
Quality in Training (QIT) Report 2021

An overview of quality assurance in psychiatry training in 2021

October 2022

Foreword

We warmly welcome this second annual report, summarising all quality outcomes related to postgraduate psychiatric training across all the four nations in the United Kingdom.

Postgraduate psychiatric training in the United Kingdom, overseen by the Royal College of Psychiatrists is valued across the world for its high standard and quality. Maintaining and enhancing these high standards is not possible without the determined efforts of many and we are grateful to all our colleagues who have worked tirelessly in supporting postgraduate training in Psychiatry. This is particularly so given the on-going pandemic with its attendant demands on clinician time.

We are delighted to report that despite the pandemic, delays in career progression were minimised with the speedy digitisation of the MRCPsych examinations.

We also revised the ARCP (Annual Review of Competence Progression) decision aid, enabling derogations supporting trainees throughout the Covid pandemic.

We note the work on development of the quality matrix in relation to education standards. It will be important for such performance indicators works for all stakeholders and we welcome feedback to refine these for future reports. These indicators will be very pertinent as we quality assure the implementation of the new curricula and portfolio online, from August 2022.

The new curricula have at their heart the concept of person-centred care and as we adapt to the new post-COVID world, technological innovations in mental health care will need to be matched by innovations in psychiatric education and training. The quality of our education needs to shape the quality of care that our patients receive and hopefully our quality indicators are a step in that direction.



Professor Subodh Dave
Dean, Royal College of Psychiatrists



Dr Debasis Das
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Summary

The following report highlights our work in education and training in 2021, and ongoing activities supporting quality assurance of education and training standards.

Key highlights from the report include:

- Overview of specialty training, including summaries of data on Certificates of Eligibility for Specialist Registration (CESR) and Certificates of Completion of Training (CCTs).
- Overview of our curricula review programme, including plans for implementation.
- Summary of ongoing work around externality and improvements in quality oversight.
- Credentialing, including the early-adopter process with the General Medical Council (GMC) and
- Workforce initiatives, including StartWell and the Psychiatrists' Support Service (PSS).
- MRCPsych Examination and Differential Attainment.

Data timescales covered are indicated throughout the report. The majority of data is reported from October 2020 to October 2021.

Specialty Training

Certificate of Completion of Training (CCT)

A summary of CCTs awarded in 2021 (August 2020 – August 2021) is provided below per specialty. Figures include those awarded CCTs in dual specialties:

Psychiatric Specialty	Number of CCTs awarded
Child & Adolescent Psychiatry	97
Forensic Psychiatry	63
General (Adult) Psychiatry	187
Medical Psychotherapy	13
Old Age Psychiatry	63
Psychiatry of Learning (Intellectual) Disability	16
Total	439

CCT quality summary

Delays to CCT awards

In 2021 the online form was fully implemented for CCT applications. There were two technical malfunctions reported, which meant that two applications were not received on time. This has since been resolved.

The primary reason for trainees not receiving their CCT awards by their completion of training date continues to be that applications are received less than four weeks in advance of the completion of training date. The College recommends that all trainees coming to the end of their training apply for their CCT via our online system up to six-months in advance of their completion date.

To tackle delays in future, the College will be undertaking a communications piece to ensure all trainees and trainers are aware of the processes from a college and GMC perspective.

College improvements and feedback

It was reported that there was often limited information from those applying through the Combined Programme (CP), and it was also reported that information on Core training and ARCP outcomes was often lacking as part of trainee applications. We have amended the online form, and now include more specific questions requesting trainees submit information regarding core and higher training. This is to ensure we have a clearer picture of a trainees' training experience, particularly regarding UK versus non-UK training.

The online form has streamlined the administrative process and ensured that better quality assurance is undertaken by administrators when reviewing the ARCP outcome forms. It relies more heavily on the evidence of approved ARCP outcome forms than the previous system, and we have also seen a marked increase in endorsements being noted properly on ARCP outcome forms as well as the forms themselves seeming to be completed with more detail.

Combined Programme (CP)

In 2021, and with the finalisation of Brexit, legislation affecting minimum training time and the CESR-CP pathway was amended. All trainees who successfully complete higher training in the UK will now be awarded a CCT. There has been no change in allowing ST4 applicants with MRCPsych and a completed Certificate of Core Competence Equivalence form to apply for higher training. Further information is available on our training webpages¹.

¹ [Routes to registration](#) – changes to CESR-CP and legislation

ARCP Outcomes for trainees

A summary of data for overarching numbers of ARCP outcomes and type can be seen below.

Data for 2020 includes data for the period **01/09/2019 to 31/08/2020**. Data for 2021 includes data for the period of **01/09/2020 to 31/08/2021**.

Outcome type	2020	2021	% Change
Outcome 1	1810	1943	-0.0%
Outcome 2	93	68	-0.9%
Outcome 3	173	176	-0.3%
Outcome 4	74	77	-0.1%
Outcome 5	270	345	1.5%
Outcome 6	588	626	-0.2%
Outcome 7.1	13	15	-0.0%
Outcome 7.2	2	1	
Outcome 7.3	0	0	
Outcome 7.4	1	0	
Outcome 8 (OOPC)	25	24	-0.1%
Outcome 8 (OOPE)	18	20	
Outcome 8 (OOPR)	37	39	
Outcome 9	1	0	-0.0%
Outcome 10.1	64	53	0.5%
Outcome 10.2	31	66	
No Outcome awarded	246	249	-0.4%
Total	3446	3702	7.4%

Impact of COVID-19

ARCP Outcome 10

With the continuation of the pandemic, ARCP outcomes 10.1 and 10.2 continue to be in place to support with trainee progression where required. A summary of outcome 10s awarded across all training years can be found below.

ARCP Outcome (10.1 or 10.2)	Number of trainees
Outcome 10.1	53
Outcome 10.2	66
Total	119

The below table outlines the number of outcome 10s awarded per training year

Training Year	Outcome 10.1	Outcome 10.2
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CT1/ST1	8	3
CT2/ST2	14	8
CT3/ST3	13	50
Core Training Total	35	61
ST4	7	0
ST5	5	2
ST6	5	4
Higher Training Total	16	6

The below table outlines the number of outcome 10s awarded by region

Region	Outcome 10.1	Outcome 10.2
East Midlands	7	7
East of England	3	1
Kent, Surrey & Sussex	1	2
London	14	16
North East	6	7
North West	2	16
Northern Ireland	1	0
Scotland	8	6
Severn	0	1
South West Peninsula	0	1
Thames Valley	1	0
Wales	1	2
West Midlands	3	1
Wessex	0	4
Yorkshire & Humber	5	3

Common themes and reasons for outcome 10 awards

Common themes and reasoning for the award of outcome 10s is outlined as follows:

- Psychotherapy competencies, in particular completion of the long case
- Undertaking the MRCPsych examination
- Missing supervision reports
- General COVID-related delays in posts, including remote working
- Self-isolating due to COVID-19 impacting on achieving competencies

Meeting requirements for psychotherapy at core training continues to be a reason for delays to progression, particularly through COVID-19, and we are continuing to monitor the impact on trainees.

The digitisation of the MRCPsych in 2020/2021 has seen a positive impact on trainees being able to progress and limited number of ARCP outcomes awarded for COVID-related delays with examinations, although we note that they do still occur.

COVID-19 Reflective Report

In 2021 a reported **334** trainees utilised the COVID-19 reflective report, compared to **726** in 2020 (46% difference).

A thematic review of report responses was undertaken. Some of the key themes highlighted in the reflective report included the following under each key question.

Areas to highlight for development in the Psychiatric Supervisors Report:

- Focus on WPBAs
- Taking on more leadership responsibility
- Being open to new and innovative ways of working
- Psychotherapy long case and issues with completion
- Emergency assessments
- Development via special interest sessions

Working through COVID-19:

- Remote working has encouraged new and innovative ways of working and achieving competencies
- Increased levels of anxiety and burnout
- Issues with not achieving all competencies outlined
- Cross-covering colleagues and increased workload
- Able to maintain professional values and behaviours despite COVID-19
- Reflections on how COVID-19 has impacted on patient mental health
- Developed skills utilising telephone or other alternative methods for therapeutic treatments
- On-call rota changes

Competencies not achieved/more difficult to achieve due to COVID-19:

- Unable to facilitate meetings in the same way, impacting on leadership and teamworking
- Difficulties developing “strong bonds” with patients and their carers and families
- Undertaking the MRCPsych examination
- Redeployment and changes to services
- Impact on supervision due to remote working
- Development of face-to-face skills
- Psychotherapy cases
- Difficulty completing audit.

The COVID-19 reflective report continues to be available to trainees to support them through the pandemic.

COVID-19 derogations and long-term impact on training

In 2021 we reviewed our ARCP decision aid² containing derogations supporting trainees through the COVID-19 pandemic. After discussion with the GMC and Statutory Education Boards (SEBs), it was agreed that derogations should continue into 2022 where required. It was noted with the digitisation of the MRCPsych

² [RCPsych ARCP Decision Aid and derogations](#) – supporting trainees through the COVID-19 pandemic

examination that the derogation supporting trainees to undertake the components of the examination in any order was reverted and trainees are now required to undertake papers A and B prior to undertaking the CASC examination.

The GMC along with the SEBs are undertaking work to review the long-term impact on training and have asked that all medical royal colleges assess how they will support trainees to develop competencies where there are skills-gaps due to the pandemic.

In addition, the GMC and SEBs have agreed that where derogations have allowed trainees to train more flexibly, consideration should be given, and evidence provided, prior to reverting back to pre-pandemic stipulations. This is to ensure alignment to ongoing work around flexibility in training.

CESR and equivalence

The total number of CESR applications received/submitted by the College in 2021 is outlined below by specialty:

Specialty	Applications	Reviews
General (Adult) Psychiatry	11	7
Old Age Psychiatry	4	2
Forensic Psychiatry	2	0
Child & Adolescent Psychiatry	5	2
Psychiatry of Learning (Intellectual) Disability	2	0
Neuropsychiatry	1	0
Total:	25	11

In 2021 it was highlighted that there had been an overall decrease in the number of recommendations over the past two years. In 2019 the largest number of recommendations on a failed application was 19, and in 2021 the largest number given was five. So while the pass rate for applications has only increased by 2%, applications are overall getting better with the number of recommendations in total decreasing.

For failed applications in 2021:

The key areas outlined for failures were similar to previous years but in line with the decrease in recommendations, the ongoing areas of failure are significantly smaller. A summary of the key areas are outlined as follows:

- ILO17, specifically the areas of appraisal and assessment.
- Physical examination as part of ILO1b.
- Clinical governance with regards to ILO11a.
- Research methodology and critical appraisal of research – ILOs 8a and 8b.
- Insufficient setting or age range experience as part of ILO1a.
- Psychotherapy competencies within ILO5a.

GMC outcomes for CESR for 2020/2021 are outlined below – *applications awaiting a GMC decision have not been included.*

Specialty	Success	Reject
Child & Adolescent Psychiatry	3	1
General (Adult) Psychiatry	9	13
Forensic Psychiatry	0	2
Old Age Psychiatry	6	0
Psychiatry of Learning (Intellectual) Disability	1	2

Academic Training

In 2020/2021, the College successfully appointed an Associate Dean for Academic Training. An academic sub-specialty advisory committee (SSAC) was set up at the start of 2021 with a focus on the following key areas:

- Supporting trainees who are actively training in academia
- Support with curricula requirements for research and scholarship
- Scope and assess opportunities for research in psychiatry across the UK

Ongoing work

Scoping work is underway to determine the scope and scale of academic training opportunities across the UK, with the aim of producing a map of opportunities for trainees and trainers to access.

The academic SSAC is also in the process of securing funding from the Wellcome Trust to provide support for collaborative research programmes. The funding will help to support development of research webinars to be run the by College. The SSAC is also in the process of developing a new Academic training strategy. In addition, a “foundation taster experience” has been circulated within the College’s networks, supporting the promotion of academic training.

Less Than Full-Time training (LTFT)

The expansion of LTFT Category 3³ (i.e., choosing to train less than full-time (LTFT) as a personal choice) continues and from August 2021 is available to Psychiatry trainees. This offers the opportunity for trainees to train more flexibly and at their own pace.

It is already available in Emergency Medicine, Paediatrics and Obstetrics and Gynaecology, and from August 2021 trainees in the higher specialties, Intensive Care Medicine, Radiology and Psychiatry can apply to train LTFT for a period of 4 months per academic year. The remaining specialties will be eligible for the changed throughout the 2021-22 academic year, with all specialties having the opportunity to apply to train LTFT for 4 months by the end of the 2021-22 academic year.

³ [LTFT Category 3](#) – delivering greater flexibility in training

Out of Programme Applications

A summary of out of programme applications for 2021 is outlined below.

OOP Type	Total
Research (OOPR)	8
Training (OOPT)	8
Experience (OOPE)	2
Career Break (OOPC)	4
Pause (OOPP)	0
Acting up as a consultant (AUC)	16
Total	38

Excluding applications to act up as a consultant (AUC), the same number of applications were received in 2020 and 2021 (**22** applications). The majority of applications recorded were for OOPR and OOPT. Data for OOPE and OOPC is dependent upon information sent through from deaneries.

We have not yet received notifications of trainees obtaining an OOP Pause (OOPP). Trainees are not required to apply to the college for prospective approval for OOPP, and the gap analysis and sign-off will be done at local level.

The OOPP pilot⁴ was extended until July 2021 due to COVID-19, and further information about the pilot and next steps will be provided in due course.

Run-Through Training

CAMHS Run-Through Programme

In 2021 we secured approval for an extension to the CAMHS run-through pilot for an additional cohort to join the programme from August 2022. In addition, funding was secured to expand the number of training posts offered.

In August 2021, the first cohort from the programme entered ST4. A summary of destination data per cohort is outlined below.

Total number from August 2018 cohort: **11**

Destination information	Number
Moved to ST4 in Child & Adolescent Psychiatry	7
Moved to ST4 in a different psychiatric specialty	0
Remaining in ST3 due to incomplete core training	3

⁴ [Out of Programme Pause \(OOPP\)](#) – Information from Health Education England (HEE)

Unknown destination	1
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The above data highlights the following information:

- **87.5%** of trainees who had progressed from ST3 to ST4 have chosen to stay in CAP (**7** out of **8**; unknown data for **1** individual at the time of writing).
- **27.3%** of the cohort are remaining in core training due to receipt of outcomes 3 or 5 or being LTFT trainees.
- No trainees have progressed to another psychiatry specialty at this stage.

An “ST4 intentions” survey was undertaken at the start of 2021 to ascertain plans for ST4 in advance, and **90%** of respondents indicated that they would continue into CAP at ST4.

ARCP outcome data across all cohorts throughout the programme is outlined below.

ARCP Outcome	2019	2020	2021
Outcome 1	10	22	29
Outcome 2	0	0	0
Outcome 3	0	0	0
Outcome 4	0	0	0
Outcome 5	1	1	4
Outcome 10.1 (Covid)	0	0	0
Outcome 6	0	0	3
Outcome 10.2 (Covid)	0	0	0
Not completed/no outcome	0	2	1
Total	11	25	37

Impact of COVID-19

Trainees indicated that there had been some impact on their run-through training due to COVID-19, in particular on their paediatric-linked posts, which were often delayed until ST3, impacting upon availability of posts in ST2. However, this was not indicated in the ARCP outcome data outlined above, and no outcome 10s were awarded.

Additional feedback regarding COVID-19 included difficulties adjusting to online working, and changes in opportunities and requirements due to service need.

Programme next steps

A full evaluation of the programme is underway, including the development of a topic guide for focus groups to support qualitative and quantitative evaluation of the programme.

It is not expected that the full impact of the programme on recruitment and retention will be seen until all cohorts have moved through to ST4.

Plans for future programmes

In 2021 we were successful in securing funding from Health Education England (HEE) to develop run-through programmes for Psychiatry of Learning (Intellectual disability and Old Age Psychiatry, with the aim of offering posts for August 2022 and August 2023 respectively, subject to GMC approval of the pilot programmes.

Patient and Carers in Training

In 2021, we published our *Learning from Experience*⁵ guidance for NHS training organisations on working in collaboration with people with lived experience to deliver psychiatric education. The guidance was written by the Patient and Carers in Training working group.

Key highlights from the guidance include:

- The importance of involving people with lived experience in teaching and training in Psychiatry.
- The principles of involving people with lived experience in teaching and training.

The guidance is available on our deanery/LETB hub⁶, which was launched at our collaborative deanery cross-working day in October 2021.

Addictions Future Training Initiative (AFTI)

The college continues to work on the Addictions Future Training initiative (AFTI) project, lead by Dr Julia Sinclair and Dr Sarah Welch.

In 2021, we were successful in delivering a webinar series focusing on the following key areas:

- Alcohol dependence
- Opioid addiction and prescribed drugs
- Stimulant and club drugs

In addition, we secured funding for a clinical lead for phase 3 of the project, and appointed an Addictions Fellow, who is a higher trainee using their special interest sessions to undertake work on the project.

The steering group continue to develop the Addiction Tutor Network (ATN) to support the implementation of addiction requirements for core trainees.

Medical Training Initiative (MTI) Scheme

In 2021, we developed an information guide for employing bodies in support of the MTI Scheme, alongside an induction booklet to support those on the scheme, including information on:

- Resources and support available
- Preparing for arrival to the UK, including how to access healthcare
- MTI roles in the NHS

⁵ [Learning from Experience](#) – guidance for involving patients and carers in training

⁶ [RCPsych Deanery/LETB hub](#) – information for deaneries and LETBs on college processes

2021 Survey Results

In 2021, we undertook a survey assessing the scheme. A summary of the feedback received is outlined as follows:

- **73** Medical Training Initiative (MTI) doctors from 2018, 2019 and 2020 completed a survey about their experiences of the initiative. **39** of these doctors were still completing their MTI placement and **34** had left the scheme.
- **85%** of respondents said training opportunities were an important factor when choosing the MTI scheme. Other common reasons for applying were job prospects (**53.4%**), recommendations from colleagues (**52.1%**) and college reputation (**42.5%**).
- Once in post, respondents most enjoyed the opportunity to work in the UK (**39.8%**), working within an MDT (**26%**) and gaining better employment prospects (**24.7%**).
- Most MTIs received an induction from their employing body (**89%**) and many said that this should have been tailored towards international graduates and contained information about living and working in the UK (opening a bank account, tax, annual leave etc.).
- **68.5%** of respondents were able to establish an individual training program in each rotation and 6.9% weren't sure if they did. **86.3%** of respondents were allocated an educational supervisor at the start of their post and **65.8%** met with their educational supervisor at least once or twice a year. **87.5%** of participants received clinical supervision daily, weekly or fortnightly and **75.3%** rated the quality of this as excellent or good.
- When on-call, **94.5%** of respondents felt they had access to adequate support and advice.
- MTIs found shadowing opportunities and access to a consultant particularly useful when starting on-call duties and many agreed that MTIs needed more support than UK trainees. Most MTI's were rarely (**43.8%**) or never (**41.4%**) forced to cope with clinical problems beyond their competence or experience.
- Most MTIs had the opportunity to take study leave (91.8%) and had access to a study budget (**71.2%**).
- **80.8%** of participants were extremely or somewhat confident that their placement helped them acquire their expected competencies and experiences. All felt that what they learnt could at least somewhat benefit patients and families in their country of qualification.
- Participants gave an average rating of 7.3 out of 10 for their overall training in the scheme (10 being the highest score possible).
- Despite the mostly positive feedback provided above, many MTIs also faced challenges. At the start of training, many MTIs encountered challenges including limited knowledge of regulatory frameworks (**75.3%**), cultural differences (56.2%), lack of relevant information about the NHS (**54.8%**), varied levels of support and training (**38.4%**) and unfamiliarity with a multidisciplinary teamwork approach (**35.6%**). MTIs were able to overcome these challenges with support from clinical supervisors, junior doctors and

other MTIs. Some also stated that they just needed time to integrate into the new system.

- MTIs also had negative experiences during their training, including clinical training being considered second to service demands (**46.6%**), being bullied or harassed at work (17.8%), feeling unsafe in the work environment (**15.1%**) and being stigmatized or punished when seeking support (**8.2%**).
- Suggestions for improvements to the MTI scheme included increased engagement and support from RCPsych, opportunities to engage with other MTIs, better education on scheme for employing bodies, tailored inductions, more focus on training and structured mentoring.

Curricula Review – the future of psychiatric training

Overview

In 2017, the GMC requested that all Medical Royal Colleges review their curricula to ensure that they align to the *Excellence by Design: Standards for Postgraduate Medical Curricula*, incorporating the *Generic Professional Capabilities (GPC) Framework*. The curricula review programme of work has been led by Dr John Russell, RCPsych Associate Dean for Curricula and the College's Curricula Team, supported by the Curricula Revision Working Group (CRWG) and Specialty Advisory Committees (SACs).

In 2020, we were successful in submitting our revised curricula. In January 2021, we received feedback on our proposed framework and subsequently further developed our curricula framework.

In October 2021 we received approval of the curricula framework, subject to minor actions, and were able to progress towards the implementation phase of the programme.

Curricula Framework

Our curricula framework is comprised of five key elements:

- **Psychiatry 'Silver Guide'** – an overarching guide to training in psychiatry, aligned to COPMeD's 'Gold Guide'.
- **Core, specialty and sub-specialty curricula** – curricula underpinned by nine high level outcomes (HLOs) and key capabilities, outlining what trainees need to achieve throughout their training.
- **Placement specific personal development plans (PDPs)** – flexible PDPs which will support trainees to work with their supervisors, outlining key learning activities and evidence provided, supporting achievement of capabilities and progression. PDPs will be managed via weekly psychiatric supervision sessions, with the PDP feeding directly into the Psychiatric Supervision Report at each stage.

- **ARCP Decision Aids** – crib sheets to support ARCP panels in decisions regarding trainee progression.
- **Assessments** – formative and summative assessments undertaken by trainees throughout training to achieve curricula requirements.

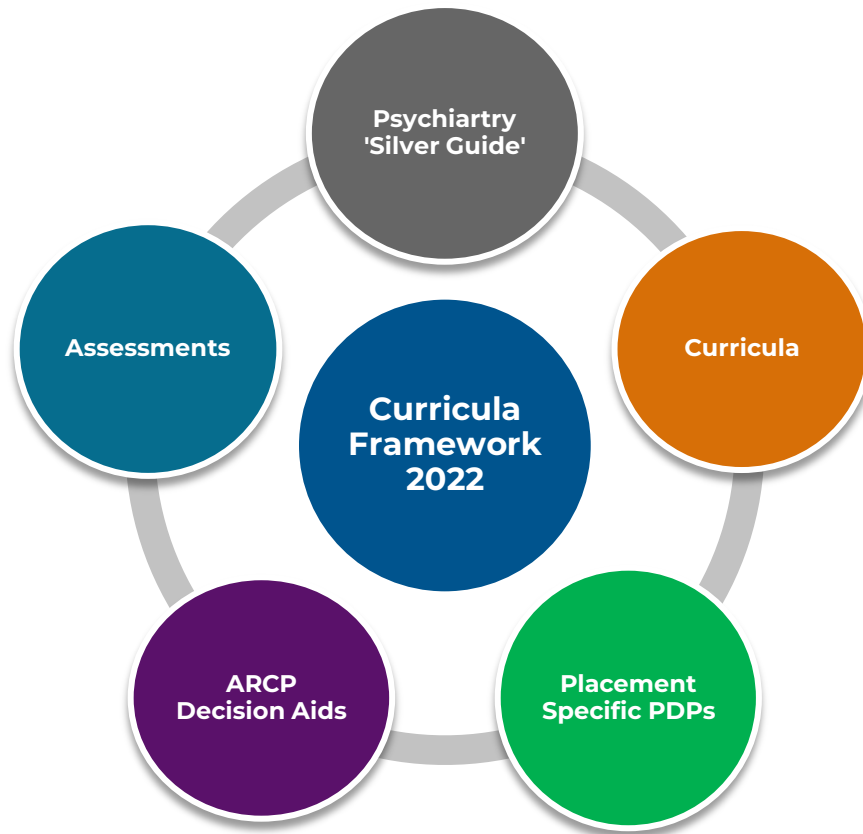


Figure 1. Curricula Framework for 2022

Implementation planning

From Autumn 2021, we began planning for implementation. An implementation strategy was written and outlined seven key areas for successful implementation:

- **Clear communication** – it is important to ensure that we communicate clearly to trainees, trainers, educational bodies, employers and other key stakeholders.
- **Supporting implementation at local level** – supporting deaneries/LETBs, Heads of School and local training programme directors (TPDs) will be crucial to ensuring that curricula components are embedded.
- **College support** – It is important that the College provides clear guidance and communication to trainees, trainers, and other key stakeholders, with additional support offered where required.
- **Curricula transition** – it is key that the College supports not only new trainees and trainers, but those who are transitioning across from the old to new curricula with a clear transition timetable.

- **Guidance** – it is important that the College produces clear and concise guidance, whilst also not providing too much information.
- **Shared responsibility** – curricula implementation is a collaborative and shared responsibility, and it is vital that all key stakeholders work together to implement and deliver.
- **Portfolio Online development** – the online portfolio for trainees and trainers will showcase the new curricula, embedding curricula into training.

A curricula implementation hub and FAQs⁷ have been developed to support trainees, trainers and other key stakeholder with implementation.

Portfolio Online Pilot

Our online portfolio for trainees and trainers is a vital for the implementation of the new curricula. To ensure that this is fit for purpose, a group of early adopters entering CT1 and ST4 from February 2022 will be assigned to the new curricula and portfolio.

Pilot Overview

Trainees in CT1 and ST4 will be transitioning to the new curricula as early adopters from February 2022. This will be approximately 300 trainees and will provide quantitative usability data.

A small sample of trainees will be asked to take part in focus groups to provide further qualitative feedback on usability of the portfolio.

The pilot will take place from February 2022 – August 2022, with full implementation of the new curricula and portfolio taking place from August 2022.

Credentialing

Liaison Psychiatry – Early Adopter Process

In 2019, the College was identified as an early adopter for the GMC's Credentialing Framework with the Liaison Psychiatry credential. In September 2021, we submitted a finalised Liaison Psychiatry curriculum and blueprint for future credentials.

Our submission included a newly developed handbook for credentialing, outlining our supervision and assessment blueprint and provided an overview for all future credentials developed by the College. At the time of writing, approval for this framework was still to be received.

GMC's Credentialing Framework

The GMC's credentialing framework and plans for future credentials highlighted two key types of credentials:

- **GMC Regulated Credentials** – where there have been patient safety issues identified, and where there is no current mechanism to ensure adequate

⁷ [RCPsych Curricula Review – Frequently Asked Questions](#)

training and skill maintenance. The GMC would require approval of the credential and further evidence of skills maintenance to be provided through an evidence cycle, additional to usual revalidation mechanisms.

- **GMC Approved Credentials** – where there is an identified patient safety or service need, but where there is a mechanism in place to ensure skills maintenance. In this instance, credentials will be signed off and approved, but no further evidence of skills maintenance would be required (other than as part of usual revalidation mechanisms).

The GMC have identified medical royal colleges as credentialing bodies and anticipate that the sign-off process for credentials will be similar to the mechanism used for CCTs. Credentialing bodies will be required to set up a process for sign-off and maintenance of credentials going forward, and this is still in progress.

RCPsych Credentialing Handbook and Blueprint

Included in our submission to the GMC as part of the early adopter process was our credentialing handbook, outlining our proposed blueprint for all college hosted credentials going forward. The handbook includes:

- Credentialing blueprint:
 - Overview of curriculum structure
 - Time-based requirements
 - Mentorship
 - Assessments and evidence
- Proposed credentialing sign-off and maintenance
- Template assessment sign-off aid
- Template PDP for credentials
- Guidance for supervisors/mentors

At the time of writing, we are awaiting approval of our handbook and aim to publish this on our credentialing webpages⁸ when approved.

Perinatal Psychiatry Credential

The perinatal project work is still ongoing, with phases 2 and 3 in progress, with additional funding sourced from Health Education England (HEE).

The work on the perinatal credential is still in progress, and we are awaiting approval of our blueprint through the GMC's early adopter process before progressing with implementation of the perinatal credential.

Work is underway to map across the perinatal pilot curriculum to the new curricula framework and structure, and wider work is underway to map the pilot blueprint to the proposed blueprint for GMC credentials going forward.

Plans for future credentials

Eating Disorders Credentialing Pilot

⁸ [RCPsych Credentialing webpages](#) and further information

In 2021 we were successful in securing funding from HEE to undertake a pilot for a credential in eating disorders. Preparations for the pilot are underway, with the pilot due to commence in February 2022.

The credential is aimed at consultants who have been awarded a CCT in any medical specialty, although it is anticipated that it will be of particular interest to psychiatrists, GPs, paediatricians and physicians who are working in settings where patients with eating disorders are presenting and will focus on all age groups.

Military Psychiatry Credentialing Pilot

Work has been ongoing regarding a credentialing pilot for military psychiatry, and a curriculum has been developed. The credential is aimed at consultants who have been awarded a CCT in General Adult or Forensic Psychiatry. Plans are underway to develop a pilot for this credential, with the aim of progressing this in 2022.

Neuropsychiatry

The College's Neuropsychiatry faculty have been working on developing a credentialing curriculum. Further work will progress once we have received approval for our credentialing blueprint from the GMC.

Quality Assurance Processes

Externality

The College continues to provide appointed external advisors (EAs) to ARCP panels and other quality visits where requested.

In 2021 we saw decline in requests for EAs for ARCP panels. A summary of EA requests received for ARCP panels is outlined below.

Year	ARCPs with EAs allocated	Reports received
2020	16	6
2021	5	1

The reduction has partly been due to COVID-19 and the reduced need for three individuals on ARCP panels, however we also note that it has been difficult to source EAs for panels. In addition, we are also aware that deaneries have started to utilise local arrangements to meet requirements outlined in the Gold Guide.

Improving Externality and Quality Standards

The College has been working to improve externality, and discussions are ongoing. An options appraisal has been undertaken to assess appropriate ways forward.

Some key points raised around current issues include:

- Difficulty sourcing College appointed EAs
- Concerns around the quality of the training provided to EAs
- Receipt of reports

Further work for 2022 will include a review of the job description and training package for EAs, and increasing the pool of advisors that the College has.

Quality Matrix

We have been working on improving our quality oversight and improving our educational standards. Our Quality Assurance Committee (QAC) agreed that it would be beneficial to develop a quality matrix which links the work of the College to the 10 standards outlined in the GMC's *Promoting Excellence: Standards for Postgraduate Medical Education and Training*⁹. Part of this work has involved the development of key quality indicators (KQIs) for trainers and trainees in Psychiatry, and work is ongoing to refine these.

Work is also ongoing with the development of the quality matrix. It was agreed that the matrix would sit with the College for oversight purposes, linking with the following key networks:

- Heads of Schools (HoS)
- Directors of Medical Education (DME)
- Deanery quality leads

The next steps with the work will be to engage with all key individuals to set up performance indicators to ensure all quality indicators and standards are being met.

Quality Schedule

To ensure we have a regular cycle of quality activities, the QAC developed a quality schedule outlining regular and annual activities. The schedule includes oversight of the following key workstreams:

- Approval of CCT/CESR applications
- Post/Programme requests for support
- Specialty Advisory Committee meetings
- Annual reporting via the Quality in Training report

The schedule will be reviewed annually at QAC meetings.

Specialty Advisory Committees

Specialty Advisory Committees (SACs) play a vital role in overseeing and monitoring key issues within specialties. In psychiatry we have the following SACs:

- General Adult Psychiatry
- Old Age Psychiatry
- Child & Adolescent Psychiatry
- Forensic Psychiatry

⁹ [GMC's "Promoting Excellence" Standards](#) for postgraduate education and training

- Psychiatry of Intellectual Disability
- Medical Psychotherapy

Since 2018, the SACs have predominantly focused on the curricula review programme, overseeing key issues within specialties on an ad-hoc basis. We are now working to re-establish SACs with their full remit and have updated the terms of reference to reflect a clearer remit, including standing agenda items for meetings.

Key aspects of the SAC remit include:

- Curricula development and oversight
- Quality assurance in training (per specialty)
- Workforce and training issues
- Post and programme approvals (where applicable).

This year, we have worked to further establish sub-specialty advisory committees (SSACs) in the following key areas:

- Addiction Psychiatry (sub-specialty)
- Liaison Psychiatry (sub-specialty)
- Rehabilitation Psychiatry (sub-specialty)
- Academic Training in Psychiatry (sub-specialty)

Post and Programme Approvals

It is a requirement for medical royal colleges that letters of support are provided for applications for new programmes. Posts are approved at local level, and colleges can provide a review of new posts and support if requested.

This year, we established a process for new requests for post/programme approvals via an online form¹⁰. This will help us to support any requests for review of new programmes and provide quality assurance and oversight.

It has been agreed that SACs will be provided with a quarterly report of any new posts and programmes approved by the GMC for information.

National Training Survey

Summary

The GMC publishes the National Training Survey (NTS) on an annual basis. The survey for 2021 has continued to have some focus on COVID-19.

This year, the GMC updated the format of questioning, combining questions across programmes for easier comparison between specialties, with **14** required questions for all specialties, **four** optional questions, and up to **five** additional

¹⁰ [Online form](#) for post and programme support requests

programme specific questions added. We chose to add all four optional questions and five programme specific questions to our question pool.

The five programme specific questions identified for Psychiatry were as follows:

- To what extent do you agree or disagree with the following statement: *My organisation undertakes appropriate COVID-19 risk assessments for trainees.*
- Please rate the support you receive from your organisation in relation to your health and wellbeing (please consider aspects such as prompt communication as well as emotional/psychological support).
- What proportion of your work is being carried out remotely?
- To what extent do you agree or disagree with the following statement: *I've been provided with the appropriate equipment and resources for remote working where required.*
- To what extent do you agree or disagree with the following statement: *I've been able to effectively undertake my clinical activities remotely where required (e.g., psychotherapy experience or liaison).*

Key indicators outlined for the 2021 survey are outlined as follows:

- Overall satisfaction
- Clinical supervision
- Clinical supervision out of hours
- Reporting systems
- Workload
- Teamwork
- Handover
- Supportive environment
- Induction
- Adequate experience
- Curriculum coverage
- Educational Governance
- Educational Supervision
- Feedback
- Local Teaching
- Regional Teaching
- Study Leave
- Rota Design
- Facilities

Additional special reports were produced focusing on:

- Burnout
- Less than full-time training

A summary of each special report is also provided below.

Burnout

Royal College/Training Board/Faculty	No. of Trainees responded	High rates of burnout (%)	Moderate rates of burnout (%)	Low rates of burnout (%)
Royal College of Emergency Medicine	986	18.0	48.0	34.1
Royal College of Obstetricians and Gynaecologists	1137	15.1	45.7	39.1
Royal College of General Practitioners	4882	14.4	39.7	45.9
Joint Royal College of Physicians Training Board	2948	13.1	37.4	49.5
Royal College of Anaesthetists	1630	12.8	40.0	47.2
Royal College of Ophthalmologists	305	12.5	35.4	52.1
Joint Committee on Surgical Training	1445	12.0	36.8	51.2
Royal College of Paediatrics and Child Health	1979	9.3	39.2	51.5
Royal College of Radiologists	752	8.0	28.7	63.3
Royal College of Psychiatrists	607	7.2	33.9	58.8
Royal College of Pathologists	279	3.6	25.1	71.3
Faculty of Public Health	127	2.4	32.3	65.4
Faculty of Occupational Medicine	34	0	17.6	82.4
Totals	171111	12.6	38.8	48.6

Less than Full Time (LTFT) Training

Survey Year	Number of Trainees	Full Time (%)	LTFT (%)
2015	1086	81.1	18.9
2016	1121	81.9	18.1
2017	1099	80.3	19.7
2018	1051	81.2	18.8
2019	1097	77.1	22.9
2021	1047	73.9	26.1

General Summary Report across psychiatry specialties

Scores are outlined via the *mean* performance indicator. The benchmark (BM) scores are outlined in the BM indicator column. Where a cell is highlighted in green, the score is above the BM indicator. Where the score is in red, it is below the BM indicator.

Where there is no variation indicated, the cell is highlighted in grey.

Indicator	BM Indicator (%)	Core (%)	General Adult (%)	Old Age (%)	Child & Adolescent (%)	Forensic (%)	Intellectual Disability (%)	Medical Psychotherapy (%)
Clinical Supervision	90.33	91.39	93.91	95.03	94.71	95.62	95.23	95.75
Clinical Supervision (OOHs)	87.88	86.36	89.58	89.64	91.42	91.97	90.71	91.07
Reporting Systems	73.46	71.78	74.28	77.59	73.88	76.48	77.66	79.31
Workload	49.96	55.55	56.71	56.75	54.66	60.29	61.09	51.20
Teamwork	74.19	74.46	76.11	74.83	78.91	80.28	82.36	71.79
Handover	66.54	64.08	70.84	69.97	66.62	70.04	68.60	74.17
Supportive Environment	71.52	71.80	75.94	79.48	76.99	77.48	80.93	78.08
Induction	78.04	78.25	80.78	83.45	79.92	86.41	84.75	82.64
Adequate Experience	76.62	80.51	85.32	87.90	82.94	85.89	88.77	89.90
Curriculum Coverage	76.27	78.24	82.99	84.78	81.88	85.19	85.45	87.18
Educational Governance	72.34	72.37	77.91	79.77	76.80	81.08	80.93	76.60

Educational Supervision	83.99	81.95	83.29	86.59	84.98	86.22	84.85	83.41
Feedback	73.05	79.32	84.70	86.20	82.89	86.84	82.45	88.04
Local Teaching	68.79	77.47	76.53	75.54	75.64	78.12	81.41	71.79
Regional Teaching	62.22	65.47	59.79	61.22	76.57	66.96	69.00	66.99
Study Leave	62.65	63.68	79.70	79.55	77.61	83.33	83.90	85.42
Rota Design	59.97	66.89	71.20	71.88	71.66	75.66	77.92	74.38
Facilities	60.10	60.37	57.77	55.80	52.63	55.27	55.48	54.46

MRCPsych Examination

Digitisation

The digitalisation of the MRCPsych exams has produced some remarkable figures. The total number of candidates sitting Paper A increased by approximately 50% comparing the last full pre-pandemic calendar year (2019) and 2021 (1,570 to 2,285) with the proportion of UK-based trainees to overseas-based trainees remaining similar but with overseas increasing slightly (44% to 48% of total candidate numbers).

Paper B saw a similar increase (1,108 candidates in 2019 to 1,666 in 2021 with the proportion of international students within these figures rising from 36% to 42%). CASC has also seen an increase over this same time period, but less pronounced (902 increasing to 1,034 with the proportion of international students within these figures rising from 33% to 40%). Beyond this, the metaphorical teething problems have persisted. For example, the College's business partner Pearson VUE's clientele portfolio ballooned as the pandemic wore on without their network of test centres ballooning along with it. Thus, issues have indeed occurred with securing test centre places for all those who requiring it.

Fortunately, there is an alternative for this which is to provide those concerned with the possibility to sit their exam remotely. Although CASC completion rates continue to steadily improve (with all but one of the 528 candidates to have sat the September 2021 diet completing their exam in full) and a remarkable 396 different examiners participating in this diet, there is some anecdotal feedback around some examiners starting to become disengaged with the method of delivery. These matters are being weaved into discussions within the Assessment Strategy Review.

Impact of COVID-19 Derogations on MRCPsych

The COVID-19 derogations had had a direct impact on one diet in 2021. This was the January CASC diet which the final MRCPsych exams diet to fall under the criteria of the derogations. These criteria led to the highest number of applications ever known to have been received for a January CASC diet (**694**).

As there was not sufficient examiner availability to accommodate all applicants, two separate subsequent diets were held to accommodate firstly any trainees requiring a result by April to proceed with their application to move from CT to ST (this was a one-day diet held in March for **22** candidates) and secondly any others who could not be accommodated in January but did not wish to wait until the next available opportunity to sit (the usual September diet). This was a three-day diet held for **115** candidates in May.

A number of candidates did not fall under either of these categories and were therefore able to sit the exam in September, by which time they would have had an opportunity to sit whichever exam they might have been missing (Paper A or B or both) to be eligible to sit the CASC under the standard regulations.

Although derogations for COVID-19 continue, the MRCPsych derogation to allow candidates to sit the examination in any order has reverted due to digitisation of the exam.

Summary of Exam Diets for 2021

Examination Diet	Number of trainees who undertook the examination	Pass Rates (%)
January 2021 – CASC	364	54.7
March 2021 – CASC	22	63.6
March 2021 – Paper B	769	53.7
May 2021 – CASC	115	45.2
June 2021 – Paper A	1112	62.0
September 2021 – CASC	527	65.3
October 2021 – Paper B	805	45.6

Workforce

Psychiatrists' Support Service (PSS)

The Psychiatrists' Support Service (PSS) continues to support the psychiatric workforce, providing confidential support via trained peer-support psychiatrists (PSPs).

A summary of calls received from October 2020 – October 2021 is outlined as follows:

Description	Number
Total number of contacts received	66
Number of calls from trainees	20
Number of calls related to COVID-19	10

Of the calls received, the most common reasons for calls included:

- Ongoing mental illness
- Anxiety and stress
- Burnout
- Work-related issues
- Examination fails

In 2021 we were successful in appointing additional PSPs to support the growing number of calls received. The service continues to receive positive feedback, and there is ongoing work to improve the resources provided by the College.

Further information about the service is available on our website¹¹. The service can be contacted on **020 8618 4020**, or via pss@rcpsych.ac.uk.

¹¹ [Psychiatrists' Support Service \(PSS\)](#)

StartWell (New Consultants)

Divisional/Devolved Nation offices around the UK host *StartWell*¹² events to support newly qualified psychiatrists into consultant practice.

StartWell is a consultant-led initiative for psychiatrists in their first five years as a consultant or locum-consultant. There are six key elements that the initiative focuses on:

- Making connections
- Continuous learning
- Using support effectively
- Personal resilience
- Clinical leadership
- Career development

Events are run annually, and these vary per region.

In 2021, four StartWell events were run across the UK. Feedback appears to be mainly positive, with some suggestions for a focus on specific aspects of a consultant job, including appraisal.

Differential Attainment

Work around improving differential attainment is ongoing. The College are working to tackle differential attainment in a number of ways, including:

- Hosting masterclasses for the CASC examination component, to help support trainees.
- Expanding international medical graduate (IMG) networks and “buddy” schemes.
- Changes to the MRCPsych examination¹³.

GMC work on differential attainment and fair training

The GMC is continuing to work to address differential attainment in training¹⁴, and continues to provide support to organisations with equality and diversity considerations¹⁵. In due course, the GMC will be asking all medical royal colleges and faculties to report annually on how differential attainment is being addressed with medical specialties.

A summary of this work will be provided as part of the quality in training reporting process from 2022.

¹² [RCPsych “StartWell”](#) – Supporting new consultants

¹³ [A fair exam](#) - Differential Attainment and the MRCPsych examination

¹⁴ [GMC work on differential attainment](#)

¹⁵ GMC's [Promoting Excellence – equality and diversity considerations](#)

CASC Masterclasses

Clinical practice, knowledge and exam technique are key requirements for success in CASC. These must be demonstrated across the core areas of:

- Examination.
- History.
- Management.
- Communication.

The feedback provided over the past five CASC diets, online and face to face shows clearly that those who fail have fundamental problems with these four core competencies. The College, alongside colleagues in the GMC and HEE have developed the CASC Masterclass In order to enhance borderline candidates' chances of performing well in the CASC exams.

The Masterclass course should provide:

- Practice at preparing for and undertaking consultations.
- Individualised formative feedback.
- A good understanding of what examiners are looking for.
- Familiarity with the structure and format of the exam, the exam day and exam platform, the standardization process.
- Sound advice on subject knowledge and clinical practice skills.
- A bespoke summary of further actions to be taken by each candidate before the actual exam.

There were **185** applications to undertake the CASC masterclasses in 2021. Further evaluation of the impact of the masterclasses will be undertaken in 2022, once the first cohorts move through the examination system and comparative results can be analysed.

MRCPsych Examination

In addition, the College has voluntarily decided to participate in the AoMRC-organised SLWG on ED&I impact of remote exams. This working group is looking at the reasonable adjustments provided by colleges for their online exams with the aim of ensuring that College and Faculty exam formats and delivery take in to account the impact on candidates from the perspective of equality, diversity and inclusivity. The group is currently developing a survey to this end.

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