**Appendix DRAFT**

**Special Interest Sessions for Higher trainees
Yorkshire and Humber School of Psychiatry Guidance and Requirements**

This guidance is designed for all specialities higher trainees, clinical and educational supervisors, and other colleagues considering higher training, to provide advice on Special Interest Sessions as part of Higher Training. It has been discussed and ratified through the HEE Yorkshire and Humber School of Psychiatry.

The Specialty Training Royal College of Psychiatry Curricula all specify that part of higher training includes an opportunity for Special Interest Sessions as follows (e.g. from the GA Curriculum Guidance, May 2017, p52):

*It is educationally desirable that Advanced Trainees in General Psychiatry have the ability to gain additional experiences that may not be available in their clinical placement. Two sessions every week must be devoted during each year from ST4-6 for such personal development, which may be taken in research or to pursue special clinical interests. Special interest sessions are defined as “a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee”. For instance, a special interest session in substance misuse would be of direct relevance to a trainee wishing to subsequently work in an inner city core general psychiatry post. Special interest sessions may also be used for gaining psychotherapy experience that builds upon the experience the trainee had in Core Training. This experience must be appropriately managed, supervised and assessed. The Training Programme Director must prospectively approve the use of special interest time. Special interest and research supervisors must provide reports for the trainee’s ARCP as required by the School of Psychiatry.*

Each higher trainee is therefore expected to adhere to this College standard as follows:

1. Two sessions a week to be allocated for special interest sessions (SIS).
2. This can be taken as a single day, two half days, or a block of numbers of weeks in a training year, but to add up overall to a fifth of their training time.
3. Trainees who work Less than Full Time (LTFT) will need to take pro-rata SIS time, eg a trainee who works 80% will use 6.4 hours in a 32 hour week, ie again a fifth of their training time. For LTFT trainees, there may be efficiency options, such as taking one day a fortnight for 50% or 60% LTFT (with outstanding additional admin time), or 4 days every 5 weeks (for 80% LTFT).
4. Choice and time taken for SIS will need to be discussed proactively with the Educational Supervisor (ES), and the allocation in the timetable agreed with the Clincial supervisor (CS), to ensure ongoing service delivery.
5. SIS are agreed with the ES as part of the trainee’s outline training plan and where there are concerns about the suitability of a SIS, such as in the circumstances outlined in section 18, then the proposed SIS should be agreed by the TPD.
6. If the trainee is awaiting to start a SIS, or a gap for any other reason, they are expected to continue with their main clinical post duties.
7. The SIS agreed can vary across a training year, and potentially there can be more than one SIS taken at the same time, eg a half a day a week each, or 6 months of each.
8. Most trainees change the SIS each training or calendar year, to ensure good coverage of the whole curriculum over the whole of the higher training time. Any SIS for longer periods will need clarification of curriculum competency development over an extended period.
9. SIS can be in clinical or non-clinical areas, including in psychotherapy. Trainees to be minded to focus equally on the clinical and non-clincial areas of the curricula.
10. Activities and experience towards psychotherapy competencies do not have to be taken only in SIS time, but can also be allocated within the main clinical timetable.
11. SIS proposals need to be aligned to identified specific Curriculum competency acquisition and Curriculum Leaning Objectives (ILOS); or in new Curricula from 2022, in Higher Learning Outcomes (HLOs).
12. Details of established SIS opportunities are available from the Trainee Handbooks, Rotation-wide Inductions, educational and clincial supervisors, other trainees, trainee mentors, TPDs and Trusts. Novel SIS are welcomed within this identified framework.
13. Each SIS needs an identified Supervisor who supports development and identification of a SIS PDP and report for ARCP, both of which can be embedded in the Pre-ARCP checklist, see Appendix 1.
14. The SIS supervisor will usually be a NHS consultant-level psychiatrist familiar with training although not necessarily a School approved higher trainer. The broad scope of SIS will inevitably include supervisors from other backgrounds, such as non-medical psychotherapists, non-psychiatric physicians or clinicians employed by third sector organisations. The educational supervisor must be satisfied the proposed supervisor is familiar with the relevant aspects of the psychiatric curriculum in relation to the SIS, and the assessment methods. Where there is uncertainty the educational supervisor should discuss the proposal with the TPD.
15. The SIS report section in the Pre-ARCP checklist can be copied if more than one report required, for instance, to include initial outline plan, mid or end of placement report, and/or more than one special interest; and uploaded onto the ePortfolio.
16. If the SIS is taking place outside the main placement employment Trust, there will need to be an honorary contract and careful consideration of clear governance structures provided by the SIS Trust. This can be arranged through the clincial supervisor of the SIS, with any advice from the SIS Trust Medical Education Centre.
17. Trainees to carefully consider and seek advice for any required indemnity.
18. Where the SIS falls within non-psychiatric specialties (e.g. neurology, paediatrics), non-NHS settings or services (e.g. private / third sector), and research undertaken or supervised outside an academic psychiatric setting they should be discussed and agreed prospectively with the TPD.
19. SIS undertaken outside the NHS will not be subject to renumeration except for payment of associated travel and study leave expenses. Payments resulting from Category II work during ordinary working hours are permitted providing other NHS clinical and non-clinical duties are time-shifted and the work is declared on the annual Form R.
20. CAMHS Higher Trainees are expected to have a clear plan in the 3 years of training with educational supervisor, for coverage of CAMHS curriculum, before embarking on special interest sessions.

**Sara Davies, GA WNE TPD**

**With helpful comments from Higher Trainees: Katy Blissard-Barnes,** **ST4 Dual General Adult and Old Age, and Lucy Allender, ST4 Dual General Adult and Medical Psychotherapy**

**December 2021**

**Appendix 1: Pre-ARCP Checklist including Clinical Special Interest Session entry**

**Pre-annual review of competency progression (ARCP) Summary**

**This form replaces the ASR. It will be completed by the trainee and educational supervisor prior to each ARCP**.

It will complement the portfolio psychiatric supervisor report (completed by the clinical supervisor) and the educational supervisor report, and the [uploaded form R](https://www.yorksandhumberdeanery.nhs.uk/revalidation) and [CCT calculator](https://www.rcpsych.ac.uk/training/your-training/training-resources/when-do-i-complete-my-training). This form will be completed by CT, ST and ST run-through trainees. ACF trainees will continue to require additional assessment forms by their academic supervisors.

The purpose of this form is to ensure all the portfolio evidence uploaded since the commencement of a training rotation or since the previous ARCP are reviewed prior to the ARCP panel. Trainees are encouraged to pre-populate the form before meeting the educational supervisor. The educational supervisor must be satisfied the evidence is accurate and up to date.

**BACKGROUND INFORMATION**

**Name:**

**CT / ST year:**

**Training Rotation:** Choose an item.

**Second Training Rotation (Dual Trainees Only):** Choose an item.

**Training Region:** Choose an item.

**Date of ARCP (if known):**

|  |  |
| --- | --- |
| **Documents reviewed** | **Date (s)** |
| Psychiatric supervisor report (s) |  |
| Form R |  |
| CCT calculator |  |
| Other correspondence not on portfolio:*(insert details or documents below)* |  |

**Placement history since commencing core / specialty / run-through training.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Base location** | **Specialty / subspecialty\*** | **Clinical supervisor (s)** | **CT / ST year** | **Placement Dates**  | **Full time / %LTFT** |
| Start | End |
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\*specify if liaison, rehabilitation or addictions placements are endorsements (General adult and/or Old Age ST rotations only)

**ARCP history**

|  |  |  |  |
| --- | --- | --- | --- |
| **ARCP date** | **CT / ST year** | **Outcome** | **Targets** **(outcomes 2,3,5,10.1,10.2)** |
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**Previous complaints / untoward incidents awaiting resolution**

*Ensure previous unresolved complaints / incidents are recorded on current Form R*

|  |  |  |
| --- | --- | --- |
| **Date of complaint / incident** | **Details of complaint / incident** | **Progress (comment if exception-exit report completed)** |
|  |  |  |
|  |  |  |
|  |  |  |

**EVIDENCE SINCE COMMENCING CORE / SPECIALTY TRAINING**

**MRCPsych examinations (Core / ST1-3 trainees only)**

|  |  |  |
| --- | --- | --- |
| **Exam** | **Date** | **Outcome** |
|  |  |  |
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**ECT competency (Core / ST1-3 trainees only) \***

|  |  |  |
| --- | --- | --- |
| **Placement** | **ECT supervisor** | **Date of satisfactory DOPS assessment** |
|  |  |  |

**Psychotherapy**

|  |
| --- |
| **Core / ST1-3 trainees\*** |
| **Therapy** | **Therapy supervisor** | **No. sessions completed** | **Evidence of assessment** |
| Case-based discussion |  |  |  |
| Short case |  |  |  |
| Long case |  |  |  |
| **ST4-8 trainees** |
| **ST year** | **Therapy / intervention** | **Progress (e.g. sessions completed)** | **Evidence of assessment** |
| ST4 |  |  |  |
| ST5 |  |  |  |
| ST6 |  |  |  |
| ST7 |  |  |  |
| ST8 |  |  |  |

**\*includes other STs who didn’t complete core competences and subject to Covid-19 curricular derogations**

**NEW EVIDENCE**

The evidence summarised in these sections will have been added to the portfolio since the commencement of training or since the last ARCP in which evidence was formally reviewed (i.e. N outcomes excluded).

**Reflective practice summary**

|  |  |
| --- | --- |
| **Date of portfolio entry** | **Theme of entry (e.g. clinical, professional, academic, complaint, untoward incident)** |
|  |  |
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**Assessment and management of psychiatric emergencies with first line management plan (CORE / ST1-3 trainees only)**

|  |  |
| --- | --- |
| **Number of cases since last ARCP** |  |
| **Evidence on portfolio (e.g. case log)** |  |
| **Number of cases with WPBA** |  |
| **Cumulative number of cases since commencement of core training** |  |
| **Cumulative number of night shifts / on call since commencement of core training** |  |

**Clinical special interest session (ST4-8 trainees only)**

*Copy this section if more than one report required, for instance, to include initial outline plan report, and/or more than one special interest*

|  |
| --- |
| **Placement location:****Placement specialty:****Placement clinical supervisor:****Commencement date:****Completion date:** |
| **Clinical supervisor report:** |
| **Clinical supervisor electronic signature:****Date:** |

**Academic and leadership activities**

|  |
| --- |
| **Quality improvement****(uploaded report and reflective practice entry to evidence completion)** |
| **Project title** | **Portfolio evidence of progress** | **Educational Supervisor comments** |
|  |  |  |
|  |  |  |
| **Research and publications** |
| **Project title** | **Portfolio evidence of progress** | **Educational Supervisor comments** |
|  |  |  |
|  |  |  |
| **Leadership and management** |
| **Role description** | **Portfolio evidence** | **Educational Supervisor comments** |
|  |  |  |
|  |  |  |
| **Education and development** |
| **Nature of involvement** | **Portfolio evidence** | **Educational Supervisor comments** |
|  |  |  |
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**Complaints / untoward incidents since the last ARCP or since commencement of rotation**

*Ensure new complaints / incidents are recorded on current Form R*

|  |  |  |
| --- | --- | --- |
| **Date of complaint / incident** | **Details of complaint / incident** | **Progress (comment if exception-exit report completed)** |
|  |  |  |
|  |  |  |
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**WPBA summary (since last ARCP or commencement of training rotation)**

*Indicative numbers only, add rows for additional WPBAs*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WPBA** |  | **Date** | **Assessing clinician and role** | **Summary performance rating\*** |
| **Clinical** |
| **ACE** | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **Mini-ACE** | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| **CbD** | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| **DOPs** | 1 |  |  |  |
| **Teamworking and leadership** |
| **DONCS** | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| **Mini-PAT** | 1 |  | No. responses: | Overall score: |
| 2 |  | No. responses: | Overall score: |
| **Academic** |
| **JCP** | 1 |  |  |  |
| **CP** | 1 |  |  |  |
| **AOT** | 1 |  |  |  |
| **Psychotherapy** |
| **CBDGA** | 1 |  |  |  |
|  | 2 |  |  |  |
| **SAPE** | 1 |  |  |  |
|  | 2 |  |  |  |
| **PACE** | 1 |  |  |  |
|  | 2 |  |  |  |

\* Performance rating *at this stage of training*

B = below expectations

M / S = meets expectations / satisfactory

A / E = above expectations / exceeds expectations

**GLOBAL PERFORMANCE (optional section)**

The portfolio educational supervisor report provides scope to comment in detail on a trainee’s performance using the four main headings of Good Medical Practice. There is also scope to provide recommendations for the ARCP panel.

The table below allows further commentary with specific reference to the curriculum domains.

|  |  |  |
| --- | --- | --- |
| **Curriculum domain** | **Achievements** | **Concerns** |
| **CLINICAL** **(ILOs 1-7)** |  |  |
| **ACADEMIC and CLINICAL GOVERNANCE****(ILOs 8-12)** |  |  |
| **COMMUNICATION, DEVELOPMENT and PROFESSIONALISM****(ILOs 13-19)** |  |  |

**Signature of educational supervisor:**

**Date:**

**Clinical special interest session (ST4-8 trainees only)**

*Copy this section if more than one report required, for instance, to include initial outline plan report, and/or more than one special interest*

|  |
| --- |
| **Placement location:****Placement specialty:****Placement clinical supervisor:****Commencement date:****Completion date:** |
| **Clinical supervisor report:** |
| **Clinical supervisor electronic signature:****Date:** |