

iMind Newsletter Feb 2017

Chair's Blog

This newsletter is packed full of the developments the General Adult Faculty executive is currently working on. But there are two other issues I want to bring to your attention.

First, it is election year! Every two years, half of the Faculty executive committee is up for re-election. However we will not only be electing 6 new executive members this Spring, but also electing a new Vice-Chair to replace Paul Rowlands, whose 4 year term is coming to an end. Paul has made an exceptional contribution to the Faculty, particularly in working on the physical health agenda and in supporting the work of the [Acute Care Commission](#). The recent presidential election turnout was the highest ever, at 33%, and it would be great if we had a similarly high turnout in our executive and Vice-Chair elections. Feel free to contact me or other members of the executive if you are thinking of putting yourself forward.

Second, we are one year on from the publication of the Acute Care Commission Report. We want to know how things are developing in your local inpatient, crisis and community services. So in the coming weeks you will get a link to an online survey from the Faculty and I would strongly recommend that you respond. This is your opportunity to influence how the Faculty and the College take the work of the commission forward.

Faculty conference update

The 2016 Faculty conference was a combined event with the Child and Adolescent Faculty and seemed to be well received. This year we are, as is more usual, going it alone. The conference will be held on the 5th and 6th of October at the [SAGE](#) in Newcastle (well strictly it's in Gateshead, but given that it's 5 minutes from Newcastle station I hope you'll forgive my imprecision).

We are endeavouring to put together a programme that will meet CPD needs and will enthuse, inspire and inform. We'll have updates on the management of our bread and butter diagnoses, e.g. a mood disorders update symposium with Hamish McAllister-Williams (drug treatment), Chris Williams (CBT) and John Geddes (symptom profile); symposia led by our new President, Wendy Burn, and by our Dean, Kate Lovett; more practical workshops; and 3 excellent plenaries (Vikram Patel- the "wellbeing warrior" named in Time magazines' 100 most influential people), Allan Young and Anisa Abi-Dargham (who, I'm told, is brilliant).

We want as many of you to submit poster abstracts as possible (deadline will be in August) and, as ever, we hope that as many of the faculty as possible will come along. We particularly welcome medical students, FY docs, trainees, other middle grade staff, consultants, conference virgins and familiar faces.

See <http://rcpsych.ac.uk> for more details.

stuart.watson@newcastle.ac.uk #GAPsych2017

User and Carer Views

The Committee was pleased to welcome new carer and user reps to the meeting. Jacquie fed back on her first meeting:

"I was heartened to observe the psychiatrists present naturally and felt that patients and families were at the forefront of their objectives and outcomes.

It was also good to hear that peer support and peer involvement is valued within psychiatry. The College Carer/SU Fora members are currently mapping out peer led services/initiatives they are aware of UK wide and it would be good to collaborate on this with regard to GAP members involvement in peer support work both within hospital and community settings.

The meeting also highlighted for me the need to continue to work together, building strong links, helping us to communicate better as we work towards the same goal: improving and saving the lives of the people at the centre: these are your patients / our family, friends, people we care about. It's also important to improve the resources and wellbeing of the people who are responsible for the care of our loved ones - psychiatrists, psychologists, multi-agency teams, families/friends - recognising each others strengths and contributions along the way. Connections are vital to recovery: recovering self, recovering services, recovering wellbeing for all.

So for me it is about keeping policies, plans, outcomes real. Valuing the person at the centre always in the way we care, act and speak. Remembering that each and every one of us may - at some time in our lives - be that person at the centre!"

Personality Disorder – Cross Faculty Working Group

Given some of the challenges of working with personality disorder alongside the lack of effective service availability, a working group has been proposed. This development has arisen out of a number of different efforts from within and outside of the College. In particular, through the small project funding, the General Adult Faculty awarded seed money to the National Personality Disorder Service Survey which was completed in 2015. This survey has provided important data to various stakeholders including the British and Irish Group for the Study of Personality Disorder (BIGSPD). As such there are some significant developments within the field of personality disorder and the College needs to organise itself so that it can influence these developments appropriately. This work, therefore, goes beyond the remit of one faculty alone, hence the idea for a cross-faculty working group. Although the Psychotherapy Faculty has initiated this, the idea is that representatives from each faculty will form the group. Currently Oliver Dale will be representing the General Adult Faculty. Please contact him if you would like to get involved.

oliver.dale@wlmht.nhs.uk

Quality Improvement

There is a lot going on at the College around Quality Improvement (QI) at the moment. We as a Faculty have been particularly committed to it following the publication of the [Acute Care Commission Report](#). We wrote about our thoughts and plans for QI [last year](#).

Since then, the College has established a QI committee which I have been a part of on behalf of the Faculty. It's been an exciting piece of work to be involved with as we have helped to shape the draft QI strategy for the College. This will be taken to Council in the spring, and should inform our work on QI as a Faculty for the future.

Each summer we take some time out to think about our annual strategy and work plan for the Faculty as a whole. We recognise though that not everything we want to achieve can be completed in one year. So we have already committed at our exec meeting in February that we want to continue working on QI through 2017-2018.

Our ambitions are to work more closely with members of the Faculty in this area. To help us with that, we have spent some time with the communications team to think about our communication strategy for the future. If you have any thoughts, ideas or questions around this, don't hesitate to get in touch.

billy.boland@hpft.nhs.uk

Physician Associates: how should psychiatry respond to the challenge?

[Physician Associates](#) (PAs) are being trained and employed across the UK in initiatives led by HEE. As of January 2017 there were 23 [courses across the UK](#) and in addition a small number of PAs have been recruited from abroad. Although numbers are currently small compared with medical undergraduates (annual intakes are currently 20-30 per year per institution), they are likely to change the workforce considerably over the next few years. There are already some working within [psychiatry](#).

UK PAs will have completed a degree in a science related subject (often biomedical sciences, but mental health related subjects such as psychology, public health and sociology are also possible) followed by a 2 year diploma or masters course, with a range of [competencies](#) which includes the diagnosis and management of a number of [mental health conditions](#). Mental health is listed as a core placement with an expectation that students will spend a minimum of 90 hours on placement in mental health settings. In addition, they will spend a minimum of 180 hours in community medicine (often general practice) where there is likely to be a significant exposure to patients with mental health disorders. They must also pass a national exam with theoretical and OSCE components.

So what does this mean for psychiatrists and our patients? In the current climate, PAs will be highly sought after, especially in areas struggling to recruit doctors. There is a hope that many will work in general practice. At the very least, I would argue that psychiatrists should be actively involved in providing good teaching and placements as they are likely to come in contact with people with mental health disorders and we owe it to our patients to ensure that PAs have the necessary knowledge and skills to do this with compassion and are able to recognise when onward referral is necessary. But with the recruitment difficulties we and many specialties are experiencing, we need to consider their potential role in the mental health workforce. There may be value in identifying roles which could be undertaken by PAs to release psychiatric trainees to participate in activities more likely to be of educational value.

There remain, however, many unanswered [questions](#). The profession is currently unregistered, although processes are currently underway and there is a willingness to look at this by the [GMC](#). Some courses are being delivered in close association with medical schools, whereas others are being delivered by universities with more experience of training non-medical health professionals - PAs may turn out to be a rather heterogeneous group. Issues around salary, career progression and post-graduate training requirements are as yet not clear, although unlike doctors they will have to retake an exam similar to finals every 5 years with 9% of questions relating to [psychiatry](#). PAs are not independent practitioners and as such must always work under the guidance of a doctor – but just how much supervision will be needed or required is less clear. Under current rules they will not be able to prescribe independently. However, their training will include pharmacology and prescribing skills and it is likely that routes will become available for them to become prescribers in the future. There is no current provision or plan for PAs to be able to progress to becoming doctors. We must watch and see, but must be careful that psychiatry and our patients do not miss out on opportunities to engage with workforce developments which are clearly going to change the way healthcare is delivered in the UK.

helen.crimlisk@shsc.nhs.uk

General Adult Faculty Small Grants

The General Adult Faculty has committed funds to support ten small grants of £2000 for projects relevant to the Faculty's key aims. This year the competition has been greater than previously and the Faculty had struggled to make decisions as to which ones to fund! The winning bids, who are expected to provide a report back within 12 months are:

- Smith and Mynors-Wallis (Dorset Healthcare University Foundation Trust), Improving quality of care for people living with bipolar disorder in Poole;
- Nirodi et al (Tees, Esk and Wear Valleys NHS Foundation Trust), Introduction of 'bite-sized' reciprocal health teaching on a mixed hospital site;
- Tandon and Worwood (Nottinghamshire Healthcare NHS Trust), Multi-disciplinary team communication skills using simulated-learning;
- Cooper and Aguirre (North East London NHS Foundation Trust), Evaluating the effect of Brain Food groups on people with Mild Cognitive Impairment and mild dementia: a preliminary mixed methodology study;
- Croxford and Livingstone (Haringey Early Intervention Psychosis Service) Open Dialogue: Design, implementation, and evaluation of an introductory pilot team training in the Haringey Psychosis Service, October 2016 - October 2017;
- Bridgwood and Walker (Derbyshire Healthcare Foundation Trust), Identifying Indicators of a successful Smoking Cessation programme in Community Mental Health Services;
- Abid (Department of Psychiatry, Noble's hospital, The Isle of Man), Integrating web-based technology to improve psychotherapy outcomes – a pilot study;
- Dave et al (Derbyshire Healthcare NHS Foundation Trust), Qualitative study to explore the organisational practices associated with high rates of Clozapine prescribing in treatment resistant Schizophrenia in England;
- Rajkumar et al (Lincolnshire Partnership Foundation Trust), Leadership styles used by mental health and acute hospital trusts Consultants in East Midlands;
- Stokes et al (King's College London), Developing consensus criteria and treatment suggestions for multi therapy resistant bipolar depression (MTR-BD);
- Crimlisk et al (Sheffield Health and Social Care Trust), Flourishing through your psychiatry undergraduate experiences;
- Singhateh (Tees, Esk and Wear Valleys NHS Foundation Trust), Pilot workshop series: The use of applied drama techniques to improve communication and consultation skills;
- Christodoulou and Au-Yong (Department of Psychological Medicine, Nottinghamshire Healthcare NHS Foundation Trust), The effect of targeted education on the attitudes of hospital-based doctors towards psychiatry.

Use of Restraint in Mental Health and Learning Disability

The end of January 2017 saw the official release of the [Memorandum of Understanding on the Police Use of Restraint in Mental Health and Learning Disability Settings](#).

The memorandum was developed over two years by an Expert Reference Group including members of the Royal College of Psychiatrists and the General Adult Faculty Executive. The initial signatories include, amongst others, the Royal College of Psychiatrists, the Royal College of Nursing and MIND. Our Registrar, Dr Adrian James, said:

“The new guidelines were created in collaboration with service users, carers, health professionals and the police to develop positive policy. The aim is to make it safer and more dignified for service users, and for the police to engage more effectively in relation to their contact with people who have mental health problems. We very much value working together with our police colleagues and welcome the focus that the College of Policing has given to this area. We look forward to the implementation of the new guidelines.”

This memorandum is meant to be for local health and policing agencies, and the guidance contained within should provide a basis for locally agreed multi-agency protocols. Its credibility stems from the broad base of stakeholders involved in the group, and the distillation of some very complex clinical and risk scenarios into clearer outlines of ways of working together to achieve the best for service users.

Faisal.Sethi@slam.nhs.uk

Views on being a member of the GAP Executive

I had always wondered about getting more involved in the College and our Faculty, and started off by doing a joint piece of work in my area of interest, psychiatric intensive care, as a co-opted member of the Faculty executive. Following on from that I became an elected member of the Faculty executive, and over the past few years I have thoroughly enjoyed working within and representing our Faculty. Most recently, I was involved in a piece of work with the College of Policing on the Police Use of Restraint in Mental Health Settings. I have also had the privilege of leading on the conference academic prizes, and this role has meant I have been involved in planning the Faculty conference. The successes of the Faculty conference over the years are down to a dedicated executive and conference planning committee; it is refreshing to see so many happy conference delegates year in year out! Being part of the Faculty executive has really helped me to better understand my role as a psychiatrist within the wider health and social care system. It works both ways, the learning gained from the Faculty executive leads to direct benefits for my clinical practice, and my everyday clinical experiences help shape the areas of work I can positively influence and progress in the Faculty.

Faisal.Sethi@slam.nhs.uk