

Health Education England North West Deanery

SPECIALIST DUAL TRAINING IN MEDICAL PSYCHOTHERAPY AND GENERAL ADULT PSYCHIATRY

SCHEME DESCRIPTION AND TRAINING REQUIREMENTS

Introduction

The Health Education England North West (HENW) Deanery's general adult psychiatry and medical psychotherapy training schemes have been offering a dual specialist training in general adult psychiatry and psychotherapy from August 2013. The five year partially integrated specialist training (ST) combines the training provision in both sub-specialties to enable qualification on the Specialist Register of the General Medical Council with two Certificates of Completion of Specialist Training (CCT) recognised by the General Medical Council as a medical psychotherapist and as a general adult psychiatrist.

The training programme outlined in this document describes a structure for training in medical psychotherapy and general adult psychiatry through combined specialist training in both general adult psychiatry and psychotherapy with the aim of integrating these specialist trainings to equip the doctor to practice as a consultant psychiatrist in psychotherapy, and/or as a general adult psychiatrist. The training programme is guided by an awareness of the need for the future consultant psychiatrist in psychotherapy/general adult psychiatry to deliver and apply expert psychotherapeutic skills/psychotherapy in a range of psychiatric settings. This training offers a psychotherapeutic approach to the understanding of the development of the personality, which can form a bridge between both general psychiatry and psychotherapy for complex cases.

The importance of an awareness of a range of models of therapy will be incorporated in the training programme in line with the requirements for general psychotherapy training. Within the HENW Deanery the major model of therapy will be psychodynamic therapy, with the subsidiary modalities being cognitive behavioural therapy and systemic therapy. The clinical focus will be on working with complex patients, including those with personality disorder, and there will be opportunities to gain experience in specific models of therapy for this patient group.

Overview of Training

The training is five years in length and the trainee is appointed to the two dual training sub-specialties at the time of application. The Training Programme Directors (TPDs) for the General Adult Psychiatry are Dr Simon Sandu (Manchester) and Dr John Stevens (Liverpool) and TPD for Medical Psychotherapy is Dr Simon Graham. The Programme Directors from the different subspecialties take joint responsibility for the running of the dual award scheme. Each year there will be an annual review with the TPD of the speciality being undertaken by the trainee that year ahead of the Annual Record of Competence Progression (ARCP) to assess the trainee's progress and fulfilment of their training plan.

The aim of this dual training programme is to help the trainee to become a medical psychotherapist and/or psychiatrist, who embraces and integrates their medical and psychiatric identity. The general goals of professional attributes, risk, audit, teaching and supervision, clinical and service management, organisational change and clinical governance will form the backbone of this training programme.

Role of the Training Programme Directors (also known as the Educational Supervisor): the TPDs have responsibility for the Psychotherapy and General Adult Specialty Training Programmes. They should meet with the trainee to ensure that learning objectives have been agreed within a month of the start of the placement, each subsequent year to ensure there has been satisfactory progress and at the end of the attachment.

Role of the Clinical Supervisors: the Clinical Supervisor is responsible for the overall supervision and management of the trainee during a training placement. They are responsible for the trainee's learning agreement/objectives (which should be SMART) and should meet with the trainee at the beginning of the placement to plan this and then review these regularly and at the end of each 12-month period.

The trainee will be allocated a Clinical Supervisor (trainer) from the predominant speciality of that year (i.e. GA in first 2 years and Psychotherapy subsequent 3 years or vice versa), and together with the trainee and in conjunction with the relevant Training Programme Director, will take a lead in writing the training plan for that year. The trainee will have weekly contact with their Clinical Supervisor. The clinical supervisor role is to support as a mentor and to challenge as a colleague, enabling the trainee to reflect openly and robustly about their capacities and development. This process will be largely informal. Furthermore, additional medical and non-medical psychotherapists will supervise the on-going psychotherapy cases.

Structure of the five-year training period

Trainees will be appointed to a five-year long training programme. Through the partially integrated dual training, trainees will spend 2 years doing general adult psychiatry and then 3 years in psychotherapy.

The ST general adult training placements will potentially be to any of the accredited general adult post across the six Trusts within HENW Deanery, with one inpatient and one community placement across the two years. The ST psychotherapy training placements will be within Mersey Care Psychotherapy and PD Hub Service in Liverpool (2 trainees), Gaskell House Psychotherapy Service Manchester (2 trainees), Preston Psychotherapy Service (1 trainee) and the Specialist Psychotherapy Service Salford (1 trainee).

During the two years spent in general adult psychiatry trainees will be expected to use their special interest/research time to undertake psychotherapy cases and attend the joint Dual Training ST post-graduate programme at Gaskell House in Manchester on Thursday afternoons (see below).

During each of the five training years trainees will contribute to the General Adult out-of-hours on call rota. The frequency of on call varies between the different Trusts.

Details of the HENW Deanery General Adult Training Scheme

Mental Health provision across the geographic footprint of HENW Deanery is provided by 6 local NHS trusts: Mersey Care NHS Foundation Trust, North West Borough's Partnership NHS Foundation Trust, Cheshire and Wirral NHS Foundation NHS Trust, Lancashire Care Foundation Trust, Pennine Care Foundation Trust and Greater Manchester Mental Health Foundation Trust. During general adult training trainees will have the opportunity to undertake placements (one community and one inpatient placement) across the six Trusts within HENW Deanery. HENW Deanery has a large geographical footprint and offers a wide range of potential training placements.

Placements will provide valuable chances for trainees to function as a medical expert within a multidisciplinary framework, providing opportunities for: leadership in multidisciplinary working, consultation to colleagues, participation in teaching and training junior colleagues/medical students and on-call/urgent work within a shift system. There will be additional opportunities for attaining management, leadership, and educational skills.

General Adult posts within the HENW Deanery are geared around helping trainees attain the necessary skills and competencies to comply with the General Adult Psychiatry Curriculum requirements, Intended Learning outcomes (ILO), as set out by the GMC. These include:

Assessment, diagnosis, formulation and management (including risk management).	ILO 1-4 and 14
Review formulations and management plans, and making shared decisions with patients and carers.	ILO 1-4
Urgent, on call and Mental Health Act work.	ILO 4, 7 and 11
Multidisciplinary reviews (CPA, MAPPA, risk).	ILO 4, 7 and 9
Communication about patients and implementation of Trust policies through team meetings.	ILO 9, 10 and 13
Developing leadership skills through regular/adhoc advice to team members.	ILO 10 and 15
Liaison with colleagues (primary and secondary care) around patient safety, governance and Mental Health Act issues.	ILO 9 and 10
Educating, teaching and training trainees and medical students.	ILO 15
Meeting the requirements for revalidation.	ILO 17 and 18
Participation in academic programmes and organising junior trainee/medical student programmes.	ILO 15

Psychotherapy posts within the HENW Deanery are geared around helping trainees attain the necessary skills and competencies to comply with the Psychotherapy Curriculum requirements, Intended Learning outcomes (ILO), as set out by the GMC. These include:

Intended learning outcome 1a: the doctor will be able to perform specialist assessment of patients and document relevant history and examination of culturally diverse patients to include, presenting or main complaint, history of present illness past medical and psychiatric history, systemic review, family history and developmental history

ST4: CbD of a patient in an acute psychiatric assessment.

ST5: ACE /CbD of a patient in an assessment for psychotherapy.

ST6-ST8: ACE /CbD of a patient seen in consultation.

Intended learning outcome 1b: the doctor will be able to demonstrate knowledge of the principles of clinical supervision and skills in their practical application in offering clinical supervision and consultation to colleagues:

ST6-ST8: ACE /CbD of a patient seen in consultation.

ST6-ST8: ACE/CbD/DOPS of a consultation with other professionals.

Intended learning outcome 2: the doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses:

ST4: mini ACE of a formulation on an assessed patient.

ST5: repeat mini ACE of changing formulation with a patient.

ST6-ST8: mini ACE/CbD/ACE of a formulation derived in ongoing therapy, completed therapy and consultation.

Intended learning outcome 3: the doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including psychological investigations and then construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains:

ST4-ST5: CbD/ACE on patients seen in acute/community/other psychiatric settings.

ST6-ST8: CbD/ACE of completed assessments derived in supervised consultation of complex patients presenting management challenges.

Intended learning outcome 4: the doctor will demonstrate the ability to comprehensively assess and document a patient's potential for self harm or harm to others. This includes an assessment of risk and

the ability to intervene effectively to minimise risk and implement prevention methods against self harm and harm to others. This will be displayed whenever appropriate, including in emergencies:

ST4-ST5: mini ACE/CbD/ACE demonstrating risk assessment of patients seen in acute/community/other psychiatric settings.

ST5-ST6: CbD/ACE/DOPS of risk assessments derived in supervised consultation of complex patients presenting challenges to care.

ST6-ST8: CbD/ACE/DOPS/DONCS of leading multi-professional meetings as a component of consultation for high risk complex cases.

Intended learning outcome 5: the doctor will demonstrate the ability to conduct therapeutic Interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using accepted models and to integrate these psychotherapies into everyday treatment including biological and socio-cultural interventions:

ST4-ST6: mini ACE/CbD/Psychotherapy ACE of patients commencing major model of psychotherapy (WPBAs Informed by SAPA and SAPE).

ST5-ST8: mini ACE/CbD/ACE commencing in, ongoing and completing other models of psychotherapy (WPBAs Informed by SAPA and SAPE).

ST6-ST8: mini ACE/CbD/ACE in ongoing and completed major model of psychotherapy (WPBAs Informed by SAPA and SAPE).

Intended learning outcome 7 (See appendices 1-4): the doctor will demonstrate the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states:

ST4-ST8: mini ACE/CbD/Psychotherapy ACE assessing for, commencing in, ongoing and ending psychotherapy (Informed by SAPA and SAPE).

ST6-ST8: mini ACE/CbD/ACE/DOPS in consultation, reflective practice, formulation based case discussion, clinical supervision and other applications of psychotherapeutic thinking in other psychiatric settings.

Intended learning outcomes 9 and 10: the doctor will demonstrate the ability to work effectively with colleagues (including team working) and develop appropriate leadership skills:

ST4-ST8: DONCS/DOPS in chairing meetings, leading on organisational projects and processes, planning events and conferences, managing conflict at work, coping with change in the process of training and showing leadership development.

ST4-ST8: Mini-PAT multi source colleague feedback with selection of workers consistent with developing stages of seniority.

Intended learning outcome 15: the doctor will demonstrate the ability to teach, assess and appraise:

ST5-ST8: AoT/CP/JC/DOPS in relation to teaching, case presentation and journal clubs.

ST4-ST8: DONCS/DOPS in setting up and running educational projects (for example a Balint group, a psychiatry summer school or other local or national educational events).

ST4-ST8: CbD/DOPS in facilitation of a Balint or case based discussion group for undergraduates, foundation, core or advanced trainees.

Intended learning outcome 16; the doctor will demonstrate the ability to develop an understanding of research methodology and critical appraisal of the research literature:

ST4-ST8: DONCS/DOPS in proposing and undertaking research.

Intended learning outcome 18: the doctor will demonstrate the ability to develop the habits of lifelong learning:

ST4-ST8: DONCS/DOPS in orientation to the local service setting for psychotherapy including the use of educational supervision, the use of regional, national and international resources for professional development and evidence of commitment to self reflective practice.

Details of the HENW Medical Psychotherapy Training Scheme

Trainees will have their core placement within one of the 5 different psychotherapy services within the Deanery. Clinical supervision will be provided on all cases by experienced, accredited medical and non-medical psychotherapists, with postgraduate training to UKCP, BPC or equivalent. There is scope for some training experience across the different services.

(1) Mersey Care Psychotherapy and PD Hub Service Liverpool (2 trainees)

This Mersey Care Psychotherapy and PD Hub Service is based at Spring House in the Waterloo area of the Liverpool. The team is led by Dr Simon Graham, Medical Psychotherapist (full time) with 4.5 WTE additional psychotherapists from different professional backgrounds, offering the following range of therapeutic modalities:

- Brief Psychodynamic Psychotherapy (including PIT)
- Analytic Group Therapy
- Cognitive Analytic Therapy (CAT)
- Mentalization Based Treatment (MBT)
- Systemic and Family Therapy
- EMDR (Eye Movement Desensitisation Reprogramming)
- Dialectical Behaviour Therapy (DBT)
- One Day Therapeutic Community Service (The Rotunda Service)

The psychotherapy service acts as a tertiary service, receiving referrals from other services within the Trust, delivering conventional psychotherapy and also specific psychological interventions for personality disorder. Within the same building an integrated Personality Disorder (PD) Hub operates providing an intensive PD Case Management Team (including Structured Clinical Management), and a combined PD Therapeutic Day Service and PD Crisis Service run along therapeutic Community Principles. The PD Hub works with those service users with the most complex presentations to reduce inpatients admissions and out of area placements. This clinical work is supported Dr Fiona Craig, Consultant in General Adult Psychiatry (0.8 WTEW).

As such the trainee will have training experiences across both conventional psychotherapy and more complex personality disorder cases. The post holder will gain experience of screening referrals, undertaking assessments for therapy, observing and undertaking psychotherapy consultations and taking on a caseload of patients for therapy. There are opportunities to develop the necessary competencies and experience in Family Therapy within the department and CBT training is available within the Trust from other services. There are also opportunities for gaining experience in the provision of teaching and training (i.e. Balint style Case Discussion Groups, seminars, the supervision of others and lecturing) through the work delivered by this department. The Department also has established links with researchers based at the University of Liverpool and the University of Central Lancashire.

(2) Lancashire Care Psychotherapy Service Preston (1 trainee)

The higher trainee will undertake the clinical psychotherapy work at Psychotherapy service, West Strand House, Preston, PR1 8UY. The psychotherapy team currently has a Medical Psychotherapist Dr Swapna Kongara (1 WTE) and a Locum Consultant Dr Alison Summers (0.25WTE). The service is currently predominantly oriented towards providing psychotherapy training to Core and Higher trainees through weekly Balint groups, psychodynamic psychotherapy skills course (to prepare the doctors to see their first patient for psychodynamic therapy) and psychodynamic supervision groups, all of which have received very good feedback in the past few years.

The principal modality of therapy offered in the service is psychodynamic psychotherapy. The service offers assessment for psychotherapy, brief and medium term psychodynamic and psycho-dynamically informed psychotherapies and consultation work to patients and staff. The higher trainee will gain experience of screening referrals, undertaking assessments for therapy, observing and undertaking psychotherapy consultations and taking on a caseload of patients for therapy in psychodynamic modality under supervision. There will be opportunity to develop the required competencies and experience in Family Therapy through the CAMHS service in the Trust.

The trainee will have the opportunity to gain experience in CBT through supervision from CMHT psychologists and/or Consultant Psychiatrists with an interest in CBT (Dr. Richard Morgan and Dr. Shahid Quraishi). Our IAPT service screens patients for supervised practice provided by Dr Morgan or Psychological Therapists. Dr Morgan with the support of Dr Quraishi also runs an introductory CBT skills course twice a year over 5 weeks to prepare trainees for supervised practice. Higher trainees will have the opportunity to undertake supervised CBT cases and support CBT training according to their experience.

There are opportunities for gaining experience in the provision of teaching and training (eg: Balint style Case Discussion Groups, teaching in weekly Local Education Programme and supervision of junior trainees' therapy cases). The previous trainees in this post have had the opportunity to gain experience of

DBT and MBT therapies in Mersey Care Trust and assessment and treatment of Eating Disorders in Cheshire Wirral Partnership Trust (CWP). The higher trainee in the post will be encouraged to approach relevant trainers in these Trusts to help them broaden their experience of a range of evidence-based therapies.

(3) Psychotherapy Services within Greater Manchester Mental Health Foundation Trust

Manchester Psychotherapy service: Gaskell House & Macartney House (2 trainees)

The Gaskell House Psychotherapy service is based in Central Manchester close to the Manchester Royal Infirmary. Macartney House is based in Harpurhey, North Manchester not far from North Manchester General Hospital. Both departments are outpatient psychotherapy services and Gaskell House shares a building with an Eating Disorders Service and Complex Psychology. The team comprises three Medical Psychotherapists (Dr Mark Evans, Dr Rosie Clarke and Dr Adam Dierckx) and 4 Adult Psychotherapists. The two services offer a city wide psychotherapy service to the city of Manchester and beyond and these two services are increasingly working together as a seamless service. Gaskell House tends to take referrals from Central and South Manchester while Macartney House serves North Manchester and some patients from Oldham, Rochdale & Bury. We also see some patients as extra contractual referrals for specialist therapies. However specialist Personality Disorder treatments are offered to all Manchester patients.

Psychotherapies available at both services include:

Brief (6 month) and Long term (1 year) Psychodynamic Psychotherapy (including PIT)
Cognitive Analytic Therapy

In addition some therapies are offered at only one site including, at Gaskell House:

Group Analytic Therapy
Dialectical Behaviour Therapy
Systemic and Family Therapy
Therapeutic Community Day service (Fifteen)
Cognitive Behavioural Therapy

And at Macartney House:

Mentalization Based Treatment
Transference Focussed Psychotherapy

Both services offer a comprehensive assessment and consultation service for people with complex issues who will usually already have been seen at a lower level of stepped care (IAPT) for psychological interventions. However referrals also come from mental health teams, Consultant Psychiatrists and Psychologists. The trainee would be expected to shadow senior clinicians before seeing patients on their own for assessment and then to discuss these at the weekly assessment meeting. There will be opportunity to see patients for a range of therapies under supervision and trainees can expected a variety of supervisory experience. There will be opportunity for higher trainees to sit in as co-facilitators and then to lead Balint groups for Core trainees in Psychiatry. In later years, higher trainees will also be expected to run supervision groups for core trainees with their own 'supervision of supervision.'

It will be possible to accommodate trainees' requirements to gain supervised therapy hours in CBT and Family therapy in house. The academic training programme also runs in Gaskell House on Thursday afternoons.

There will be various teaching opportunities including in local Psychiatry meetings and on the MRCPsych training course based in North Manchester. Trainees will be encouraged to take up audit and management projects and supported in research endeavours.

Psychotherapy Service Salford (1 trainee)

Specialist Psychotherapy Service (St James House)

The SPS is based in Salford at St James' House alongside the Salford IAPT, Eating Disorder Service and Asylum Seeking Services. The team consists of Dr Rachel Jukes (Consultant Psychiatrist and Psychotherapist) an Adult Psychotherapist, Gareth Beresford Jones and 2 Group Analysts, Rowena Newton and Dave Naylor. We offer a service predominantly to the patients from Salford and Trafford but also do some extra contractual work to patients from other areas.

The trainee will have an opportunity to gain experience in assessments and participate in the team assessment and referral meeting where there is team supervision of all the assessments in the service. The trainee will also have the opportunity to gain experience in the following clinical work;

Brief psychoanalytic therapy including full sessions, psychoanalytic interventions and PTSD
Long term psychoanalytic psychotherapy (up to 2 years). Supervision of more frequent therapy e.g. 2-3 sessions per week will also be available
Transference Focused Psychotherapy up to 2 years
Group Psychoanalytic Therapy
Consultations and second opinions

The trainee will have the opportunity to gain CBT training from the CBT training centre with video supervision of clinical work and will also be able to have CBT supervision and see CBT patients at Gaskell House. There are further opportunities to do systemic family therapy and Dialectical Behaviour Therapy at Gaskell House and Mentalising Group Psychotherapy at McCartney House.

The trainee will have the opportunity to co-facilitate and then lead the Balint Group at St James's House with Dr Rachel Jukes and will be expected to progress to run a supervision group for CT trainees seeing patients for long term psychotherapy experience. This will be done under supervision.

The trainee will be encouraged to identify and pursue any particular clinical interest where possible e.g. in Eating Disorders, trauma work, work with adolescents or forensic work etc.

The trainee will be encouraged and expected to gain experience of a variety of teaching and training settings and to undertake audit, research and management projects as appropriate to the phase of training. The trainee will also be encouraged and supported to attend personal therapy.

(4) North West Borough's Partnership NHS Foundation Trust

Within North West Borough's Partnership NHS Foundation Trust, Dr Helen Sowden, Medical Psychotherapist, can provide supervision in the Cognitive Behavioural Therapy (CBT) component of the training. There may also be the potential to set up other therapy training experiences within 5 Borough's Trust.

Provision of Academic Teaching and options for External Psychotherapy Training

Across four of their five years in dual the post holder will participate in the weekly Dual Training ST academic programme, split into 3 terms each year. These are predominantly held on Thursday afternoons at Gaskell House in Manchester. Each week follows a set programme consisting of psychotherapy paper discussions, followed by case presentations, with occasional management presentations. As well as providing a strong educational basis for training these meetings create the opportunity for trainees to form a peer group. Additionally, a national peer group also exists for psychotherapy trainees.

Those completing a CCT in Psychotherapy can now apply for registration with the UKCP, as a medical psychotherapist, but trainees may wish to pursue further additional external psychotherapy training. There are local external formal training in psychotherapy, leading to UKCP registration, in CAT by North Cognitive Analytic Therapy (NCAT) and Group Analysis by Group Analysis North (GAN), both based in Manchester. Both courses run in blocks, which makes attendance easier. Additionally, there are two-year introductory Foundations in Psychodynamic Psychotherapy (D58 Course) running weekly in both Manchester and Leeds. If a trainee is accepted onto an external training there would be additional academic, clinical, financial and time demands beyond the ST psychotherapy scheme. Additionally, there are other local courses in Cognitive Behavioural Therapy in Salford, and Leeds University runs an MSc in Systemic Therapy.

The trainee will have access to the standard level of study leave budget to contribute towards the funding of external courses and conferences. Trainees are subject to the standard contract with access to statutory study leave as described in the contract of employment. The post holder will have one day per week research/special interest, initially to be spent within psychotherapy until the curriculum target for clinical hours is reached (800 – 1400 hours as below).

Progression through Training and Appraisal and Assessment

The formal element of appraisal and assessment takes place in the annual assessment, ARCP (Annual Record of Competence Progression). The annual ARCP will be undertaken HENW informed by both Training Programme Directors, who are in turn informed by the Clinical Supervisors.

To prepare for the ARCP an annual review of the training will be undertaken ahead of the ARCP by the TPDs. This provides an opportunity for the trainee to raise concerns relating to placements, for Clinical Supervisors to highlight potential areas of good progress or areas of concern and plan any appropriate additional support/teaching, and also to help the trainee to prepare the portfolio and ensure coverage of workplace-based assessments for the ARCP.

For psychotherapy the trainee will be expected to carry out a minimum of 600-1200 hours in their major modality of psychodynamic psychotherapy and 100-200 hours of clinical practice in both Cognitive Behavioural Therapy and Systemic Therapy (total 800 - 1400 hours). The trainee is required to have a minimum of 60 hours of assessing patients for psychotherapy and other psychological interventions. The Psychotherapy TPD will decide with the trainee and clinical supervisors what clinical experience will contribute to the hours of experience required.

Formative assessment will be based on learning outcomes as defined in the ST psychotherapy and general adult psychiatry curricula of the Royal College of Psychiatrists ratified by the General Medical Council Postgraduate Education Board. Trainees will need to ensure their training meets the RCPsych general adult and psychotherapy ST4-6 curricula, and record evidence of this via both the general adult and psychotherapy on line RCPsych training portfolios.

Psychotherapy Work Place Based Assessments

HENW Deanery is committed to using the RCPsych Portfolio online and so trainees should register and use this as the repository of their evidence of training (i.e. storing learning objectives and completion and storage of WPBAs) and making links to the intended learning objectives.

The RCPsych Psychotherapy curriculum **recommends** that 12 WPBAs are conducted each year as in the table below. However, it may be more appropriate to do WPBAs as a matter of routine and so collate more than the 12 mandatory WPBAs required.

WPBA	Suggested Minimum number required per year		
	ST4 50/50 IP/OP	ST5 (Specialty)	ST6 (Specialty)
PACE/ACE	2	2	2
Mini-ACE	*	*	*
CbD	4	4	4
Mini-PAT	1	1	1
SAPE		2	2

	2		
SAPA	1	1	1
AoT	1	1	1
DONCS	1	1	1

* There is no set number of this form of assessment; they should be performed as required

The RCPsych Psychotherapy Faculty has developed psychotherapy specific WPBA competency measures (e.g. SAPA for assessment and SAPE for cases) that should be completed as an aid to subsequently completing the generic psychiatric WBPA's (CBD + ACE as above) on the RCPsych Portfolio on line system. Trainees WPBA's assessments can be completed by any medical or non-medical qualified psychotherapists.

(1) Assessments

- a. CBD: discuss process notes + complete Supervisor's Assessment of Psychotherapy Assessment (SAPA) to inform completing RCPsych CBD form.
- b. ACE: two ways
 - i. Directly observe an assessment (tape, video, sit in), then complete SAPA which will inform the scoring of a RCPsych ACE.
 - ii. Psychodynamic: Present the process of completed assessment, complete psychodynamic SAPA. Then present SAPA + a written report to another consultant who completes a collage ACE.

(2) On going therapy

- a. CBD: for any modality during clinical supervision, when presenting from process notes or tape, supervisor completes SAPE ST4-6 and scores RCPsych CBD.
- b. CBT ACE: supervisor rates a full session either live or from tape using CT-R /SAPE to inform scoring of RCPsych ACE.
- c. Systemic ACE: family therapy supervisor completes an SAPE, after observing from behind the screen or from a recorded session, to inform a RCPsych ACE.
- d. Mini-ACE: supervisor sits in or listens to a segment of recorded session (10-20 mins) illustrating a specific competency (e.g. agenda setting in CBT)

(3) Completed therapy cases

- a. ACE: present a written account of a case (500 words) + 2 SAPE's (mid + end point) from this case to a different consultant, who will discuss the case with you and score a RCPsych ACE

RCPsych Psychotherapy Faculty recommendation about training experience

Additionally, the Psychotherapy Faculty of the RCPsych makes a recommendation about the appropriate number of clinical training hours to be accumulated through the 3 years of psychotherapy training, which should be logged and submitted/uploaded into the on-line portfolio ahead of the Annual Review of Competence Progression (ARCP), as single document entitled "log of therapy hours".

- Log of psychotherapy activity:
 - o 600-1200 hours in main modality + 100-200 hours in 2 others models of therapy
 - o 30-60 hours of assessments
 - o Consultations offered
 - o 150-300 hours receiving teaching in core modality and 20-40 hours in other two models
 - o On call experience
 - o Receipt of and provision of supervision to others

Specialty trainees are awarded two sessions that can be used for areas of special interest and research. In order to attain the above targets this time will initially be used within the specialism of psychotherapy rather than other areas of psychiatry, until the above targets have been reached.

Written Work

Additionally, for psychotherapy, to aid the development of integration of theory and clinical skills there will be the formal submission of assessments/case studies written up for formal marking by the medical and non-medical psychotherapists. If written submissions are marked as needing attention or unsatisfactory they will need to be altered/corrected before resubmission.

Over the course of the three years trainees will submit the following pieces of written work so as to encourage the development of summarizing and formulation skills:

- Three assessments (2000 words): similar to reports sent to referrers. Could be either first line and/or second line assessments.
 - o Trainees will do one assessment in each of year of psychotherapy training (ST4/5/6)
- One case report (2,500 words): a brief summary of a case, involving the elements of formulation combined with a synopsis of progress in therapy. 800-1250 words of clinical material supplemented by a further 800- 1250 words discussion of theoretical interest.
 - o This will be undertaken in the second year of training (ST5)
- One single case study (4,000 to 6,000 words): differs from the case report in being longer, presented in the form of an essay and clinical material is used to support the theoretical points being made.

- This will be undertaken in the third year (ST6)

Either the case report or the single case study should relate to group work.

In each year all written work should be submitted 2 months prior to the ARCP date to ensure there is time for marking, corrections and the completion of a WBPA.

These pieces of work will be marked using the marking frame in appendix 2. Following the marking of a piece of written work, trainee and marker will meet to conduct a CBD WPBA. Thus the 5 pieces of written work will count to the total number of WBPA's.

Personal Therapy

For most trainees undertaking their own personal therapy will be a central part of their professional development. Trainees will be expected to engage in personal therapy during the five-year course of their training, as a form of experiential learning and to aid the understanding of the therapeutic relationship from both the perspectives of a therapist and patient. This will most likely be individual analytic therapy but group analytic therapy could also be considered. The trainee may begin in a once weekly therapy and increase the frequency as they develop through their training. If a trainee is engaging in twice per week clinical work they should consider being in twice a week personal therapy.

There is agreement within HENW that funding for one session of therapy per week will be funded by the Deanery. Trainees would be expected to take up personal therapy with an experienced UKCP/BPC qualified therapist equipped to address the relevant issues of personal and professional development as they may arise in the context of training. Personal therapists should be agreed with the clinical supervisor and Psychotherapy TPD.

Other Sources of Support

- (i) Trainees will be encouraged to join the HENW Trainee Peer group network.
- (ii) Trainee mentor: Trainees will be encouraged to form a link with a more senior local trainee to familiarize themselves with local working practices and the relevant assessment documentation.
- (iii) Senior mentor: Trainees will be encouraged to form links with a Consultant Psychiatrist who is not involved in the direct delivery of training, as an alternative avenue for advice and support.

Experience in providing training to others

The trainee will be expected to gain experience of training others both in psychiatry and psychotherapy (i.e. Core Trainees in Psychiatry). In psychotherapy this will be through the provision of Balint style Case Discussion Group (CT1 trainees), as well as being involved in the delivery of psychotherapy seminars and therapy case supervision to CT2 and CT3 trainees.

Other opportunities for teaching should be taken up, ranging from medical undergraduate teaching to lecturing on the local postgraduate MRCPsych course. Trainees would be encouraged to set up training

events for others and so gain experience in curriculum design and implementation of a teaching programme. The trainee will develop and evaluate their own teaching materials, and will be expected to attend a local “*How to Teach*” training courses.

Research, Audit and Management Experience

Research: The trainee will be expected to familiarise themselves with the literature and the methodological strengths and weaknesses in relation to research in their respective sub-specialties.

For psychotherapy the issues surrounding the evidence base and comparison between different models of psychotherapy should be familiar to trainees. The trainee should be aware of current outcome measures and their strengths and limitations and should be able to appraise the literature critically.

Through links with local Universities, various research opportunities will be available, and trainees should look to engage with a significant piece of person research across their ST training.

Audit: The trainee will be expected to have an understanding of the audit cycle and carry out an annual audit project during training.

Management + Leadership: The trainee will attend local service business and/or management meetings during their placements to compare the different ways teams work and to observe the different organisational contexts and their influences. There will be training opportunities in management for Specialist Trainees within each of the Trusts and attendance of the HENW leadership/management course will be an excellent introduction. Beyond this, the post holder will be encouraged and supported to take on leadership-management tasks consistent with their level of training. Taking on a management project, being a representative of training committees, organising local or national conferences and presenting at conferences will be an aspect of leadership development in the training.

Contacts for further information

Any trainees interested in dual training in General Adult and Psychotherapy would be encouraged to contact Dr Simon Graham (Psychotherapy) and Dr John Stevens (General Adult, Liverpool) and Dr Simon Sandu (General Adult, Manchester) to discuss the training opportunities further.

Dr Simon Graham

**Psychotherapy Training
Programme Director**

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Appendices

- (i) Summary of the various WPBA's
- (ii) Written work marking frames
- (iii) Trainee Testimonials

Appendix 1 Summary of the various WPBA's

(i) CBD

Documented discussion assessing clinical decision making + application of clinical knowledge + ethical/legal framework in relation to patient care when trainee has been directly responsible.

Need to take 2 sets of notes for discussion and supervisor picks one. Discussion + feedback should take 30 mins.

(ii) ACE

Designed to provide feedback on skills essential to the provision of good clinical care by observing a whole clinical encounter (history, MSE, diagnosis, management plan). Ideal for new patient assessments.

Observation should take no longer than an hour, followed by feedback for 30 mins.

(iii) Mini-ACE

Designed to provide feedback on skills essential to good quality care by observing part of an actual encounter. Examples are negotiating a treatment plan + performing a risk assessment.

Presentation and feedback should be less than 30 mins.

(iv) DONCS: Managing + chairing meeting+ supervision of trainees

This is designed to provide feedback on a trainee's performance of non-clinical skills by observing them chairing a meeting, teaching, supervising others or engaging in another non-clinical procedure.

Trainee being assessed leads the process, chooses who assesses them and the skill to be assessed. The situation should be representative of trainee's workload. In some situations it may be possible for a number of assessors to independently rate the doctor's performance. This is desirable, as it may improve the reliability of the rating. When this happens, raters should agree with the doctor in advance which of them will give the feedback.

The observation should last at least 30 minutes and may last longer. It should take 10 - 15 minutes to give immediate feedback.

(v) JCP Form: Journal club form

(vi) Mini PAT: 360 feedback (need to register for 2 rounds each year)

(vii) AoT: Assessment of teaching

Appendix 1 Written work marking frames

MARKING FRAME FOR FIRST LINE ASSESSMENT REPORTS

	Satisfactory	Needs attention	Unsatisfactory
<p>1. Presentation and Structure</p> <p>Written with good basic language skills in a clear and accessible style. Presented in orderly sequence. No more than 2000 words with structured headings and paragraphs. Include word count.</p>			
<p>2. Presenting Complaint</p> <p>Clear account of complaint. Clear description of circumstances of referral and assessment.</p>			
<p>3. History: Concise Summary of:</p> <p>Developmental History. Relationships. Past Psychiatric History.</p>			
<p>4. Use of Own Contact with Patient</p> <p>A description of patient/therapist interaction, including observations on non-verbal communication and mutual handling of the boundaries. Identification of transference/ countertransference material fully supported with evidence from the patient/therapist interaction. Include patient's response to trial interpretation(s). If interpretation not offered, provide an explanation for this. Recognition of the issues related to similarities and differences between therapist and patient.</p>			
<p>5. Formulation</p> <p>Description of links between the</p>			

<p>presenting problems and unconscious processes, with supporting explanations. Linking presenting problem, history and patient/therapist interaction in a theoretical framework.</p>			
<p>6. Suitability for Psychotherapy</p> <p>Comment on suitability for psychotherapy. Anticipate likely resistances/transference/countertransference themes/possible risks and problems of management. Discussion of factors determining model/modality of therapy and any contra-indications if present. Recognition of psychiatric conditions if present.</p>			
<p>7. Decision-making</p> <p>Understanding of <u>practical issues</u> relating to assessment for psychotherapy e.g. managing waiting lists. Clear statement of how the decision was made and action taken e.g. referral to other professionals and communication with GP/referrer.</p>			

MARKING FRAME FOR CASE REPORT

Introduction:

The Case Report must refer to a course supervised therapy, either individual or group, which does not need to have been completed at the time of writing.

	Satisfactory	Needs attention	Unsatisfactory
<p>1. Presentation and Structure</p> <ul style="list-style-type: none"> i. Basic language skills ii. Clarity of style iii. Two sections each of 800-1250 words iv. Include word count 			
<p>2. Clinical</p> <ul style="list-style-type: none"> i. Clear and brief account of the background and establishment of the therapeutic contract. ii. Description of the development of the therapeutic relationship including managing ending(s) with reference to how this is and is not supported by the formulation. Recognition of the issues related to similarities and differences between therapist and patient iii. Difficulties in therapy. iv. Demonstration of how supervision has influenced the conduct of this therapy. 			
<p>3. Theoretical</p> <ul style="list-style-type: none"> i. Locate the clinical account within a theoretical framework with evidence to support your theoretical understanding. 			

MARKING FRAME FOR SINGLE CASE STUDY

Introduction:

The Single Case Study must refer to a course supervised therapy, either individual or group, which does not need to have been completed at the time of writing.

	Satisfactory	Needs attention	Unsatisfactory
<p>1. Presentation and Structure</p> <ul style="list-style-type: none"> i. Deals with one individual patient or a single group and should not draw from several clinical examples. iii. Basic language skills. iii. Clarity of style demonstrating an ability to communicate theoretical ideas and aspects of the therapeutic relationship in accessible language. iv. 4000-6000 words including quotations but excluding bibliography and references. v. Include word count. vi. Written in essay form with an introduction, discussion, conclusion and bibliography/references. 			
<p>2.</p> <ul style="list-style-type: none"> i. Identifies an aspect of one clinical case and examines it critically in depth from one or more theoretical perspectives. ii. Describes how theoretical understanding informs and is informed by the development of the internal supervisor and the use of external supervision. 			
<p>3.</p> <ul style="list-style-type: none"> i. Case material is selected to illustrate the theory used. 			

Appendix 3 Trainee Testimonials

“The wide range of skills acquired during the training period sets the ground to develop a well-rounded psychiatrist who is able to tolerate the multiple clinical and institutional pressures facing an NHS psychiatrist. As a trainee, I feel well supported to grow within my chosen specialty by supervisors who are typically passionate about what they do. We have –genuinely- time protected educational events ‘weekly psychotherapy seminars’ which are well structured, collaborative, informative and very enjoyable. Some trainees may be put off by the length and demands of the dual training, but in my experience so far, I found it to be a unique training opportunity and a time well spent.”

I am an ST5 in the dual training program in general adult psychiatry and medical psychotherapy. I consider myself to be very lucky to have the chance to study on this program. The breadth of training provides excellent preparation for being a consultant in either specialty. Trainees have the opportunity to study a broad range of psychotherapy modalities including psychodynamic psychotherapy, CBT, family therapy, group therapy and therapies for complexity (such as MBT or DBT) during a 5 year period. I have found learning the psychotherapy theory fascinating in its own right but it has also been of considerable help in my general adult work. In particular it has helped me to improve my understanding of patients with chronic conditions, personality disorder or patients presenting with significant risk. The supervisors on this program are clearly passionate about education and have been highly supportive.

Within Lancashire Care Dr Morgan with the support of Dr Quraishi runs an introductory CBT skills course twice a year over 5 weeks to prepare trainees for supervised practice. An example of the previous feedback received is ‘Dr Morgan is a very good supervisor, he is very approachable and very good in terms of feedback; he always makes sure I am comfortable with my patient as well as him in supervision. He always encourages trainees to do well not just in CBT but other areas also (clinical) Thank you’.