
ANNUAL SPECIALTY REPORT 2014

Section 1. Details of the college/faculty
Name of college/faculty: Royal College of Psychiatrists
Specialty: Psychiatry

Section 2. Contact details
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*****Please read the guidance prior to completing the questions*****

Quality Assurance

1. Please provide specific information about concerns at National, Deanery/LETB or LEP level where you don't consider improvement to be acceptable.

Description	Specialty	Location	Evidence	Action & Outcome
<p>Poor recruitment into CT1: Continued difficulties in recruiting to CT1 psychiatry posts UK wide</p>	Core Psychiatry Level 1	National but particularly in Round 1 in Wales, Wessex, North East, Peninsula and East of England.	National Recruitment Data (Oriel/UK Offers). LETB data.	<p>College priority to increase the number of Foundation Placements in Psychiatry in line with the targets of Broadening the Foundation Programmes at the same time ensuring high quality sustainable placements.</p> <p>Ongoing College Recruitment strategy and ring-fenced resources for promoting psychiatry as a career as well as working with HEE on initiatives to improve data reporting & recruitment.</p>
<p>Poor recruitment into ST4: Continued difficulties in filling ST4 training vacancies as well as difficulties in recruiting to vacant Consultant posts, leading to concerns regarding supervision and overall training experience.</p>	All ST4-ST6 sub-specialties but in particular Child and Adolescent, Old Age and Learning Disabilities	National	National Recruitment Data (Oriel/UK Offers). LETB data. AAC panel data & feedback from College Assessors.	<p>College support for dual training & development of dual training programmes.</p> <p>Ongoing College Recruitment strategy and ring-fenced resources for promoting psychiatry as a career as well as working with HEE on initiatives to improve data reporting & recruitment.</p> <p>Regional and specialty specific support through Heads of Schools and Faculties.</p> <p>In Scotland agreement to covert 12 unfilled ST4 post to Core Psychiatry training posts in an attempt to increase the numbers of psychiatry trainees able to apply to ST4</p>

				Established sixth form work experience programme in Yorkshire and Humber, which is being developed as a model UK wide.
<p>Emergency Psychiatry and Out of Hours Work</p> <p>The College continues to be concerned by reports of difficulties in gaining essential experience in emergency psychiatry encountered by some psychiatrists in training. The Psychiatry Trainees' Committee (PTC) has reported that doctors in Core Psychiatry Training Programmes have told them of concerns that they do not have access to sufficient experience in this area to allow them to practice safely and with confidence as they progress into Higher Psychiatry Training. The background to this appears to include financial pressures on the NHS that have disproportionately affected mental health services and severe pressures on acute mental health in-patient services.</p>	RCPsych wide	National	<p>There are examples of the on-call rotas of psychiatrists in training being reduced as cost saving measures. This has been done despite evidence that experience that psychiatrists gain out-of-hours is different from that gained in office hours.</p> <p>In 2014, the College concluded a short-term taskforce working on this issue considering the learning experience and developing competencies of psychiatrists in training. This work also looked at the experience and views of patients and carers about the place of psychiatrists in training in emergency mental health services and engaged the</p>	<p>The Emergency Care Taskforce produced a report that has been accepted by the College's Education & Training Committee. The following recommendations are included regarding minimum standards to ensure that psychiatrists in training gain competencies in emergency psychiatry as required by the relevant Specialty Curricula: -</p> <ul style="list-style-type: none"> -Core trainees should regularly work in settings which will provide experience of emergency psychiatry assessments and decision-making between 5pm-9am during weekdays or weekends. -Core trainees working out of hours must be working within consultant-led multidisciplinary teams with appropriate supervision and training opportunities. -Core trainees' out of hours work should include both emergency department assessments and psychiatric ward cover over the course of their training. -Core Trainees should be provided with opportunities to gain experience of

			views of trainees particularly.	<p>assessments and decision-making in the community and home setting (for example through work with a Home Treatment Team)</p> <p>The report also makes a number of other suggestions to improve the quality of emergency psychiatry training and the intention is to include these recommendations & expectations in the curricula.</p>
<p>Handover: The 2015 NTS survey continues to highlight Handover as a 'red outlier' for psychiatry. This has led several Schools of Psychiatry to question the validity of the handover item on the survey for mental health services, which, unlike acute hospital services, often involve on-call medical teams providing input to several services in the community and in multiple hospital sites. These services vary in their nature from having high levels of acuity in urgent care pathways to being almost continuing care services in planned care pathways.</p>	RCPsych wide	National	<p>Red flags in GMC trainees' survey.</p> <p>The College has looked at this question in detail on several occasions. In 2009, the College undertook a survey of mental health providers to look at handover practices in mental health services. This study generated a number of observations and recommendations: -</p> <p>-Acceptance (by providers of mental health services) of the importance to the quality of patient care of structured, timetabled handover</p>	<p>The impact and effectiveness of trainee psychiatrists' participation in handover processes should be monitored through educational supervision and audit.</p> <p>In order to stimulate critical reflection on this important area of patient safety, we recommend that this item be retained for in the GMC National Trainees' Survey and that its findings are interpreted in the light of the above observations and recommendations. In other words, that a contextualized, proportionate and risk-based approach be taken to the evaluation of handover practices in mental health services, rather than a 'one size fits all' approach based on the needs of acute hospital services.</p>

			<p>processes that are proportionate to the needs (clinical risks) of the service</p> <p>-In acute clinical situations, such as admission wards, home treatment and crisis services, handover between on-call doctors should consist of face to face meetings with colleagues, including other professionals</p> <p>-Senior doctors should be involved in handover processes</p> <p>Handover should be supported by effective and accessible methods of recording and transmitting essential information, which may involve IT-based solutions</p>	
<p>Medical Psychotherapy:</p> <p>a) MP CCT holders not leading core training and cover from non Medical Psychotherapy CCT holders not established.</p> <p>b) Higher psychotherapy training</p>	Medical Psychotherapy	National	<p>a) GMC small specialty QA review of medical psychotherapy (2013) and the UK medical psychotherapy survey led to the GMC requirement that a Medical</p>	<p>a) Role of the Medical Psychotherapy tutor and period of derogation has been made available in the RCPsych curricula. As not all core psychotherapy schemes have a Medical Psychotherapy CCT holder. The GMC, the Dean, the Lead Dean for Psychiatry and the Heads of School of Psychiatry have agreed</p>

<p>across psychiatric sub-specialties not established.</p> <p>c) Identification of therapy cases for core psychotherapy training variable.</p> <p>d) Training in workplace based assessment of non medical psychotherapists not established.</p> <p>e) Personal therapy requirement in higher medical psychotherapy training not yet agreed.</p>			<p>Psychotherapy CCT holder lead core psychotherapy training.</p> <p>b) Feedback from trainees, TPDs and the Heads of School of Psychiatry (for example the Heads of School meeting chaired by the Dean 11th December 2014).</p> <p>c) Feedback from trainees and TPDs and the Heads of School of Psychiatry.</p> <p>d) The GMC's small specialty QA review of medical psychotherapy (2013) recommended involvement of non medical psychotherapists with training in workplace based assessment.</p> <p>e) The GMC recommended that since the Dean, the Lead Dean for Psychiatry and NHS Employers have supported this amendment the remaining requirement is</p>	<p>that a period of derogation of two years is acceptable within which period a Medical Psychotherapy CCT holder will be appointed. Within this period of derogation with appropriate job planning a neighbouring LETB Medical Psychotherapy CCT holder may offer advice and guidance on educational governance for Psychotherapy Tutors who are not Medical Psychotherapy CCT holders. The UK medical psychotherapy survey of 2012 (published 2013) is being repeated in 2015 to ascertain the coverage of Medical Psychotherapy CCT holders and fulfilment of the core psychotherapy curriculum.</p> <p>b) The 2012 UK Psychotherapy Survey will be repeated in 2015 and will incorporate questions about the fulfilment of the higher psychotherapy curriculum. The recommendation to include higher psychotherapy training experience was proposed by the Chair of the Medical Psychotherapy FECC, endorsed by the Dean and the Heads of School of Psychiatry.</p> <p>c) The 2015 survey will also include questions about the identification of therapy cases, including their origin whether from secondary, or primary care (for example, IAPT services). This qualitative element of the fulfilment of the core psychotherapy curriculum builds on the quantitative evidence of the UK Psychotherapy Survey of 2012.</p>

			to ensure ownership amongst the Conference of Postgraduate Medical Deans (CoPMED).	<p>d) The Medical Psychotherapy Faculty Education and Curriculum Committee will enhance the existing Medical Psychotherapy WPBA Guide and put this on the College website to ensure national coverage of current aims of assessment and recommendations on involvement in the ARCP process for psychiatrists, medical and non medical psychotherapists.</p> <p>e) On the advice of the GMC the Lead Dean for Psychiatry recommended that she seek the support of the Conference of Postgraduate Medical Deans (COPMeD) for the personal therapy requirement in higher medical psychotherapy training at the English Deans meeting in March 2015.</p>
A concern has been raised by CAPFECC regarding the training needs of specialists working in 0-25 years and 16-25 years services.	Child & Adolescent	National	Feedback from CAPFECC and Child and Adolescent Faculty Executive Committee.	CAPFECC working on a credential blueprint in the developing area of 0-25 years and 16-25 years.
Concern raised by the Academic Faculty that representation of clinical academic staff on ARCP panels is essential for issues related with clinical academic training. This academic involvement should also be considered when the trainee is undertaking an OOPR. Given the diversity of Academic training,	Academic	National	Feedback from Academic Faculty Executive Committee.	<p>Academic Faculty has recommended increased flexibility around OOPR time counting as time within training rather than out of program.</p> <p>Academic Faculty is concerned that an automatic extension of training time might dissuade (non-academic) trainees from engaging with research. The Faculty notes that clinical teams and patient outcomes are enriched by having access to research and</p>

outcomes should not be prescriptive and this should be reflected in the structure of the Academic progress report.				by research active Consultants. Academic Faculty recommend medical student teaching to be included in all consultant job plans, this is not currently insisted upon by all Trusts who receive medical students.
<p>Substance Misuse posts in the Third Sector:</p> <p>With the introduction of the Health and Social Care Act and the transfer of commissioning responsibility for substance misuse services to local authorities, there has been an increasing movement of addiction service contracts from NHS mental health trusts to third sector and private providers.</p>	Substance Misuse	National	This has resulted in loss of specialist addiction consultant psychiatrists from the NHS and a loss of training capacity in addiction psychiatry. A recent survey conducted by the RCPsych Substance Misuse Faculty found that the number of psychiatry higher trainees in addiction has halved between 2006 and 2014 from 52 to 26 in England.	Unless this decline in training posts is reversed the Faculty is concerned that it will have an impact on future addiction specialist consultant numbers, the quality of care for addicted patients, and on undergraduate and postgraduate training in addictions for a wide range of doctors.

2. Quality improvement and areas of good practice

Specialty: Medical Psychotherapy (MP)
Describe any programmes or initiatives you have implemented to improve the quality of training
<p>a) Medical Psychotherapy CCT leadership and governance of core psychotherapy training</p> <p>b) The Medical Psychotherapy FECC has established a working group looking into developing medical student psychotherapy schemes (Balint groups) across UK medical schools.</p>
How did you identify and develop actions that were taken?

- a) Work with FECC, Dean, Curriculum Committee and Lead Dean of Psychiatry to agree strategic response.
- b) Work with President of the College and the Training and Workforce Unit to establish and support a student scheme working group.

What evidence do you have regarding the outcomes?

- a) The UK Psychotherapy Survey repeats the first survey in 2012 and reviews curriculum fulfilment and extends the survey to incorporate qualitative details of psychotherapy training at higher levels
- b) The student scheme developments includes research, which will evaluate impact on the student relationship and communication as part of reflective practice and assess impact on recruitment to psychiatry

How could this be used by others?

The GMC made use of the first UK psychotherapy survey in their Medical Psychotherapy QA report and recommended that they would want to see the next survey to inform their quality assurance of education

Specialty: Old Age Psychiatry

Describe any programmes or initiatives you have implemented to improve the quality of training

The Old Age Faculty has started to collaborate with the British Geriatrics Society to improve speciality training opportunities for all doctors in training specialising in working with older people. A national survey of Geriatric and Old Age Psychiatry NTN holders has demonstrated patchy training in Geriatric medicine for OAP NTN holders and in OAP for Geriatric NTN holders. This is unacceptable in terms of ensuring the future medical workforce in both specialities have the capabilities to deliver high quality integrated specialist care for older people with complex co-morbidities. The reasons for this training gap are multi-factorial and relate to a perceived lack of clarity in the OAP speciality curriculum and capacity within both programmes to release trainees to get this experience. There are high service pressures and a significant vacancy factor in both training programmes in terms of vacant NTNs across the UK and pressure on existing trainees to be available to deliver clinical service in both specialities. A possible modification to the OAP curriculum to strengthen the ILO in the OAP curriculum relating to physical health care has been mooted and the BGS is supportive in principle to this.

How did you identify and develop actions that were taken?

Discussions during Old Age FECC meetings

What evidence do you have regarding the outcomes?

How could this be used by others?

In light of the importance of a future workforce of psychiatrists alert to physical healthcare issues the other FECCS may wish to work to ensure their speciality curricula are aligned in terms of physical healthcare competencies.

Specialty: RCPsych wide

Describe any programmes or initiatives you have implemented to improve the quality of training

RCPsych Initiatives:

- a) International Medical Graduates (IMG) Scoping Group: The IMG Scoping Group held their first meeting on 20th February 2014, and have since had 2 more meetings. The College appointed Dr Subodh Dave as a College Associate Dean for Trainee Support on 21st November 2014, and Dr Dave also Chairs the IMG Scoping Group.
- b) TrOn (Trainees Online) – A free online learning resource to aid UK & overseas trainees' revision for the MRCPsych examinations. Launched in June 2014 to support trainee psychiatrists preparing for the MRCPsych examinations.

How did you identify and develop actions that were taken?

- a) The aim of the group is to increase College support of IMGs. The group looks into the experiences of people coming from overseas to train in the UK, the problems they encounter and what the College, LETBs and Postgraduate Deaneries could do to improve their experience
- b) The content of the learning modules is screened by the College Examinations' Panels, to ensure that material meets the expectations of the relevant Membership Examinations.

What evidence do you have regarding the outcomes?

- a) The IMG Conference was held at the College in September 2014 with 60 attendees and feedback was extremely positive. The aims of the Conference were to address issues IMGs can struggle with, for example cultural differences, and to familiarise IMGs with working in psychiatry in the UK. Another conference is planned for October 2015.

How could this be used by others?

Specialty: Dual Training
Describe any programmes or initiatives you have implemented to improve the quality of training
<p>Conversion of single posts into dual posts for example Scotland is in the process of converting Psychotherapy advanced training posts to dual posts with General Adult Psychiatry with the intention of improving recruitment into higher training.</p> <p>More Old Age and General Adult psychiatry dual programmes have been created. A new dual training pathway of a 5 year Forensic and General Psychiatry has also been devised by the College and approved by the GMC. National recruitment data demonstrates that dual posts are more popular with trainees and provide a more flexible training pathway to meet patient and service needs. The College is committed to exploring further opportunities for dual training to meet the broadening workforce needs in psychiatry and medicine as a whole.</p>
How did you identify and develop actions that were taken?
Findings from Centre for Workforce Intelligence (CFWI) review. National Recruitment Data.
What evidence do you have regarding the outcomes?
<p>One Dual Post – Psychotherapy CBT and General Adult Psychiatry was advertised and successfully filled in the East of Scotland 2014. There are plans for the next two posts in West and South-East to be advertised as Dual posts for August 2015. National Recruitment data also demonstrates the popularity of dual training posts that are being developed around the UK and supported by Health Education England.</p>
How could this be used by others?
Develop more opportunities for dual training with LETBs and in liaison with the GMC

Specialty: RCPsych wide
Describe any programmes or initiatives you have implemented to improve the quality of training
<p>In Yorkshire and Humber they continued to develop 'Recognising and Managing Medical Problems in Psychiatric Settings' course (RAMPPS) across the School with established regular courses now in South Yorkshire and plans to extend across the School. Other LETBs are also beginning to develop Simulated training for psychiatry & physical health.</p>
How did you identify and develop actions that were taken?
Recognising and Managing Medical Problems in Psychiatric Settings' course (RAMPPS)

Issues with physical health care identified through SIRIs and reports from trainers and trainees. Collaborative multi-disciplinary faculty has led the development and embedding of this within Trusts. Work-books developed. Course feedback shows improved confidence across a range of domains post-course.

What evidence do you have regarding the outcomes?

Feedback from participants (multi-disciplinary)

How could this be used by others?

Yorkshire and Humber LETB would welcome others attending RAMPPS Faculty development days or as observers at RAMPPS courses and would also be willing to share resources that have been developed. A short professionally produced video is available that provides a brief account of what a RAMPPS day involves. The PTC is undertaking a national survey of simulated training opportunities and will report in 2015. This will be shared with Heads of Schools/LETBs as models of best practice.

Specialty: Psychiatry of Learning Disabilities

Describe any programmes or initiatives you have implemented to improve the quality of training

Initiative (i) ST4-ST6 Psychiatry of Learning Disability Curriculum focused sessions at national conferences

An enhanced curriculum coverage programme has been started and runs on a three-year cycle with designated sessions for trainees at the ID faculty Spring and Annual residential meetings aiming for the best experts to provide the training made available to all trainees.

Initiative (ii) Special Interest session in Parliamentary Affairs

A number of ST4-ST6 trainees in Psychiatry of Learning Disability, after selection by competitive interview, have completed training blocks of between three months to twelve months (1/2 day to one day/week), at the House of Lords. Professor Sheila the Baroness Hollins is the Principal Supervisor & Trainer for this special interest session in Parliamentary Affairs. The special interest session is 'In Programme' (subject to confirmation by the trainees' local HEE), for trainees choosing to develop leadership skills and skills necessary in influencing policy matters with regard to mental health and intellectual disability.

How did you identify and develop actions that were taken?

The feedback from trainees attending the Curriculum Workshop sessions and a keynote address session focusing on the higher specialist (advanced) Curriculum at the Annual Faculty meeting at Birmingham on 2nd and 3rd October 2014 has been very positive and trainees have asked for these sessions to be continued. Further sessions are planned at the ID Faculty Spring Meeting on 11th May 2015..

What evidence do you have regarding the outcomes?

Positive feedback from trainees.

How could this be used by others?

Other faculties may choose to consider similar enhanced Curriculum coverage sessions at national conferences to provide the best training available, open to all trainees and to address local variances and gaps in training, if any.

Specialty: Broad Based Training**Describe any programmes or initiatives you have implemented to improve the quality of training**

Psychiatry continues to be fully engaged in and supportive of the Broad Based Training (BBT) Programme. The pilot of the programme began in August 2013 in seven English deaneries and involved 42 trainees. The evaluation of the programme is sponsored by the Academy of Medical Royal Colleges (AoMRC) and a 3rd year of the programme has recently been agreed.

How did you identify and develop actions that were taken?

A number of issues with respect to the psychiatry component of BBT have been identified. They have included uncertainties regarding how experience gained in BBT will contribute to examination eligibility and access to psychotherapy components of training, specifically to Case-based Discussion (Balint-type) Groups. The College is taking steps to clarify these issues.

What evidence do you have regarding the outcomes?

Early feedback from the pilot evaluation indicates that the BBT programme is on course to achieve its aims of producing doctors who will be more confident in their ultimate career choice, who have wider perspectives and are more adept at handling complex cases.

How could this be used by others?

BBT is an example of broader training in the early specialty years that could be widened to include other specialty elements, for example, Emergency Medicine or ACCS.

Curriculum Approvals Updates**3. Please provide an update for actions in curricula approval decision letters from August 2013 to September 2014.**

Description of request	Update
a) The GMC would welcome feedback via your ASR on your progress to mapping your curriculum to the GMC Good Medical Practice which we understand is under way.	a) The RCPsych current curricula cross reference with the 4 domains of GMP but the Curriculum Committee note that the curricula should also map to the GMP attributes. The College's Specialist Advisor has been in contact with the GMC to discuss how

b) Psychiatry of Learning Disabilities: NHS Employers have raised concerns about smaller institutions delivering the full breadth of the curriculum. The GMC recognises that given the small number of doctors in training that this potentially affects that a slightly different approach is necessary and as such we propose that the College review all of the currently approved programmes to ensure that they are satisfied that they deliver the curriculum changes outlined above.

c) Curriculum design: The College has recognised the desirability of more uniformity of style and simplification of language across all ten psychiatric curricula. Please provide the GMC with an action plan and timetable to address this issue together with amending the current curriculum submission to make it a standalone document without including the contents of the Core Curriculum.

best to take this forward. It has been suggested that the curricula be rewritten and link with the e-portfolio. The curriculum committee note that this will be a big piece of work carried out over a one to two year period.

RCPsych will be attending GMC Curriculum Mapping workshop on 11th March 2015.

b) As part of the implementation process and addressing changes in the Curriculum including patient safety issues e.g. safeguarding, whistle blowing, learning from Winterbourne etc. a workshop was organised on implementation of the new Curriculum at the LD Faculty Spring Meeting in April 2014. Locally, training days on implementation of the revised curriculum have been arranged (e.g. a training day on the topic was arranged in 2014 at HEE West Midlands).

Local solutions have been found where there have been any problems in delivering the Curriculum due to different service models and/or providers. For example, (i) in the South-West where there is lack of provision for in-patient experience in Psychiatry of Learning Disability, trainee placements in neighbouring Local Education Providers have been arranged to meet Curriculum requirements and (ii) in London, training in epilepsy is provided using local Neurology services as a resource.'

c) The removal of the Core curriculum from the x 9 advanced specialty and sub-specialty curricula was completed in October 2014.

The Curriculum Committee met in September 2014 and agreed that there needed to be clarity over the number of WPBAs required during higher training for each specialty and a table confirming the numbers of each WPBA required should be inserted into the relevant curricula. The FECCs have an action to produce the table for their relevant specialty and for the updates to be completed by April 2015.

<p>d) Changes to MRCPsych written papers</p> <p>From 3 to 2 written papers</p>	<p>The curriculum committee and specialty FECC Chairs are working on ARCP decision aids to be present in all College curricula to be completed by April 2015.</p> <p>d) New papers will be launched in April 2015 therefore an update will be provided in the 2015 ASR.</p>
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4. Please provide an update on progress for moving doctors to the current curriculum

Specialty	Update	Number of doctors on each curriculum (if known)
Child and Adolescent Psychiatry of Learning Disabilities Core Curriculum Rehabilitation Psychiatry: sub-specialty of General psychiatry	The progress on movement to the new curriculum appears to have been straightforward, without major difficulties. RCPsych have not been made aware of any major issues.	

Small Specialty Review – Progress Update (Only complete if pre-populated by GMC with items requiring an update)

5. Please provide a progress update on outstanding actions from any Small Specialty Reviews

Specialty: Medical psychotherapy				
Report ref	Description	Further action planned	Timeline for action	Progress update
29-35	Deaneries must ensure that all those completing assessments that contribute to a doctor in training's CCT, including nonmedical	RCPsych to produce training guidance for trainers on assessments, linking into work carried out in this area by NW	March 2014 – need to ensure that opportunity for training is in place	The North West Deanery model of training non medical psychotherapists in WPBA. This will be

	supervisors, are trained and supported for this role.	Deanery (see good practice).	even if take up is not yet fully achieved.	rolled out nationally. A CPD module on assessment is being written for the Faculty website.
15a	All psychotherapy supervisors should have training and be registered in the model of psychotherapy they are supervising and continue to be practitioners of the model.	RCPsych and heads of school to monitor delivery of psychotherapy training to ensure all supervisors are registered in and practising the model they supervise and teach.	March 2014	This is being implemented by the Schools of Psychiatry and will be surveyed in the second MPFECC UK Psychotherapy in 2015.
15b	The College should ensure that there are effective structures for communicating guidance about curriculum implementation and psychotherapy supervision requirements to psychotherapy tutors as well as heads of school.	This is an ongoing project; the Medical Psychotherapy Faculty Education and Curriculum Committee and the HoS committee all contain representation, and the College are looking at providing more training days for TPDs.	March 2014	On behalf of the MP Executive Committee a Communications Working Group has been established by the Chair of the MPFECC which has gathered information on all trainers in the UK and is renewing the website to include this updated picture of all psychotherapy trainers and will establish a psychotherapy trainers QA and question and answer site in the new trainers and training web pages.
25-28	The College should check that the mechanisms in place for sharing information with medical psychotherapy training programme directors and trainers are effective	Improve links between the College, TPD and trainers. RCPsych sign off TPDs and the education committee ratifies these	Ongoing	See response to 15b. The MPFECC Chair has established regular attendance at College Heads of School meetings

	for all deaneries and enhance engagement between the College and trainers.	appointments. RCPsych to provide guidance for deaneries on this area and strengthen Faculty Education and Curriculum Committees (FECCs).		to engage and connect on training developments to inform and to be informed by the HoS perspective more closely.
37-40	The College should work with deaneries to ensure that opportunities for trainee engagement with the College are signposted effectively.	RCPsych to maintain current efforts: There are plans to review the medical psychotherapy section of the RCPsych website, and the trainee section will be strengthened. The PTC (Psychotherapy Trainee Committee) meets regularly.	Ongoing	The new Medical Psychotherapy Faculty website pages will include a new trainees section which will include research, audits, blogs, core & higher trainee videos and question and answer sections on training.
80-85	The College should work with deaneries to monitor the higher psychotherapy academic programme to ensure consistency in quality.	RCPsych to look at cross deanery working.	Ongoing	LETBs without a medical psychotherapy CCT holder may, subject to job plan approval, seek medical psychotherapy advice/leadership within a three year of derogation.
101	The College should work with deaneries to monitor implementation of the WPBA guide.	Develop deanery workplace based assessment training template for medical and non-medical trainers.	Ongoing	This will surveyed in the second MPFECC UK Psychotherapy Survey 2015