Quality in training (QIT) report:

An overview of activities within the psychiatric training workforce between September 2019 and December 2020

February 2021

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Contents

Foreword

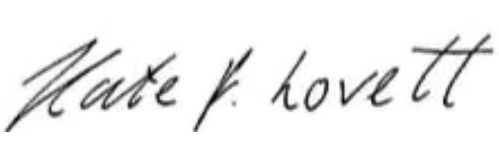
We warmly welcome this report which summarises key contributions made by the Royal College of Psychiatrists to postgraduate training in the United Kingdom and beyond. The extraordinary challenges brought by the global impact of the COVID-19 pandemic in the last 12 months have been met with fortitude, courage and innovation by trainees, psychiatrists and College staff alike.

We are very grateful to all who have worked tirelessly to ensure that trainees' career progression has been disrupted as little as possible. Key achievements have been digitising the examination process and an entire rewrite of all our curricula. The impact of the pandemic on career progression has been minimised reassuring Annual Review of Competence Progression (ARCP) data which have shown that 2020 outcomes were issued comparably with previous years and there was limited issuing of the newly created COVID-specific outcomes.

However, there is no room for complacency. The pandemic has undoubtedly affected every global citizen in various aspects of their lives. The impact on trainees and those working in the NHS must not be underestimated. We need to continue our efforts to ensure that trainees are supported and valued throughout their careers.

Sixty-eight trainees were released from training in 2020. Behind every statistic is a human story. Each needs to be unpicked and understood in order for us to learn lessons about how these trainees could have been better supported to stay in their training pathway. Improving the attendance of external advisors (externality) at ARCP panels may challenge deaneries to improve their training processes, and this aspect remains under-developed. This report also highlights marked variation in opportunities for out-of-programme experiences, with a specific focus on highly varied academic training opportunities across the UK.

2021 will not only bring the hope of returning to a degree of normality, but also opportunities for us all to build on the best and to continue to strive towards excellence in training for the ultimate benefit of people with mental illness.



Dr Kate Lovett
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Glossary

Annual Review of Competence Progression (ARCP) – Annual trainee review undertaken by a panel to assess whether a trainee has achieved the competencies outlined in the curriculum

Certificate of Completion of Training (CCT) – Certificate received at the end of psychiatry training which enables addition to specialist register

Certificate of Eligibility for Specialist Registration (CESR) – An alternative route to CCT that allows trainees who have undertaken training outside of the UK or UK specialist training route to obtain specialist registration

Combined Programme (CESR-CP) – Trainees who have undertaken some training in the UK, but who have usually not undertaken core training in the UK

COPMeD - Conference of Postgraduate Medical Deans of the United Kingdom

Externality – External representation at ARCP panels, quality visits or interviews usually by a college appointed External Advisor

General Medical Council (GMC) – Regulatory body for medical doctors in the UK

Generic Professional Capabilities (GPC) Framework – GMC framework outlining capabilities required of all medical doctors in the UK. The framework has been man-dated and embedded into all specialty curricula

MRCPsych - Membership Examination for the Royal College of Psychiatrists, undertaken at core psychiatry training prior to entry into higher training (ST4)

Out of Programme (OOP) – Application undertaken by trainee to take time out of training. The time taken out of the training pathway can count towards a CCT but does need to meet specific requirements

National Training Survey (NTS) – Annual survey of trainees conducted by the GMC

Training & Workforce (TW) - The Training & Workforce Team at the College responsible for all careers, quality assurance in specialty training, curricula, trainee engagement, SAS engagement, CPD submissions, revalidation, wellbeing and workforce activities apart from Examinations

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Summary

This report provides an overview of activities within specialty training and workforce between September 2019 and August 2020. Key areas of focus are:

- Overview of CCTs, including total number of approved CCTs
- Impact of COVID-19 and data from ARCPs, including Outcome 10s
- Overview of Out of Programme applications
- Curricula Review Project
- Credentialing and future plans
- Externality
- Trainee feedback, including a summary of the results from the 2020 National Training Survey
- MRCPsych Examination

We welcome comments and feedback. For any queries, please see our quality assurance in training webpage or contact qualityassurance@rcpsych.ac.uk

Governance

Quality in Training at the RCPsych is overseen by a number of committees that feed into the RCPsych Council via the Education & Training Committee, chaired by our Dean Dr Kate Lovett.

Committees that oversee quality in training include:

- Curricula & Assessment Committee
- Equivalence Committee
- Examinations Sub-Committee
- Heads of Schools of Psychiatry
- Psychiatric Trainees' Committee
- Trainee Support Committee
- Quality Assurance Committee
- MRCPsych Course Organisers Forum

In addition, we have a number of working groups that feed into the above committees and support wider workstreams including:

- Credentialing Working Group
- Curricula Revision Working Group

Specialty training

Specialist registration through UK training (CCT/CESR via Combined Pathway (CP))

Process

Applying for specialist registration within psychiatry is a dual process – trainees need to make applications to both the College and the GMC.

The College ask trainees to submit the record of their training history using their annual ARCP process as part of our commitment to the quality assurance of psychiatric training. The review of ARCP outcome forms by College staff also ensures trainees are being recommended for the appropriate specialist registration certificate and all relevant information has been recorded appropriately.

The table below shows the number of granted applications for specialist registrations (CCT/CESR via Combined Pathway (CP)) by specialty from 01/09/2019 to 31/08/2020.

Child & Adolescent Psychiatry	Forensic Psychiatry	General Psychiatry	Medical Psycho-therapy	Old Age Psychiatry	Psychiatry of Learning Disabilities
73	39	280	19	112	31
				Total CCT/CESR CPs granted:	554*

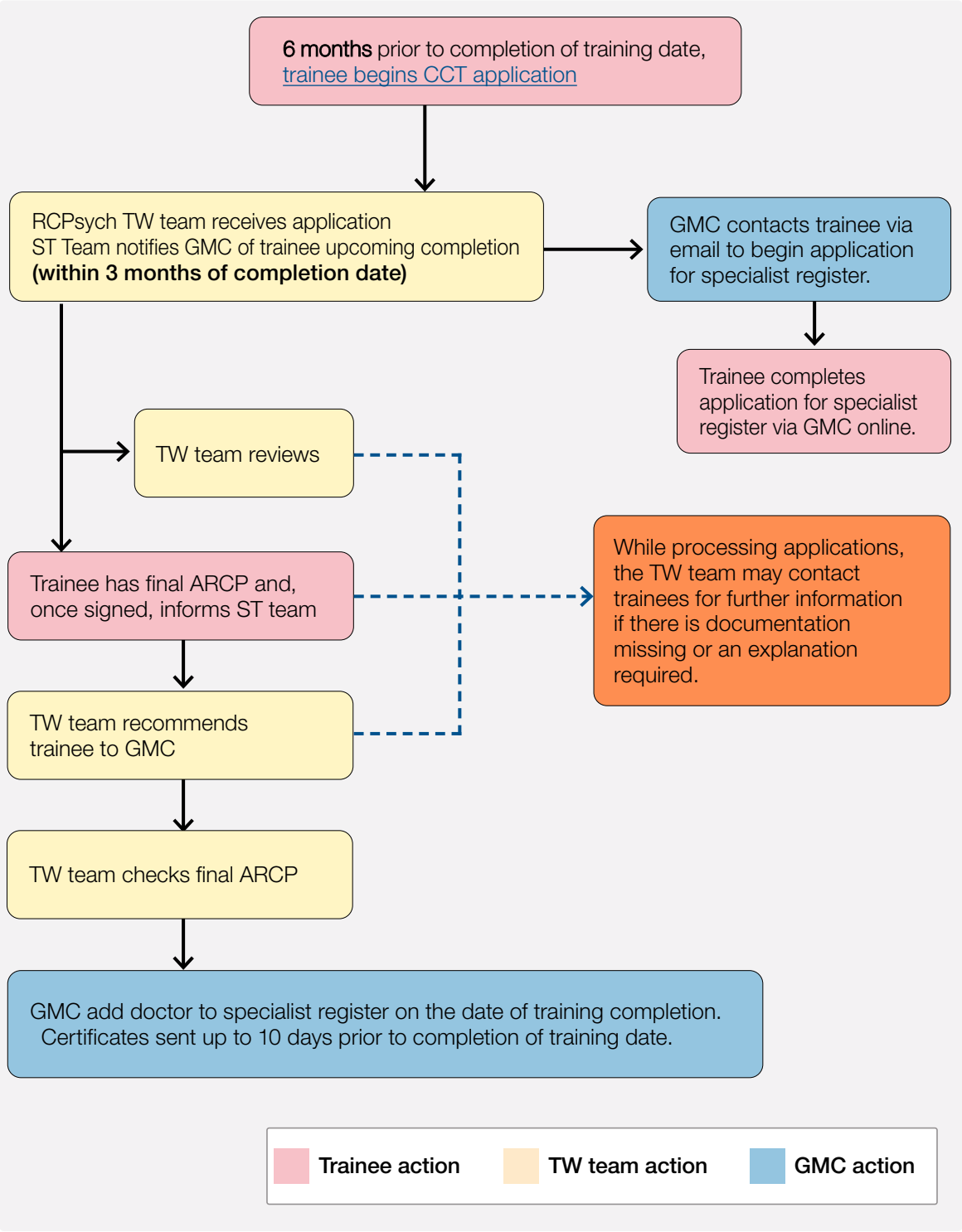
*The relevant CCT data from Q3 & Q4 of 2019, Q1 & Q2 of 2020 is published in the GMC reports. The Q3 data of 2020 has not yet been published by the GMC, so is based on College records. The CESR CP data is also based on College records.

Common issues for delays in CCT/CESR via CP processing

The main causes of delays for CCT/CESR-CP processing are shown below alongside advice for mitigating such delays:

Cause of delay	College guidance to help prevent delay
Insufficient numbers of ARCP outcome forms being submitted. [The GMC requires evidence of the start and finish dates of training for each section of training. For psychiatry this means CT1, CT3 (if you completed Core training), ST4 and ST6 (or final ARCP outcome)].	The TW team can assist in obtaining missing information or ARCP outcome forms. Trainees are asked to contact the team for support when they notify us of their completion date. We recommend applicants notify the College of their upcoming completion date 6 months in advance and no later than 1 month in advance to allow for processing before CCT date.
Sub-specialty endorsements are often left off final ARCP outcome forms.	
Applications being received too close to the completion date to allow sufficient time for processing.	

The dual process for applying for specialist registration



CCT eligibility changes

The GMC enacted two policy changes in 2020 in relation to eligibility requirements for CCT. These changes relate to specialties which have a minimum training time requirement as dictated by EU Directive 2005/36/EC.

The direct impact this has had on trainees previously on a CESR-CP pathway is as follows:

Phase 1 (introduced on 18 May 2020):

Trainees in Child and Adolescent Psychiatry and General Adult Psychiatry are eligible for CCT if they have a minimum of **4 years' whole-time equivalent (WTE)** in GMC-approved UK training posts.

Phase 2 (introduced on 8 October 2020):

Trainees in Forensic Psychiatry, Medical Psychotherapy, Old Age Psychiatry and Psychiatry of Learning Disabilities are automatically eligible for CCT if they receive an Outcome 6 at the end of higher training. This is because they are not named on the EU directive and therefore have no legally binding time requirements.

When these changes were announced, there was some confusion among trainees. This was due to incorrect information being disseminated across medical specialties, as well as the fact that there are different experience requirements depending on the psychi-atric specialty undertaken. The College responded by creating a Routes to registration web page, and the College has a dedicated email: equivalence@rcpsych.ac.uk for any queries or concerns.

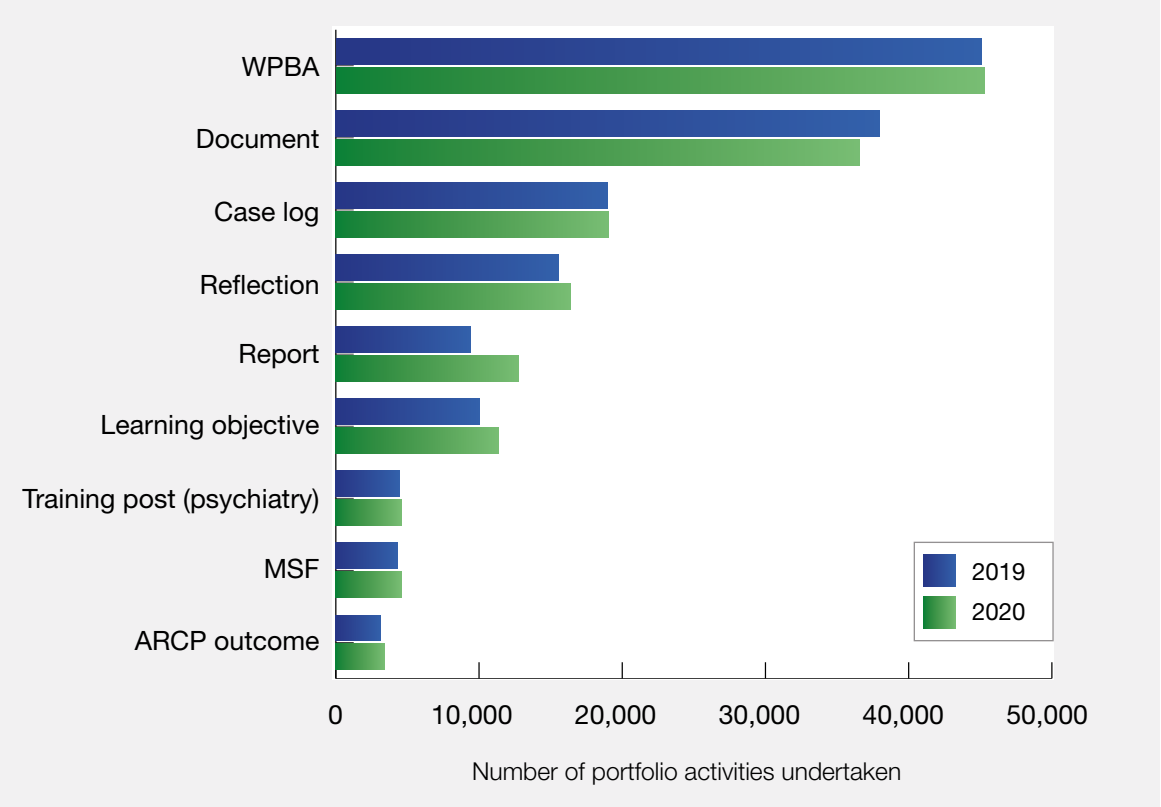
The changes and the reactions to them, have highlighted the persistent stigma around the CESR certificate in comparison with the CCT certificate. The College would like to take this opportunity to emphasise that the CESR certificate and CCT certificate are equivalent within UK practice; one is not better than the other. Trainees working towards entry to, and consultants on, the GMC specialist register should not experience discrimination as a result of their training pathway.

In response to the changes above, the College created a CCT eligibility flowchart for trainees and trainers to track the expected pathway of those on non-traditional training routes.

COVID-19 – the impact on training

In response to COPMeD's ARCP and coding guidance and their Gold Guide derogation, we produced a companion document for trainees and trainers – the ARCP Decision Aid.

The graph and table below show the types of portfolio activities that trainees recorded during the August 2020 ARCP in comparison with August 2019.



Portfolio activity	Number of portfolio activities undertaken	
	2019	2020
Supervision record (The method for recording supervision was updated on 13/08/2019 which means the data for the two years is not comparable)	264	7485
COVID-19 reflection report (introduced in 2020)	N/A	726
Extended absence*	N/A	127
Out of programme*	N/A	109
Form R (Part B)	11	11

*These additional career entry forms were introduced on 07/08/2019, therefore data is not available for the 2019 cohort

The Associate Dean for Curricula, Dr John Russell suggested the creation of a COVID Reflection Report (shown on page 19 of ARCP Decision Aid) which provided the oppor-tunity for trainees to reflect on how each area of their training had or had not been impacted by the pandemic. By the end of August, it had been undertaken by 711

trainees. We are planning to further analyse the data from the reflective report in 2021 in line with the results from the National Training Survey in 2021.

We note that despite the derogation allowing for lower numbers of workplace-based assessments (WPBAs) to be submitted as evidence for ARCP, as well removing restrictions relating to the type of WPBAs submitted, there was no decrease in the number of WPBAs undertaken, as expected. The decrease in WPBA requirements was imple-mented in April 2020. Trainees due to have their ARCPs shortly after that time would not have been impacted by this change, which may explain why the number of WPBAs is similar (0.5% increase). The table below outlines the number of trainees in 2019 versus 2020:

Year	WPBA totals
2019	44,997
2020	45,225

ARCP outcome overview

This information is provided to give an overview of ARCP outcomes from 1 September 2019 to 31 August 2020. The data from 2018–19 has been included for comparison. It also reflects the usage of the new COVID-related outcomes (10.1 and 10.2):

2018/19 (01/09/2018 – 31/08/2019)			2019/20 (01/09/2019 – 31/08/2020)		
Outcome	Number issued	% of overall	Outcome	Number issued	% of overall
1	1577	53.5	1	1699	53
2	98	3.3	2	85	2.7
3	153	5.2	3	163	5.1
4	50	1.7	4	68	2.1
5	307	10.4	5	255	8
6	494	16.7	6	567	17.7
7.1	13	0.4	7.1	12	0.4
7.2	1	0.04	7.2	2	0.06
7.3	1	0.04	7.3	0	0
7.4	2	0.07	7.4	1	0.03
9	0	0	9	1	0.03
N	166	5.6	N	191	6
OOPC	17	0.6	OOPC	25	0.8
OOPE	26	0.9	OOPE	15	0.5
OOPR	43	1.5	OOPR	36	1.1
			10.1	57	1.8
			10.2	30	0.9
Total issued	**2947**		**Total issued**	**3207**	

While 2020 was an extraordinary year in many ways, the 2020 ARCP outcomes fell into a similar pattern as in 2019; any fluctuation among traditional outcomes was minimal.

ARCP Outcome 10

Under the Gold Guide 8 derogation, implemented due to COVID-19, a new outcome was created to reflect trainees whose competency development had been directly affected by the pandemic.

Between the introduction of Outcome 10 in April 2020 and September 2020, 87 Outcome 10s were issued.

Outcome 10 in psychiatry training (All)	
Type	**Total number issued**
10.1	57
10.2	30
Outcome 10 in core psychiatry training	
10.1	42
10.2	27
Reasons for outcome	
Across CT1 and CT2, the reason for issuing Outcome 10 in higher training was always specific to local services, posts and time out of training due to shielding, illness or bereavement. There were no common areas for development indicated in either year by competency or geographical area.	

It was noted that the issuing of Outcome 10s varied regionally, with some trainees being issued standard outcomes despite the impact of COVID-19 on their training.

Outcome 10 in core psychiatry training	
Type	**Total number issued**
CT1	
10.1	4
10.2	0
CT2	
10.1	29
10.2	6
CT3	
10.1	9
Reasons for outcome	
The reasons for issuing Outcome 10.1 at CT3 were due to the trainee not having passed the MRCPsych exam, including ECT competencies and psychotherapy competencies. Of these reasons, not meeting psychotherapy competencies was the most common – seven out of eight Outcome 10.1 decisions noted this as either the only reason, or one of the reasons.	
10.2	21
Reasons for outcome	
The reasons for issuing Outcome 10.2 at CT3 were that the trainee did not have a pass in the MRCPsych exam, and they had not met the research, audit and psychotherapy competencies. Not having passed the MRCPsych exam was the most common reason for issuing an Outcome 10.2 at CT3 level – 15 out of 20 Outcome 10.2 decisions noted the trainee had not yet completed their MRCPsych Exam due to cancellations related to COVID-19. Also, in 10 out of 20 Outcome 10.2 decisions, it was noted that psychotherapy competencies had been disrupted by COVID-19.	

Derogation to the MRCPsych Examination

To ensure that trainees could progress from core to higher training, a derogation to the core curriculum was added to allow trainees to undertake the components of the examination in any order, so long as all three components of the examination (Paper A, Paper B and the CASC) were undertaken prior to the completion of core training.

Outcome 10 in higher psychiatry training	
Type	**Total number issued**
10.1	15
10.2	3
Reasons for outcome	
Across all training years and specialties, the reason for issuing Outcome 10 in higher training was always specific to local services, posts and time out of training due to shielding, illness or bereavement. There were no common areas for development indicated in any year, geographical area or specialty.	
ST4	
10.1	6
ST5	
10.1	6
ST6	
10.1	3
10.2	3

The geographical distribution of ARCP outcome 10s varied regionally, most of this variance was proportional in relation to number of trainees. It has been noted that there are anomalous areas where few to no outcome 10s were issued. This was due to some deaneries being advised not to issue outcome 10s. Anecdotally it has been fed back that ARCPs undertaken since August 2020 have actually seen a rise in the issuing of outcome 10s.

Region	Number of 10.1s issued	Number of 10.2s issued
East Midlands	5	3
East of England	2	1
Kent, Surrey & Sussex	1	1
London	19	10
North East	1	2
North West	9	4
Scotland East	1	0
Scotland North	3	0
Scotland South East	1	0
Scotland West	2	2
Severn	1	0
South West Peninsula	2	0
Thames Valley	0	3
West Midlands	1	0
Wessex	0	0
Yorkshire & the Humber	16	5
Total:	64	31

Between the creation and implementation of Outcome 10 as part of the Gold Guide derogation in April 2020 and 1 September 2020, there was an overall total of 2098 ARCP outcomes issued, not including Outcome 5s as they are an interim outcome. This means Outcome 10s issued during the first wave of COVID-19 (Mar 2020 – Aug 2020) only made up 4.1% of the overall total. This implies that the direct impact of COVID-19 on psychiatry training for this period was not severe and that it was possible to issue the majority of trainees with standard ARCP outcomes and continue with their training.

We note that the full impact of COVID-19 on psychiatry training cannot be determined while we are still in the midst of the pandemic. We are aware that the delays around MRCPsych exams could potentially have an ongoing impact that is yet to be fully under-stood. We are working with trainees and those working within psychiatric medical education to review and prepare for potential further disruptions.

We, at the College, would also like to highlight that the emotional and mental impact of the pandemic is very much yet to be fully realised and this is inclusive of the impact it will have had on all medical professionals on the frontline.

Unfavourable outcomes

Outcome 3s issued by training year						
CT2	CT3	ST4	ST5	ST6	ST8	**Total**
9	132	4	4	8	3	**163**
Outcome 4s issued by training year						
CT2	CT3	ST4	ST5	ST6		**Total**
0	60	3	1	1		**68**

Most outcomes 3s and 4s are issued at CT3 due to exam failure and a failure to obtain psychotherapy competencies. Outcome 4s are most issued when maximum extension time has been reached but it is still linked to those competencies.

Outcome 4s outside of CT3 are also issued when maximum extension time has been reached but the reasoning often varies. Outcome 3 extensions outside of CT3 does not seem to follow any pattern but is specific to the individual trainee.

Less-Than-Full-Time (LTFT) Training

We continue to work closely with Health Education England (HEE) on the Enhancing Junior Doctors' Working Lives programme, since its establishment in March 2016. Flexible training continues to be developed, particularly around (LTFT) training. LTFT training allows junior doctors training in England to work 50%, 60% or 80% of a full-time post over a longer period of time. However, LTFT is only available to trainees in particular circumstances, which have been grouped into two categories:

- Category 1: Trainees with a disability, ill health, or with caring responsibilities.
- Category 2: Trainees who have been offered unique opportunities, have religious commitments or who are undertaking non-medical personal or professional development.

Category 3 LTFT is a new category that has been developed for trainees who choose to train LTFT as a personal choice to meet their individual, professional or lifestyle needs. It forms part of the wider flexibility in training agenda. Category 3 LTFT training was piloted for emergency medicine in 2017 and expanded in 2019 to include paediatrics and obstetrics & gynaecology. Several reports suggest that the junior doctors in the pilot felt less burnt out and more able to provide better care, achieve better educational outcomes and improve their work–life balance.

The College has actively sought to allow similar Category 3 expansion for psychiatry training, which was planned for 2020. Unfortunately, this was put on hold at the onset of the COVID-19 pandemic. But agreement has been reached for this to be introduced incrementally across all specialties, to be adopted in full for psychiatry in 2021 and to be extended to all junior doctors in England by the end of 2022. As a result, from 2021, any psychiatric trainee in England will be able to apply to train LTFT, not just those who fall under the two categories that currently exist. There are similar arrangements in the Devolved Nations to support LTFT training for well-founded reasons.

The Enhancing Junior Doctors' Working Lives programme, introduced by HEE in 2016 to address a range of issues experienced by doctors in training, highlighted the importance

of flexible training to allow professional development of non-clinical competencies to further support recruitment and retention. As part of this, the Royal College of Physicians is piloting Flexible Portfolio Training in 2020/21. This allows trainees to have up to one day a week (or 20% of training time) to pursue professional development in one of four areas: medical education, quality improvement, research or clinical informatics. The College eagerly awaits the results of this pilot, which has many similarities to the Royal College of Psychiatrists' long-established and unique higher training special interest sessions. Information on our special interest sessions is available in our current core psychiatry curriculum.

National Training Survey 2020

The GMC publishes its National Training Survey (NTS) on an annual basis. The survey for 2020 focused on COVID-19 and was an adapted, shortened version of the usual NTS survey for this reason.

The results have been displayed by overarching specialty only, as opposed to individual specialty path-ways (e.g. child & adolescent psychiatry; forensic psychiatry). This is because low response rates allow for identifiable data at deanery level. Results are therefore representative of psychiatry as a whole across all deaneries.

Some key points to note about the data:

- Not all trusts/boards and specialty combinations received the required minimum number of responses, and were therefore excluded from the dataset
- This year's reports are based on individual questions instead of scored question groupings (indicators) as with previous years
- To protect the identity of respondents, data for questions with fewer than three responses were excluded.

Key themes outlined in the report are:

- Bullying, undermining and patient safety
- Clinical supervision
- Clinical supervision – out of hours
- Communication and teamwork
- Curriculum delivery and education
- Health and wellbeing
- Speaking up and voice
- Workload

The following table provides an oversight of psychiatry's performance in comparison with other specialties. (Further findings and discussion looking specifically at the impact of COVID-19 are given in the GMC's 2020 summary report.)

	Bullying, undermining and patient safety	Clinical supervision	Clinical supervision (out of hours)	Communication and teamwork	Curriculum delivery and education	Health and wellbeing	Speaking up and voice	Workload
Performance indicator benchmark (average %)	**73.44**	**86.53**	**77.30**	**73.56**	**56.93**	**66.13**	**68.34**	**42.96**
Specialty	Performance indicator (%)							
ACCS	74.06	86.79	79.23	78.33	60.43	55.21	71.32	40.03
Anaesthetics	75.04	90.38	84.72	79.10	57.10	62.08	73.88	38.05
Emergency Medicine	75.33	88.37	78.81	78.26	64.31	58.07	71.08	44.45
General Practice	75.83	88.22	79.11	77.75	63.30	60.50	72.18	42.24
Obstetrics & Gynaecology	76.10	88.62	80.99	73.83	58.02	58.50	68.30	39.87
Occupational Medicine	76.77	90.65	79.47	80.87	71.49	67.97	76.44	35.00
Ophthalmology	73.02	87.14	79.66	70.08	59.62	63.67	65.15	51.97
Paediatrics & Child Health	78.20	90.76	82.67	76.47	65.47	61.05	72.64	48.04
Pathology	78.36	92.13	83.78	76.14	62.71	71.41	71.78	56.74
Psychiatry	**72.22**	**90.10**	**77.20**	**77.16**	**66.77**	**61.81**	**69.04**	**42.12**
Radiology	74.31	90.10	81.45	74.02	60.09	65.74	70.24	53.07
Surgery	72.60	89.15	82.05	70.61	55.31	60.44	66.54	48.62

CESR and equivalence

Process

The College works in collaboration with the GMC to deliver the CESR process. The average full CESR application is 1000–1500 pages long, consisting of primary evidence of clinical practice to be assessed in relation to curriculum competencies.

The Equivalence Committee consists of 70 CESR evaluators spanning all psychiatric specialties who undertake both initial and review evaluations. Two evaluators are allocated to each evaluation and the Associate Dean for Equivalence, Professor Nandini Chakraborty, maintains oversight and offers expert advice as required.

Data summary

Specialty	Outcome	Initial application	Review application
General Adult Psychiatry	Grant	4	7
	Reject	9	1
Old Age Psychiatry	Grant	1	2
	Reject	2	0
Child & Adolescent Psychiatry	Grant	0	2
	Reject	2	1
Psychiatry of Learning Disabilities	Grant	0	0
	Reject	1	0
Totals	Grant	5	11
	Reject	14	2

Forensic Psychiatry and Medical Psychotherapy are not included as no applications were received within this time period. All data included above relates to CESR evaluations received from the GMC in the period 01/09/2019 – 31/08/2020

There were two re-evaluations in the 2019–20 period, due to missing evidence not being submitted to the College. The final outcomes post re-evaluation are included above.

The 2019–20 data set is representative of previous years. It is typical to see candidates have significantly higher rates of success in their review applications compared to their initial applications. The areas of failure and overall success rates within each specialty have been consistent over the last 5 years.

Overview of rejected CESR applications

Below are the areas of failure (by GMC domain) for the 14 rejected CESR applications in the 2019–20 period:

	Met	Unmet
Domain 1 Knowledge, skill and performance	1	13
Domain 2 Safety and quality	7	7
Domain 3 Communication, partnership and teamwork	6	8
Domain 4 Maintaining trust	10	4

Within each domain, the common areas of failure are:

Domain 1 – Knowledge, skill and performance

- Lack of diversity in setting and patient range.
- Case histories are not sufficiently detailed to evidence relevant areas of the curriculum.
- Insufficient evidence around emergency situations and use of legislation.
- Evidence regarding research and critical appraisal of research is unclear, especially regarding applicant's contribution.
- Psychotherapy evidence either does not have sufficient session notes, has no evidence of supervision or there's only evidence of one modality.

Domain 2 – Safety and quality

Audit is the main reason applicants fail domain 2. The requirement is a full audit cycle including re-audit, but the evidence is not required to be from the same audit.

Domain 3 – Communication, partnership and teamwork

- Teaching evidence doesn't address the reasoning behind teaching methods chosen, a lack of primary evidence such as teaching slides, feedback forms and reflection on how to improve.
- Not enough evidence of assessment completed on junior doctor colleagues, or assessment only covering a small range, e.g. only medical students.
- No evidence of the trainee having completed appraiser training, engaged with their own appraisal and shadowing or completing an appraisal.

Domain 4 – Maintaining trust

- Any missed anonymisation (any missed anonymisation will result in a failed CESR).
- Emergency competencies not evidenced (this also often leads to trainees failing risk management competencies).

Child & adolescent psychiatry (CAP) CESR applications have slightly different requirements to all other CESR applications. While the common areas of failure above apply to CAP CESRs, there are other areas that CAP applicants can fail in. The main CAP-specific issues are:

- Insufficient evidencing of competencies around under-5s
- A lack of evidence around substance misuse
- Overall, insufficient meeting of selective ILOs

The impact of COVID-19

In April of 2020, due to the demands on both clinical and administrative time caused by the pandemic, the College agreed with the GMC to put a hold on receiving CESR applications as a temporary measure. By July 2020, the College was able to revert processing CESR applications within the agreed and legal timeframes, support by a period of evaluator recruitment. Evaluator availability continues to be challenging due to the amount of work CESR applications require, and we are grateful to our pool of dedicated evaluators for the efforts and commitment even in the time of the pandemic.

The GMC, RCPsych and many of our Royal College and Faculty (RCF) colleagues have noted an overall increase in CESR applications over the period of the pandemic. The exact reasoning around this is not currently clear, however one suspected cause is due to the increase in work-from-home requirements. In addition, it is possible that the introduction of the new curricula is encouraging applicants to apply prior to the planned implementation.

Out of programme (OOP) – an overview

Process

The College processes applications for time out of training where the GMC requires additional College support.

College support is required for applications for out of programme for training (OOPT) and out of programme for research (OOPR).

Detailed information is available on our process for OOPT and OOPR approvals.

The Quality Assurance Committee (QAC) reviews OOP applications on an ad-hoc basis as they are submitted, with the aim of approving these within two weeks of receipt. Specialty QAC representatives are allocated to undertake a review of the application by the Curricula & Quality Assurance Manager. Occasionally, more complex applications are escalated for further discussion.

Data summary

A summary of OOP applications, including those not requiring College support (OOP Experience and OOP Career Break) are outlined below by application type.

Out of Programme type	London	East Midlands	East of England	Wales	Northern Ireland	Overseas	Total
Research (OOPR)	5	1		4			**10**
Training (OOPT)	1					1	**2**
Experience (OOPE)	3						**3**
Career Break (OOPC)	2	1	2		1		**6**
Total	11	2	2	4	1	1	**22**

As expected, the majority of applications have been submitted from London, which has the highest population of trainees. The majority of trainees go out of programme for research or training purposes, which means that their time out of training can count towards their CCT.

OOP Pause

In 2019, Health Education England piloted a new type of OOP training called OOP Pause (OOPP). This provides trainees with the opportunity to take a break from training to undertake NHS work, or similar patient-facing work, within the UK.

The OOP Pause pilot was conducted in a small number of regions initially, but due to COVID-19 was rolled out more widely at a faster rate than originally planned.

Trainees are eligible to undertake an OOPP if they are in CT2/ST2 or above. OOP placements can be held for a maximum of 12 months. With OOPP, capabilities acquired may be able to count towards specialty training and be retrospectively approved (unlike with OOPC).

We have not (at the time of writing) received applications for, or data on, OOP Pause.

Curricula review – the future of psychiatry training

Why review our curricula?

In 2013, the Shape of Training report was published which outlined key recommendations for training. These included:

- Increased flexibility in training
- Training doctors with a more generic skill set
- Developing post-CCT credentials to up-skill doctors who have already completed training.

In response to the Shape of Training review, the GMC developed the Generic Professional Capabilities (GPC) Framework (2017), alongside their revised standards for postgraduate medical curricula Excellence by Design (2017).

All Medical Royal Colleges were requested to review their curricula and align them to the revised standards, incorporating the GPC framework.

Interpreting the GPC Framework

It has been up to each specialty to decide how to incorporate the GPC Framework into their curricula and training, so that it is fit for purpose. We have taken this as an opportunity evaluate our current curricula, redeveloping the curriculum framework for future psychiatry trainees.

There are nine key domains within the GMC's GPC Framework as follows:

Currently, the curricula are shaped by 19 intended learning outcomes (ILOs). The proposed curricula contain high-level outcomes (HLOs) linking directly to the nine GPC domains (on the previous page), with specific capabilities outlined within them. Using the HLOs would replace the current ILO structure.

Currently, the curricula contain detailed competencies, but we are moving towards a broader and more achievable curriculum framework.

Curriculum framework

The new curriculum framework will be composed of three key elements:

- Psychiatry 'Silver Guide' – Aligned to the Gold Guide and GMC legislation, this guide will cover all aspects of psychiatry training, including going out of programme (OOP), dual training, and less-than-full-time (LTFT) training.
- Curricula documents – Each specialty will have a curricula document outlining the HLOs, key capability domains, and capabilities that trainees need to undertake. All curricula are aligned.
- Training and supplementary guides – All curricula will have training guides, outlining how trainees can achieve key capabilities with a non-exhaustive list of examples.

The aim of the new framework is to ensure that the curricula are achievable and flexible. Both the Silver Guide and curricula documents will be regulated by the GMC, with the training and supplementary guides monitored and managed by the College.

Submissions and approvals

The core psychiatry curriculum was submitted to the GMC's Curriculum Advisory Group (CAG) in February 2020, and approved in July 2020, subject to actions. A further iteration of the core curriculum was submitted alongside the higher curricula in October 2020.

The GMC's CAG met in December 2020. The College has received feedback from the GMC and is continuing to work on the curriculum framework.

Implementation

Implementation of the new curricula is planned for August 2022. This will include:

- Updating Portfolio Online to ensure the newly mapped curricula assessments and supervisor reports are available for trainees

- Providing resources to trainees, trainers and deaneries to aid with implementation via webinars

- Publishing and developing guidance, including redeveloping the RCPsych training webpages.

Our trainee transition **timescales are still to be approved** by the GMC but are outlined below. Transitioning across from the current to new curricula will include:

- Utilising the new curricula documents
- Using the updated version of portfolio online relevant to training status
- Using the guidance outlined in the Psychiatry Silver Guide and Training Guides
- Completing updated Workplace Based Assessments (WPBAs) which align to the new curricula domains.

Stage of training	Transfer required?	Deadline for transfer
CT1/ST1 (WTE and all LTFT)	Yes	August 2024
CT2/ST2 (WTE and all LTFT)	Yes	August 2024
CT3/ST3 (WTE only)	No	N/A
CT3/ST3 (LTFT 50% - 90%)	No (conditional)	August 2024 (if required)
CT3/ST3 (LTFT 20% - 40%)	Yes	August 2024
ST4 (WTE and all LTFT)	Yes	August 2024
ST5 (WTE and all LTFT)	Yes	August 2024
ST6 (WTE only)	No	N/A
ST6 (LTFT 50% - 90%)	No (conditional)	August 2024 (if required)
ST6 (LTFT 20% - 40%)	Yes	August 2024
Out of programme (OOP)	Yes	August 2024
Maternity leave	Yes	August 2024
CESR	Yes	August 2024
Dual training	Yes (as per the above requirements)	August 2024

Credentialing

Liaison psychiatry

In 2019, the GMC published its Credentialing Framework which outlines the purpose and standards for developing and regulating post-CCT credentials.

RCPsych was identified as an 'early adopter' for the credentialing framework, and were invited to submit an application to the GMC's Curriculum Oversight Group (COG) for the Liaison Psychiatry credential (based on our 2017 pilot).

The application to the COG was successful, and approval was given for the purpose statement and high-level outcomes (HLOs).

In October 2020, we submitted an application to the GMC's Curricula Advisory Group (CAG) alongside the higher specialty curricula submissions. The aim is to re-run the credentialing pilot, and roll out the credential for consultants in General Adult or Old Age Psychiatry in the first instance

Perinatal psychiatry

In 2019, a pilot that had been ongoing for a post-CCT credential in perinatal psychiatry was completed. The pilot report was published and outlined the following key points in regards to delivering a successful credential programme:

- The role of a mentor is important to provide clinical guidance and oversight
- Development and evaluation of related knowledge and skills using relevant tools is important, including looking at how attitudes and behaviours are appraised
- Ensuring reflective mechanisms are in place
- Developing a masterclass series, in particular for the academic component, which provides the necessary knowledge and skills required.

A further proposal was developed and submitted in 2020, scoping a multi-disciplinary/ multi-agency credential programme to follow on from the work of the pilot.

The proposal was developed to determine the feasibility of delivering a credential programme for the full perinatal service pathway. Work is still ongoing and further information will be published in 2021.

The College has undertaken considerable work looking at building capacity in perinatal mental health services with the support of NHSE and Health Education England (HEE).

Medical Training Initiative (MTI)

Overview

The RCPsych Medical Training Initiative (MTI) is designed to enable a small number of international psychiatry graduates to enter the UK to experience training in the NHS for up to two years, before returning to their home country.

Interest in the psychiatry MTI scheme has increased year on year, with the exception of 2020 in which the pandemic led to huge disruption to people's lives, including plans involving travel or relocation. That said, 2020 still saw only four fewer sponsored applicants than 2019.

Year	Number of applicants sponsored
2015	6
2016	21
2017	15
2018	40
2019	50
2020	46

In addition to seeing growing interest in the initiative, applicants are participating from a wider geographical area; including applicants from Saudi Arabia and the UAE for the first time in 2019.

MTI Recruitment 2019	
Country of residence	Number of applicants
Canada	1
Egypt	10
India	14
Nepal	1
Nigeria	20
Saudi Arabia	1
UAE	3
Total	50

While doctors from several countries are now participating in the MTI scheme, the majority of the 132 doctors who took part in the scheme between 2015 and 2019, came from Nigeria, India and Egypt.

Country of residence (2015 – 2019)	Successful MTI applicants	
	Number of applicants	Proportion of the overall cohort
Nigeria	47	35%
India	37	28%
Egypt	21	16%

2020 Cohort

There were 46 doctors sponsored in 2020 (from a total of 126 applicants). Due to COVID-19, the drop-out rate has been higher than normal, but the number of doctors sponsored was similar to the previous two years.

Externality

Requests for externality – a summary

One of the requirements outlined in the current Gold Guide (version 8, 2020) is for there to be a minimum of 10% externality at Annual Review of Competence Progression (ARCP) panels across the UK.

In order to meet this requirement, we hold a list of trained external advisors who attend panels at the request of deaneries/local education and training boards.

We also receive and comply with requests for externality for quality visits, interviews or other quality-related events, as needed.

We recently reviewed our process for receiving requests for externality from deaneries. In 2020, we implemented an electronic submission form, whereby requests can be submitted for ARCP panels, quality visits, interviews or other quality-related events. In addition, we have updated our reporting form for External Advisors dependent upon the visit type, which we continue to review as part of our quality monitoring process.

Externality data for 2020

A summary of the externality data for 2020 can be seen in the table below.

Region	Number of Requests	Attended
North West	1	1
Yorkshire	0	0
East Midlands	2	1
North East	2	2
West Midlands	0	0
London	0	0
East of England	4	1
Kent, Surrey and Sussex	0	0
Wessex	1	1
Severn	5	3
Peninsula	2	0
Scotland	13	7
Wales	0	0
Northern Ireland	0	0
Total	30	16

Impact of COVID-19

Several externality requests were received early in 2020, prior to the pandemic.. However, due to the derogation to the Gold Guide (GG8) and decreased externality require-ments for ARCP panels, the number of external advisors needed dropped significantly. Panels are usually required to have three members, one of whom is external wherever possible. The derogation stated that a maximum of two panel members were required (to reduce burden) and external advisors were not essential during this time period. Updated guidance from the Academy of Medical Royal Colleges (AoMRC) is due to be published in advance of 2021 ARCP panels.

MRCPsych Examination

MRCPsych and the effect of COVID-19 on examinations

Clinical Assessment of Skills and Competencies (CASC)

In September, the third part of the College membership examination (MRCPsych), the Clinical Assessment of Skills and Competences (CASC) was delivered online for the first time, in line with maintaining social distancing during the pandemic, and is believed to be the largest virtual clinical exam yet run by a UK medical royal college. Almost all of the 488 candidates (97.5%) completed their exam.

The College held a second online CASC exam in October and repeated this level of success, with a very similar level of candidates completing their exam.

The pass rate for the September CASC was 67.7% (up from 63.4% on the same diet in 2019). The November CASC pass rate was 59.9%.

Paper B

The College's first-ever online written exam was delivered successfully in October. A large majority (92%) of the 472 candidates were able to complete their online exam. The overall pass rate was 61.4% (up from 53.4% on the same diet in 2019).

Any candidates who could not complete their Paper B or CASC sittings due to IT failures or other matters outside of their control had resits organised for them in December 2020 and January 2021 respectively.

We are continuing to work with our technology partners, who are supporting us to deliver the CASC and the written papers, to further increase the number of candidates successfully completing their exams.

The College is grateful for the remarkable collective effort from the many people involved, including the exams team, that has led to us being able to deliver online exams to such a high number of candidates. This has meant we have been able to prevent COVID-19 from disrupting the qualification timeline for trainees, which could have led to delays in progression, as much as possible.

Our website has further information on examinations.

Looking forward

In line with our values of Courage, Innovation, Respect, Collaboration, Learning and Excellence, the Training and Workforce team at the College, are always looking to improve our processes. Starting in 2020, we have launched an annual meeting with our medical education and administrative partners at Health Education England (HEE), Health Education Improvement Wales (HEIW), NHS Education for Scotland (NES) and Northern Ireland Medical and Dental Training Agency (NIMDTA) to allow for better collaboration; with the overall aim of improving the education and training experience of psychiatric trainees.

CCTs and CESR

The CCT application process was reviewed in 2020 to assess whether it is still fit for purpose. We have now implemented an online application process for CCT, with requirements for evidence clearly laid out in line with the GMC minimum requirements.

CESR is currently undergoing a review alongside the curricula review project, with the specialty specific guidance (SSGs) for CESR currently being rewritten in line with the new capabilities. A free webinar series is planned for the first half of 2021 to ensure a smooth transition for CESR candidates from the current curricula to the new. We are in the process of developing a CESR-specific online portfolio, which we are also aiming to have ready in the first half of 2021.

Next steps for credentials

A number of credentials are currently being planned for the future, which include:

- Neuropsychiatry
- Military psychiatry

We are awaiting the outcome from the early adopter process with the GMC before progressing credentialing further.

Improving externality

Looking at our current data and how we currently manage externality, we are working to improve our processes going forward. We are planning to undertake a recruitment drive to increase our current database of external advisors. We are also working with deaneries to ensure that ARCP panels and quality visits can be undertaken digitally, which we hope will increase the number of visits and panels attended.

Trainee wellbeing

The wellbeing of the psychiatric workforce is central to our activities and we are embarking on a range of activities to support trainees further, including the publication of a Trainees' Guide to Mentoring and a series of Psychiatric Support Service (PSS) help sheets specifically for trainees. The PSS is regularly promoted to trainees, and Peer Support Psychiatrists (PSPs) are available at all grades to support those in training or planning to return to training.

Quality assurance going forward

This year, we are planning on improving our quality assurance processes, establishing more robust oversight through the Specialty Advisory Committees (SACs) of post and programme approvals for psychiatry, as well as looking at annually reviewing our ARCP outcome data to look for trends. We intend to assess reasons for ARCP outcome variance across regions more thoroughly and are working to develop more standardised ARCP decision aids as part of the curricula review project.

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