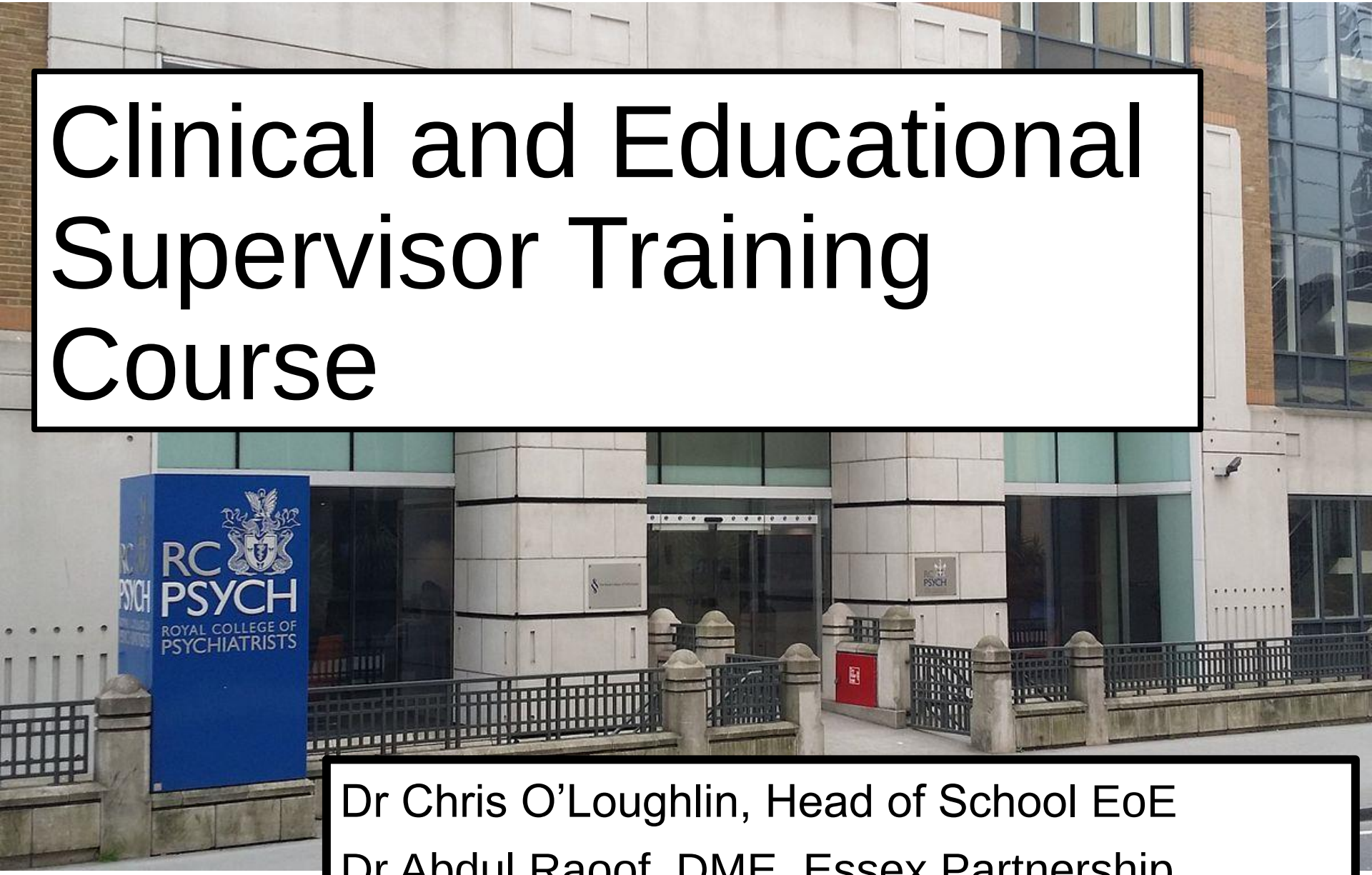
July 2021

Clinical and Educational Supervisor Training Course



Dr Chris O'Loughlin, Head of School EoE

Dr Abdul Raoof, DME, Essex Partnership

What was *your* experience of training ?

- What was the best part of your training ?
- What was the worse part of your training ?
- Do any supervisors stand out ?
- Any patients ?

- Would you recommend training now ?

Why are we here ?

4.17 Educational and clinical supervisors should demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by PMETB for the specialty.

4.18 Postgraduate Deans will need to be satisfied that those involved in managing postgraduate training have the required competences. This includes Training Programme Directors, educational supervisors, clinical supervisors and any other agent who works on behalf of Deaneries or employers to deliver or manage training. All of these individuals must receive training in equality,

supervision of one or more doctors in training who are employed in an approved training programme. The Educational Supervisor will require specific experience and training for the role. Educational Supervisors will work with a small (no more than five) number of trainees. Sometimes the Educational Supervisor will also be the clinical supervisor/trainer, as determined by explicit local arrangements.

Recognising and approving trainers: the implementation plan

August 2012

General Medical Council
Regulating doctors
Ensuring good medical practice

Postgraduate training

53 Recognition and approval of medical trainers in postgraduate training will be necessary for the roles of named clinical supervisor and named educational supervisor.

Who will be covered by the arrangements?

47 Four medical trainer roles – two in undergraduate education and two in postgraduate training – will be performed only by recognised or approved trainers who are registered medical practitioners holding a licence to practise.

Undergraduate education

- Those responsible for overseeing students' progress at each medical school
- Lead coordinators at each local education provider

Postgraduate training

- Named educational supervisors
- Named clinical supervisors

9:15 -10:20	**Session/Workshop 1** • Education/Training Organization and Q&O Framework, Trainer roles, • Supporting Trainees – 'Supported & Valued' • New Junior Doctor Contract Main session 9:15 to 10:00 Breakout rooms 10:00 to 10:20 (Discussion, Q & A)
10:20 – 10:40	**Break**
10:40 – 11:45	**Session/Workshop 2** • Recruitment • Training Timeline • RCPsych Curriculum, GP/FY curricula, • Psychotherapy • Exams and differential attainment Main session 10:40 to 11:30 Breakout rooms 11:30 to 11:45 (Discussion, Q & A)
11:45 – 12:00	**Break**
12:00–13:00	**Session/Workshop 3** • Feedback • Trainee in difficulty Main session 12:00 to 12:45 Breakout rooms 12:45 to 13:00 (Discussion, Q & A)

13:00–13:40	**Lunch Break**
13:40-14:40	**<u>Session/Workshop 4</u>** • Assessments –WPBAs • e-Portfolio and demonstration Main session 13:40 to 14:20 Breakout rooms 14:20 to 14:40 (Discussion, Q & A)
14:40–15:00	**Break**
15:00 – 16:20	**<u>Session/Workshop 5</u>** • ARCPs, Reflections • Trainee Revalidation • Trainer Appraisal & Development Main Session 15:00 to 15:50 Breakout rooms 15:50 to 16:20
16:20-16:50	**Recap, Questions & finish**

Regional variation

- You must …
- You should …
- You might …

Session 1

- Organization of Education and Training
- Trainer Roles
- Supported and Valued
- Junior Doctor Contract

Main Session	9:15 to 10:00
Breakout Rms	10:00 to 10:20
Break	10:20 to 10:40

Organization of Training

NHS

Your Trust Name

NHS Trust

General Medical Council

RC PSYCH

ROYAL COLLEGE OF PSYCHIATRISTS

NHS

Health Education England

East Midlands
East of England
Kent, Surrey and Sussex
North East
North West
North West London
North, Central and East London
South London
South West
Thames Valley
Wessex
West Midlands
Yorkshire and the Humber
Newcastle upon Tyne
Durham
North Cumbria
Leeds
Hull
Preston
Manchester
Sheffield
Liverpool
Lincoln
Stoke
Derby
Nottingham
Leicester
Norwich
Birmingham
Coventry
Cambridge
Northampton
Colchester
Welwyn Garden City
Oxford
London
Bristol
Royal Tunbridge Wells
Salisbury
Brighton
Southampton
Dorchester
Plymouth

NHS

Your Trust Name

NHS Trust

RC PSYCH

ROYAL COLLEGE OF PSYCHIATRISTS

General Medical Council

GIG CYMRU NHS WALES

Addysg a Gwella Iechyd Cymru (AaGIC)

Health Education and Improvement Wales (HEIW)

NHS

Education for Scotland

NHS

Health Education England

Northern Ireland

mdta

Medical & Dental Training Agency

1	Who runs national recruitment ?
2	Who approves the curricula ?
3	Who writes the curricula ?
4	Who organizes the ARCPs ?
5	Who pays the trainees ?
6	Where is the trainees' Responsible Officer?
7	Who runs the exams ?
8	Who approves the exams ?

9	Where do Trusts get money for training from ?
10	Who employs the trainees ?
11	Who looks after the portfolio ?
12	Who determines how many training posts your Trust has ?
13	Who quality assures the training posts ?
14	Who holds the list of approved supervisors ?
15	Who approves supervisors ?
16	Who runs the yearly trainee survey ?
17	Who awards a CCT ?

Themes

- Quality
- Finances
- Supervisors
- Training content (curricula / exams etc)

NHS

Your Trust Name

NHS Trust

General Medical Council

RC PSYCH

ROYAL COLLEGE OF PSYCHIATRISTS

NHS

Health Education England

General Medical Council

- Approves curricula and exams
- Holds list of supervisors
- Runs training survey
- Helps quality assure training
- Awards CCT

- Writes curricula
- Runs exams
- Looks after the portfolio
- Recommends trainees for CCT

Deaneries

- Run national recruitment
- Organize ARCPs and revalidation
- Distributes money for training / posts
- Helps quality assure training posts

NHS

Your Trust Name

NHS Trust

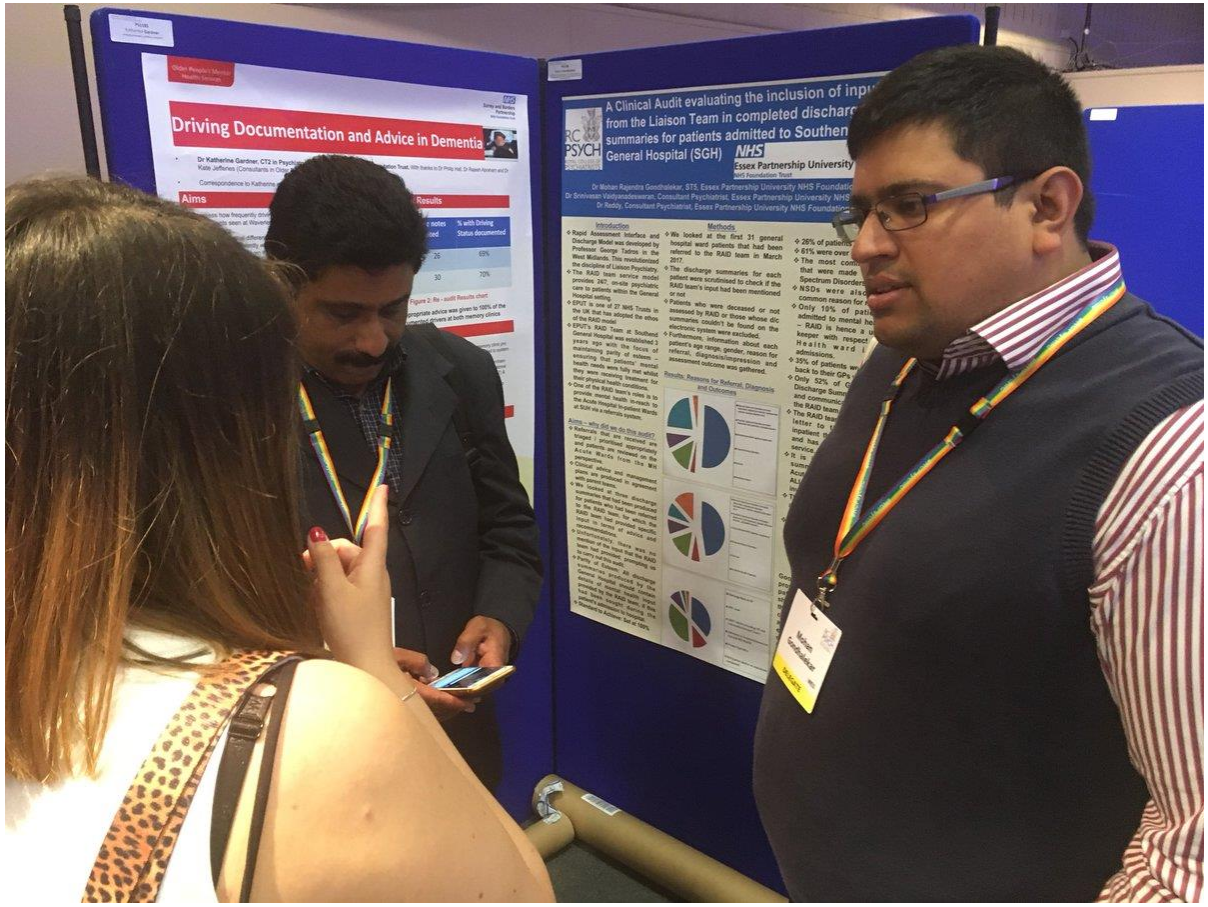
- Employ trainees (with HEE)
- Pays the trainees
- Quality assure training posts
- Approves supervisors (and appraises)

Trainer roles

4 roles in Postgraduate Medical Education

- Doctor in training
- Clinical Supervision
- Educational Supervision
- Strategic Oversight

Role 1
The Doctor in Training



The Trainee

- “Actively responsible for their learning”
- Must be familiar with curriculum and assessments
- Keep a portfolio of evidence of training

The Trainee

Must have access to resources :

- MRCPsych Course
- Postgraduate Academic Programme
- Opportunity and Funding for external events
- Library
- Support for audit and research

The Trainee

Must receive :

- Clinical supervision and support
- One hour of personal supervision per week

  (not on immediate clinical care)
- Educational supervision
- Yearly review (ARCP)

The Trainee

Must make it a priority…

to obtain and profit from relevant experience in psychotherapy

The Trainee

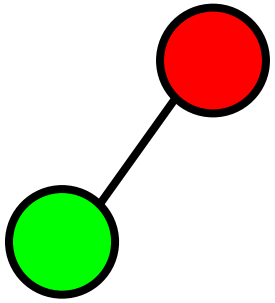
Must make it a priority…

> “Obtaining a good training in this area involves drawing on a wide range of resources… finding out about them may not be entirely easy”

Role 2
Clinical Supervisor

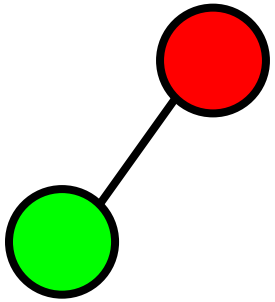
The Clinical Supervisor

- Ensure supervision is at appropriate level for trainee
- Not only for benefit of patients but developing trainee
- Supervision: Direct, Close and through discussion



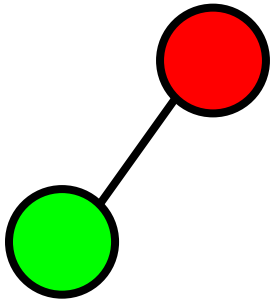
The Clinical Supervisor

- Hold a documented 1 hr meeting per week focussed on trainee’s personal learning and development
- Work with the Educational Supervisor
- Main user of WBPAs (with others in team)



The Clinical Supervisor

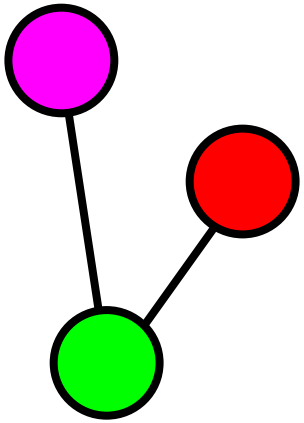
- 0.25 PAs (1 hr) per week per trainee
- From Direct Clinical Care Category
- Time should be identified within job plan



Role 3
Educational Supervisor

Educational Supervisor

- Develop individual learning plan with Trainee
- Act as a resource for information and guidance
- Monitor attendance at formal educational sessions
- Monitor progress



- At end of year review portfolio and objectives

Educational Supervision

- Should occur “at least two-monthly”

Trainee should arrange meetings
Protected time / environment

↓

Educational supervisor obtains information

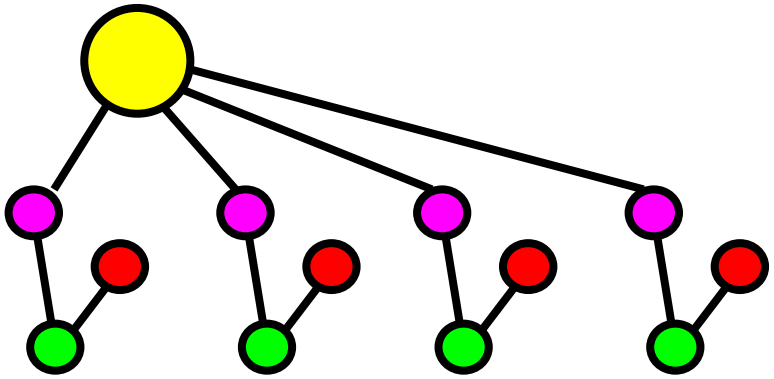
↓

Review objectives and portfolio
Give feedback

Role 4
Strategic Oversight

Programme Director and DME

- Strategic management and Quality Control
- Implement, monitor and improve core training
- Ensure College, GMC and HEE standards are met
- Work with Psychotherapy Tutor



4 roles in Postgraduate Medical Education

- Doctor in training
- Clinical Supervision
- Educational Supervision
- Strategic Oversight

Supported and Valued

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Supported and valued?

A trainee-led review into morale and training within psychiatry

Supported and Valued

- Published 2017
- Series of focus groups including EoE
- Short survey of trainees
- Only 20 pages

Question 1

In your area, what do you **value most** about your training and how does this have a positive impact on your morale?

Question 2

Please explain what **immediate changes** you think would improve your work–life balance and training and help you feel more supported and valued.

Question 3

Please explain what **long-term changes** you think would improve your work–life balance and training and help you feel more supported and valued.

PsychotherapyTraining
ManageableWorkload
BalintGroups
SpecialInterestSessions
PatientContact
Diversity
StudyLeave
ProtectedTeaching
PeerSupport
WorkingEnvironment
Autonomy
WorkLifeBalance
TeachingStudents
AdminTime
CASCPractice
WorkingfortheNHS
SupervisionTeamWorking
SupportiveSeniors
MRCPsychCourse
Flexibility
PositiveFeedback
Feedback
JobSatisfaction
GeographicalStability
OnCallExposure
PatientFeedback
LeadershipRoles
ManagingComplexCases
QualityImprovement

Value ?

- Supervision time
- Support of seniors and peers
- Multidisciplinary team working
- Reflective space / Balint groups

What would improve work life and training ?

Facilities
24-hour appropriate provision of working and rest facilities, including hot food and drink

Clinical support
Appropriate provision and access to phlebotomy, electrocardiography, pharmacy and physical healthcare support

Career autonomy
Greater equity and access to flexibility in training, study leave and considerate placement allocation, providing trainees greater autonomy over their careers

Information technology
Appropriate support, access and availability of IT, including mobile working and pathology services

Non-clinical support
Integrated secretarial support and timely remuneration of salaries, expenses, study leave and locum fees

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych and PTC support
Increased engagement, transparency and communications

Rota management
Ergonomic rotas co-designed with trainees that are issued in a timely fashion (minimum 12 weeks notice) and accommodate pre-existing leave arrangements

Training requirements
Access to and availability of all training requirements, including clear ARCP support

Investment
Parity of esteem and improved investment in health and social care

Core recommendations

Supervision

23% of trainees do not receive regular weekly supervision

All trainees must receive their minimum of 1 h supervision per week with their psychiatric supervisor as stipulated in the curriculum

Protected teaching

Only 80% of trainees receive weekly protected educational time

All trainees must receive a minimum of one teaching session per week provided through a local programme or on a recognised MRCPsych course

Psychotherapy

24% of trainees do not receive protected time for psychotherapy, and only 53% feel they receive timely allocation of a psychotherapy case

All trainees, where applicable, must receive timely allocation of psychotherapy cases with protected time for clinical sessions and supervision

Core recommendations

Clinical

Teaching

Research

Leadership and management

All higher specialty trainees must receive a minimum of two sessions per week (pro rata for LTFT), agreed with their educational supervisor or training programme director, to pursue their special interests. This may include clinical, educational, research or leadership and management activities

Desired commitments

ARCP

Career autonomy

Enhanced junior doctor forums

All trainees should receive clear ARCP guidance at the start of each training year which is standardised across the UK

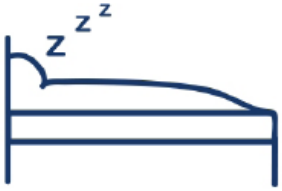
All trainees should be supported to have autonomy over their careers through consideration of their personal circumstances and career intentions

All trainees should have access to an enhanced junior doctor forum with senior management that expands beyond contractual issues and feeds into continual improvement of training, working life and patient care

Two-thirds (66%) of trainees do not receive their rota within the current target of 6 weeks notice prior to commencing their placements

25% of trainees do not have access to a hot drink 24/7

Only 53% of trainees have access to a quiet reflective space with IT access 24/7



Only 32% of trainees have access to a private and comfortable area to nap 24/7

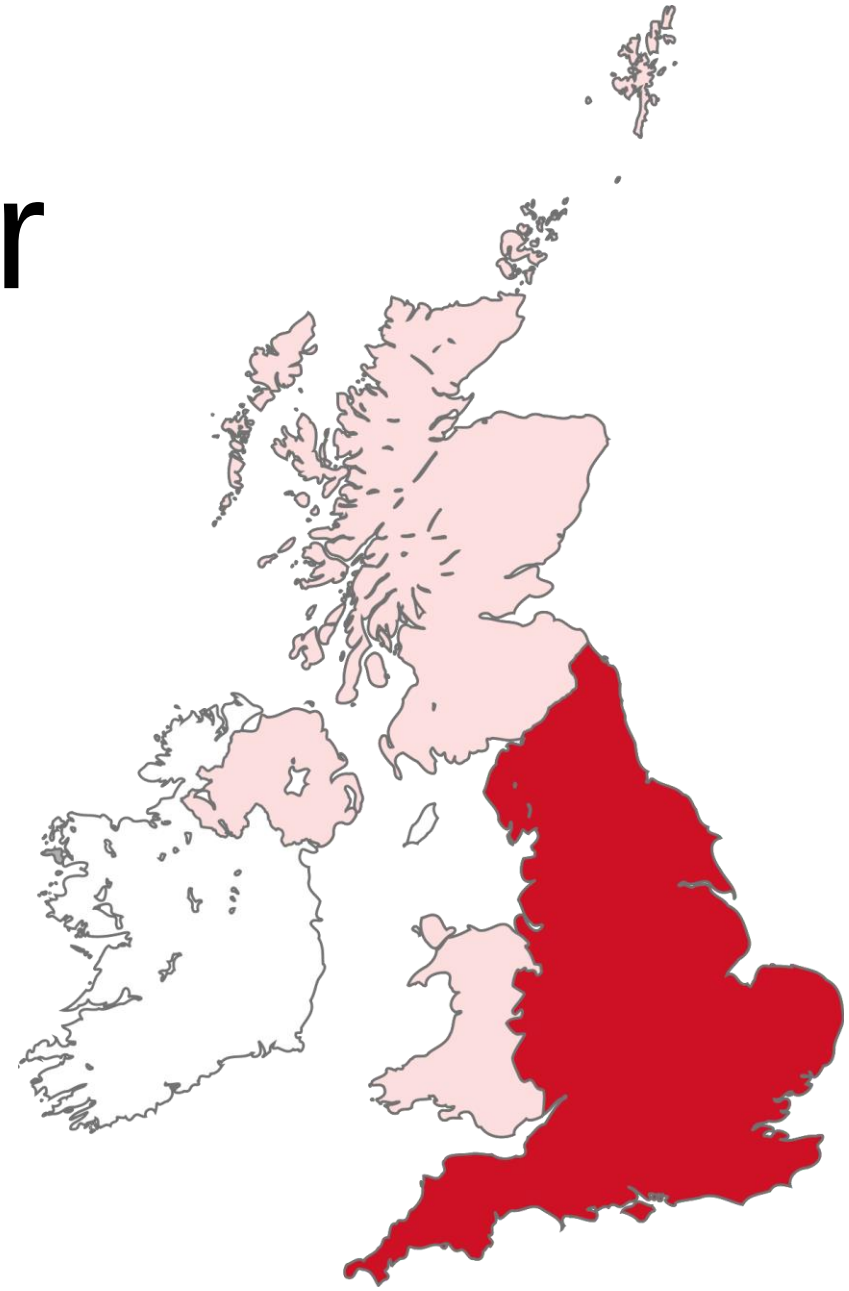
77% of trainees do not have access to a hot healthy meal 24/7

We are saddened, although not surprised, to hear that for some of you the management of your rota and the on-call situation is decreasing your morale to the point of making you want to resign. We know that we have a high attrition rate between core and higher training, and that there is much to improve upon.

Supported and Valued? Staying Safe

a trainee led review into fatigue within psychiatry

Junior Doctor Contract



Work schedules
Exception reports
Junior doctor forums
Guardian of Safe Working

Work schedules

- Describe commitments and training opportunities in each post
- Includes supervisors, pay, working hours etc.

Exception reporting

What is it?

Exception reporting will allow you to quickly and easily flag up if your actual work has varied significantly or regularly from your work schedule (the plan for your work and training, including the rota template).

It allows trainees to address issues regarding hours worked, breaks not taken, or training opportunities missed as they arise. You can then make timely adjustments to your working patterns where needed, as well as getting sign off for either time off in lieu or additional pay if you've been required to work beyond your scheduled hours.

Junior doctor forums

- Advise Guardian of Safe Working
- Contractual requirement
- All trainees must be able to access and participate

Guardian of Safe Working

- Oversees compliance with safeguards
- Accountable to the Trust board
- Regular contact with trainees

End of Session 1

Moving to Breakout rooms for discussion and questions

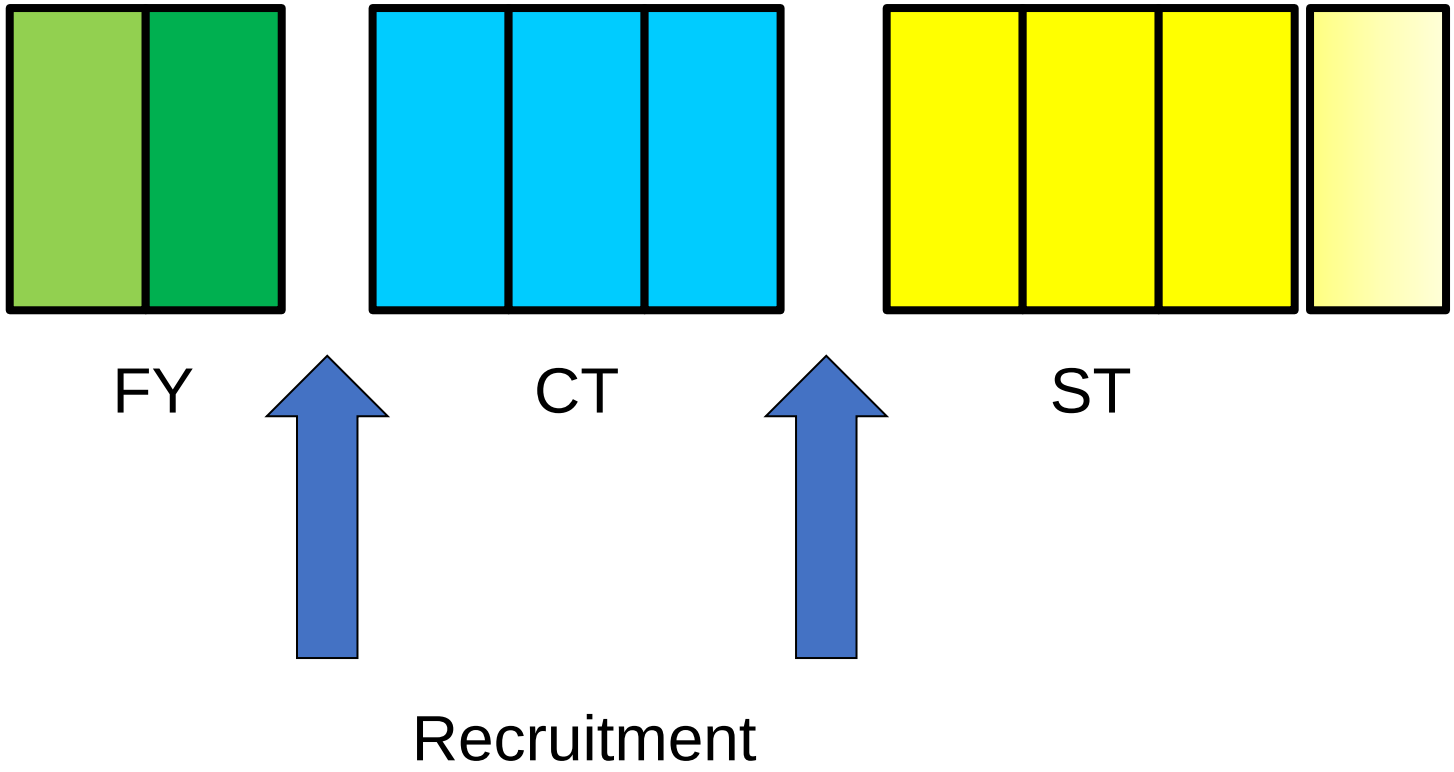
Then Break 10:20 to 10:40

Session 2

- Recruitment and Training timeline
- RCPsych Curriculum
- Psychotherapy
- GP / FY Curriculum
- Exams

Main Session	10:40 – 11:30
Breakout Rms	11:30 – 11:45
Break	11:45 – 12:00

Recruitment and Timeline


FY
CT
ST
Recruitment

Timescale example

For August entry

- Applications: early November
- Interviews: February

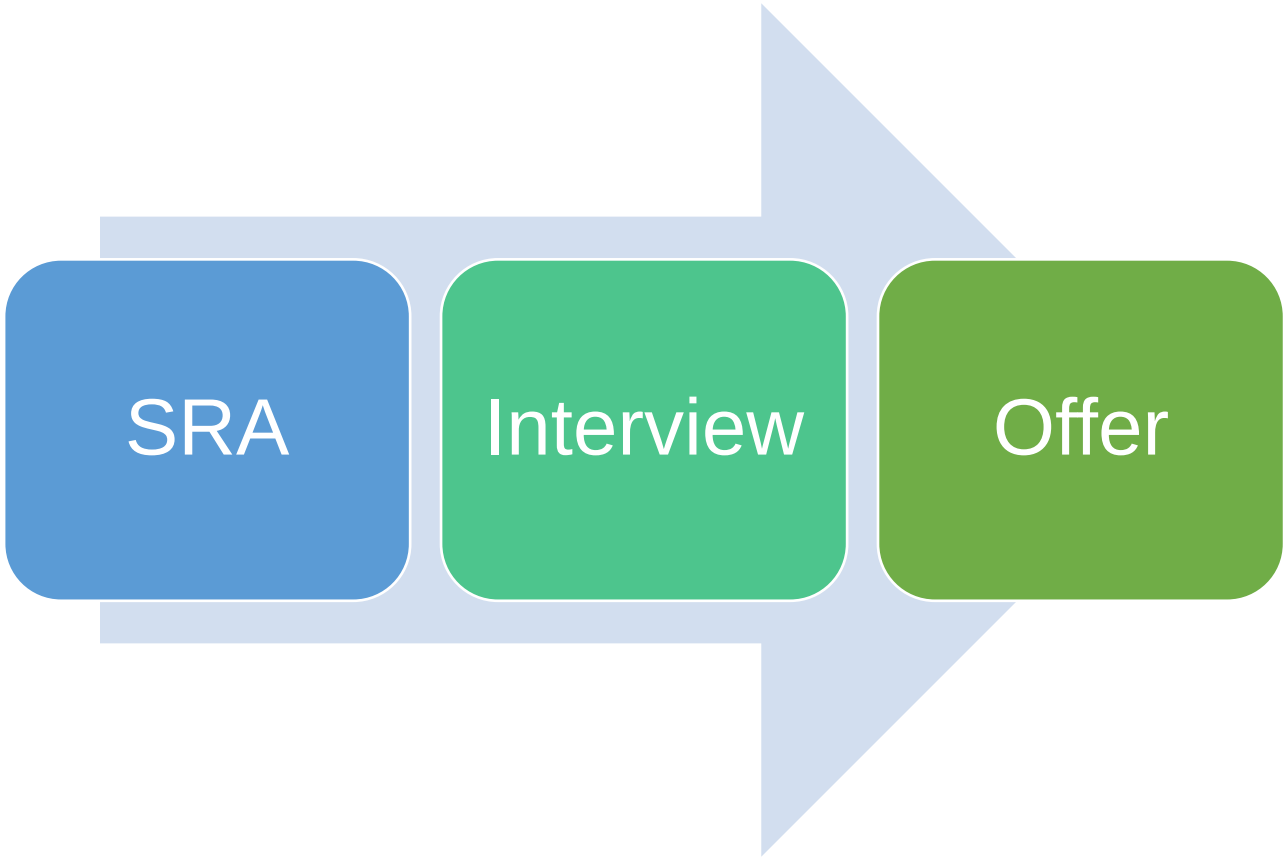
- Then re-advert: late Feb-12th March 2020
- Interviews: April

- Single round in August (Interviews Oct) for Feb

Some points…

- Academic programmes have additional process
- New programmes being piloted (eg CAMH)

Process

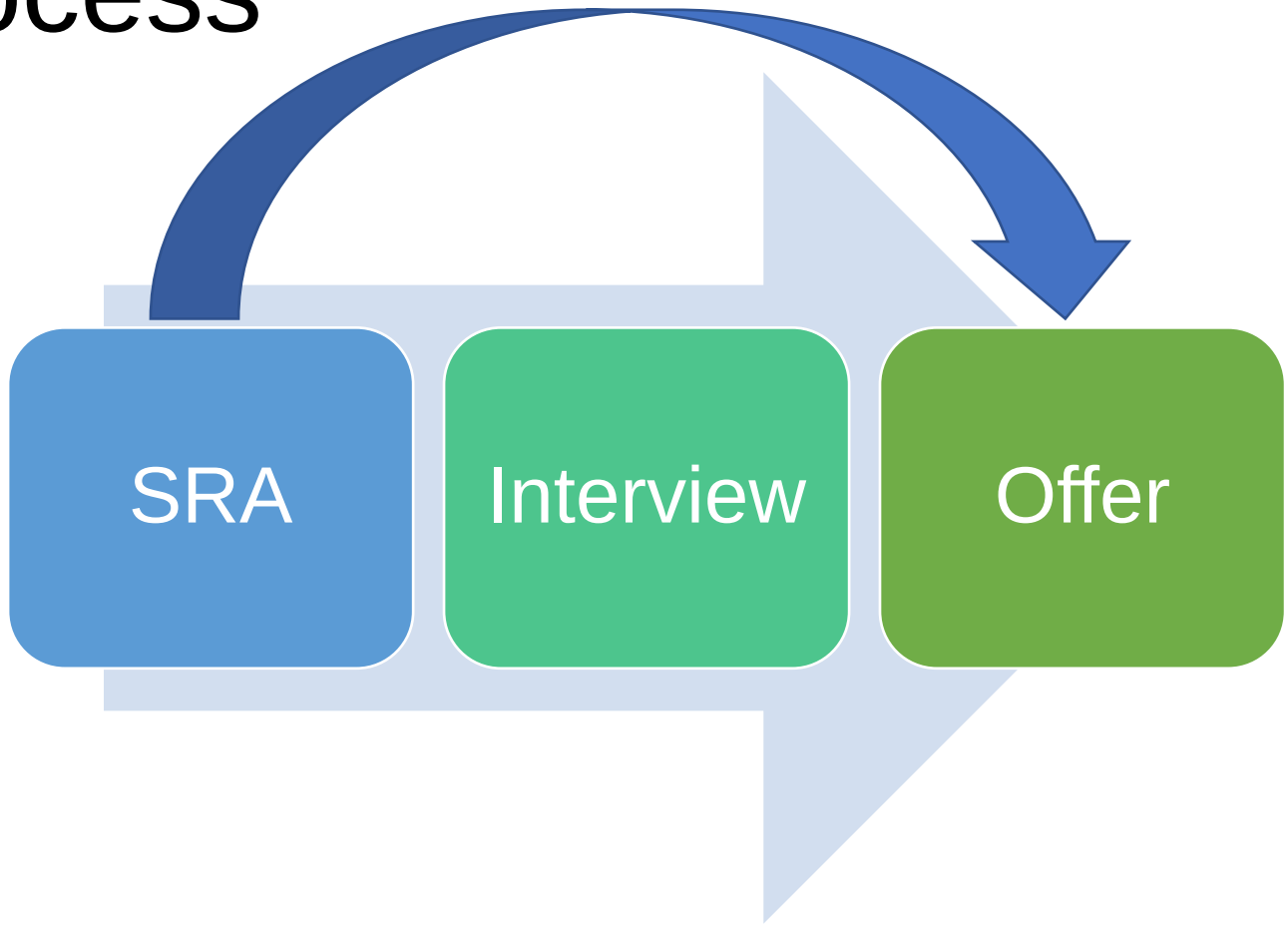


You are a second year foundation doctor (F2 or FY2) working in general practice. At the baby clinic the nurse gives you a syringe with fluid already drawn up, an immunisation (MMR) to give to a baby. After the parent and child have gone home you realise that the syringe contained only diluent; the ampoule of active powder is intact.

Rank in order the following actions in response to this situation.

A Contact the parent immediately and explain what has happened
B Inform the practice manager of the nurse's mistake
C Fill in a critical incident form
D Send a further appointment without delay
E Take no action

Process

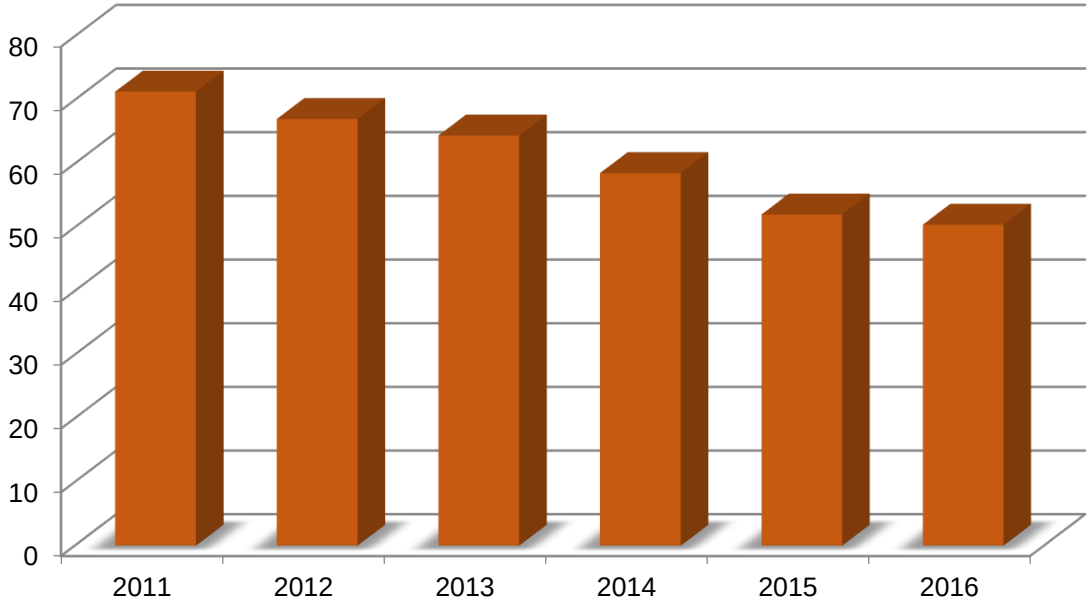


How are we doing ?

Core Training…

Destinations for F2 doctors – year on year comparison	2016	2015	2014	2013	2012	2011
Specialty training in UK – run-through training programme	32.8%	24.0%	29.5%	29.9%	33.5%	34.0%
Specialty training in UK – core training programme	15.4%	26.0%	26.8%	29.6%	30.5%	34.0%
Specialty training in UK – academic programme	0.7%	1.3%	1.6%	1.5%	1.6%	1.5%
Specialty training in UK – FTSTA	0%	0.1%	0.2%	0.2%	0.8%	1.1%
Specialty training in UK – deferred for higher degree	0.4%	0.0%	0.1%	0.2%	0.1%	0.1%
Specialty training in UK – deferred for statutory reasons	1.1%	0.5%	0.3%	0.5%	0.5%	0.5%
Subtotal for specialty (incl. GP) training in UK	50.4%	52.0%	58.5%	64.4%	67.0%	71.3%

% FYs entering specialty training



2019 CT1 Core Psychiatry Training

	2019 Round 1 August 2018 Start Date			2019 Round 1 Re-Advert August 2018 Start Date			Cumulative 2019		
Region	**Places**	**Accepted**	**Fill Rate**	**Places**	**Accepted**	**Fill Rate (%)**	**Places***	**Accepted**	**Fill Rate (%)**
East Midlands	24	21	88%	2	2	100%	23	23	100%
East of England	34	23	68%	13	11	85%	36	34	94%
Kent, Surrey and Sussex	7	7	100%	3	3	100%	10	10	100%
North East	30	12	40%	18	8	44%	30	20	67%
North West	30	29	97%	17	17	100%	46	46	100%
South West	29	26	90%	5	3	60%	31	29	94%
Thames Valley	20	18	90%	0	0	0%	18	18	100%
Wessex	10	8	80%	1	1	100%	9	9	100%
West Midlands	25	23	92%	4	4	100%	27	27	100%
Yorkshire and the Humber	45	35	78%	11	4	36%	46	39	85%
London Recruitment	128	125	98%	4	4	100%	129	129	100%
Scotland	56	38	68%	19	3	16%	57	41	72%
Wales	21	12	57%	9	9	100%	21	21	100%
Total	**459**	**377**	82%	**106**	**69**	65%	**483**	**446**	92%

How are we doing ?

Higher Training…

	Child and Adolescent Psychiatry			Forensic Psychiatry			General Adult Psychiatry		
Region	Posts	Accepted	Fill Rate	Posts	Accepted	Fill Rate (%)	Posts	Accepted	Fill Rate
East Midlands	4	2	50%	3	1	33%	8	5	63%
East of England	7	2	29%	5	1	20%	31	5	16%
Kent, Surrey and Sussex	2	2	100%	1	1	100%	5	2	40%
London	17	13	76%	3	3	100%	48	35	73%
North East	2	2	100%	0	0		5	4	80%
North West	10	5	50%	6	3	50%	25	13	52%
South West	5	5	100%	3	1	33%	6	6	100%
Thames Valley	3	3	100%	1	0	0%	2	2	100%
Wessex	5	1	20%	1	0	0%	10	2	20%
West Midlands	2	2	100%	2	2	100%	4	4	100%
Yorkshire and the Humber	5	2	40%	1	1	100%	10	5	50%
Scotland	6	4	67%	5	5	100%	17	12	71%
Wales	3	2	67%	0	0		6	2	33%
Total	**71**	**45**	**63%**	**31**	**18**	**58%**	**177**	**97**	**55%**

	Medical Psychotherapy			Old Age Psychiatry			Psychiatry of Learning Disability		
Region	Posts	Accepted	Fill Rate (%)	Posts	Accepted	Fill Rate	Posts	Accepted	Fill Rate (%)
East Midlands	0	0		2	1	50%	3	0	0%
East of England	0	0		7	0	0%	10	0	0%
Kent, Surrey and Sussex	0	0		0	0		3	1	33%
London	2	0	0%	7	2	29%	7	1	14%
North East	0	0		4	3	75%	6	1	17%
North West	0	0		12	5	42%	8	1	13%
South West	0	0		3	3	100%	3	3	100%
Thames Valley	0	0		1	1	100%	2	0	0%
Wessex	0	0		3	1	33%	2	1	50%
West Midlands	0	0		5	2	40%	1	1	100%
Yorkshire and the Humber	0	0		4	3	75%	1	0	0%
Scotland	1	1	100%	5	3	60%	8	1	13%
Wales	0	0		3	2	67%	3	3	100%
Total	**3**	**1**	**33%**	**56**	**26**	**46%**	**57**	**13**	**23%**

From last slide

- CAMH – 63%
- Forensic – 58%
- General Adult – 55%
- Medical Psychotherapy – 33%
- Old Age Psychiatry – 46%
- Learning Disability / ID – 23%

(2019 August posts)

Why is higher training recruitment a problem ?

Grab your pencil !

Psychiatry Curricula

A Competency Based Curriculum for Specialist Core Training in Psychiatry

CORE TRAINING IN PSYCHIATRY CT1 – CT3

Royal College of Psychiatrists

2013

(GMC approved 01 July 2013, updated March 2016, May, & June 2017)

3 parts…

- Role and Responsibilities in training
- Intended Learning Outcomes
- Methods of learning, teaching, assessment

19 “Intended Learning Outcomes”

Intended learning outcome 1
Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include: • **Presenting or main complaint** • **History of present illness** • **Past medical and psychiatric history** • **Systemic review** • **Family history** • **Socio-cultural history** • **Developmental history**

Intended learning outcome 2
Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

Intended learning outcome 8
Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

Intended learning outcome 15
Develop and utilise the ability to teach, assess and appraise

And…

Each of these ILOs may have several sub-items…

eg ILO 1 (Specialist assessment) includes:

a) History
b) Examination (Physical and MSE)

And…

Each item on the curriculum has 3 parts the trainee needs to acquire:

- Knowledge
- Skills
- Attitudes

So…

Intended Learning Outcome (1 to 19)

↳ a,b,c…g

↳ Knowledge, Skills, Attitudes

1a Clinical history	Assessment methods
Knowledge Define signs and symptoms found in patients presenting with psychiatric and common medical disorders	ACE, mini-ACE, CBD. MCQ, CASC
Recognise the importance of historical data from multiple sources	Mini-ACE, CBD
Define abuse, including physical, emotional or sexual, including fabricated or induced illness, and emotional or physical neglect , which has led, or may lead, to significant harm to a child or young person	CBD,MCQ, CASC
Describe the potential impact of trauma (Trainees will encounter patients who have experienced difference forms of trauma and will be expected to be competent in working with them; this will include but not be limited to, patients who have experienced sexual abuse, forced migration, immigration detention, sexual violence and domestic violence) on the development of psychiatric disorders.	CBD, CASC

Skills Elicit a complete clinical history, including psychiatric history, that identifies the main or chief complaint, the history of the present illness, the past psychiatric history, medications, general medical history, review of systems, substance abuse history, forensic history, family history, personal, social, trauma (as described, ILO 1, 1a) history and developmental history	ACE, mini-ACE, CASC

Attitudes demonstrated through behaviours Show empathy with patients. Appreciate the interaction and importance of psychological, social and spiritual factors in patients and their support networks	ACE, mini-ACE, CASC

Colours…

- Red = Must be completed by end of CT1
  Suitable for non-psychiatry trainees
- Blue = Everything else for Core Training
- Green = Higher trainees

Intended learning outcome 15	
Develop appropriate leadership skills	
15a Effective leadership skills	**Assessment methods**
Knowledge Demonstrate an understanding of the relationship between clinical responsibility and clinical leadership	CBD, CP, mini-PAT
Skills	
Attitudes demonstrated through behaviour Display enthusiasm, integrity, determination and professional credibility	CBD, mini-PAT, supervisors report

1. Appropriately supervised clinical experience
2. Psychotherapy training
3. Emergency psychiatry experience
4. Interview skills
5. Learning in formal situations
6. Teaching
7. Management experience
8. Research
9. ECT Training

Emergency psychiatry

- Equivalent to 55 nights first-on, in core training
- At least 50 cases with management plans

Psychotherapy

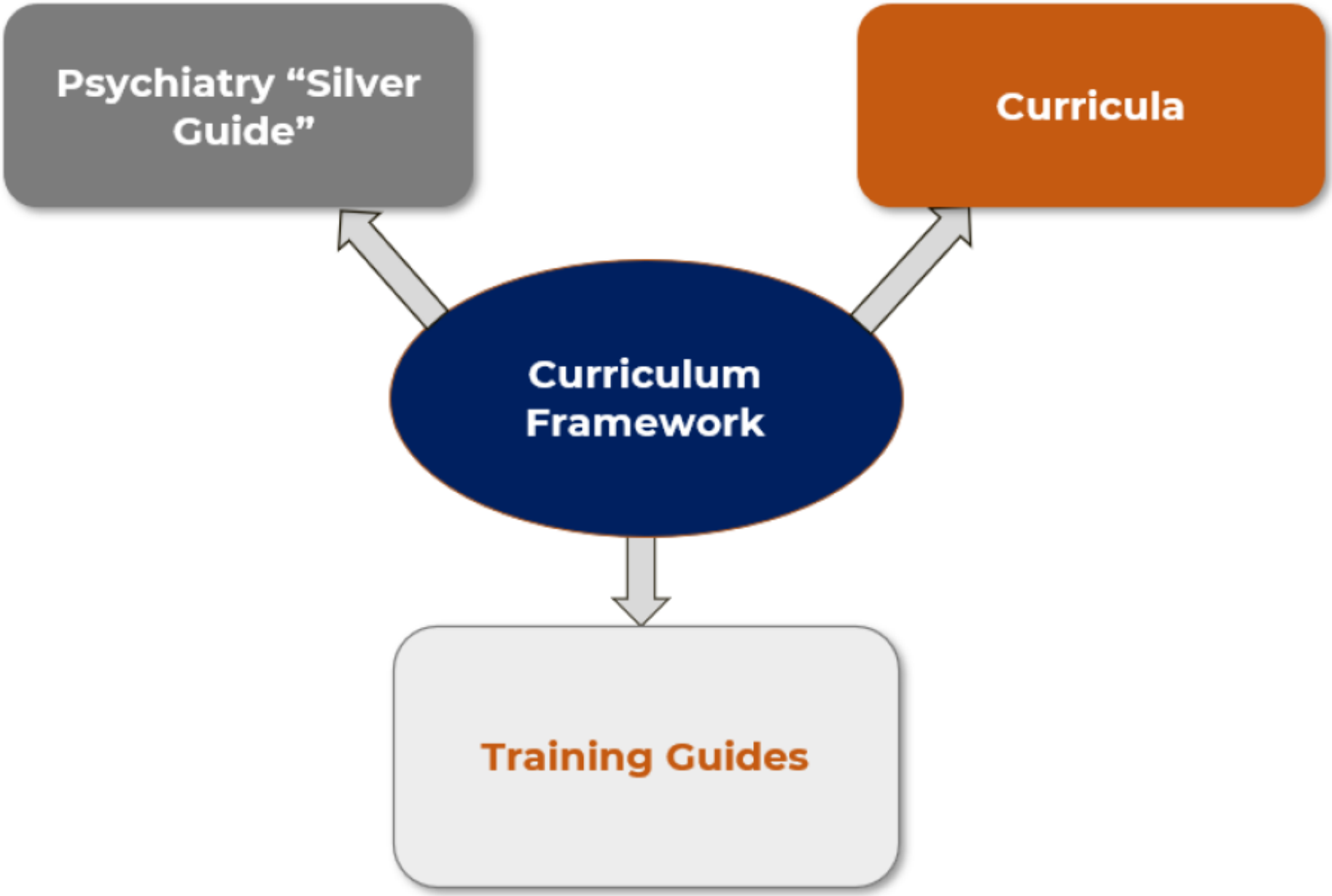
Core training

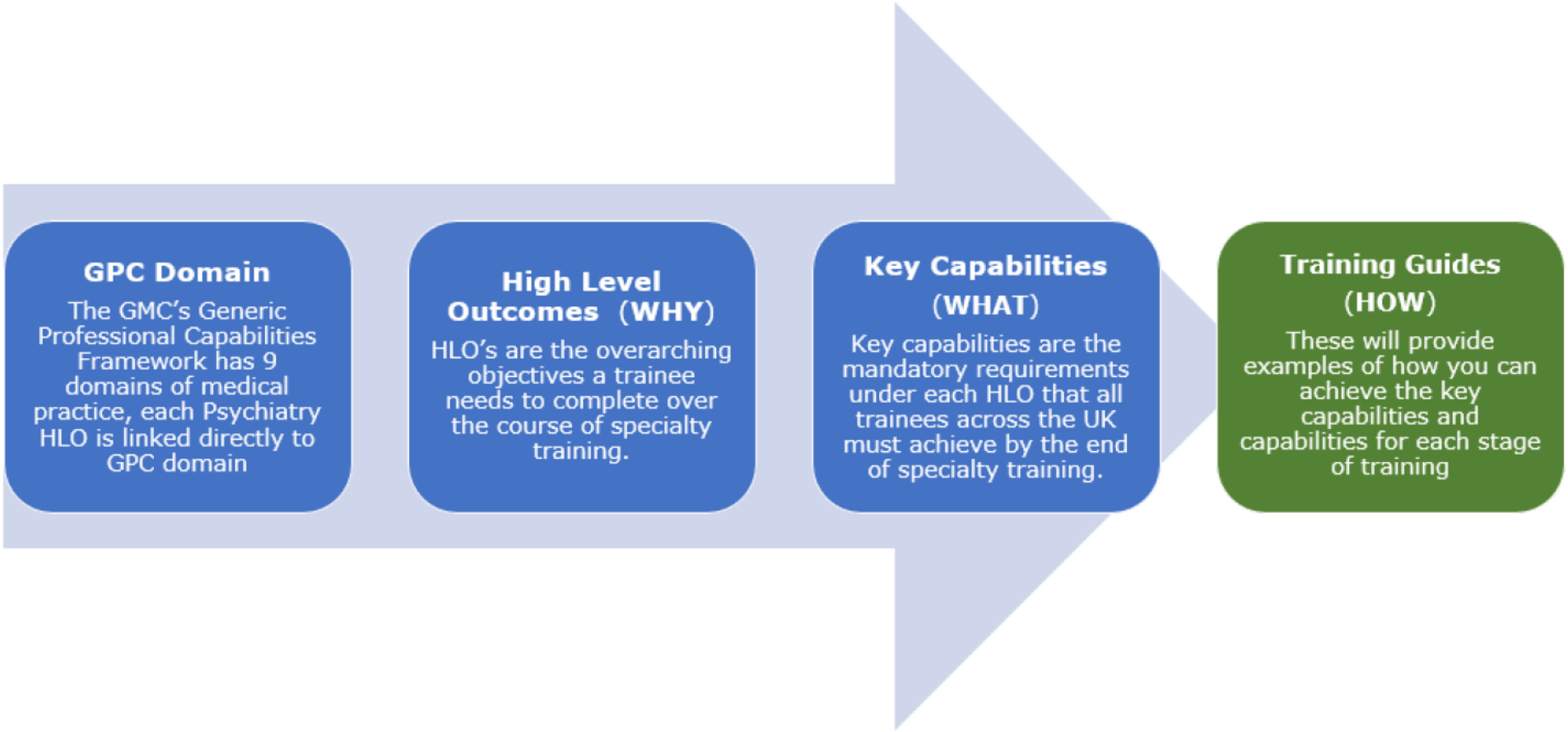
- Case Based Discussion Group (1 year)

- Completion of 2 psychotherapy cases
  (different modalities)

  - Short Case (12-20 sessions), SAPE and PACE
  - Long Case (>20 sessions), 2 SAPEs, PACE

It’s all changing…


Psychiatry "Silver Guide"
Curricula
Curriculum Framework
Training Guides


GPC Domain
The GMC's Generic Professional Capabilities Framework has 9 domains of medical practice, each Psychiatry HLO is linked directly to GPC domain
High Level Outcomes (WHY)
HLO's are the overarching objectives a trainee needs to complete over the course of specialty training.
Key Capabilities (WHAT)
Key capabilities are the mandatory requirements under each HLO that all trainees across the UK must achieve by the end of specialty training.
Training Guides (HOW)
These will provide examples of how you can achieve the key capabilities and capabilities for each stage of training

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

The High-Level Learning Outcomes (HLOs) of the Core Psychiatry Curriculum 2020

Each HLO is mapped to the corresponding domain of the GMC's Generic Professional Capabilities Framework

By the end of CT3 in Psychiatry you will be able to:

HLO1: Professional Values

Demonstrate the professional values and behaviours required of a medical doctor in Psychiatry, with reference to Good Medical Practice and Core Values for Psychiatrists (CR204).

HLO2: Professional Skills

Clinical and Practical Skills

Recognise, assess and diagnose mental disorders. Construct a formulation and deliver a range of psychological, biomedical, and social treatments for mental disorder tailoring them to meet the individual patients needs in a wide range of clinical contexts under supervision.

Communication and Interpersonal Skills

Demonstrate advanced communication skills to nurture therapeutic relationships as a fundamental part of person-centred psychiatric care within the above framework.

Health Promotion & Illness Prevention	**4**	**Demonstrate leadership in mental and physical health promotion and illness prevention for your patients and their wider community**	**4.1. Health promotion and illness prevention in individuals and community** Demonstrate and apply an understanding of the factors contributing to health inequalities, and the social and cultural determinants of adult mental health Identify and address/tackle stigma and discrimination against people with mental disorders Promote mental well-being and prevention of mental illness within the context of societal change and technology Demonstrate understanding of public health issues related to mental and physical health; work collaboratively across agencies to promote mental well-being and quality of life Engage with patients, families and carers of all ages and the wider community around health promotion and illness prevention, and design and delivery of services, to co-produce a safe and effective treatment plan .

17 pages instead of 73 (current)

GP and FY doctors

3 10 Knowledge and skills guide

Search the Curriculum topics using a keyword or phrase. Separate words or phrases with a comma.

Enter your keywords

The following learning outcomes or objectives relate specifically to the management of mental health. These learning outcomes are in addition to those detailed in the core statement, Being a General Practitioner. The core statement and this module should be used in conjunction with the other curriculum modules. In order to demonstrate the core competences in the area of mental health, you will require knowledge, skills and attitudes in the following areas:

Fitness to practise

Maintaining an ethical approach

Communication and consultation

Data gathering and interpretation

Making decisions

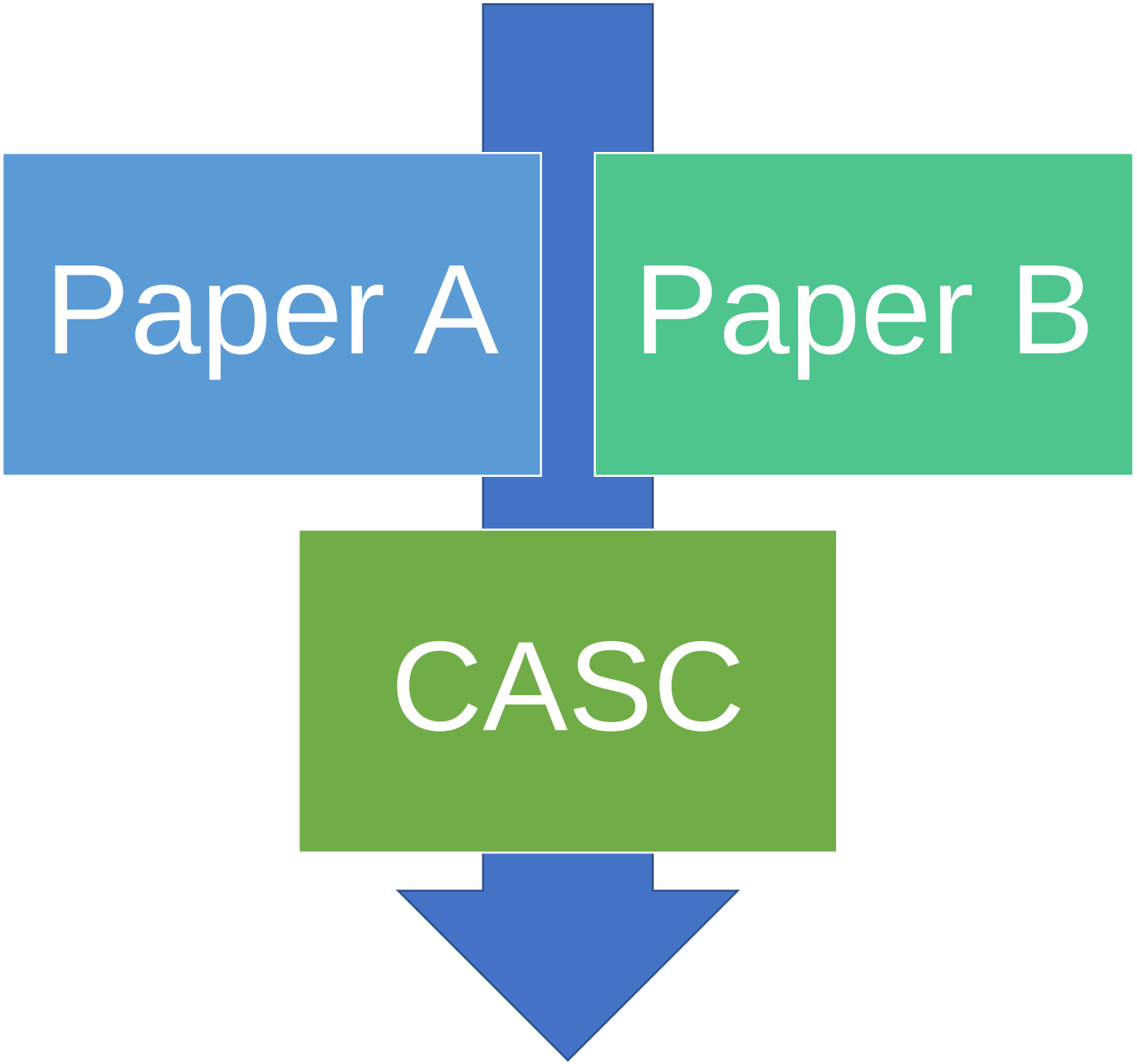
The UK
Foundation Programme
Curriculum

The Foundation Programme Curriculum

Foundation Year posts

- Foundation competencies necessary for Core training
- Specific challenges
- And opportunities…

RCPsych Exams


Paper A
Paper B
CASC

Paper A

- Any fully registered doctor

- 150 questions, 3 hours
- 2/3rds MCQs
- 1/3 EMIs

Behavioural Science and Sociocultural Psychiatry
Human Development
Basic Neurosciences
Clinical Psychopharmacology
Classification and Assessment in Psychiatry

Paper B

- On an approved training programme (12 months)

- 150 questions, 3 hours
- 1/3 Critical Review
- 2/3 Clinical

Organisation of Psych Services
General Adult Psychiatry
Old Age Psychiatry
Psychotherapy
Child and Adolescent Psychiatry
Substance Misuse/Addictions
Forensic Psychiatry
Psychiatry of Learning Disability
Critical Review

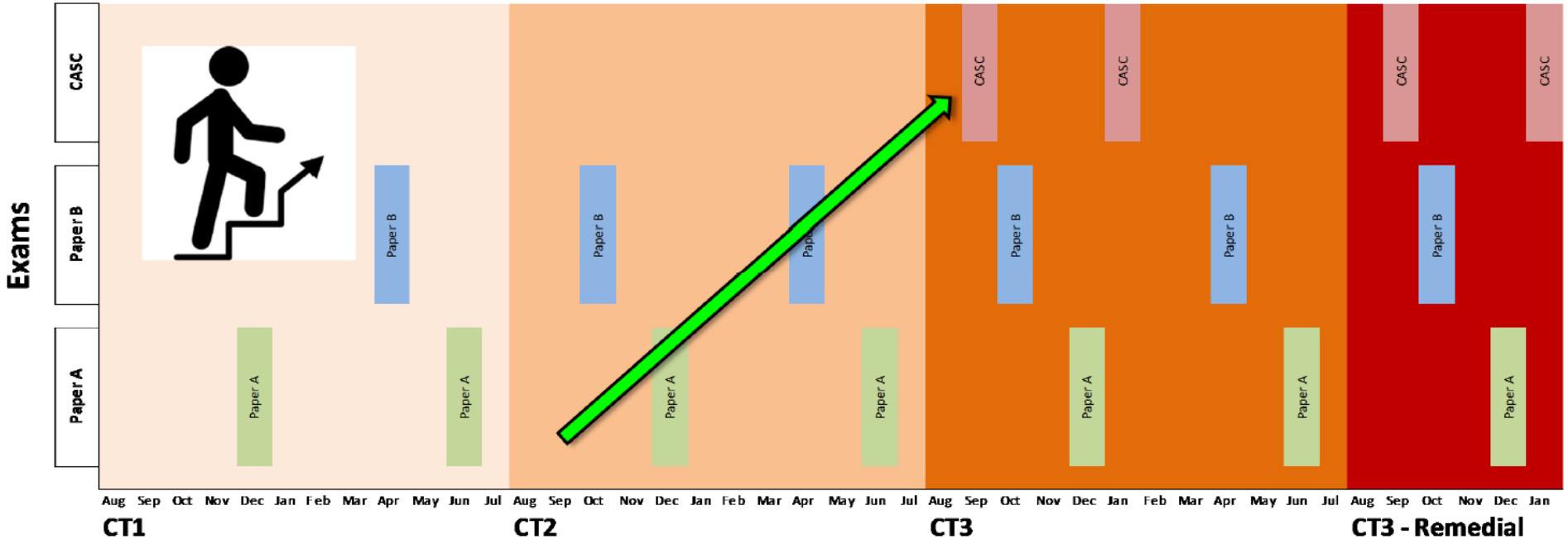
CASC

- 24 months and passed Paper A and B

- 2 Circuits of 8 stations each

- Circuit 1 – 4 minutes reading, 7 minute task
- Circuit 2 – 90 seconds reading, 7 minute task

Psychiatry Core Trainee Exams – with optimum progress route



Differential attainment

General Medical Council

Psychiatry still has the highest proportion of international doctors in training

The specialty with the highest proportion of IMG doctors in training is psychiatry, though this has dropped from 48% in 2012 to 31% in 2017.

Exams - example

- Pass rate 60%

- UK graduate 90%
- IMG in training scheme 50%

- Women > Men
- Trainees > Non-trainees (80% vs 40%)

Our goal: Fair training pathways

- That any hurdles in the way of a doctor's progression (tests, assessments, selection criteria) are valid, fair and are justifiable in terms of necessary knowledge, skills, experience and expected standards of conduct
- That individuals wishing to enter and progress within the profession have opportunities to achieve their potential
- That evidence of actual or potential bias or unfair treatment is addressed

Why ?

Grab your pencil !

What do we know about the causes?

- ~~BME students less well qualified/able?~~
- ~~Language issues?~~
- ~~Examiner bias?~~

- Woolf et al., Brit J Ed Psych 2012
- McManus et al BMC Med Ed 2013
- Denney et al Brit J Gen Prac 2013

Risks to the progression of BME UKG and IMG trainees

1. Poorer relationships with seniors and problems fitting in at work sometimes because of unconscious bias can lead to fewer learning opportunities, lower confidence, and increased chance of mental health problems.
2. Bias in recruitment, ARCPs, and at work could result in poorer outcomes
3. Anxiety about potential bias could result in poorer outcomes
4. Less autonomy in job choice resulting from poorer performance in exams and recruitment can mean increased likelihood of being separated from family and support networks, and increased chance of mental health problems.
5. Fear of being labelled as problematic can impede trainees reporting or getting help for problems, including perceived racism.
6. Potential for lack of recognition from trainers about environmental stressors, especially because within medicine there is a belief that failure results from lack of motivation or ability.

Risks to the progression of IMG trainees only

7. Inexperience with UK assessments, recruitment, UK cultural norms including communication, and NHS/work systems.
8. Cultural differences can impede relationships with colleagues and potentially patients, because of unfamiliarity with UK cultural norms, a feeling of not being understood by UKGs, and because trainers can lack confidence in IMGs' prior training.
9. Lengthy time to learn cultural norms.
10. Potential stigma of supplementary help.
11. Anxiety about increased probability of exam failure.
12. Visa difficulties and costs, and ineligibility for jobs can reduce training opportunities.

What helps ?

- Time for trainers
- Positive attitude (trainers)
- Tailored programmes / experience / support
- Peer support
- Role models
- Institutional support

What can be done to tackle differential attainment?

1. Building positive trainee-trainer relationships.
2. Building trainee skills & confidence to deal with perceived bias.
3. Facilitating mixed support.
4. Improving trainee wellbeing by enabling trainees to gain support outside work & de-stigmatising support in work.

Session 3

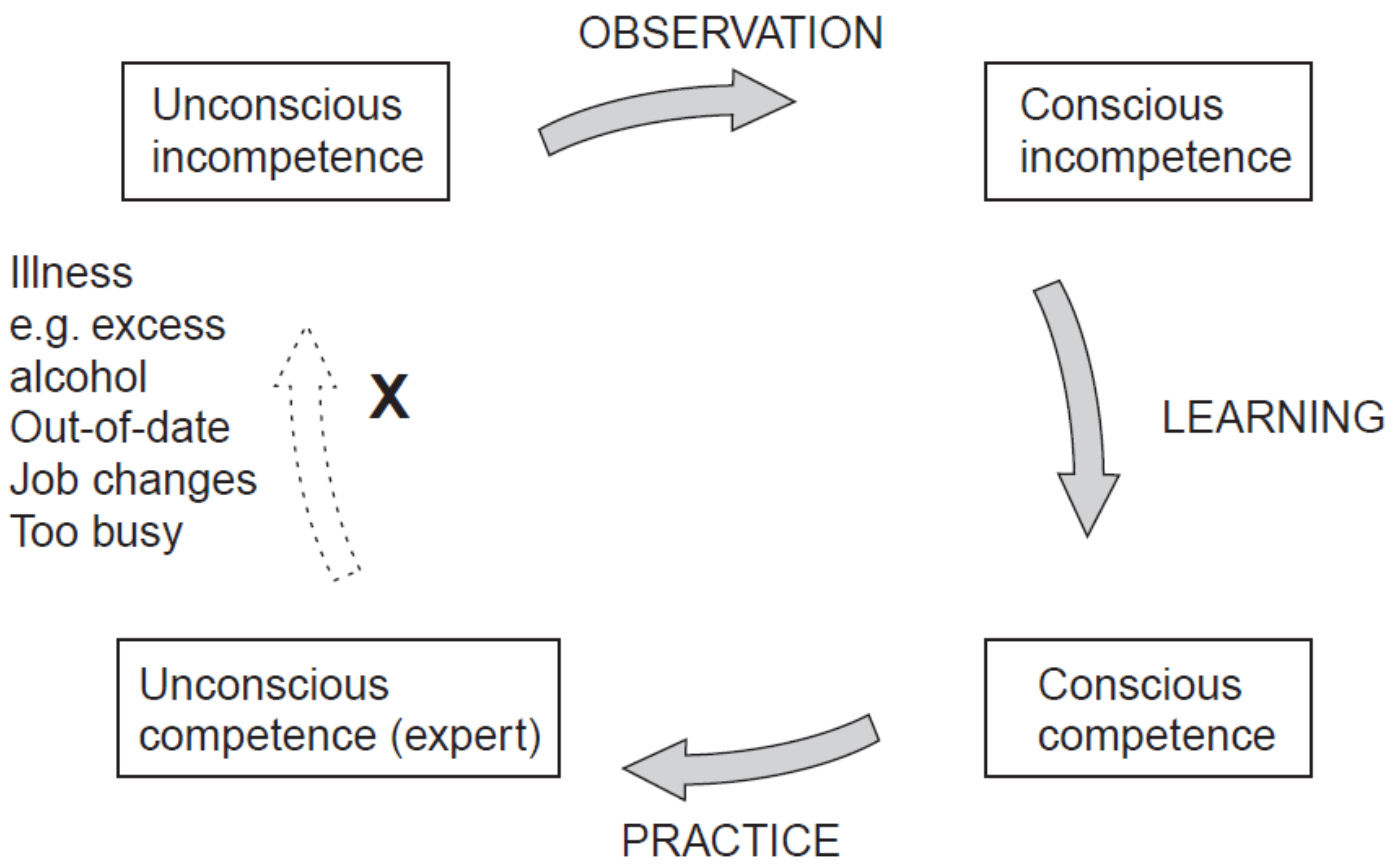
Feedback

Trainees with difficulties

Main session	12:00 to 12:45
Breakout Rms	12:45 to 13:00
Break (Lunch)	13:00 to 13:40

How do doctors learn ?

How do adults learn ?



: Development of expertise (competency cycle).

Kolb's Learning Cycle

Kolb 1984

High support

	‘That was great, you’re obviously trying hard.’ *Safe, general, potentially patronising.*	‘A good effort. I could see how you were drawing the feelings out – I wonder if you got to the crux of the matter…?’ *Focused, attentive, potentially threatening.*
Low challenge	‘Good. Carry on. Seems to be working.’ *In passing, nothing specific, dismissive.*	‘Well that could have been better – why did you not focus more early on?’ *Critical – induces defensiveness, potentially paralysing.*

High challenge

Low support

What is negative feedback ?

There’s a difference…

- Unhelpful feedback

- Critical feedback

Feedback can be difficult to hear

- Emotional
- Can raise defenses
- Might not “resonate”
- Can feels like an attack on person / professionalism / abilities

Where to start ?

Need to know your trainee

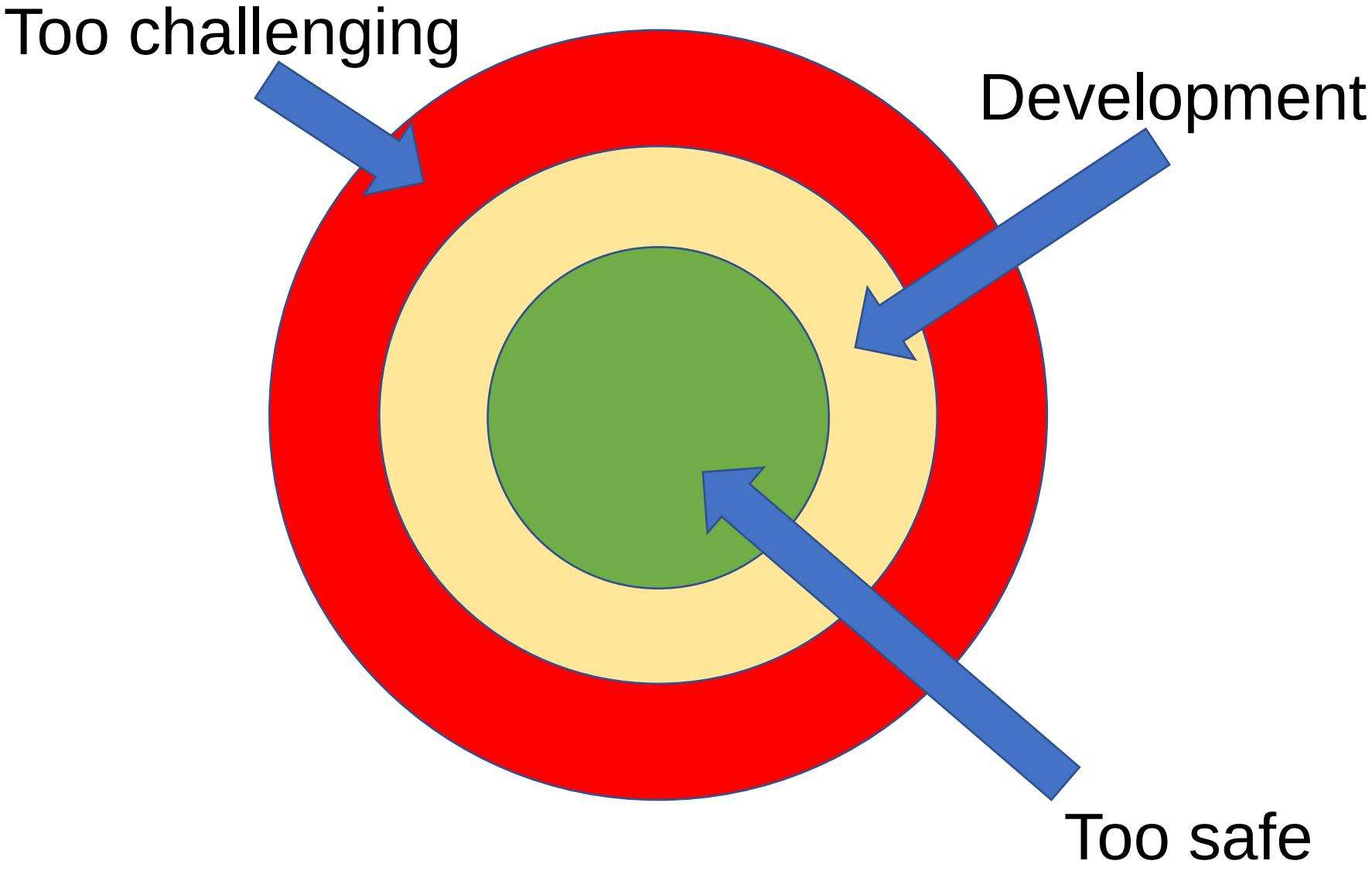
- Where are they in training
- What are their strengths / weaknesses
- Are there wider issues that need to be taken into account ?

Where to start ?

Need to know your trainee

- Where are they in training
- What are their strengths / weaknesses
- Are there wider issues that need to be taken into account ?

Language, IMG, factors in the training programme etc


Too challenging
Development
Too safe

Feedback - general

- Be specific
- Use evidence
- Focus on behaviours not personality / interpretation

Table 8.1: Examples of feedback

Evaluative, interpretive or judgemental	*Descriptive, sensory-based*
The beginning was awful, you just seemed to ignore her	At the start you were looking at the notes, which prevented eye contact
The beginning was excellent, great stuff	At the beginning you gave her your full attention and never lost eye contact – your facial expression registered interest in what she was saying
It's no good getting embarrassed when patients talk about their sexual history	I noticed you were very flushed when she spoke about her husband's impotence, and you lost eye contact

Formal feedback

eg specific WBPA, or appraisal-type session

Preparation is often key...

Formal Feedback

Before:

Collect necessary background information

Know how this relates to trainee and programme

Ensure learner is aware that they are to receive feedback

Formal Feedback

Setting the scene:

Create an appropriate environment

Ground rules (eg task, interruptions?)

Patients consent / co-operation

Necessary equipment (notes, computer)

Informal feedback

- Common

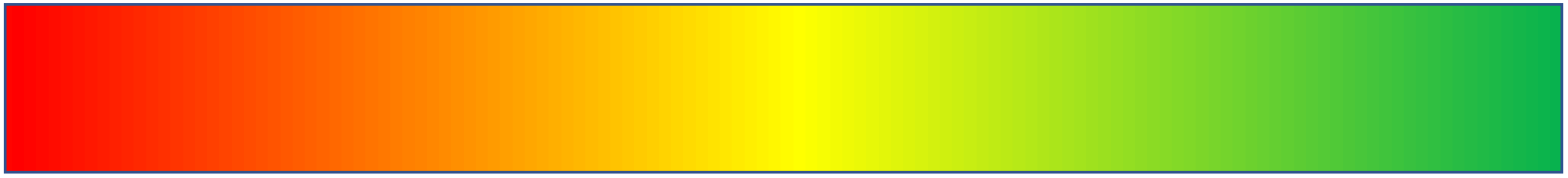
- Timely
- Still “positive” [reinforce desirable behaviour]
- Specific

- Areas for improvement: not “criticism”, careful in front of peers +/- patients, include developmental points

Aim is to encourage good practice
(and reduce/eliminate “bad practice”)

Easier to take forward if:

- Good practice is acknowledged
- Areas for improvement come with suggestions of how to improve



Pendleton’s rules

- Clarify any points of information/fact
- Ask the learner what s/he did well – ensure that they identify the strengths of the performance and do not stray into weaknesses.
- Discuss what went well, adding your own observations (if there is a group observing the performance, ask the group what went well; again, keep them to the strengths.
- Ask the learner to say what went less well and what they would do differently next time.
- Discuss what went less well, adding your own observations and ways to improve

What are the pros / cons ?

Pros

- Trainee takes the lead
- Encourages reflection
- Keeps developmental aspects up front

Cons

- The strict format may inhibit spontaneous discussion.
- Unhelpful polarisation between “good points” and “bad points”
- Opening comments may seem predictable, insincere and a merely a prelude to criticism.

Carr (2006) *Postgrad Med J* 82: 576

Difficult feedback

What do you find it hard
to give feedback about ?

Difficult feedback...

1) Behavioural issues
2) Poor performance
3) Personal hygiene
4) Firing or redundancy
5) Absence and lateness
6) Communicating change
7) Cultural issues

Trainees with difficulties

What we want

Is there a sure-fire way of recognising struggling trainees, reducing your anxiety, getting them back on track and ensuring they will be excellent doctors ?

What we want

Is there a sure-fire way of recognising struggling trainees, reducing your anxiety, getting them back on track and ensuring they will be excellent doctors ?

No.

So…

- You already know (mostly) who they are
- You have some idea what’s going on
- You’d like to provide genuine help
- You don’t want to screw up...

- Identify
- Diagnose
- Intervene
- Avoid common pitfalls / do things right

Identify

The "disappearing act":
not answering bleeps; disappearing between clinic and ward; lateness; frequent sick leave.

Low work rate:
slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.

"Ward rage": bursts of temper; shouting matches; real or imagined slights.

Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle blowing'.

"Bypass syndrome": junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help.

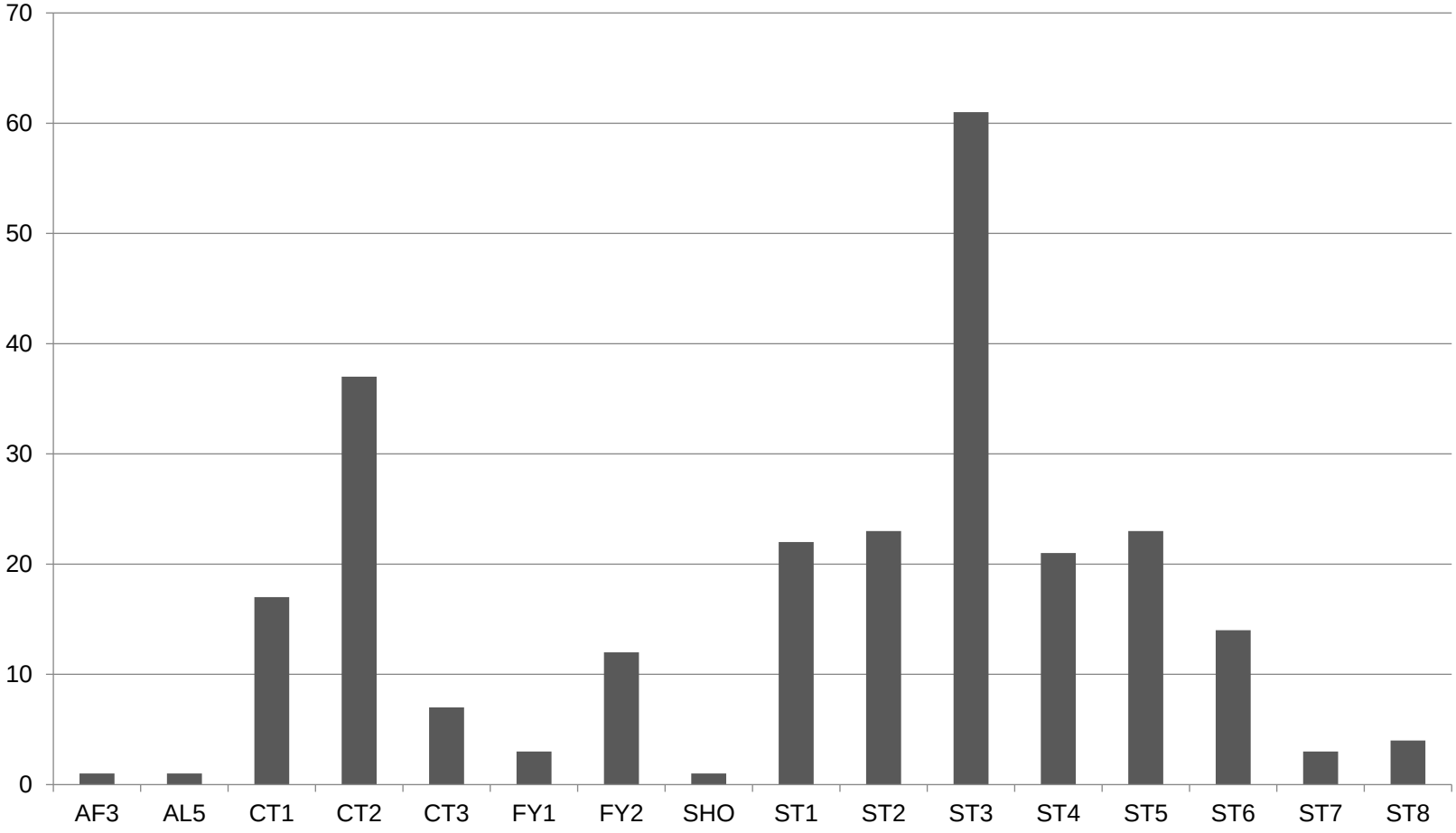
Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine.

Insight failure: rejection of constructive criticism; defensiveness; counter-challenge.

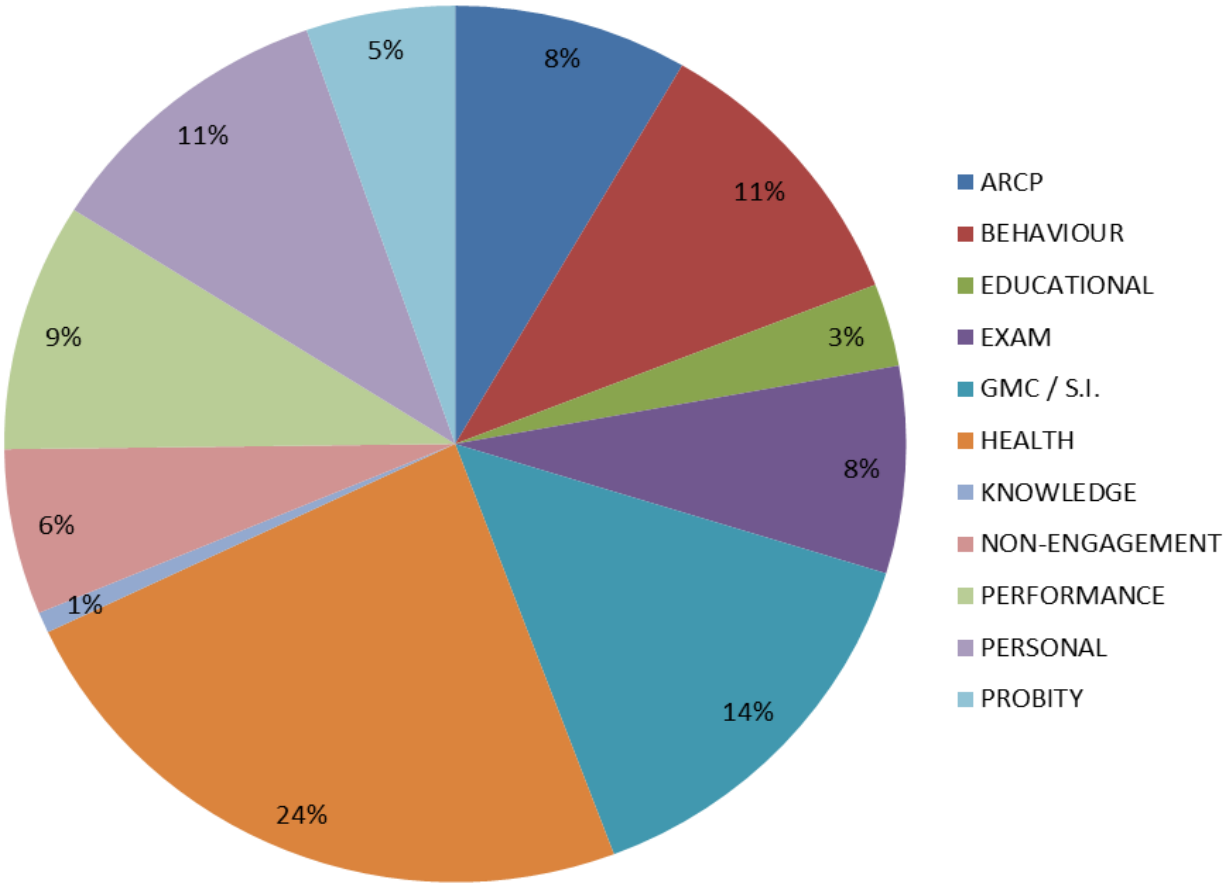
Identify

Other
Lack of engagement in educational processes
Lack of initiative / professional engagement
Inappropriate attitudes

Around 6 - 9% of trainees



HEE, PSW EoE Breakdown



Then what happens ?

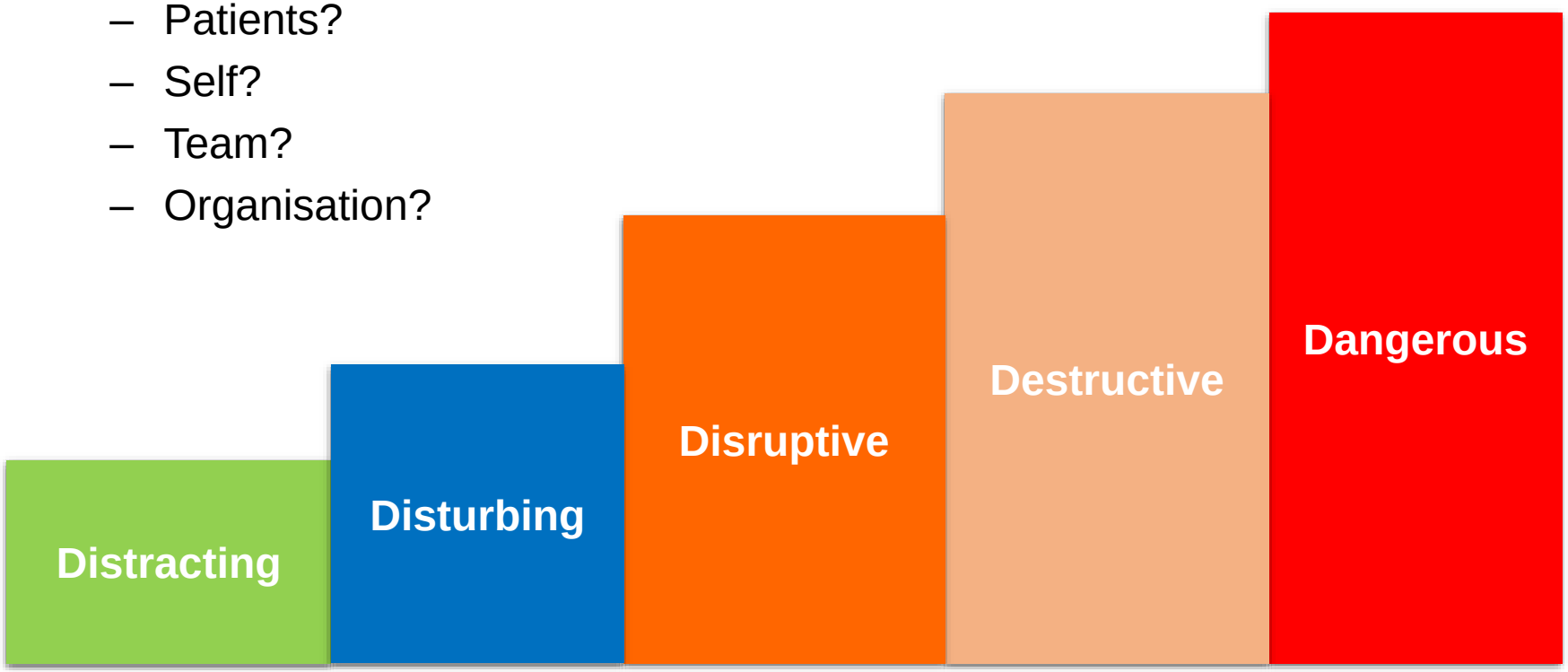
Why ?

- You are busy people
- There’s always a tension between training and clinical services (even with trainees who are struggling)
- It can seem complicated and often is anxiety-provoking

How dangerous is dangerous ?

What is the risk to:

- Patients?
- Self?
- Team?
- Organisation?



Why aren’t these issues tackled earlier?

- Fear of confrontation
- Fear of retaliation
- Denial
- Lack of confidence in skills
- Cultural issues
- Lack of “evidence”
- Desire to rescue or protect
- Avoidance
- Frustration
- Helplessness

...a “ Failure to Fail ”

Rule 1 of Doing Things Right...

Don’t try it on your own

The complicated bits...

- Human Resources & Employment Law
- Discrimination / Equality considerations
- Health and Safety
- Litigation and Tribunals
- Confidentiality
- Bullying / Harassment issues

Talk to HR & Deanery

Diagnose

(Poor performance being a symptom not a diagnosis)

Diagnose

Symptoms

Knowledge

Skills

Attitudes

Diagnose

Trainee factors

Health

Life stresses

Sleep

“Personality”

Cultural factors

Expectations

Symptoms

Knowledge

Skills

Attitudes

Diagnose

Environment

Workload

Rotas

Lack of feedback

Wrong level of expertise

Trainee factors

Health

Life stresses

Sleep

“Personality”

Cultural factors

Expectations

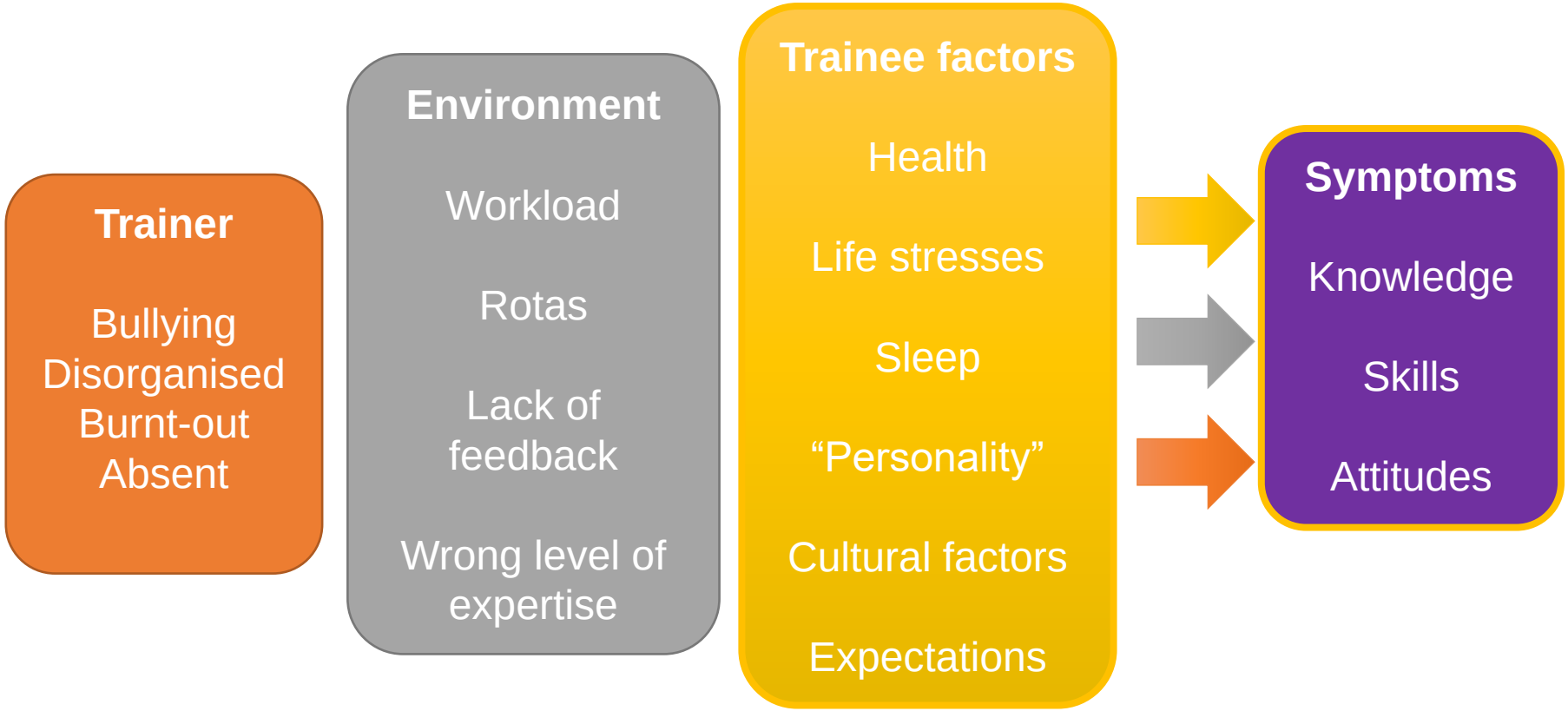
Symptoms

Knowledge

Skills

Attitudes

Diagnose


Trainer
Bullying
Disorganised
Burnt-out
Absent
Environment
Workload
Rotas
Lack of feedback
Wrong level of expertise
Trainee factors
Health
Life stresses
Sleep
“Personality”
Cultural factors
Expectations
Symptoms
Knowledge
Skills
Attitudes

2 cautions...

- A “Personality Clash” doesn’t mean “No problem” it means >1 problem

- If the problem is “new” then be cautious about attributing it to personality or other unchanging features

How ?

...you need information

For symptoms:

Usually from observation

(Because the alternative is Significant Incidents)

From well documented reports

How ?

...you need information

For causes:

Talk to the trainee

Talk to the supervisors

Might need more specialist help

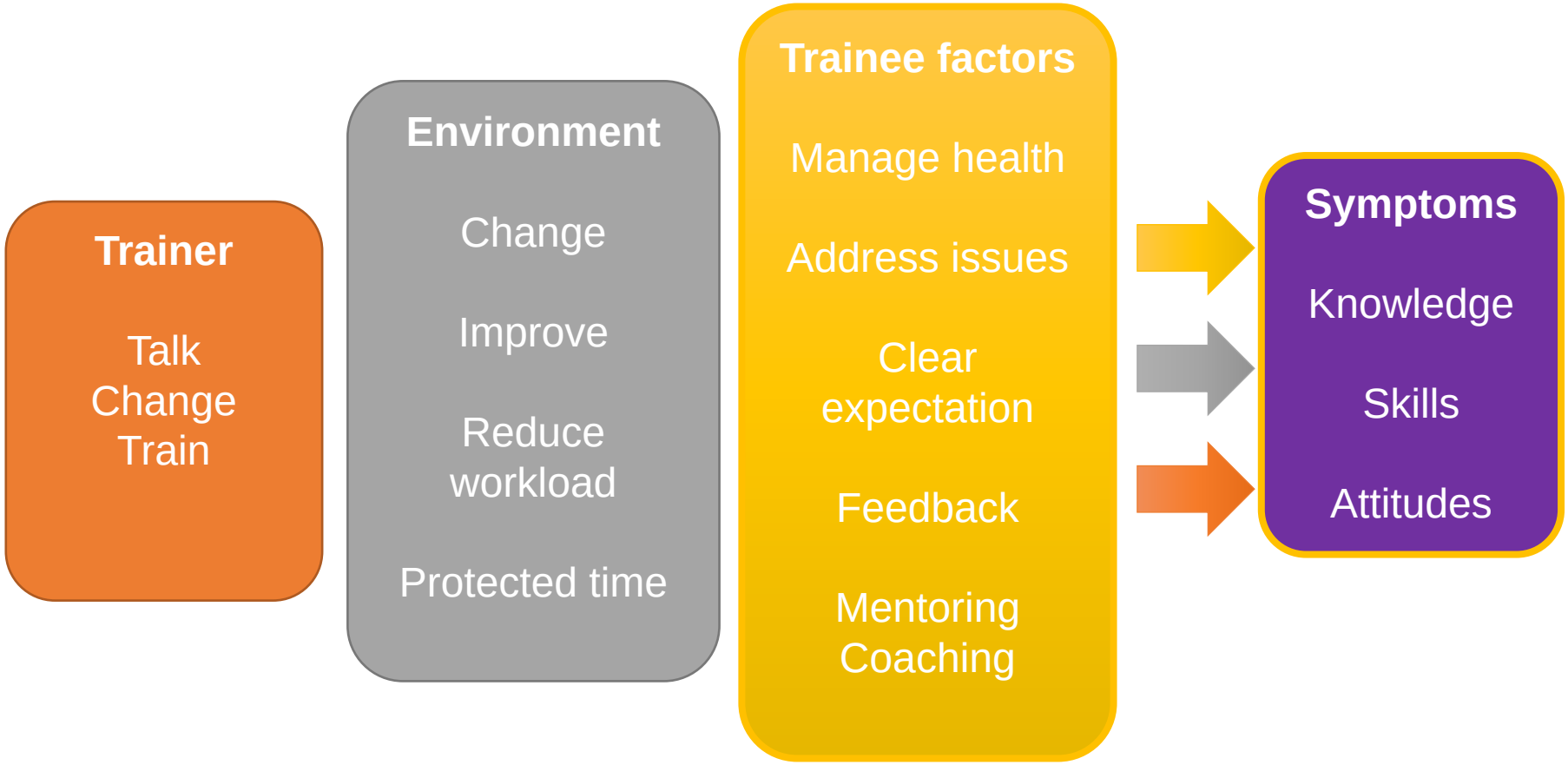
eg Occ Health

Assessments for (eg) dyslexia

What is an ideal intervention?

- **Appropriate:** addresses the problem
- **Focused:** suits the individual
- **Effective:** results in genuine, long lasting change
- **Efficient:** requires an acceptable investment of time, money, energy or other resources
- **Measurable:** makes a difference that can be quantified

Intervene


Trainer
Talk
Change
Train
Environment
Change
Improve
Reduce workload
Protected time
Trainee factors
Manage health
Address issues
Clear expectation
Feedback
Mentoring
Coaching
Symptoms
Knowledge
Skills
Attitudes

Intervene - PSW

Dyslexia Screening	Exam Workshop	Communication skills	Careers Support
Occ Health	Facilitated OOP / LTFT	Educational psychologist	1:1 Exam support
Psychological support	Emotional Intelligence Testing	Funding	Case Manager

Rule 2 of Doing Things Right...

Keep good records

When writing:

- Clear, concise, unambiguous
- Accurate
- Jargon free
- Factual and objective
- Describe sources and separate facts from opinion
- Focus on behaviour not “personality”
- Acknowledge good points as well as bad

Rule 3 of Doing Things Right...

Do something (sensible)

Rule 4 of Doing Things Right...

Recognize your anxieties but don’t be stopped by them

You’re not alone
Keep good records
Intervene
Recognize it’s not easy

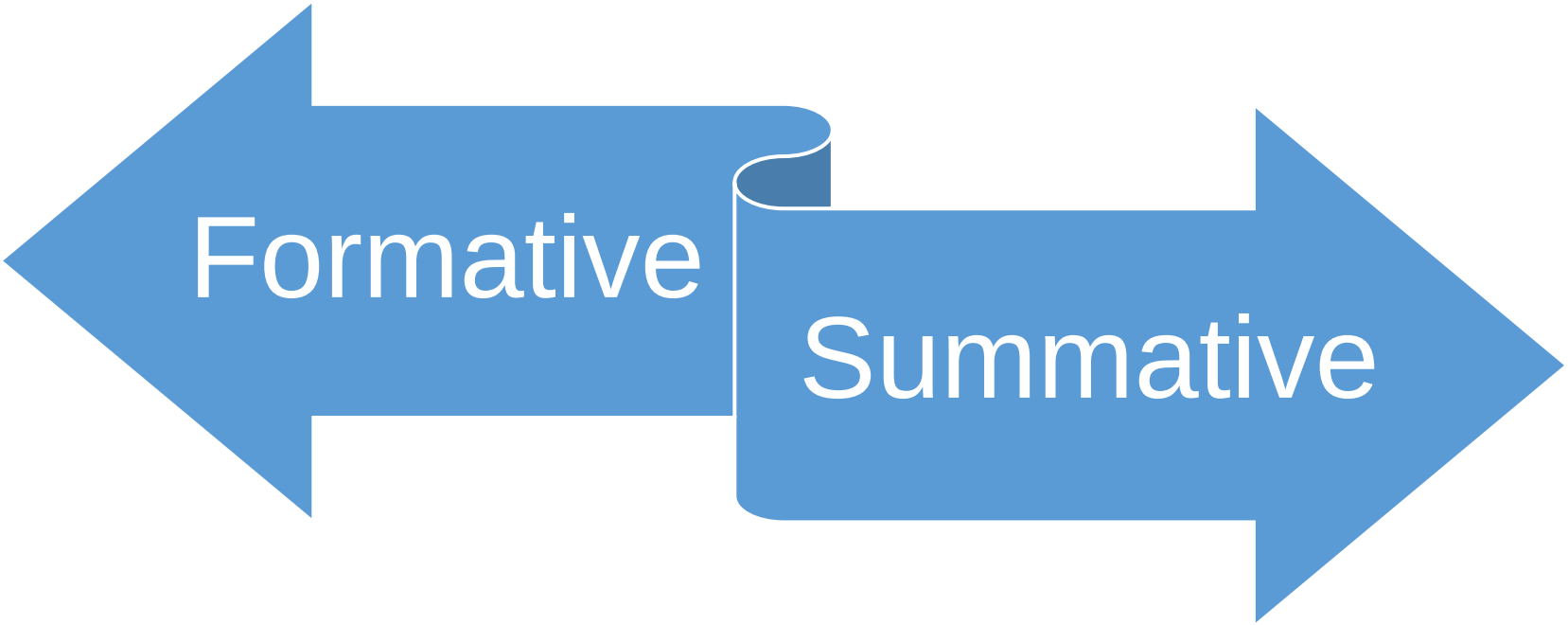
Session 4

- Assessments – WBPAs
- e-Portfolio

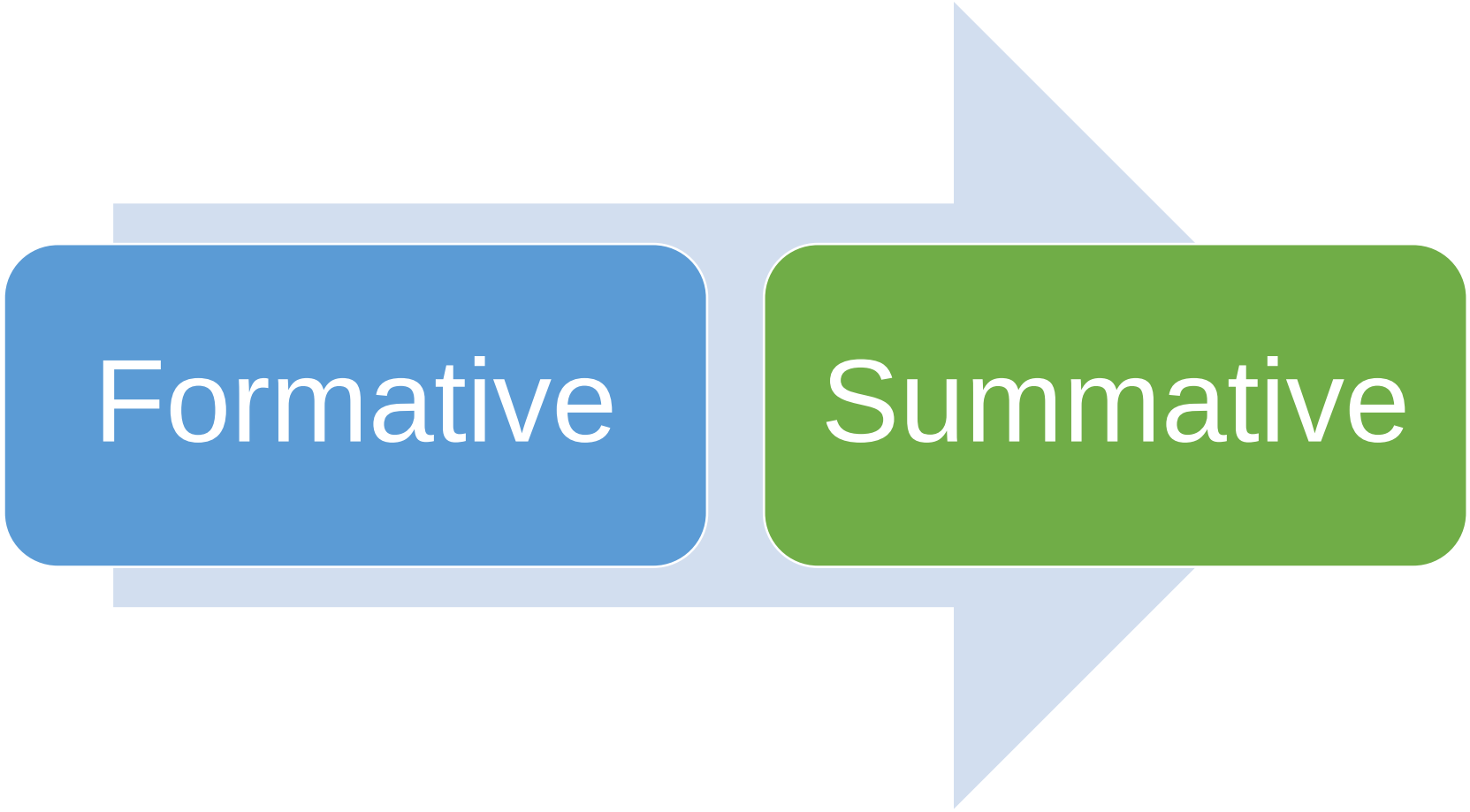
Main session	13:40 to 14:20
Breakout Rms	14:20 to 14:40
Break	14:40 to 15:00

Workplace Based Assessments (WPBAs)

Tension ?



Or ?



Purpose

- Helpful to trainees and trainers
- Identify strengths and weaknesses
- Allows some idea of where they are
- And suggests areas for development to get to where they want to be (ie Formative)

Workplace based assessments

What are they for ?

An aid to fostering discussion between trainee and trainer, and to developing specific learning tasks

A record of that discussion for the trainee

Some ground rules

- Should be led by trainee
- Should be declared in advance

WPBAs

- ACE
- Mini-ACE
- CBD
- DOPS
- Case Presentation
- Journal Club Presentation
- Assessment of Teaching
- MSF / mini-PAT
- DONCS

WPBA	Minimum number required per year		
	CT1	CT2	CT3
ACE	2	3	3
mini-ACE	4	4	4
CbD	4	4	4
DOPS	*	*	*
mini-PAT	2	2	2
CBDGA	2	-	-
SAPE	-	1	2
PACE	-	1**	1**
CP	1	1	1
JCP	1	1	1
AoT	*	*	*
DONCS	*	*	*

CBD

Case Based Discussion

Not necessarily a “Case Discussion”

Originally:

Notes-based discussion

Assessor picks 1 case from 2

Takes 20 – 30 minutes

	Below expected standard	Meets expected standard	Above expected standard	Unable to Comment
Assessment gradings				
Clinical record keeping				X
Clinical assessment/diagnosis		X		
Risk assessment/management		X		
Medical treatment		X		
Investigation and referral		X		
Follow-up/care planning		X		
Professionalism			X	
Clinical decision making			X	
Overall clinical care		X		

	Below expectations	Satisfactory	Better than expected	Unable to Comment
Based on this assessment, how would you rate the Trainee's performance at this stage of training?		X		

Anything especially good

Suggestions for development

Agreed action

Anything especially good

Suggestions for development

Agreed action

Mini-PAT

- 8-12 co-workers
- At least 8 need to be returned
- Supervised by educational supervisor

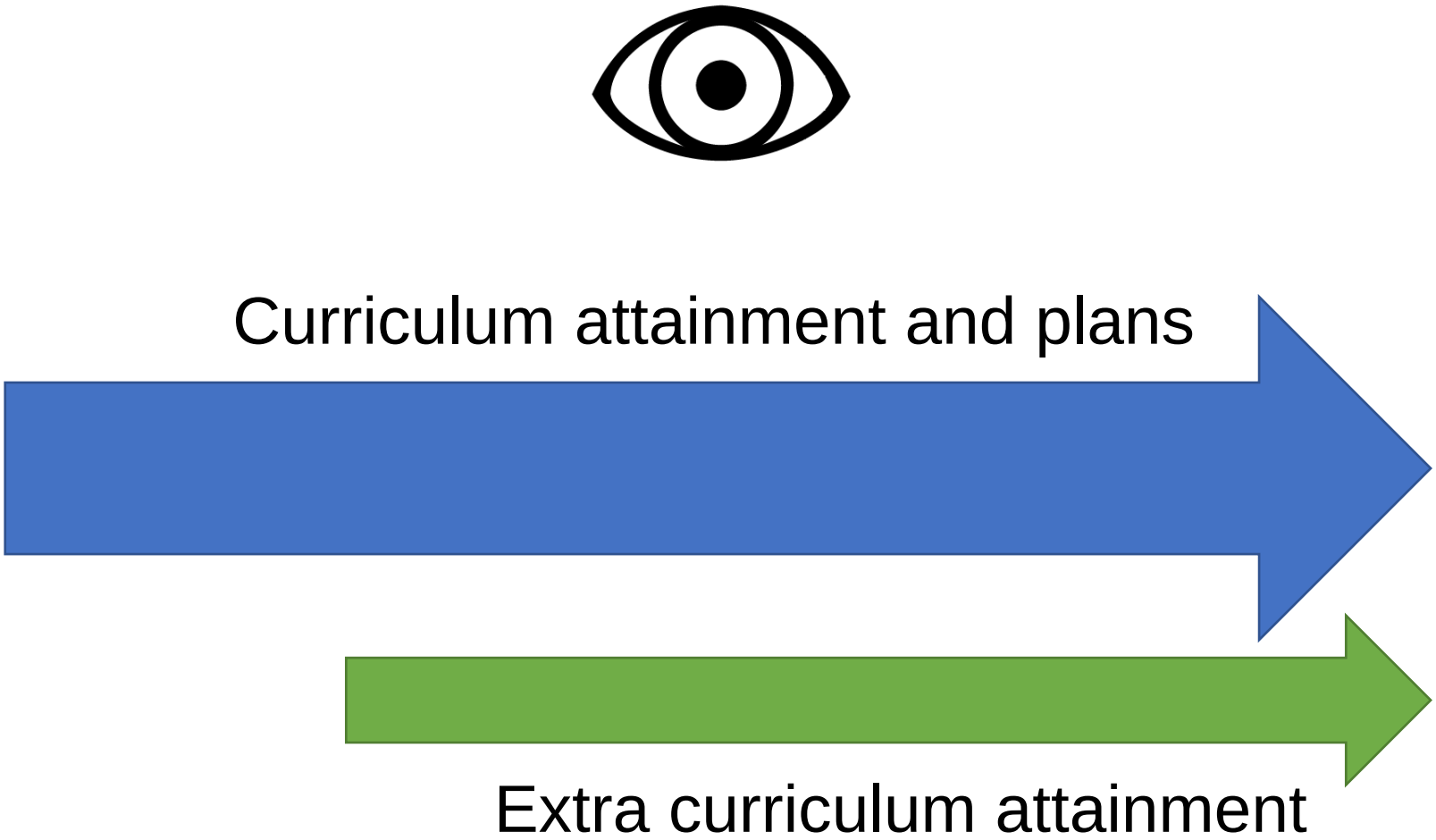
- Timing critical
- Comments can be added by assessors

Domain
1. Ability to diagnose patient problems
2. Ability to formulate appropriate management plans
3. Awareness of their own limitations
4. Ability to respond to psychosocial aspects of illness
5. Appropriate utilisation of resources e.g. ordering investigations
6. Ability to manage time effectively / prioritise
7. Technical skills (appropriate to current practice)
8. Willingness and effectiveness when teaching/training colleagues
9. Communication with patients
10. Communication with carers and/or family
11. Respect for patients' dignity and their right to privacy & confidentiality
12. Verbal communication with colleagues
13. Written communication with colleagues
14. Ability to recognise and value the contribution of others
15. Accessibility/reliability
16. Overall, how do you rate this trainee compared to others at the same grade?
17. How would you rate the Trainee's performance at this stage of training?

e-Portfolio

Portfolios

'A private collection of evidence, which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievements. It is both retrospective and prospective, as well as reflecting the current stage of development and activity of the individual.' (Brown, 1995)


Curriculum attainment and plans
Extra curriculum attainment

Uses…

For trainees

- Plan training
- Store evidence
- See how they are doing
- Guide future training

For trainers

- Review training to date
- Help plan training
- Formal appraisals (ARCPs)

RC PSYCH

Specialty Training Portfolio

Specialist Training in Psychiatry

Summary

Details

ARCP

Current Folder

CT3 • 59 Activities

Core

+ New Training Level Folder

Coverage

What's this

Core Psychiatry (2016)

(30/44) competencies mapped

5	14	11	14

Current Post

Specialty Training Form

Specialty Training Post (CT3 - Core)

02 Aug 2017 to 07 Feb 2018

Current School: Yorkshire and the Humber

Current Trust: Sheffield Children's NHS Foundation Trust

View | Edit | + New Activity | + New Assessment | + New Review

Brings together…

- PDP
- Career
- WBPAs
- Other evidence
- Reflection
- Portfolio coverage
- Supervisor reports
- ARCP outcomes
- Exam outcomes

Portfolio Details

Programme	Psychiatry
Type	Specialty Training
Specialty	Core
Start Date	07 Aug 2019
Current School	East of England
Current Trust	Cambridgeshire and Peterborough NHS Foundation Trust
NTN/DRN	Not Specified
GMC TPAN	Not Specified
COT date	Not Specified
RCPsych candidate number	Not Specified
RCPsych No.	123456

View Edit Archive

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

PORTFOLIOONLINE

Dashboard Profile Forms Organisation #1

LW

Laura Wilson (Example Trainee #46)

Portfolios » Specialty Training » Career History

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

PORTFOLIOONLINE

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Portfolios » Specialty Training » Career History

Enter name GMC or email... Search Users

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

View As List

Enter some text to search fo Search Activities Activity Date Desc Show Tag Filters

We found 5 results. There are no filters applied.

Showing 1-5 of 5 rows Per Page : 10

Specialty Training Post (Psychiatry) Form

Specialty Training Post (CT3)

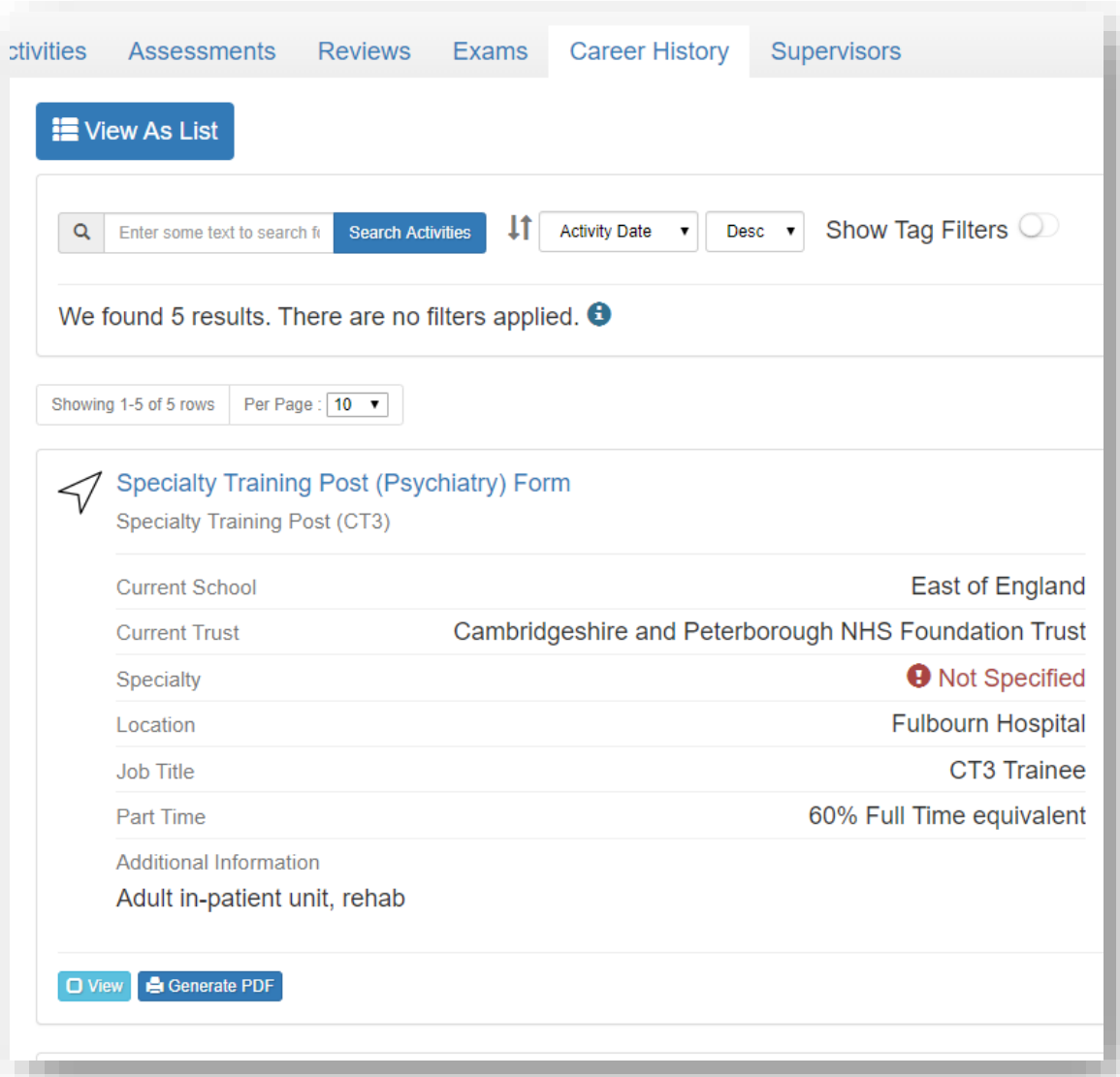
Current School	East of England
Current Trust	Cambridgeshire and Peterborough NHS Foundation Trust
Specialty	Not Specified
Location	Fulbourn Hospital
Job Title	CT3 Trainee
Part Time	60% Full Time equivalent

Additional Information

Adult in-patient unit, rehab

Date	07 Jul 2019 to date
Activity Type	Career Entry
Category	Curriculum: Methods of Learning and Teaching Appropriately supervised clinical experience
Date Created	4 months ago
Last Updated	4 minutes ago

View Generate PDF



Career Tab

- Dates
- Level
- WTE / LTFT
- Other information

Royal College of Psychiatrists

Completion of Training Date Calculator

Name	
School	
Programme	
GMC registration number	
RCPsych number	
Date form completed	**01/02/19**

This spreadsheet can be used to help calculate completion of training dates. Please note that this is a projected date based on meeting the minimum training time specified in the relevant curriculum. Completion of training dates should be agreed with your TPD and confirmed by your ARCP panel.

Trainees should complete details of their training programme, the posts they have already completed, the start date of their next post, and how many sessions a week they plan to work. The spreadsheet will then calculate a projected completion of training date.

When the new completion of training date has agreed, please send a copy of the form to specialtytraining@rcpsych.ac.uk, so that we can update our records.

Please note that only time spent in GMC approved training posts can count towards a CCT and that any absence of more than 14 days in a calendar year, including maternity leave, may lead to the completion of training date being recalculated.

For further information, please see the GMC's position paper on Taking time out of training.

Completed Posts:

Start date	End date	Post type	Specialty	Sessions per week	Approved training?	Calendar months	WTE months
01/08/16	31/01/17	CT1	Core psychiatry	10.0	Yes	6.1	6.1
01/02/17	31/07/17	CT1	Core psychiatry	10.0	Yes	6.0	5.9
01/08/17	31/01/18	CT2	Core psychiatry	6.0	Yes	6.1	3.6
01/02/18	31/07/18	OOPC			No	6.0	0.0
01/08/18	31/01/19	CT2	Core psychiatry	6.0	Yes	6.1	3.6
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
						0.0	0.0
							19.2

Length of programme (month	36.0
Additional training time	0.0
Months completed	19.2

Start date of next post	01/02/19
Sessions per week	10

CALCULATOR

PORTFOLIOONLINE

Logged in as: LB Liz Barker (Example Trainee #6) Log Out

Dashboard Profile Portfolio Forms

Follow @PortfolioOnline Help

LB Liz Barker (Example Trainee #6)

Portfolios » Specialty Training » Supervisors

Enter name GMC or email... Search Users

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

Roles
Status
Supervisor

+ New Supervisor Relationship View as a List

Role	Name	Email	Status	Dates	
Educational Supervisor	Carol Cook (Example Supervisor #6)	supervisor6@example.com	Ended	02 Jun 2017 to 07 May 2019	Make Current

Showing 1-1 of 1 row Per Page : 10

PDP (Personal Development Plan)

- PDP is personal
- A plan to (at least) achieve all the competencies in the curriculum by the end of training

- PDP is annual / training post specific
  - Short/long term
- Made up of specific 'Learning Objectives(LO)'
  (eg initiate clozapine, do a court report, ECT)

- LOs build up to meet the competencies / ILOs

Portfolio Folders PDP Activities Assessments Reviews Exams Career His

New Learning Objective Form

Title

Learning Objective Form

Date Agreed

11/09/2019

Date Completed

Category*

- Portfolio: Required Evidence
- Curriculum: Methods of Learning and Teaching

Please specify a category for this activity

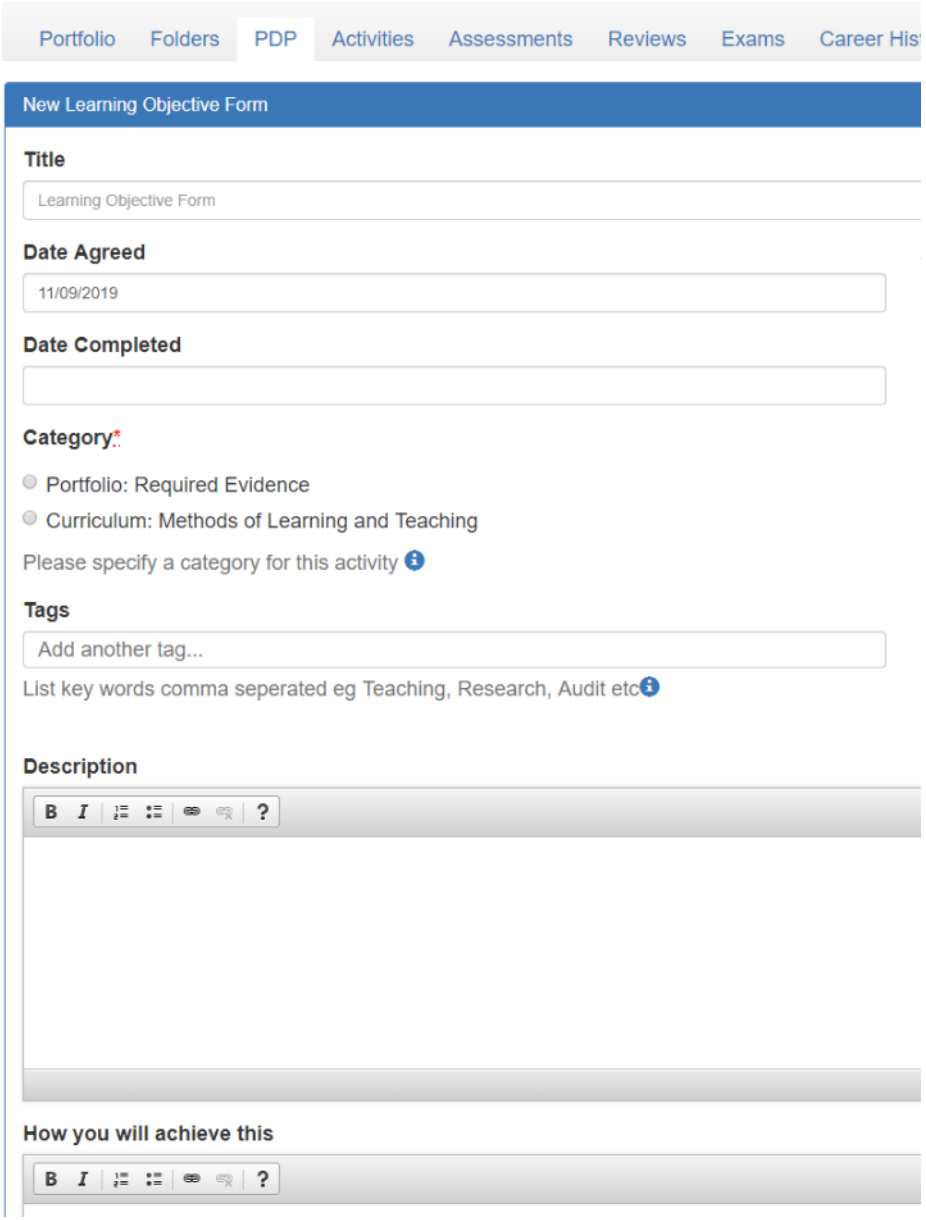
Tags

Add another tag...

List key words comma seperated eg Teaching, Research, Audit etc

Description

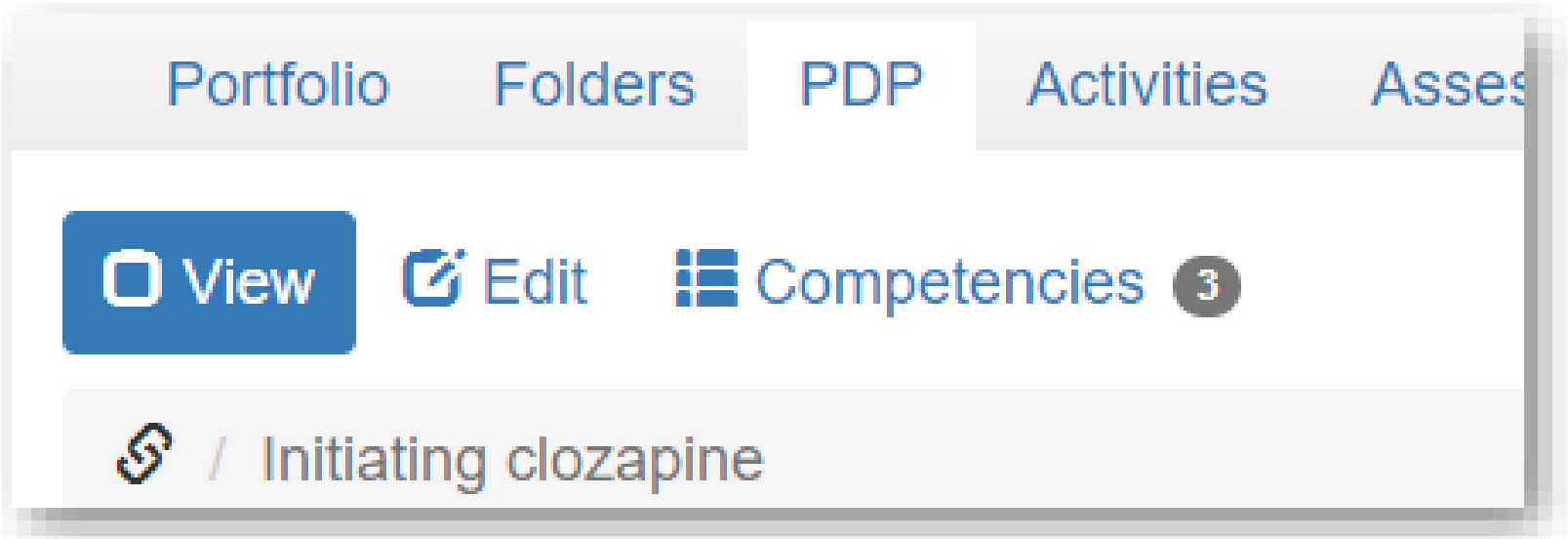
How you will achieve this



Description

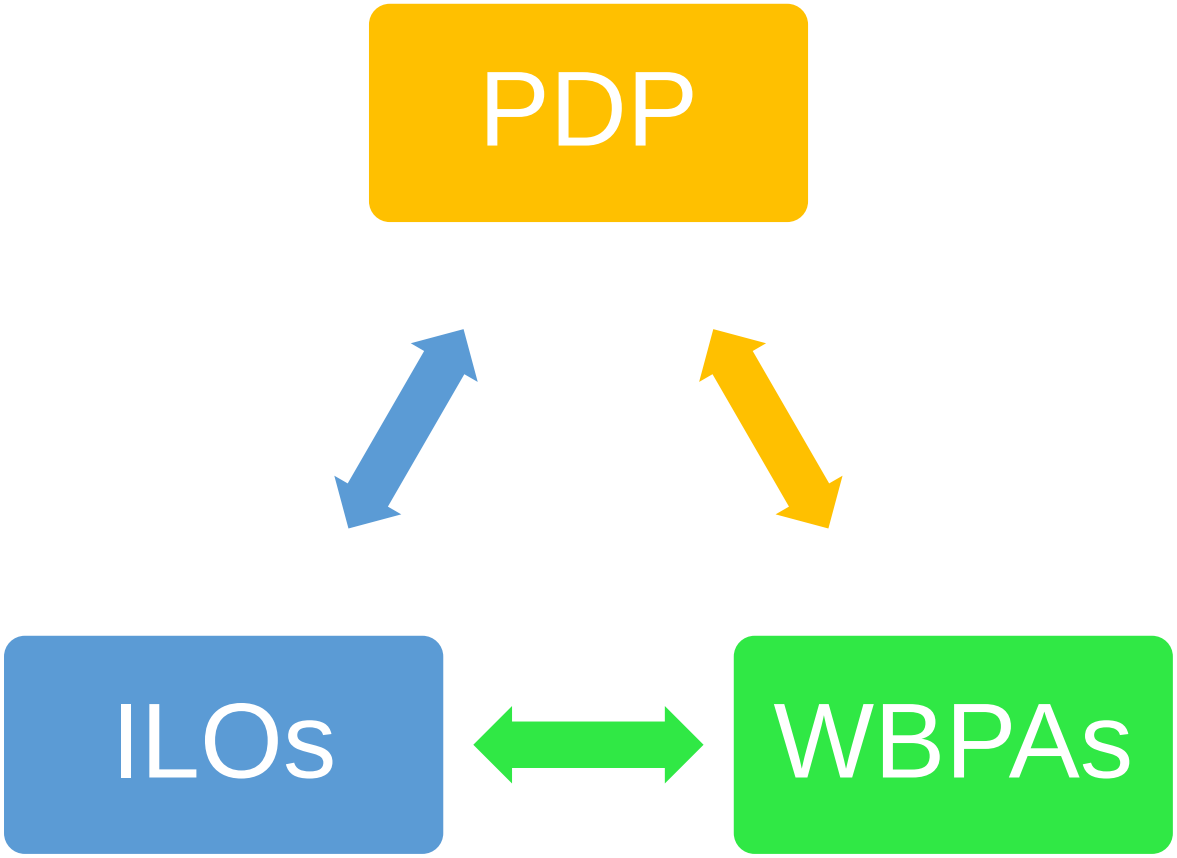
How you will achieve this

Target Date


Portfolio
Folders
PDP
Activities
Asses
View
Edit
Competencies
3
/
Initiating clozapine

Linking everything together

All ‘activities’ mapped to competencies



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LW Laura Wilson (Example Trainee #46)

Specialty Training

Enter name GMC or email... Search Users

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

Portfolio Details

Programme	Psychiatry
Type	Specialty Training
Specialty	General Adult
Start Date	10 Jul 2017
Training Programme Director	Not Specified
Educational Supervisor	Martin Robinson (Example Supervisor #46)
Current School	East of England
Current Trust	Cambridgeshire and Peterborough NHS Foundation Trust
NTN/DRN	Not Specified
GMC TPAN	Not Specified
COT date	Not Specified
RCPsych candidate number	Not Specified

View

Portfolio Overview

Summary

Details

ARCP

Current Folder

CT3 • 84 Activities

Core

Coverage

What's this

Core Psychiatry (2016)

(34/43) competencies mapped

4 9 21 9

Current Post

Specialty Training Post (Psychiatry) Form

Specialty Training Post (CT3)

07 Jul 2019 to date • (60% Full Time equivalent)

Current School East of England

Current Trust Cambridgeshire and Peterborough NHS Foundation Trust

New Assessment

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

PORTFOLIOONLINE

Dashboard Profile Forms Organisation #1

LW

Laura Wilson (Example Trainee #46)

Portfolios » Specialty Training » Assessments

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

PORTFOLIOONLINE

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Dashboard Profile Forms Organisation #1

Follow @PortfolioOnline Help

LW Laura Wilson (Example Trainee #46)

Portfolios » Specialty Training » Assessments

Enter name GMC or email... Search Users

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

SHOW SELECTED

Folders

- CT1 (18)
  07 Jul 2017 to 06 Jul 2018
- CT2 (18)
  07 Jul 2018 to 06 Jul 2019
- CT3 (9)
  07 Jul 2019 to date

Review Periods

- ARCP (20)
  23 Nov 2018 to 22 Nov 2019
- ARCP (17)
  23 Nov 2017 to 22 Nov 2018

FILTER RESULTS

Type

- ACE (3)
- AOT (6)
- CbD (2)
- CBDGA (3)
- CP (3)
- DONCS (4)
- DOPS (2)
- JCP (6)
- Mini-ACE (3)
- PACE (3)
- SAPA (5)

New Assessment View as a List

Enter some text to search fo Search Assessments Date Desc Show Tag Filters

We found 45 results. There are no filters applied.

Showing 1-10 of 45 rows « First ‹ Prev 1 2 3 4 5 Next › Last » Per Page : 10

CT2-3 DONCS ×2

Direct Observation of non-Clinical Skills (Non-Clinical)

Assessor	Martin Robinson (Example Supervisor #46)
Position	Not Specified
Overall Rating	N/A
Date	30 Oct 2019
Activity Type	WPBA
Category	Curriculum: Methods of Learning and Teaching Special Interest
Date Created	9 days ago
Last Updated	9 days ago

View Generate PDF

CT2-3 Mini-ACE Case Log ×2

Mini-Assessed Clinical Encounter (Clinical)

Assessor	Robert Ahmad (Example Assessor #5)
Position	Not Specified
Overall Rating	N/A
Date	23 Oct 2019
Activity Type	WPBA
Category	Curriculum: Methods of Learning and Teaching Interview Skills
Date Created	9 days ago
Last Updated	9 days ago

View Generate PDF

Help

SHOW SELECTED

Folders

- CT1 (18)
  07 Jul 2017 to 06 Jul 2018
- CT2 (18)
  07 Jul 2018 to 06 Jul 2019
- CT3 (9)
  07 Jul 2019 to date

Review Periods

- ARCP (20)
  23 Nov 2018 to 22 Nov 2019
- ARCP (17)
  23 Nov 2017 to 22 Nov 2018

FILTER RESULTS

Type

- ACE (3)
- AOT (6)
- CbD (2)
- CBDGA (3)
- CP (3)
- DONCS (4)
- DOPS (2)
- JCP (6)
- Mini-ACE (3)
- PACE (3)
- SAPA (5)

Filters

- CT level
- ARCP period
- Counts of WBPA

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

PORTFOLIOONLINE

Dashboard Profile Forms Organisation #1

LW

Laura Wilson (Example Trainee #46)

Portfolios » Specialty Training » Activities

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

PORTFOLIOONLINE

Logged in as: CE Charles Elliott (Example Reviewer #6) Log Out

Dashboard Profile Forms Organisation #1

Follow @PortfolioOnline Help

LW Laura Wilson (Example Trainee #46)

Portfolios » Specialty Training » Activities

Enter name GMC or email... Search Users

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

SHOW SELECTED

Folders

- CT3 (37)
  07 Jul 2019 to date
- CT2 (79)
  07 Jul 2018 to 06 Jul 2019
- CT1 (90)
  07 Jul 2017 to 06 Jul 2018

Review Periods

FILTER RESULTS

Type

- Document (116)
- Reflection (20)
- Review (25)
- WPBA (45)

Category

WPBA Level

View As List | View as curriculum coverage | View current PDP coverage

Enter some text to search fr Search Activities | Activity Date | Desc | Show Tag Filters

We found 206 results. There are no filters applied.

Showing 1-10 of 206 rows « First ‹ Prev 1 2 3 4 5 6 ... 21 Next › Last » Per Page : 10

Reflection Form

Submitted At: 11 days ago

Summary: No summary available

Date: 05 Nov 2019
Activity Type: Reflection
Category: Curriculum: Methods of Learning and Teaching
Learning in formal situations
Date Created: 12 days ago
Last Updated: 12 days ago

View | Generate PDF

Supervision Session ×2

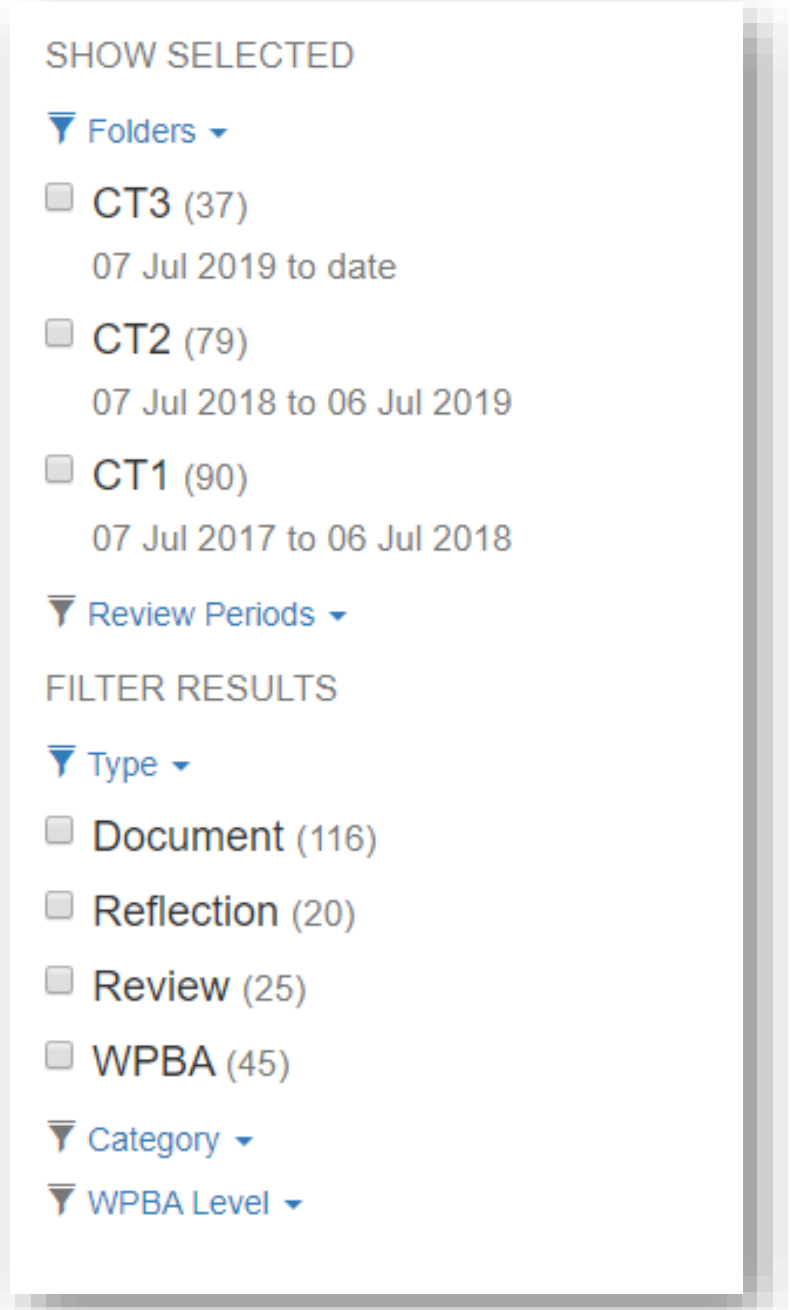
Supervision meeting

Supervisor: Martin Robinson (Example Supervisor #46)

Date: 04 Nov 2019
Activity Type: Review
Category: Curriculum: Methods of Learning and Teaching
Special Interest
Date Created: 9 days ago
Last Updated: 9 days ago

View | Generate PDF

Help



Filters

- CT level
- ARCP period
- Type

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

PORTFOLIOONLINE

Dashboard Profile Forms Organisation #1

LW

Laura Wilson (Example Trainee #46)

Portfolios » Specialty Training » Reviews » ARCP

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

Scheduled

This ARCP is scheduled the review date is 22 Nov 2019

ARCP

Review Date	22 Nov 2019
Review Period	23 Nov 2018 to 22 Nov 2019
Organisation	Organisation #1
Chair	Not Specified
Created	6 days ago
Last Updated	6 days ago

View

View

/ ARCP

Review Period

About Folders

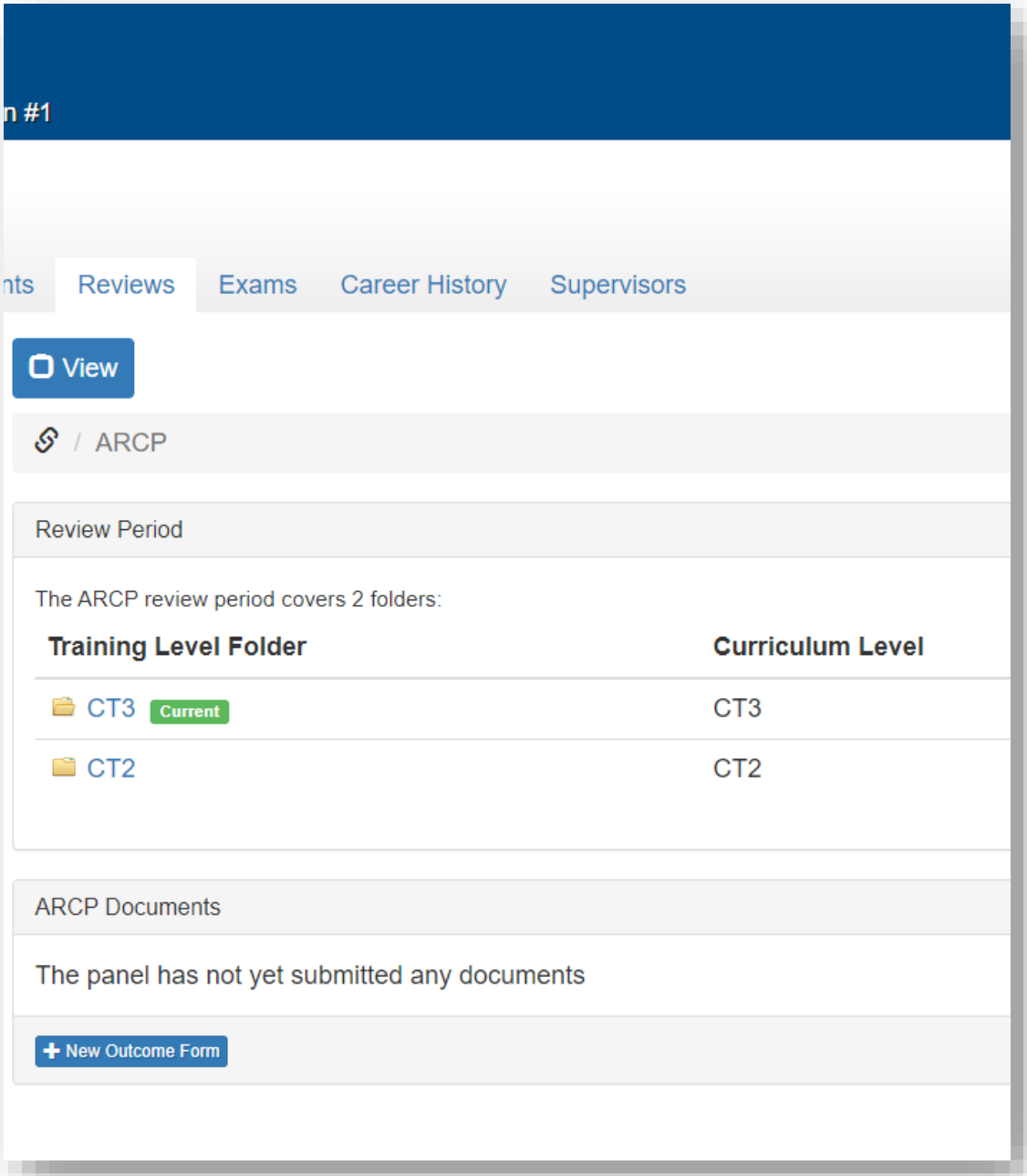
The ARCP review period covers 2 folders:

Training Level Folder	Curriculum Level	Specialty	Start Date	End Date
CT3 Current	CT3	Core	07 Jul 2019	
CT2	CT2	Core	07 Jul 2018	06 Jul 2019

ARCP Documents

The panel has not yet submitted any documents

New Outcome Form



Review Tab

- ARCPs
- Supervisor reports
- Supervision

Portfolio Online : Career History | Portfolio Online : New ARCP Out | When do I complete training cal

training.rcpsych.ac.uk/arcps/89044/forms/new

Google Maps | OpenStreetMap | Languages | Temp | Favourites | Twitter | Reverso | YouTube

Charles Elliott (Example Reviewer #6)

New ARCP Outcome Form

Enter name GMC or email... | Search Users

Scheduled

This ARCP is scheduled the review date is 22 Nov 2019

ARCP

Review Date	22 Nov 2019
Review Period	23 Nov 2018 to 22 Nov 2019
Organisation	Organisation #1
Chair	Not Specified
Created	6 days ago
Last Updated	6 days ago

View

New ARCP Outcome Form on Laura Wilson (Example Trainee #46)

Trainee Forenames*

Laura

Trainee Surname*

Wilson

GMC Number*

10001046

Completion of training date*

prior to review (defaults to the date in the trainee's portfolio)

Programme Specialty*

Dual/Sub-specialty

NTN/DRN*

GMC Training Programme Approval No*

List all panel members

☑ Tom Mitchell (Example Reviewer #1)	reviewer1@example.com
☑ Charles Elliott (Example Reviewer #6)	reviewer6@example.com
☑ Yvonne Black (Example Reviewer #11)	reviewer11@example.com
☑ Lynn Byrne (Example Reviewer #16)	reviewer16@example.com
☑ Maureen Mills (Example Reviewer #31)	reviewer31@example.com

Help

Portfolios as a supervisor

- Review progress through the year
- To plan training
- Ensure feedback is appropriately targeted
- Evidence for writing CS and ES reports

Supervisor reports

- Preparation by trainee (should be)
- CS report on ILOs in curriculum
- ES report “broader view”, and linked to GMP

PORTFOLIOONLINE

Logged in as: SR Sue Ryan (Example Supervisor #6) Log Out

Dashboard Profile Forms Trainees

Follow @PortfolioOnline Help

HP Hazel Porter (Example Trainee #6)

Portfolios » Specialty Training » New Report

Enter name GMC or email... Search Users

Portfolio Folders PDP Activities Assessments Reviews Exams Career History Supervisors

Summary

Review Date	28 Jan 2020
Status	Not Started
Created By	Sue Ryan (Example Supervisor #6)
Last Updated	

Supervisor Report

New Supervisor report Form

Please select the date of review*

28/01/2020

ARCP Educational Supervisor Summary Report

Section 1: Good Medical Practice

title

Comment on the trainee's performance with regard to the 4 main headings of Good Medical Practice (opens in new window).

Knowledge, Skills and Performance*

Safety and Quality*

Help

ES Form (1)

- Knowledge, Skills and Performance
- Safety and Quality
- Communication, Partnership and Teamwork
- Maintaining Trust

- Comments / Advice
- Anything especially good
- Areas for Development
- GMC registration issues
- Personal circumstances impacting on training

ES Form (2)

- Concerns regarding health
- Concerns regarding probity
- Any…
  - Disciplinary
  - Capability
  - Investigations
  - Complaints
  - Adverse
  - Incidents ?

Example

Knowledge, Skills and Performance
No Concerns raised by clinical supervisor. Good record keeping. Attends teaching

Safety and Quality
No concerns. seeks advice when required

Communication, Partnership and Teamwork
Works well with multidisplinary team on the acute ward. Teaches medical students

Maintaining Trust
No concerns, is honest and trustworthy

Example

Knowledge, Skills and Performance
No Concerns raised by clinical supervisor. Good record keeping. Attends teaching

Safety and Quality
No concerns. seeks advice when required

Communication, Partnership and Teamwork
Works well with multidisplinary team on the acute ward. Teaches medical students

Maintaining Trust
No concerns, is honest and trustworthy

This trainee was on outcome 3 and had no portfolio entries from August to end of December

So how will you get information to help fill in the form ?

- Own supervision sessions
- Portfolio
- Review the CS report (don’t do yours first !)
- Ask the trainee
- Teaching attendance registers

Session 5

ARCPs

Reflections

Trainee revalidation

Trainer appraisal and development

Main Session	15:00 – 15:50
Breakout Rooms	15:50 – 16:20
Final questions	16:20 – 16:50

ARCPs &
Trainee revalidation

(At least…) Annual reviews of progression

All trainees

Review evidence

Produces outcomes

Outcome numbers

ARCP outcomes

The ARCP outcomes

1	Satisfactory progress
2	Needs further development, extra time not needed
3	Needs further development with extra time
4	Removed from programme
5	Incomplete evidence
6	Completion of training programme

U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment

U codes and N codes

U code example	N code example
Record keeping Inadequate experience Poor engagement Exam failure Requiring additional support	Sick leave Parental leave Not in post long enough Left on Interdeanery transfer Trainee suspended Resignation (with or w/o training issues)

The ARCP outcomes - 1

1	Satisfactory progress
2	Needs further development, extra time not needed
3	Needs further development with extra time
4	Removed from programme
5	Incomplete evidence
6	Completion of training programme

U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment

What does the trainee need for an outcome 1 ?

- Supervisor reports – CS and ES
- Form R (more on this shortly…)
- Adequate WBPAs to demonstrate progression
- Other curriculum / portfolio items

Work Place Based Assessment	**Minimum number required per year*** **		
	CT1	CT2	CT3
Assessment of Clinical Expertise (ACE)	2	3	3
Mini-Assessed Clinical Encounter (mini-ACE)	4	4	4
Case Based Discussion (CBD)	4	4	4
Direct Observation of Procedural Skills (DOPS)	*	*	*
Multi-Source Feedback (MSF) is obtained using the Mini Peer Assessment Tool (mini-PAT)	2	2	2
Case Based Discussion Group Assessment (CBDGA)	2	-	-
Structured Assessment of Psychotherapy Expertise (SAPE)	-	1	2
Psychotherapy Assessment of Clinical Expertise (PACE)	-	1**	1**
Case Presentation (CP)	1	1	1
Journal Club Presentation (JCP)	1	1	1
Assessment of Teaching (AoT)	*	*	*
Direct Observation of non-Clinical Skills (DONCS)	*	*	*

Demonstrating reflection

- Sometimes medical students and doctors may want to discuss or write down their reflections, or may be required to as part of their education, training and development.
- A reflective note does not need to capture full details of an experience. It should capture learning outcomes and future plans.
- Engagement in reflection can be demonstrated in different ways, depending on career stage.
- *Anonymising details in reflections*: When keeping a reflective note, the information should be anonymised as far as possible.
- *Reporting on serious incidents*: Reflecting on the learning resulting from a significant event or serious incident is important. Reflective notes should focus on the learning rather than a full discussion of the case or situation. Factual details should be recorded elsewhere.

AoMRC 2018

Core trainees should complete two audits in core training, with at least one by the end of CT2.

This can be interpreted broadly across a range of QI options

The ARCP outcomes - 5

1	Satisfactory progress
2	Needs further development, extra time not needed
3	Needs further development with extra time
4	Removed from programme
5	Incomplete evidence
6	Completion of training programme

U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment

The ARCP outcomes - appeals

1	Satisfactory progress
2	Needs further development, extra time not needed
3	Needs further development with extra time
4	Removed from programme
5	Incomplete evidence
6	Completion of training programme

U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment

Outcome 3 – extra time

How much extra time ?

Duration of extension to training

Programme	Extension to training time	Exceptional additional training time[1]	Total
Core training	6 months	6 months	12 months
Higher training	1 year[2]	1 year	2 years[3]
Run-through training	1 year	1 year	2 years
General practice training	1 year	6 months	18 months

4.87 While not exclusive, examples of exceptional circumstances for extension to training beyond a normal period that may have a significant impact on the ability to train or on training opportunities may include significant unforeseen changes to personal circumstances, service reorganisation, a major epidemic or catastrophe, or the unforeseen absence of a trainer. (See also paragraph 4.72.)

Outcome numbers

Confirmation of CCT date

ARCP outcomes

Time in training (WTE)

Dual training

Remedial time

Time out of training

Other (unusual) circumstances, eg training opportunities

CCT date

Outcome numbers

Confirmation of CCT date

Revalidation review

ARCP outcomes

Revalidation for Doctors in Training?

- The ARCP is equivalent to NHS appraisal
- RO for all doctors in training is Postgraduate Dean
- Includes full scope of a doctor's practice – Form R
- Includes Fitness to Practice info from Employer

Information from the ARCP process supports the RO's recommendation to the GMC

Form R

Covers the entire scope of practice for which a trainee holds a license to practice including:

- Locum work
- Voluntary work e.g. St John's Ambulance,
- Personal business, e.g. Botox
- Complaints and compliments across full scope of practice
- Involvement in and learning from investigated significant events arising across full scope of practice

The Role of the ARCP

ARCP panel will need to confirm that:

1. The review covers the scope of work since last ARCP
2. Appropriate supporting information has been presented
3. A review of training progression has been undertaken
4. There are no outstanding causes for concern about the trainee's fitness to practice across their full scope of practice

- Outcome numbers
- Confirmation of CCT date
- Revalidation review
- Outcome form and feedback / support

ARCP outcomes

Outcome form

- Reasons for outcome
- Specific competencies that need to be achieved
- Record any mitigating circumstances
  (should be in portfolio in advance)
- Note right of review/appeal and PSU availability
- Comment on any particular positives
- Do not compromise trainee
  (eg in ongoing SI investigations)
- Updated CCT date, next ARCP date

- Outcome numbers
- Confirmation of CCT date
- Revalidation review
- Outcome form and feedback / support
- Lay / External rep feedback about the panel
- Educational Supervisor Feedback

ARCP outcomes

Your CS / ES report

- Specific
- Refer to the evidence in the portfolio
- Note particular positives
- Record areas of concern with evidence

No longer recommends an outcome

ARCP - Summary of process

Pre - ARCP

Panel contacted

Divide up tasks

Review portfolio

Check info for CCT

Check attendance

Starting ARCP

Briefing

Review evidence

Portfolio
Form R
Time in training
ES / CS reports

Keep to time

ARCP outputs

Outcome number

Outcome form

CCT date

Revalidation

Support for trainee

ES Feedback form

Trainer appraisal and development

Your appraisal and development…

- This is just the start !

- Clinical and Educational Supervisors have Educational appraisals

(arranged differently across Trusts)

Appraisal

What role do you have ?

How are you keeping up to date

How do you know you are effective ?

Appraisal

What role do you have ?	• Scope of work
How are you keeping up to date	• CPD
How do you know you are effective ?	• Evidence and reflections

AoME Framework

1.Ensuring safe and effective patient care through training 2. Establishing and maintaining an environment for learning 3. Teaching and facilitating learning 4. Enhancing learning through assessment	7. Continuing professional development as an educator
5. Supporting and monitoring educational progress 6. Guiding personal and professional development	

Framework Area 2: Establishing and maintaining an environment for learning

This area is about how you make the clinical environment safe and conducive to effective learning for trainees and others.

The effective supervisor	The excellent supervisor
• Encourages participation through provision of equality of opportunity and acknowledgement of diversity • Ensures that trainees receive the necessary instruction and protection in situations that might expose them to risk • Encourages and maintains the confidence of trainees • Is open, approachable and available • Maintains good interpersonal relationships with trainees and colleagues • Provides protected time for teaching and learning • Involves the team in the delivery of teaching and supervision • Is aware of the team's experience and skills relating to teaching and supervision • Ensures that workload requirements on trainees are both legal and that wherever possible, they do not compromise learning	*Also* • Proactively seeks the views of trainees on their experience • Takes steps to establish a learning community within their department and/or organisation • Monitors, evaluates and takes steps to address areas for improvement in teaching and learning

Examples of relevant supporting evidence

- Courses attended or programmes undertaken, including face to face and online learning
- GMC trainee survey results
- Other feedback from trainees
- Details of learning programmes, study schedules, timetables for trainees and clinical teachers
- Feedback from colleagues

Framework Area 5: Supporting and monitoring educational progress

This area is about the support you provide to trainees in their progression towards a Certificate of Completion of Training and their intended career destination.

The effective supervisor	The excellent supervisor
• Agrees an educational contract at the outset of the training period • Understands the curricula requirements of the specialty and stage of training • Identifies learning needs and sets educational objectives • Involves the trainee in the above processes • Reviews and monitors progress though regular timetabled meetings • Ensures that appropriate records are kept in relation to trainee progress • Uses the educational portfolio appropriately and encourages their use by trainees • Provides a structured supervisor's report that discriminates between the trainee's strengths and areas of concern • Provides continuity of supervision or ensures effective educational handover • Responds efficiently and effectively to emerging problems of trainee progress • Is aware of, and can access available support for the trainee in difficulty • Understands their role and responsibilities within the educational governance structures of their local education provider, Deanery and College	*Also* • Proactively seeks out opportunities for providing formal support and career development activities for trainees • Establishes and/or evaluates schemes for monitoring trainee progress across the department/organisation • Involves themselves in external activities relevant to doctors in difficulty or career progression (e.g. GMC or ARCP panels, College committees) • Involves themselves in recruitment to the training programme • Involves themselves in the wider management of the training programme, e.g. training committee

Supporting information

- Courses / workshop for educator role
- Trainee timetable, attendance, supervision
- Trainee / Colleague feedback
- Reflection

Development opportunities

Your Trust Name

NHS Trust

Recap and Finish

16:20 to 16:50