

RCPsych Curricula Review

Futureproofing Psychiatry Training

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BACKGROUND

In response to recommendations outlined in the Shape of Training Review (2013), the GMC developed their new standards for postgraduate medical curricula *Excellence by Design (2017)* alongside their Generic Professional Capabilities (GPC) Framework (2017).

All Medical Royal Colleges have been asked to review and update their specialty curricula to align to the GPC Framework.

GPC FRAMEWORK

There are nine domains to the GPC Framework



CAP CURRICULUM DEVELOPMENT

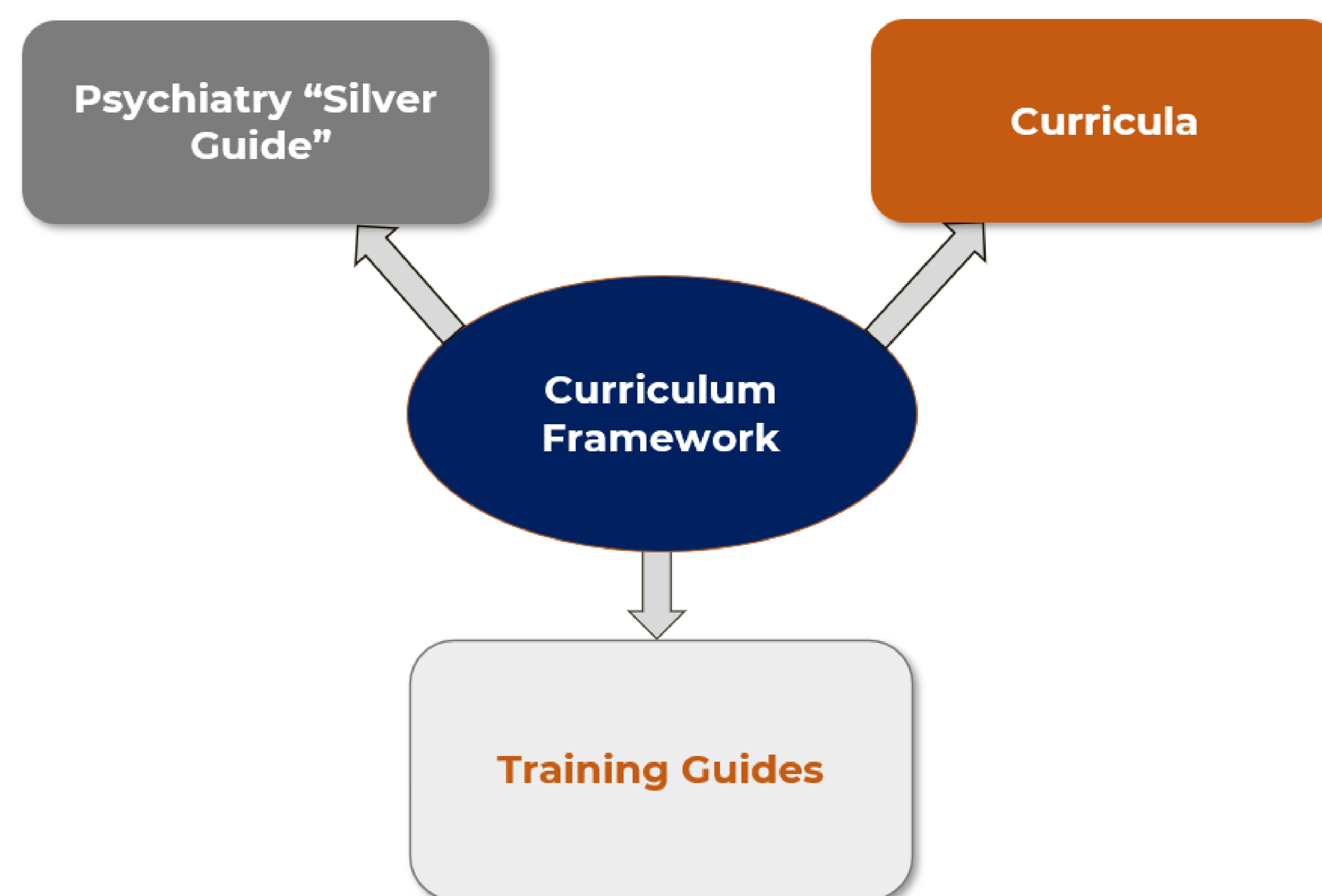
Mandatory-Selective ILOs > The content from all mandatory and selective ILOs in the current CAP curriculum has been subsumed within the broad HLOS and key capabilities within the reviewed curriculum, and the CAP SAC has ensured that the HLOS and Key capabilities are also concordant with the GPC structure and content. This means that it will be necessary to achieve all HLOS and Key Capabilities. The content in the broad HLOS & key capabilities also links with the current and rapidly changing systems and training context, and current and potential future developments in CAP.

Training Guide > The granular detail from the current curriculum will form the content of the "Training Guide" to ensure that the curriculum is *deliverable* across the country and devolved nations, and across a wide range of training contexts.

Dual Training > All specialties have the same structure for their curricula, and this should help trainers and trainees with dual CCT training programmes.

Equivalence > The CAP SAC has members that sit on RCPsych's equivalence committee, and feedback has indicated that the new structure will also benefit colleagues undertaking the CESR route.

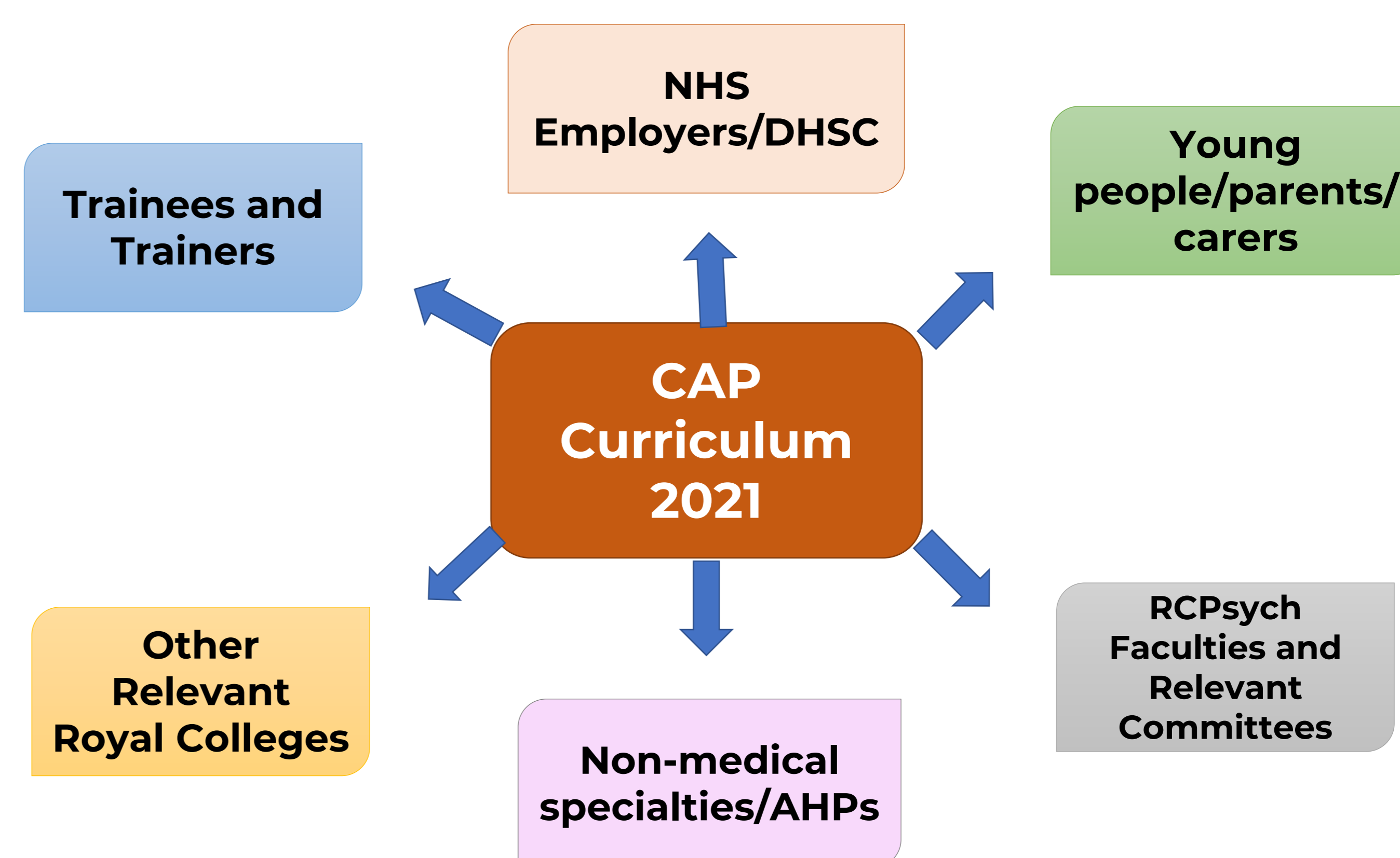
CURRICULUM FRAMEWORK



There are three key elements to the Curriculum Framework:

- **Psychiatry "Silver Guide"** – a guide for all trainees and trainees aligned to the Gold Guide, outlining all key training elements within Psychiatry
- **Curricula** – the main curricula documents contain broad "key capabilities" providing an overarching structure for what trainees need to achieve.
- **Training guides** – these outline "how" trainees can achieve each key capability, and include a non-exhaustive list of examples.

STAKEHOLDER CONSULTATION



TIMESCALES & IMPLEMENTATION

- Proposed curricula due for submission in **October 2020**
- Implementation planned for **August 2021** intake
- Trainees entering **CT3 or ST6** will **remain on the current curriculum**; all remaining trainees will transition across
- An updated Portfolio Online will be launched in 2021
- Videos and training materials will be available to trainees and trainers in early 2021.

Child & Adolescent Psychiatry Run-Through Programme

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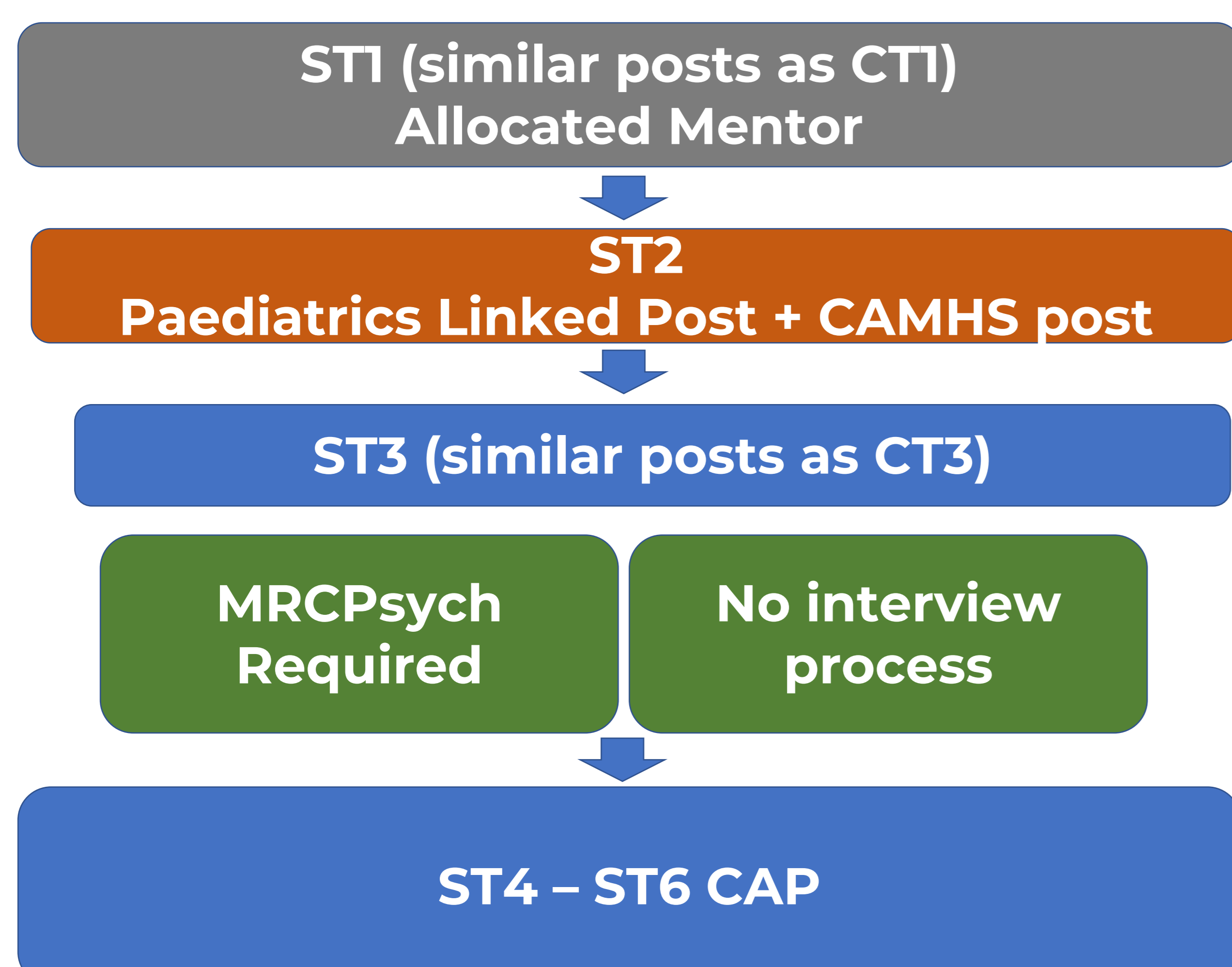
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BACKGROUND

- There was some evidence that run-through training in CAP might have a positive impact on recruitment into CAP, e.g. attraction of stability of training for 6 years, with attraction particularly regarding specialty.
- Approval was granted from the GMC for the pilot to start in 2018, with 6 places agreed with HEE. However, with an overwhelming number of applications received (94), places were increased to 11.
- No additional NTN's were funded, so the pilot needed to run within the current Core Psychiatry NTN's.

PROGRAMME OVERVIEW

- Duration of pilot > 3 years (2018, 2019, 2020) with an extension granted for one year.
- Final intake to pilot is planned for August 2021
- First cohort of trainees due to start ST4 in August 2021
- There is agreement with HEE to have up to 20 pilot places per year, and this would also rely on deaneries participating and offering to host places
- ST1 – ST3 trainees train concurrently with CT1-CT3 trainees.
- Trainees at ST2 undertake a Paediatric linked placement (paediatric liaison/ambulatory paediatrics) and 1 x CAMHS placement
- Progression to ST4 CAP rotation occurs in the same Deanery without national interviews after passing MRCPsych exams. The ST4-6 training will be the usual ST4-6 training. If the trainee decides against continuing in CAP at ST4 – they will need to participate in the national ST4 interviews for a different specialty.
- In ST2 year, even in the Paeds-linked post, trainee will remain a Psychiatry trainee, attending an MRCPsych course, remaining on Psychiatry on-call rotas and will have a Psychiatry ARCP.
- The trainees on the pilot will follow the Core Psychiatry curriculum, attend the regional/ local MRCPsych programme and undertake the Psychotherapy activities as expected. All other Gold Guide rules regarding training apply to the run-through pilot too. They will have the same supervision arrangements through all the placements as any other core trainee -in addition they will also have a mentor (as you've highlighted).
- Joint interview process for appointment to CT1/ ST1 post, all posts offered have been filled (100% fill rate) and a popular training pilot.
- Quantitative (progression, ARCP outcomes, attrition) and qualitative feedback to GMC every year.
- Total numbers at present: 2018 total intake = **11** trainees; 2019 total intake = **19** trainees (2 intakes); 2020 total intake = **14** trainees



PROGRAMME FEEDBACK

What made you choose this training pathway?

"I was excited by the opportunity to pursue my chosen specialty from ST1 level, especially with the opportunity for inclusion of additional CAMHS specific training within core training. Also appealing to remain within one deanery for duration of specialty training." – ST1 Trainee

In general, feedback for the programme has been positive:

- 88.2%** of respondents at ST1 would recommend this training pathway to others, with **100%** of respondents at ST2 stating they would recommend the pathway to others
- 100%** of run-through trainees in the 1st cohort achieved an Outcome 1 at ARCP at ST1.
- Feedback from the all the candidates applying for the first cohort- reasons for applying were (in order of popularity):

- 1) *Being in one area for 6 years and hence stability;*
- 2) *Attracted to CAP as a specialty - reasons for this being personal experiences, positive experiences of CAP placements during medical school, opportunity to have a CAP placement as FY trainee/ having CAP taster as FY trainee;*
- 3) *Meeting inspiring, committed and charismatic senior medics in CAP who seemed to enjoy working in the specialty despite well-known resource shortfalls in CAMHS.*

Improving the programme:

- Better communication within the local Deaneries required to ensure lead educators (TPDs, Heads of School and supervisors) had knowledge of the run-through pilot to support trainees and also to ensure sharing information and planning the Paeds-linked and CAMHS placements
- Ensuring trainees are allocated a run-through mentor early into the programme
- Ensuring adequate and timely information regarding the CAMHS/Paediatric linked post is provided at ST1

Impact of COVID-19 on run-through trainees

Feedback from trainees during the COVID-19 pandemic (data prior to August 2020) has included:

ST1 trainees

- 83%** ST1 trainees stated that COVID-19 impacted their training
- Reasons included: Study leave interrupted; taught courses cancelled; redeployment (within Psychiatry); unable to sit examination

ST2 trainees

- CAMHS and Paeds linked posts interrupted due to redeployment
- Move to virtual working disrupted Paeds linked post.

The majority of the impact of COVID-19, in particular for ST2 trainees has been around undertaking the Paeds linked post, and undertaking elements of the MRCPsych examination.