



# **Trainer Guide to Professional Development Sessions (Special Interest Sessions)**

A guide for trainers of resident doctors in psychiatry

**Contents**

A note from the authors.....3

Professional Development Sessions: an introduction ..... 4

Professional Development Sessions: The PDS curriculum .....5

Evaluation of PDS time.....7

Troubleshooting/FAQs .....9

Appendix .....10

## A note from the authors

One of the unique and most exciting opportunities open to higher residents in Psychiatry is the opportunity to take time out of their clinical schedules and pursue activities to further their professional development. Whilst this opportunity is liberating and affords flexibility in a resident's weekly schedule, we understand that this may also create a complex landscape for trainers to navigate as they look to support residents in making the most of their time. We hope this guide will help you to understand the purpose of professional development sessions (PDS), offer suggestions around assisting residents to identify and set up suitable PDS, and provide guidance on offering formal feedback.

We would like to thank the South London and Maudsley NHS Foundation Trust for funding this project.


We hope you find this guide useful.



DR SAIMA ALI  
ST6  
FORENSIC  
PSYCHIATRY



DR BETTY XU  
ST5 GENERAL ADULT  
PSYCHIATRY



DR LUCA  
POLLEDRI  
HEAD OF  
SCHOOL OF  
PSYCHIATRY,  
LONDON

## 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 a resident's higher training years, all are strongly encouraged to seek out a breadth of opportunities across a variety of areas using their PDS time. In this section, we will guide you through these recommended areas to help you ensure that residents gain the required experience and competencies throughout their training. Following this 'curriculum' will equip residents with the diverse skillset required as a consultant and for other roles they may wish to apply for during and after training.

Below is a list of areas that residents should aim to cover during your PDS time as they progress through higher 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 a resident's 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. Residents may seek support from supervisors and training programme directors as they look to secure placements.

### Quality Improvement/Audit

Much like research, setting up a quality improvement (QI) project in a Trust that may be new to a resident 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 ideas with the resident and collaborate with them and your team.

### Teaching

Teaching is an important aspect of being a medical professional and is an activity that residents will be expected to be involved with. Residents may look to their trainers for support and flexibility as they gain experience in this domain; we encourage trainers to work with residents to ensure they do not miss out on

opportunities. Resident requests may range from temporarily changing their special interest day to applying for out-of-programme opportunities.

### Leadership and Management

All Trusts will have a variety of resident representative roles available to residents. These are all excellent roles to demonstrate that residents have gained experience in leadership and management, and they may use their PDS time to carry out tasks in relation to these roles. The Royal College have leadership and management schemes available to interested residents.

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

### Clinical

Residents may use your PDS time to further develop a relevant clinical interest or address a learning need in their 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 residents use some of their PDS time over their training to developing a clinical interest.

Many specialist opportunities are available in other Trusts; residents may require an honorary contract and written support from their employing Trust.

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 a resident's PDS 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. Residents might want to undertake formal training in a particular therapy or simply join sessions already running in their Trust to gain exposure to psychological treatments.

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

**We note that some subspecialties require residents to complete psychotherapy as part of their curriculum. This activity should not be undertaken as part of PDS time; this is a mandatory part of your training and should take place during a resident's usual working week.**

## Evaluation of PDS time

Evaluation of a resident's activities and achievements is an important component of their ARCP and will be undertaken at annual reviews. New residents to psychiatry should be reminded that without sufficient evidence of achievements during their PDS time, the ARCP panel will be unable to complete their sign-off for the training year.

The evidence provided will of course depend on the activity undertaken. We recommend residents complete an 'end of sessions' meeting with their PDS supervisor using the template in the appendix to summarise achievements. We have summarised additional examples of acceptable evidence in the table below:

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

Residents should receive supervision and be able to access support during their allocated PDS time. This is likely to be with the consultant have arranged the sessions with but could also be a colleague or suitably qualified alternative. We encourage educational supervisors/ training programme directors to confirm the name and contact details of supervisors during review meetings to ensure that residents are being adequately supervised.

Educational supervisors should comment on resident activities and achievements during PDS time at the time of a resident's ARCP review.



## **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 a resident's employment. If residents wish to apply for funding for particular activities e.g. a course, they should apply for this through the usual study budget procedure and the standard 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. Residents should be able to demonstrate that they have achieved a competency during this time. It is unlikely that residents 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 their TPD.

### **What does pro-rata mean for LTFT residents?**

If residents are working at 60% of full time hours, they are entitled to 60% of PDS sessions. Residents should calculate their entitlement when they start a placement and inform their clinical and educational supervisors of how they wish to use their time. An example arrangement might be a resident working at 80% who takes a day a week for four weeks, attending their usual post three days a week, and then works for four days on week 5.

### **As a supervisor, I am not in agreement with my resident's choice of activity. What should I do?**

PDS sessions are intended to be resident-led and a resident should demonstrate to their supervisor how their plans meet their curriculum requirements. Please do bear in mind that residents are expected to take on a breadth of opportunities throughout their training. If you cannot reach agreement, you should liaise with the TPD or Head of School.

## **Appendix**

### I. Example supervisor end of attachment report



## Health Education England

### PDS SUPERVISOR REPORT

<b>Trust</b>	
<b>Resident name</b>	
<b>Level of training</b>	
<b>Supervisor name</b>	
<b>Supervisor role</b>	

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