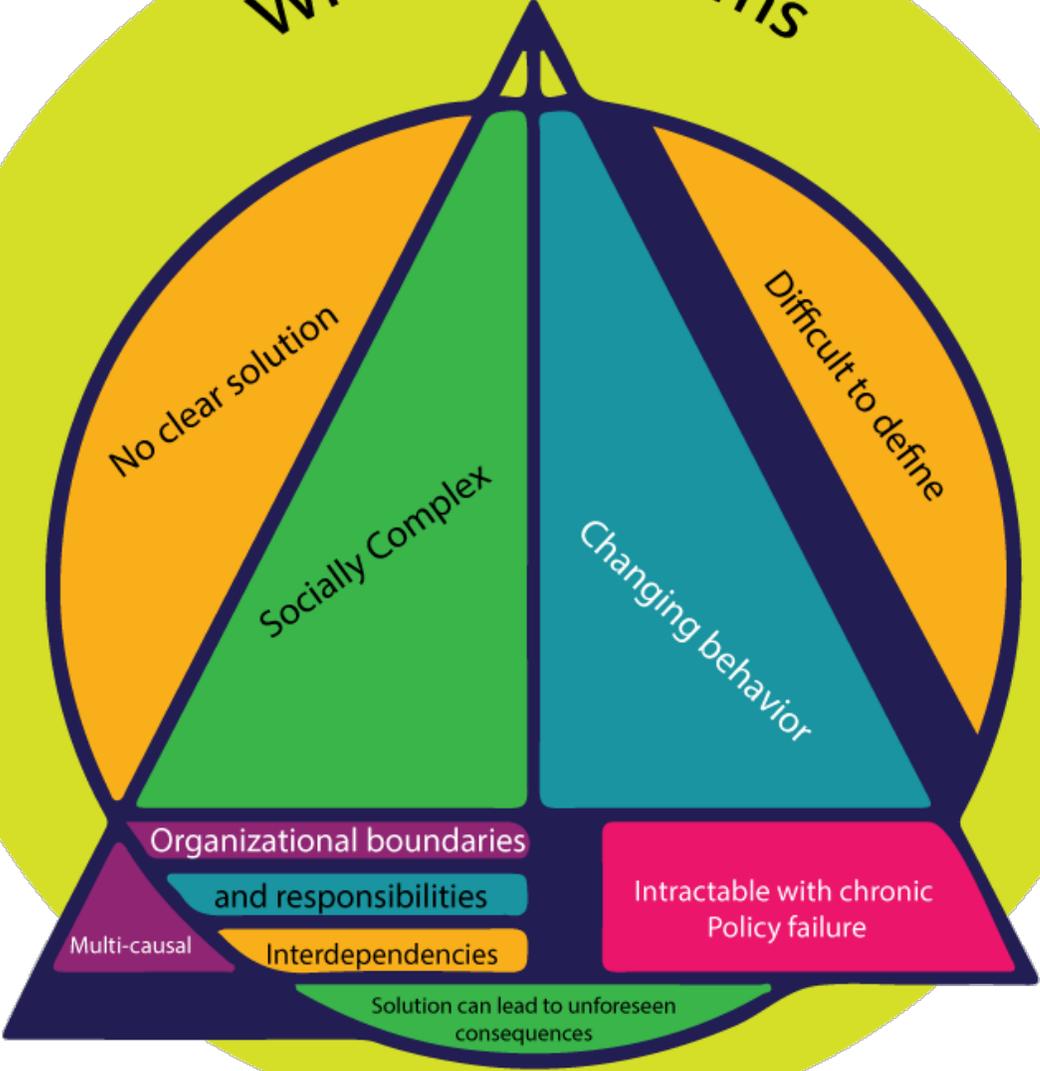


Addiction Tutor Network - Welcome

Aims of Session

- Update on curriculum changes (from August 2022) to ensure all trainees have some addiction competencies
- Feedback from Regions and devolved nations, sharing progress and challenges to date
- Planning for face to face network event in Autumn – how to make the network thrive?

Wicked Problems



Recommendations



Become a psychiatrist Training **Members** Events Improving care Mental health

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Training in Addiction Psychiatry: Current Status and Future Prospects

This report looks into addictions psychiatry provision and how we can support and reinvigorate the decreasing number of training posts across the UK.

[Read about the report's launch](#)

Figure 1. Provisional figures for significant increases in rates specific deaths in England and

<https://www.rcpsych.ac.uk/members/our-faculties/addictions-psychiatry/training-in-addiction-psychiatry-current-status-and-future-prospects>

overarching aims of our recommendations

- Protect current posts and support the creation of new posts
- Support current trainees in developing an interest in addiction psychiatry
- Support current trainees to access existing posts
- Ensure all psychiatrists have the necessary addictions competencies
- Ensure a minimum is set and maintained on all training schemes

<https://www.rcpsych.ac.uk/members/your-faculties/addictions-psychiatry/training-in-addiction-psychiatry-current-status-and-future-prospects>

1. Addiction psychiatry has fewer structural safeguards to maintain trainee numbers than in the case for other specialties.

- Establish a requirement set out in the UK curriculum for psychiatry that all trainees progressing from core training need to complete two Workplace Based Assessments (WBA) for the assessment and the longitudinal follow up and management of patients with Addiction Disorders.

2. The situation over the past decade has resulted in a “lost generation” of addiction psychiatrists and risks an unrecoverable decline as current older addiction psychiatrists retire.

- Provide a training course to meet the needs of higher trainees, consultants with no experience during training and experiences SAS doctors.
- Support SAS doctors in addictions settings to gain entry onto the specialist register via the Certificate of Eligibility for Specialist Registration (CESR). 12
- Support GMC-credentialing in Addiction Psychiatry.

3. The disconnect between third sector providers and HEE has created barriers to providing training in addiction psychiatry.

The fundamental issue facing both NHS and non-NHS providers is the funding within service specifications to support specialist medical roles and training posts.

Local commissioning by local authorities with reduced budgets means this is unlikely to be addressed without central support

Progress: Changes to curriculum

- Approved by Council Jan 2020
- Final Core curriculum approved by GMC for commencement in August 2022

- The capability in core **specific to Addictions:**

Demonstrate skills in assessing and managing patients with addictions

- Combined capability:

*Thoroughly assess the general health of your patients, taking into account the impact of their physical health on their psychiatric needs and vice versa. This assessment should include consideration of nutritional, metabolic and endocrine factors, and the **physical impact of substance use and addiction***

ARCP Decision Aid: Core Psychiatry Training (Example)

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

Development of an 'Addiction Tutor' Network

- To ensure that all trainees have access to a suitably trained addiction psychiatrist to complete a WPBA
- Looking to integrate/ attach to current learning structures e.g. MRCPsych course
- Aim is for it to be 'an offer' not 'a threat' for trainees
- Probably CbD in first instance to facilitate access to a tutor
- Encouraging trainees to recognising opportunities for learning in ALL MH services
- Also facilitate mentoring and a peer network for addiction psychiatrists

AFTI Tutor Network Structure

To have a core network group consisting of a Regional Lead (1 consultant addiction psychiatrist, and ideally a deputy) for each HEE region in England, and a lead for Scotland, Wales and Northern Ireland.

Role of the Regional/ Devolved Nations (R/DN) Leads

- Each R/DN Lead to be aware of the Training Programme Directors (TPD) in their area and make contact with them about the AFTI network, and be up to date on approximate core trainee numbers in each programme.
- R/DN leads to work with central RCPsych Admin, local clinical networks and service providers to identify suitably qualified addiction clinicians who may wish to join their local AFTI tutor network.
- R/DN Leads (or deputies) to attend two meetings per year (one of which will be as part of the Addiction Faculty conference) to develop and grow the network, share learning, and help create a community of practice across NHS and third sector providers that enhances the skills of core trainees in addiction psychiatry and improves outcomes for patients managed in all areas of mental health provision.

Regional Addiction Network Tutors

We welcome experienced addiction specialists from a range of backgrounds to join, this includes:

- Consultant psychiatrists with a CCT endorsement in addiction psychiatry
- Consultant psychiatrists without an addiction CCT endorsement but with relevant experience/training
- Consultant specialist addiction nurses
- GPSIs in substance misuse/ addiction
- SAS doctors working in addiction services
- ST4-6 Psychiatry trainees who have completed a year in addiction psychiatry.

AFTI tutor network role

- To facilitate the completion of two WPBA (likely to be case-based discussions in the first instance) in the assessment and management of substance use disorder or behavioural addiction for all trainees in CT1-3.
- Network meetings will offer the opportunity to present local arrangements and sharing any transferable ideas to other areas.
- Given the wide variation in provision of mental health and addiction services in different parts of the UK, there are likely to be significant variations in practice in different areas.
- Following feedback from trainees the most important thing is that this is perceived by trainees as an 'offer not a threat' and is seen as a valuable learning resource that aids their understanding of patients with addictions frequently presenting comorbidly with other mental disorders in a wide range of mental health settings (e.g Adult mental health, CAMHS, OPMH, liaison, perinatal etc).

Support to the AFTI Network and Tutors

- Central support from the workforce development team within RCPsych to maintain an up-to-date database of R/ DN leads, tutors, TPDs
- Assistance with meetings and training sessions
- Liaison with Heads of Schools to give updates on the AFTI network
- Provision of certificates based on completion of WPBA undertaken for appraisal and job-planning purposes
- Training sessions (e.g on gambling or other emerging areas) could be offered as part of the network development.
- Overseen by Addiction Faculty Specialty Advisory Committee (SAC)

Timeline and Next steps

- June 2022: AFTI tutor network Launch – via teams for all R/DN leads
- August 2022: GMC new CT psychiatry curriculum comes into force.
- September 20th –First meeting of Addiction SAC
- October 2022: Second meeting of AFTI R/DN leads.

Poll Questions

Question 1: Do you have administrative support to establish the offer of CBD/WPBAs to trainees?

Yes – school of psychiatry will support	8%
Yes – DME will support	12%
Yes – my own administrative team / secretary will support	4%
No	77%

26 responses

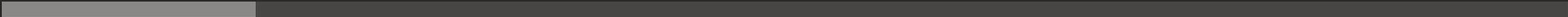
Question 2: Do you have enough tutors in your region / devolved nation to offer CBDs/WPBAs?

Yes – enough consultants with CCT signed up	4%
Yes – enough other medical grades and multidisciplinary colleagues signed up	19%
Yes – probably though not yet confirmed	54%
No	23%

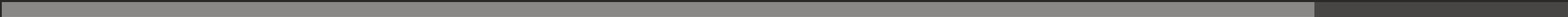
26 responses

Question 3: The tutor network will continue to meet 6 monthly; Would you prefer the next meeting to be;

Face to face at the College **16%**

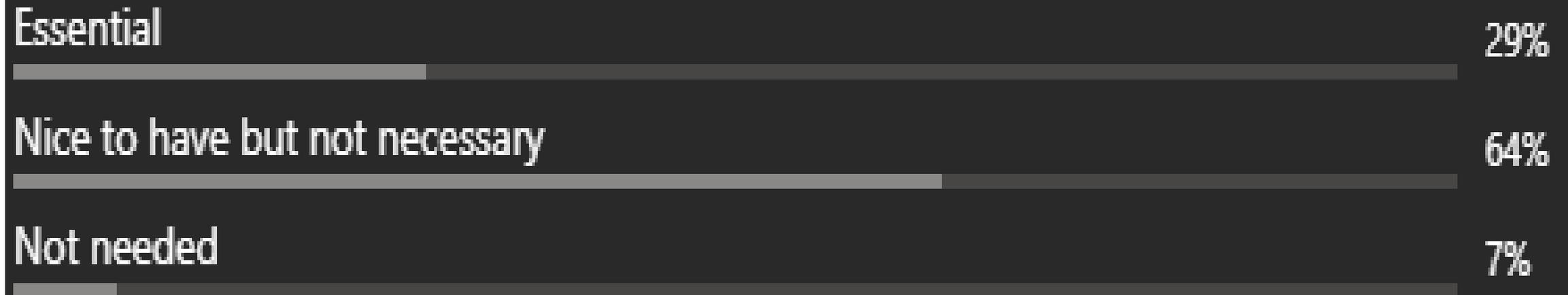


Remote/Virtually **84%**



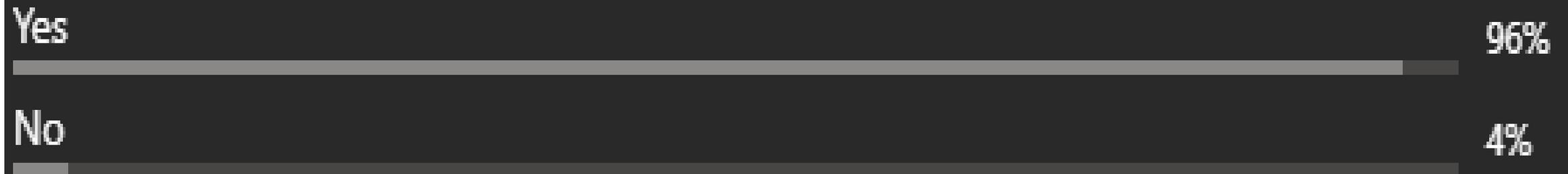
31 responses

Question 4: Would gaining CPD points/appraisal data for role as Tutor be:



28 responses

Question 5: As part of the 6 monthly network meetings would some 'content' ie a presenter, an opportunity for Q&A be helpful to cover new/emerging topics – (Eg behavioural addictions/ comorbidity/ new guidance)?



26 responses

Feedback Form

We hope you enjoyed the webinar if you are able to fill in the feedback form here:

<https://forms.office.com/r/HCMHeRcf3S>

We would greatly appreciate it