# WEST OF SCOTLAND CORE TRAINING SCHEME IN PSYCHIATRY

Information Package for Specialist Trainees

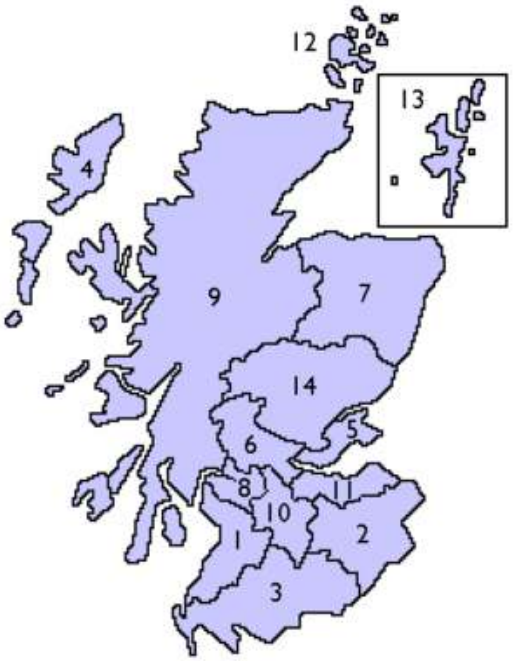
## Part 1. – Overview of the Training Scheme.

The West of Scotland Core Psychiatry training scheme consists of two halves:

**North division** comprising
- **North, East & West Glasgow** hospitals (Stobhill, Gartnaval Royal and Parkhead);
- **Vale of Leven**;
- **Lochgilphead** (Argyll & Bute Hospital);
- **Forth Valley** (Stirling & Falkirk Royal);
- **Lanarkshire** (Monklands, Wishaw and Hairmyers hospitals)

**South division** comprising:
- **South Glasgow** Hospitals (Leverndale & Southern General),
- **Dumfries & Galloway** (Crichton Royal),
- **Renfrewshire** (Dykebar & Royal Alexandria Hospitals);
- **Inverclyde** (Ravenscraig & Inverclyde Royal),
- **Ayrshire & Arran** (Crosshouse & Ailsa Hospitals);

Trainees are assigned to either the North or South division and are able to rotate to hospital posts within that Division. This allows trainees to experience a full range of training opportunities across the scheme, rather than being restricted to one hospital base area during their training.
The aim of this guide is to offer trainees information about all the training experiences available in the Divisions to allow them, in conjunction with their tutor and educational supervisor, to plan out their core training and to maximize their training experience.
This section provides a brief overview of each of the sub-schemes, giving a thumbnail sketch of the geography, mental health services and training opportunities available in each location




| No | Board | Populn |
|---|---|---|
| 1 | Ayrshire & Arran | 350,000 |
| 2 | Borders | |
| 3 | Dumfries & Galloway | 150,000 |
| 4 | Western isles | |
| 5 | Fife | |
| 6 | Forth Valley | 200,000 |
| 7 | Grampian | |
| 8 | Greater Glasgow & Clyde | 950,000 |
| 9 | Highland | |
| 10 | Lanarkshire | 400,000 |
| 11 | Lothian | |
| 12 | Orkney | |
| 13 | Shetland | |
| 14 | Tayside | |

## South Division:

# 1. Ayrshire & Arran


Based in South-West Scotland and with a population of around 350,000 Ayrshire & Arran comprises 3 areas:
North Ayrshire (Largs, Ardrossan, Irvine & Isle of Arran);
South Ayrshire (Ayr, Prestwick, Troon) and; East Ayrshire (Kilmarnock).

Psychiatric services are based around 2 hospital sites: Crosshouse District General Hospital in Kilmarnock and Ailsa (Psychiatric) Hospital in Ayr.
There are also Psychiatry of Old Age beds & day services in Ayrshire Central Hospital, Irvine. General Adult community and day services are provided from Three Towns Resource Centre in Saltcoats and Hartfield House in Ayr.
ECT treatment is provided on both the Crosshouse and Ailsa sites.

**Medical Staffing**:

| Grade | Number | |
|---|---|---|
| ST1-3 | 5 | |
| Consultant | 20 | Inc part time & locum |
| SAS | | |
| SpR/ST4-6 | Up to 8 | |
| GP | 5 | |
| FY2 | 3 | |

**Training Posts**:

| | |
|---|---|
| General Adult | Old Age Psychiatry |
| Addictions | IPCU |
| Forensic | (Liaison Psychiatry) |
| | (Learning Disability) |

**Teaching Programme**:
Local teaching is held on alternate Thursday mornings from 8.30 – 11.30 and comprises Balint Group, Journal Club and Case Conference. External teaching is held at Erskine.

**On-Call**:
There are two on-call rotas, one based at Ailsa, the other at Crosshouse hospital.
Day duties are split into 3 periods of 4 hours (9-1, 1-5 and 5-9pm). Night duties are undertaken on a 1:8 basis, doing a week of nights at a time (1:7 on the Ailsa Rota).

**Tutor**
The Ayrshire & Arran tutor is Dr Nicola Hodelet ***Nicola.hodelet@aapct.scot.nhs.uk***

# Dumfries & Galloway


With a population of 150,000 thinly spread across a large area, the main population centre is Dumfries (31,000) then Stranraer (10,000). The area is predominantly rural.

Psychiatric services are based around the famous Crichton Royal Hospital in Dumfries, with community mental health teams covering each geographical location. District General services are provided in the nearby 400 bedded Dumfries & Galloway Royal Infirmary. Mental health services in the area are currently under major redesign.
ECT is delivered in the Crichton Royal site.

**Medical Staffing**:

| Grade | Number | |
|---|---|---|
| ST1-3 | 4 | |
| Consultant | 15 | Inc part time & locum |
| SAS | 1 | |
| SpR/ST4-6 | 1 | |
| GP | 4 | |
| FY2 | 0 | |

**Training Posts**

General Adult
Old Age Psychiatry
Eating Disorders/ Rehabilitation Psychiatry / Forensic
Addictions
Child & Adolescent Psychiatry
(Learning Disability)

**Teaching**:
Local programme of case conferences and journal club takes place on Mondays 12-2pm. Trainees are able to use a hospital car to travel to teaching at Erskine on Thursdays. Research has always been strongly encouraged at the Crichton and Prof. Robin MacReadie continues to have some input to the department following his retiral.

**On Call**
Duties are based at Crichton Royal consist of a traditional overnight on call rota with a 1:11 frequency. Trainees are rarely called overnight and usually work the following day.

**Tutor**
The psychiatric Tutor is Dr Jenny Halliday, Consultant in Child & Adolescent Psychiatry
Jennifer.halliday@nhs.net

# Inverclyde


Inverclyde's main towns: Greenock, Port Glasgow and Gourock sit on the coastal strip, approximately 25 miles west of Glasgow. The towns provide a marked contrast to the small coastal settlements of Inverkip and Wemyss Bay to the south west of the area and except for the rural villages of Kilmacolm and Quarriers Village the landward areas are sparsely populated. Area population approx 85,000.

Psychiatric services are based at Ravenscraig (Psychiatric) and Inverclyde Royal (District General) Hospitals which are situated close by each other in Greenock. There are 2 acute psychiatry wards based at Inverclyde Royal, plus an acute day hospital & ECT suite. Old Age services (inpatient assessment & day) are sited in the Larkfield Unit on the IRH site, with long-stay beds based at Ravenscraig. Addictions beds & day unit also based at Ravenscraig. There is a large community mental health team based in Greenock town centre. Outpatient clinics are held in GP surgeries in Greenock, Gourock & Port Glasgow.

**Medical Staffing.**

| | Number | |
|---|---|---|
| ST1-3 | 3 | |
| Consultant | 9 | Inc part time & locum |
| SAS | 3 | |
| SpR/ST4-6 | 2-4 | |
| GP | 2 | |
| FY2 | 1 | |

**Training Posts**

General Psychiatry
Old Age Psychiatry
Community Psychiatry
Learning Disability
Addictions Psychiatry
Liaison Psychiatry
Child & Adolescent Psychiatry

**Teaching Programme**

Local Teaching includes Interview Skills / Balint Group (Monday mornings) and case conference / journal club on Thursday mornings 9.30-11.30, alternating with teaching at Erskine. Teaching is held in the Lecture Suite in Ravenscraig Hospital

**On Call**

Evening and weekend on-call is for psychiatry only, overnight on call is as part of the hospital at night team. Trainees do 1 week in 12 of nights (sharing the rota with geriatric medicine trainees) and are responsible for psychiatric & geriatric matters, providing assistance to the medical on-call team as needed.

**Tutor**

The psychiatric tutor is Dr James Loudon , Consultant Psychiatrist at Ravenscraig Hospital.
james.loudon@renver-pct.scot.nhs.uk

# Renfrewshire


Situated to the south west of Glasgow, Renfrewshire has a predominantly urban population of 180,000. Main centres are Paisley, Renfrew, Johnstone and Bridge of Weir.

Psychiatric services are largely based at Dykebar and the Royal Alexandra Hospitals in Paisley. There are two Community Mental Health Teams covering Paisley & West Renfrewshire. ECT services operate at the RAH.

**Medical Staffing**

| Grade | Number | |
|---|---|---|
| ST1-3 | 6 | |
| Consultant | 18 | Inc part time & locum |
| SAS | 6 | |
| SpR/ST4-6 | 2-4 | |
| GP | 3 | |
| FY2 | 1 | |

**Training Posts**:

| | |
|---|---|
| General Adult | Old Age Psychiatry |
| IPCU | Community Psychiatry |
| Addictions | Child & Adolescent |
| Learning Disability | General Adult/Liaison |
| Psychotherapy (dynamic & CBT) | |

**Teaching Programme**
The local teaching programme is held on alternate Thursday mornings and comprises Journal Clubs, Case Conferences and Seminars. A Balint Group is held weekly.

**On Call.**
There is a partial shift system in operation with 11 doctors taking part plus staff grade input during working hours. Daytime on call is divided into 2 shifts of 9am - 5pm and 5pm - 9.30pm. Trainees do a week of nights 2100 - 0930. On call is resident with accommodation provided at Dykebar Hospital. The on call doctor is based at Dykebar Hospital and also covers psychiatric wards and psycho geriatric wards at the RAH. In addition out of hours emergency psychiatric cover is provided by the duty doctor to the learning disability assessment beds at Blythswood House in Renfrew. The Intensive Home Treatment Team (IHTT) endeavors to see all acute referrals from 9am - 9.30pm. The on call doctor may be involved in some of these assessments where appropriate and when the IHTT is at capacity. At weekends the on call doctor provides a liaison "overdose" service to the RAH.

**Tutor**: The local tutor is Dr Susie Brown, Consultant in General & Community Psychiatry, based at Dykebar Hospital, Paisley.
Susie.brown@renver-pct.scot.nhs.uk

# South Glasgow


South Glasgow comprises South West & South East Glasgow, along with East Renfrewshire, giving a population of approx 325, 000

Training in South Glasgow is based at two hospital sites, Leverndale and Southern General Hospital. Forensic placements are based on the Leverndale site, Child and Adolescent placements at Yorkhill hospital or within the community.

**Medical Staffing: SGH & Leverndale**

| Grade | Number | |
|---|---|---|
| ST1-3 | 10 | |
| Consultant | 30 + | Inc part time & locum |
| SAS | | |
| SpR/ST4-6 | | |
| GP | 9 | |
| FY2 | 4 | |

**Teaching Programme**

**Training Posts**:

| | |
|---|---|
| General Adult | Old Age Psychiatry |
| Learning Disability | Child & Adolescent |
| Forensic | Perinatal Psychiatry |
| Psychotherapy | Liaison Psychiatry |

(+ 1 Post at State Hospital)

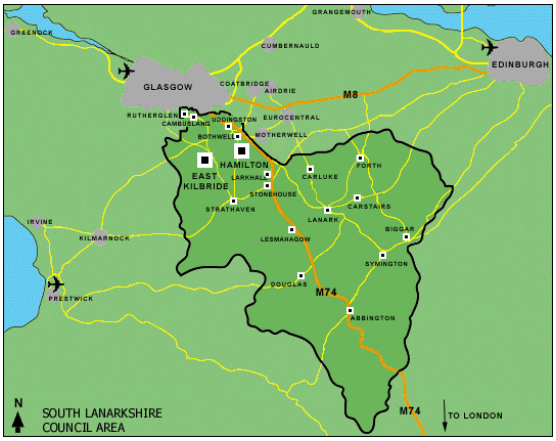
**On Call**: There is a partial shift system with trainees working a week of nights, on a 1:11 basis. Daytime on-call is split into 3 four hour periods (9-1, 1-5 and 5-9pm). There is assistance from CPN services with out of hours referrals. On call at SGH includes referrals from A&E and liaison referrals from SGH wards. Both hospitals take sectorised referrals.

**Tutor**

The Tutor at SGH is Dr Wai Imrie, General Adult Psychiatrist, whilst the Leverndale post is held by Dr Sarah Holmes

Wailan.imrie@ggc.scot.nhs.uk sarah.holmes@ggc.scot.nhs.uk

# North Division:
# Lanarkshire




Lanarkshire comprises a mix of urban and rural areas, with the main population bases being East Kilbride, Hamilton, Motherwell, Cumbernauld Airdrie, Coatbridge and Wishaw. Some of these areas have high levels of depravation. The population in Clydesdale is much more spread out and services are accordingly more community based. The population of the whole area is just over 560,000.

In-Patient psychiatric services are based at Wishaw General Hospital in Wishaw, Monklands Hospital in Airdrie and Hairmyres Hospital in East Kilbride. ECT is delivered on-site. There is no IPCU. Forensic Services are based at Hartwoodhill and Complex Needs/Rehabilitation are based at Caird House. CMHT services and outpatient clinics are often based in local community settings. Psychiatric Assessment Team nurses see the majority of deliberate self harm and A&E referrals at all three sites. Learning disability services are based in Kirklands Hospital in Bothwell, Old Age services at Coathill Hospital in Coatbridge and Udston Hospitals in Hamilton.

**Medical Staffing**

| Grade | Number | |
|---|---|---|
| ST1-3 | 9 | |
| Consultant | 42 | Inc part time & locum |
| SAS | 21 | |
| SpR/ST4-6 | 9 | |
| GP | 6 | |
| FY2 | 4 | |

**Training Posts**

General Adult
Rehabilitation
Psychotherapy
Child & Adolescent
Old Age Psychiatry
Forensic
Learning Disability

**Teaching Programme**:
Held on Friday mornings and includes fortnightly Case Based Discussion group, Journal Clubs, Case Conferences and external and internal speakers.

**On Call**
We run a 24-hour resident on-call hybrid pattern, working a 1:11 rolling rota, with next day off. Duties include covering the psychiatric inpatient units at Wishaw, Hairmyers Monklands. Includes dealing with A&E and GP referrals, calls from the Acute Wards, and calls from other community hospitals/ units such as Hartwoodhill, Kirklands, Coathill and Udston. There is support from Psychiatric Assessment Team (PAT) nurses.

**Tutor**
Dr Andrea Caldwell, Learning Disability Psychiatrist, based at Kirklands Hospital, is the Lead Tutor Andrea.Caldwell@lanarkshire.scot.nhs.uk Dr Maarten Van Rhijn is the Associate Tutor, based at Monklands Hospital Maarten.VanRhijn@lanarkshire.scot.nhs.uk Tutor Administrator is Sandra Reid, also based at Monklands Sandra.Reid@lanarkshire.scot.nhs.uk

# North Glasgow


North Glasgow area is contained within a segment bounded by the Rivers Clyde and Kelvin to the South and West and Campsie Fells to the North with a population of approx 190,000. There is a mix of affluent and very deprived areas. Community services are well developed

Inpatient beds are in modern purpose built Mackinnon House ( 3 GA wards,a lifeskills dept, an ECT suite and an IPCU) which is on the Stobhill General Hospital site. There are also 2 Old Age Psychiatry wards, the N+E Addictions unit, and the new WoS Medium Secure Unit (Rowanbank) on the Stobhill site. The new WoS CAMHS unit will open there later this year.

**Medical Staffing**

| Grade | Number | |
|---|---|---|
| ST1-3 | 7 | |
| Consultant | 15 | Inc part time & locum |
| SAS | | |
| SpR/ST4-6 | | |
| GP | 4 | |
| FY2 | 3 | |

15 Consultants cover N Glasgow for GA, OA, Liaison, LD, Addiction Psychiatry. Additionally there are CAMHS and Forensic psychiatrists on a separate rota.

**Training Posts**

General Adult
Early Intervention
Psychotherapy
Liaison
Addiction
Old Age Psychiatry
Forensic
Learning Disability
CAHMS

**Teaching Programme**

Local teaching . Alternate Thurs am in term time - Consultant led clinical case teaching followed by journal club, all on Stobhill site.

**On Call**

Currently 1 in 12 on call covering psych units. Week of nights, split shifts during day.

**Tutor**

Dr Debby Brown is based at Stobhill Hospital
Deborah.Brown@ggc.scot.nhs.uk

# East Glasgow


East Glasgow has a population of approx ? and encompasses Glasgow City Centre, Dennistoun, Bridgeton, Parkhead, Shettleston, Cranhill, Easterhouse and Ruchazie

**Services**

Inpatient beds are located on two main sites: Parkhead and Stobhill Hospitals. On the Parkhead site there are three general adult admission wards and two old age admission wards. The Stobhill site has general adult and old age admission wards serving north Glasgow but also has specialist units serving north/east Glasgow including addictions, IPCU, medium secure unit and is soon to house the west of Scotland inpatient service for adolescents. Other peripheral units provide long stay inpatient care and inpatient rehabilitation. There are child and adolescent and learning disability community teams in east Glasgow. There is an early intervention in psychosis service (ESTEEM) for north/east Glasgow with beds in both Parkhead and Stobhill Hospitals. The homeless and homeless addiction teams are based in east Glasgow. Liaison services are based at Glasgow Royal Infirmary.

**Medical Staffing**

| Grade | Number | |
|---|---|---|
| ST1-3 | 6 | |
| Consultant | 18 | |
| SAS | 6 | |
| SpR/ST4-6 | 3 | |
| GP | 5 | |
| FY2 | 1 | |

**Training Posts**

General Adult Psychiatry,
Addictions,
Learning Disability,
Homelessness,
Early Intervention and
Old Age Psychiatry,
Liaison,
Child and Adolescent,
Forensic,
Psychotherapy

**Teaching Programme**

Trainees participate in the west of Scotland teaching programme. There is “internal“ teaching at Parkhead Hospital on alternate Thursdays in term time. In addition throughout the year a journal club takes place every Friday lunchtime at Parkhead Hospital. A Balint Group runs on a weekly basis and organised CBT taining takes place on a yearly programme

**On Call**

On call is resident in Parkhead Hospital on a hybrid partial shift system. At present it is a 1/13.

**Tutor**

Dr Debbie Mason, based at
Debbie.Mason@ggc.scot.nhs.uk

# West Glasgow


West Glasgow has a population of 210,000 and covers diverse urban area from communities of marked social deprivation to areas of mark


**Services**

Psychiatric services based around 3 adult resource centres (situated in Partick, Drumchapel and Clydebank) and 1 old age resource centre (situated Drumchapel). Each resource centre covers a geographically defined area. In patient beds are located at the new Gartnavel Royal Hospital.

**Medical Staffing**

| Grade | Number | |
|---|---|---|
| ST1-3 | 7 | |
| Consultant | 26 | |
| SAS | 5 | |
| SPR ST4-6 | 11 | |
| GP | 5 | |
| FY2 | 3 | |

**Training Posts**

Adult
IPCU/Rehab
Early Intervention psychosis
Addiction
Liaison
Forensic (currently at State Hospital)
Old Age
Child and Adolescent
Psychotherapy
Learning Disability

**Teaching Programme**

Case conference & Journal Club alternate Thursdays and are held in the academic department. Balint group meetings are held on alternate thursdays. A series of CBT seminars are held weekly between September –December and April-June.

**On Call**

Partial shift system with trainees working week of nights on at present 1 : 15 basis.
Daytime on call split into 3x4 hour periods (9am -1pm, 1pm-5pm, 5pm-9pm)
All on call duties resident at Gartnavel Royal. Assistance provided by crisis teams which continue to operate out of hours

**Tutor**

The tutor at Gartnavel Royal Hospital is Dr Euan Easton euan.easton@ggc.scot.nhs.uk

Lomond


Lomond lies at the gateway to the West Coast of Scotland being within the boundaries partly of the First Scottish National Park, centring on Loch Lomondisde The area covers a population of approximately 80,000 and these are mostly concentrated in the towns of Dumbarton, Helensburgh and Alexandria.

Facilities in Dumbarton are currently concentrated at Dumbarton Joint Hospital where the CMHT is based and the Department of Social Work. Also on site is the Lomond Drug Problem service, the Alcohol Day Service, the Adult Day Hospital, Older Adults Day Hospital, and the 12-bedded continual behavioural management ward for people with dementia. Facilities in Helensburgh are concentrated in the Victoria Infirmary although there are two outlying clinics in Kilcreggan Medical Centre and Garelochhead Medical Centre. In Alexandria in addition to the Vale of Leven DG Hospital, where Christie Ward and Fruin Ward are based, there is a community base at the Bank Street Clinic. The Community Mental Health Team is split around 3 sites to be based in the localities and there is one dementia for the whole area.

**Medical Staffing**

| Grade | Number | |
|---|---|---|
| ST1-3 | 2 | |
| Consultant | 5 wte | |
| Clinical Assistant /SAS | 2 | |
| GP | 1 | |
| FY2 | 0 | |

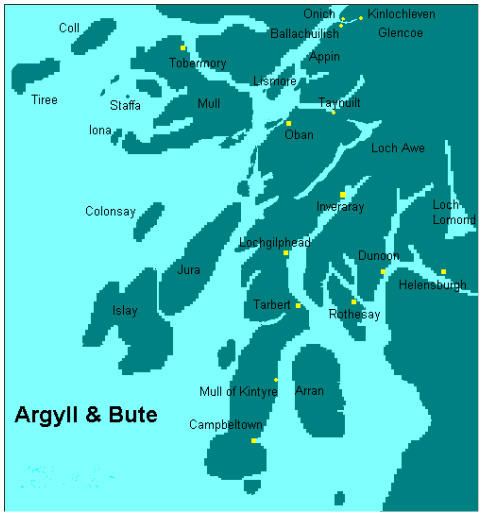
**Training Posts**:
There are 2 ST1-3 training posts all of which are approved for general adult psychiatry.

**Teaching Programme**:
There are weekly seminars, journal clubs and case conferences held during term time at Christie Ward. There is a monthly journal club at the Ardmore Day Hospital. There is a post-graduate centre at the Vale of Leven Hospital, which provides a varied and active academic programme involving all medical disciplines.

**On Call**:
There is a one in five weekday duty rota with a one in four rota at weekends. On alternate Thursdays when not attending the Glasgow course, trainees have the day off. There is also a half day on the Monday after a weekend on-call.

**Tutor**
The psychiatric tutor is Dr H Sajjad
h.sajjad@nhs.net

## Argyll & Bute




Argyll & Bute is a geographically spread area which includes the towns of Oban, Campbeltown, Lochgilphead, Dunoon and Helensburgh. The area includes the Inner Hebrides. The population is approximately 91,000.

Psychiatric services are based around the Argyll & Bute Hospital in Lochgilphead. There are community bases in each of the major towns. In addition to the general admission ward the hospital has a psychiatric intensive care unit, rehabilitation unit, a dementia assessment unit and 2 wards for continuing care. ECT is delivered within the hospital. The service is currently undergoing a major redesign which will see greater development of community services. Helensburgh is part of the Lomond Psychiatric service.

**Medical Staffing**

| Grade | Number | |
|---|---|---|
| ST1-3 | 2 | |
| Consultant | 7 | Inc. 3 part time |
| Clinical Assistant | 1 | |
| GP | 2 | |
| FY2 | 1 | |

**Training Posts**:
There are 5 ST1-3 training posts all of which are approved for general adult psychiatry. Four posts have a degree of subspecialisation covering psychotherapy, rehabilitation, old age psychiatry and psychiatric intensive care.

**Teaching Programme**:
There is a local programme of seminars, case conferences and journal clubs held on Mondays and Fridays 1-3pm during the 3x10 week terms per year. External teaching occurs at Erskine on Thursdays. Participation in audit is encouraged and Dr F M Corrigan is the research coordinator. Dr Corrigan is also an ST4-6 supervisor.

**On Call**:
The on-call rota is 1:5 and is non-resident. Overnight work is unusual and trainees usually work the following day. Trainees take a half day off per fortnight.

**Tutor**
The psychiatric tutor is Dr Paul Thompson. paul.thompson@nhs.net

# Forth Valley


**Services**

Information not yet supplied

**Medical Staffing**

| Grade | Number | |
|---|---|---|
| ST1-3 | 6 | |
| Consultant | | |
| Clinical Assistant | | |
| GP | 3 | |
| FY2 | 3 | |

**Training Posts**:

**Teaching Programme**:

**On Call**:

**Tutor**

Dr Nabila Muzaffar, based at
nmuzaffar@fvpc.scot.nhs.uk

# Specialty Training Posts

The aim, when choosing posts to form your rotation, is to ensure that you have experience of specialties in which you may be interested in developing your career and to ensure an adequately broad basis to your training. You will usually undertake 1-2 general psychiatry and 1 old age psychiatry post in your 3 years of basic training, plus a selection of other posts. You will not be able to gain experience of all specialties, though as a higher trainee at ST4-6 it may be possible to use your special interest sessions for this purpose. Discuss your wishes and requirements with your tutor or the co-ordinating tutor.

**CT / ST 1 Trainees** are required to undertake posts in General (includes Liaison, Addictions, Rehab, PICU) or Old Age Psychiatry in their first year to comply with RCPsych guidelines and exam eligibility.

**ST 2 trainees** would, in addition to these posts, benefit from rotating to the subspecialties of Child & Adolescent or Learning Disability Psychiatry.

**ST3 trainees** could rotate to any of the above posts, plus: Psychotherapy*, Forensic Psychiatry, (including the State Hospital), Eating Disorders and Perinatal Psychiatry.
(*dependant on trainee's experience and aptitude in psychotherapy.)

All hospitals can provide training in General and Old Age Psychiatry. For other specialties:

| Specialty | South | North |
|---|---|---|
| Addictions | All Sites | All Sites (except A&B) |
| Child & Adolescent | **Inverclyde**<br>**Paisley**<br>**S Glasgow**<br>**Dumfries**<br>**Lanarkshire** | **N, E, W Glasgow**<br>**Forth Valley** |
| Eating Disorders | **Dumfries** | |
| Early Intervention | | **W, E, N Glasgow** |
| Forensic Psychiatry | **Ayrshire (Ailsa)**<br>**S Glasgow (Leverndale)**<br>**State Hospital** | **W, E, N Glasgow**<br>**State Hospital** |
| Homeless Psychiatry | | **E Glasgow** |
| IPCU | **Ayrshire**<br>**Paisley** | **W Glasgow** |
| Learning Disability | **Inverclyde**<br>**Paisley**<br>**S Glasgow**<br>**Lanarkshire** | **W, E, N Glasgow**<br>**Forth Valley** |
| Liaison Psychiatry | **S Glasgow**<br>**Inverclyde**<br>**(Ayrshire)** | **W, E, N Glasgow** |
| Perinatal Psychiatry | **S Glasgow** | |
| Psychotherapy | **S Glasgow**<br>**Lanarkshire**<br>**Paisley** | **W, E, N Glasgow**<br>**Argyll & Bute** |
| Rehabilitation Psychiatry | **(Dumfries)** | **W, E Glasgow** |

NB: not all specialties will be available in each location every 6 months

# Training & Education

Trainees are strongly recommended to familiarise themselves with the Occasional Paper OP65 from the RCPsych which provides an overview of essential information about postgraduate training in psychiatry.

## 1. Teaching Programme

Educational input is provided both locally, at your base hospital (varying times through the week depending on base) and centrally, for all WoS trainees at the Reid Macewen Training & Conference centre located in the grounds of Erskine Hospital.

**Thursday mornings – teaching programme for ST1**s

The Thursday morning programme will continue much as it is at the moment, with sessions on alternate Thursdays (coinciding with the external training days).
The programme will cover 'Fundamentals of General Adult Psychiatry', starting in August/September each year and continuing through both semesters.

**Thursday afternoons- teaching programme for ST1s, ST2s and ST3**s

There will be two teaching programmes running in parallel; 'skills based training' led by higher trainees, and tutorial style seminars directed towards the topics covered in the three written papers.

| Time | Seminar | SpR/ST4-6 led training |
|---|---|---|
| 1.30 pm - 2.15pm | Paper 1 | OSCE preparation |
| 2.30pm - 3.15pm | Paper 2 | |
| 3.30pm – 4.15 pm | Paper 3 | Skills based training i.e. WPBA/ MCQ/ Interview skills practice |

On any afternoon trainees would be expected to attend a minimum of 2 from the 5 available sessions. Seminars will have a 'tutorial' style with preparatory reading posted on a new W of Scotland Postgraduate Day Release Course website. There will be no intention to teach the entire syllabus, rather to build on the preparatory reading, to focus on some aspects of the syllabus and to help trainees direct their study by offering advice about reading and other resources. ***Please note that preparatory reading will be listed on the Microsite: you will be expected to have read this before attending the presentations***.

Subspecialties, including Child & Adolescent and Forensic Psychiatry, run their own teaching programmes and trainees are encouraged to attend whilst working in these specialties.

## 2. Educational Supervision

Trainers must meet with their trainees for one hour per week which is "timetabled and protected" This time should be regarded as belonging to the trainee (and not to the educational supervisor) and should encompass both clinical skills and theoretical learning. It may, for example, include "discussion of interviewing skills, elementary counselling and psychotherapeutic interventions, principles of drug prescribing, use of the Mental Health Act, multi-disciplinary working, presentation, audit and research techniques. The use of video recording may be particularly useful in teaching interviewing therapeutic or presentational skills. Career advice, time and stress management are other worthwhile topics". Additional time for clinical supervision, as appropriate, should be found during the week..
Trainees are required to use a logbook or portfolio to record their progression – examples are currently available on the RCPsych site

## 3. Examinations & Career progression

The Royal College of Psychiatrists have just revised their Membership Examination process. Details can be found here
In order to be eligible to sit the three sections of the exam you will have to satisfy several criteria including the appropriate amount of time spent in approved training posts; completion of the relevant Workplace Based Assessments and have your application supported by your educational supervisor and tutor.

Workplace based Assessments are a vital part of the competence based curriculum. There is a minimum requirement for the number of WPBA that must be completed to a satisfactory level in each year of training. You cannot progress to the next ST level without achieving this. We would suggest commencing the clinical WPBAs (ie ACE, mACE and CbD) early in each 6 month post, not only to achieve your competence targets, but also to help your Educational Supervisor identify strengths & weaknesses in your clinical abilities, for targeting training. You require to register with the electronic system for WPBAs at the College to register your assessments. Scores are entered by the assessor, not the trainee.

During each 6 month post you will be assessed at the mid-point and end-point by your educational supervisor, and will meet with your local tutor to discuss the assessment and your general progress. At the end of the assessment you will also complete an assessment on the post.

You will require to pass Paper I (and preferably Paper II) to progress from ST2 to ST3, and to pass Paper III and CASC to progress from ST3 to ST4. Failure to obtain these examinations within the required time will lead to an additional 6 months training at the current ST level in order to obtain an examination pass.

The Annual Review of Competence Progression (ARCP) is held in May/June. Documentary evidence to support your training is submitted to a Deanery panel and an outcome (1-5) is issued. This is followed up by an interview with TPD and tutor/s for trainees receiving a "1" outcome, or with a panel at the deanery for trainees receiving any other outcome. Full details are available in section 7 of the Gold Guide.

For additional examination information see also: http://www.trickcyclists.co.uk/

## 4. Study Leave

The Study Leave process has undergone changes, and a new system came into place on 1st April 2009. The following guidance is in addition to guidance provided by NES and has been produced with specific reference to Core Psychiatry Training.

a.Budget – Study leave funds are not "ring-fenced" per trainee. There is an approximate maximum budget of £500 per year for each Trainee in years 1-3. There is no additional funding for trainees who require an extra 6 – 12 months in Core training to reach ST3 competencies and move to ST4.

The majority of your study budget over the three years is taken up by the MRCPsych course at Erskine. Attendance at this course is a mandatory part of your training (until you have passed the MRCPsych). You must register for the MRCPsych course – please contact your local Tutor for further information.
Fees for this course are as follows:

CT1 - £550
ST/CT2 - £375
ST/CT3 - £375
ST3+ (ie additional 6-12 months training required) - £ free

This means that CT1 trainees will have no additional funding for study out with the MRCPsych course, and years 2-3 will have a maximum of £100 per annum (as the course fees in year 1 exceed the £500 per year budget, money in years 2-3 is reduced by £25 per year).

b. Approved uses of Study Leave
Please review the guidance from NES. Note that exam preparation courses are specifically excluded from study leave funding (except in exceptional circumstances). Travel and Subsistence claims have to be met within the existing budget, they are not additional to this.

In essence this means that trainees in years 2-3 will have a small amount of money available to allow reimbursement of attending, for example, a Scottish RCPsych meeting. It is recognised that additional activities are likely to require self-funding.

c. Duration of Study Leave
Specialty trainees are permitted up to 30 days study leave per year, commencing each August. Not more than 5 consecutive working days may be claimed for exam revision ("Private Study"), and this is subject to Service requirements.
The MRCPsych course uses the following amount of leave:

CT1 24 days
ST/CT2 12 days
ST/CT3 12 days

d. Study leave forms can be accessed online from the NES site. They should be submitted to your Lead Clinician for approval first, then sent to the Deanery, who will contact Core TPDs to authorise leave applications. Please ensure that leave forms are submitted in good time: retrospective submissions will not be authorised.

Further information about study leave here.
Study leave forms can be obtained here

## 5. Psychotherapy Training

The College is currently in the process of redrawing guidelines for the competencies trainees are expected to achieve in psychological therapies. It is likely that you will have to complete regular attendance and satisfactory participation at a Case Based Discussion Group in CT1 and carry out a minimum of 2 different duration and modality treatments over the course of your training. You will also require to complete a WPBA in psychotherapies before you will be eligible to sit the CASC exam. A record of your completed cases (including short and long term cases, cognitive, behavioural, dynamic, family and group-work) should be kept in your portfolio and a summary sheet is kept by your tutor and the TPD.

### 6. ECT Training

The College consider that trainees should be able to "safely and correctly administer ECT" as an early (ie within first month of ST1) competence. Whilst it is recognised that this may be difficult to achieve in some hospitals, trainees must take responsibility for ensuring that they are properly instructed in the practice of ECT early in their training. In most hospitals this will take the form of a lecture or seminar about ECT which will cover the history, indications, hazards and consent to treatment issues, followed by attendance in the ECT suite where practical instruction on the administration of ECT will be given, usually by the consultant responsible for ECT. Trainees are expected to witness at least 6 treatments (including bilateral and unilateral treatment) then administer under supervision, a similar number of treatments. When the ECT consultant is satisfied that the trainee is competent to deliver ECT a certificate will be issued. Trainees may use ECT administration as a suitable topic for DOPs assessment

### 7. Audit & Research

Trainees are expected to participate in the process of audit or service evaluation on a regular basis from the start of their training period. Trainees in Core training would normally aim to **undertake an audit project in each 6 month placement**, which should be presented to their peers and written up in their portfolio. Depending on the trainee's level of interest and the available opportunities, a research project may also be undertaken, usually in the second half of the Core training period. Each scheme has a local co-ordinator for research and audit and specialist input may be available through University links. Completed audit projects will be reviewed at ARCP.

## Additional Information

# 1. Psychiatric History taking

Most hospitals have an admission document to be completed for all assessments, which provides some guidance as to the information to be obtained from the patient. A clear and legible case history is invaluable to the management of the patient now, and on future presentations.
Information should include:

**Method/source of referral** – why & by whom the patient was referred

**Presenting Complaints** – these should be listed with the duration of each symptom and recorded in the patient's own words

**History of present illness** – a *detailed* chronological account of the illness beginning with the first change noted by the patient. The nature, extent duration and effects on the patient of each symptom should be noted. Associated disturbances – eg of sleep, appetite, libido should also be noted. The impact of the illness on work, functioning, relationships, needs to be identified. Any treatment received (including self-medication) should be noted.
**Past Psychiatric History** – Previous episodes of illness, admission to hospital, detentions, with dates. Treatments received. Names of consultants and hospitals.

**Family history**
Father – age (or age at death), physical or psychiatric illness, occupation, personality, relationship with the patient.
Mother – as for father.

Siblings – list first names, in birth order, with age, occupation, physical & mental health and relationship with patient. Include deceased/stillborn siblings.
In the case of adoptive or stepparents include information (if known) for biological and adoptive parent.
Family history of mental illness, alcoholism, epilepsy, neurological or physical disorder (include grandparents, uncles, cousins etc)

**Personal history**
Place of birth, any birth complications or delays in milestones. Any significant separations from parents. Any "nervous problems" in childhood – phobias, bed-wetting, shyness, soiling, bullying.

**Schooling** – age of beginning and leaving each school, standard reached and qualifications, relationships with peers and teachers, truanting, suspensions, conduct disorders.
Further/Higher education.

**Employment history** – chronological list of jobs, reasons for changes, disciplinary problems, job satisfaction / stresses. Current employment, impact of illness upon functioning.

**Relationships** with friends, social circle, anyone to confide in?, hobbies and interests.
Psychosexual history – early sexual experiences/ any sexual abuse in childhood; parents' attitude towards sexuality, age of menarche, age of first intimate relationship, heterosexual and homosexual experiences, sexual difficulties
Marital history – previous relationships, engagements and marriages, reasons for relationships ending, abusive relationships; current partner: age, employment, health, quality of relationship, stresses.

**Present living circumstances**: who is at home, problems with money, neighbours

**Forensic history** – problems with Police (past and current); history of violence, imprisonment, pending court cases.

**Past Medical History** – illnesses, operations, accidents, hospital admissions
Current medications.

**Alcohol & Drug History** – details of smoking and drinking habits. Use of other drugs – heroin, cocaine, cannabis, amphetamines, benzo's etc. Quantify amount used and regularity of use. Symptoms of dependence or withdrawal? Impact of drug/alcohol use on health and current symptoms.

**Premorbid personality** – consider the following areas:
Social activities; general outlook on life; attitudes to others; attitude to self; religious/ moral beliefs; reactions to stress.

## Mental State Examination

This should be an objective and concise account of the patient's behaviour and psychological state as observed during the interview. If possible record abnormal content in the patient's own words.
**General appearance & behaviour**: body build, evidence of weight loss, self neglect; sytle and oddity of dress; facial expressions, posture & movement, eye-contact, distractibility.
**Speech** – much or little, spontaneous or answers to questions only, rate, coherence, volume, tone (animated or monotonous)
**Mood** – depressed / elated; irritable; perplexed; incongruous; flattened or blunted; reactive to topics being discussed? Suicidal thoughts, plans.
**Thought form** – changes in the structure, meaning or grammar of the patient's utterances, neologisms. Associations between thoughts. Ability to think in abstract terms (eg proverb interpretation); rhyming or punning
**Thought stream** – the rate at which thoughts come into the patient's mind - poverty of thought; thought blocking; pressure of thought; over-inclusiveness or circumstantiality
**Thought possession** – thought insertion; thought withdrawal; thought broadcasting

**Thought content** – delusions (primary or secondary), grandiose, depressive, hypochondriacal, paranoid. Delusions of reference. Delusional perception. Passivity phenomenon. Obsessional thoughts
**Perceptual abnormalities** – illusions, hallucinations (auditory, visual, olfactory, somatic etc) depersonalisation and derealisation.
**Cognitive assessment** – orientation in time/place/person; attention & concentration; memory - registration (ask patient to repeat sequence of digits); retention (give patient a name and address to recall after 5 minutes); recent (news events etc); remote memory (important historical events or persons). If appropriate, use of standardised questionnaires – eg 3MS
Intelligence – estimate from history and language used, note any discrepancies with patient's educational & employment background.
Insight – attitude towards present state?, attitude towards problems? Regard self as ill? In need of treatment?

**Physical examination** – this MUST be carried out at the time of admission for all inpatient admissions, and, if indicated clinically for outpatient assessments. This includes patients who are transferred from, for example, a medical ward. This is the clinical responsibility of the admitting trainee. Pay particular attention to examination of the neurological system and record findings clearly. A full routine blood screen (FBC, U&E's, Thyroid Function, Liver function, Glucose) should be undertaken as soon as practicable, ECG / CXR and other investigations as clinically appropriate. If a patient refuses examination or venupuncture this must be recorded clearly in the case notes and attempted at a later date when the patient is more willing to comply.

**Formulation** – once history and examination has been carried out you will require to make a concise statement about the essential features of the assessment including aetiological, precipitating and maintaining factors, assessment of risk to self / others and a (differential) diagnosis. Any further investigations required should be noted and an initial management plan should be drawn up. It is essential that information is shared with the multidisciplinary team.

**Risk assessment** – it is essential that you be aware of risk with each patient you interview, ensure that appropriate questions are asked and any risk factors communicated to colleagues as appropriate. Local hospitals have their own protocols for assessing risk, but assessment should include:
Risk to self (suicide, self harm)
Risk to others (violence, aggression)
Risk of neglect
Risk to children (violence, abuse, neglect)

Some additional web-based information is available here:
http://psychskills.co.uk/

## 2. Mental Health Act Legislation

The Mental Health (Care & Treatment) (Scotland) Act 2003 came into clinical use in October 2005. Any registered medical practitioner may use the powers of emergency detention to admit/detain a patient in hospital, provided necessary criteria are met. Use of other parts of the Act (including 28 day detention) is restricted to "Approved Medical Practitioners" –generally Consultants / SpRs

As a core trainee, the areas of direct involvement with the Act are likely to be:

**Emergency detention (Section 36)**: this situation arises when a patient is seen and felt to require admission to hospital for further assessment, but is unwilling (or incapable) of consenting. The criteria to be met include: - patient is likely to have a mental disorder; assessment is needed urgently; the person's health, safety or welfare, or the safety of another person are at risk, and; the arrangements to grant a short term detention order (Section 44) would involve delay. Any registered medical practitioner can detain a patient under this legislation. There is an approved form, copies of which will be available in acute ward settings and in A&E, but also available here.

The duty Mental Health Officer should be contacted to provide consent for detention. Relatives are no longer able to provide consent. If the MHO is unavailable, detention can proceed without consent, but reasons for this require to be clearly documented on the detention form. Each locality will have different arrangements for contacting the MHO – check local procedures.

The detention becomes active for 72 hours from the patient's reception into hospital. Compulsory treatment is not authorised under S36 and may be given under Common Law only if it is ***urgently necessary*** to:

- save the patient's life / prevent a serious deterioration in his or her condition
- alleviate suffering
- prevent the patient being a danger to themselves or others.

The detention must be reviewed as soon as practicable (ie next day) by an Approved Medical Practitioner and a decision made to rescind the detention or proceed to a twenty-eight day Section 44 is made. S44 does permit compulsory treatment of mental disorder. Thereafter detention can be continued in hospital or in the community under a Compulsory Treatment Order.

**-Pass and detained patients**: Periods of time out of hospital can only be granted by the RMO by means of a Suspension Order. This will specify the duration and activities that can be undertaken while "on pass". STs cannot alter the terms of such an order.

Another piece of legislation that you will require to become familiar with is the **Adults with Incapacity Act (Scotland) 2000**. This Act provides a single legal framework for decisions on financial management, personal welfare and medical treatment of adults who lack capacity to make such decisions for themselves.

**Incapacity is defined as:**

> *"Incapable of acting, or; making decisions, or; communicating decisions, or; understanding decisions, or; retaining the memory of decisions, in relation to any particular matter, by reason of mental disorder or inability to communicate because of physical disability".*

Incapacity must be assessed in relation to particular decisions and not "all or nothing" generalisations. There must be assessment of the person's ability to understand information given, reason and weigh up risks and benefits (eg of not accepting treatment), communicate their decision, be consistent and not be acting under undue pressure. The intervention proposed must benefit the person, be the least restrictive option, take account of present and past wishes of the person and involve consultation with relevant others.

Further information can be found here:

1. The Mental Health (Care & Treatment) (Scotland) Act 2003 and Code of Practice.
2. The Adults with Incapacity Act

Further information concerning mental health legislation is available at the Mental Welfare Commission's website.

## 3. Personal Safety

This is an area of importance for all trainees. Guidance from the College can be found here. Your safety is paramount and you require to make careful and responsible judgements regarding the safety of situations. Trainees in all locations should have access to personal alarms and mobile telephones; interview rooms should be appropriately "safe" areas with easy access to the exit and no objects to hand which could be used as weapons. It is important that other staff know where you are when you are seeing patients. It is advisable to have access to previous case notes. If there is any doubt about the patient being potentially aggressive, do not hesitate to request an escort before seeing the patient. Be aware of any increase in hostility during the interview and act accordingly.

**All trainees are required to attend annual Management of Aggression courses – arranged by locality tutors**.

## 4. Prescribing / Pharmacy

Each location will have a formulary governing the prescription of psychiatric and non-psychiatric drugs. Prescribing drugs out with the formulary is reserved for consultants. Drug Kardexes must be written legibly, in ink, using the generic name of the drug, the timing/frequency of administration, the date of commencement, the route of administration (written in full – e.g. "oral", not "p.o.", "sublingual" not "s/l") and be signed. Be aware that if the patient is a detained patient there may be a specific treatment plan in place which specifies which medications may be given to that patient - **always check first**. Rapid tranquillization guidelines, governing the use of psychotropic drugs in emergency situations vary between Health Board areas: a copy should be present in your local induction pack.

## 5. Deaths and the Procurator Fiscal

"It is the duty of the appropriate Procurator Fiscal to enquire into all sudden, suspicious, accidental, unexpected and unexplained deaths and in particular into all deaths resulting from an accident in the course of employment or occupation, deaths while in legal custody and deaths occurring in circumstances such as to give rise to serious public concern. However, the Procurator Fiscal may enquire into any death brought to his notice if he thinks it necessary to do so. Knowledge of such deaths will usually come to the Procurator Fiscal through reports by the police, hospital doctors, or doctors in general practice or through intimations from registrars or from relatives. Any death which the circumstances or evidence suggest may fall into one or more of certain categories must be reported to the Procurator Fiscal :-

Full information here

Alistair Deering & Andrea Caldwell Updated March 009