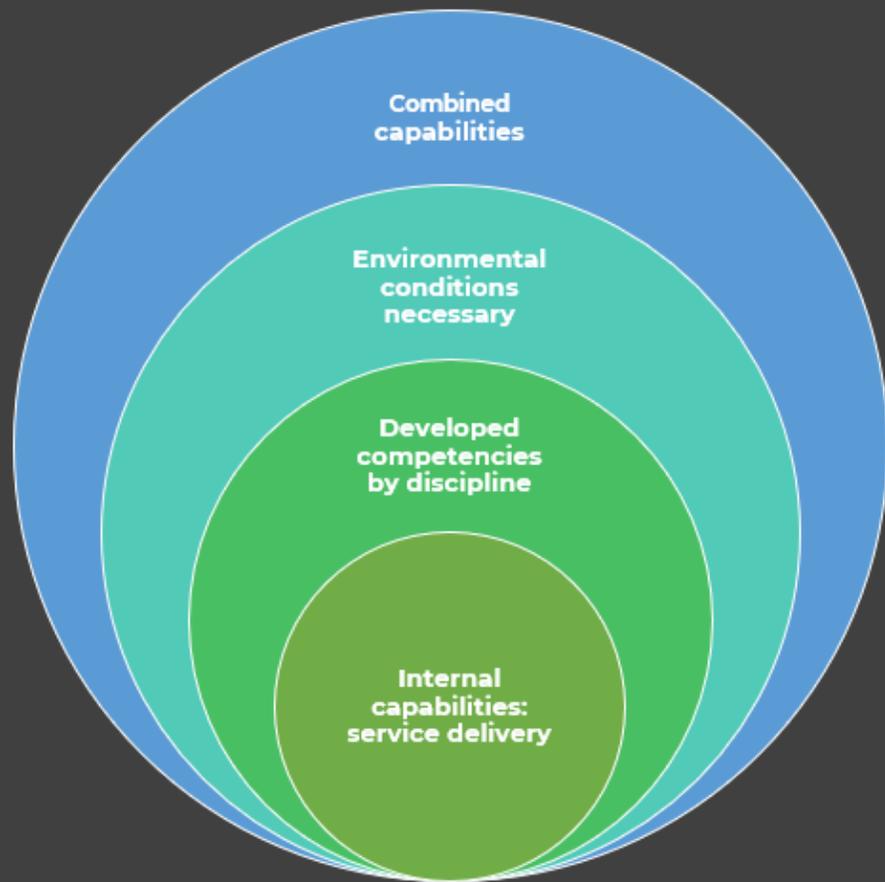
Ensure equitable access for all women and confidence in the mental health knowledge of all medical and non-medical disciplines delivering care

Phase 1 Development

Phase 2 Delivery



Building Capabilities; a pluralist approach



Preliminary research mode: Stage 1

Develop a PMH specialist service learning outcomes framework reflecting the (expanded) service pathway in collaboration with key disciplines:

- In support of workforce skills development.
- Focused on the ethos of learning.
- Respectful of the multiplicity of skills engaged in delivering PMH services.
- In support of women and their families in the perinatal period.
- Agree access points per discipline and entry requirements (if necessary).

Stage 2: in collaboration with disciplines agree 6-8 high level learning outcomes accommodating the perinatal service pathway.

Stage 3: submit learning outcomes framework and recommendations for pilot programme to HEE.

Q&A

