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# Foundation psychiatry programme: good practice guide



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# Contributors

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**Dr Sarah Maddicott** has been a consultant older adult psychiatrist with Cumbria Partnership NHS Foundation Trust since 2007. She has been the Foundation Tutor for Psychiatry in Cumbria since 2013 and also has roles as a Foundation Clinical and Educational Supervisor.

**Dr Adam Joiner** is a consultant psychiatrist working in a general adult community mental health team in Barrow, Cumbria. He is also Medical Education Research Tutor for Psychiatry in Cumbria Partnership NHS Foundation Trust. Adam has supported foundation trainees in psychiatry in Cumbria to have active involvement in medical education research.

**Dr Gopinath Ranjith** is a consultant in liaison psychiatry with South London and Maudsley NHS Foundation Trust (SLAM), based at St Thomas' Hospital, and an honorary senior lecturer at King's College London. He has been the lead for foundation training for the Maudsley Training Programme for 4 years and has run a monthly teaching programme for foundation trainees during their psychiatry placement.

**Dr Tom Gilberthorpe** is an ST6 doctor in general adult psychiatry, with interests in liaison psychiatry, transcultural psychiatry and medical education. He has been co-facilitator of the Foundation Teaching Programme at SLAM and has an interest in developing ways of enhancing reflective and psychosocial skills in junior doctors.

**Dr Howard Ryland** is a specialist registrar in forensic psychiatry in South West London and St George's Mental Health NHS Trust. He took a year out of training as a Darzi Fellow based at Health Education North Central and East London (HENCEL), where he worked on implementing the recommendations of the *Broadening the Foundation Programme* report. In collaboration with local education leads from the main mental health trusts in the region, he helped to establish and coordinate a training programme for supervisors of foundation year doctors. He also contributed to a film made by the Royal College of Psychiatrists about the foundation programme ([www.youtube.com/watch?time\\_continue=4&v=UFsxQ5rsuJw](http://www.youtube.com/watch?time_continue=4&v=UFsxQ5rsuJw)).

**Dr Mark McConnochie** is a consultant in general adult psychiatry and lead of a crisis team for Leicester Partnership NHS Trust. He is the Foundation Training Programme Director for Psychiatry in Leicester, Northamptonshire and Rutland (LNR).

**Dr Prathibha Rao** is a consultant psychiatrist in general adult psychiatry. She is the foundation tutor for Northumberland, Tyne and Wear NHS Foundation Trust and has been an educational and clinical supervisor for foundation trainees for several years. She is also the Foundation Programme Director for Psychiatry for the Northern Foundation School.

**Dr Chris Brogan** and **Dr Lucy Buckley** are consultant psychiatrists in psychotherapy, Northumberland, Tyne and Wear NHS Foundation Trust. They have co-facilitated the Balint groups for foundation year doctors.

**Dr Amitav Narula** is a consultant psychiatrist and College Tutor at Bushey Fields Hospital, run by Dudley and Walsall Mental Health NHS Partnership Trust.

**Dr Varinder Singh** is a consultant old age psychiatrist working in Lancashire Care NHS Foundation Trust. He has been the Foundation Programme Director (FY2) for East Lancashire health economy, employed on a sessional basis by East Lancashire Hospitals NHS Trust, which has given him an opportunity to work very closely with the foundation year doctors and compare the training in acute and mental health trusts. He is an educational supervisor to foundation year doctors, with four to seven supervisees at any time. He has recently taken over the role of foundation year lead for the Lancashire Care NHS Foundation Trust.

# Introduction

This document has been designed by the Royal College of Psychiatrists to give examples, from across the country, of good practice in foundation psychiatry placements. Here, teams and organisations showcase their work and give tips on how others can replicate it.

If you have other examples of best practice in other areas of foundation psychiatry training that could be included in this guide, please contact [careers@rcpsych.ac.uk](mailto:careers@rcpsych.ac.uk)

# FY2 post in addiction psychiatry

**Jeffrey Fehler**, Central and North West London NHS Foundation Trust

## Description

We established an FY2 post in a community-based addiction treatment service with a significant interface with both mental health services and our local acute trust. The service comprises a large consultant-led multidisciplinary team (MDT) that includes doctors (at trainee and specialty doctor level), nurses, social workers and a range of allied professionals and voluntary sector practitioners.

## How it was set up

We grasped the opportunity to create a novel FY2 placement in addiction psychiatry, as we were not aware of any other such posts. We made a strong case for the post as it presents significant training opportunities, not solely in addictions. The service is fully engaged in training and supporting junior staff, both medical and non-medical. There is a culture of learning and improving practice, into which the foundation year doctor is welcomed and supported.

## Benefits

The post facilitates experience of addiction psychiatry – a subspecialty that has an extensive interface with the other psychiatry specialties, as well as with acute specialties such as general medicine and accident and emergency (A&E). This provides the FY2 doctor with experience of managing clinical conditions across a range of specialties. The foundation year doctor gains experience of delivering high-quality care within a supportive MDT which includes National Health Service (NHS) and social care staff, peer support workers, carers and voluntary sector clinicians.

## Challenges

There is a need to find a balance between providing the FY2 doctor with sufficient training opportunities and responsibility, and ensuring that the demands on them are reasonable. This is a particular risk with enthusiastic doctors who readily take on learning opportunities. Regular supervision by the clinical supervisor will ensure that the workload remains at appropriate levels to optimise training. The placement period is brief; 4 months goes very quickly. The learning and teaching opportunities should therefore begin from the outset.

There is a risk that the FY2 doctor may feel isolated. Attending centralised teaching sessions and opportunities to undertake assessments on the main hospital site will help mitigate against this.

## Tips

- Ensure the placement is in a team able to offer a supportive training environment, ideally an MDT with a strong teaching culture and other trainee doctors who can offer practical support.
- The clinical supervisor should be an enthusiastic teacher, available and with a hands-on approach.
- The placement site should have close links with both mental health services and the acute trust, so that the training opportunities are contextualised in the broader NHS.



# Creating a broad clinical supervision group

**Samuel Dearman** and **Sarah Maddicott**, Cumbria Partnership NHS Foundation Trust

## Description

This 4-month placement design is led by the named clinical supervisor, who identifies other psychiatrists as supervisors in other areas of psychiatric practice. This means that, within the general adult placement, the foundation year doctor spends around a third of their time in the community mental health team, a third with in-patient services and a third in the crisis and home treatment team.

The named clinical supervisor provides the core functions of the clinical supervisor, including weekly face-to-face supervision for 1 h, induction, mid-point and end-of-placement reports. The group provides real-time clinical supervision, supervised learning events (SLEs) and a contribution to the end-of-placement report under the guidance of the clinical supervisor. The clinical supervisor ensures that the doctor is given learning experiences and tasks appropriate to their stage of training, and entrustable professional activities (EPAs) (ten Cate, 2013) within each clinical area of the placement.

## How it was set up

With an agreed amount of operational freedom from the foundation tutor, the clinical supervisor redesigned the placement, structure, timetable and job plan. The EPAs were agreed with the clinical supervision group. This was all documented in a placement description.

## Benefits

The breadth of clinical exposure in this placement offers those foundation year doctors who may not go on to be psychiatrists a richer experience and appreciation of the numerous services available.

It gives foundation year doctors the clinical competencies required of any doctor who sees patients in the acute and/or chronic stages of mental illness. For those doctors with an emerging or established interest in psychiatry as a career, this breadth of exposure helps to solidify this interest. It also helps them begin to establish areas of interest and areas for development as they look to apply for core training.

We have found that EPAs within this structure are extremely important. They help the doctor establish a professional identity within the various mental health teams and a clear clinical purpose in patient care commensurate with their developmental needs and stage in training. The EPAs also help the service to understand the role of the more junior trainees, so that foundation year doctors are not left only observing out-patient clinics or performing physical examinations on the wards.

## Challenges

The clinical supervisor has to spend time on creating and designing the post, taking ownership of the process. This then needs to be robustly communicated to the clinical supervision group. Once communicated to the group, some amount of monitoring needs to be established to ensure that the reality of the placement reflects its design. This is important, as there is a risk that such a placement can become piecemeal and fragmented. However, this monitoring can usually be done in supervision with the foundation year doctor and feedback from the supervision group (including telephone calls and emails). In the early stages of development, additional effort from the clinical supervisor was required to help the other teams to understand the value of this approach.

## Tips

- Treat the foundation year doctor as an adult learner, responsible for real-time feedback about the educational value of their weekly timetable.
- Don't just timetable, but job plan with the foundation year doctor, stating clearly what the EPAs are in each area of practice and linking these to their personal development plan.
- Some doctors in difficulty may need a reduction in the time they spend working away from their named clinical supervisor; there will need to be a judgement made as to the level of disclosure within the clinical supervision group.

# Participation in medical education research

**Adam Joiner** and **Samuel Dearman**, Cumbria Partnership NHS Foundation Trust

## Description

During their 4-month placements, foundation year doctors are offered the option to participate in a medical education research topic. This can take place in many different ways: for example, writing a literature review for a planned project (or a project in progress that will probably form the introduction for a prepared manuscript); creating a poster of a completed piece of research; writing a letter to a journal highlighting gaps in educational evidence; or summarising recent evidence for the local newsletter. If motivated, they can start their own project. They receive supervision for this from the medical education research tutor, as well as their clinical supervisor. The latter would, for example, ensure that the trainee is meeting deadlines and has protected time to focus on the project.

## How it was set up

A consultant psychiatrist with experience and interest in researching medical education was appointed and given time in their job plan for the role of medical education research tutor. When foundation year doctors start their placements, most will be offered the chance by their supervisors to contact the medical education research tutor if they wish.

## Benefits

Not only does this opportunity help foundation year doctors to develop research skills in a focused way (which is important for meeting competencies in all postgraduate curricula), it allows them to start to understand the need for an evidence base in medical education as well as in clinical practice. This will help to generate a well-rounded

understanding of the various strands of medical professional life required to provide high-quality patient care. Involvement in medical education research will be new to many foundation year doctors, and so may expose them to a new 'specialism', which may ignite a passion for their future careers. Indeed, many doctors may not be aware that medical education is researched at all, or that there is an evidence base for it, so these projects introduce this important concept for a medical career.

Taking part in research will help trainees develop academic writing skills, critical appraisal skills, analytical skills and time management. This will all aid in developing well-rounded medical professionals.

## Challenges

Some foundation year doctors are less keen to engage and, as participation is not mandatory, they may miss this important opportunity. Also, some may struggle to manage their time and meet deadlines, particularly when they have many competing priorities. It has proven difficult to enforce deadlines, and it is the conscientiousness of the individual doctor that tends to dictate whether or not they are met. Also, the quality of work by foundation year doctors is variable and, given the short time they are on placement, lower-quality work may not be obvious until towards the end of the placement, when there may not be time for additional coaching for development.

## Tips

- Have small, focused, achievable tasks to provide to the foundation year doctor.
- Give clear instructions, expectations and deadlines.
- Help foundation year doctors to access appropriate support, e.g. librarians. This may require making contact with the librarian on behalf of the doctor.
- The clinical supervisor needs to understand and support the job-planning requirements for the doctor to undertake the project.

# A bespoke teaching programme in psychiatry

**Gopinath Ranjith** and **Tom Gilberthorpe**, South London and Maudsley NHS Foundation Trust (SLAM)

## Description

We run a monthly half-day teaching programme for 26 foundation year doctors attached to SLAM. This happens in a central location, in the afternoon, on the same day of the week every month. The programme has three components: a topic-based lecture, a case-based reflective practice group (two groups of 13 each) and a clinical skills session involving role play. The lectures are on four topics: risk assessment, classification and diagnosis, practical psychopharmacology, and principles of psychological therapy. The skills sessions link to the topic taught on the day.

## How it was set up

Before the expansion of the foundation programme, when we had just six foundation year doctors, we ran informal teaching sessions and chose the four topics for the seminars based on feedback from that cohort. Foundation year doctors told us that they found discussion of cases in a group very useful; there have also been recent published reports on the benefits of running Balint groups for foundation year doctors (Murphy *et al*, 2015). This led us to develop the reflective practice group with an emphasis on the doctor–patient relationship. The clinical skills sessions help to bridge theory and practice.

## Benefits

A bespoke teaching programme for foundation year doctors ensures that the unique training needs of this group are not neglected. In a large mental health trust that interfaces with four foundation programmes, the teaching programme provides an opportunity to bring together doctors from different areas and provides an identity to the foundation year doctor group. Foundation year doctors find talking about challenging interactions with patients the most useful experience.

## Challenges

The commitment of time on the part of the faculty is a major challenge, as teaching and training have to be juggled with clinical work. The Trust's lead for foundation training and a specialist registrar, using special interest time, collaborated to organise the teaching programme. Freeing up foundation year doctors from busy jobs and ensuring attendance can also be a challenge.

## Tips

- Get the Director of Medical Education on board and enlist the support of the postgraduate centre for administrative support.
- Get senior faculty involvement, with recognition of – and compensation for – the time commitment.
- Offer to sign off mental health competencies on the e-portfolio to encourage volunteers for role plays.

# Training for foundation supervisors

**Howard Ryland**, South West London and St George's Mental Health NHS Trust

## Description

Based on the half-day sessions run in 2015 in Health Education North Central and East London (HENCEL), this half-day training course was designed to ensure that all supervisors of foundation year doctors feel confident in their roles, have training in the essential elements of supervising recently graduated doctors in psychiatry placements, and feel able to maximise the experience of the doctors in this setting.

## How it was set up

The training was a half-day session, replicated locally in each of the four main mental health trusts in the region. The training was arranged jointly by the trusts, HENCEL and foundation schools. The session started with an introduction by the relevant foundation school director. This was followed by an outline of the structure of foundation training and the curriculum by a foundation training programme director. The Director of Medical Education then outlined the placements within that particular trust, and the opportunities that each afforded to foundation year doctors. There was a session by foundation year doctors who described their experiences of the foundation programme in psychiatry. A practical introduction to the foundation e-portfolio was also included, which described the nature of summative assessments and formative feedback tools. This emphasised the difference between SLEs and workplace-based assessments.

## Benefits

The benefits of this model are that it ensures that all new and existing supervisors have access to training in how to work with foundation year doctors in psychiatry placements. It provides practical guidance on aspects such as the e-portfolio and orientation in the context of foundation training, and gives supervisors the chance to hear the trainee's perspective. The session also serves to introduce key members of the foundation school and outline the support structures that are in place locally for supervisors.

## Challenges

The main difficulty in running these training sessions was identifying an appropriate date that both faculty and supervisors could all attend. This was mitigated by offering training dates in neighbouring trusts, if supervisors were unable to attend their local session. As all four sessions were organised together, this provided some consistency, although the supervisor would miss the opportunity to learn about local support.

## Tips

- Recruit someone to coordinate the sessions at a regional level; this allows for greater coherence across different trusts.



# Simulated patient encounters

**Mark McConnochie**, Leicester Partnership NHS Trust

## Description

All FY2 doctors within Leicester, Northamptonshire and Rutland (LNR) have the opportunity to attend an innovative psychiatry teaching session. This mandatory half-day session includes multiple simulated patient encounters, with feedback from specialty trainees in psychiatry, along with an interactive teaching session focusing on the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA).

## How it was set up

This teaching session was set up by the Training Programme Directors from Trent and LNR deaneries, working together with staff at Health Education East Midlands (HEEM). It required scripts to be developed for the simulated patients and worked case examples, and teaching materials to be developed for the MHA/MCA session. Feedback forms were also developed, to allow the course to evolve and to ensure that it was meeting the training needs of the foundation year doctors.

## Benefits

The teaching ensures that all foundation year doctors have a greater awareness of mental health issues, specific training in taking a history from a patient with a mental health disorder, and improved knowledge and skill in conducting risk assessments. The session on the MHA and MCA shows the relevance of mental health legislation for all doctors. The interactive nature of the session and the case examples encourage learning for doctors.

The training increases the confidence of foundation year doctors in managing patients with mental health issues and strengthens their understanding of the mental–physical health interface. It also helps to ensure that foundation year doctors are aware of, and compliant with, relevant legislation governing treatment of those without capacity or with a mental illness.

## Challenges

Arranging a half-day teaching session for all foundation year doctors in LNR to attend requires a considerable amount of resources. Along with suitable rooms, we need to ensure that we have simulated patients available, as well as four facilitators and resources available for the doctors to take away. As this training is mandatory, we need to ensure there are enough spaces available for all foundation year doctors to book on to it, along with a ‘mop up’ session, requiring five sessions per year to be run.

There have been geographical challenges, but we ensure that we run the sessions at multiple sites to allow trainees to book on to a course at a location convenient to them.

## Tips

- Ensure close working relationships and clear communication among all the parties involved.
- Recruit a pool of specialist trainee doctors to act as facilitators, and offer incentives such as written feedback and assessments of teaching.
- Ensure that teaching materials are not given out until the end of the session, to encourage more involvement in discussions and learning from each other.

# Involvement in the memory clinic

**Mark McConnochie**, Leicester Partnership NHS Trust

## Description

FY1 doctors working in psychiatry for the elderly in Leicester gain experience of undertaking cognitive assessments through working in a memory clinic. They spend four half-day sessions in the clinic per placement. They undergo a formal induction to the memory clinic and then a phased introduction to clinical work, before progressing to undertaking assessments independently (with appropriate supervision and feedback). They receive a certificate of competency in cognitive assessments that can serve as evidence of meeting specific foundation competencies in their e-portfolio.

## How it was set up

This memory clinic attachment was set up jointly by a consultant psychiatrist for the elderly and a junior doctor with a special interest in the area, supported by the training programme director.

## Benefits

Doctors will inevitably care for patients with dementia during their foundation training and during their future career in medicine. The diagnosis and management of dementia is dependent on the ability to undertake a good cognitive assessment, a skill that has been identified as an area for improvement among junior doctors (McCartney & Palmateer, 1985).

This opportunity allows FY1 doctors to benefit from experiential learning and to gain curriculum competencies related to cognitive assessments (UKFPO, 2016). It allows them to gain appreciation for the person-centred approach. Their knowledge, both before and after the programme, is formally evaluated to demonstrate learning. This programme could be applied in other old age psychiatry rotations elsewhere in the country.

## Challenges

Ensuring a balance between training opportunities along with service provision can be difficult, as this does require additional time for FY1 doctors to be released from their normal timetable. There are also limits on how many doctors can be trained at one time using this method, which prevents the programme from being expanded to all foundation year doctors (FY1 and FY2) locally at this time.

## Tips

- Use local skills and interests to develop training opportunities for foundation year doctors.
- Undertake assessments of knowledge both before and after the programme to demonstrate change as a result of the training given.

# Guidance on the FY1 doctor's role in psychiatry

**Prathibha Rao** and all FY1 trainers, Northumberland, Tyne and Wear NHS Foundation Trust

## Description

Psychiatry placements for FY1 doctors are a relatively new concept. Some MDTs find it difficult to understand the role and limitations of FY1 doctors. We observed that, at times, this led to teams expecting FY1 doctors to do tasks that were beyond their competencies (and potentially risky). On other occasions it resulted in the doctors being 'overprotected' and being treated as glorified medical students. The results of our local General Medical Council (GMC, 2013) survey highlighted that psychiatry scores very low in terms of 'adequacy of experience'. We produced a document to help address some of these problems and support foundation year doctors in getting the best out of their placements.

## How it was set up

We drafted a generic document, circulated it to all trainers of FY1 doctors, and produced this document based on their feedback. This has since been regularly circulated to all teams, displayed on all wards and included in the induction packs given to all FY1 doctors.

## Benefits

Informal feedback indicates that all teams have found this document very beneficial and have adapted it according to their own clinical services.

New FY1 trainers have felt supported. Foundation year doctors report that this has alleviated a lot of potentially difficult and tricky situations which may otherwise have been viewed by teams as the doctor shying away from work/responsibility.

The guidance has promoted safe practice and has allowed us to maximise doctors' potential.

## Challenges

There are challenges with dissemination of information, owing to ongoing changes to the service and MDT staff.

## Tips

- Circulate this guidance on a regular, ongoing basis.
- See Appendix for further guidance.

# Balint groups

**Prathibha Rao, Lucy Buckley and Chris Brogan**, Northumberland, Tyne and Wear NHS Foundation Trust

## Description

Research suggests that young doctors who are Balint trained are more psychologically skilled, more tolerant of patients whose diagnosis is uncertain, more reflective and more aware of their own feelings about patients. They have a greater degree of job satisfaction, are more able to tolerate feelings of helplessness and are less likely to suffer from 'burnout' (Bar-Sela *et al*, 2012; McKenney & Sullivan, 2016). We set up this group for foundation year doctors as a forum where they can discuss patients they have encountered on the ward, in the out-patient department or while on call. The aim of the group is not to provide clinical supervision, but to think in a group about various aspects of the doctor-patient relationship.

## How it was set up

We discussed setting up the group with the Trust's psychotherapy consultants and identified suitable facilitators for the group. We then liaised with the foundation consultant trainers for their views and sought their permission. We carefully considered the timing and location of the group and chose the most convenient and the least disruptive option. All foundation year doctors were informed that attendance was mandatory. An attendance record was communicated to all trainers at the end of the placement, and it was reflected in the end of placement forms.

## Benefits

We are formally evaluating this Balint group through a bespoke survey. We are also using validated questionnaires to assess the impact of these groups pre and post placement. The group has been a safe place where foundation year doctors have been able to develop skills in presenting, leadership and peer support. They have been able to develop the ability to empathise with each other's differences. It offers individuals an informal setting to meet with other foundation year doctors; this improves cohesiveness and the training experience. We believe the Balint group has reinforced the attractiveness of psychiatry as a specialism, and has allowed those who choose to specialise elsewhere to develop transferable skills.

## Challenges

We initially planned to run this group for all foundation year doctors across the Trust. However, given the size of the Trust and the geographical distance between sites and service commitments, we settled on running it for the South of Tyne foundation year doctors. Occasionally, foundation year doctors asked to opt out of these groups owing to distance or lack of transport, requiring us to find solutions for these situations.

Most foundation year doctors said they took time to 'warm up' to the group, but many settled quickly. However, some trainees reported that they felt 'under pressure' and felt these groups should not be mandatory. Funding for one of the facilitators (who worked privately) also had to be factored in.

## Tips

- Make the groups mandatory to encourage attendance.
- Gain the support of consultant trainers to ensure successful running of groups.



# Taster sessions in liaison psychiatry

**Amitav Narula**, Dudley and Walsall Mental Health NHS Partnership Trust

## Description

FY1 doctors gain experience in liaison psychiatry through 2–3 days attached to the psychiatric liaison service within the local acute hospital. This is part of their learning objectives for their psychiatry training and usually takes place mid-way through their placement.

On day one of the attachment, the foundation year doctor shadows team members to better understand how they work. On day two, they are able to undertake assessments jointly with team members, allowing them to improve history-taking, communication and risk assessment skills, and also to appreciate the impact that physical health has on mental health.

## How it was set up

We arranged the attachment with the liaison team and met with the senior liaison nurses to explain the purpose of the foundation attachment. We email the team 1 month in advance of the attachment to check that they are still happy for the FY1 doctors to join them.

## Benefits

The foundation year doctors get an opportunity to understand how the liaison service works. These doctors will have gained some experience of working in acute services through doing on-calls; they can build on this through working in the liaison service. This is a unique opportunity for them, as under normal circumstances foundation year doctors would not get experience of working in the liaison service, as they are not able to do psychiatric on-calls.

The attachment gives doctors an understanding of the interplay between physical health and mental health. It gives them experience of carrying out assessments, including risk assessments. Working with experienced nurses gives the doctors an opportunity to work collaboratively with other members of the MDT.

## Challenges

Organising such an arrangement in busy jobs can be difficult, and so making it part of the learning objectives aids this process. Supervisors need to encourage FY1 doctors as adult learners to contact the team and arrange suitable dates for the attachment. It is important that the liaison staff are informed in advance and engaged in the process. Geographical issues could be a challenge if the acute hospital is far away from the psychiatric hospital; in Dudley, however, this is not a problem.

## Tips

- Help foundation year doctors to look at the benefits of this attachment as described above.
- Attachments are easier to arrange when there is a close working relationship with the acute trust, and when the acute trust is close to the psychiatric hospital.
- Make this experience one of the learning objectives for foundation year doctors, to give them the motivation to undertake it and the trainer a reminder to arrange it.

# Initiatives for learning and career support

**Varinder Singh**, Lancashire Care NHS Foundation Trust

## Description

Various initiatives have been undertaken to improve the status of psychiatry as a specialty within our local area. Initiatives include giving psychiatry an equal platform at local events, e.g. the acute trust's careers fair and regional poster events. The inclusion of psychiatry in events such as these has resulted in an increased awareness of psychiatry as a career option among foundation year doctors. We have created a Career Champion in psychiatry; this is a voluntary position held by a consultant psychiatrist who supports foundation year doctors with career guidance, the application process and interview practice.

We worked with the acute hospital to arrange for psychiatry topics to be included in the mandatory foundation teaching. This has allowed teaching on psychiatry to be given to all foundation year doctors and not just those who happen to complete psychiatry placements.

A taster session within psychiatry has also been developed which has specific learning objectives to enable a more structured experience. At the end of the session, trainees are required to complete a reflective piece on their experience.

## How it was set up

Working closely with the foundation programme director at the acute hospital, we were able to incorporate the initiatives described into the foundation training programme.

## Benefits

These initiatives have helped to improve the visibility and experience of psychiatry in the foundation programme, giving it equal status with other specialties in medicine. They also give foundation year doctors the opportunity to gain insight into the career options available within psychiatry. Those who attend the taster sessions get to understand the importance of communication and gain greater insight into the day-to-day activity of a trainee and consultant psychiatrist. The taster sessions also give doctors the opportunity to mix with different members of the MDT and to understand their roles.

## Challenges

Changing the cultural mindset of trainees, as well as the training system, was most challenging. The alienation of the mental health trust from the acute trust (and employer) added to the difficulties. Convincing the educational programme to provide an equal platform for psychiatry was not easy. Participation from the wider community of psychiatrists and allied professionals in delivering training and providing tasters also required a lot of convincing.

## Tips

- Passionate and enthusiastic psychiatrists and their active involvement in change management is the key to success.
- Use national drivers – e.g. the *Broadening the Foundation Programme* document (Health Education England, 2014) – as a negotiation tool to convince other specialties to provide an equal platform for psychiatry.
- Ensure that trainees have a good experience in psychiatry placements and taster sessions, to help spread positive vibes through word of mouth.
- Actively participate in key educational roles within foundation training to help with role modelling and to open up communication channels within acute and mental health trusts for collaborative working.

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# Appendix

## The FY1 doctor's role in psychiatry: a guide

### What FY1 doctors *can* do

- ✓ Assessment of patients; develop a management plan in discussion with a senior (consultant or ST doctor) and document assessment. For the initial few assessments, the consultant may wish to validate documentation on RiO.
- ✓ Prescribe an agreed medication plan with the senior on Kardex.
- ✓ Prescribe common physical medications if necessary, and safely transcribe general practitioner repeat prescriptions or rewrite Kardexes.
- ✓ Perform physical examinations and discuss findings with seniors.
- ✓ Order investigations upon guidance from supervisors and review results with the supervisor.
- ✓ Review patients with a view to performing mental state examinations and discuss with supervisor if new information is obtained which would indicate change in risks or need for interventions.
- ✓ Discussion/presentation of cases in MDT settings, contribute towards discharge planning.
- ✓ Complete discharge summary after confirming the diagnosis, medication plans and management plans with the consultant (most easily done with attendance at discharge MDTs).

## What FY1 doctors *cannot* do

- ✗ Assess new patients without the supervision of a senior colleague.
- ✗ Review patient observations; after certain experience and with discussions with the consultant, the consultant may delegate the task of reviewing the patient, but decisions of change in observations can only be taken after consultation with the consultant.
- ✗ Commence psychotropic medications.
- ✗ Commence any physical medications that are not used commonly.
- ✗ Detain patients – i.e. use section 5(2)s of the MHA.
- ✗ Review patients in seclusion.
- ✗ Assess patients on their own in crisis/home/A&E settings (any non-ward settings); arrangements for trainees primarily working in liaison settings may differ subject to trainer's support.
- ✗ Cover another trainee of any level other than a FY1.
- ✗ Make decisions regarding management plans such as leave or discharges, although they can certainly review the patients for these purposes and discuss their findings with the consultant.



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