

HANDBOOK

for the

SCOTTISH NATIONAL TRAINING

in

MEDICAL PSYCHOTHERAPY

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INTRODUCTION

Welcome to the Scottish national training scheme in Medical Psychotherapy. As a national training scheme, the training is run by The Scotland Deanery, which was created in 2014 from the four regional deaneries in Scotland. The scheme is administered by the North of Scotland region based in Aberdeen, and all ST medical psychotherapy trainees are part of the scheme. This handbook is primarily intended for trainees in Medical Psychotherapy, but will also be useful to Psychiatric and Educational supervisors.

In Scotland there are eight posts, both single and dual CCT training in Medical Psychotherapy. Dual CCT trainings - two posts in CBT and General Adult Psychiatry, one post - Psychodynamic psychotherapy and General Adult Psychiatry. Single training takes three years, while dual training is five years in length and can use either an integrated or a sequential model. The integrated or concurrent CCT model of dual training combines Medical Psychotherapy and the other sub-specialty during each training year; the sequential model involves alternating years in ST4-7 and a combined ST8 year.

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Please note that these details are correct at the time of publication in July 2023, but for the most up-to-date information please go to the Scotland Deanery website at: <http://www.scotlanddeanery.nhs.scot/>

ROLE OF NHS EDUCATION FOR SCOTLAND (NES), THE SCOTLAND DEANERY, DIRECTORS AND SUPERVISORS

The national scheme is overseen by the Specialty Training Committee and TPD (Training Programme Director), although most of the training contact is with the Clinical and Educational Supervisors at the trainee's local Deanery.

The training is organised nationally as part of **NHS Education for Scotland (NES)**. The **Scotland Deanery** is overseen by the Medical Directorate of NES. This national Deanery brings together the elements necessary for medical training in Scotland, and so is a valuable resource for information regarding the structure and content of training programmes. Other aspects of training may be organised more locally in each of the four regions in Scotland – West, North, East and South-East.

Each trainee will be attached to a **Clinical Supervisor/Psychiatric Supervisor**, who will oversee their training within a placement on a day-to-day basis. Clinical Supervisors have been appropriately trained to teach, provide feedback and undertake competence assessment for trainees. The Clinical Supervisor is responsible for the care of the patient and the trainee doctor. The level of support and supervision is tailored to the competence and experience of the individual trainee, so that the responsibility assumed by trainees can grow alongside their experience and development.

Trainees will also be allocated to an **Educational Supervisor/Local Programme Lead**, who takes a wider responsibility for ensuring that the trainee gains the spread of experience (across all placements) that is required in the curriculum. In some posts one trainer might fulfil both roles. Educational supervisors have a role in providing ongoing appraisal of trainees' progress, along with regular feedback, and are involved in the Annual Review of Competence Progression (ARCP) process.

Note that clinical and educational supervision are not the same as line management: each trainee will be responsible within their organisation to a Clinical Director.

The **Training Programme Director (TPD)** is responsible for management and support of the national training programme, and is appointed by NES. The TPD chairs the NES Specialty Training Committee, which oversees the training programme.

Directors of Medical Education (DMEs) are doctors who work in close collaboration with the postgraduate Deans, and who are responsible for ensuring trainers and trainees employed by their NHS Board are fit for practice. Each DME also confirms that their NHS Board delivers the standard of postgraduate medical education required by NES and the General Medical Council (GMC).

Each of the four Scottish regions has a **Postgraduate Dean and Associate Deans**. Responsibility for the quality management of the training programmes rests with the Postgraduate Deans, who are accountable to NES. The Postgraduate Deans are ultimately accountable for managing the

delivery of postgraduate medical training to the standards required by the regulatory body, the GMC.

Further description of these roles is available in the Royal College of Psychiatrists Silver Guide.

Information on the implementation of these roles in the Scotland Deanery, as well as up-to-date contact information, is available at:

<http://www.scotlanddeanery.nhs.scot/about-us/>

INITIAL CONSIDERATIONS

Training Agreement

On starting their training, trainees will be sent a Training Agreement by the Scotland Deanery.

Placements

On appointment to the training scheme, trainees will be contacted by their local Educational Supervisor/Local Programme Lead with the details of an approved training placement and the name of the Clinical Supervisor/Psychiatric Supervisor. Educational Supervisors will be able to give a description of Deanery-based placements to trainees and local special interest opportunities. The TPD has a particular role in advice regarding other placements outside the trainee's local Deanery. In cases of dispute, the TPD will have the final authority regarding placements.

Trainees can expect to spend the majority of their training in one region of the Deanery, as identified at the beginning of training. Trainees might be required to spend time outside their local Deanery region in order to gain essential experience. Trainees will be expected to liaise closely with the Educational Supervisor in their area who should be their first port of call for guidance regarding placements and the approval of special interest sessions. It is vital to organise an honorary contract with other Health Boards if moving outside the hub Deanery.

Induction

Trainees should expect to undergo appropriate induction when they move to a new Health Board or clinical setting. Educational Supervisors should ensure that such induction takes place. Health Boards require all staff to undergo mandatory training in various essential subjects. It is expected that trainees should undertake such 'mandatory training' and keep a record of it in their portfolio.

Local induction usually takes place at the start of a new post. In addition, all trainees will be invited and expected to attend regional induction, organised by NES. This will include an introduction to all educational aspects of training.

Facilities

Please discuss with Clinical Supervisors about the local processes for obtaining office space, ID badges, keys, car parking arrangements and on-call arrangements.

Approved Medical Practitioner (AMP) status (Section 22 Certification)

In order to fulfil on-call duties in general psychiatry, all Medical Psychotherapy higher trainees must be approved under the Mental Health (Care and Treatment) (Scotland) Act 2003. It is therefore necessary to complete the two-part Mental Health Act Training.

The first part is completed online, and can be done before taking up the post. Go to the website <https://learn.nes.nhs.scot> to register and access AMP Part One online training module.

Once you have passed your self-assessment, details will be passed to the appropriate body who will contact you within 10 working days to send you a certificate and register your details for Part 2 of the training.

Part 2 of the training consists of a one-day MHA Training Day. You will receive an invitation to the course as soon your eligibility has been verified.

For further details about this process, follow the link below.

<https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-scotland/events-and-training/training?searchTerms=mental%20health%20act%20training>

New trainees are expected to complete Part 2 of this training as soon as possible after starting their first post. The fee for this training should be paid by the local Health Board and not come out of the study leave budget.

Completion of training does not mean you are automatically approved under the Act, as the College is not responsible for approval: this is a Health Board responsibility. You still need to show your Part 1 and Part 2 certificates to your local Medical Manager and ensure that they have registered you with the local Health Board. Once you are registered, your approval is transferable throughout Scotland (i.e. if you register with one Board and then move to a different area your approval moves with you). Approval is valid for five years at which point you will be required to attend a refresher training course.

Note that it will not be possible to fulfil all on-call duties until approval has been registered by the trainee's Health Board, so that trainees should not join the on-call rota until the approval process is complete. As the on-call rota will have to be determined before the start of a placement, this may involve a trainee needing to swap on-calls until their approval is completed.

It has been agreed that trainees approved by one Health Board area do not need to reapply when they move Health Board area during their training. However, the administration of this approval does not always work seamlessly and it is essential that trainees moving between Health Boards check that they are on the list of AMPs in the Health Board where they are working.

Each hospital will have a Mental Health Act Administrator. They can be very helpful for obtaining forms or helping with any other enquiries regarding the administration of the MHA. The forms most commonly required while on call can be found at:

<http://www.gov.scot/Topics/Health/Services/Mental-Health/Law/Forms>

Mandatory Training

This includes: Management of Violence & Aggression (Breakaway), Resuscitation (Basic Life Support or equivalent), Infection Control, Fire Safety, Health and Safety, Child Protection, and Adult Support & Protection.

Breakaway and Resuscitation training are usually arranged locally (trainees should seek out their local resuscitation officer and violence reduction service), while it should be possible for others to be completed online using the LearnPro NHS resource (see link below). This may vary depending on local arrangements, so trainees should check with their clinical supervisor.

LearnPro NHS is available at:

https://nhs.learnprouk.com/lms/login.aspx?ReturnUrl=%2fflms%2fuser_level%2fwelcome.aspx

It is the trainee's responsibility to keep their training up-to-date. The validity period for each mandatory training component is variable and some components need to be repeated annually.

On Call

It is recommended that Higher Trainees complete 55 out of hours shifts/50 cases by the end of ST6. Case logs can be completed in portfolio to evidence experience.

Trainees will be placed on an on-call rota in their region, local to their clinical placement where possible. Most higher trainee rotas are non-residential. Local rules may vary, but on-call duties will likely be in general psychiatry, and may also include other specialties. In West Scotland, for example, the higher trainee also covers old-age and intellectual disability, but there are separate second-on-call doctors for CAMHS and Forensic psychiatry. Covering general psychiatry duties is a requirement of training in that it provides experience and evidence of maintaining and developing general psychiatric skills.

A significant part of on-call work is the reviewing of patients who have been detained under an Emergency Detention Certificate. This task requires the higher trainee to have Approved Medical Practitioner (AMP) status under the Mental Health (Care and Treatment) (Scotland) Act 2003. **It is therefore crucial that this Approval is obtained as soon as possible, and that on-call duties are not undertaken until the Approval has been registered (see Section in this Handbook on Approved Medical Practitioner status).** Rotas will have been worked out during the weeks preceding the start of a placement, in order that they will be in place on change-over day. It is usual that new trainees will not be placed on call for the first few weeks, but this is something to check as soon as possible, so that a swap can be arranged if necessary.

Each region should have a **Psychiatric Emergency Plan**, which should be available as an electronic document on the local intranet. This is an important document, and will give detail and advice on local implementation of the Mental Health Act, including telephone and other contact details for relevant teams. The Plan also covers local policies and procedures relating to the practicalities of carrying out on-call duties, including admission considerations for other patient groups, such as CAMHS, LD and the perinatal setting.

Talking with other higher trainees can also be useful, as there may be particular arrangements that are not obvious. One example is potential referrals to the Scottish Liver Transplant Unit (SLTU) in Edinburgh, which accepts referrals from throughout Scotland. Higher trainees may be asked by local wards to assess patients for suitability for referral, although the SLTU themselves do not ask for a psychiatric opinion regarding suitability at this stage, but rather want general psychiatric information which could in some cases be obtained by their own team or given by psychiatry over the telephone. Advice sheets for medical staff are available and give more detailed guidance on this topic.

DURING PLACEMENTS

Timetables, including Non-clinical Sessions

Higher trainees are expected to divide their 10 sessions up into 8 clinical sessions and 1 research and 1 special interest sessions (or part-time equivalent). It is expected that special interest sessions are used for the external training that the trainee is undertaking.

The trainee should make out a timetable which clearly details all clinical, supervision, research and special interest time. This should be kept in the portfolio.

Clinical Supervision

Trainees are required to have one hour of supervision per week with their designated clinical supervisor. If their trainer is acting as both clinical and educational supervisor these roles need to be clearly demarcated and recorded. The clinical supervisor will be responsible for ensuring that all clinical work is supervised by appropriately trained supervisors and that supervision occurs in all treatment modalities at appropriate frequency for the delivered treatments.

Times and brief account of topics covered in supervision are expected to be noted in the portfolio.

Educational Supervision, and the Setting and Monitoring of Educational Goals

In addition to the above weekly supervision meetings, the educational supervisor will meet with the trainee at the beginning of the each training year and jointly agree specific goals (no more than three or four), linked to curriculum competencies, which are attainable during that 12-month period, together with a note on how they will be achieved and evidenced. This should be documented in the portfolio.

Following this, clinical supervisor should review progress regularly with the trainee during the placement. The educational supervisor will also meet with the trainee two or three times during each year to review progress in relation to educational goals, and any potential problems with achieving these.

External Training

All trainees in Medical Psychotherapy in Scotland will undertake external training (i.e. outside the NHS) in their major modality. For example, training in psychodynamic/psychoanalytic psychotherapy can be undertaken either with Exeter University distance-learning or with the Institute of Group Analysis in Glasgow and Manchester. Trainees doing CBT will be advised to apply for the South of Scotland CBT Course.

It is important to apply in good time for external training – for example, the application process to psychodynamic/psychoanalytic psychotherapy trainings can be undertaken before the trainee begins their NHS post, so that they may start the external training and personal therapy as soon as possible. Details of how to apply, and funding arrangements, will be provided once a trainee has been accepted onto the NHS training.

Trainees reclaim 1/3 of external psychotherapy course (major modality) and supervision fees (if any) related to external therapy training from NES and 1/3 of the same from the employing NHS Board. Travel and accommodation fees for external training should be reimbursed by the employing NHS Board. There is a usually a limit to the amount that can be claimed, so please check with your NHS Board before booking travel and accommodation. Travel and accommodation fees are not funded by NES.

Reflective Practice and Personal Therapy

Different forms of self-reflective development are a training requirement for anyone who seeks to offer therapy, of whatever model, in order to develop the emotional insight and emotional intelligence which are vital for all therapists. Safe therapeutic practice requires ongoing emotional work in the therapist throughout their career.

The GMC has in 2016 agreed a curriculum requirement for all higher Medical Psychotherapy trainees to engage in personal therapy at least once per week for the duration of their training. Please see **page 28** of the Silver Guide for further information.

The exact modality and intensity of personal therapy will vary according to the major modality of training and the needs of the trainee. For psychoanalytic psychotherapy, personal therapy will be at a frequency considered appropriate by the institution overseeing this aspect of the training. The frequency is related to the intensity of work undertaken by the trainee. For group analytic therapy, a personal therapeutic experience of being in group therapy at different frequencies is also well established. For trainees undertaking training in cognitive behavioural therapy the particular form of personal therapy is not so clearly specified and should be discussed and agreed with your Educational Supervisor/TPD. The principle of demonstrating a commitment to an agreed form of self-reflective development in the interests of fostering emotional self-awareness would be maintained for this model as part of Higher Medical Psychotherapy training.

In Scotland, personal therapy costs are covered as follows: 1/3 by the trainee, 1/3 by the Health Board, and 1/3 by NES. Please ask your Educational supervisor or TPD how to claim reimbursement from the board and NES.

Self-reflection also forms a required component of the portfolio of evidence which must be maintained by all trainees, and which is reviewed as part of the ARCP process. In this way, the reflection is open to assessment and will inform trainers of the progress of a trainee. In contrast, personal therapy can be expected to be confidential between trainee and therapist.

Royal College Medical Psychotherapy Faculty and Higher Trainees' Google Group

Trainees are encouraged to join the Medical Psychotherapy Faculty of the Royal College of Psychiatrists. There is a useful newsletter and information about educational events.

<http://www.rcpsych.ac.uk/specialties/faculties/psychotherapy.aspx>

Within the UK Royal College website is an area dedicated to the RCPsych in Scotland, which includes the Scottish Medical Psychotherapy Faculty:

<https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-scotland/about-us>

All Higher Trainees in Medical Psychotherapy in the UK are welcome to join a Google discussion group, accessible via email. This provides a forum for discussing training matters, and allows trainees to be informed of forthcoming events and jobs. Medical psychotherapy is a small specialty so the group can be seen as a way of having access to a supportive national network. It is also an avenue of contact with important Royal College committees – the Medical Psychotherapy Faculty Executive Committee and the Medical Psychotherapy Specialty Advisory Committee (MPSAC) – via trainee representatives who also take a leading role in running the Google group.

<https://groups.google.com/forum/#!forum/faculty-of-psychotherapy-st4-6-trainees>

The group is open not only to higher Medical Psychotherapy trainees but also other interested trainees. (If the hyperlink does not work, copy the link and paste it into a browser address field.)

Teaching Programme, Journal Clubs and Special Lecture Series

Each region of the Scottish training scheme has their own programme of teaching, journal clubs and special lecture series. Trainees are expected to attend these regularly and to present cases and papers found in journals. A note of these presentations should be recorded in the trainee's portfolio.

A programme of Scottish National Medical Psychotherapy Teaching days was launched in 2017. These teaching days occur quarterly and are held in each of the four deaneries in turn. One trainee each year takes responsibility for organising the programme with the help of a local trainee and a local trainer in each region. All Scottish trainees are expected to attend and the organising trainee/trainer may choose to invite other participants to take part of the day. These teaching days should complement the teaching already provided locally and via the modality-specific external training. One of the aims of these teaching days is to bridge any gaps in the existing teaching programmes (eg supervision skills, consultation work) but there is also the option of broadening out.

Courses and Conferences

NES offers a range of courses. You can access these via <https://portal.scot.nhs.uk/>

Psychotherapy trainees within 6 months of their CCT should access the NES Psychological Therapies Generic Supervision Skills training. Please apply via the Psychological Therapies Training Coordinator in your NHS Board. Attendance of this training is one of the eligibility criteria for undertaking NES "Psychodynamic Psychotherapy Supervision" and "CBT Supervision" workshops.

Local health boards have a range of mandatory courses which should be attended at the prescribed intervals. See the section in this handbook on Mandatory Training.

Trainees are encouraged to attend the Annual Conference hosted by the Medical Psychotherapy Faculty of RCPsych in Scotland, usually held in November. The Psychotherapy Faculty of the RCPsych in London also hosts an annual conference, the location of which usually alternates between London and a venue outside of London. In addition the College hosts two Trainee/Trainer conferences each year, and these provide a useful opportunity for trainees to meet and share experiences with colleagues in other parts of the UK

Research, Academic Study, Special Interest and Audit

Trainees will have 1 session per week for research and 1 session for special interest approved by the Educational Supervisor. In Scotland, the special interest session is usually dedicated to undertaking external training in the major therapeutic modality.

Trainees are expected to gain competencies in research and audit. Trainees should aim for at least one complete audit project per training year and one research publication (including posters at conference or conference abstracts) by the end of training. Each year at the ARCP successful progression will partly depend on the demonstration that trainees have used their two sessions well and are progressing towards these goals. Exceeding this minimum outcome will be possible for most trainees and will stand them well at Consultant interviews. Educational supervisors will advise on which senior colleagues locally have particular research interests.

The Annual Conference hosted by the Medical Psychotherapy Faculty of RCPsych in Scotland has a slot for a trainee to deliver a presentation. Trainees are expected to attend this conference and have fed back that this is a friendly environment in which to deliver lectures on the national stage.

Annual Leave

The amount of annual leave available to trainees should be noted in their contract. This is usually 33 days plus 8 public holidays (if at point 3 or above on the pay scale).

Requests for annual leave needs to be agreed with the Clinical Supervisor, and then by the Clinical Director, and a record should be kept. There will be a form on which requests should be made. In the West of Scotland, for example, this form is available from the Clinical Director's secretary, to whom all completed forms should be returned. Local practice may vary.

Study Leave

Study Leave must be approved by both the Clinical Supervisor and the TPD. Application now takes place online, using a system called Turas TPM. Applications cannot be made retrospectively, and should be submitted at least one month in advance. Further information is available at the Scotland Deanery website.

<http://www.scotlanddeanery.nhs.scot/trainee-information/study-leave/>

Details of how to register with Turas will be sent to new trainees in their welcome email. Once registered on the system, trainees can log in to Turas via:

<https://turasdashboard.nes.nhs.scot/Security/Home>

The process for study leave application is due to change on the 15th of August 2022. The most significant change for trainees is that they will now be able to submit expenses claims via Turas and receive reimbursement via BACS payment to their bank account. This should make it faster and more convenient for trainees to receive expenses from the Deanery. The link below takes you to further information about the new system:

[When you enter My Turas you will see a new study leave tile under your applications \(mcusercontent.com\)](#)

Costs relating to external training (major modality) course fees, supervision fees (if any), and personal therapy fees can be reclaimed as follows (within 3 months):

- 1/3 is covered by the trainee.
- 1/3 is reclaimed from NES by sending a Study Leave Expenses Claim Form to study.leave@nes.scot.nhs.uk. Payment is made by cheque posted to your home address.
- 1/3 is reclaimed from your employing health board. You can find out about local arrangements for submitting claims by speaking with the STC trainee rep. Payment is made through your monthly paycheque.

Travel Claims

Trainees can claim travel expenses in full from their place of work to another temporary place of work, e.g. CBT or other additional modality placements, work-related meetings, attendance of external major modality training seminars. These travel expenses should be claimed from the employing NHS Board. Travel claim forms should be available from the trainee's Clinical Supervisor/secretary, or the Clinical Director's secretary. Notes on guidance on how to complete these forms should be on the back of the form together with a note of the deadline for the expenses to be added to the next monthly salary payment. There is a three-month time limit on claims. Local arrangements may vary.

Portfolio and PSPDP's

Trainees are expected to use the Royal College e-portfolio, which can be found at:

<https://portfolioonline.co.uk/home>

A Placement Specific Personal Development plan should be agreed between trainee and Psychiatric Supervisor and recorded at the start of the training year and developed as the placement progresses. The PSPDP should be reviewed regularly with the supervisor. Entries should be made in the portfolio throughout the year in order to demonstrate the type and quantity of work the trainee is doing. It is the portfolio that will be considered at the end of each training year at the ARCP (see the section ARCP in this Handbook). It is therefore important to ensure that HLO's and Key Capabilities are mapped appropriately to activities to evidence your work over the year.

Example PSPDP's can be found here:

[Curricula documents and resources | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)

Curriculum

All trainees will be using the revised Medical Psychotherapy Higher Training curriculum (2022) as described in the Silver Guide:

https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/silver-guide-version-final_15-june-22.pdf?sfvrsn=bf01078_4

The Royal College of Psychiatrists website has extensive resources regarding the curriculum and portfolio:

[2022 Curricula Implementation Hub | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)

Work Place Based Assessments

The portfolio provides online versions of the forms required for Work Place Based Assessments, and there is a minimum requirement for each training year. It is important that the trainee is familiar with the requirement and the procedure for completing Assessments. The required number of WPBA's must be completed prior to ARCP for that year of training.

The **GMC-approved curriculum** for higher training in medical psychotherapy contains a full description of WPBAs, and can be found on **page 91** of the Silver Guide.

WPBA	ST4	ST5	ST6
PACE*	1	1	1
CbD	4	4	4
Mini ACE**	*	*	*
Mini PAT***	1	1	1
DONCS	1	1	1
AoT	1	1	1
SAPE	2	2	2
SAPA	1	1	1
ACE	2	2	2

* 2 SAPEs should be linked to each PACE. SAPEs should be completed in a timely manner, by the Supervisor of the case. As a minimum, midway through the course of therapy and again at the end of therapy. The PACE should be completed by someone other than the Clinician who supervised the case.

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

***Valid mini PAT requires minimum 6 responses, self-score & overall score >4.

Less Than Full Time (LTFT) trainees are expected to provide pro rata evidence of competency acquisition:

<https://www.rcpsych.ac.uk/training/your-training/training-less-than-full-time/your-career?searchTerms=WPBA>

ARCP (Annual Review of Competence Progression)

The ARCP is a formal process organised by the Scotland Deanery, which uses the evidence gathered by trainees relating to their progress in the training programme. It usually takes place in June. A panel including the Training Programme Director will review the information that has been gathered together in the portfolio over the training year, and will reach a decision regarding progression. This decision will be expressed as a formal ARCP outcome, which will then be communicated to the trainee. All trainees in Medical Psychotherapy, regardless of outcome, will be invited to meet with the panel to discuss their progress so far.

The ARCP process will allow evidence to be presented that trainees are successfully progressing towards eligibility for a CCT (certificate of completion of training). The CCT needs to be registered with the GMC after which the trainee will appear on the specialists register and be able to take up a substantive consultant post. Educational Supervisors will complete a structured supervisor's report at the end of each year which will be available at the ARCP.

The Scotland Deanery will inform trainees about what will be required at the ARCP. This usually involves the following:

1. **Absence Declaration:** This form is mandatory and must record any absence from training (not including study leave or annual leave) since your last ARCP, even if there has been none.
2. **SOAR Declaration:** You are responsible for your self-declaration via the SOAR website and must ensure that your Educational Supervisor has signed off the declaration prior to submission for ARCP. The self-declaration is essential evidence which must cover your full scope of practice. The Deanery team will initiate your SOAR declaration approximately 8 weeks prior to your ARCP. You will be notified by SOAR when it is available to complete. [see link for an up-to-date list](#)
3. <http://www.scotlanddeanery.nhs.scot/trainee-information/annual-review-of-competence-progression-arcp/required-evidence-for-arcp/>

Also required are:

- **two** Clinical Supervisor's reports (one at approx. 6 months through the year, and one immediately prior to ARCP)
 - **one** Educational Supervisor's report. This is the end of year report completed by your Educational Supervisor
 - an up to date CV to be uploaded onto your e-portfolio.
4. Specific requirements exist for out-of programme trainees, please check the following link: <https://www.scotlanddeanery.nhs.scot/trainee-information/annual-review-of-competence-progression-arcp/arcp-requirements-for-oop-trainees/>

Information will also be sent regarding the deadline for submission of the portfolio to the ARCP panel. This will be a few weeks prior to the date on which the panel meet to discuss the portfolio, so that it is important for trainees to add to their portfolio throughout the training year, and not leave this to the last minute.

There is an appeals mechanism if a trainee is not satisfied with the ARCP outcome. Further details should be available on the Scotland Deanery website:

<http://www.scotlanddeanery.nhs.scot/trainee-information/annual-review-of-competence-progression-arcp/>

The appeals process follows guidance contained in the Gold Guide: <http://www.copmed.org.uk/publications/the-gold-guide>

OTHER CONSIDERATIONS

Human Resources (HR)

HR in the employing Health Board have responsibility for sending out job offer letters and contracts, and can tell trainees about their annual leave entitlement. They also deal with the change forms for pay if trainees move to a different hospital or their banding changes. The local Pay Office deals with any queries about Superannuation and Tax. Trainees should be aware of the childcare voucher scheme run by the NHS which is a way of paying for a proportion of childcare tax-free.

Maternity/Paternity Leave

Questions regarding Maternity and Paternity pay and leave are dealt with by HR in the employing Health Board. Arrangements must be made prospectively. Information can be obtained via the Partnership Information Network website at the Scottish Government. The link is: <http://www.gov.scot/Publications/2015/07/1952/17>

Less Than Full Time Training (LTFT)

All trainees are eligible to apply for LTFT training. It is for the Associate Postgraduate Dean responsible for Flexible Training and, where appropriate, the Postgraduate Dean to determine whether a trainee's request to train LTFT is well founded. LTFT training may take some time to arrange so trainees should give as much notice as possible if they wish to arrange this.

A trainee who is wishing to consider LTFT training should in the first instance speak with their TPD. It would also be useful to refer to the information on the NES website regarding LTFT training. For each of the four regions in Scotland, the NES website lists the Associate Dean responsible for LTFT training. The TPD should be able to put the trainee in touch with the appropriate Associate Dean. The NES webpage is at:

<https://www.scotlanddeanery.nhs.scot/trainee-information/less-than-full-time-training-ltft/>

The College produce an information leaflet:

<https://www.rcpsych.ac.uk/training/your-training/training-less-than-full-time?searchTerms=less%20than%20full%20time%20training>

Out of Programme (OOP)

Out of Programme (OOP) relates to trainees who wish to participate in an experience that is out of their planned programme of training. There are a number of circumstances in which trainees may wish to spend time out of programme, for example to gain training or clinical experience, to undertake research, or to take a career break.

Time out of programme will not normally be agreed until a trainee has been in a training programme for at least a year and will not normally be allowed in the final year of training other than in exceptional circumstances.

Before applying for OOP, trainees must discuss their plans with their Educational Supervisor and/or Training Programme Director. This discussion will determine the suitability of the out of programme experience and ensures the proposed post will meet the educational needs of the trainee. The GMC also sets requirements so that the OOP placement will count towards CCT:

http://www.gmc-uk.org/doctors/approval_out_of_programme_post.asp

The Scotland Deanery requires OOP Application Forms and supporting documentation to be submitted at least **six months in advance** of the proposed OOP start date; exceptions will only be agreed by the Postgraduate Dean. Trainees must inform their current employer at least three months in advance to ensure that the needs of patients are appropriately addressed. Further information is available at:

<http://www.scotlanddeanery.nhs.scot/trainee-information/out-of-programme-oop/>

More details are also available in the Gold Guide:

<http://www.copmed.org.uk/publications/the-gold-guide>

Acting-Up

‘Acting-up’ consultant posts can only be undertaken by trainees in the final year of their training programme and completed before the award of their CCT. Post-CCT holders can only undertake locum consultant posts.

The maximum period for ‘acting-up’ is three months and normally only one period of ‘acting-up’ will be given Postgraduate Dean’s approval. Approval must initially be sought from the trainee’s Educational supervisor, TPD and employer. Once this has been obtained, an application form with all the relevant signatures should be submitted to the Postgraduate Dean for their approval.

Trainees undertaking ‘acting-up’ roles must have a nominated Educational supervisor for the period of the role.

Trainees will not be allowed to act up into a part-time consultant post if they are a full-time trainee as it is not possible to have a mix of consultant sessions and higher trainee sessions during the acting up period. It may be possible however to reduce your hours to part-time in order to act up into a part-time consultant post.

Pastoral Care

If trainees have any concerns regarding their training, or any other personal concerns impacting upon their training or work, they can speak to their Clinical or Educational supervisor for advice.

Trainee Development and Wellbeing Service has a special responsibility for doctors who are experiencing difficulty. Information is available from the Scotland Deanery website:

[Trainee Development and Wellbeing Service \(nhs.scot\)](#)

Safety of Trainees

Safety is of paramount importance. Everyone involved in the training scheme has a responsibility for identifying safety concerns. If a problem is identified then it will require timely rectification for trainees to be able to continue in that particular placement.

Trainees have a responsibility to take part in mandatory training, which is for their own safety. Safety is a topic that must be addressed as part of the induction process for each clinical setting.

Trainees are encouraged to keep their own personal information confidential. As well as maintaining appropriate boundaries with patients, they should consider using their place of work as a GMC address, becoming ex-directory and asking for removal from the open (edited) electoral register. A useful exercise is to see how easy it

is to identify one's own address and telephone number on the person-finding website <http://www.192.com>

Complaints

The employing Health Board primarily manages complaints by a trainee or about a trainee, health problems and general probity issues. From a training perspective it is important to document these in the portfolio. Concerns directly related to the training are expected, in the first instance, to be discussed with the Clinical supervisor. Any serious problems (related or unrelated to training) should be brought to the attention of the Educational Supervisor who may involve the Training Programme Director and the Dean.

Health and Probity

It is a trainee's responsibility to monitor their own health and discuss at an early point any matter which could impact on their ability to practice. A health declaration is included in the portfolio, and has to be completed each training year. Sickness absence must also be recorded in the portfolio. Trainees absent from training for a lengthy period may have their completion date put back.

Trainees should also be registered with a General Practitioner. If there are health problems, liaison with the Educational supervisor, Clinical supervisor and local Health Board Occupational Health Service is important.

Information Technology (IT)

New trainees should contact their local IT department for a work email address if they are new to the service.

For clinical governance purposes there is a move towards Health Boards only permitting email communication to and from employees to be via their work email address. These are secure systems and allow the transfer of patient-sensitive information. NES do not make this restriction, so that it is acceptable for trainees to have given NES a personal email address prior to taking up their post, and for them to continue to use this address for administrative purposes with NES. It remains important for trainees always to consider confidentiality when sending emails.

There are different local procedures pertaining to using clinical records, depending on where trainees work. Trainees will be offered training to use the local system e.g. EMIS.

Libraries

Trainees are encouraged to register with, and use, libraries based on their placement site. All NHS Scotland Staff can also apply for an Athens account, which allows them to use the NHS Scotland e-library. Trainees can register at: <http://www.elib.scot.nhs.uk/portal/elib/pages/login.aspx>

The Royal College of Psychiatrists also provides library services:
<http://www.rcpsych.ac.uk/usefulresources/library/archivesinfoservi.aspx>

RESOURCES AND USEFUL LINKS

The Gold Guide is the key guidance document for specialty training. It can be found at:

[Gold Guide - 9th Edition - Conference Of Postgraduate Medical Deans \(copmed.org.uk\)](http://copmed.org.uk/Gold-Guide-9th-Edition-Conference-Of-Postgraduate-Medical-Deans)

The GMC-approved curriculum for higher training in medical psychotherapy can be found at:

https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/2022-curricula/medical-psychotherapy-curriculum-final-16-june-22.pdf?sfvrsn=db427153_2

The Scotland Deanery is overseen by the Medical Directorate of NES, and is a valuable resource regarding the structure and content of training programmes:

<http://www.scotlanddeanery.nhs.scot/about-us/>

Additional training guidance is available at the Royal College of Psychiatrists website:

<http://www.rcpsych.ac.uk/traininpsychiatry/corespecialtytraining.aspx>