



Resident Doctors Guide to Professional Development Sessions (Special Interest Sessions)

A guide for resident doctors training in psychiatry

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A note from the authors

One of the unique and most exciting aspects of higher training in Psychiatry is the opportunity to take time out of our clinical schedules and pursue activities to further our professional development.

Whilst this opportunity is liberating and offers flexibility in our weekly schedules, we understand that this may also feel like a daunting prospect for some. We hope this guide will help you to understand the purpose of professional development sessions (PDS), offer suggestions to maximise your time, and enhance your training experience.

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We hope you find this guide useful.



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Professional Development Sessions: an introduction

It is recognised that residents in higher training require time separate to clinical duties to enable them to fulfil both the breadth and depth of the curriculum. This is stated in the Silver Guide from RCPsych, which can be accessed here: [RCPsych Silver Guide](#)

Protected PDS (formerly known as 'special interest' sessions) consist of two sessions of four hours per week (pro-rata for residents working less than full time) and are separate to weekly teaching programmes for residents, study leave and mandatory training requirements.

What does 'protected' mean?

PDS should be planned as activities separate to a resident's normal clinical duties. Residents are not expected to undertake usual clinical duties during this time and should not be asked to find cross-cover for this time.

This does not necessarily mean that residents need to be based away from their normal place of work; this is at their discretion. For example, they may wish to conduct an audit or quality improvement project with their regular team.

*Some residents will activate an 'out-of-office' message on their e-mails to make the boundary between their clinical and PDS time clear. **However, it is reasonable for supervisors to contact residents for urgent queries or information in the interests of patient care. You should liaise with residents to ensure that you have the most relevant contact information for them in the event their urgent input is needed. This***

A plan for professional development sessions must be created prospectively and agreed with Educational Supervisor/Training Programme Directors as part of a resident's personal development plan (PDP). **This should be done on at least an annual basis, and every time residents undertake a new PDS activity, e.g., a change from a research day to a clinical day.**

Professional Development Sessions: The PDS curriculum

Over your years as a specialist resident doctor, you are strongly encouraged to seek out a breadth of opportunities across a variety of areas using your PDS time. In this section, we will guide you through these recommended areas to gain the required experience and competencies throughout your training. Following different elements of this 'curriculum' will equip you with the diverse skillset required as a consultant and for other roles you may wish to apply for during and after training.

Below is a list of areas that you may wish to cover during your PDS time as you progress through higher training (this list is neither exhaustive nor prescriptive but should act as a framework for your time in training):

- 1. Research**
- 2. Quality Improvement/Audit**
- 3. Clinical (e.g. exploring a range of subspecialties: ADHD, forensics, perinatal etc. which can be discussed with a resident's TPD and/or clinical supervisor)**
- 4. Leadership and Management**
- 5. Teaching/Medical Education**
- 6. Psychotherapy**

Research

Protected PDS time may be used to achieve the learning objectives in research that might not be available in your clinical role. Supervisors should encourage all residents to take up this opportunity for a recommended one session per week for a year.

Many residents highlight that it is challenging to enter the world of research and/or to complete a research project during their PDS time. Your Trust should have a dedicated research department with a medical lead, and we advise making contact with them to discuss your ideas.

There are likely to be many projects running concurrently within your Trust involving different disciplines and you may find it easier to join a group with an existing project. Remember that if you have a special interest in research and would like to dedicate additional time to it you could consider options such as doing an out of programme placement in research (OOP-R) or taking up roles such as an academic clinical fellow (ACF) or Clinical Lecturer: your educational supervisor and TPD will be the first port of call to discuss these.

Please note that out of programme opportunities are not usually approved in your final year of training, so take this into account when you apply. Also note that there are timeframes to apply for these, which will be advertised with available posts.

Quality Improvement/Audit

Much like research, setting up a quality improvement (QI) project in a Trust that may be new to you could feel like a daunting task. Most Trusts will have a QI lead; we would encourage residents to make contact with their local QI lead and there may be several projects available to work on. You may also want to discuss this with your team or ward manager and clinical supervisor in addition to the medical education department; all will likely be great sources of ideas!

We suggest completing relevant eLearning modules in this field. Follow this link to the RCPsych website for examples of QI related activities:

Using quality improvement

Teaching

Teaching is an important aspect of being a medical professional and is an activity that you will be expected to be involved in during your training. There are several groups of individuals who you might approach to gain experience in this domain: medical students, nursing colleagues and students, as well as other multidisciplinary colleagues. You might find opportunities to get involved in running sessions for final year medical students; ask your supervisor who the undergraduate teaching lead is in your Trust. Some Trusts may be affiliated with Universities and you may find you can join and help to design and deliver a large teaching programme.

There are also several teaching qualifications and courses you may want to access as part of your PDS time.

Remember to collect formalised, written feedback from your students! We have included an example feedback form in the appendix of this booklet that you may wish to use. If you want to broaden your formal teaching experience even further, you can consider taking time out of training to take up a Fellow in Medical Education role or consider formal teaching programs such as a qualification in education. Again, you can discuss this with your supervisors or contact the Director of Medical Education at your Trust.

Leadership and Management

All Trusts will have a variety of resident representative roles available to you. These are all excellent roles to demonstrate that you have gained experience in leadership and management and you may use your PDS time to carry out tasks in relation to these roles.

You may also consider pursuing a leadership and management qualification (e.g. via the RCPsych Leadership and Management Scheme) or an RCPsych leadership course. You may pursue schemes such as the [chief registrar scheme](#).

Some higher residents choose to spend time shadowing senior medical colleagues to gain an insight into the realities of medical leadership.

Clinical

You may use your PDS time to further develop a relevant clinical interest or address a learning need in your curriculum by gaining experience at a specialist clinic or inpatient unit (e.g. adult ADHD, eating disorders, adult ASD, neuropsychiatry and so on.) It is recommended to consider using some of your PDS time to developing a clinical interest.

Many specialist opportunities are available in other Trusts; check whether you require an honorary contract or whether you plan to attend weekly as a visitor.

We would advise that such experience takes place over a reasonable amount of time. For example, a clinical attachment at a specialist outpatient clinic should take place over at least three months if possible. Similarly, extensive clinical experience should not form the bulk of your special interest time and clinical attachments should last no longer than a year.

Psychotherapy

Experience in psychotherapy may include involvement in various therapeutic modalities such as family therapy, cognitive behavioural therapy, mindfulness based therapy or psychodynamic/psychoanalytic therapy. You might want to undertake formal training in a particular therapy, or simply join sessions already running in your Trust to gain exposure to psychological treatments.

The Tavistock and Portman NHS Trust run several courses linked to this area. RCPsych website also contains some useful information about this.

Remember that some subspecialties require you to complete psychotherapy as part of your curriculum. This activity should not be undertaken as part of your PDS time; this is a mandatory part of your training and should take place during your usual working week.

Evaluation of PDS time

Evaluation of your activities and achievements is an important component of your ARCP and will be undertaken at your annual review. New residents should note that without sufficient evidence of your achievements during your PDS time, the ARCP panel will be unable to complete your sign-off for the training year.

The evidence you provide will of course depend on the activity undertaken. We recommend completing an 'end of session' meeting with your supervisor using the template in the appendix to summarise your achievements. We have summarised additional examples of acceptable evidence in the table below:

Research	<ul style="list-style-type: none"> Completed publication, poster, or PowerPoint presentation Letter confirming involvement in research project Certificate of completion of course/qualification
Quality improvement and audit	<ul style="list-style-type: none"> Summary of findings (may be in poster/PowerPoint form) Letter confirming involvement in relevant project Certificate of completion of course/qualification
Clinical	<ul style="list-style-type: none"> A letter from a consultant confirming length of attendance and activities Reflection in e-portfolio Workplace based assessments
Leadership and Management	<ul style="list-style-type: none"> Letter confirming role, length of time, and responsibilities Certificate of completion of course/qualification Workplace based assessments
Teaching/Medical Education	<ul style="list-style-type: none"> Letter confirming role, length of time, and responsibilities Certificate of completion of course/qualification Summary of feedback received Workplace based assessments
Psychotherapy	<ul style="list-style-type: none"> Certificate of completion of course/qualification Workplace based assessments

You should receive supervision and be able to access support during your allocated PDS time. This is likely to be with the supervisor you have arranged the sessions

with, but could also be a colleague or suitably qualified alternative. Your educational supervisor should comment on your activities and achievements during your PDS time in your ARCP.

Troubleshooting/FAQs

What funding is available for PDS activities?

There is no specific funding available for PDS sessions. Please note that PDS time is fully funded as part of your employment. If you wish to apply for funding for particular activities e.g. a course, you should apply for this through your study budget and the usual criteria will apply.

Is there any guidance on how long residents are expected to undertake an activity during PDS time?

Activities should take place over a reasonable length of time. You should be able to demonstrate that you have achieved a competency during this time. It is unlikely that you will be able to do this following an ad-hoc session or two! We recommend that attachments or engagements take place over at least three months. Similarly, spending too long in a particular area (i.e. over a year) is not recommended and should only be undertaken with prior written agreement from your TPD.

What does pro-rata mean for LTFT residents?

If you are working at 60% of full time hours, you are entitled to 60% of your PDS sessions. You should calculate your entitlement when you start a placement and inform your clinical and educational supervisors of how you wish to use your time. Taking half-days each week may not be practical and/or may not afford the best training opportunities for residents. Flexible options would include consolidating time owed and taking time off on a fortnightly or monthly basis.

My educational supervisor won't support my chosen topic. What should I do?

PDS sessions are intended to be resident-led and you should demonstrate to your supervisor how your plans meet your particular curriculum requirements, referencing your past activities and this document if needed. Please do bear in mind that you are expected to take on a breadth of opportunities throughout your training. If you cannot reach agreement, you should liaise with your TPD.

I am being asked to undertake clinical tasks during my PDS time. Is this appropriate and what should I do?

You should not be asked to conduct routine clinical work in your PDS time. It is reasonable for your supervisor to contact you for an urgent issue that requires your attention, (e.g. *where did you leave the prescription for Mr X?*) as this is in the interests of patient safety. You are expected to provide your supervisor with contact details if needed in such a scenario.

If you are regularly being contacted during your PDS time, you should raise this with your clinical and/or educational supervisor in the first instance. If the issue is not resolved, you can contact your TPD or approaching resident doctor forums for advice.

I wish to pursue a PDS activity outside of my Trust. How do I arrange this?

Residents wishing to pursue a research interest or clinical attachment outside of their employing Trust are permitted to do so providing the activity meets curriculum requirements. Residents should discuss their plans with their educational supervisor and may find it useful to make contact with relevant postgraduate departments in the Trust they wish to work in. Honorary contracts may be required and so residents are encouraged to make plans on a timely basis.

Appendix

- I. Teaching Feedback Form (example)
- II. Supervisor Sign off form (example)



Health Education England

TEACHING FEEDBACK FORM

Date	
Session	
Tutor	

How did you rate this session:	1= poor, 10 =excellent (please circle)
Usefulness	1 2 3 4 5 6 7 8 9 10
Content/relevance	1 2 3 4 5 6 7 8 9 10
Teaching	1 2 3 4 5 6 7 8 9 10
Overall	1 2 3 4 5 6 7 8 9 10

Do you feel more confident on the subject?	Yes No Unsure (please circle)
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Was there any aspect of the session that was particularly helpful?	
---	--

What could the tutor improve on for the future?	
--	--

Any additional comments?	
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Health Education England

PDS SUPERVISOR REPORT

Trust	
Resident name	
Level of training	
Supervisor name	
Supervisor role	

Title of PDS	
PDS Domain	Clinical Specialty/Management/ Leadership Quality Improvement/Audit/Medical Education/Psychotherapy/Research/Other (please circle)
Dates of attendance	
Details of experience obtained	
Please highlight positive aspects of resident's performance	
Areas for development	
Signature of supervisor (please date):	