

Psychiatry of Learning Disability Wessex Training Programme Handbook

**Training Programme Director Dr Jennifer Dolman
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Essential Documents/websites to read

A Competency Based curriculum for Specialist Training in Psychiatry. Specialists in the Psychiatry of Learning Disability.

[http://www.rcpsych.ac.uk/pdf/Learning%20disability%20October%202010%20\(Aug%2011%20Update\).pdf](http://www.rcpsych.ac.uk/pdf/Learning%20disability%20October%202010%20(Aug%2011%20Update).pdf)

Your learning plan and educational objectives for each post should align with the curriculum. In addition, the Guide for ARCP panels will ensure there are no surprises at the end of each post!

A Reference Guide for Postgraduate Speciality Training in the UK. The Gold Guide.

The Gold Guide sets out the arrangements for specialty training. The Gold Guide should be viewed with the Addendum to the Gold Guide.

http://www.mmc.nhs.uk/specialty_training/specialty_training_2012/gold_guide.aspx

<http://www.mmc.nhs.uk/pdf/Gold%20Guide%202010%20Fourth%20Edition%20v08.pdf>

<http://www.mmc.nhs.uk/pdf/ADDENDUM%2022%20Nov%202011.pdf>

Speciality Training Programme Description and Post Profile

These will be given to you when you start but can also be obtained from your educational supervisor, Training Programme Director or The Deanery.

Postgraduate Department

<http://www.southernhealth.nhs.uk/departments-and-directories/postgraduate/>

Introduction to Psychiatry of Learning Disability and Top Tips

For most of you starting as an ST4 in this training programme, you will probably have experienced at most a 6 month attachment as a core trainee or nothing at all.

1. The website <http://www.intellectualdisability.info/tours/trainee-psychiatrists> is an excellent place both to start and use as an extremely good resource throughout your career as a Psychiatrist for People with a Learning Disability.

The area covered by this Training Programme (Southern Health NHS Foundation Trust) has a strong focus on maintaining people with learning disabilities in the community, and therefore the majority of your placements will be in with community learning disability teams.

2. Community Teams are multidisciplinary and integrated with Hampshire County Council. The following professions can be found in a team:
 - Psychiatry
 - Psychology
 - Physiotherapy
 - Community Learning Disability Nursing (these people are not the same as CPN's!)
 - Speech and Language Therapy
 - Occupational Therapy
 - Clinical Support Workers for both nursing/psychology and the therapies
 - Social worker/care manager
 - Admin
3. Patients are called clients.
4. As the teams are multidisciplinary not everybody will be seeing the client for the same reason or for psychiatry!
5. There is a Directorate wide referral and initial assessment process. How involved the doctor becomes in the initial assessment depends on the community team. Therefore, do not feel disheartened if you are not asked to undertake regular initial assessments and these are done by other members of the team. However, you can discuss this with your educational or clinical supervisor in order to gain the relevant experience.
6. Most team members are experienced clinicians. Due to the multidisciplinary nature of the problems faced by our clients you may find team members undertaking tasks you may have done in a community mental health team. Again, do not feel disheartened but use it as an opportunity to adapt to the way different ways teams work, finding your roles and responsibilities amongst other team members. If you feel your training is suffering feel free to discuss this with your educational or clinical supervisor in the first instance or the training programme director if you do not feel you have a suitable resolution.

7. A key part of your role as a psychiatrist for people with learning disabilities is liaising between the different professionals and other agencies, e.g. safeguarding, housing, support or residential staff, day services etc. Feel free to spend time with these agencies when the opportunity arises.
8. Get to know the Directorate wide services, such as the Forensic Team, Intensive Support Team and Inpatient Service.
9. Within community teams, some types of experience will arise regularly, for example autism and challenging behaviour. Others less often, for example a court report. The lesser opportunities need to be taken up when they arise, as you will not know when the next opportunity will readily arise. In addition, for these latter opportunities you may have to find other ways to gain experience. It is up to you to discuss this with your educational supervisor and maintain a case log for your portfolio.

Induction

Induction is a process made up of a number of levels: Deanery, Specialty, Trust, Locality, Department and Post.

Deanery induction will take place at Southern House for ST4 trainees. The morning is an overview of the Deanery processes, courses, professionalism and leadership and the afternoon is specific to Psychiatry - internal processes and procedures, Who's Who, training and assessment including the curriculum, portfolio and the assessment process.

Trust induction is organised by Medical HR and the Postgraduate Centre, ST4-6 trainees attend on appointment. The programme takes place on the first Wednesday morning of August and February and comprises Medical HR matters including policies and procedures, together with Statutory training (Fire, Health & Safety, Moving & Handling).

Local induction is organised by your educational supervisor/ the locality tutor on rotation to that locality. This includes local procedures, local education programme, on-call arrangements and orientation.

Department/ post induction is completed in discussion with you educational supervisor.

Please read Southern Health's website pages about the Trust and the Learning Disability Directorate to familiarize yourself with our services.

Formal local and departmental induction takes place in the day and a half following Trust induction: each area has its own programme tailored to its needs. Informal aspects of induction take place over the following weeks, including setting learning objectives for the post and familiarisation with policies and procedures. RiO training takes place on the Friday of induction week for those new to the system.

Each element has specified points to cover as laid out in the induction policy/checklist. This should be downloaded and sent back to the Training Programme Director completed by the end of month 3. You will also need to upload it onto your portfolio.

<http://www.southernhealth.nhs.uk/departments-and-directories/postgraduate/induction/>

Mandatory Training

Like all Trust employees, doctors are required to complete specific training. At induction, you are given a copy of the 'Personal Essential Training matrix for ALL doctors' which defines what Trust training you must attend and how often. This includes Life support, Management of Aggression, Child Protection, Safeguarding Adults, Infection Control and Information Governance. It is your responsibility to book onto courses and to ensure that your training is up to date. Essential training also includes the Pharmacy e-learning prescribing pack.

A number of localities include some mandatory training and updates, eg medicines management in their local education programme. It is also possible to complete some training, such as 'Delivering Equality' on-line.

Trust and Deanery Induction Pattern

	1st Wednesday	1st Thursday	1st Friday
Week 1	Trust induction am	Locality induction	RiO Training
	Job department induction (or Thursday am/pm)	Locality induction	
Week 2		Core Skills	
Week 3		Core Skills	
Ongoing	Completion of mandatory training and familiarisation of policies and procedures.		

Facilities

The NHS is ever changing and long gone are the days when consultants had their own parking space. In some of your placements you may have easy access to parking, your own desk or even office and an up to date all singing and dancing computer. In others you may have to juggle with to park, or park in the local Pay and Display, share a desk and the computers might be slightly slow processing the information given!

You can only expect to have **access** to all of these things plus administrative support, not dedicated to you. Use this as an opportunity to adjust to the flexibility needed to be a consultant when facilities change!

Study Leave

Information about study leave can be found at:

<http://www.southernhealth.nhs.uk/departments-and-directories/postgraduate/faq-how-to/study-leave/>

The Wessex Deanery provide information at:

http://www.wessexdeanery.nhs.uk/about_wessex_deanery/medical_policies_procedures/study_leave.aspx

Clinical and Educational Supervision

Clinical supervision relates to the day-to-day oversight of trainees in the workplace and is an activity that involves all clinicians that come into contact with trainees. Clinical supervision involves being available, looking over the shoulder of the trainee, teaching on-the-job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise. All trainees should have access to supervision at all times with the degree of supervision tailored to their competence, confidence and experience. In many respects then, clinical supervision is a function of the training rather than resting with a single individual. However, within your learning disability training placements, such supervision arrangements will be the responsibility of a nominated 'clinical supervisor' who may also be your educational supervisor. You should have at least weekly contact with your designated clinical supervisor to discuss clinical cases/issues. In addition, you should always be able to contact somebody to provide clinical advice both during your normal working day and whilst on call.

The GMC defines a **clinical supervisor** as '*a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged*'.

Educational supervision relates to the oversight of a trainee's progress over time. Educational supervisors are responsible for ensuring that trainees are making the necessary clinical and educational progress. Educational supervisors will need all the skills of clinical supervision, plus an appreciation of supporting educational theory, the ability to undertake appraisal, work with portfolios and provide careers advice. Managing the trainee in difficulty will also, inevitably involve the educational supervisor with support from deanery training structures. Educational supervisors are responsible for producing a report for the Annual Review of Competence Progression (ARCP) panel. You should have a set time to meet with your educational supervisor, ideally monthly to discuss non clinical cases/issues.

The GMC defines an **educational supervisor** as '*a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement*'.

Please note it is your responsibility as a trainee to ensure you book appropriate times for your different types of supervision. If you have concerns about the level of supervision you are receiving you can discuss this, and any other issues you do not feel able to discuss with your clinical or educational supervisors, with the Training Programme Director.

Information about feedback can be found at:

http://www.wessexdeanery.nhs.uk/docs/WESS_Quality_Trainee_feedback_final_sheet_16609_20090819.doc

Clinical Experience Available

It is important you keep a case log of all your work, both for evidence in your ARCP portfolio of what competencies you have gained, and to be able to identify with your educational supervisor any gaps, to meet in your learning agreement.

The following clinical scenarios will be available for you to assess and manage daily as part of your community placement:

- Mental Health, including dementia
- Autism, including non medication management such as communication, intensive interaction, functional analysis, sensory integration.
- Challenging Behaviour (as for autism)
- Epilepsy
- Specific Physical Health problems/Health Facilitation
- Safeguarding meetings

You will encounter the following clinical situations in your community placement, but may need to find 'top ups' either by targeting the cases you assess and manage, spending more time in these areas through special interest sessions, or specific time allocated within your clinical timetable:

- **Forensic**, including report writing.

You will have the opportunity in your three years to spend 6 months with Dr Kevin O'Shea, the Forensic Community Learning Disability Team, the low Secure Unit and Step Down unit.

- Neuropsychiatric
- Child
- DoLs assessments/ MHA assessments
- Inpatients

Intensive Support Teams

As part of your community placements you will spend a period of time as a member of one of the Intensive Support Teams in order to understand all the non-medication assessment and management that can be used when clients present with challenging behaviour. This will enable you to gain a better understanding of the skills of your multidisciplinary colleagues to ensure you make appropriate and timely referrals when you are a consultant, minimising the use of medication in this vulnerable group.

Inpatient

When our clients require admission for mental health problems, they will access an acute GA or OPMH bed, where the consultant for that ward will take over their medical care, but with whom you should liaise regarding your proposed treatment plan and discharge. An assessment and treatment unit for PWLD and challenging behaviour will be opening April 2012. You will spend time here, gaining the competencies needed to be the consultant on an inpatient unit (both clinical and leadership). How this will occur will be discussed with your Training Programme Director and Educational Supervisor. It may be a block placement or a specific time each week as part of your clinical timetable.

Options and guidelines for Trainees in Learning Disability Psychiatry Acting up as Consultants

Acting up as a consultant is an educationally valuable experience for trainees within the last twelve months of their training whilst continuing to receive appropriate educational and clinical supervision. This can be for a maximum of three months (whole time equivalent) and will count toward the trainee's CCT.

This document clarifies the current options, and subsequent procedures, available for trainees in Learning Disability Psychiatry in The Wessex Deanery/Southern Health NHS Foundation Trust.

Principles

- It is not possible to act up in the post-CCT period of grace, unless the trainee resigns from the rotation.
- It will be a period of acting up, not a locum consultant post and the trainee will be referred to as 'Dr, ST6, Acting Consultant.'
- The post will be agreed as per the Wessex Deanery Policy and Guidelines, 'Trainees Acting up as Consultants.'
- It is the trainee's responsibility to ensure the relevant application form is completed.
- The trainee's weekly timetable and split between acting up roles and responsibilities and on-going ST6 roles and responsibilities will be agreed individually between the trainee, educational supervisor and TPD.
- Trainees will continue to receive educational supervision during the acting up period from their current educational supervisor.
- The acting up period should meet educational objectives, derived from competences in the college curriculum.
- Before endorsing the acting up application the TPD will ensure the clinical director is aware of and approves both the acting up post and the trainee proposed to undertake the post.
- The Deanery will receive a report from the Educational Supervisor at the end of the acting up period which would include some form of feedback from the multiprofessional members of the team in which the trainee works.
- The trainee will confirm their approved clinician (AC) status with HR and the clinical director. Not having AC approval will not prevent a trainee from acting up, but will mean they need consultant (i.e. approved AC) support for AC functions.

Options

1. The trainee acts up into a LD consultant post which is vacant. The trainee will have educational and clinical supervision from their current educational supervisor. If the trainee is required to undertake on-call work on the consultant rota there would be available a consultant on the telephone out of hours. The trainee would receive a salary for both acting consultant work and any ST6 work.

This option is not available at the time of writing.

2. There are two consultant posts within the LD Directorate which each provide input to two community learning disability teams – Dr Dominic Casey (New Forest East and West) and Dr Jennifer Dolman (Eastleigh and Test Valley). The trainee acts up into one half of one of these posts for the equivalent of 2 days a week, for 3 months. There would be an expectation that the trainee would work on the days on which team meetings occurred and provide support to the team about their patients on the days they continued to work as a ST6. Clinical supervision would be provided by the consultant whose post this is (that is Dr Casey or Dr Dolman). The trainee would maintain their current ST6 on call duties.

This option provides the experience of the roles and responsibilities of a consultant, without the trainee's educational or clinical supervisor having a daily presence, for trainees unable to undertake option 1. The trainee will continue to receive their full time equivalent trainees' salary.

3. The trainee provides cover when consultants are away on study or holiday leave. As per option 2 the trainee is able to experience the roles and responsibilities of a consultant, without the trainee's educational or clinical supervisor having a daily presence. The trainee would continue to receive their full time equivalent trainees' salary and undertake current ST6 on call duties. It is acknowledged that trainees undertake this function informally when their current clinical supervisor is away.

This option would enable trainees to gain more experience by providing cover to all the LD Directorate consultants. However, it is unlikely it would receive the relevant approvals (Regional Specialty Advisor, Programme Manager and Postgraduate Dean) as given the short term nature of study or holiday leave trainees would be unable to develop meaningful relationships with either patients or team members in the ST6 role and/or acting up role. It is therefore a 'service' rather than 'training' opportunity.

Application Process for all options

Suitable trainees will be invited to act up. If there is more than one suitable trainee they will all submit a CV and have a joint interview with the TPD and clinical director.

http://www.wessexdeanery.nhs.uk/policies_procedures/acting_up.aspx

Royal College of Psychiatrist Out of Programme Experience
<http://www.rcpsych.ac.uk/PDF/Out%20of%20Programme%20Guidance.pdf>

Your Educational Opportunities

Weekly Education

In each post it is expected you will access the Locality AMH academic meetings weekly, except where they are clearly not relevant (for example discussing of changes in adult directorate). If you have difficulties attending this due to clinical commitments you should rearrange. If this is not possible please speak to your educational supervisor or Training Programme Director.

<http://www.southernhealth.nhs.uk/departments-and-directories/postgraduate/local-education-programmes/>

If your consultant attends their Locality Consultant Meeting you are welcome to attend this if the group has agreed. There is a Trust wide Consultant/Senior Staff Medical Staff Committee which ST5-6's can attend. The chair is Dr Janet Butler. IN addition Huw Stone, as medical director, agreed for an ST4-6 to attend a Medical Advisory Committee (MAC) as a one off as long as you are shadowing one of the consultants that are a member of the group.

Access to Educational Resources

Library.tatchbury@southernhealth.nhs.uk 02380 874231

Each locality covers a wide area and both the Directorate and Trust cover a large area geographically. It will not always be possible for you to have physical access to a library however the library at Tatchbury Mount in Sycamore Lodge is very accommodating to you contacting them by telephoning for any requests for articles, books or literature searches. You should therefore have no problems accessing any library services you need or getting any resources you require. Please ensure you register with the Library and make yourself known to Jo Fabling and Stella Scott as soon as possible after you start in the Training Programme.

Internet Access

Although you may not have a nominated desk (you are only required to have access to a desk and a quiet room when necessary for confidential phone calls) you should always be able to access a computer connected to the internet for purposes of:

- educational training,
- e-learning.

Unfortunately some depending on firewalls some computers may not be able to access all e-learning packages. If this is a persistent problem and you need to have access at work, rather than time shifting to do this e-learning at home, please speak with your educational supervisor or Training Programme Director.

Local/Regional Teaching

The last Friday of the month (except for December and August) is **always** set aside for the Wessex Academic Meeting. Consultants, SAS doctors, Core Trainees and ST4-6 trainees meet at Poles Copse, Otterbourne. The timetable is:

- 10.30 Trainees meeting/reflection organised by Dr Giles Tan and Dr Rosie Baker.
- 11.30 Journal Club organised between yourselves as higher trainees, but you are more than welcome to other doctors to contribute to ensure all learning areas are covered. This should ideally be a critical appraisal of a relevant and topical journal article.
- 12.30 Lunch
- 13.00/13.00 Presentation rotated between consultants

This meeting counts as both specialty-specific local, regional and deanery teaching.

There is a folder located at Poles Copse, which between you as ST4-6's you should maintain up to date to log what is taught each time and to store copies of journal articles, slides from the afternoon presentation etc. In addition, all topics (as detailed on the other sheet of paper) should be covered over a 3 year period, with the topics in bold covered in 6 months in order for the Core Trainees to gain relevant competencies. Ideally you should contact the consultant undertaking the afternoon presentation to link in your journal club article.

The Severn Deanery LD rotation have a larger monthly academic meeting held on Wednesday afternoons at which commissioners, stakeholders, doctors and service providers will attend. You should make contact with the coordinator, through the Severn Deanery, in order to receive the programme and attend where appropriate.

Samantha.Walker@awp.nhs.uk

www.aldern.nhs.uk

Topic	Trainees supervision	Journal Club	Main/Case Presentation
Mental Health			
Autism			
Epilepsy			
Dementia			
Forensic			Nature or Nurture- Kevin Oct 11
Challenging behaviours			
Specific Physical health problems		Annual Health Checks Nov 11	Acute liaison nurses Dec 11
Neuropsychiatric disorders		Neurocutaneous disorders – Giles Oct 11	Neurofibromatosis – Kevin Oct 11
Child			
Pharmacology			
Psychotherapeutics			
Developmental			Nature or Nurture – Kevin Oct 11
Risk assessment and management			Nature or Nurture – Kevin Oct 11
Mental Health Legislation			
Broader legal framework			
DoLs			
Audit/research			
Governance issues			
Education/teaching issues			
Service development			
NHS in general			
Safeguarding			

Teaching/Educational Experience

Being a good educator is essential for life as a consultant, both formally, for example student lectures and appraising future trainees under your supervision, or informally such as discussing why you are using a particular medication with the client and their carers and side effects you wish them to monitor.

The curriculum outlines at each stage of your advanced training what competencies you are expected to have and how these can be assessed.

There are ample opportunities throughout your locality, our Directorate, Trust and University of Southampton to be able to undertake something formal and new each year. Some posts will have more opportunities for formal teaching than others. In addition **it is expected you will be a facilitator on the LD module of the MRCPsych course at Antelope House every 2 years. Please contact Sue Wilkins at the Postgraduate Centre in order to undertake facilitator training.**

Opportunity	Where/When	Contact
3 rd year medical student Learning Disability Special Study Module	Thursdays 2-4pm, various locations	Dr Jennifer Dolman/ Undergraduate Department, University of Southampton
3 rd year medical student seminar learning disability psychiatry	Wednesdays 6x/year, Antelope House	Dr Jennifer Dolman/ Undergraduate Department, University of Southampton
5 th yr medical student Learning Disability tutorial	Tuesdays, 2-4pm, Antelope House 9x/yr	Dr Jennifer Dolman/ Undergraduate Department, University of Southampton

Dr Jennifer Dolman Jennifer.dolman@southernhealth.nhs.uk

Undergraduate Department

Kath Lloyd K.L.Lloyd@soton.ac.uk
Christine Bladen cb7@soton.ac.uk
Christine Dumper C.Dumper@soton.ac.uk
Charlie Green charlieg@soton.ac.uk

If you are interested in education and teaching, and wish to specialize in this as a consultant you should strongly consider undertaking a postgraduate certificate or Masters in this area. Winchester University is a local provider, but there are lots of opportunities throughout the UK. Each course has its own merits, with different curriculums and structure, so you should take time choosing the best for you. This would be undertaken as part of your special interest/research time.

Psychological Therapies for Higher Trainees in Psychiatry of LD

Background

The aim of psychotherapy training is to contribute to the training of your future as consultant psychiatrists who are psychotherapeutically informed, display advanced emotional literacy and can deliver some psychological treatments and interventions. On gaining your CCT you should be able to:

- Account for clinical phenomena in psychological terms.
- Deploy advanced communication skills.
- Display advanced emotional intelligence in dealings with patients and colleagues and yourself.
- Refer patients appropriately for formal psychotherapies.
- Jointly manage patients receiving psychotherapy.
- Deliver basic psychotherapeutic treatments and strategies where appropriate.

There are two basic requirements:

- **Case based discussion groups** were a core feature of your Core Training in the psychotherapeutic approach to psychiatry.
- **Undertaking specific training experiences** treating patients, to acquire skills in delivering psychotherapies. The RCPsych curriculum states, *'Trainees should be encouraged to treat a number of psychotherapy cases during their training using at least two modalities of treatment and at least two durations of input.'*

This experience is started in Core training and continued in Advanced Training, so that by the end of Core Training you will have competently completed at least two cases of different durations.

'Care should be given in the selection of psychological therapy cases in Advanced Training in LD Psychiatry to make the experienced gained relevant to the trainee's future practice as a consultant. For example trainees may wish to develop skills in behaviour modification or in the use of cognitive approaches with PWLD.'

'Psychotherapy supervisors need not be medically qualified but they should possess appropriate skills and qualifications in the modality of therapy supervised and in teaching and supervision.'

Psychotherapy experience in LD Advanced Training has until now been 'relaxed and informal.' From July 2012 you will have to provide evidence at your ARCP of psychotherapy training/experience.

RCPsych Curriculum Outcome

Based on the full psychiatric assessment, 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 standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions.

Knowledge

- Apply contemporary knowledge and principles in psychological therapies.
- Demonstrate the acquisition of more advanced treatment skills appropriate to LD settings.

Skills

- Evaluate the outcome of psychological treatments on patients with LD, delivered either by self or others and organise subsequent management appropriately.
- Explain, initiate, conduct and complete a range of psychological therapies in patients who have LD, with appropriate supervision.
- Display the ability to provide expert advice to other health and social care professionals on psychological treatment and care in patients who have LD.
- Assess and manage carers' needs and stress including the provision of psycho-education .

Attitudes demonstrated through behaviours

Continue to practice and develop a range of treatment skills.

Suggested Evidence

ST4 (Community orientated LD)	ST5 (Community but could be specialty)	ST6 (Speciality but could be community)
By the end of ST4, the trainee will be able to demonstrate psychological understanding of cases and therapeutic engagement with patients who have LD, their families and carers.	By the end of ST5 the trainee will demonstrate the ability to manage aspects of LD cases using significant psychological management.	By the end of ST6, the trainee will demonstrate ability to work psychologically with individuals, families and carers and with other disciplines in integrated psychological management of cases.
<ul style="list-style-type: none"> • ACE on a case previously unknown to the trainee requiring initial therapeutic engagement eg transition to adult services. • CBD on a case requiring predominantly psychological management. • Supervisors' report. 	Written reflective work on complex psychological issues and management around individual or carer as basis for CBD (SAPE if applicable) and supervisor's report.	Written reflection of a range of individual and carer/family interventions; as well as portfolio evidence of integrated work with other disciplines on psychological management; or CBD (SAPE if applicable) and supervisors' report.

Expectations

- You will undertake some form of psychotherapy in every year of your Advanced Training.
- In your first year you will develop skills in behaviour modification by working with one of the Intensive Support Teams **and** have the opportunity to join the West Locality Mindfulness or Directorate wide Creative Art Studio Groups.
- Subsequently you should agree further psychotherapy experience with your educational supervisor and the TPD. Ideally you should gain experience in both complex individual and group work. Again this can be undertaken locally or directorate wide.
- At present there is no formal assessment of your psychotherapy experience. This should be agreed between you, your psychotherapy supervisor and your educational supervisor using the table overleaf as a guide. **You will need to provide credible evidence in your portfolio of your psychotherapy experience.**

Learning Opportunities

Individual

Supervision from Locality Psychologist.

Supervision from Kevin O'Shea.

Supervision from John Williams, forensic.

Working with ISTs.

Group

West Locality Mindfulness group (Matt Symes)

Directorate wide Creative Art studio (Kevin O'Farrell or Matt Symes).

Sex Offender Treatment Programme (forensic team).

Other groups run by forensic service.

Psychodynamic group run by Gwen Adshead – contact Sue Wilkins, Postgraduate Coordinator. Note this is not specific to learning disabilities.

Management and Leadership Experience

'Clinical Leadership' takes many forms. Some lead through innovation; others lead through their professional bodies or through managerial involvement at various levels in the NHS. Successful 'medical managers' are usually:

- experienced clinicians with good 'people skills';
- strategic thinkers and visionaries who look beyond the boundaries of their own speciality;
- people who exhibit passion;
- prepared to take reasonable risks to achieve their goals;
- doctors who know how to engage colleagues and effect change.²

The absence of an agreed curriculum presents a major challenge and most doctors learn by experience. The Medical Leadership Competency Framework (MLCF), developed jointly by the Academy of Medical Royal Colleges and the NHS Institution for Innovation and Improvement is worth reading and reviewing with your educational supervisor regarding your competencies and experience throughout your ST years, but in particular your ST6 year when you should be focusing more on leadership and management.

The table below is a suggestion of the overlap between the RCPsych LD ST4-6 curriculum and the MLCF with ideas for your portfolio evidence.

RCPsych curriculum	MLCF				
	Personal Qualities	Working with others	Managing Services	Improving Services	Setting Direction
Use effective communication with patients, relatives and colleagues.		DONCS. CBD.			
Demonstrate the ability to work effectively with colleagues.		CBD. Mini-PAT. Written reflections. Supervisors' reports.			
Develop appropriate leadership skills.			Mini-PAT. Supervisors' reports.		
Demonstrate the knowledge, skills and behaviours to manage time and problems effectively.	Supervisors' reports. Mini-PAT.				
Demonstrate the ability to conduct and complete audit.			Completed audit report.	Completed audit report.	Completed audit report.
Develop an understanding of the implementation of clinical governance.				CBD. Learning from SU's. Supervisors' reports.	

Act in a professional manner at all times.	Mini-PAT. Written reflection. CBD. Supervisor's reports. Log of cases and work, e.g. chairing meetings.				
Develop the habits of lifelong learning.	Supervisors' reports. Evidence of self-reflection. Individual learning plan.				

Opportunities within the Division

Within the LD Directorate there are 6 clinical areas of practice. You are expected to be part of a pathway group from the beginning of your ST4 year. You may choose a different area each year or stay with the same pathway for all three years. This will need to be discussed with your educational supervisor and the Training Programme Director, according to your educational needs. Through being part of a pathway and attendance at their meetings you will have the opportunity to undertake meaningful management and leadership, including audit.

Mental Health	Dr Jennifer Dolman
Complex Health Needs	Dr Jennifer Dolman
Epilepsy	Dr Jennifer Dolman
Autism	Liz Lefeber
Forensic	Liz Lefeber
Challenging Behaviour	Simon Tarrant

Whilst undertaking your Forensic post you will have the opportunity to work with Dr O'Shea as the clinical director for our Division. In addition, in your ST6 year, you should arrange to spend time with key people within our Trust. This will include the Chief Executive; Medical Director and Director of our Division.

The Deanery run a number of leadership and management courses, speciality specific and general, which you should attend as applicable.

The Network

Join thenetwork.org.uk@gmail.com. A group aimed at Junior doctors and early consultants regarding management and leadership.

Other ways to consider developing your management portfolio

The BMJ Careers gave this very useful list in 2011⁴.

Human resources and people management

Managing a rota

Learning about recruitment, including interview techniques

Learning how to appraise

Financial

Writing a business case

Contributing to a cost improvement plan

Learning about payment by results and managing financial information

Project management

Introducing a guideline

Developing a service

Medico legal

Handling a complaint

Writing a legal report, e.g. court, solicitor

Confidentiality and data protection

Teaching trainees about data protection

Reviewing a guideline

Risk management

Investigating an incident, learning about a root cause analysis

Drawing up and reviewing a risk register

Providing evidence of attendance and contribution to clinical governance meetings

Implementing an induction programme

Producing and reviewing a project to reduce risk

Management training

Providing evidence of attendance at management course, with reflective notes

Providing evidence of leadership courses attended, with reflective notes

Training in equality and diversity.

References

1. Gillam, S. (2011). Teaching trainees about management and leadership. BMJ vol 343, 707-708.
2. Keogh b. Foreword. In: Gillam S, author. Leadership and management for doctors in training. Radcliffe Publications, 2011:vii-viii.
3. Academy of Medical Royal Colleges and Institute for Innovation and Improvement. Medical Leadership Competency Framework. http://www.institute.nhs.uk/assessment_tool/general/medical_leadership_competency_framework_-_homepage.html
4. Spencer, O., Brown, R. and Hashemi, K. (2011). The College of Emergency Medicine's management portfolio. BMJ 07/07/11.

Special Interests/Research

You are entitled to two sessions a week for research and/or special interest. The training posts in Learning Disability are usually flexible enough to be able to accommodate your interests and learning needs so you may take these on the most suitable days or accumulate. For example, if you wish to attend a Makaton course that only happens on Tuesdays and your clinic is usually on a Tuesday, providing the service is covered, there is no disturbance to patients and you have clinical supervision available, you could move this to a Friday. Or, if you wish to spend a week at The Chalfont National Epilepsy Centre, you can forgo your research/special interest sessions weekly for a month. This of course must be agreed with your educational supervisor and you will need to explain the use of your research/special interest time in your portfolio for your ARCP.

A suggested list for special interest sessions can be found in the Training Programme Description.

It is now recognised that relatively few trainees undertake formal research. If you wish to do this you should join a programme of established research through an academic department. Southampton University has a high profile academic department in psychiatry, although not usually LD. If you wish to gain some academic research experience in LD speak to Dr Giles Tan at Basingstoke who can advise.

Audit

Audit, as you are aware, is an essential part of our role as doctors to continually check what we are doing and improve either us, our team, our Directorate, Trust or the wider NHS. You are expected to undertake an audit annually, and to show the positive benefits. Unfortunately it is all too easy for trainees to audit something which is easy to undertake but does not have any future benefit for themselves, patients or the service. As you now have a year to undertake each audit and you will be in the Directorate and Trust for 3 years you will find it easier to undertake and complete audit cycles either individually or between all of you as higher trainees, to ensure they enhance patient care and the service. Being a member of a DSB group will provide ample opportunities. Other ideas can be found in:

Oakley, C., Coccia, F., Masson, N., McKinnon, I. and Simmons, M. (2011). 101 Recipes for Audit. RCPsych publishing. ISBN 978-1-908020-01-7.

In addition, you may undertake a service evaluation or QIPP product instead of an audit. Audit or the alternatives should be discussed and agreed early on in your educational supervision to ensure you have plenty of time to complete.

On Call

Sickness and Annual Leave

If you are unfortunate to be sick, particularly for more than 7 days together please read our Trusts' guidance.

<http://www.southernhealth.nhs.uk/hr/policies/mental-health-and-learning-disability-policies/hr-policies/?entryid7=8287&p=3>

It is essential, and part of your contractual obligations, that you notify your place of work, educational and clinical supervisor and HR when you are sick, complete the necessary paperwork and send in any medical certificate in a timely manner.

As a courtesy you should notify your Training Programme Director as they will take on the role of your manager in our Trust's sick leave policy. If you are unable to notify the TPD, please ask that your place of work or educational supervisor do this for you.

If you are off for more than a certain period of time or for depression or stress or have more than 4 odd days a year of sick leave, you will require a return to work meeting with your educational supervisor and training programme director. The details can be found in the sick leave policy.

Annual leave forms can be found at:

<http://www.southernhealth.nhs.uk/hr/medical/forms/?assetdet237383=11005>