Special Congress Edition:
Trainee Lounge Programme Inside

Round-up of key events for trainee doctors and junior healthcare professionals running throughout congress

Un échange psychiatrique
European Federation of Psychiatric Trainees

International Medical Graduate Training
Going beyond differential attainment
Welcome

We are delighted to present this special Congress edition of ‘The Registrar’. We hope you find our round-up of the Congress Trainee Programme useful. You’ll also find our regular news and features sections. We’d love to hear your views about the magazine and welcome submissions for the next edition to ptcsupport@rcpsych.ac.uk by 31st August 2015.

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COVER PHOTOGRAPH
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Welcome to the International Congress edition of *The Registrar*, the magazine of the Psychiatric Trainees’ Committee (PTC). Congress is one of the largest gatherings of psychiatrists in the world. I first went when I was a CT1 in 2010, and it was a real eye opener for me to hear about the cutting edge of psychiatric practice, from the leaders in their field.

We hope that there will be a record number of trainees present this year, and we have a trainee programme running throughout the week. This takes place in the Trainee lounge, an area where you can meet and socialise with other trainees in a relaxed and informal setting. Don't miss the policy session involving Professor Geraldine Strathdee, National Clinical Director for Mental Health and Dr Adrian James, the newly elected Registrar of the College.

**PTC Competition**

We had a huge response to our PTC competition this year – 108 entries in total – we have been hard at work judging the entries, a big thanks to all who were on the judging panel. I’m pleased to announce that the winner is Dr Helena Austin with a fantastic piece of writing – to be published in the next edition of *The Registrar*. Helena wins a trip to Vancouver to attend and present at the Canadian Psychiatric Association meeting. We had so many excellent pieces of writing, so commiserations to those who were unsuccessful.

**CASC Exam and standard setting**

I met with the Chief Examiner and the Head of Examinations operations in May, to discuss the concerns that some of you had voiced about the changes to the standard setting in the last sitting of the CASC. As a result of a meeting between them and the GMC, it seems that the standard setting will be made simpler in the future. The exact nature of these changes will be formally announced very shortly. Look out for details of this in the next edition of *The Registrar*. I was also informed that they are planning to undertake a review of the feedback given to CASC candidates later in the year.

**Shape of training**

There is no headline news regarding the Shape of Training – the details of what might happen, and the timescale for the implementation of any changes are not any clearer than before. The PTC remain involved with the process – at the moment the Academy of Medical Royal Colleges (a blanket organisation that brings together the different Colleges) is organising a scoping exercise to see which competencies might be generic amongst the different specialities – our Vice Chair, Dr Matt Tovey, has been looking at this on behalf of the PTC.

As ever, please do get in touch with us. We have a dedicated twitter stream: [@RCPsychTrainees](https://twitter.com/RCPsychTrainees), you can e-mail us at: [ptc@rcpsych.ac.uk](mailto:ptc@rcpsych.ac.uk) or find us on Facebook: ‘Psychiatric Trainees’ Committee’.

You can also meet us at the International Congress in the trainee lounge – I hope to see you there.

Best wishes,

Karl

Dr Karl Scheeres, Chair of the PTC 2014/5, ST5 in Liaison Psychiatry, Bath [ [@karlscheeres](https://twitter.com/karlscheeres) ]
Trainee Lounge Programme

Monday

15.40-16.55
Balint Group for medical students and foundation doctors
RSVP on registration form

Tuesday

8.15-8.45
Introduction to the Buddy Scheme, Tom Brown and Howard Ryland

10.00-11.15
Balint Group for medical students and foundation doctors
RSVP on registration form

14.10-14.30
Meet the Dean – Wendy Burn

14.50-16.05
How to get involved in…
Chair: Karl Scheeres
Leadership Muj Husain; Education Liz Ewins; Research Jonathan Hafferty

20.00
Evening - Dinner with the President
RSVP on registration form
Wednesday

9.40-10.55
Balint Group for medical students and foundation doctors
RSVP on registration form

13:00 – 13:40
Agents for Change: How to develop leadership opportunities

14.55-16.10
RCPsych Student researcher of the year

16:35-17:50
RCPsych Junior/trainee researcher of the year

Thursday

9.40-10.55
Balint Group for medical students and foundation doctors
RSVP on registration form

11.30-12.45
Policy Lab Chair: Laurence Mynors-Wallis
Hear from individuals who are actively involved in shaping mental health policy and discover how you can influence the process.
Speakers: Geraldine Strathdee, Adrian James and Parashar Ramanuj

13.15-13.45
Meet the Exams Department
This is your opportunity to ask questions or raise issues about any aspect of the MRCPsych Exam
Debbie Wright, Ian Hall and Karl Scheeres

14.30-15.45
The Canadian Experience
Learn about psychiatric training in Canada
Speakers: Dr Barinder Singh and Dr Reji Thomas
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Preparing for membership examinations is a major focus of every psychiatry trainee’s professional development; it is a source of great anxiety, as well as – eventually – a tremendous sense of achievement. From my own experience of MRCPsych preparation, I know how stressful this period can be: struggling to balance work with out of hours commitments, postgraduate study, and what might be recognisable as a personal life (possibly in that order of priority.)

Alongside clinical training programmes and MRCPsych courses, there are a variety of learning resources to help prepare one for membership; everybody who has already got through the exams will have accrued a list of websites, textbooks, podcasts, revision guides, banks of mock examination questions and courses that are handed down from each cohort of trainees to the next. Most of these materials have not, however, been endorsed by the Royal College of Psychiatrists, making it difficult for learners to be confident that their revision choices represent a good investment of time and money when it comes to exam preparation.

It is for this reason that I am thrilled to be involved with Trainees Online (TrOn), an invaluable resource that the College is developing for trainees. This series of online learning modules is being designed to support learners through the process of MRCPsych preparation, and is free to trainees. TrOn aims to facilitate access to materials that promote the learning that is required to be a psychiatrist with membership status. The set of TrOn online learning modules is an ongoing piece of work that initially covered basic science...
topics but is being expanded to include modules for clinical topics in the exam syllabus as well.

Trainees will be reassured to know that every TrOn module is checked by the College Examinations Panel for alignment to the MRCPsych syllabus and examinations. In my opinion, however, the feature that makes the modules particularly special is that they are written by people who have recent experience of the MRCPsych examinations. Your post-membership colleagues are tailoring the materials to learning needs of pre-membership trainees, capturing not only the knowledge needed to pass the exams but also the perspective of a peer learner. Experts in each subject field scrutinise the content to ensure materials accurately reflect current knowledge and its application, and content editors format the modules to create an engaging online interface. The result is far more than an online textbook; it is the learning experience every post-membership trainee wishes was available when we took our exams!

As the complement of live modules grows to cover an increasing proportion of the syllabus, I hope you will find them useful revision tools for exam preparation, as well as trustworthy resources for refreshing knowledge and teaching. Once you have registered to use the modules, the system can generate a list of modules you have accessed, should you wish to use these in supervision or to supplement your portfolio as part of your Annual Review of Competency and Progression. The TrOn team are extremely keen to learn as we go along, and welcome any comments or feedback that module users can offer.

Good luck!
Imagine a hospital canteen serving three courses of tantalising French cuisine, including such delicacies as moules frites and mouth-wateringly succulent duck along with a varied salad bar and fresh bread. That, I recently discovered, is the everyday reality for our French psychiatry trainee colleagues.

I have been a Francophile since being inspired by two eccentric French teachers at school, and have pursued my interest wherever possible. I was therefore instantly enthused when I first heard about the European Federation of Psychiatric Trainees’ (EFPT) Exchange Programme and became determined to arrange a trip to France during my Core Training. Thanks to the support of my Deanery, supervisors and colleagues, I embarked on a three-week trip to Grenoble, nestled in the French Alps, earlier this year.

I hoped that experiencing French psychiatry first-hand would give me the chance to practise my medical French and find out if I could see myself working in a francophone country in future. The EFPT Exchange Programme is run by trainees and the posts focus on shadowing trainee counterparts in the host country in purely an observational role.

I spent most of my placement at the Centre Hospitalier Alpes-Isère just outside Grenoble which, like my own hospital, is over 200 years old and is in the process of being modernised.
visited an acute admission and assessment ward and a longer-stay general adult ward, as well as seeing emergency consultations in the general hospital’s Emergency Department, sitting in at an outpatient clinic and joining a mobile géronto-psychiatrie team. The French state health system seemed to me rather more complex than the NHS, but does provide a high standard of care for people with mental health problems including long-term follow-up and medication at no cost to the patient.

There was plenty of opportunity to compare and contrast the practice of Psychiatry in the UK and France, but the most obvious difference for me was the variation in the medication used. Around a third of the drugs I saw prescribed are not used in the UK, and patients seem to stay on certain medications (particularly sedatives) much longer than they would here. The way the French structure and record patient histories and mental state examinations also differs from our methods, but this made me reflect that perhaps the way we are taught is not the only right way.

French postgraduate medical training is shorter and less complicated than ours, as after finishing six years at medical school, graduates go straight into specialty training. During this time they are called internes and, in Psychiatry, have to sit an exam in the second year. Psychiatry training ends after the successful completion of four years of placements and the submission of a piece of research, following which they officially become Docteur. There are similar problems in terms of recruitment and retention, and the hospital in Grenoble particularly
struggles to attract doctors. Their inventive methods of encouraging people to work and stay there include offering trainees quality accommodation at heavily subsidised rates and two free delicious canteen meals per trainee per day.

The local trainees’ hospitality was extremely warm and generous, and they hosted various traditional alpine meals for me, mostly revolving around melted cheese, meat and wine. I was put up by one trainee for most of my stay and he took particular care to help me improve my French and allow me an insight into many aspects of French culture. In return I shared my experiences of life as a trainee in Scotland and taught him such essential vocabulary as haggis and slàinte mhath.

I had an extremely rich and worthwhile experience and would strongly encourage other trainees to look into the Exchange Programme and forge links with our European colleagues. I have been able to reflect on the comparative benefits of the UK’s comprehensive training, but I still miss the food!

http://efpt.eu/

‘I would strongly encourage other trainees to look into the Exchange Programme and forge links with our European colleagues.’
The Medical Training Initiative (MTI) has been called a scheme because it allows foreign trainees to benefit from training and development in the NHS; a route, because it allows foreign doctors to access quality training in their desired specialty area within the UK; and a programme, because it reciprocates the experiential benefits of foreign trainees with the cultivation of overseas health links for the UK. However, according to the General Medical Council (GMC) it is best described as an ‘experience’(1).

The MTI allows a small number of international graduates to undergo training in the UK for up to two years in core and specialty medical or dental training, under the supervision of a consultant. Under the scheme, training capacity not required for the planned UK/EEA training numbers is made available to overseas doctors and dentists who meet the required eligibility criteria (1, 2).

What is unique about the MTI is that the training programme is tailored to meet the objectives of the trainee taking into account the type of work practised by the doctor on returning home. However, the trainees are given the opportunity to undergo the same training standards of UK trainees (1). The scheme enables clinical links to be formed around the world, and promotes UK healthcare and education thereby contributing to the UK’s global health agenda, and the WHO code of practice on international recruitment of health personnel.

The MTI Scheme was established by the UK Department of Health in February 2009. The trainees are under the Tier 5 Government Authorised Exchange (GAE) class of the points based immigration system. The Academy of Medical Royal Colleges has...
taken the role of National Sponsor of the scheme since March 2010.

Trusts also benefit from this scheme. The scheme has led to strong ties between the health systems of the UK and other foreign institutions. It has also enabled the trusts to fulfil their shortages with capable foreign postgraduate doctors.

The RCPsych MTI Scheme was initiated in 2014, for trainees in psychiatry who have qualified in their own country and who wish to gain further expertise in psychiatry by acquiring additional skills. The scheme provides a unique opportunity for experience in a number of subspecialties such as Old Age Psychiatry and Child and Adolescent Psychiatry (2). The MTI Scheme is overseen by Dr Mohammed Al-Uzri, the College’s Specialist Advisor for MTI and is administered by Elen Cook (International Liaison Manager) at the Royal College of Psychiatrists with support from the Professional Standards Department.

The MTI trainees will have the opportunity to develop their own skills in their speciality and acquire skills in a subspecialty which will assist in forming and promoting subspecialties in their country. The scheme promotes the sharing of knowledge and skills between different cultures, enhancing professional understanding of mental health across cultures. It also enhances the College’s international role and work in promoting good standards of care for patients with mental illness - especially in Low and Middle Income countries (2).

The applicants who meet the requirements have to undergo a video interview as a part of the selection process, following the initial application. Out of the 5 trainees chosen for the pilot programme two are currently working in the Leicestershire partnership NHS trust and the remaining three in Yorkshire, Oxford, and Newcastle. The trainees are given the opportunity to conduct audits, participate in research and also sit the MRCPsych exams if they wish. Additionally they are encouraged to engage in other training opportunities such as leadership programmes. All of these activities not only will enhance the capabilities of trainees on their return to their homelands but will be of great benefit to the health system of the UK as well.

References:

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I am currently in the fortunate position of being the policy trainee at the Royal College of Psychiatrists in Scotland. Before my special interest session at the College I probably did not know a great deal about mental health policy, apart from what the main-stream press alluded to on the odd occasion. For example, large scale campaigns regarding alcohol pricing, the connection between debt and mental health, and commissioning for psychiatric beds. All these campaigns have been so important for our speciality and for wider public health agendas. Only now however do I realise how influential the Royal College has been; co-ordinating, developing and advising on issues affecting our patients and sharing expertise of the psychiatric profession. So as trainees, and members of the College, can we and should we get involved?

Thinking of the latter question, throughout my core psychiatry rotations I did not feel any aspect of my training suffered by not being part of a ‘policy loop’. Focus is primarily on clinical skills and developing areas of interest within core psychiatric specialities, and rightly so. However, as higher training progresses, and especially in my ST6 year; specific areas of policy and legislation become more important to understand. Now that I am almost half way through my placement in the College, I reflect on how my training has been heightened and made

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more fulfilling with the inclusion of a greater understanding of mental health policy.

To begin, it is interesting that in the current Child and Adolescent curriculum 2013, a new learning outcome has been added from the 2010 curriculum (number 19), which covers public mental health. It states that trainees should ensure the population has good mental health, evidence preventative measures for doing so, and ensure optimum access to appropriate services. The curriculum also discusses understanding interactions between wider social determinants and mental well being, an awareness of population screening, and promotion of mental health including liaison with the media. With the Royal College promoting these as training needs for future psychiatrists, it underlines how mental health policy is an important area for all clinicians to engage with. Thus we SHOULD get involved. But CAN we is another question...

I am fully aware that this training placement has allowed me to experience a number of opportunities, including sitting on advisory committees, and representing the College at party political conferences, which are not available to all. However, to be active in the College, by joining special interest groups or contributing to local service developments, is an important way that you can contribute to the larger, ever changing mental health policy picture.

On reflection, last year in Scotland was always going to be a colourful political place to be with the Independence Referendum. Health politics and public health agendas were being discussed and analysed to a greater degree than previously. And with the recent General Election, the momentum of scrutiny into health politics has persisted. Whether it was because of this environment or not, my own interest has also continued to grow.

I often consider how incredibly lucky I have been to have this opportunity in my ST6 year and for it to run alongside this current changing political scene. In Scotland especially there is growing interest in preventative mental health in early years, which was one of my original motivations to go into CAMHS. However, if there aren't high-profile political agendas around your specific area of interest, you can still get involved with local projects. Taking part in audit, research, and leadership opportunities, all add to the evidence required to shape mental health policy.

Throughout my training I have become increasingly keen to advocate for the health needs of the patients and families I work with, to promote the health service I work in, and to improve the care of the community I live in. If these are areas that interest you too, then I could not recommend getting involved in mental health policy enough. Differences can really be made, and why can't we as trainees be involved in them?
About 37% of doctors in the NHS are international medical graduates (IMGs) and in psychiatry, this proportion is even higher and is likely to remain so given the current low recruitment into psychiatry.¹

IMGs have long complained of poor career progression opportunities, as at Consultant level the proportion of IMGs drops to 6% while at SAS grades, they constitute the vast majority. IMGs also fail to perform as well as their UK-counterparts in MRCPsych CASC exams (30% v/s 84%) and in the MRCPsych theory exams (49% v/s 78%). Another troubling finding is a small but significant difference in the pass rates in both the theory and CASC exams between UK-qualified Black and ethnic minority candidate and white candidates.

This differential attainment led some newspapers to report that IMGs were “below British standards”² while The British Association of Physicians of India Origin (BAPIO) took a different view and brought a lawsuit against the GMC and RCGP to Court alleging institutional discrimination.

Are our exams inherently discriminatory? Our College has commissioned an External Review of the MRCPsych exams that will report its findings shortly. But in the case of MRCGP exams, the Hon. Court rejected the claim of discrimination. It is also worth noting that differential attainment is seen not just in Psychiatry but also across other branches of medicine and not just in the UK but also in the case of IMGs in other countries.

Ensuring training experience, & not merely exam outcomes, are on par with local graduates.
So are IMGs simply not performing well enough?

This question has been addressed by studies looking at patient outcomes between those treated by IMGs v/s those treated by local graduates and it is reassuring to note that IMGs are comparable to local graduates in relation to patient outcomes. Moreover, IMGs are appointed through the same competitive process as local graduates.

So if it’s not a discriminatory exam and the caliber of IMGs is not in question – What is going on?

1) Lack of preparedness to work in the UK

Most if not all IMGs have no induction whatsoever to prepare them for work in the NHS. International medical schools often do not cover topics such as professionalism/ethics with the same rigour as UK medical schools might. It is not surprising that a GMC report showed that IMGs lacked understanding of elements of Good Medical Practice. Again, training abroad may often be more knowledge-focused at the expense of skills training and this may be reflected in IMGs’ self-report of difficulty with communication skills.

2) Lack of support from Trainers/Training Organisations

Given the fact that ethical/professional/cultural frameworks often vary significantly between IMGs’ home countries and the UK, it is not surprising that most IMGs report significant difficulties in acculturation – both personally and professionally - a fact that I can attest to given that I am an IMG myself. Yet we seem to treat

“My personal experience showed me the importance of having regular one to one mentoring sessions. The feedback I received from my clinical skills examination showed I had to ascertain and overcome my difficulties in terms of both verbal and non-verbal communication skills. Throughout that journey, I was fortunate to get support from an advanced trainee who is a British Graduate. During our regular meetings, we worked on both clinical and non-clinical skills, with particular focus on communication skills, research and audit opportunities. Advice and suggestions I received helped boost my confidence and made me discover some of my hidden talents and potential.”

Dr Viviane Nzouonta Ngwompo,
International Medical Graduate, CT3, Severn Deanery
We are encouraging LETBs to set up dashboards to monitor key areas of progress such as individualized learning plans and offering mentorship.

What is the solution?

Attempts at reducing the differential attainment by providing focused exam practice may be a part of the solution but is unlikely to be the entire solution and is certainly unlikely to address the issues outlined above.

The Trainees’ Support Committee that I chair has outlined 3 key areas of improvement:

1) **Trainees:** Providing training materials and resources for IMGs such as the Welcome to UK Practice online training module provided by the GMC.

2) **LETBs/Deaneries:** Rather than focusing on IMGs alone, it is vital to ensure that the quality of educational provision is excellent and that ALL trainees have equitable opportunities for learning. We are encouraging LETBs to set up a dashboard that monitors key areas of progress such as individualized learning plans for trainees, offering mentorship, remedial feedback after failure in exams etc.

Some of these measures will most likely improve examination performance figures but in the long-term a truer measure of success in integrating IMGs into British way of working will be to ensure that their training experience and not merely exam outcomes alone are on par with local graduates.

If you would like to know more, please access the new IMG webpage on: [http://www.rcpsych.ac.uk/traininpsychiatry/trainees/internationalmedicalgraduate.aspx](http://www.rcpsych.ac.uk/traininpsychiatry/trainees/internationalmedicalgraduate.aspx)

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References:


Changes to the MRCPsych CASC Examination

The GMC have approved the new standard setting method and marking criteria for the MRCPsych CASC. For full details, please see: http://www.rcpsych.ac.uk/exams.aspx

Application Periods:

**Paper A**
12 October – 30 October 2015

**Paper B**
3 August - 21 August 2015

**CASC**
29 June - 17 July 2015

Call for Art & Poetry

We're seeking regular submissions of poetry and artwork. Send your submissions for the next edition to ptcsupport@rcpsych.ac.uk

Psychiatrists’ Support Service (PSS)

The Psychiatrists’ Support Service (PSS) is a free and confidential phone service providing support and advice to all RCPsych members (all categories, including PMPs, associates, etc.). We can also signpost to other appropriate organisations. Our advisors are all psychiatrists, working voluntarily to support their peers. To arrange to speak to an advisor, please call 020 7245 0412.