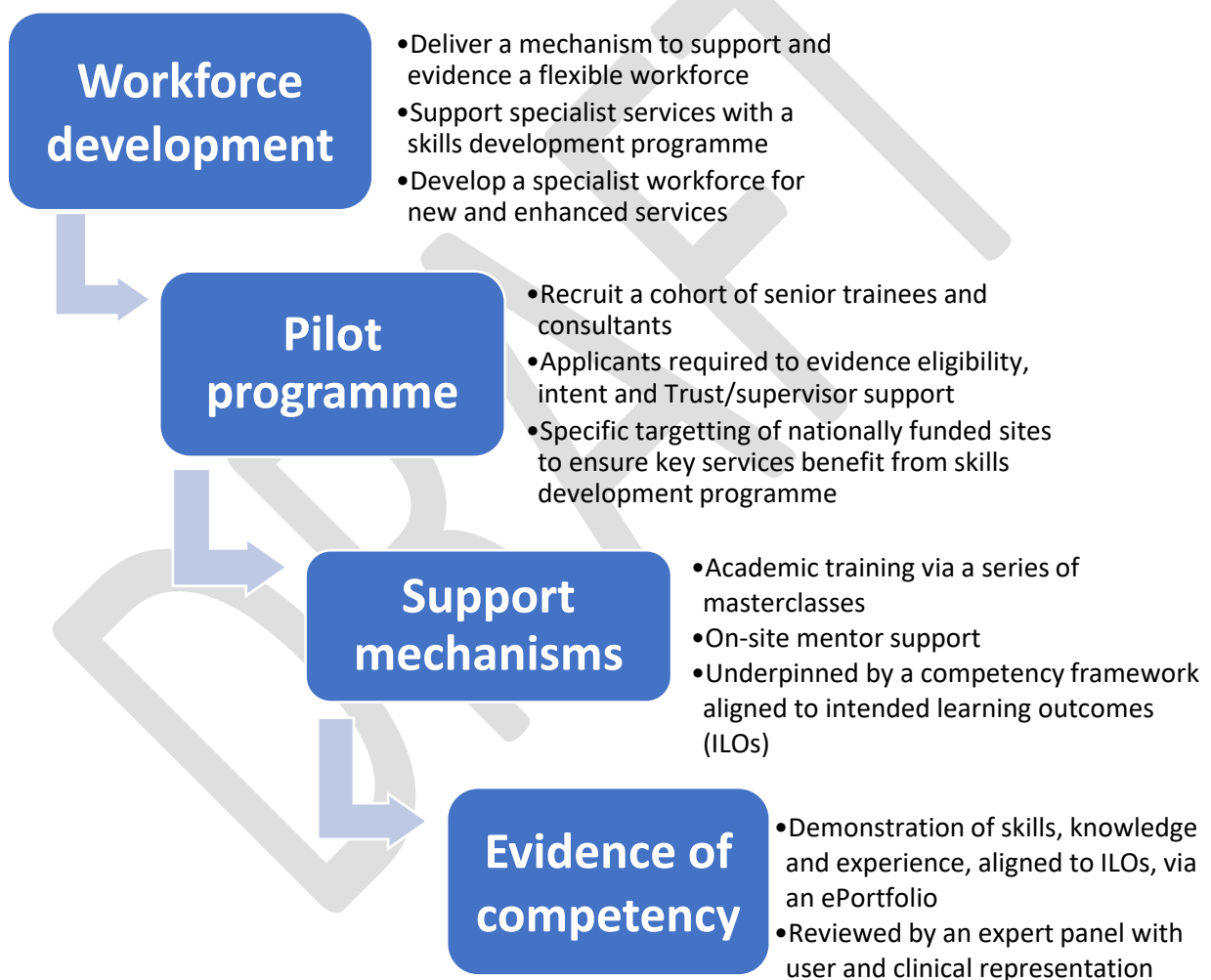


## **Evidencing a Credential in Perinatal Psychiatry: Findings and Recommendations**

A pilot programme to develop and deliver a programme of training, assessment and evaluation, to evidence a credential in perinatal psychiatry; a RCPsych hosted programme, funded and supported by HEE.

In support of the expansion of specialist perinatal mental health services, a key national priority in the NHS Long Term Plan to enable women in all areas of England to have equity of access to evidence-based specialist support closer to home. To deliver this national commitment and to ensure workforce capacity, capability and sustainability, RCPsych collaborated with national partners to formalise and strengthen the training pathway.

### **The credential pathway:**



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  - 2.1 The Proto Pilot**
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- 4. Post-Programme Recommendations; safeguarding specialist skills across the full-service pathway**

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## 1. Executive Summary

### **A summary of formal recommendations and the considered risks to future workforce development and the sustainability of perinatal specialist services:**

This report details and evidences the mechanisms the Building Capacity Project employed in delivering a specialist skills programme to support workforce development.

The Project delivered a proto-pilot and pilot credential programme. These two programmes hosted 29 participants:

- **Proto-pilot assessment programme** - evaluation collated from the 'Building Capacity Project' bursary programme, retrospectively uploaded July 2018 from 9 consultants.
- **Formal credential pilot programme** - ran from September 2018 to July 2019 with 12 consultants and 8 senior trainees.

### **Recommendations:**

The Building Capacity Project formally recommends a fully costed, supported and appropriately hosted programme to deliver a credential in perinatal psychiatry.

This delivers on the commitment, as detailed in the Long Term Plan, to grow mental health services by developing the workforce, with an emphasis on expanding capacity and capability. Additional training opportunities as part of the traditional medical training pathway are insufficient and inefficient in responding to gaps in service delivery. A workforce skills development programme can widen participation by providing flexibility and on-going opportunities for professional development. This will enable more workforce, ensure flexibility across an individual's NHS career and support specialist services.

This report details a multi-faceted skills development programme and evidences a mechanism to record knowledge, skills and competencies to assess, manage and treat women within a biopsychosocial model. The pilot programme details a training pathway including the tools to develop and evaluate competences in delivering workforce capability.

We strongly urge that a future nationally approved credential in perinatal psychiatry commit to supporting and delivering a multi-faceted programme, as detailed: an academic training component; a formalised mentor role; and, a robust method of evidencing and evaluating competency.

### **Delivering a successful credential programme: risks and gaps**

### **Evaluation of the proto and formal pilot programmes, summarised, with formal recommendations for a future credential programme;**

- The role of the mentor is extremely important in providing clinical guidance and oversight, we make formal recommendation to protect and enhance the role in any future iteration of the programme.
- To develop and evaluate related knowledge and skills, the tools detailed and evidenced in this report are robust and we consider fit-for-purpose. However, we recommend further consideration on how 'attitudes and behaviours' are appraised as part of a skills development programme. It was beyond the scope of this pilot to deliver, though has been since highlighted both formally (evaluation panel) and informally (in conversation with senior colleagues): A mechanism to record meaningfully reflective practices and the ability to demonstrate an

understanding of what values underpin a complex service. This is a key factor in developing robust multidisciplinary teams and medical leaders.

- We consider the academic component, the masterclass series, a successful tool in delivering the necessary knowledge and skills explicitly related to delivering perinatal services; the evidence overwhelming testifies to this. We recommend incorporating a similar component for a future programme.

### **Role of the mentor**

The role of mentor is fundamental to the success of delivering a competency-based workforce development programme. It was a critical component of the proto and pilot programmes in observing and assessing participants as they developed and evidenced clinical competence. Guidance circulated to all mentors pre-programme stipulated a minimum of 20 hours of clinical support<sup>1</sup> to participants: To monitor and guide participants in the attainment of competency; testify to the validity of evidence submitted; and, ensure participants progress through the programme to completion.

Feedback received both formally (mentor progress reports) and informally (general feedback on the project from colleagues/mentors) highlighted the variation in mentor support to participants and the lack of an appropriate mechanism to report concerns about under-performing and/or failing participants. An explicit reporting line should be built in to any future programme with supporting documentation clearly outlining the role and responsibility of the mentor.

The final review by the evaluation panel recommends a formalised approach to developing the role of the mentor for a future credential programme. The Project proposes a prescribed mentor role, distinct from the role of the supervisor, with an agreed job description. Mentor roles should be funded as they incorporate an additional set of responsibilities designed to support competency development. As a specific role, not reflected within individual job plans, it should be remunerated and supported within a specific framework to ensure the successful implementation and delivery of an on-site specialist skills development programme.

### **Developing the right attitudes and behaviours**

The Project evidences a competency programme that delivers the knowledge and skills to assess, manage and treat women within a bio-psychosocial model. We recommend further consideration on the appropriate 'attitudes and behaviours' to manage and lead a complex specialist service and how those specific competences are delivered and appraised as part of a skills development programme, to ensure a comprehensive programme.

Though beyond this scope of the pilot programme to deliver, this 'gap' emerged as an important factor in developing robust, effective teams and supportive leaders. Following formal and informal consultation with senior consultants and leaders within mental health, we recommend enhancing evaluation of attitudes and behaviours: Express the values that underpin a complex multi-disciplinary service; demonstrate leadership skills in managing risks and challenges; evidence supporting and advocating for the team and service<sup>2</sup>. This may necessitate a screening process for potential participants to be fully confident that the roles and responsibilities of leading a multi-disciplinary team, the unique issues around conflict management, the necessary skills to effectively navigate commissioning within a local setting and of course the specific clinical skills required to deliver a perinatal service are understood prior to commencing.

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<sup>1</sup> Reflecting the guidance notes developed for the (earlier) Liaison Credential Pilot Programme.

<sup>2</sup> Ensure inclusion of a healthcare leadership model, such as the NHS Leadership Academy model, as part of the self-reflection component.

**Academic training**

The masterclass series was very successful tool is delivering a knowledge and skills programme for specialist perinatal mental health services; participant reflections evidence this and the expert evaluation panel testify to their effectiveness in their overall evaluation of portfolio's submitted (described below). **Appendix IV** lists the seminar titles delivered and includes a summary of participants reflections. We recommend incorporating a similar component in a future credential programme.

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## 2. Supporting A Flexible, Agile Workforce

Expanding specialist perinatal mental health services, a key national priority in the NHS Long Term Plan: The development of perinatal mental health services was a key national priority for NHS England and it committed to enabling women in all areas of England to have equity of access to evidence-based specialist support closer to their homes. The national transformation programme committed funding and support to establish new services and enhance existing services, with the aim of improving outcomes for women who have existing or who develop mental disorders in the perinatal period.

To underpin and support specialist services, funding and research into flexible models of education and training, to enable the delivery of specialist perinatal psychiatric care, was commissioned. To build workforce capacity, capability and to ensure sustainability, RCPsych delivered a perinatal psychiatry leadership programme; a funded bursary scheme<sup>3</sup>.

This intensive year-long programme to develop the competencies of a cohort of perinatal psychiatrists, lent itself, to a post-programme assessment and evaluation, evidencing competency. RCPsych proposed to HEE to develop and deliver a credential assessment, building on the framework of the 'Building Capacity in Perinatal Psychiatry' project: The aim to which was to evidence 'demonstration of competency'<sup>4</sup>.

The demand for expertise was evident:

- established services both in the community and Mother and Baby Units were struggling to recruit psychiatrists with appropriate expertise
- developing services as supported by the NHSE perinatal mental health community services development fund (Wave 1 funding) required expertise, as did
- new services in development following allocation of NHSE Wave 2 community funding

The distinct lack of formal training in perinatal psychiatry prior to the Building Capacity Bursary Programme<sup>5</sup>, provided impetus to design a recognised training route that was urgently needed for consultants working (or expected to work) in perinatal psychiatry, to meet service demands and ensure that women get effective care and treatment delivered by competent practitioners.

### 2.1 The Proto Pilot: Assessing for a credential in perinatal psychiatry

In March 2018 RCPsych proposed to HEE to develop and deliver a formal evaluation of competency in perinatal psychiatry; **Appendix I**. Capitalising on the training and mentoring delivered as part of the Building Capacity project, the readily available cohort (the bursary holders) were asked to collate evidence of competency, gathered produced as part their formal assessment throughout the duration of the project, to be formally evaluated.

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<sup>3</sup> 'Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services: Bursary Scheme', a project developed and delivered by RCPsych in partnership with NHSE and HEE.

<sup>4</sup> 'Building Capacity: Assessing for a Credential in Perinatal Psychiatry', submitted to HEE March 2018

<sup>5</sup> The Bursary programme, a component of the 'Building Capacity' project: 10 senior consultants accepted onto the programme; salary back-filled; positioned at a host Trust and mentored; provided with intensive training via a masterclass and leadership seminar series.

The (now) nine participants were evaluated via an online portfolio<sup>6</sup>. They demonstrated competency by uploading evidence of relevant knowledge, skills and behaviours in accordance with the RCPsych Perinatal Psychiatry (2018)<sup>7</sup>, specifically against each of the Intended Learning Outcomes (ILOs).

It was expected the material uploaded to be of a high calibre, comprehensive and meet the competencies as set out, considering candidates participated in the bursary programme. The portfolio was then reviewed and signed off by the mentor, a relatively risk-free process as each bursary holder had received extensive supervision and support throughout their placement. Essentially this was a retrospective exercise in gathering existing documentation and ensuring each of the ILOs was adequately evidenced. The portfolios were then made available to an external panel for final review and assessment.

### **Summary evaluation**

The project convened a panel of five experts to partake in a formal evaluation; four clinical leads and one expert service user.

*The review panel agreed the 19 ILOs ensured the full range of skills and knowledge necessary to be a perinatal specialist are present and within each ILO specific examples directly linked to perinatal cases had been adequately provided.*

*Though there was some variation inevitably in the type of activities described, the panel agreed that it was correct for participants to reflect on the learning opportunities as they present themselves. A prescriptive approach would most likely detract from a meaningful learning experience, as responding to specific cases within the perinatal context are key to understanding the skills and knowledge required.*

### **Expert user review**

The practice of continuous personal development and thoughtful reflection (using the IT toolkit effectively to demonstrate) was evident in some, though not all, of the portfolios submitted. It was clear that some were better at evidencing via the 'Supervised Learning Events' than others. The demonstration of development was at its most clear and edifying when using the quarterly evaluations from the bursary programme; these aptly demonstrated insight and progressive learning, due in some part to the intense nature of the assessment component built into the bursary programme. However, beyond uploading retrospective evidence, additional material seemed less well developed: Evidencing competency will be a critical component of a future programme and mentors will be required to closely observe and intervene if participants are not meaningfully engaging.

On leadership skills, the service user was seeking evidence of the ability to inspire calm and thoughtfulness and create genuinely therapeutic environments on a ward/clinic and across teams. To ensure Mum and infant, families, carers, MDT in the community, care coordinator, HCAs, nurses, nursery nurses etc can think as calmly and as effectively as possible around their potentially complex, chaotic and challenging needs. While demonstrable to a degree via knowledge and clinical skills, this requires evidence of reflection and leading by example<sup>8</sup>.

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<sup>6</sup> We created an online platform to enable the upload of a range of evaluation material, including reviews and audits, from the years programme: capability we've developed for managing a skills development programme.

<sup>7</sup> Competency based curriculum for specialist training in perinatal psychiatry: developed by a panel of experts and reviewed and signed off by the Perinatal Faculty; Attachment 1

<sup>8</sup> Highlighted as a gap under 'recommendations'; a suitable mechanism to evidence to be considered for any future programme.

### **Clinical review**

As with the expert user, clinicians reported participants interacting and submitting evidence in different ways – some more successful than others. Again, a request for a more systematic approach to the process; map training events and WPBAs directly to ILOs, include reflections on how each activity impacts on practice and summarise each activity to allow space for further reflection on the training journey.

The assessments uploaded were generally positively observed and did not present any major deficiencies or concerns. The panel considered the range of activities described, the mentoring provided and the breadth and depth of training opportunities the cohort was exposed to, a testament to the design of the bursary programme. However, they acknowledged as this level of support was unlikely to be repeated as part of a formal credential programme, a future programme would need to compensate (via improved mentor support for example) and put in place a process to manage the risk of a participant failing and/or under-performing<sup>9</sup>.

In conclusion, the panel recommended an enhanced feedback mechanism to evidence the attitudes and behaviours that support and demonstrate knowledge and understanding of: the intrinsic value of the service; leadership evaluation via an improved self-reflection mechanism (critical as perinatal services develop and expand, as detailed in the Long Term Plan); an enhanced and prescribed role for mentors; and, an academic training component aligned to the competency framework.

The proto pilot laid the foundation for a formal pilot credential programme: Evidence an accessible training route based on the bursary programme model and additionally, accommodate recipients of Wave 2 funding and existing PMH services who had not yet benefited from the Project training programmes.

## **2.2 The Pilot Programme**

RCPsych proposed a formal programme<sup>10</sup> (**Appendix II**) to develop the competencies to assess, manage and treat women within a bio-psychosocial model: A recognised training route for consultants working (or expected to work) in Perinatal Psychiatry, to meet service demands and ensure that women get effective care and treatment delivered by competent practitioners.

The Project expanded the programme (as requested by HEE) to include a trainee cohort as part of the pilot programme.

Both proposals detailed programme components, deliverables and funding necessary for developing and delivering a pilot programme, to run from August 2018 to July 2019.

### **Candidates were:**

- psychiatrists in areas in receipt of CDF Wave 2 funding
- psychiatrists in areas with existing PMH services but without a suitably qualified psychiatrist
- a separate trainee-focused programme to ensure evidence gathered across both programmes with provide a reasonable baseline for policy-making when considering credentials for both higher trainees and consultant psychiatrists

### **The route:**

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<sup>9</sup> As before, highlighted as a gap under 'recommendations'.

<sup>10</sup> Submitted to HEE on the 29 March and resubmitted 4 June 2018, 'Building a Credential in Perinatal Psychiatry – a Sustainable Pathway'



The 12-month programme for consultant psychiatrists and senior trainees to achieve the knowledge and skills required, as detailed in the HEE Perinatal Mental Health Competency Framework (2017) and RCPsych Perinatal Psychiatry Curriculum (2018).

Applicants were screened and were made aware of the conditions for participating, **Appendix VI**:

- Mandatory attendance of the masterclass seminars (ten standalone days for consultants running from September to March and a five-day series for senior trainees, January 2019), the credential launch event (24 September), an additional seminar day (29 April) and a final evaluation session (8 July)
- Participants will spend a year utilising a minimum of 5-6 sessions/week achieving the competencies required as a Perinatal Psychiatrist
- Mentoring for consultants to take place at least once a fortnight with a minimum of 20 hours of clinical mentoring support to be undertaken; mentoring records will be recorded in the portfolio
- Senior trainees to receiving one-hour supervision per week from a mentor; mentoring records will be recorded in the portfolio
- Participants will engage with an online supervised learning assessment programme (<https://portfolioonline.co.uk/home>) to record activities; a completed version to be submitted by July 2019
- Participation in 36 hours of approved academic training will be required; covered by the seminar series

#### **Mentor evaluation**

*Participants were required to maintain and update their portfolios on a regular basis and were provided with detailed guidance on the range of formal and informal activities to demonstrate competency for external evaluation and to provide an evidence base for a skills development programme; **Appendix VII**.*

Mentors of participants were required to provide commentary on participant progression, intermittently, in the following areas;

- achieving and evidencing competencies via mentoring sessions and online portfolio
- expectation of participant successfully completing the programme
- additional comments on the structure of the programme

Mentors were instructed to submit comments at three-month intervals throughout the programme; short commentary via email mostly as means to report concerns about the participants progression.

- The first report confirmed contact had been made between mentor and participant, particularly important if they were not based at the same site and so an agreed schedule of meet-up's was vital. Mentors commented participants had for the most part begun the process of evidencing competency via the portfolio. And these early comments on the evidencing framework (portfolio) were positive; mentors considered is a useful structure to guide the learning process.
- The second series of reports focused on the portfolio and evidencing competency through a range of assessments, and again on the ability of the participant to successfully progress through the programme. A small number of reports flagged up those participants who were lagging with uploading evidence and those mentoring senior trainees reported frustrations with the duplication of effort with uploading material from the trainee portfolio to the credential. It is assumed that a future programme would resolve this glitch.

- By the third-round mentors reports were proving difficult to obtain and those participants who had fallen behind in uploading their portfolio, were contacted directly by the Project and instructed to do so with urgency.

*The role of the mentor is critical to the success of the credential programme, though as demonstrated throughout the pilot programme, the levels of support to participants varied. It's a time-consuming role with distinct areas of responsibility: Guiding participants as they seek to evidence related competences; ensuring under-performing participants are supported; and if necessary, alerting appropriate colleagues if a participant is not a suitable candidate. As formally recommended (Executive Summary), the role should be formalised and itself supported, with clearly outlined responsibilities and remunerated.*

### **Expert panel evaluation**

An external panel of four evaluators were tasked with reviewing the online portfolio of each participant, in respect to evidencing competency as set in the credential competency framework.

In total the evaluators reviewed 20 e-portfolios (12 consultants and 8 senior trainees), addressing;

- Knowledge of perinatal mental health
- Skills pertinent to the assessment and treatment of women with perinatal mental illness
- Experience relating to the credential competency framework

Their commentary reflected and differentiated between the two groups (consultants and trainees) and helpfully compared participants from the proto pilot with this formal pilot.

### **Broadly reported:**

- There was wide variation in the numbers of activities uploaded, between 8 and 62 activities per participant.
- The range in terms of quality with some participants clearly evidencing knowledge and application while others simply referencing articles or sessions attended, indicating the correct academic resources but failing to demonstrate knowledge or the skills pertaining to the assessment and treatment of women with perinatal mental illness.
- The role of mentor varied across the board indicating a more prescriptive approach required regarding the expected duties of the mentor.

### **In summary:**

- The credential to be linked to an academic (taught) component in a similar way to the masterclass series.
- To have allocated mentors who can provide feedback about specific aspects of the participants knowledge and skills
- To have a review process to ensure that that what the participants upload does evidence each competency to an acceptable standard

### **Expert user**

In summary, the cohort showed an excellent range of experiences and reflections, "as one who may rely on their care and treatment in the future, I was impressed by how much thoughtfulness the cohort expressed and how widely they have read and practiced", though again a high degree of variability in demonstrating those competences.

### **Clinical review**

The two levels of portfolios presented a marked difference between those who completed as part of their training and those who completed whilst working as a perinatal psychiatrist. Evaluators found this is entirely appropriate as those who have been appointed into a consultant post had already shown themselves to have the required competencies to work independently as a consultant, with the objective of the portfolio to allow them additional time and space to reflect on the additional skills to work as a perinatal psychiatrist.

Some of the portfolios were exceptionally well completed, providing a very full narrative of all learning events spread over the year with evaluators confident that participants will perform at the level of a consultant perinatal psychiatrist having been exposed to the variety of learning opportunities to fulfil this brief. Some portfolios were less well completed, possibly an artefact of the piloting process itself: Trainees had already completing a portfolio for their General Adult training and so did not always duplicate assessments from one portfolio into the other giving a reduced perspective on the level of training received. Evaluators considered if the pilot was mainstreamed, then this would not be the case. Even where portfolios were less well completed, all key areas were covered, a testament to the existence of the portfolio and the ILOs in ensuring that participants evidence and obtained training in all key areas.

On the whole, the portfolios that have been well used by the learners. They provide a guide to the areas to be covered and allowed opportunity to develop learning experiences. The inclusion of Supervised Learning Events added an additional layer of assurance, ensuring that the individual had been supervised in the activity. This was less likely to be the case for those individuals who had already been appointed into consultant posts as perinatal psychiatrists. They were likely to evidence their progress by reflecting on their cases and case discussions with others. The portfolio had clearly created a structure to work towards this. The inclusion of SLEs with direct observation is the gold standard and feels more robust.

For newly appointed perinatal consultants, this will be essential to ensure they do not continue to operate as a general adult psychiatrist but develop the necessary skills required to function as a perinatal consultant. For the trainees, it provides a clear structure and highlights the differences between perinatal and general adult psychiatry. Given the projected expansion in perinatal psychiatry over the next 3 years, the presence of this credentialing process will become increasingly important.

### **A comparative analysis: Proto pilot versus formal pilot programme**

- 27.7 activities per participant on average submitted as part of the formal pilot programme.
- 33.5 activities per participant on average submitted as part of the proto pilot.
- Less variation in the quality of eportfolios within the bursary cohort (proto pilot).
- Greater breadth of activity for the bursary cohort demonstrating a more comprehensive level of learning related to the perinatal competency framework; this is likely to be linked to the level of engagement with bursary holders and the intensity of the programme.
- More evidence of supervision and reflection on the proto pilot.
- More evidence of learning progression in relation to learning objectives and PDP for the bursary cohort; as evidenced by the 3,6,9 and 12 month reviews included and the documentation of supervision in general.
- More activities related to perinatal mental health service development, engagement with stakeholders and leadership evident in the bursary eportfolios.

This is a testament to the extensive level of support made available to the bursary cohort as part of the initial stage of the Building Capacity Project. The primary function of the pilot programme was to

replicate components of the bursary programme to evidence a credential in perinatal psychiatry. This recognised that a similar level of funding was not available and supporting components such as the role of mentor would be the responsibility of the participant to engage.

As formally recommended, we consider the enhanced role on the mentor in a future credential programme, as based on the evidence collated from the pilot programme, to be fundamental to ensuring participants engage and appropriately evidence competency.

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### 3. Tools Developed

#### 3.1 Perinatal Psychiatry Curriculum

A competency-based curriculum for specialist training in perinatal psychiatry expertly developed for the credential programme. Competencies reflect a broad range of knowledge and skills needed by consultant perinatal psychiatrists including clinical, professional, academic, team and partnership working, leadership and management aspects of the role. Participants evidence competency through a series of associated ILOs.

The emphasis of the curriculum is ensuring psychiatrists have the knowledge, skills and competencies to assess, manage and treat women within a bio-psychosocial model, whilst holding in mind the needs of their infants, older children and partners/significant others.

The recommended assessment method is 'Supervised learning event' (SLE):

- A formative assessment method to monitor learning by providing ongoing feedback to improve teaching and increase opportunities for pilot participants to demonstrate skills and reflect on learning experiences.
- Formative assessment will assist participants in building a strong portfolio of experiences which will aid performance by highlighting skills-gaps in developing competencies, behaviours and overall clinical expertise; as an immediate feedback tool, it is effective in promoting reflective learning strategies.
- SLE is designed to be completed by both the trainee and the supervisor; it can be used for directly observed behaviours (clinical and non-clinical, thus potentially replacing mini-ACE, ACE, assessment of teaching etc) as well as discussion-based interactions (thus potentially replacing the CBD).

#### 3.2 ePortfolio

The ePortfolio is a tool developed in-house for participants to demonstrate competency by providing evidence via observed and reflective documentation against a series of ILOs derived from a competency framework<sup>11</sup>.

The review panel commented:

- The eportfolio is a well-recognised tool to assess trainee competence in psychiatry. It is accessible and easy to navigate.
- It's a reasonable mechanism to upload PDP, WPBAs, reflective documentation, psychotherapy training, audit and QI activity, research, leadership and management activity;
- The inclusion of SLEs added an additional layer of assurance, ensuring that the individual had been supervised in the activity; with direct observation, this ensures a robust process.
- It allows for evidencing a wide variety of learning activities that can be mapped to the perinatal competency framework. This allowed for track progression and for assessors to determine the level of competence: Excellent portfolio's including a wide variety of activities and poor portfolio's showcasing minimal breadth of the type of activity, minimal reflection and little relation to an overall PDP.

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<sup>11</sup> The Perinatal Psychiatry Curriculum, a competency framework; as developed for the credential pilot programme.

- It's easy for an assessor to differentiate between the quality of portfolios by number of activities uploaded, breadth of activity, depth of reflection and mapping of activities to the perinatal framework.
- Mapping onto the ILOs and using tags for events attended, made it simple to navigate the portfolio and to assure the evaluator that all areas had been covered.

### **3.2 Academic training component**

The masterclass seminar series is a training programme to develop the clinical, leadership and teaching skills needed to establish and lead perinatal mental health services. The ten-day seminar programme sought to reflect the complexity of delivering perinatal psychiatry services and engage participants with case study analysis and reflections, to consider approaches to managing complex cases and formulating strategies. These sessions brought together clinical and academic leaders in their field alongside expert-users to lead, facilitate and share knowledge and experience.

The list of session titles and with a selection of participants reflections is attached; **Appendix IV.**

In addition of the masterclass series, the pilot programme also provided four additional 'development and support' days:

- Pilot launch event/welcome day
- Two training days
- Final assessment day

The two training days provided additional expert speakers facilitating seminars on 'eating disorders' and a re-focus on delivering perinatal services. The launch event and final assessment day as well as providing an opportunity to network and build a peer group, it also brought together guest speakers from NHS England, HEE and the Chair of Perinatal Faculty to give sessions on national medical initiatives, psychiatry initiatives and the national policy framework.

#### **4. Post-programme recommendation; safeguarding specialist skills across the full-service pathway**

The Project submitted, March 2019 (**Appendix V**), a proposal detailing training programmes for delivering a specialist workforce to ensure sustainable specialist services post the national programme of development. The proposal supported recommendations for workforce development for specialist service, as published in 'Implementing the Five Year Forward View for Mental Health' and 'The NHS Long Term Plan' and sought to ensure the knowledge and skills explicit to delivering perinatal services are embedded and sustained across the full-service pathway.

The perinatal workforce has significantly and rapidly increased capacity to deliver the national objective: 'By 20/21 all teams should be sufficiently staffed to meet recommended levels', to support 30,000 additional women each year to access specialist treatment<sup>12</sup>.

The Long Term Plan is explicit in its commitment to develop a more adaptable workforce, to meet future care needs and support the personal development and career progression of the NHS workforce. The plan has committed to 'expand multi-professional credentialing' and to 'accelerate the development of credentials for mental health'.<sup>13</sup>

This report supports previous RCPsych proposals to develop **training programmes for the perinatal pathway to support the development and expansion of specialist perinatal mental health services**; **Appendix V and sub-section**.

The Building Capacity Project supports the development of a credential programme for full perinatal service pathway, using the expertise developed and piloted on the consultant and senior trainee credential programmes. To deliver the NHS Long Term commitment for a 'A highly skilled, confident workforce, with the right capacity and skill mix, is essential to enable the delivery of evidence-based care.'<sup>14</sup>

Submitted January 2020

Authored by:

**Dee Noonan**, 'Building Capacity' Project Lead

**Dr Liz McDonald**, 'Building Capacity' Clinical Lead

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<sup>12</sup> Implementing the Five Year Forward View for Mental Health, p.13

<sup>13</sup> The NHS Long Term Plan

<sup>14</sup> Implementing the Five Year Forward View for Mental Health, p.13

## Appendix I

### **'Building Capacity: Assessing for a Credential in Perinatal Psychiatry'; Paper 1**

*(paper 1 of 2: paper 2 entitled 'Building a Credential in Perinatal Psychiatry – a sustainable pathway'; submitted separately)*

The Royal College of Psychiatrists presents a proposal for a credential in perinatal psychiatry for bursary holders engaged in the 'Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services: Bursary Scheme'.

For your consideration.

**Fauzan Palekar**, Director of Professional Standards, RCPsych

**Dr Liz McDonald**, Clinical Lead, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

**Dee Noonan**, Project Manager, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

2 March 2018

#### **1. Needs analysis:**

Development of services and workforce in Perinatal Mental Health (PMH) is a key national priority. Funds have been committed to both deliver new services and to enhance existing teams, with the aim of improving outcomes for women who have existing or who develop mental disorders in the perinatal period. As part of the impetus for change across the entire system, there is a specific demand for investment in education and training to enable the delivery of specialist perinatal psychiatric care. National agencies are committed to enabling women in all areas of England to have equity of access to evidence-based specialist support closer to their homes.

To deliver this national commitment and ensure workforce capacity, capability and sustainability, delivery partners across England are collaborating to formalise and strengthen the training pathway. As part of this work, the Royal College of Psychiatrists proposes to develop and deliver a perinatal credential building on the framework of the NHSE funded 'Building Capacity in Perinatal Psychiatry'<sup>15</sup> project.

There is a clear demand for expertise in perinatal psychiatry. There are:

- established services both in the community and Mother and Baby Units, some of which are struggling to recruit psychiatrists with appropriate expertise
- developing services as supported by the NHSE Perinatal mental health community services development fund; Wave 1 funding
- new services in development following allocation of NHSE Wave 2 community funding from March 2018

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<sup>15</sup> 'Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services: Bursary Scheme', a project developed and delivered by RCPsych in partnership with NHSE and HEE.



There has been a lack of formal training in perinatal psychiatry prior to the (RCPsych led) Bursary Programme<sup>16</sup>. A recognised training route is urgently needed for consultants working (or expected to work) in Perinatal Psychiatry, to meet service demands and ensure that women get effective care and treatment delivered by competent practitioners.

## **2. Next steps: formalising assessment**

This strand of work seeks to capitalise on the training and mentoring programme delivered as part of the Building Capacity project.

Current bursary holders will be evaluated via a portfolio of evidence to demonstrate relevant competences, as detailed in the HEE Perinatal Mental Health Competency Framework (2017) and RCPsych Perinatal Psychiatry Curriculum (2018)<sup>17</sup>. Once submitted they will be reviewed and assessed by an expert panel.

The wider project to develop and deliver a sustainable training and evaluation programme for consultants to gain a credential in perinatal psychiatry is proposed in **'Building a Credential in Perinatal Psychiatry – a sustainable pathway'** paper; submitted separately.

### **Building Capacity:**

The 'Building Capacity' project has facilitated a year-long training and mentoring programme; upon completion the bursary holders will have

- attended a three-day intensive course at the RCPsych
- attended thirteen masterclasses in perinatal psychiatry
- attended a five-day leadership course
- worked within an established host perinatal mental health service
- worked within their home Trusts to develop services
- had three monthly assessments of progress; and
- regular mentoring by a perinatal psychiatrist

**The Building Capacity project will formally end in March 2018; evaluation to commence from March, with the portfolio's submitted and assessed by 1 June 2018.**

## **3. Deliverables**

- An evaluation day for candidates and assessors; 22 March 2018.
- An evaluation tool to assess and recommend the nine bursary holders for a credential in perinatal psychiatry. Candidates will engage with an online supervised learning assessment and portfolio tool during the programme and will submit a completed version by 1 June 2018:

Development of evaluation tool to commence immediately; in-house capacity to be resourced<sup>18</sup>.

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<sup>16</sup> The Bursary programme, a component of the 'Building Capacity' project: 10 senior consultants accepted onto the programme; salary back-filled; positioned at a host Trust and mentored; provided with intensive training via a masterclass and leadership seminar series.

<sup>17</sup> Competency based curriculum for specialist training in perinatal psychiatry: developed, reviewed and available within the RCPsych.

<sup>18</sup> The RCPsych Portfolio Online resource for trainees can be harnessed to provide an online continual assessment tool for pilot candidates and mentor; development cost applicable.

- Expert analysis to assess the knowledge, skills and competencies to assess, manage and treat women (within a bio-psychosocial model), as detailed in the competency framework and curriculum, to be provided as part of the panel assessment.
- Report on final evaluation to be submitted to HEE; June 2018.

#### **4. Project components**

##### **4.1 Hosting**

Administrative support for hosting the evaluation programme will be provided by RCPsych Training and Workforce Development colleagues: including support for bursary holders and evaluators; coordinating portfolio assessments and feedback; and any other administrative activities related to delivering the formal evaluation programme.

##### **4.2 Project management and clinical oversight**

The 'Building Capacity' Project Manager and Clinical Lead are currently leading on the development and delivery of the many components of the project, including:

- A comprehensive training programme for bursary holders comprising of a masterclass seminar series, a mentoring scheme and formal on-site and distant evaluation and assessment process.
- In addition, the project has developed a number of learning tools, including a competency based curriculum for specialist training in perinatal psychiatry, to underpin sustainable improvements to the training pathway.

Building on the framework and available capacity<sup>19</sup> developed as part of the bursary scheme, a formal evaluation of bursary holders to take place leading to a credential in perinatal psychiatry.

The Project Manager and Clinical Lead will oversee the development and delivery of the evaluation programme, including:

- Development and planning of an evaluation day
- Development and planning of final assessment and portfolio review
- Design of portfolio for candidates to demonstrate evidence of (as detailed in the curriculum) skills, knowledge and application
- Submission of final evaluation to HEE

*Going forward, building a sustainable training pathway for consultants external to the Building Capacity project, is recommended. This will ensure the right tools are available to support the training and development infrastructure; see 'Building a Credential in Perinatal Psychiatry – a sustainable pathway' proposal.*

##### **4.3 Advisory function**

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<sup>19</sup> The bursary scheme provides a readily available set of candidates and skilled clinical leaders via the mentoring programme. This is natural evolution for the Building Capacity project and makes full use of the framework and support network already in place.

Additional oversight and expertise for continual assessment and final evaluation (portfolio) will be delivered through the Perinatal Faculty and external expert advisors.

Expenditure for oversight activities is in line with similar expenditure allocated to College working groups within the organisation and includes travel expenses, catering and any room hire costs, plus a consultancy fee for external evaluation services.

**5. Funding request to deliver an assessment programme, as detailed above.**

**Appendix II**

**'Building a Credential in Perinatal Psychiatry – a Sustainable Pathway'; Paper 2**

*(paper 2 of 2: to accompany paper 1 'Building Capacity: Assessing for a Credential in Perinatal Psychiatry'; as submitted)*

**Part 2.1: Consultant psychiatrist pilot programme proposal**

The Royal College of Psychiatrists presents a proposal for a credential in perinatal psychiatry for consultants with a CCT in General Adult Psychiatry who wish to work as perinatal psychiatrists. This is in response to a pressing shortage of perinatal psychiatrists. This work needs to progress at pace.

For your consideration.

**Fauzan Palekar**, Director of Professional Standards, RCPsych

**Dr Liz McDonald**, Clinical Lead, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

**Dee Noonan**, Project Manager, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

*Amended 29 March 2018*

*Amended 4 June 2018*

**4 June 2018: 'Revised costings'**

*A revised proposal of the 'Building a credential in perinatal psychiatry – a sustainable pathway':*

*RCPsych is the expert in providing for the training and development needs of specialist treatment teams within perinatal mental healthcare and has recently completed (with expert review) a competency-based curriculum for specialist training in perinatal psychiatry.*

*We propose to develop and deliver a programme of training, assessment and evaluation, reflecting the RCPsych competency framework, to evidence a credential in perinatal psychiatry.*

*RCPsych is committed to delivering value for money for our funders and partners. A revised funding proposal for this training programme is attached: a reduced fee for the external evaluation process (it is expected that the external evaluation for the training pathway proposals, both trainee and*

*consultant, will now take place within a similar timeframe and so overheads costs have been reduced) and a 25% discount applied to the event management fee.*

**Submitted 28 March 2018:**

**1. Needs analysis:**

Development of services and workforce in Perinatal Mental Health (PMH) is a key national priority. Funds have been committed to both deliver new services and to enhance existing teams, with the aim of improving outcomes for women who have existing or who develop mental disorders in the perinatal period. As part of the impetus for change across the entire system, there is a specific demand for investment in education and training to enable the delivery of specialist perinatal psychiatric care. National agencies are committed to enabling women in all areas of England to have equity of access to evidence-based specialist support closer to their homes.

To deliver this national commitment and ensure workforce capacity, capability and sustainability, delivery partners across England are collaborating to formalise and strengthen the training pathway. As part of this work, the Royal College of Psychiatrists proposes to develop and deliver a perinatal credential building on the framework of the NHSE funded 'Building Capacity in Perinatal Psychiatry'<sup>20</sup> project.

There is a clear demand for expertise in perinatal psychiatry. There are:

- established services both in the community and Mother and Baby Units, some of which are struggling to recruit psychiatrists with appropriate expertise
- developing services as supported by the NHSE Perinatal mental health community services development fund; Wave 1 funding
- new services in development following allocation of NHSE Wave 2 community funding from March 2018

There has been a lack of formal training in perinatal psychiatry prior to the (RCPsych led) Bursary Programme<sup>21</sup>. A recognised training route is urgently needed for consultants working (or expected to work) in Perinatal Psychiatry, to meet service demands and ensure that women get effective care and treatment delivered by competent practitioners.

**2. Programme overview:**

To develop and deliver a programme of training, assessment and evaluation to accommodate and evidence a credential in perinatal psychiatry.

**Engagement:**

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<sup>20</sup> 'Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services: Bursary Scheme', a project developed and delivered by RCPsych in partnership with NHSE and HEE.

<sup>21</sup> The Bursary programme, a component of the 'Building Capacity' project: 10 senior consultants accepted onto the programme; salary back-filled; positioned at a host Trust and mentored; provided with intensive training via a masterclass and leadership seminar series.

This programme will accommodate recipients of Wave 2 funding and existing PMH services with no suitably qualified psychiatrist; approximately 20 consultants.

**Proposed route:**

- Consultant psychiatrists will spend a year utilising a minimum of 5 sessions/week achieving the competencies required as a Perinatal Psychiatrist; encompassing the knowledge, skills, behaviours and attitudes necessary for developing and delivering an effective perinatal mental health service.
- The Credential is designed to represent the minimum competencies needed to work as a perinatal psychiatrist and that it can be achieved in a less intensive and less costly manner than the Building Capacity Bursary programme. It will take account of the transferable capabilities of a CCT holder in general adult psychiatry.

**Programme to launch June 2018 and complete by May 2019; thereafter programme expansion to coincide with the launch of the eLearning module<sup>22</sup> and the formalising of the credentialing pathway.**

**Revised deadline: Launch programme August 2018 and complete by July 2019.**

**3. Deliverables**

A **12-month programme** for consultant psychiatrists to achieve the knowledge and competencies required, as detailed in the HEE Perinatal Mental Health Competency Framework (2017) and RCPsych Perinatal Psychiatry Curriculum (2018).

Deliver a programme that **develops the knowledge, skills and competencies** to assess, manage and treat women (within a bio-psychosocial model), as detailed in the competency framework and curriculum<sup>23</sup>.

Candidates will be:

- psychiatrists in areas who will receive the CDF Wave 2 funding
- psychiatrists in areas where there are existing PMH services but no suitably qualified psychiatrist
- and eight consultant psychiatrists who participated in the masterclass and leadership seminar series as part of the Building Capacity project in 2017/18

**In total a programme accommodating 20 consultants within a 12-month programme.**

**Assessment and support:**

Mentors will come from sites where there are established PMH services that are linked to the CCQI/ Perinatal Quality Network at the RCPsych and whose services are therefore either accredited or working towards accreditation.

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<sup>22</sup> RCPsych submitted a funding proposal to HEE for the development and delivery of a perinatal psychiatry eLearning module, September 2017. An SLA between RCPsych and HEE to develop the product has now been signed.

<sup>23</sup> Competency based curriculum for specialist training in perinatal psychiatry by RCPsych: developed, reviewed and available.

Participants will receive both clinical and educational mentoring and assessment. To gain a credential participants will engage in and appropriately record approved activities:

- Mentoring will take place at least once a fortnight, with a minimum of 20 hours of clinical mentoring support to be undertaken. Mentoring records will be demonstrated in the portfolio.
- Successful participation in 36 hours of approved academic training will be required. This may include an online element, but a minimum of 24 hours face-to-face training will be mandatory.

Academic training will be approved by the Royal College of Psychiatrists. The College anticipate providing training resources which may include online modules linked to CPD, day conference attendance and day seminars.

Candidates will engage with an online supervised learning assessment and portfolio tool during the programme and will submit a completed version by May 2019: development of a 'portfolio assessment' tool outlined in Paper 1 proposal<sup>24</sup>.

#### **Summary:**

- Attendance will be compulsory for the 20 consultants at a training programme: comprising of a launch event, two seminar days facilitated by key speakers and a final evaluation session.
- Final assessment will consider successful completion of the training programme and submission of a portfolio.
- There will be regular update reports to the Perinatal Faculty<sup>25</sup> and formal sign-off at the Education and Training Committee (ETC)<sup>26</sup> at the RCPsych
- Overview of the programme findings will be submitted to HEE

## **4. Project components of hosting**

### **4.1 Hosting**

Administrative support for hosting the 12-month pilot programme comprises of:

- On-going support for mentors and pilot candidates
- On-going support for working group meetings
- Administrative support and evaluation of training days
- Co-ordinating mentor feedback
- Support for assessment of portfolios
- Coordinating the completion of the pilot

*The initial administrative cost of hosting the pilot has been absorbed such as initial development and the administration provided by the Director of Professional Standards. Additionally, College infrastructure costs for internal services provided such as line management, HR, Finance, IT and Facilities will be absorbed.*

These are key work streams, coordinated and supported by RCPsych Training and Workforce Development colleagues.

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<sup>24</sup> 'Building Capacity: Assessing for a Credential in Perinatal Psychiatry'.

<sup>25</sup> The main specialities in psychiatry are represented by College Faculties, the Perinatal Faculty membership is made up of perinatal consultant psychiatrists.

<sup>26</sup> ETC, RCPsych Committee chaired by the College Dean, Dr Kate Lovett

## **4.2 Project management and clinical oversight**

The 'Building Capacity' Project Manager and Clinical Lead are currently leading on the development and delivery of the many components of the project:

- This includes a comprehensive training programme for bursary holders (also accommodating an additional cohort of senior consultants) comprising of a masterclass seminar series, a mentoring scheme and formal on-site and distant evaluation and assessment process.
- In addition, the project has developed a number of learning tools, including a competency based curriculum for specialist training in perinatal psychiatry, to underpin sustainable improvements to the training pathway.

The Project Manager and Clinical Lead will oversee the development and delivery of the programme, including:

- Development and planning of launch event
- Development and planning of two training days
- Development and planning of final assessment day
- On-going reporting and analysis of pilot
- Assessment of candidates via on-site evaluation and portfolio review
- Submission of final evaluation of pilot programme to HEE

## **4.3 Training programme**

This element of the pilot programme will be delivered by RCPsych CALC, with programme design and development by Dr Liz McDonald (Clinical Lead) and Dee Noonan (Project Manager).

- The programme will provide four expert speakers for two training days, facilitating seminars on the specialist skills required for delivering perinatal services; these sessions will develop the clinical, leadership and teaching skills through clinical-expertise, case-study evidence and evaluation.
- The launch event and final assessment day will be developed and delivered by the clinical lead and project manager with the pilot candidates and mentors in attendance, as well as key individuals from across the perinatal psychiatry space. The latter will provide support and guidance on assessment and evaluation: for example, Dr Trudi Seneviratne, Chair (RCPsych) Perinatal Faculty and Professor Ian Jones, Professor of Psychiatry at the Division of Psychological Medicine and Clinical Neurosciences at Cardiff University.
- The delivery cost for the training programme includes hosting, speaker fees and event management including liaising with speakers and coordinating in-house facilities for each session.

The training programme consists of:

- Pilot launch event and welcome day
- Two training days
- Final assessment day

## **4.4 Advisory function**

Additional oversight and expertise for continual assessment and final evaluation (portfolio) will be delivered through the Perinatal Faculty and external expert advisors.

Expenditure for oversight activities is in line with similar expenditure allocated to College working groups within the organisation and includes travel expenses, catering and any room hire costs, plus a consultancy fee for external evaluation services.

## **5. Support from employers**

It is acknowledged that for an individual doctor pursuing and achieving a credential will require support from his/her employer. Gaining a credential will take time and supervision. From the perspective of an employer, it is envisaged that a doctor who holds a credential will add value to the service. The expertise and clinical standards a credential offers will aim to support the operational demands of safe, high quality mental health care provision.

## **Appendix III**

### **'Building a Credential in Perinatal Psychiatry – a Sustainable Pathway'; Paper 2**

*(paper 2 of 2: to accompany paper 1 'Building Capacity: Assessing for a Credential in Perinatal Psychiatry'; as submitted)*

#### **Part 2.2: Higher trainee pilot programme proposal**

For your consideration.

**Fauzan Palekar**, Director of Professional Standards, RCPsych

**Dr Liz McDonald**, Clinical Lead, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

**Dee Noonan**, Project Manager, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

*Originally submitted 28 March 2018*

*Amended 4 June 2018*

#### **4 June 2018: 'Revised costings'**

The 'Building Capacity' Project Oversight Committee members have agreed to cost share with HEE to fund RCPsych's proposal to evidence a trainee credential training pathway, as submitted to HEE (March 2018). Using underspend from the Building Capacity Project (as reported April 2018),

#### **Submitted 28 March 2018:**

##### **Abstract**

*As requested by our partners HEE, we have scoped an additional work-stream to the 'Building a Credential Training Pathway in Perinatal Psychiatry' proposal to include a trainee cohort in the pilot*



*programme. We are committed to working with our partners in developing an evidence base for a credential pathway as we seek to provide a recognised training route for consultants working in (or expecting to work in) perinatal psychiatry.*

*The proposal details the programme components, deliverables and funding necessary for developing and delivering a pilot programme for 10 higher trainees, to run from August 2018 to July 2019.*

## **1. Needs analysis:**

Development of services and workforce in Perinatal Mental Health (PMH) is a key national priority. Funds have been committed to deliver both new services and to enhance existing teams, with the aim of improving outcomes for women who have existing or who develop mental disorders in the perinatal period. As part of the impetus for change across the entire system, there is a specific demand for investment in education and training to enable the delivery of specialist perinatal psychiatric care. National agencies are committed to enabling women in all areas of England to have equity of access to evidence-based specialist support closer to their homes.

To deliver this national commitment and ensure workforce capacity, capability and sustainability, delivery partners across England are collaborating to formalise and strengthen the training pathway. As part of this work, the Royal College of Psychiatrists proposes to develop and deliver a perinatal credential building on the framework of the NHSE funded 'Building Capacity in Perinatal Psychiatry'<sup>27</sup> project.

There is a clear demand for expertise in perinatal psychiatry, as evidenced:

- established services both in the community and Mother and Baby Units, are struggling to recruit psychiatrists with appropriate expertise
- developing services as supported by the NHSE Perinatal mental health community services development fund; Wave 1 funding
- new services in development following allocation of NHSE Wave 2 community funding from March 2018

There has been a lack of formal training in perinatal psychiatry prior to the (RCPsych led) Bursary Programme<sup>28</sup>. A recognised training route is urgently needed for consultants working (or expected to work) in Perinatal Psychiatry, to meet service demands and ensure that women get effective care and treatment delivered by competent practitioners.

## **2. Programme overview:**

To develop and deliver a programme of training, assessment and evaluation to accommodate and evidence a credential in perinatal psychiatry.

### **Engagement:**

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<sup>27</sup> 'Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services: Bursary Scheme', a project developed and delivered by RCPsych in partnership with NHSE and HEE.

<sup>28</sup> The Bursary programme, a component of the 'Building Capacity' project: 10 senior consultants accepted onto the programme; salary back-filled; positioned at a host Trust and mentored; provided with intensive training via a masterclass and leadership seminar series.

This programme will accommodate (approximately 10) ST4-ST6 trainees taking up perinatal psychiatry positions from August 2018.

We propose a separate trainee-focused programme be piloted to ensure evidence gathered across both programmes; this will provide a reasonable baseline for policy-making when considering credentials for both higher trainees and consultant psychiatrists.

A year-long programme will ensure trainees have sufficient clinical time plus appropriate supervision/mentoring to meet the requirements of the pilot credential, and in meeting the same standards expected in the post CCT credential pilot.

We would advertise in May-June 2018 to enable the pilot programme to launch by August 2018.

**Proposed route:**

- Higher trainee psychiatrists will spend a year utilising a minimum of 5 sessions/week achieving the competencies required as a Perinatal Psychiatrist; encompassing the knowledge, skills, behaviours and attitudes necessary for developing and delivering an effective perinatal mental health service.
- The Credential is designed to represent the minimum competencies needed to work as a perinatal psychiatrist and that it can be achieved in a less intensive and less costly manner than the Building Capacity Bursary programme.
- Programme to launch August 2018 and complete by July 2019.

**3. Deliverables**

- A 12-month programme for trainee psychiatrists to achieve the knowledge and competencies required, as detailed in the HEE Perinatal Mental Health Competency Framework (2017) and RCPsych Perinatal Psychiatry Curriculum (2018).
- Deliver a programme that develops the knowledge, skills and competencies to assess, manage and treat women (within a bio-psychosocial model), as detailed in the competency framework and curriculum<sup>29</sup>.
- Candidates will be ST4-ST6 trainees taking up perinatal psychiatry positions from August 2018.

**In total a programme accommodating 10 trainee perinatal psychiatrists within a 12-month programme.**

**Assessment and support:**

Mentors will come from sites where there are established PMH services that are linked to the CCQI/ Perinatal Quality Network at the RCPsych and whose services are therefore either accredited or working towards accreditation.

Participants will receive both clinical and educational mentoring and assessment. To gain a credential each participant will engage in and appropriately record approved activities:

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<sup>29</sup> Competency based curriculum for specialist training in perinatal psychiatry: developed, reviewed and available within the RCPsych.

- Mentoring will take place at least once a fortnight, with a minimum of 20 hours of clinical mentoring support to be undertaken. Mentoring records will be demonstrated in the portfolio.
- Successful participation in 36 hours of approved academic training will be required. This may include an online element, but a minimum of 24 hours face-to-face training will be mandatory.

Academic training will be approved by the Royal College of Psychiatrists. The College anticipate providing training resources which may include online modules linked to CPD, day conference attendance and day seminars.

Candidates will engage with an online supervised learning assessment and portfolio tool during the programme and will submit a completed version by May 2019: development of a 'portfolio assessment' tool outlined in Paper 1 proposal<sup>30</sup>.

#### **Summary:**

- Training programme will be compulsory comprising of a launch event, two seminar days facilitated by key speakers and a final evaluation session
- Final assessment will consider successful completion of the training programme and submission of a portfolio
- There will be regular update reports to the Perinatal Faculty<sup>31</sup> and formal sign-off at the Education and Training Committee (ETC)<sup>32</sup> at the RCPsych
- Overview of the programme findings will be submitted to HEE

#### **4. Hosting components**

##### **4.1 Hosting**

Administrative support for hosting the 12-month pilot programme comprises of:

- On-going support for mentors and pilot candidates
- On-going support for working group meetings
- Administrative support and evaluation of training days
- Co-ordinating mentor feedback
- Support for assessment of portfolios
- Coordinating the completion of the pilot

*The initial administrative cost of hosting the pilot has been absorbed such as initial development and the administration provided by the Director of Professional Standards. Additionally, College infrastructure costs for internal services provided such as line management, HR, Finance, IT and Facilities will be absorbed.*

These are key work streams, coordinated and supported by RCPsych Training and Workforce Development colleagues.

##### **4.2 Project management and clinical oversight**

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<sup>30</sup> 'Building Capacity: Assessing for a Credential in Perinatal Psychiatry'.

<sup>31</sup> The main specialities in psychiatry are represented by College Faculties, the Perinatal Faculty membership is made up of perinatal consultant psychiatrists.

<sup>32</sup> ETC, RCPsych Committee chaired by the College Dean, Dr Kate Lovett

The 'Building Capacity' Project Manager and Clinical Lead are currently leading on the development and delivery of the many components of this project:

- Including a comprehensive training programme for bursary holders (with an additional cohort of senior consultants) comprising of a masterclass seminar series, a mentoring scheme and formal on-site and distant evaluation and assessment process.
- In addition, the project has developed a number of learning tools, including a competency based curriculum for specialist training in perinatal psychiatry, to underpin sustainable improvements to the training pathway.

The Project Manager and Clinical Lead will oversee the development and delivery of the credential programme, including:

- Development and planning of launch event
- Development and planning of two training days
- Development and planning of final assessment day
- On-going reporting and analysis of pilot
- Assessment of candidates via on-site evaluation and portfolio review
- Submission of final evaluation of pilot programme to HEE

#### **4.3 Training programme**

This element of the pilot programme will be delivered by RCPsych CALC, with programme design and development by Dr Liz McDonald (Clinical Lead) and Dee Noonan (Project Manager).

- The programme will provide four expert speakers for two training days, facilitating seminars on the specialist skills required for delivering perinatal services. These sessions will develop the necessary skills through clinical-expertise, case-study evidence and evaluation, and will be designed to accommodate the participants in attendance.
- The launch event and final assessment day will be developed and delivered by the clinical lead and project manager with the pilot candidates and mentors in attendance, as well as key individuals from across the perinatal psychiatry space. The latter will provide support and guidance on assessment and evaluation: for example, Dr Trudi Seneviratne, Chair (RCPsych) Perinatal Faculty and Professor Ian Jones, Professor of Psychiatry at the Division of Psychological Medicine and Clinical Neurosciences at Cardiff University.
- The delivery cost for the training programme includes hosting, speaker fees and event management including liaising with speakers and coordinating in-house facilities for each session.

The training programme consists of:

- Pilot launch event and welcome day
- Two training days
- Final assessment day

#### **4.4 Advisory function**

Additional oversight and expertise for continual assessment and final evaluation (portfolio) will be delivered through the Perinatal Faculty and external expert advisors.

Expenditure for oversight activities is in line with similar expenditure allocated to College working groups within the organisation and includes travel expenses, catering and any room hire costs, plus a consultancy fee for external evaluation services.

### **5. Support from employers**

It is acknowledged that for an individual doctor pursuing and achieving a credential will require support from his/her employer. Gaining a credential will take time and supervision. From the perspective of an employer, it is envisaged that a doctor who holds a credential will add value to the service. The expertise and clinical standards a credential offers will aim to support the operational demands of safe, high quality mental health care provision.

DRAFT

## 1. Introduction

RCPsych designed and implemented a training programme to develop the clinical, leadership and teaching skills needed to establish and lead perinatal mental health services; a key component of the wider Building Capacity<sup>33</sup> project, as part of the NHS England five-year transformation programme. Designed as a masterclass seminar series<sup>34</sup>, the comprehensive programme sought to reflect the complexity of delivering perinatal psychiatry services and engage participants with case study analysis and reflections, to consider approaches to managing complex cases and formulating strategies. These sessions brought together clinical and academic leaders in their field alongside expert-users to lead, facilitate and share knowledge and experience.

*Underspend from the Building Capacity Project was used (and signed-off) to deliver another masterclass series which corresponded with the pilot credential programme; this delivered the academic training component of the pilot programme.*

## 2. Meeting need

*“The masterclasses were very useful and probably the best teaching and training sessions that I have attended in any one calendar year. The opportunity to interact with extremely reputable names in the perinatal field in a small group of 20 and resolve one’s queries would be extremely difficult to match in any specialty”*

Alongside the clinical sessions, the wider skills necessary for strengthening service development and delivery, specifically those personal leadership and negotiation skills, were of particular and significant importance to participants as the imminent challenges of setting up a new unit and team would impact many of those on the programme. From developing business cases for the creation and development of specialist community teams to approaches to complex cases and formulating strategies, participants were provided with a forum to discuss complex case studies, share good practice and an opportunity to critically appraise published research in a theoretical setting. This was deemed especially useful for prescribing in pregnancy and breastfeeding and unpacking complex scenarios around the safeguarding within a case-base discussion group setting. Addressing the dilemmas, choices and consequences in understanding risks, for participants, was a key element and success of the programme.

## 3. Masterclass session titles:

- Service development, clinical networks, perinatal quality network, workforce planning
- Prescribing in pregnancy and breastfeeding
- Mental Health and capacity law: court of protection / advance directives
- Co-morbidities – dv, adult safeguarding, addictions, physical health, DM, obesity, HIV
- Parent-infant mental health and therapy
- The importance of the early years and parent interaction
- Safeguarding – managing complexity
- The challenges of working across agencies and disciplines
- Personality disorder and its implications for maternal mental health and parenting
- Forensic aspects of perinatal psychiatry

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<sup>33</sup> The ‘Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services’ project: commissioned by NHS England in partnership with Health Education England and delivered by the RCPsych.

<sup>34</sup> A mixed model of case-study scenario’s, expert presentation and group-work within an open setting to encourage discussion, reflection and enquiry.

- Lived experience, fathers, how women can support service development
- Psychological therapies

#### 4. Participants reflections

'Perinatal blind'<sup>35</sup> is how one participant put it, reflecting on the lack of awareness within the Trust and the commissioning body on what exactly perinatal services are and the potential impact for mothers, their babies and families if not properly treated. By the end of the programme this was no longer the case, a much-welcomed transformation had occurred for both the participant and the service, which was in no small part due to the training and development she received on the programme, specifically the masterclass seminar series.

It was widely agreed by all participants, as evidenced by their end of programme personalised reflections, that on a personal level their clinical expertise had been greatly enhanced by the seminar series. This, they concurred, has had positive implications for the sustainability of their service, as their credibility and engagement with wider stakeholders (commissioners, senior operational staff and so on) has improved and grown in influence.

The direct impact to service delivery was neatly summarized by one participant who commented, "we now have a barrier to prescribing valproate and a prescribing and red flag screen saver. We have an outward facing internet page with useful links for women and families and an inward facing perinatal intranet page with useful links for clinicians. We have embraced coproduction...". Without the training and experience gained through the programme, another participant stated: The training programme prepared her to deliver a service and recruitment plan with aligned perinatal care pathways; the leadership element had helped her to understand both individual and systemic approaches and address specific and relevant areas in the perinatal context.

Overall participants considered their:

- Theoretical knowledge has grown, enhancing the skills and competencies specific to dealing with women in the perinatal period: critically, assessing and managing risks to the mother, infant and the mother-infant relationship
- Ability to apply theory within real life clinical settings has dramatically increased
- Understanding of NHS politics and the systems and structures clinical services operate within is significantly better
- Confidence increased in dealing with complex clinical and non-clinical situations
- Understanding of and ability to, operate within a multidisciplinary and multi-agency working environment, demonstrably better
- Perinatal support network is established and remains an on-going asset, providing access to peer expertise and support

#### Appendix V

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<sup>35</sup> At this time there was no specialist service to refer women to; none of the triage tools, assessment templates or risk assessment documentation considered the perinatal status of women or girls referred.

## **RCPsych proposal: Delivering a specialist perinatal workforce**

**Dee Noonan**, Project Manager, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

**Dr Liz McDonald**, Clinical Lead, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

**Fauzan Palekar**, Director of Professional Standards, RCPsych

29 March 2019

### **Proposal**

#### **Supporting 'Implementing the Five Year Forward View for Mental Health' and 'The NHS Long Term Plan'; delivering a specialist perinatal workforce.**

The perinatal workforce has significantly and rapidly increased capacity to deliver the national objective: 'By 20/21 all teams should be sufficiently staffed to meet recommended levels', to support 30,000 additional women each year to access specialist treatment<sup>36</sup>.

The Long Term Plan is explicit in its commitment to develop a more adaptable workforce, to meet future care needs and support the personal development and career progression of the NHS workforce. The plan has committed to 'expand multi-professional credentialing' and to 'accelerate the development of credentials for mental health'.<sup>37</sup>

'A highly skilled, confident workforce, with the right capacity and skill mix, is essential to enable the delivery of evidence-based care.'<sup>38</sup> This paper supports the RCPsych proposal **'Training programmes for Perinatal Psychiatrists to support the development and expansion of specialist perinatal mental health services'** submitted to NHS England on the 4 February 2019; appendix A. Along with expanding the training programme for consultant psychiatrists, SAS doctors and senior trainees, **we propose to create a credential programme for key perinatal workforce roles, using the expertise developed and piloted on the recent consultant and senior trainee credential programmes.**

#### **1. College expertise**

*RCPsych is the expert in providing for the training and development needs of specialist treatment teams within perinatal mental healthcare.*

The 'Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services: Bursary Scheme', a project hosted and managed by RCPsych sponsored by and in collaboration with NHSE and HEE.

The project has delivered an in-depth and extensive training programme for consultants and senior trainees who are engaged in developing and providing clinical support to specialist perinatal mental health services. The reach of the training has also been extended to psychiatrists who work with women of child-bearing potential including CAMHS, liaison psychiatry, home treatment and crisis services, and general adult psychiatrists. The delegate feedback has been excellent and is indicative

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<sup>36</sup> Implementing the Five Year Forward View for Mental Health, p.13

<sup>37</sup> The NHS Long Term Plan

<sup>38</sup> Implementing the Five Year Forward View for Mental Health, p.13



of the College's and its members' commitment and expertise in supporting high quality learning and development in this area.

## 2. Quality assured training

To ensure the knowledge and skills necessary to deliver specialist services are embedded and the aims and specifications of The NHS Long Term Plan (specifically the commitment to enhance and widen access to services) are delivered, we propose a programme of training to develop the wider perinatal workforce.

Alongside agreed competencies<sup>39</sup> specific to each role, additional guidance and support should be provided to accommodate the expansion of services, as recently noted in The Long Term Plan:

- the clinical and service implications of **extending care and treatment to women up to 24 months** after delivery. To note: course of illness; treatment issues in community and in-patient settings; assessment and interventions related to parenting of infants aged 1-2 years; co-production with this group; working with other agencies in the community, social care and health settings etc
- understanding what other resources need to be made available in the community to support the partners, the couple relationship and the family

It is vital that support for developing services continues and a skills-development programme is made available across all sites to embed expertise. This will enable participants to do specialised clinical work and develop confidence in their role and capacity to teach and train. Developing talented individuals and future leaders is a key component in securing and sustaining perinatal services into the future.

Using the infrastructure and expertise already in place, we will further extend the workforce development programme to ensure key roles within specialist services can access and benefit from adapted training tools.

## 3. Supporting the service pathway: workforce development

*Specialist treatment for mental health problems in the perinatal period necessitate specialised skills and facilities to ensure high quality treatment and support is delivered, as evidenced in a range of publications<sup>40</sup>.*

The proposed programme will capitalise on resources available:

- HEE's competency framework for perinatal mental health
- RCPsych's competency-based curriculum
- The RCPsych developed credential route to demonstrate and evidence competency
- Expertise via key stakeholder groups including the Perinatal Quality Network

Working to prescribed deadlines, as detailed below, the programme will deliver a series of tailor-made training for key roles across the perinatal service pathway. Delivering the skills, knowledge and expertise to ensure specialist capability across the service pathway.

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<sup>39</sup> HEE competency framework for perinatal mental health

<sup>40</sup> NICE, Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance (2014) and Quality Standard (2016)

Supporting the development of this specialist workforce is essential to ensure the sustainability of perinatal mental health services.

#### **4. Workforce disciplines**

The programme will accommodate 60 participants across functioning sites; hosting two streams of 30. Roles to be targeted per stream:

- Occupational therapist x 4 (x 2)
- Nursey nurse x 4 (x 2)
- Social worker x 4 (x 2)
- Perinatal mental health nurse x 14 (x 2)
- Peer support worker x 4 (x 2)

#### **5. Funding proposals**

Four interconnected funding streams to develop, host and evaluate a credential programme for five key roles (detailed above) of the perinatal workforce, and an academic training component delivering a series of multidisciplinary and discipline specific masterclasses.

If approved, a detailed brief for each stream will be developed and submitted separately. This summary provides a description of coverage and cost for imminent budget and implementation discussions.

For your consideration.

#### **Funding streams:**

##### **5.1 Pre-programme development work**

- Adapt HEE competencies framework and develop assessment methodology
- Liaise with PQN for advice on standards
- Engage expert advice across relevant disciplines on competencies and assessment methodology
- Develop and host a programme of mentor training

##### **5.2 Programme timeline: September 2019 to July 2020**

Resources and support: College hosting and programme related roles

- Clinical lead
- Project manager
- Project coordinator

##### **5.3 Academic training**

- 10 days of MDT training
- 2 days discipline specific training
- 1-day assessment

## Appendix V (sub-section 1)

### **RCPsych proposal: Training programmes for Perinatal Psychiatrists to support the development and expansion of specialist perinatal mental health services.**

**Dee Noonan**, Project Manager, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

**Dr Liz McDonald**, Clinical Lead, 'Building Capacity, Psychiatry Leadership in Perinatal Mental Services'

**Fauzan Palekar**, Director of Professional Standards, RCPsych

4 February 2019

#### **1. Proposal**

- to develop and deliver a series of tailor-made training programmes for the expanding perinatal psychiatry workforce
- to ensure that psychiatrists across all grades and geographical regions develop the knowledge, leadership skills and expertise to develop and deliver excellent clinical services
- to build awareness and sustainability across the training pathway.

#### **2. College expertise**

'Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services: Bursary Scheme', a project hosted and managed by RCPsych sponsored by and in collaboration with NHSE and HEE.

The project has delivered an in-depth and extensive training programme for consultants and senior trainees who are engaged in developing and providing clinical support to specialist perinatal mental health services. The reach of the training has also been extended to psychiatrists who work with women of child-bearing potential including CAMHS, liaison psychiatry, home treatment and crisis services, and general adult psychiatrists. The delegate feedback has been excellent and is indicative of the College's and its members' commitment and expertise in supporting high quality learning and development in this area.

#### **3. Capacity**

RCPsych has designed and implemented a training programme to develop the clinical, leadership and teaching skills needed for consultant psychiatrists to establish, develop, maintain and lead specialist perinatal mental health services. We propose to continue and expand key aspects of the programme, providing a learning and development opportunity:

- Newly appointed perinatal consultants, those who are poised to take up substantive posts and consultants who have not already participated in the masterclass programme (i.e. those who may have had limited previous training or who need more support in their role).
- SAS doctors who play a major role in the direct delivery of clinical services and who may not have had access to any specialist training. Feedback from this group of doctors and their teams has highlighted a clear need in this area.
- A new cohort of senior psychiatric trainees. The feedback from the recently delivered course was excellent with all trainees indicating that they wished to pursue a career in perinatal psychiatry. Enabling and supporting the development of this group is essential to ensure availability and sustainability within the medical workforce.

Using the infrastructure and expertise already in place, we will further extend the workforce development programme to ensure all sites within England have access and benefit from this training tool.

#### **4. Session topics**

There will be a review of what has been previously delivered and developed within the programme to ensure that:

4.1 These core topics are embedded in the masterclass programme and add to the knowledge gained in the three-day intensive course

- Service development, clinical networks, embedding of service standards and workforce planning
- Prescribing in pregnancy and breastfeeding
- Mental health and capacity law
- Biopsychosocial issues such as domestic abuse and violence, adult safeguarding, addictions, physical health, obesity
- Parent-infant mental health and therapy
- Assessment of risk
- The importance of the early years and parent interaction
- Safeguarding and the management of clinical complexity
- The challenges of working across agencies and disciplines
- Personality disorder and its implications for maternal mental health and parenting
- Forensic aspects of perinatal psychiatry
- Lived experience
- Psychological therapies

4.2 The programmes for senior trainees and SAS doctors reflect their training and development needs, with particular emphasis on clinical expertise, knowledge of various treatment modalities, co-production and working with women and their partners with lived experience, working with other agencies and disciplines, understanding local and regional care pathways.

4.3 That new knowledge and skills that needs to be gained by psychiatrists to reflect the aims and specifications of the NHS Long Term Plan is incorporated into the training of new participants and is made available to those psychiatrists who have already taken part in masterclasses and the senior trainee programme. This will include:

- the impact on service design and delivery
- the leadership demands of change
- the clinical implications of extending care and treatment to women up to 24 months after delivery e.g. course of illness; treatment issues in community and in-patient settings; assessment and interventions related to parenting of infants aged 1-2 years; co-production with this group; working with other agencies in the community, social care and health settings etc
- developing knowledge and skills when working with women with personality dysfunction and co-morbidities
- understanding the management of women with eating disorders in pregnancy, up to two years post-partum and the effects on parenting and maternal function
- developing expertise in the assessment and planning the management of disorders that partners of the women may develop or present with

- understanding what other resources need to be made available in the community to support the partners, the couple relationship and the family

## 5. Funding proposals

Four funding proposals to support new consultants, consultants in-post, senior trainees and SAS doctors are listed below. A detailed brief for each programme requires development and thought and will be submitted if required. This summary provides a description of coverage and cost for imminent budget and implementation discussions.

For your consideration.

*RCPsych is the expert in providing for the training and development needs of specialist treatment teams within perinatal mental healthcare.*

### Funding Proposals

#### Funding request 1: Senior trainee programme

Cohort: 25 senior trainees

Training: Consecutive 5-day programme, January 2020

Location: External to London (previously held in Birmingham)

**Need:** To protect and ensure the longevity of perinatal services. To ensure awareness at an early stage of specialist perinatal mental health services. To provide focused and intense training delivered by experts.

#### Funding request 2: SAS programme

Cohort: 20 SAS doctors

Training: Consecutive 5-day programme, date TBC

Location: External to London

**Need:** Diverse background (training, past clinical experience etc) with some overlapping and some significantly different development needs to the perinatal consultants groups.

**Workforce:** Perinatal consultant workforce figure for 2020/21 extended to 80 funded posts, as published in 'Stepping Forward to 2020/21: The mental health workforce plan for England'. Current SAS percentage of psychiatry workforce at 24%; assume a similar workforce breakdown for perinatal psychiatry workforce, SAS posts at circa 20.

However, we recognise that the numbers for the SAS group may greatly diverge from this number given issues to do with recruitment etc. If each perinatal service ultimately has a middle-grade psychiatrist, then more places than 20 would be required. We would then run parallel masterclass programmes for cohorts of 20 participants each at the costings set out below. The 'Building Capacity' project is working with partners (NHSE and HEE) to build a comprehensive perinatal consultant workforce database to assess impact of training. NHSE will, we anticipate, be able to provide data on current and projected SAS doctors supporting perinatal services.

### **Funding request 3: Consultant programme**

Cohort: 25 (new) consultants

Training: 10-day non-consecutive programme, masterclass seminar series. Sept '19 – March '20

Location: London or Manchester

**Need:** Support new consultants in post and pick-up services that have not yet benefited from the training programme.

The 'Building Capacity' project is working with partners (NHSE and HEE) to build a comprehensive perinatal consultant workforce database (pre and post funding) to assess impact of training; NHSE to provide data on current perinatal consultant posts to ensure and track engagement.

Dependant on geographical location of applicants, the programme will be hosted in either London or Manchester.

### **Funding request 4: Top-up consultant programme**

Cohort: 25 consultants per location; focus on participants who have previously attended the masterclass series

Training: 5-day non-consecutive seminar programme. Sept '19 – March '20

Location: London and Manchester

#### **Expanding services to meet need:**

- Personality disorder/dysfunction- assessment, management, co-morbid mental disorders, effects on parenting
- Eating disorders
- Assessment, planning and management of mental health issues for fathers and partners
- Parenting issues related to and mental health of 1-2 year olds and older children
- Expanding service delivery: support lead perinatal consultants in implementing the extension of specialist perinatal mental health services from preconception – 12 months, to 24 months.

In support of the NHS Long Term Plan and the commitment to improving access and quality of perinatal mental health care.

## Appendix VI

*Sent to all (senior trainee) participants on 4 September 2018; a similar version was sent to consultants.*

Dear participant

### Re. Perinatal Pilot Credential – trainee programme

RCPsych has been commissioned by Health Education England (HEE) to specifically develop and deliver a programme of training, assessment and evaluation to accommodate and evidence a credential in perinatal psychiatry. It's an important piece of evidence gathering for the future of medical training and your participation is appreciated.

We will evaluate and report throughout the course of the programme using a variety of tools, such as: sample review of activities uploaded to Online Portfolio; pre-scheduled (sample) site visit with mentor and participant; and, a final evaluation of all competency related material submitted to be undertaken by an external review panel.

As a pilot participant you will attend the 5-day trainee course in January (Birmingham, January 21-25th 2019) and submit online, for assessment, a range of recorded activities (signed off by your mentor) to demonstrate competency. Activities will be aligned against each ILO of the **perinatal competency-based curriculum** (available on the Online Portfolio). We've created an online platform to upload the full range of evaluation material and we recommend that you begin interacting and adding 'activities' (further details below) to your perinatal credential profile as soon as.

This is a continuous assessment programme and evidence should be uploaded continuously rather than in aggregate at the end.

This pilot programme will run from September 2018 to July 2019.

#### Components:

1. **Guidance on 'demonstrating perinatal psychiatry competences'**; document to be circulated shortly.
2. **Mentor support**
  - Your mentor will testify to your achievement of competency via Portfolio Online (further details below): participants to receive one hour supervision per week from a mentor (i.e. their supervising consultant)
  - In order to provide mentors with access to the right Portfolio programme, please submit their contact details either in the table below (section 5) and/or via return email.
3. **Online element** – upload evidence of (related) competencies met

Participants will demonstrate competency (related skills and experience) through recorded and signed-off 'activities':

- Activities are recorded by you, the participant, on [Portfolio Online](#), specifically the programme **RCPsych Perinatal Credential** and signed off by your mentor.

- You are most likely already registered on Portfolio Online and therefore your logon details are already live. If not, please register your details.
- Recording activities via an SLE (supervised learning event) template should broadly consist of three main activities;

- **Create LE activity** by choosing "learning event" to record attendances (this is related to masterclasses)

- **Create generic activities** by entering ad-hoc title, optionally attach existing documents (reviews and audits for example), map these to ILOs

- **Create SLE assessment**, fill in 'trainee' part then send request to assessor/mentor. The activities that have been mapped to ILOs should automatically show against the respective ILOs on the SLE form when its created

- You will submit a completed version by July 2019

#### 4. Training element

- As previously confirmed, you will attend the 5-day training event in January (Catherine Ayres will be in contact)
- Additionally you will also attend **the credential launch event on the 24 September**, two additional seminar days (dates tbc) and a final evaluation session (date tbc) .

#### 5. Useful contacts

If you have a technical query related to Online Portfolio please contact, [support@portfolioonline.co.uk](mailto:support@portfolioonline.co.uk) . For any other credential related issue please contact, [SpecialtyTraining@rcpsych.ac.uk](mailto:SpecialtyTraining@rcpsych.ac.uk)



## Appendix VII

### Perinatal Psychiatry Pilot Credential Programme: September 2018 - July 2019

RCPsych as commissioned by Health Education England (HEE) to develop and deliver a programme of training, assessment and evaluation to accommodate and evidence a credential in perinatal psychiatry. It's an important piece of evidence gathering for the future of (medical) training and your participation is greatly appreciated.

As previously advised, the programme activities are as follows:

- Mandatory attendance of the masterclass seminars (ten standalone days for consultants running from September to March and a five-day series for senior trainees, January 2019), the credential launch event (24 September), two additional seminar days (dates tbc) and a final evaluation session (date tbc)
- Participants will spend a year utilising a minimum of 5-6 sessions/week achieving the competencies required as a Perinatal Psychiatrist
- Mentoring for consultants to take place at least once a fortnight with a minimum of 20 hours of clinical mentoring support to be undertaken; mentoring records will be recorded in the portfolio
- Senior trainees to receiving one-hour supervision per week from a mentor; mentoring records will be recorded in the portfolio
- Participants will engage with an online supervised learning assessment programme (<https://portfolioonline.co.uk/home>) to record activities; a completed version to be submitted by July 2019
- Participation in 36 hours of approved academic training will be required; covered by the seminar series

The credential pilot programme provides an opportunity to cement participants learning by recording activities to demonstrate competency; if, in future, credentials become an approved route to accreditation, participants will be retrospectively awarded (dependent on successful completion).

#### Guidance notes:

By the end of the pilot programme, participants will have demonstrated the competencies as set out in the perinatal psychiatry curriculum; the learning outcomes are uploaded to Portfolio Online and a word version will shortly be available on the RCPsych website<sup>41</sup>.

Participants will engage in a range of formal and informal assessments to demonstrate competency and evidence a skills development programme for external evaluation.

#### Demonstrating perinatal psychiatry competences:

1. Participants will **demonstrate and evidence understanding of perinatal mental health disorders and their assessment and treatment**<sup>42</sup>. Specifically, you will;

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<sup>41</sup> The HEE perinatal mental health competency framework is also available for consultation, <https://tavistockandportman.nhs.uk/about-us/news/stories/developing-perinatal-competency-framework-update/>.

<sup>42</sup> Senior trainees may consider certain competences problematic to evidence, for example supervision of staff and leadership skills; we recommend that you to continue to evidence and comment irrespectively as it will provide a useful commentary for the design of future credential programmes and their intended audience.

- Demonstrate the ability to carry out specialist assessments and treatment of patients with presentations in the perinatal period, including first episode, chronic/relapsing conditions and complex presentations (incl co-morbidity and personality dysfunction)
- Demonstrate the ability to manage perinatal psychiatric emergencies
- Demonstrate the ability to examine, elicit and document relevant symptoms, signs and history in culturally diverse patients
- Demonstrate the ability to comprehensively assess and document a patient's potential for self-harm or harm to others in the perinatal period
- Demonstrate the ability to construct clinical formulations of perinatal patients' problems that include appropriate differential diagnoses
- Demonstrate the ability to recommend relevant investigations, liaise with other specialists and make appropriate referrals in the context of the perinatal period
- Demonstrate the ability to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains
- Demonstrate an understanding of common emotional and physiological changes in pregnancy and post-partum
- Demonstrate the capacity to conduct therapeutic interviews
- Understand the mother's feelings about her baby and pregnancy
- Understand difference, stigma and barriers to care for women in the perinatal period
- Demonstrate the capacity to understand and assess risk and protective factors
- Demonstrate the capacity to understand safeguarding vulnerable women and infants
- Demonstrate the ability to understand and value the multidisciplinary team and pathway
- Demonstrate the ability to work effectively with colleagues across multiple professions and agencies

**2. Evidence will be observable events assessed by mentors, as described below. Specifically, it is recommended that participants:**

- Engage in at least one of each of the following patient activities
  - MDT meeting discussion
  - Perinatal care planning meeting
  - Pre-conception consultation
  - Advising on medication in pregnancy and lactation
  - Letter in response to another health professional following a request for advice on patient management in the perinatal period
- Engage in at least two activities where safeguarding of the infant/ children/ mother is of paramount importance (either immediately or where it can be anticipated to become an issue)
- Complete a case-based discussion
- Supervise perinatal staff (as below, 'observation of supervision of perinatal staff')
- Perform a teaching related tasks such as a presentation on a perinatal topic at an MDT or multi-agency meeting or training event

**Events to be observed and assessed:**

<p><b>Observed preconception consultation:</b></p>	<ul style="list-style-type: none"> <li>- Current circumstances</li> <li>- Psychiatric history/relapse pattern</li> <li>- Medication history</li> <li>- Reproductive health/medical history</li> <li>- Family history - includes postnatal episodes</li> <li>- Personal history – includes current relationship and support for woman as mother</li> <li>- Addictions</li> <li>- Forensic – includes history of violence to others/neglect of children</li> <li>- Exploring personal preferences</li> <li>- Advice on relapse risk</li> <li>- Advice on medication</li> <li>- Advice on foetal monitoring and obstetric care</li> <li>- Advice on care planning</li> <li>- Advice on risk assessment and management</li> </ul>
<p><b>Observed perinatal care planning meeting:</b></p>	<ul style="list-style-type: none"> <li>- Promotes and fosters active participation of all attendees in the MDT meeting</li> <li>- Ability to allow and promote introductions and remit of each member of the group</li> <li>- Ability to chair a complex MDT meeting</li> <li>- Establishing a clear synopsis of psychiatric concerns</li> <li>- Eliciting clear synopsis of obstetric concerns</li> <li>- Eliciting and formulating any safeguarding concerns</li> <li>- Antenatal care planning</li> <li>- Care planning for labour, delivery and immediate postnatal period</li> <li>- Care planning for postnatal period in community</li> <li>- Management of complex risk profile – considering care options</li> <li>- Exploring personal preferences</li> <li>- Advice on medication</li> <li>- Incorporating advice on obstetric care</li> <li>- Eliciting and planning for the needs of other family members (eg support for partner, views of partner, needs of children etc)</li> </ul>
<p><b>Advice on medication:</b></p>	<ul style="list-style-type: none"> <li>- Is up to date with current evidence on the reproductive safety of psychotropic drugs. Has updated information on medication related issues</li> <li>- Is able to give relevant and clear information and uses language appropriate for the patient clearly and in lay terms</li> <li>- Can help patient to weigh up the pros and cons of treatment</li> <li>- Includes treatment history, relapse and risk profile into advice</li> <li>- Incorporates history of discontinuation of medication</li> <li>- Includes immediate perinatal period in care planning</li> </ul>

	<ul style="list-style-type: none"> <li>- Acknowledges and plans for additional pregnancy monitoring</li> <li>- Exploring personal preferences</li> </ul>
<b>Chairing multidisciplinary team meeting:</b>	<ul style="list-style-type: none"> <li>- Actively encourages patient to give her views on her care planning</li> <li>- Actively seeks the opinion and involvement of any family members/significant others present</li> <li>- Incorporates foetal/infant development in discussion</li> <li>- Is able to maintain flexibility needed for infant care</li> <li>- Summarise the information obtained and formulate a comprehensive care plan</li> <li>- Communicate care plan to MDT, patient and family member in language clear and appropriate for the patient</li> <li>- Time keeping</li> </ul>
<b>Supervision of perinatal staff:</b>	<ul style="list-style-type: none"> <li>- Holding in mind the needs of women, infant, fathers/family members</li> <li>- Helping supervisees to manage emotions raised by patients, babies and families</li> <li>- Guiding supervisees towards joined up thinking in terms of mother, infant, father/family</li> <li>- Guiding supervisees towards appropriate and effective liaison with other psychiatric services, maternity, health visiting, local authority</li> </ul>
<b>Additionally</b>	<ul style="list-style-type: none"> <li>- Conducting and completing an audit in perinatal clinical practice</li> <li>- Leadership skills: providing examples from clinical and non-clinical practice, describe how you see yourself developing as a leader and what you have learnt to date</li> <li>- Time management</li> </ul>