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**Foundation competencies: Review of Foundation Year Psychiatry Training**

Bottles in a laboratory Boy being treated by a doctor Patient being looked after by a paramedic

Person working in a laboratory Two people holding hands Doctors performing surgery

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# Executive summary

## Introduction

Psychiatry training in the Foundation Years programme provides an important opportunity to improve trainee’s knowledge attitudes towards mental health and careers in psychiatry. This has the potential to improve recruitment into the specialty and teach transferable skills for other specialties.

## Types of training opportunities

Foundation Year doctors primarily access psychiatry training through a psychiatry post in the core programme rotations. Additionally, there are a range of opportunities where trainees can gain experience in the field, including simulation training, didactic teaching sessions, and conferences.

## Impact of training on recruitment and skill development

Taking part in a psychiatry post has been consistently shown to improve attitudes towards careers in psychiatry and increase trainee’s intentions to pursue specialist training. Accessing training opportunities in simulation provides a realistic environment for trainees to practice psychiatry competencies safely and increase their confidence in transferring these to the workplace.

## Factors influencing the experience of training

The literature highlights the importance of effective supervision, feelings of autonomy and responsibility in the role, connectedness to the multidisciplinary team, and witnessing patient recovery as promoting a positive experience in psychiatry posts.

## Guidance for providing Foundation Years Psychiatry training

Trainees should undergo an induction process at the beginning of their placement to ensure a smooth transition into the workplace. Opportunities for peer support and peer learning are recommended, as psychiatry posts have been described as an isolating experience. Finally, trainees should be signposted to opportunities for further learning in specific psychiatry competencies and taster days to develop their interests.

## Conclusion

Psychiatry training in the Foundation Years programme can be an effective experience to develop well-rounded and mental health aware doctors across all specialties, contributing to the provision of more holistic patient-centred care.

# Review of Foundation Year Psychiatry training

The provision of high-quality psychiatry training within the foundation years programme is crucial for improving attitudes and recruitment into psychiatry roles, as well as for training well-rounded and mental health aware doctors for all specialties.

As highlighted in the Five Year Forward View by NHS England (2014), there is a demand for a holistic patient-centred approach to care that considers service-users’ physical and psychological health. The Broadening the Foundation Programme Report highlights the need for all FY trainees accessing community-based placements in order to achieve the aims of the FY programme (HEE, 2014). Through the promotion of psychiatry training and mental health education in the FY programme, trainee doctors can gain the clinical skills and awareness necessary to meet this demand, with the potential of improving recruitment for psychiatry roles. Additionally, FY doctors can gain multidisciplinary team working, empathy, and communication skills that are transferable across other medical careers (Perry et al., 2016).

## Types of training opportunities

Most FY psychiatry training in the UK consists of undertaking a psychiatry post in the core FY programme rotation. Within the post, trainees will access supervision, as well as clinical training and teaching sessions. Additional opportunities, such as mental health teaching programmes and Balint groups for FY doctors in mental health trusts, can promote peer support to reduce isolation in these posts and improve the learning experience (Perry et al., 2016).

However, due to the limited number of psychiatry training posts in the FY programmes (Collins, 2010), it is crucial that additional training is accessible for FY doctors not undertaking a placement. Examples of this include exposure to psychiatry scenarios through simulation training, didactic teaching sessions, conferences, and others. Similarly, additional learning beyond the core FY curriculum should be provided for trainees who want to develop additional psychiatric competencies. These could include observations in various settings, such as Section 136 assessments or medicolegal contexts, or participation in specialised groups such as psychotherapy (Perry et al., 2017).

Currently, the majority of the literature describing FY training focuses on the experience of psychiatry placements. This scoping review aims to provide an overview of the literature in this area, including the impact of psychiatry training on recruitment, as well as the specific factors that influence and improve the training experience, and guidance for providing training in this area.

## Impact of training on recruitment and skill development

The United Kingdom has seen a recruitment crisis in psychiatry over the past decades, raising concern for the healthcare system’s ability to meet the growing demand for mental health services. Literature suggests that doctors who choose careers in psychiatry often do so after graduating, making the experiences of the initial years post-graduation a critical period for recruitment in this area (Brown et al., 2007; Dein et al., 2007; Collins 2010). While the purpose of FY placements is to equip trainees with clinical and non-technical skills that are transferable across a range of roles, undertaking a psychiatry placement at this time can improve attitudes towards the specialty as a career choice (Shah et al., 2011), and in turn improve recruitment.

Kelley, Brown & Carney (2012) investigated the relationship between completing a psychiatry placement during the foundation year programme, and appointment to psychiatry training. The study found that among UK FY2 doctors, only 14.6% had exposure to psychiatry before their speciality applications as part of the programme. Moreover, 14.9% of FY doctors who had been exposed to psychiatry chose a career in psychiatry, as opposed to 1.8% of those who were not exposed to psychiatry. This highlights the importance of increasing access to psychiatry exposure and training within the FY programme to increase uptake of careers in psychiatry.

The role of FY placements in psychiatry recruitment is further highlighted in Doris et al. (2020). A survey of doctors working in psychiatry in Northern Ireland found that 44.8% of respondents had not considered psychiatry as a career before the foundation programme, and 89.5% of respondents had taken part in a psychiatry placement as an FY doctor. This demonstrates how exposure to psychiatry roles can encourage pursuing a career in psychiatry. However, 81.8% of respondents also noted that psychiatry posts should only be offered in FY2, as this is the time when doctors will be more likely considering their career options, and FY1 placements are often less representative of psychiatry work as they may have more administrative tasks and less general skills to apply to the role.

Moreover, psychiatry training using simulation-based education has shown great potential at supporting trainees to develop clinical and non-technical skills in a safe environment. McAlpine et al. (2020) designed and evaluated a simulation training programme to develop trainee clinical skills, communication, and management of chronic illness. They used a serial simulation approach to build complex patient stories that realistically reflected illness progression. Their findings showed that 93% of participants found the training useful and transferable to future practice, citing that the course promoted active learning and effectively met the requirements of the FY curriculum. Additionally, participants fed back that the training was applicable to other medical practice, supporting the purpose of the FY programme to develop transferable medical skills. Thomson et al (2013) similarly reported an increase in confidence scores relating to clinical and non-technical skills pre- and post-training, with participants stating that the programme was valuable to improve their approach to their clinical practice and enabled them to practice skills in a safe environment. Other identified benefits include exposure to various psychiatric diagnoses and severities in a controlled environment, providing access to experience with hard-to-reach groups such as children’s mental health, improved confidence in delivering out-of-hours care, and aided in the development of teamworking and communication skills to work effectively as part of a multidisciplinary team (Neale, 2019; Till et al., 2017).

## Factors influencing the experience of training

There are a range of factors that impact a trainees’ experience of psychiatry training and may impact future specialisation choices. A narrative synthesis of 19 papers focusing on trainees’ experiences in psychiatry training identified three core themes that promoted a positive experience during training. First, receiving regular and high-quality supervision was associated with greater student satisfaction. The importance of engaging with enthusiastic and responsive staff, as well as mentorship from approachable and supportive staff was further highlighted as a favourable aspect for satisfaction and recruitment. Second, supported autonomy and responsibility, including the opportunity to practice a range of skills such as communication, mental state examination, risk assessment, and others were associated with having a positive training experience and greater satisfaction. Finally, exposure to a range of clinical presentations and treatments, as well as witnessing patient recovery, were also identified as increasing satisfaction (Karageorge et al., 2016).

A qualitative interview study by Beattie et al (2017) investigated the lived experience of FY1 doctors in training. The study found various themes that mediated the positive or negative experience during psychiatry placements. Similarly to Karageorge et al (2016), the researchers found an association between exposure to complex illness and patient recovery and a sense of satisfaction with the placement. Moreover, connectedness within the multidisciplinary healthcare team was a positive aspect which provided a valuable insight into teamwork in the psychiatry department. However, FY1 doctors felt frustrated at having limited learning opportunities and limited responsibility in which all decisions were made by senior doctors.

These findings replicated Boyle et al (2016), who additionally found that the preference for a career in psychiatry increased after a psychiatry placement among FY1 doctors. They cited aspects such as supervision and role models, work life balance in the role, and taster sessions in different areas of psychiatry as positive promoters within the training. Negative aspects mainly included feeling a lack of variety or specific responsibilities within the role in training, and missing physical medicine aspects for those more interested in other medical careers. Perry et al (2016) reiterate that teams should recognise that FY doctors are at the beginning of their careers, and thus should be involved in providing care, rather than being treated as observers or medical students, in order to ensure a positive learning experience.

## Guidance for providing Foundation Years Psychiatry training

The previous section has highlighted various factors that can impact whether FY doctors have a positive or negative experience in training, including access to high quality supervision, responsibility in patient care and witnessing recovery, and working within a multidisciplinary team. Beyond these aspects, Perry et al (2017) provide guidance for FY psychiatry placement supervisors to ensure high quality. Supervisors should oversee an induction and shadowing period, at a minimum of four days, before the beginning of the placement. This should include briefing the multidisciplinary team about the capabilities and expectations of the FY doctor, as well as providing the trainee an overview of core psychiatry issues such as the Mental Health Act, which can be further explored in supervision. Additionally, supervisors should consider the learning needs of the trainee, aligning teaching opportunities with the FY curriculum, and supporting trainees to attend additional learning opportunities such as conferences, journal clubs, and external teaching sessions where relevant. Finally, FY training can be complemented by organised taster days in subspecialty areas of psychiatry to inform trainee career choices and support their interests. Core medical skills, as well as history-taking and mental state examination, should be supported through supervision and signposting to learning opportunities around these.

These recommendations are also reflected in Steele & Beattie (2013) who highlight the benefits of an effective induction at the beginning of training, including an educational needs assessment to understand confidence in psychiatry skills. Inductions should follow a staggered approach to prevent providing overwhelming amounts of information, as well as to separate immediate practical needs and deeper educational experiences to facilitate early integration in the clinical area. They also highlight the importance of social and peer support to reduce isolation from other medical peers in the role, such as embedding buddy systems with junior psychiatrists or undertaking work in an acute hospital.

Moreover, McAlpine et al. (2020) conducted a training needs assessment with various stakeholders and focus groups with FY trainees, identifying six main priorities for FY training. First, training should aim to equip junior doctors with the skills to work in a complex and evolving healthcare system, providing an understanding of the role of various mental health services. Training should also improve trainees’ confidence and capabilities in conducting psychiatric assessments, as well as improving communication skills and their understanding and skills to manage chronic illnesses. The relationship between mental health and other clinical specialties should also be highlighted. Finally, training should aim to address and reduce mental health stigma. The importance of learning opportunities in core psychiatry skills is also noted in Welch et al (2011) who highlight the importance of including psychiatry specific teaching within the placement, and where possible including simulation training and opportunities to share experiences and cases with colleagues.

## Conclusion

The literature to date has reflected a range of benefits and considerations around the provision of psychiatry training in the FY programme. Research with FY doctors has shown that aspects such as effective supervision, integration and autonomy within the multidisciplinary team, and being involved in patient care and recovery are crucial to ensure a positive experience of training. Additionally, recommendations to deliver high quality and effective psychiatry training have been provided, including providing an induction at the beginning of placements, conducting a learning needs assessment, identifying opportunities for peer support to reduce isolation in the role, and signposting to additional learning in core psychiatry skills beyond the FY curriculum. Overall, trainees have expressed a positive experience in the programme, learning new and transferable skills beyond those from their undergraduate program, as well as developing more positive attitudes towards careers in psychiatry. Most importantly, psychiatry training is an important component of the FY programme to support the development of skills and awareness allowing doctors to provide more patient-centred care to meet the needs of service users more holistically.

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# Appendix 1. Training examples in London.

## North Central and North East London, Psychiatry Simulation for Foundation Year Trainees

Running since 2018 this simulation programme has been delivered flexibly across local Trusts and hospitals to FY trainees including complex communication-based scenarios.

## Safe Prescriber – “Introduction to Psychiatry” online module

This [free online learning module for foundation doctors (and medical students)](https://www.safeprescriber.org/medicine-surgery/) sits within a broader Medicine & Surgery portfolio, providing relevant introductory training.

## Barts & The London School of Medicine & Dentistry simulation training

This series of simulated scenarios and teaching focus on the core clinical skills required in psychiatric practice, including assessment of common and challenging disorders.

## North West Thames Foundation School simulation training

An innovative simulation training programme which utilises serial simulations to develop complex patient narratives and demonstrate illness progression over time.

## Maudsley Simulation – Building on the Foundations Simulation Programme

This 1-day immersive simulation training course aims to develop competencies for assessing, managing, and support those with mental health needs.