

# RCPsych Curricula Consultation 2021

## Summary Report from the consultation on our curricula framework

### Background

In 2020 we provided stakeholders with the opportunity to feedback on our core and higher curricula, including all curricula capabilities, which was submitted to the GMC in December. Following feedback in January 2021, and further feedback from a formative submission in May 2021, we have re-developed the curricula framework to include the following key components:

- **Psychiatry 'Silver Guide'** - this outlines all aspects of training in Psychiatry and aligns closely to COPMeD's 'Gold Guide' and outlines the assessment strategy.
- **Core and Specialty Curricula** - these outline the High Level Outcomes (HLOs) and Key Capabilities (KCs) that trainees are required to achieve by the end of the set progression point.
- **Placement Specific Personal Development Plans (PDPs)** - these link to the HLOs and KCs and are completed at the start of each placement within training, and outline key activities to be undertaken, linking into the Psychiatric Supervision and Educational Supervisor Reports, and the ARCP process.
- **ARCP Decision Aids** - These are guides to support ARCP panels, utilising ES and PS reports.
- **Assessments** – these include the Workplace Based Assessments (WPBAs) and the MRCPsych Examination.

### Consultation overview

For this stage of the consultation process, we offered the opportunity for stakeholders to comment on key aspects of the framework as follows:

- Psychiatry 'Silver guide'
- Placement Specific Personal Development Plans (core and higher intellectual disability examples)
- ARCP decision aids (core psychiatry example)
- Curricula transition timetable and plan

We asked for specific feedback on the above elements, but also provided all draft curricula to provide context if required. In addition, we provided two videos; one on the curricula framework and how the new PDPs will fit into the overarching curricula framework, and one on setting up a PDP.

The consultation was open for a period of 5 weeks and was circulated to all key stakeholders (please view our stakeholder strategy for comments). In addition, we ensured that Heads of School for Psychiatry had ample time to comment specifically on the transition arrangements, including the Lead Dean for Psychiatry and deanery contacts.

## Consultation Feedback

### Initial feedback on our consultation hub

We sent the consultation hub to our Lead Dean for comment and received the following feedback:

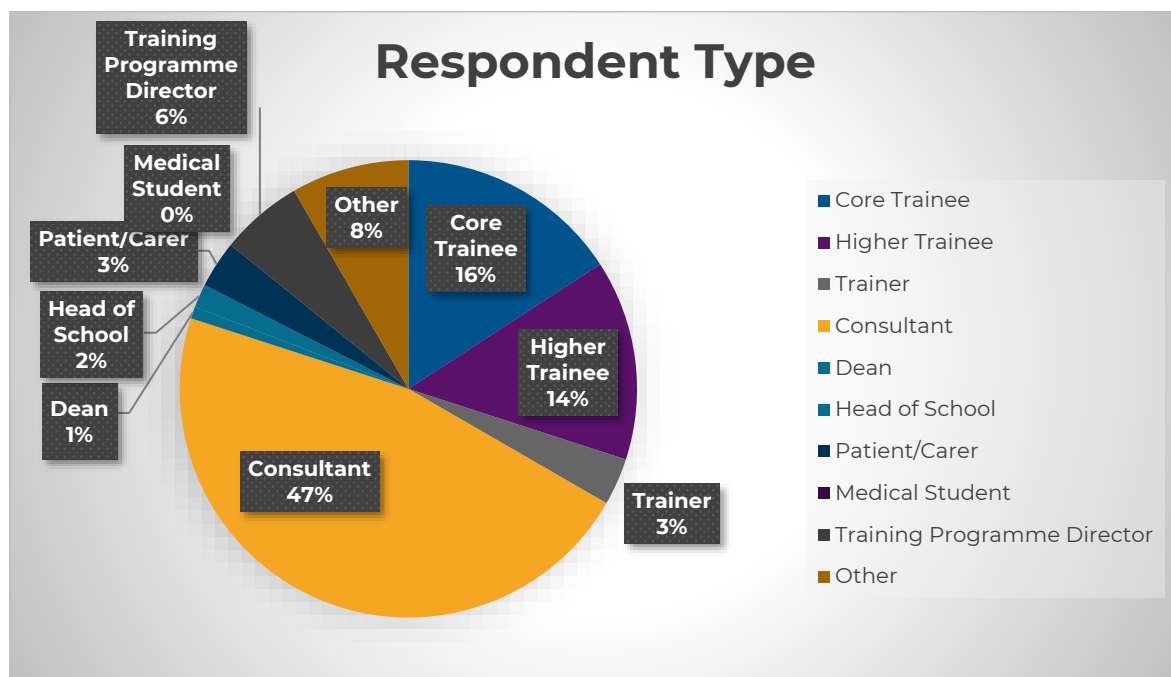
*“I think this is a fantastic resource and fully support it, it is very clear and easy to navigate, and I just love the videos and support material for developing PDPs. Have you considered sharing this as an example of good practice with AoMRC etc?”*

This is particularly helpful feedback as we wish to use a lot of the consultation hub in the development of our implementation hub.

### Feedback from our online form

#### Descriptive statistics

We received **120** responses in total on our online form. We have outlined descriptive statistics as below.



Respondent Type	Number of responses	% of respondents
Core Trainee	19	16
Higher Trainee	17	14
Trainer	4	3
Consultant	56	47
Dean	1	1.2
Head of School	2	2

Patient/Carer	4	4.8
Medical Student	0	0
Training Programme Director	7	8.4
Other*	10	12

\*Other included faculty chairs, SAS doctors and retired consultants.

The majority of responses received were from consultants at **47%** or the total number.

### **General feedback on framework structure and feasibility**

We asked for specific responses to key statements about the usability and feasibility of the curricula framework. We had previously asked for responses to the same statements at our last consultation. We received the following feedback on each statement:

**“The curriculum structure is easy to use”** – **6.8%** strongly agreed, **42.4%** agreed and **26.3%** responded “neutral” to this statement. **24.6%** either disagreed or strongly disagreed with the statement.

**“The curriculum content is relevant”** – **9.6%** strongly agreed, **50.9%** agreed and **18.4%** responded “neutral” to this statement. **21.1%** either disagreed or strongly disagreed with this statement.

**“The curriculum is easy to understand”** – **10.6%** strongly agreed, **39.8%** agreed and **18.4%** responded “neutral” to this statement. **23.9%** either disagreed or strongly disagreed with this statement.

**“It is clear what trainees need to achieve”** – **6.3%** strongly agreed, **42%** agreed and **25%** responded “neutral” to this statement. **26.8%** either disagreed or strongly disagreed with this statement.

**“The curriculum is deliverable and feasible”** – **4.3%** strongly agreed, **43.5%** agreed and **32.2%** responded “neutral” to this statement. **20%** disagreed or strongly disagreed with this statement.

**“The curriculum promotes equality of access, experience and outcome, and non-discrimination”** – **9.8%** strongly agreed, **43.8%** agreed and **27.7%** responded “neutral” to this statement. **18.8%** disagreed or strongly disagreed with the statement.

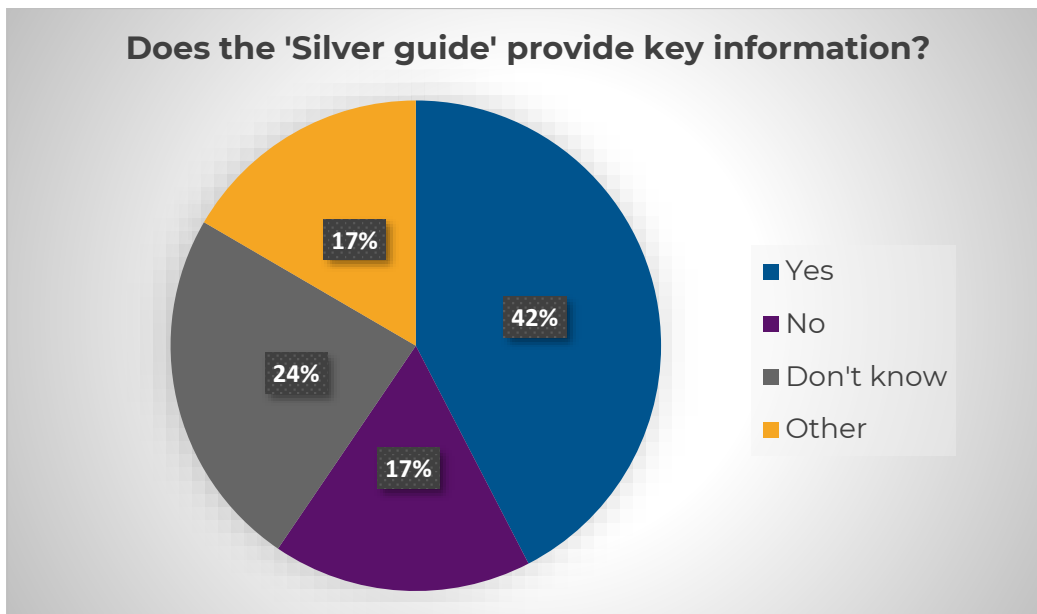
Following on from the key statements above, we focused on the key elements of our curricula framework. We asked the following questions to trainers, trainees and remaining key stakeholders:

- “Does the Silver Guide provide you with enough information? Is there any element missing?”

- “The key capabilities are a condensed version of the information from the previous curricula competencies and have been established by psychiatrists across all specialties as well as trainees and trainers. Do you feel these are relevant to psychiatry?”
- “The placement specific Personal Development Plan (PDP) allows key capabilities to be selected from the curriculum, discuss relevant activities to achieve these and monitor progress throughout the placement. Is this easy to understand?”
- “If guidance were to be given as part of the implementation process, would you feel confident in setting up a PDP?”

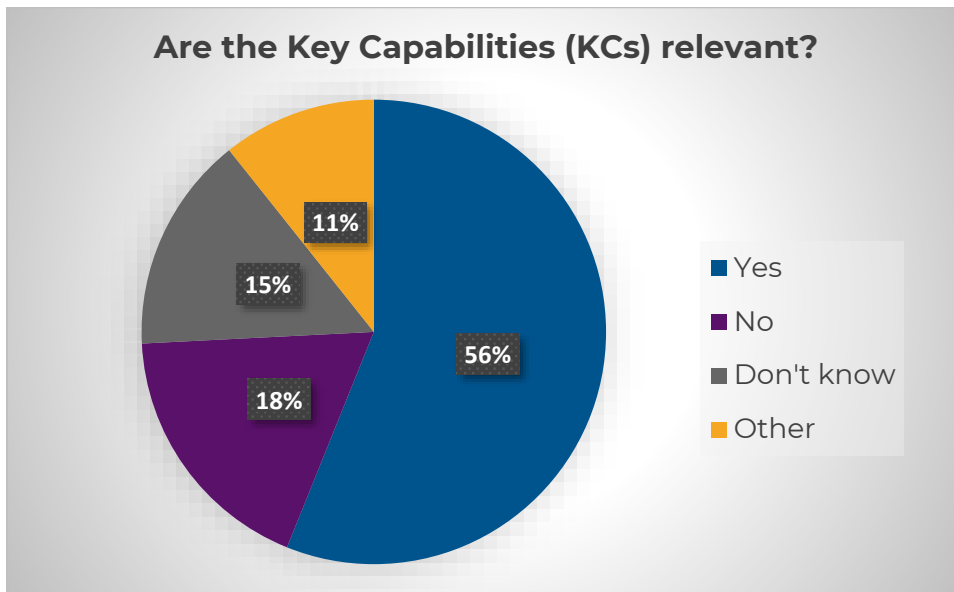
A summary of results is outlined as follows:

### Psychiatry Silver Guide



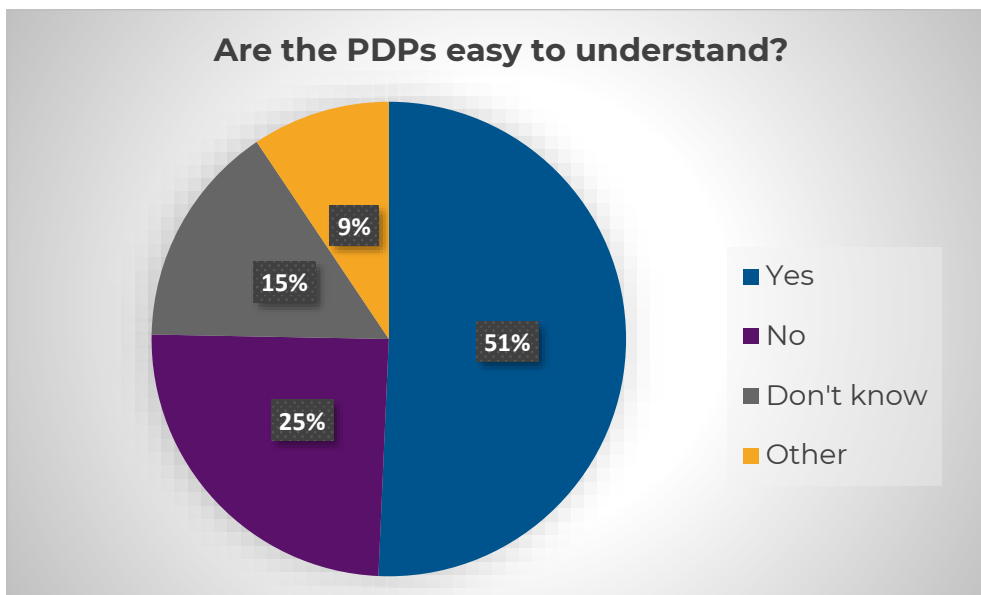
Does the Silver guide provide key information?	% of respondents
Yes	<b>42</b>
No	<b>17</b>
Don't know	<b>24</b>
Other	<b>17</b>

## Key Capabilities



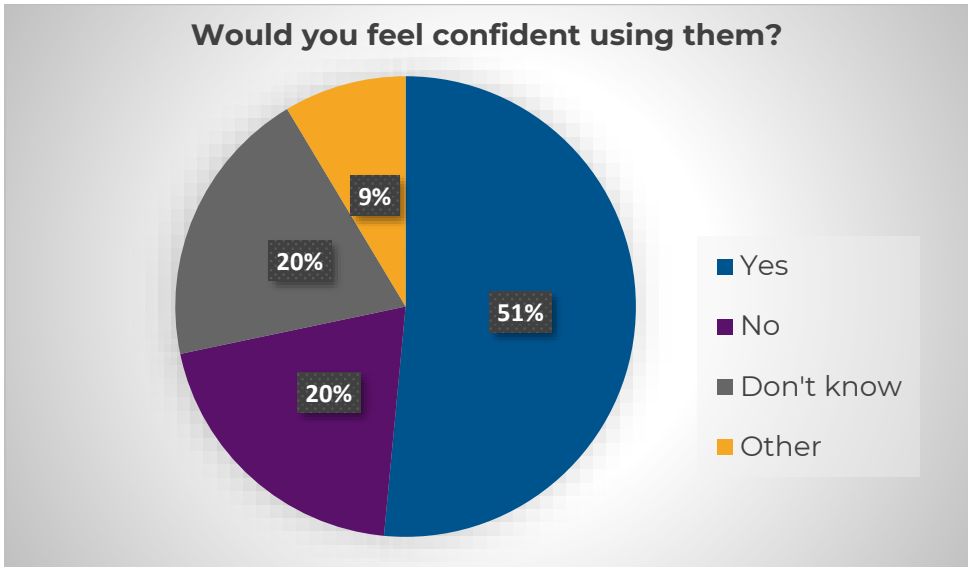
Are the key capabilities relevant?	% of respondents
Yes	56
No	18
Don't know	15
Other	11

## Placement Specific Personal Development Plans (PDPs)



Are PDPs easy to understand?	% of respondents
Yes	51
No	25

Don't know	<b>15</b>
Other	<b>9</b>



Would you feel confident using PDPs (with guidance)?	% of respondents
Yes	<b>51</b>
No	<b>20</b>
Don't know	<b>20</b>
Other	<b>9</b>

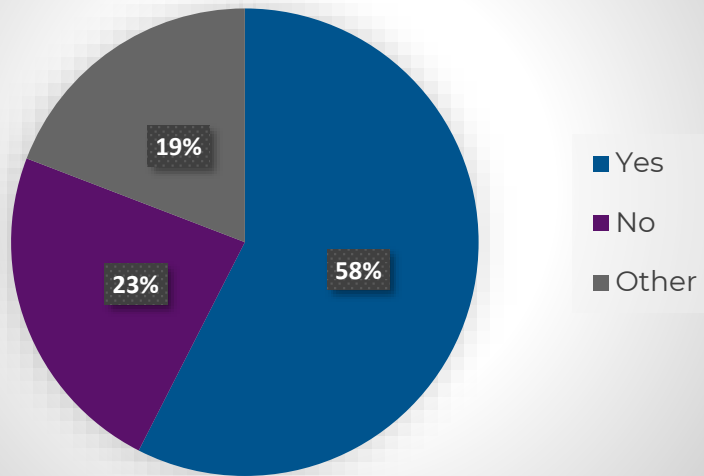
## Equality and Diversity and the Curricula Framework

In addition to the above questions about the curricula framework, we asked three questions regarding equality and diversity. These were developed and supported by our Presidential Leads for Race & Equality:

1. "Do you think that the curricula framework will support trainees with protected characteristics to achieve their potential as psychiatrists?"
2. "Does the curricula framework support trainees to understand the health inequalities and structural barriers that exist for people with protected characteristics?"
3. "We have included capabilities that are designed to provide care equitably and fairly for people with the nine protected characteristics under the equality act. Do you think the curricula framework will help you acquire capabilities to meet the needs of people with protected characteristics such that they will achieve equality of access, experience of care and outcomes?"

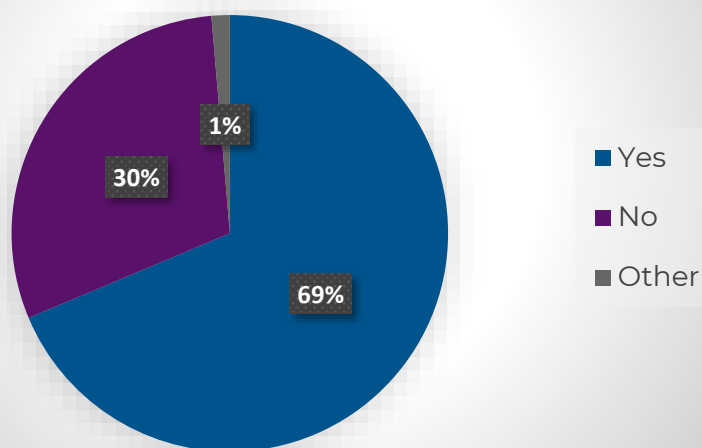
A summary of the results for these questions are outlined as follows:

**Does the curricula framework support trainees with protected characteristics?**



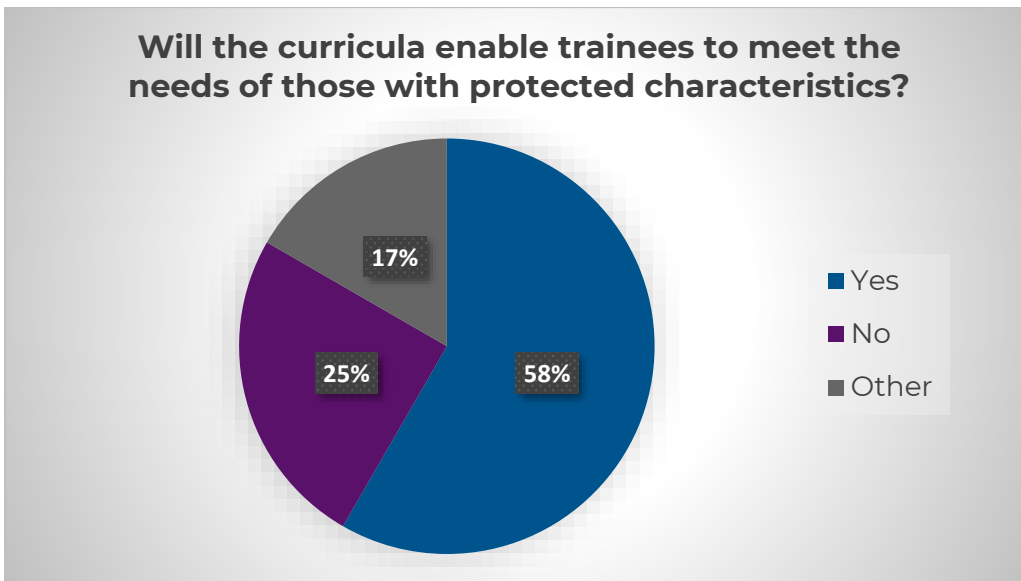
Does the framework support trainees with protected characteristics?	% of respondents
Yes	<b>58</b>
No	<b>23</b>
Other	<b>19</b>

**Does the curricula framework support trainees to understand health inequalities and structural barriers?**



Does the framework support trainees to understand health inequalities and structural barriers?	% of respondents
Yes	<b>69</b>
No	<b>30</b>

Other	1
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Will the curricula enable trainees to meet the needs of those with protected characteristics?	% of respondents
Yes	58
No	25
Other	17

Please note that we have provided a full summary of E&D data for respondents to this form in appendix 1.

### Qualitative Data - Themes

There was a selection of qualitative data collected, both via the form but also separately via email. A summary of key themes and comments is outlined as follows:

- Placement Specific PDPs** – in general, there was support for the PDP approach to the curricula, with comments stating that the PDP is a “great idea” and “a very helpful form to have”. Some respondents stated that it felt longer than the current PDP, and there were some concerns around whether this is trainee or trainer led, which we have taken on board. Another common concern was around time commitment. Our plan is to highlight in our guidance documents that PDPs should be jointly set up by both trainees and trainers at the start of the placement, with the form eventually pre-populating the psychiatric supervision report to reduce time at the end of a placement. We also note that the form will aid in managing trainees who are struggling or underperforming as it will highlight any concerns as part of the weekly supervision sessions. A full summary of qualitative feedback on the PDP can be viewed in the accompanying spreadsheet.



- **Psychiatry Silver Guide** – In general, there was support for the Silver Guide as the main guide outlining training in Psychiatry. It was noted from some feedback that it is a bit repetitive. In addition, there is some confusion around the term “indicative” which we have taken on board and have chosen to go with the term “recommended”. We also noted comments around not outlining care for the trainee and we have added a section about our Psychiatrists’ Support Service to ensure trainees and trainers know of the additional support provided by the College. There was also some feedback around case studies which is something we will consider for future development.

More general themes that came out of some of the qualitative feedback included:

- **Workplace based assessments (WPBAs)** – we have received some feedback around WPBAs. One particular piece of feedback is on the Mini-PAT and standardisation. As part of this review, we have kept the WPBAs as they are in terms of purpose but have aligned to the HLOs rather than current ILOs/CANMEDs. The College is planning a wider review of our assessment strategy in the next few years and will take on board any feedback received as part of this consultation, and further consultations and pilots are in development.
- **Research requirements** – we received some feedback about research requirements for trainees. We have ensured that HLO 9 is solely focused on research and is reflective of specialties where required. We have recently appointed an Associate Dean for Academic Training and will be working on additional guidance for trainees which link to the capabilities in HLO 9 to support trainees undertaking research. These will link to the PDPs. This guidance will be in place by implementation.
- **Specialty specific feedback** – we have received specific feedback relating to our specialties and sub-specialties which we have worked through. Where we have been able to incorporate feedback (e.g., taking into consideration spirituality and religion) we have ensured this is incorporated. Where suggested capabilities have been assessed as not being achievable for all trainees, we have agreed that these will not go into the curricula but linked to the relevant broad capabilities, with the suggestion of creating guidance (e.g., PDP examples or activities) that can support trainees. Some examples of this include:
  - *Electro-convulsive therapy (ECT)* – we received feedback requesting that we add capabilities asking all core trainees to undertake a minimum of six ECT treatments overseen by an ECT lead consultant. We have assessed this and this will not be achievable for all trainees. We will therefore be suggesting that we keep the current capabilities regarding ECT which are broad and include other physical treatments, and link this to the ECT guide that currently exists around best practice.

- *Eating Disorders* – we have ensured inclusion of assessment of nutritional and metabolic health in our broad capabilities, with specific mention of ED where appropriate, and will be requesting that the ED faculty develop a PDP example with activities to support trainees who do work in specific ED placements. We are mindful that not all trainees will have the same opportunities and want to ensure all capabilities are achievable.

## **Conclusion**

Overall, the consultation provided in general positive feedback and support for the new framework. We have outlined in the accompanying consultation spreadsheet how we will incorporate or respond to specific feedback. We also understand that this is an iterative process and will continue to review and ensure capabilities and the curricula are fit for purpose in the future.

## Appendix 1: Equality and Diversity – Summary of Respondents

The equality and diversity section at the end of the form was optional to complete. We received **118** respondents for this section.

### Age

Age Range	% of respondents
0-20	0
20-35	19
35-50	50
50-65	27
65+	4

### Nationality

Nationality	Number of Respondents
White – British	44
White – English	4
White – Welsh	0
White – Scottish	3
White – Other	16
Asian – Bangladeshi	1
Asian – Indian	10
Asian – Pakistani	2
Asian – Other	3
Black – African	3
Black – Caribbean	0
Black – Other	0
Chinese	1
Mixed Race	4
Prefer not to say	12
Other	14
<b>Total</b>	<b>117</b>

### Gender Identity

Gender Identity	% of Respondents
Woman	46
Man	46
Non-binary	1
Prefer not to say	7
Other	1

### Sexuality

Sexual orientation	% of Respondents
Heterosexual	70

<b>LGBTQIA</b>	<b>15</b>
<b>Prefer not to say</b>	<b>14</b>
<b>Other</b>	<b>2</b>

### Relationship Status

<b>Relationship Status</b>	<b>Number of Respondents</b>
<b>Civil Partnership</b>	<b>15</b>
<b>Divorced</b>	<b>5</b>
<b>In a relationship</b>	<b>39</b>
<b>Separated</b>	<b>3</b>
<b>Single</b>	<b>7</b>
<b>Widowed</b>	<b>0</b>
<b>Prefer not to say</b>	<b>17</b>
<b>Other</b>	<b>32</b>
<b>Total</b>	<b>118</b>

### Religion or belief

<b>Religion/belief</b>	<b>Number of Respondents</b>
<b>Agnostic</b>	<b>14</b>
<b>Athiest</b>	<b>18</b>
<b>Bah'ai</b>	<b>0</b>
<b>Buddist</b>	<b>2</b>
<b>Christian – Catholic</b>	<b>15</b>
<b>Christian – Protestant</b>	<b>13</b>
<b>Christian – Other</b>	<b>10</b>
<b>Hindu</b>	<b>2</b>
<b>Humanism</b>	<b>0</b>
<b>Jain</b>	<b>0</b>
<b>Jewish</b>	<b>2</b>
<b>Muslim</b>	<b>7</b>
<b>Pagan</b>	<b>0</b>
<b>Sikh</b>	<b>0</b>
<b>Rastafarian</b>	<b>0</b>
<b>No religion or belief</b>	<b>10</b>
<b>Prefer not to say</b>	<b>19</b>
<b>Other</b>	<b>5</b>
<b>Total</b>	<b>117</b>

### Disability

<b>Do you consider yourself to have a disability?</b>	<b>% of Respondents</b>
<b>Yes</b>	<b>12</b>
<b>No</b>	<b>76</b>

<b>Prefer not to say</b>	<b>11</b>
<b>Don't know</b>	<b>1</b>