

Aims. The aim of our review was to ensure that:

Curricula are aligned to the GMC's GPC and Excellence by Design Frameworks

Curricula are capability focused

Curricula promote a flexible and adaptable approach to training

Curricula are succinct, user friendly, patient-centred and reflective of current training in practice

Background. In response to recommendations outlined in the Shape of Training Review (2013), the GMC developed their new framework for postgraduate medical education Excellence by Design (2015), alongside their Generic Professional Capabilities (GPC) Framework (2015).

Method. Governance

To manage the review, a Curriculum Revision Working Group (CRWG) was set up to monitor and govern the review process. Members include Specialty Advisory Committee (SAC) chairs, trainee and patient/lay representatives.

Curriculum Development & Framework

The CRWG, alongside SACs and specialty working groups, have undertaken a "Why, What, How" approach in developing the curriculum framework. Each curriculum is structured as follows:

High Level Outcomes (HLOs) – These outline the "Why", and provide an overarching view on what should be achieved by trainees. Each HLO is mapped directly onto each of the nine GMC GPC domains.

Key Capabilities – These outline the "What", and provide key detail on what trainees need to undertake to fulfil specific aspects of the curriculum.

Training illustrations – These outline the "How", and supplement the Key Capabilities by providing real-world examples of how to achieve each capability.

Development of the curricula included:

Mapping current Intended Learning Outcomes (ILOs) to the new HLO framework

Re-writing competencies so that they were capability focused

Undertaking a thematic analysis of the curricula, to develop key themes/groupings for capabilities

Review and update Workplace Based Assessments (WBPA)s to ensure they align to the new framework

Stakeholder Engagement

Part of the review has been to ensure Key Stakeholders are involved at each stage of curriculum development. To ensure that all key stakeholders are provided opportunity for consultation, a stakeholder map was developed.

Stakeholder engagement has included:

Direct trainee/trainer/patient/lay involvement at curriculum review meetings

Consultation surveys at each development stage, including feedback on the draft curriculum framework and feedback on full draft curricula

Attendance at meetings with key stakeholders, including NHS Employers and Royal College meetings

Result. The review is currently ongoing. In 2020 we were successful in submitting all 10 of our curricula to the GMC for approval. We are continuing to further develop our curriculum framework, which includes:

Psychiatry "Silver Guide"

Curricula documents

Training illustrations

ARCP Decision Aids

Supplementary Guidance

Conclusion. The review of RCPsych curricula has provided an excellent opportunity to broaden curriculum capabilities, and ensure that the curricula are achievable and deliverable. Our aim is to ensure that the new curricula promote flexibility and adaptability within training, and are user friendly for both trainees and trainers.

Redesigning the psychiatry induction

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Aims. To analyse the current psychiatry induction programme with regards to national guidance, local requirements, trainee and trainer feedback and implement recommendations to streamline where possible.

Background. Junior doctors in training rotate every 4 or 6 months depending on the grade/programme group. GP and FY trainees are often new to psychiatry therefore require a comprehensive induction.

Our Trust has had a three day induction for new junior doctors comprised of 1 day Corporate Induction, 1 day Electronic Records Training and 1 day Local induction.

During the 3 day induction programme there is often a service gap with covering out of hours and acute services. Trainees and trainers have expressed concern regarding the service gap.

We therefore embarked on a review of the induction programme to investigate whether it could be improved in content and length of time to deliver.

Method. Review the regulatory bodies requirements for junior doctor induction.

Gain an understanding of the trainees and trainers perspective of the induction programme.

Review the items in the induction programme according to the requirements of the regulatory bodies.

Tailor the induction programme for junior doctors' needs whilst complying with the regulatory bodies requirements.

Result. The General Medical Council (GMC), British Medical Association (BMA), Gold Guide, Health Education England (HEE) and National Health Service (NHS) employment have no specific statutory and mandatory training requirements for induction.

The regulatory bodies have generic standards for junior doctor induction.

Induction is the responsibility of the Trust.

Trainee perspective: Electronic record system, Mental Health Act (MHA) and pharmacy training were agreed as needing review in terms of its content and length.

Trainees also requested extra items to be included in the induction programme to support successful transition in to their work placements.

The education department met with the Digital Team, MHA Team and Pharmacy Team to develop new and more relevant course content and add in the requested items.

The new induction programme was launched in December 2019 and was reduced in length from 3 to 2 and a half days. Trainee satisfaction improved as evidenced by trainee feedback.

Conclusion. The review was helpful in establishing the requirements for a good induction and highlighting areas for improvement.

The new induction was more focussed, shorter in duration and had improved trainee feedback.

The Medical Education Department will assess the changes following the December 2019 induction and continue to review its induction programme.

'What is psychiatry?' – an exploration of the effect of a psychiatry summer school on school students' attitudes towards psychiatry, through the medium of word clouds

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Aims. To explore if attending a psychiatry summer school would change the understanding of school students as to what the word 'Psychiatry' represents.

Background. The Institute of Psychiatry, Psychology and Neuroscience (IoPPN) and the local mental health trust, South London and Maudsley NHS Foundation Trust (SLaM) ran a free five-day summer school for 16-year-old school students, who had just completed their GCSE exams, from state and private secondary schools within South-East London.

Method. We asked all 26 student attendees to anonymously write down as many single words relating to 'Psychiatry' as they could think of. They were given approximately 5 minutes to complete this and they were asked to do this at the beginning of the first day and at the end of the final day of the summer school. These words were then transcribed with the number of times each word was submitted being documented. This information was then formatted into a word cloud, with the size of the word varying according to how many times it had been submitted.

Result. At the start of the summer school, the students submitted a total of 208 words which included a total of 94 distinct words. Of these, the 2 most common were brain ($n = 15$) and mental ($n = 10$). At the end of the summer school, the students submitted a total of 199 words which included a total of 100 distinct words. The 2 most common were psychosis ($n = 12$) and forensic ($n = 8$). Of the words submitted pre-summer school, there were 8 distinct words that described positive attributes of psychiatry – such as 'helping'. This increased to 17 distinct positive words post-summer school.

Conclusion. We note from our outcomes that the number of words submitted by the students pre and post the summer school were similar but the words submitted most frequently differed. The most common words submitted post the summer school were more consistent with medical terminology than those submitted pre the summer school, which suggests that their knowledge of this had increased. The increase in the number of distinct positive words submitted at the end of the summer school implies that the students had a more positive view of psychiatry following the summer school.

Collaborative development of course feedback with students for PsychED Up. Put more in, get more out

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Aims. To develop a responsive and sustainable template for long-term course evaluation for PsychED Up

To obtain rich, meaningful and specific feedback across multiple domains which can be translated into course improvements

To work collaboratively with students interested in medical education having previously participated in the course

To empower current students with the knowledge that their input is valuable

Background. PsychED Up is an innovative extra-curricular course for 3rd year medical students at King's College London delivered by psychiatry trainees, senior students and actors. It is in its second year of running and focuses on the hidden curriculum in medicine, exploration of holistic care and communication skills at the mind-body interface. Input from people with lived experience is used to shape teaching.

Method. Embedded evaluation in course development sessions thus engaging the entire faculty in evaluation processes at the start of the new term

Decided evaluation focus

Face-to-face discussions

Survey for faculty to determine what specific feedback content would be most useful

Finalised the questionnaire

Collaborative design and refinement of questions, confirmed sub-sections and scope of questionnaire

Result. Revised questionnaire:

Included rationale at the start

Tailored questions so faculty have more useful responses

Greater quantity of prompted questions

Specific questions for large group presentation, small group teaching, actors' performances and students' reflections

Thoughtful combination of quantitative ratings and open-space questions

Reduced time between course sessions and obtainment of feedback

Quality and quantity of feedback

High response rates: 32/30 (2 duplicates) mid-term, 29/30 end-of-term

High-quality filling of open-space feedback allowed consolidation of themes to improve the course

Conclusion. Co-designing the feedback form with previous students from the course and faculty brought focus to the questions. They were more specific and were organised into sub-sections for different domains. This led to responses that were relevant, enriched with depth and breadth and provided faculty with richer, more personalised responses. More detailed reflections in feedback were thought to be due to better student understanding of the rationale for questions, and knowledge that their input would help improve the course. We have set up a robust system for collecting long-term feedback for PsychED Up. We will continue to make iterative amendments, and supplement questionnaire feedback with focus groups.

Psychopharmacology

Peripheral cortisol administration blunts reward arousal but heightens anxiety-like arousal in marmosets

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Aims. Excess hypothalamic-pituitary-adrenal (HPA) axis activation is common in people with major depression and generalised anxiety disorder. We sought to determine whether higher circulating levels