

West Midlands Division Newsletter - Spring 2018

Editorial from Dr Nilamadhab Kar



Welcome to the spring newsletter. Thanks for all the contributors and readers of the newsletter and your feedback. We welcome your suggestions and articles. Please do share your good practices, details of special services in your local areas and your achievements and concerns.

There is a specific concern about recruitment and retention in psychiatry. Two articles in this newsletter describe the factors around career choice of undergraduates and works done to improve recruitment and retention in psychiatry in one of the Trusts in the West Midlands; more specifically improving the quality of experience of the trainees. Reflections from the Head of School of Psychiatry in this edition has added an interesting perspective.

The West Midlands division has a long list of service development initiatives in psychiatry, quality improvements projects, a plethora of ground-breaking research along with the rich experience of working for a culturally diverse population. The division's newsletter can be the place of sharing this information, which may help improve their visibility.

As ICD 11 is on its way in 2018 with many changes in the diagnostic classification of mental, behavioural and neurodevelopmental disorders and there is an ever-increasing importance of diagnostic precision in psychiatry, it is an interesting time to watch their influence on clinical practice. Similarly, increased recognition and provision of services for specific psychiatric disorders at tertiary level, and almost relentless change in service models locally and nationwide, suggests there is a continuing need for training to remain abreast of these changes and to acquire new skills. It will be nice to have your views on these changes.

I hope you enjoy reading this edition. Please share your ideas/views on how to improve the newsletter and the topics or discussions you would like to read about.

Welcome from Dr Ignasi Agell, West Midlands Division Chair

Welcome all to this new spring edition of the West Midlands Division. Many of you, representing our 1,006 members, were able to attend the winter academic meeting in December, a meeting that was well attended and received very positive feedback. At the meeting, we launched our new Twitter account @rcpsychWM and I want to encourage you to use it to communicate with your peers and raise the profile of the specialty and of the region.

Our spring academic meeting is due on 11 May at Copthorne Hotel in Dudley with Dr Liz McDonald, Prof Athula Sumathipala, Dr Rachel Upthegrove, Prof George Tadros and Dr Subodh Dave as speakers. The presentations are varied and of interest to all clinicians.



[International Congress](#) will be held in Birmingham on 24-27 June 2018 and I hope that many of you will make the most of the opportunity to attend and actively contribute in some way so that we can show the rest of the country that the Midlands is the place to be!

Our Mental Health Act training courses remain popular and new courses have been scheduled for later in the year with the expectation to be a sell-out.

The Specialty Doctors and Associate Specialists (SAS) event on 27 October was well attended and gave SAS doctors a great opportunity for learning and networking. I want to thank Dr Nidhi Gupta for organising it.

The Mentoring Skills Training Workshop organised by Dr Geoff Marston also received excellent feedback and continues to provide an important tool of support to all but especially to new consultants in the division.

Please encourage your [foundation doctors](#) and [medical students](#) to sign up to associate status which is free via the College website.

Recent appointments to the Executive Committee: -

- Dr Joji George, Deputy General Adult Psychiatry Regional Speciality Representative
- Dr Jelena Jankovic, Perinatal Psychiatry Regional Speciality Representative
- Dr Akshay Kansagra, Psychiatric Trainees Committee Representative

Vacancies: -

- [Neuropsychiatry Regional Specialty Representative](#)
- West Midlands Independent Psychiatrists Group Chair
- Specialty Doctors and Associate Specialists (SAS) Representative

Looking forward to meeting you at our academic meeting.

@ignasiagell

Influencing Tomorrow's Doctors, Today: A Need For Focussed Mentoring

"So, what medical speciality do you think you'd go into in the future?"

By Natasha Roberts¹, Alexander Wood¹, Dr .Rahul Vivek Chandavarkar²

1. Year 4 Medical Student, Keele University; 2. Consultant Psychiatrist, South Staffordshire and Shropshire Healthcare NHS Foundation Trust

As 4th year medical students - family senior doctors, nurses, patients often break the ice with this question! Answers to this question are challenging and often vary from student to student. We thought it might be interesting to explore factors we felt could influence a student's choice of speciality - and to consider whether mentoring from seniors could potentially influence future career decisions.

We considered some factors which have influenced us so far: CT1/ST1 competition ratios released by Health Education England show that Psychiatry, General Practice and Paediatrics often have the fewest applicants per post.

Factors we found to influence career choice can be categorized into: **1) Personal Factors, 2) Speciality Factors, 3) Medical School factors, 4) Role Models.**

1. Personal Factors: A significant proportion of students at our medical school are postgraduates and may choose career paths with shorter training. A student's age and desire for a good work-life balance may lead them to pursue certain careers over others. Also individual preference for lone working versus team working while making decisions may influence career choices.

2. Speciality Factors: Training times, salary and employability are all extremely important when choosing specialities. Preference for interpretation of information and problem solving rather than direct patient interaction, or direct engagement with patients and their families and longitudinal patient care may attract some students towards one speciality over another.

3. Medical School Factors: The ways in which medical schools timetable placements in clinical years vary, with differing emphasis and time designated to different specialities; greater experience and time spent within specific specialities may influence students into pursuing that career. Similarly, the careers advice provided by medical schools and availability of mentoring may positively reinforce, or deter one from pursuing a certain career.

4. Role models: Medical students may consciously or unconsciously chose specialities based on role models they have identified with during their clinical rotations. Coming into contact with a doctor who teaches and integrates students into the clinical environment may result in a student holding that doctor and speciality in preference over others.

Reasons a medical student may choose Psychiatry: Medical students may well have been exposed to mental health services before entering medical school, especially since one in four adults in the UK suffer from a mental illness every year. A student's exposure to mental health services during placements does influence one's interest in the speciality and consideration of it as a career. The work-life balance in psychiatry can be an attractive factor, especially for students with a family, in addition with the Psychiatrist's holistic approach towards patient care.

Is there a role for trainers to be mentors?: Newly appointed consultants and trainers possibly have a more recent understanding of the rigours of current training needs and the dilemmas faced while making their way through career choices in the current system. The availability of consultants and trainers in mentoring medical students providing them with invaluable advice could potentially go a long way in securing a better future for tomorrow's doctors. Guidance from mentors would positively reinforce decisions students make, in the hope of gaining satisfaction in the careers they pursue within the NHS.

Conclusion: We would like to suggest that in the least it seems that a combination of personal, speciality and medical school factors along with influencing role models could contribute to a medical student's career decisions. Year 4 is a crucial year at medical school, where students begin to become aware of the challenges that lie ahead and feel a genuine need for guidance in making career choices and potentially most likely to be influenced. Year 4 medical students are faced with a myriad of possibilities and could benefit from structured guidance from a mentor at more senior level.

We propose that if a dedicated Consultant mentor was made available to students at every NHS trust, where medical students are placed, it could help nurture and guide current medical students in securing a more fulfilling future as tomorrow's doctors.

Is it time to allow trainees to have a say in recruitment and retention in Psychiatry?: A trial model from our trust

By Dr Huw Evans¹ and Dr Rahul Vivek Chandavarkar²

1. CT2 Psychiatry Trainee; 2. Consultant Psychiatrist, South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Psychiatry seems to be facing one its greatest challenges to date in terms of recruitment and retention. Only 69% of training posts were filled in 2017 nationally; leaving 154 empty¹. Bad news for our specialty and likely to negatively impact patient safety, quality of care delivered and further burdening an already strained health economy.

Having recently commenced Psychiatry training in Shropshire, I was acutely aware of some issues: long standing gaps in the on call rota, falling numbers of Psychiatry trainees year on year and trainee morale at breaking point despite the best efforts of the trust.

We thought it was time for a new strategy and about time trainees rose to the challenge to help resolve these problems. I was elected as the SSSFT Junior Doctor Representative for Shropshire. In collaboration with medical staffing and senior management a multi-faceted campaign was devised to improve recruitment and retention.

There were a few challenges, the main ones being the new junior doctor's contract and low morale among junior doctors.

Our trust previously operated a 24 hour offsite rota, which seemed to be unsustainable to trainees. Therefore we used the new contract as an opportunity to redesign the rota from 24 hours off site on-call to 12.5 hours on site on-call. The new rota also accommodated both GP and Psychiatry trainee's mandatory weekly training. The result, junior doctors felt they were working better hours, receiving more teaching and the new pattern led to a modest pay rise!

A major factor when trainees make future career choices is a consequence of early placement experiences. Focussed nurturing of juniors (medical students and foundation trainees) and improving the quality of their experience during their Psychiatry placements could increase their likelihood of choosing to train in Psychiatry. Trainees needed to feel listened to, so we organised regular meetings between trainees and senior management to ensure there was clear communication, ensuring issues were quickly and amicably resolved.

Local induction was modified to include role play of common scenarios, formal de-escalation and physical safety training. Local teaching was redesigned with a timetable allowing trainees adequate advance notice as to when they were required to present with their firms.

Recruitment at local and national events now has trainee representation for the first time. We collected dozens of names and email addresses, created a mailing list and created a new recruitment website, with easy access to trainee representatives to discuss working at SSSFT.

The rota in Shropshire is now fully staffed for the first time in many years and trainee morale has noticeably improved. GMC Trainee Survey results improved from 2016 to 2017. We were within or above the national average for every domain and were notably strong in several key areas including in and out of hours clinical and educational supervision and workload.

In summary:

Our collaborative work has only just begun and the task will be relentless. Every 4 months we have a new intake of juniors which brings a new opportunity. An opportunity to influence and attract some of the brightest and best minds, that not only is Psychiatry one of the best career specialties but also that our trust is the best place to train in.

We feel that our organisation listens, learns and adapts to change. We are proof that having a ward to board culture where senior management are approachable and open to new ideas works. Our partnership with senior management can only deliver substantial rewards in terms of patient care, safety and staff morale along with long term retention of trainees and reduced costs due to reduced need for locums.

Reference:

1 National Psychiatry Recruitment – fill rates & Competition Ratios. Health Education England. Available at: <https://www.nwpgmd.nhs.uk/national-Psychiatry-Recruitment-Comp-Ratios-Fill-Rates>.

Accessed 09/03/18

Interview with Dr Jayne Greening, Head of West Midlands Post Graduate School of Psychiatry

MBBS. MMedSci. MMedEd. FRCPsych.



I grew up in Hollywood just outside of Birmingham and went to the local senior school Woodrush High after refusing to sit the exam for King Edwards as I told my parents I did not want to leave my friends and travel to Birmingham to school.

I became president of the VIth form committee and chair of the British Association of Young Scientists (BAYS) Hollywood branch! I went to London to study medicine as all my pure maths A level class were taught the wrong syllabus and we all got much lower grades than predicted so I had to resit maths. I went to Bournville college (Old campus!) and got a grade A and was accepted by one of the very few medical schools that would consider taking re-sit candidates. I did my house jobs in Walsall and applied for the "All Birmingham Psychiatry Rotation", I wasn't accepted first time round but applying again got in!

I enjoyed all my psychiatric training posts and had the opportunity to do quite a few. I also spent a year as a research fellow in the academic department doing research diagnostic interviews for bipolar disorder.

I have been a consultant in General psychiatry for 14 years working in South Birmingham. I first became interested in pursuing teaching and training as a career side line after a chance meeting with Dr Chris Vassilas in the old QEPH library. I have enjoyed several formal roles including College Tutor, MRCPsych course lead and Core Training program Director and went on to do a masters degree at Warwick. I became head of school just over a year ago.

Q. Tell us something about yourself that most people don't know.

A. After I got membership for the Royal College of Psychiatrists I took a year out of medicine and went travelling around the world first with a friend and then on my own. I travelled across America, Fiji, New Zealand and all around Australia. I had a fantastic experience which I look back on with good memories and wonder now how on earth I did it; living in shared hostel accommodation, out of a ruck sack, no mobile phone, going to the beach, skiing, walking, sightseeing.....no deadlines.....no responsibilities...hang on!! now I do know!

Q. What trait do you deplore in others?

A. Laziness, I can't bear it. Mindful contemplation and reflection on the other hand is very worthwhile.

Q. Tell us about either a film or a book that left an impression on you?

A. There are quite a few! The first book I remember buying in hardback (couldn't wait for the paperback) was "Caitlin: Life with Dylan Thomas", the first of many autobiographies I have read which is probably my favourite genre; I enjoy other peoples life stories, which is useful for a psychiatrist. I also enjoy some feminist literature, as its called and have read some Germaine Greer and Simone De Beauvoir. My favourite book of all time is however Diana Gabaldon's Cross Stitch which, together with its sequels has recently been made into a must watch TV series! Film wise; Chocolat is excellent and encompasses so much about the human condition.

Q. When not being a psychiatrist, what do you enjoy?

A. I have always attempted some form of exercise and was a rower at university but I have lately become a runner after completing the couch to 5K, which I never thought possible and I also enjoy going to the gym when I can. My partner is a professional musician and we enjoy live performance of theatre and music of many descriptions as well as socialising and eating out. I also enjoy a good board or card game.

Q. Which people have influenced you the most?

A. I am, by virtue of my genetics, influenced by my mother who became head girl at school aged 13 and has never really stood down from office and still going strong at 90. I had some very good teachers at Woodrush who were passionate and committed, Mr Rhymer science and biology and Mr Knott who taught us as much about politics as chemistry. They knew I wanted to do medicine and helped me try and achieve the grades I needed. As a trainee my most memorable and influential trainers were Peter Bentham, Femi Oyebode and Tom Harrison as well as John Burnham from the CAMHS team. The lack of female role models is probably representative of the fields of medicine and science over the last 30 years but will change over the forthcoming years I hope.

Q. If you were not a psychiatrist what other profession would you choose?

A. I am not sure, it would probably be something scientific perhaps along the lines of biology, working with animals on land or sea. I also wouldn't mind running my own business, perhaps catering. I did also do art O level and had to drop it to do sciences but I wouldn't mind something to do with interior design.

Q. How would you like to be remembered?

A. I would like to be remembered by my patients as a doctor who cared about their needs and helped them achieve some positive outcomes. I would like to be remembered as a teacher / trainer by my trainee colleagues in the same way.

Executive Committee

The West Midlands Division [Executive Committee](#) meets three times a year at Birmingham Chamber of Commerce, Edgbaston, Birmingham.

Approved minutes from previous meetings can be accessed [here](#) (member login required).

2018 meeting dates, 10am -12.30pm: -

- Friday, 23 February
- Friday, 15 June
- Friday, 2 November

Spring Academic Meeting - Book now to secure your place!

Friday 11 May 2018 - Copthorne Hotel Merry Hill, Dudley

- [Programme](#)
 - [Book now - limited places available!](#)
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Report from Winter Academic Meeting 2017

This was the first divisional meeting organised by Dr Saeed Farooq, Academic Secretary. It was held at the Holiday Inn Birmingham Airport, with 105 in attendance and received excellent feedback.

The morning featured talks on 'Early Intervention in psychosis: known and unknown unknowns' by Prof Swaran Singh, 'The Psychiatry of Appearance: insights from a surgical liaison service' by Dr Hosakere Aditya and 'Use of licensed medicines for unlicensed applications in psychiatric practice' by Prof David Baldwin.

Dr Benjamin Perry, winner of the Clinical Audit Prize presented his audit entitled 'Capacity Assessment & Information Provision for Newly Admitted Patients: A Completed Audit Cycle'.

The afternoon featured talks on 'Philosophical psychopathology in the 21st century' by Prof Matthew Broome, 'Collaborative Care in depression: what is it, and how could it work across the primary/specialist care interface?' by Prof Carolyn Chew-Graham and 'Using CBT for psychosis in clinical practice' by Prof David Kingdon.



Dr Ignasi Agell



Dr Saeed Farooq



Prof Swaran Singh





Dr Hosakere Aditya



Dr Hosakere Aditya



Prof David Baldwin



Prof Matthew Broome





Prof Carolyn Chew-Graham



Prof David Kingdon

Divisional Prizes



The 2017 Clinical Audit Prize trophy was awarded to Dr Benjamin Perry for his audit entitled 'Capacity Assessment & Information Provision for Newly Admitted Patients: A Completed Audit Cycle'.

Shortlisted candidates for this year's Research Presentation Prize will be presenting their research at the spring meeting on 11 May where the winner will be presented with a trophy.

The division will again be awarding a bursary to enable a medical student to attend the College's [International Congress](#) in Birmingham, 2018.

Further details about Divisional prizes can be found on the home page under '[Prizes and Competitions](#)' or by contacting [Gloria Zachariou](#).

Mentoring Scheme

Dr Geoff Marston – Mentoring lead

Where to start?

Firstly, congratulations to Jan Birtle who, after many years of great work as the WMids mentoring lead, has now taken up a national role as Specialist Advisor for Mentoring in the College. She is working closely with the mentoring leads from around all regions of the UK, to further develop and expand mentoring opportunities and resources for Psychiatrists. We wish her well in her new post.

Also, thanks to Andrew Leahy for his continued dedication in providing mentoring training and support to members of our division, along with Rahul Chandavarkar who has recently offered to help us further develop and survey mentoring within the West Midlands. Likewise, thanks to Gloria Zachariou and the rest of the team at divisional HQ for keeping us all on track.

Next I would like to thank all 74 listed College mentors on our divisional website for your dedication and enthusiasm supporting this vital role. The mentoring you offer is an extremely valuable resource for your colleagues; your time and commitment is much appreciated.

As you will be aware the list of active mentors can be found on our divisional (members access only) [website page](#).

If you are mentoring someone, but not on the list we should be most grateful if you could let us know and consider signing up. If you are on the list, to keep our information up-to-date, it would be great if you could let us know the following at your earliest convenience:

1. Are you are happy to be / remain a mentor on the list?
2. If you have not already completed one, please could you provide us with a pen-portrait (see [template](#)) to help those searching for a mentor.
3. If you have previously filled out a pen portrait please could you take time to review it on the website and to make sure all the information is still valid.
4. If you are actively mentoring it would be helpful to know how many people you see.

Please send your details to [Gloria Zachariou](#), Division Administrator (West Midlands and Trent Division).

What Else?

In November 2017, we held our annual mentoring training day at the Birmingham Marriott Hotel. The morning covered an introduction to mentoring and basic skills training for new mentors. The afternoon was an opportunity to further develop mentoring skills and awareness, including Dr Ananta Dave's session on the cultural aspects that need to be considered in mentoring relationships. The event was attended by 22 delegates and the feedback was very positive.

We will be arranging more basic training for new mentors later in the year. Our aim is to expand such opportunities to include career grade psychiatrists and senior trainees. Likewise we are hoping to offer some dedicated skills training for existing mentors – details to follow.

In the meantime, our local support and development meetings are available for all existing mentors. These meetings are a confidential forum in which to discuss any aspects of your mentoring. They also provide an opportunity to hear about what other training resources are locally available and to develop mentoring skills and confidence. The next meeting is 18 July 2018 from 2pm-4.30pm, at the [Uffculme Centre](#).

Finally, keep an eye out for mentoring survey emails and please take a few minutes to reply to them. The results help us to better understand your needs and to plan how best to offer support.

Thank you again for all the great work that our mentoring colleagues do. If you need any further information about the mentoring scheme, please feel free to contact me at Geoff.marston@covwarkpt.nhs.uk or [Gloria Zachariou](#).

Mental Health Act - Section 12(2) and Approved Clinician Training Courses

[Book now to avoid disappointment - limited places available!](#)

Courses are open to candidates from all professions and have been approved by the Midlands and East of England Approvals Panel. All courses will take place in Birmingham.

We advise you to check with your **local approvals office** for information on the criteria for approval/re-approval, and to confirm which course is suitable for your requirements before making your booking.

Click on the link below for further details of each course and to book online.

- [Section 12\(2\) Induction Course, Birmingham, 19 & 20 September 2018](#)
- [Section 12\(2\) Refresher Course, Birmingham, 3 October 2018](#)
- [Approved Clinician Induction Course, Birmingham, 17 & 18 October 2018](#)
- [Approved Clinician Refresher Course, Birmingham, 7 November 2018](#)

Please note that attendance at a course is only one part of the approval process, and a course certificate should not be offered or accepted as evidence of approval.

Get Involved!

If you would like to submit an article for inclusion in the autumn newsletter please send it to [Angela Appleby](#) by **Monday 17 September 2018**.

'What do Members want from their Division?' - [Contact us](#) with any additional comments, views and opinions on this topic for inclusion in the next edition of the newsletter.

Contact Us



Royal College of Psychiatrists
West Midlands Division
Vancouver House
111 Hagley Road
Edgbaston
Birmingham
B16 8LB

Tel: 0121 452 5120
Fax: 0121 452 5121

Further details about the Division, its Executive Committee, future meetings and events can be obtained from [Angela Appleby](#) or [Gloria Zachariou](#).

Your Contact Details

Members are encouraged to keep their contact details up to date – particularly email addresses as this is the main method of communication.

Please inform us if your contact details change by emailing [membership](#) or [Gloria Zachariou](#) at the Divisional Office.

Disclaimer:

The opinions expressed in this newsletter are those of individual authors and do not necessarily represent the views of the Royal College of Psychiatrists