**An Introduction to the**

**GA Higher Speciality Training**

**SCHOOL OF PSYCHIATRY**

**WEST MIDLANDS HEE**

**February 2020**

**This Handbook is written by the GA peer group and TPDs and is aimed at providing general guidance. This handbook will be updated once a year so may not be the most up-to-date. Do liaise with your supervisors or TPD for specific queries.**

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**Introduction**

Welcome to the West Midlands School of Psychiatry, the West Midlands training scheme is the second largest in the country covering a population of 5.4 million. There is a huge variety of training that is offered throughout the region and this handbook is meant as a guide to the higher training opportunities available in psychiatry.

You must read this in conjunction with ‘A Reference Guide for Postgraduate Specialty Training in the UK’ “The Gold Guide – Seventh edition Jan 2018” and ‘A Competency Based Curriculum for Specialist Training in Psychiatry’.

<https://www.rcpsych.ac.uk/pdf/The_Gold_Guide_7_Edition_January_2018.pdf>

<https://www.rcpsych.ac.uk/pdf/TW_TR_General_Psychiatry_Curriculum_August_2017.pdf>

You should be familiar with the good medical practice, GMC standards for training and generic professional capabilities framework guidance by GMC.

Further information is available on the GMC, West Midlands HEE and Royal college of Psychiatrist website.

**THE WEST MIDLANDS SCHOOL OF PSYCHIATRY**

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  + Provide full secretariat support for only School Board/Exec meetings.
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  + For all recruitment enquiries.

**INDUCTION**

**a) General Induction**

All ST4 trainees will have a general induction day when they start, when issues that are relevant to trainees in all specialities in psychiatry will be discussed. This is a useful opportunity to get to meet your peers in other specialities. This induction is usually organised by the training programme directors, and you will therefore also have the opportunity to meet with them.

**b) Speciality Specific Induction**

In addition to the above, ST4 trainees will have an induction to their own speciality, to learn how things work within that scheme. This induction day is organised by the training programme director for each speciality.

**c) Trust Induction**

Trainees will also have to attend a local Trust induction this can be for 2-3 days and should include electronic patient records training. If you are compliant with personal safety training then please provide your certificate to the trust training team.

**d) Induction Meeting with Supervisor:**

This is an important meeting as you will be able to discuss details of placement, job plan, on-calls and supervision arrangement, clinical and non-clinical opportunities during this post.

You should agree your learning objectives and how these will be assessed. Discuss Do’s and Don’ts of the placement. Take an opportunity to enquire about local resources and facilities. We suggest this meeting should happen within the first 2 weeks of your placement. Remember to complete the Induction meeting form on your portfolio.

**e) Mandatory Training Compliance**:

At your Trust Induction you are expected to provide certificates or evidence of compliance with mandatory training. Previously West Midlands HEE did run online modules at Induction however this programme is currently suspended.

**f) Liaising with HR/Medical Staffing:**

You could liaise with medical staffing once you know where you are going, they will be able to guide you with local information, trust policies, on call rota, contract and pay related queries etc. You will be able to meet them on Induction day.

You should get your Smart card, Swipe card, Pinpoint alarm and work mobile phones (some Trusts provide work mobile phone).

**g) Electronic Patient Records**

In trusts with EPR, it is not possible to do clinical duties without accessing electronic patient record. Your EPR training is usually arranged on day 2 or 3 of Trust Induction.

*\* Note: It may seem that as an ST4 trainee, when you begin your post, you have to attend many induction days – but please note that these cover different topics, and it is therefore important that you attend all of them and include evidence of attendance in your portfolio.*

**TRAINING**

**CURRICULUM:**

The Royal College of Psychiatrists have produced a competency based curriculum for Specialty Registrars, which covers all years of training.

<https://www.rcpsych.ac.uk/traininpsychiatry/corespecialtytraining.aspx>

The GMC guidance: Generic professional capabilities framework

https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework

**PORTFOLIOS**

Your portfolio presents evidence that you have covered the curriculum in your training. It will:

* Record training experiences, previous placements/ training
* Identify gaps
* Help in planning out training
* Provide evidence for their annual reviews
* Record study leave and use of academic sessions
* Learning objectives set, and progress towards achieving these objectives
* A record of supervision meetings
* Log book of cases/Reflection
* Urgent/on call work
* Special Interests – evidence of what has been done.
* Psychological Therapies - all trainees must include evidence of how they are developing their skills as set out in guidance.
* Use of MHA including tribunal related activities.
* WPBAs
* Evidence for clinical and non-clinical experience/activities.
* Supervisors reports (2x level one reports in each post)
* Audit and Quality Improvement activities.
* Research activities
* Teaching portfolio
* Leadership/ Management
* Record of sick leave or any other leave.
* Any other information
* **Adverse incidents and Complaints** may warrant attendance at ARCP. Remember to write **Reflection** on incidents/complaints as much as incident/complaint itself

.**CONCERNS** Must be documented (your responsibility as set down by GMC).

* Evidence of completion of GMC survey
* Complete FORM R

**CLINICAL EXPERIENCE**

This will mostly be gained in the different placements. General Psychiatry encompasses the management of patients in hospital and community settings. You are required to have clinical experience in both inpatient and community setting during higher training.

General Psychiatry has three endorsement sub-specialities - Addiction Psychiatry, Rehabilitation Psychiatry and Liaison Psychiatry. Completion of a year's higher specialist training in either one of these sub-specialities allows for an endorsement of a General Psychiatry CCT with a particular area of special interest listed on the GMC register. There will be an endorsement interview by a panel including the TPD. Some trainees are doing general adult placement as a part of dual training or academic higher training. Details on the required competencies, portfolio requirement are available in the College Curricula document.

Special experience can be gained if agreed with the educational supervisor and training programme director (see under special interest sessions).

Your portfolio should demonstrate that you had an experience with range of clinical presentations for an assessment and management of GA specialities and including that of emergencies in all specialities. You should keep a case-log, reflection notes, and supervision records and complete required WPBAs to demonstrate your competencies.

**WORKPLACE BASED ASSESSMENTS (WPBAs) in Years 4-6**

Workplace-based assessment continues to have a vital role in the advanced years of training in psychiatry. This is the period of time in which the trainee learns and gains experience in the clinical assessment and management of more complex cases. In addition, the doctor assumes a greater level of performance in leading, supervising, managing and teaching others. These others may be doctors but may also be members of other professions within the multi-disciplinary team or non-professionals in statutory and non-statutory bodies.

The purpose of the assessment programme will be to demonstrate achievement that is recorded and reflected upon in the trainee’s portfolio. The assessments and portfolio including the supervisor’s report (overall assessment) will form an integral part of the evidence submitted for consideration at the Annual Review of Competence Progression (ARCP) (Gold Guide for Training).

A good learning plan should include at least one documented assessment (with feedback) per month. The full range of assessments should be used. Training and learning during this time is highly individual and therefore there is not a single template or blueprint for assessment that will suit all trainees and all circumstances.

Check WPBAs in Portfolio and the college guidance on minimum numbers. You should expect to see improving performance over the year. They are formative assessments and high scores are unexpected at start of the training year.

Minimum number of WPBAs required per year:

|  |  |  |  |
| --- | --- | --- | --- |
| **WPBAs** |  |  |  |
|  | **ST4**  **50/50 IP/OP** | **ST5**  **(Specialty)** | **ST6**  **(Specialty)** |
| ACE | 2 | 1 | 1 |
| mini-ACE | 2 | 2 | 2 |
| CbD | 6 | 4 | 4 |
| mini-PAT | 2 | 1 | 1 |
| SAPE | 1 | 1 | 1 |
| AoT | 2 | 2 | 2 |
| DONCS | 3 | 3 | 3 |

Trainees should make it their responsibility to organise these assessments. Assessments need to be carried out by a range of different assessors in different settings, to ensure triangulation of evidence. Although there is no set % of the required by consultant please insure that assessor is competent to assess and provide feedback.

If there are any concerns documented in WPBAs? Have you demonstrated an improvement? Annual WPBAs must include Mini PAT feedback as per RCPsych guidance (minimum 6 responses with max of 2 from any professional group; list approved by supervisor). Do send requests to 10-12 colleagues to get the required numbers.

**ST Psychotherapy Training**

Ongoing psychotherapy experience in ST training across all sub-specialities is required to enable trainees to develop psychotherapeutic formulating skills in their area of clinical practice. Psychotherapy training develops reflective capacity and deepens the understanding of doctor-patient relationships and of team dynamics.

Evidencing Psychotherapy Competencies:

A broad range of psychotherapy experiences should be planned across the 3 years of ST training which should include 2 different psychotherapy experiences and with the trainee delivering at least one psychological therapy. For example, the trainee could see a patient for therapy in ST4, run a ward group in ST5 and facilitate a Balint group in ST6. One Psychotherapy WPBA (i.e. SAPE for delivered therapy, CBDGA for facilitating Balint Group) should be completed for each training year as evidence of on-going development.

|  |  |  |
| --- | --- | --- |
| Types of psychotherapy experiences | | |
| Shorter term experiences | Longer term experiences | Balint / Case Based Discussion Groups |
| Brief psychodynamic therapy, CBT, EMDR, cognitive analytic therapy, interpersonal therapy, dynamic interpersonal therapy, psychosexual therapy  Motivational interviewing  One to one guided self help or counselling (e.g. in IAPT)  Briefer group experiences: co-facilitating CBT-based psycho-education / guided self help /MBTI (introduction) group  Other supportive psychotherapeutic or psycho-educational treatment (group or individual)  Briefer family interventions e.g. psycho-education, interventions in psychosis, eating disorders etc. | Psychodynamic Psychotherapy, Schema CBT, Mentalization Based Therapy, Transference Focused Psychotherapy, Dialectical Behaviour Therapy  Co-facilitating a therapeutic group (e.g. psychoanalytic group/MBT /DBT group, art & movement therapy/psychodrama/skills-based group)  Participating in family / couple therapy clinic as primary therapist or part of a reflecting team | Participating in a Balint group  Facilitating a Balint style or reflective practice group |

Support for ST Psychotherapy Training:

Trainees *should not* be required to use special interest sessions to gain mandatory psychotherapy training experience as the training is part of general training.

The training may be integrated into the post (i.e. seeing a patient from the team’s caseload). This would not necessarily require time away from the clinical placement, would contribute to the team, and in the case of, for example, setting up a ward group would add a new component to the service, and may be viewed as part of a quality improvement initiative.

Trainees are encouraged to discuss with Educational and Clinical Supervisors early in their post to ensure relevant psychotherapeutic skills are developed during ST training. The Psychotherapy Tutor can be approached to discuss learning and developmental opportunities.

**Reflective Practice/ Case logs**

Concerns have been raised by trainees on how they should write reflective notes to avoid a circumstance under which they may have to release their reflective notes held on e - portfolios to a third party. At the same time trainees are encouraged to write openly and honestly to aid their learning and meet GMC requirements for training.

All trainees must continue to demonstrate reflective practice and this is necessary to fulfil GMC requirements for all doctors. We advise that reflective statements continue to be completed as necessary by trainees as the need arises and specifically to demonstrate what they have learnt.

We suggest narratives with patient details are kept to a bare minimum as otherwise detract from the point of the exercise which is to present learning. Avoid over- extensive narrative in relation to a patient for example detailing their past psychiatric history, dates and places of admissions, family members and so on that almost makes the patient identifiable. Do not write statements such as “I was negligent”

For further reading please see -

<http://www.aomrc.org.uk/wp-content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf>

**ECT competencies**:

Consultants and higher trainees by the end of year 6 ought to have an understanding of the place of ECT in modern clinical practice sufficient to obtain informed consent from patients to reach Level 1 competency. Only consultants responsible for the ECT clinic would be expected to have Level 1 competency in the practical aspects of the administration of ECT (sufficient to run an ECT clinic). Please see Royal College guidance published in 2017.

**NON-CLINICAL EXPERIENCE**

Non-clinical experience forms an important aspect of training. Amongst other things, it includes the following:

1. **Leadership, Management and Team Working**

Leadership is a key part of doctors’ professional work regardless of specialty and setting. It is already a requirement of all doctors as laid out in the General Medical Council’s (GMC) publications Good Medical Practice, Tomorrow’s Doctors and also Management for Doctors.

The Medical Leadership Competency Framework (MLCF) was jointly developed by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement

The MLCF describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of health services. As part of higher training, these aspects of the MLCF should be built upon the skills and learning from core training. The guidelines outline 5 domains:

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Full details of these domains can be found here:

<https://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf>

If you are not already a member then it is free to join using your GMC number. Once registered, search for the following: **Leadership to Clinicians: Clinical Leadership (CLE).** Certificates can be attained for individual modules or when the domain is completed. For the purposes of simplicity, it is best to complete a domain in its entirety and then upload the certificate onto your e-portfolio. Reflections can be done within the module itself but it will not be visible on the certificate therefore it may be easier to attach it to the certificate on the e-portfolio website.

Higher trainees can demonstrate that they can lead and work effectively in teams by:

* Understanding of a range of leadership principles, approaches and techniques and applying them in practice. Be aware of their leadership responsibilities and why an effective clinical leadership is central to safe and effective care; appreciating their leadership style and its impact on others.
* Demonstrating an understanding of why leadership and team working is important in their role. Demonstrating appropriate leadership behaviour and an ability to adapt to improve engagement and outcomes. Actively participating and contributing to the work and success of a team.
* Thinking critically about decision making, reflecting on decision-making processes and explaining those decisions to others in an honest and transparent way.
* Supervising, challenging, influencing, appraising and mentoring colleagues and peers to enhance performance and to support development. Critically appraising performance of colleagues, peers and systems and escalating concerns.
* Promoting and effectively participating in multidisciplinary and interprofessional team working, appreciating the roles of all members of the multidisciplinary team, promoting a just, open and transparent culture and promoting a culture of learning.

**Work Based Placed Assessments**

The requirement for 2 Direct Observation of Non-Clinical Skills (DONCS) can be used in your daily working life to account for leadership activities e.g. taking control of a ward round, organising a professionals meeting etc.

More specifically geared towards leadership is the Leadership Assessment (LA) which is more focussed to achieving competency in leadership activities e.g. service improvement/development.

1. **Teaching**

There are multiple opportunities for teaching medical students from Keele, Birmingham and Warwick Medical Schools and Aston University in the near future. Contact the medical education teams within individual trusts or PGME at Uffculme for specific details. Each trust will usually have a consultant lead for undergraduate education that will be a useful point of contact and should be able to inform you of opportunities for completing specific exam training e.g. question writing workshops, OSCE examiner courses etc. where these are available.

Post-graduate psychiatry core training is organised through the PGME at Uffculme, except for those trainees in Stoke, Stafford and Shropshire which is organised through the education team at Harplands Hospital, Stoke on Trent. Various opportunities available either leading or facilitating sessions and also with the organisation of training, helping to demonstrate some of the leadership competencies required. Opportunities also for involvement in CASC practice sessions. Potential to apply for one of the Honorary Clinical Teacher Posts via PGME (vacancies will be circulated via email when available).

You will be helping in organising regional training day for GA peer group in your locality, devising the timetable and liaising with speakers regarding teaching to be covered as part of this.

Formal qualifications in medical education are available e.g. Certificate/ Diploma/ Masters depending on the level you wish to aspire to. These can be completed as part of special interest sessions and you may wish to consider applying for a study leave funding from HEE West Midlands. Alternatively you could attend train the trainer courses available for consultants locally and regionally.

**c) Audit / Quality Improvement Projects**

It is important for all trainees to have an understanding of the use of clinical audit to improve quality and clinical effectiveness, and to undertake at least one audit/QI project every year. When undertaking an audit trainees are expected to complete the audit cycle at least once during their higher training. Trainees are encouraged to participate in clinical governance and quality improvement projects once audit competencies are achieved. Typically ST4 will have completed an independent audit of high standard; ST5 will have implement changes and completed an audit cycle. ST6 be involved in a quality improvement project and supervise a colleagues audit.

Quality Improvement projects are recognised and valued by the School and the College. Trainees should discuss if they are undertaking QIP instead of an audit with their supervisors and if in doubt liaise with the TPD. The Royal College of Psychiatrists West Midlands Division has a yearly Audit prize available, and the competition is open to all trainees and first-year consultants.

**d) Research**

Research can often seem a bit like an untameable beast for trainees, but it absolutely doesn’t need to be this way! The knowledge you gained from studying paper B can stand you in really good stead to become involved in research. In fact, higher trainees are allowed a PA per week for research as a ‘special interest’. There is some really exciting research going on in the West Midlands, and there are lots of clinical researchers who would jump at the chance for your involvement in their work. Your involvement could take the form of helping with data collection, analysis or even the write-up. Do contact your R&D director for research activities in your Trust. You could also join portfolio studies as researcher or deputy PI.

Better still, systematic reviewing is a really useful skill to learn and is an excellent route into research. There are lots of useful guides available to help you, with a quick google search. A systematic review might be a great way for you to define a research question that aligns with your own interests and career intentions, and hospital library staff (or academics from the universities) are usually very experienced and can help you with the nitty gritty. Systematic reviews, when done well, are highly publishable! In addition, audits (completed cycles) are also publishable and accepted for poster presentation at Conferences.

The Royal College of Psychiatrists West Midlands Division has a yearly research prize available, and the competition is open to all trainees and first-year consultants.

Finally, if you want to polish and further the knowledge, you might consider embarking on a higher degree. Many of the regions universities offer part-time or even distance-learning Health Research courses, which you can study at ‘certificate’, ‘diploma’ or even MSc level. Please see the university webpages for more information. We also have trainees doing research degrees such as MPhil, MD or PhD.

University of Warwick – Professor Swaran Singh [s.p.singh@warwick.ac.uk](mailto:s.p.singh@warwick.ac.uk)  
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University of Keele –

**ACADEMIC TRAINING PROGRAMME**

**a) General Adult Psychiatry Regional Training Days**

These meetings will take place on a monthly basis. Typically a day will start at 9.30 and finish by 4 PM. The day will comprise of a minimum of 2 sessions of clinical teaching; 2 other sessions (which can be flexible including management, leadership, finance, teaching, research, quality improvement, etc.); one session will be the peer group business meeting.

The meeting will be rotated across the region as this will allow engagement of other mental health trusts. This will also be an opportunity for higher trainees to see the best practice elsewhere and meet key clinicians/managers in other areas.

Overall the programme will have 2 Induction meetings based at Uffculme Centre; One annual conference and 8 regional training day events (2x Birmingham, 2x Coventry and Warwick, 2x Stafford/Stoke-on-Trent, 2x Black country/Dudley/Herefordshire/Worcester).

The programme will be organised by fellow trainees. There will be 2 lead trainees in each area who will be responsible for organising the programme and booking rooms in their area.

Attendance will be kept and annual certificate issued before ARCP. Trainees should be aware of probity issues if they are taking time off work and not attending the meeting. It is acknowledged that dual trainees may not be able attend all sessions when they are working in non-adult psychiatry post.

**b) Local Academic Programmes**

In addition to the above, the different Trusts/specialities have their own academic programmes which trainees are expected to attend, again attendance at these is mandatory and will be taken from your study leave allowance. You are expected to actively contribute to the programme; take up an opportunity to chair the session etc.

**Other Training Opportunities e.g.**

1. Birmingham Medical Institute runs an academic programme for Psychiatrists on the 1st Tuesday of the month.
2. Keele annual education conference – annual
3. You can use study leave budget for attending conferences and other training.

**SPECIAL INTEREST DAYS FOR ADVANCED SPECIALTY TRAINEES**

Trainees can have up to 1 day in a week, which they can use in a flexible way. These can be at specialist clinics, research, higher degrees, service development, management activities, third sector experience etc. Provided:

- This is clearly defined and

- There are clear outcome criteria

- Special interest needs to be organised in discussion with your educational supervisor and with the Training Programme Director.

- Evidence is required at the ARCP panel e.g. supervisors feedback.

- These sessions does not have to be at the same Trust.

Clinical Special Interest could be one of the other higher trainers e.g. Dr Watts for experience in addiction psychiatry etc. However there are several other specialised clinics runs in each area that are not captured in the trainer lists e.g. ASD clinic, ADHD clinic, Dual diagnosis, perinatal, Eating disorder etc. Your area rep. and supervisor will be able to help you with this.

**SUPERVISION**

The Trainee should meet on a regular basis with their Supervisor during the placement, for supervision. It is recommended that these supervision sessions should be for 1 hour on a weekly basis (or the equivalent for part-time trainees). However, there may be variations of this, and the timings should be agreed between the trainer and trainee. The aim of supervision sessions would be to discuss, monitor and review progress in all the components of Higher Specialist Training in a holistic way.

Supervision sessions should be:

* One-to-one time with your trainer
* Protected time (i.e. free from interruptions)
* Part of the normal working day, and
* Time-tabled as part of your weekly time-table

The sessions could be structured to include: some examples -

* Discussion around case assessment / management and other clinical themes
* Discussion around Non-clinical themes
* Assessment of competencies / evaluation of progress
* Review of logbook
* Reviewing Educational Goals
* Discussion of Audit / Research
* Discussion of study leave / courses attended
* Pastoral care, career guidance etc.
* Personal Safety

It is often useful to set an agenda for supervision sessions – and this can be set by the trainee, the trainer, or jointly. A record of each supervision should be kept and form part of your portfolio.

**ACTING CONSULTANT POST**

Trainees can take up acting consultant posts in their 3rd year of training, and up to 3 months (Pro-rota for LTFTs) of this can be counted towards their training. Trainees must obtain the approval of their TPD, Head of School, and supervisors before agreeing to undertake a post. Electronic form needs completing and do start the process well in advance. If the post is not suitable then you may not get the approval.

<https://www.westmidlandsdeanery.nhs.uk/support/out-of-programme-oop>

As this is still part of the training period trainees should continue to receive educational supervision, have access to consultant clinical supervision including whilst on-call and continue to attend their regional training. Trainees should also continue to have WPBAs during this time.

Transition from trainee to consultant is recognised as one of the most stressful undertaken by doctors. Since 2014, the College has been promoting its StartWell programme, aimed at easing this transition and this guide is a formal encapsulation of that programme.

https://www.rcpsych.ac.uk/pdf/StartWell\_final\_guide.pdf

**OUT OF PROGRAMME (OOP)**

Out of Programme relates to trainees that wish to participate in an experience that is out of their planned programme of training.  There are a number of circumstances that trainees may wish to spend time out of programme; to gain training or clinical experience, to undertake research or to take a career break.

Time out of programme will not normally be agreed until a trainee has been in a training programme for at least a year and will not normally be allowed in the final year of training other than in exceptional circumstances.

Before applying for OOP, trainees must discuss their plans with their Educational Supervisor and/or Training Programme Director.  This discussion will determine the suitability of the out of programme experience and ensures the proposed post will meet the educational needs of the trainee.

Health Education West Midlands requires OOP Application Forms and supporting documentation to be submitted at least 6 months in advance of the proposed OOP start date.

**ANNUAL REVIEW OF COMPETENCE PROGRESSION (ARCP)**

The ARCP is a process, by which a trainee’s progress is reviewed annually, and there are three key elements that inform this process:

1. Appraisal

2. Assessment, and

3. Annual planning

The panel

Minimum of 3 members,

PG Dean (or Deputy) / Training Programme Director, Chair of STC, Faculty / College representatives, educational supervisors. ARCP panels will have lay member, WMHEE advisors and an external representative from the Royal College.

**The Process**

ARCP reviews typically happen in December and June and portfolio needs to be completed on line in November and May respectively. The trainees are given enough notice and told what documents they need to submit to the panel for review.

Prior to the ARCP panel trainees will attend a Portfolio review panel where evidence will be reviewed and trainees are given feedback on their progress including arears of excellence and of concern; Educational supervisors report/Level 2 review form will then be completed for the ARCP panel. The Portfolio review will typically take place 2-4 weeks before the ARCP panel meets. If no concerns are raised at the Portfolio review then trainees may not be asked to attend the ARCP panel in person, but their paperwork will be examined. 10% of randomly selected trainees will also need to attend the panel.

**Evidence: As in portfolio**

The panel will then consider the evidence and make a judgement on how trainee is progressing across domains against expectations for the stage of training taking into account what you have seen in Portfolio/ reports/interview with trainee and your panel discussions. The panel will state areas for development and where trainee is excelling and decide the outcome.

There are several outcomes from the ARCP. Outcome 1 is straightforward progression, whereas 2 – 3 impose escalating requirements for more training or specific competencies with or without additional time. Outcome 4 means release from the training programme. Outcome 5 is where you will need to provide additional evidence. Outcome 6 – Successful completion of the training. *\* Refer to the Gold Guide for more details*

The earlier the area of difficulties/concerns is identified the sooner support can be provided which may involve referral to Professional Support at Deanery, targeted training, extra time etc. Do discuss with supervisors and liaise with TPDs if are worried about your educational progress. They are there to help!!

**APPRAISAL FOR DOCTORS IN TRAINING**

Every licensed doctor who practices medicine must revalidate. Revalidation supports you to develop your practice, drives improvements in clinical governance and gives your patients confidence that you're up to date. Doctors are responsible for their own revalidation, including demonstrating that they are sufficiently reflecting on information from their practice, learning and making improvements.

Your Designated Body: West Midlands Heath Education England (WMHEE).

Your Responsible Officer: Post Graduate Dean

An Annual Review of Competence Progression (ARCP) is the appraisal process for all specialty trainees. Form R needs to be completed for ARCP review.

**LEAVE ENTITLEMENTS**

**Study Leave**

Trainees are entitled to take up to a maximum of 30 days per year of study leave. You will be required to use this study leave to attend the academic programme, local and regional training, peer group meetings etc. Trainees are expected to attend local programmes, actively participate in weekly in-house CPD programme and regional teaching organised by peer group.

When applying for study leave, please follow the revised 2019 guidance provided by the West Midlands HEE on <https://www.westmidlandsdeanery.nhs.uk/Support/Study-Leave>

The new Health Education England-managed centralised process will make accessing study budgets a more transparent, equitable and streamlined process for all trainees.

There is a clearer definition of how the study budget should be used to support individual professional development. This includes:

• Covering costs of educational courses/activities that support curriculum attainment

• Agreement that NHS trusts will cover costs of all mandatory training required to fulfil the trainee’s clinical role e.g. life support courses, safeguarding training

• Guidance on what the study budget will not cover e.g. College examination fees

• Provision of discretionary funding for personalised training opportunities.

For GA trainees, please use the study leave form provided by TPDs Dr Watts and Dr Belgamwar for educational approval. You will still need to apply to your Trust and discussion with supervisor.

**Annual Leave**

Trainees on the 1st and 2nd incremental points on the pay scale will be entitled to take *5 weeks* a year. Those on the 3rd or higher incremental points on the pay scale will be entitled to take *6 weeks* a year. If you intend taking annual leave early on in a new placement you MUST get permission from your new Trainer. Most Trusts require at least 6 weeks’ notice for annual leave.

A trainee having more than 14 days of leave (other than scheduled annual and study leave) is likely to trigger a review by the panel and may result in extra time being added to the CCT. However if 3 months or more of sick leave are taken this usually automatically will trigger an addition to the CCT date. So keep a record of any time off including sick leave.

**Bank Holidays**

If you work on bank holiday i.e. on call then you will be able to claim extra day in lieu.

**REMOVAL AND MILEAGE EXPENCES**

Trainees are able to claim maximum of £8000 of removal expenses; detailed information including eligibility information is available on west midlands deanery website.

<https://www.westmidlandsdeanery.nhs.uk/Support/Removal-and-Expenses-Guidance>

**MPS/MDU/MDDUS membership:**

If a patient has suffered harm as a result of a doctor’s negligence, it’s important that you have adequate and appropriate insurance or indemnity to compensate the patient. You must make sure that you have adequate and appropriate insurance or indemnity arrangements in place covering the full scope of your medical practice in the UK. The cover you need is very much dependent on your circumstances.

For NHS work, indemnity is provided through the Clinical Negligence Scheme for Trusts (CNST), which is administered by the NHS Litigation Authority. However this may not cover all eventualities and other fee paying work including that of section 12, reports etc. Defense organizations also provide very useful medicolegal advice and legal support in case of difficulties.

**Bullying and Harassment**

The School of Psychiatry operates a zero tolerance policy on bullying. Trainees who have any concerns about these issues should contact their trainer first or programme director if for any reason they do not wish to do so they may contact the Head of School or the Dean’s office. All trainees should make themselves aware of the local policies on bullying and harassment and freedom to speak guardian information is also useful contact. Remember the most effective way to address bullying is to challenge it early on.

**Pastoral Care / Whom to Approach in case of Difficulties**

The main Trainer in each placement is responsible for the pastoral care of their trainee. In the majority of circumstances this is sufficient to cover most exigencies that may arise during the training period. The Training Programme Director is also available to see Trainees if there are difficulties. Additionally, there are mentors available in the West Midlands, who can be approached in case of either professional or personal difficulties. <https://www.rcpsych.ac.uk/members/england/west-midlands/mentoring>

You can also seek support from Royal college support service and most Trusts will have a confidential help-line, counselling service for all staff. If there are concerns regarding your working conditions then please contact guardian of safe working at your Trust. The guardian of safe working has been introduced to protect patients and doctors by making sure doctors aren’t working unsafe hours.

**PROFESSIONAL SUPPORT & WELLBEING (PSW) Policy for doctors and dentists in training (see Deanery website)**

* It is recognised that whilst the majority of doctors and dentists progress through their training without any concerns, some require support, which the Deanery provides as part of the training programme through the Professional Support Unit (PSU)
* PSU aims to support managing patient safety and encouraging doctors to achieve their CCT.
* The PSU comprises senior medical practitioners and non-clinical managers; they will provide a 1 to 1 meeting with trainee doctors and undertake referrals for specialist support as appropriate.
* PSU referral could be for various reasons e.g. health concerns, performance or conduct of the doctor or environmental concerns.
* Referral is via a [referral form](http://www.westmidlandsdeanery.nhs.uk/Portals/0/PL232%20-%20PSU%20referral%20form%20(3)%20(2).pdf) and email to the PSU at psu@westmidlands.nhs.uk.

**Psychiatrists' Support Service by Royal College**

The Psychiatrists' Support Service is a free, confidential support and advice service for psychiatrists at all stages of their career who find themselves in difficulty or in need of support. The service is available during office hours Monday to Friday.

To contact the support service:

* Call dedicated telephone helpline on 020 7245 0412
* Email in confidence at pss@rcpsych.ac.uk.

**Finally……**

**Remember! – If in doubt – ask!**

**If in trouble – seek help!**

**And enjoy the training!**