

Royal College of Psychiatrists

Psychiatry-East

The Eastern Division e-Newsletter



Editorial

Greetings to all,

Welcome to our Winter Newsletter 2019. It is Election season all around, with the recent General election (I will say no more) and the current RCPsych President voting under way. The RCPsych Faculty elections are also open and we have some of our own East of England Consultants standing for these positions, so please do take time to read the candidate statements and to vote. For the attention of trainees, you will also be eligible to vote for elections in those faculties which you are signed up to.

In this edition we bring you the Chair's update by Dr Abdul Raoof, our Autumn Conference report by Dr Kallur Suresh, and Dr Muzaffer Kaser's article reflects on the successes and impact of the Clinical Attachment Programme for East of England (CAPE). Do also look out for the names of our Colleagues from the Division who were recently awarded with an FRCPsych.

Our Head of School Dr Chris O'Loughlin writes about personalised training, and its importance in improving training standards and enhancing trainee experiences.

We also have winners of the poster prizes in various categories from our Eastern Division Autumn Conference. CPFT trainees Lydia, Elizabeth and Emanuele summarise their brilliant work on the role of Mentoring for trainees, and Foundation Year doctor Olivia brings to light an important but not-so-well-known matter about measuring Vitamin B12 levels. Dr Zora Taousi and team from HPFT write about the challenges and successes of QI in physical health care. An imaginary trip to the future awaits you in my article on 'A day in the life of a Psychiatrist 2050'.

I wish to extend our immense gratitude to Dr Indermeet Sawhney for her hard work and dedication since 2017 as Editor of the Newsletter. It was my pleasure to hold the fort during the recent transition and am delighted to welcome Dr Nita Agarwal (Consultant Psychiatrist, NSFT) to the team as our new Editor in the upcoming editions.

I would like to end with a note about Twitter, to say that there are several active Psychiatrists on Twitter, as well as the various College accounts, a great way to learn about opportunities, news and events. Keep up to date and get involved with what's going on in the Eastern Division by following @rcpsychEastern.

Wishing you all a wonderful festive season, and happy reading!



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Dr Shevonne Matheiken, Interim Editor, Psychiatry East



Chair's Column

By Dr Abdul Raoof

As we look forward to welcome 2020, I would like to reflect on our Divisions activities throughout the year.

2019 has been a busy year for the division. Our Spring and Autumn conferences continued to attract a high number of delegates and covered a wide range of topics, delivered by excellent speakers, thanks to great work done by Kallur Suresh, our Academic Secretary.

I am particularly pleased to see a number of medical students and Foundation Year doctors attending our events making use of our offer of free registrations. Engagement with medical students and Foundation Year doctors is a priority for us, as that would increase mental health awareness of all future doctors across all specialties apart from encouraging them to consider psychiatry as a career option. This is a great example of our Division working collaboratively with HEE (Health Education England/Deanery) I am grateful to Dr Chris O'Loughlin Head of School of Psychiatry for his support.

Our poster competition remains very popular attracting participation from MDT (multidisciplinary team) colleagues as well as from all grades of trainees and psychiatrists. I would like to thank Albert Michael, Abu Abraham and Sadgun Bhandari for coordinating this work.

You might have noted Inder Sawhney has stepped down as Editor of the newsletter passing on the mantle to Shevonne Mathieken and Nita Agarwal. Nita will be taking over as Editor for the Summer issue. Thank you Inder for delivering such successful Newsletters.

Eastern Division is keen to support members and trainees of all grades and cater to their changing needs as they progress through their careers

Over the last three years we have established a two day Section 12 Induction course primarily directed at trainees completing their CT3 (Core Trainees year 3) and other doctors who are eligible to apply. Based on the feedback from senior trainees in February 2020 we are launching a two day AC (Approved Clinician) Induction Course as well. This course will enable trainees approaching CCT and preparing to take on consultant jobs to attend the course locally in the region. Early this year we organised a workshop for non-training grade doctors and other professionals who are eligible to apply to become approved clinicians through portfolio route

In October we received great feedback for our StartWell event which was aimed at newly appointed consultants

and senior trainees. During the year we have organised ARCP and Portfolio Online workshops to support trainees in the region as well as at the College.

Eastern Division colleagues have been contributing actively to central activities of the College as well. I have been involved in developing the college [position statement](#) on consultants working across specialties out of hours and Chris O'Loughlin was part of the [ARCP working group](#). Chris and I ran a one-day supervisor training and ARCP/Portfolio workshop which was attended by more than hundred delegates.

None of this would have been possible without your great support and active contribution from Exec Committee members. We are so lucky to have Moinul Mannan as our Division Coordinator. As you know he works tirelessly behind-the-scenes to ensure all of our activities and events run smoothly. He also supports our Regional Advisor Dr Asif Zia and the team of Specialty Representatives, to ensure Job Descriptions submitted by the Trusts in the region are processed in a timely manner, to facilitate prompt appointment to vacant positions. I would like to thank all our Specialty Representatives and Exec Committee members

Apart from the long list of things I noted above I know many of you are doing some wonderful work locally to support trainees and improve services for our patients. Many of you going to schools to improve mental health awareness and to provide career advice, inspiring future doctors and psychiatrists which is of great importance in the current context of severe recruitment problems.

We want to expand our activities further in the New Year. We have a [Psych Star](#) at Cambridge University who is helping us to organise a Medical Student event early next year in collaboration with the [Psychiatry Society](#) at the University. The event will involve medical students from all three medical schools in our region.

I have received various suggestions on further events activities; proposals for CT Trainees welcome event, Mentorship Training and targeted support for IMGs (International Medical Graduates), all of which are under consideration.

It has been pointed out that we need to do more to support our members to get involved and influence the changes within NHS. There is a feeling that front line clinicians would welcome more support to keep up with policy developments and emerging new structures within NHS in the region. A new network involving member

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By Dr Abdul Raoof

representatives from all Trusts would be set up to progress this work

However, as I reiterated at our recent conference we want more suggestions from you; feel free to email me.



Dr Abdul Raoof. Chair, Eastern Division
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Congratulations!

Eastern Division 2019 New Fellows

*Dr Gladvine Davis Mundempilly
Dr Christopher James O'Loughlin
Dr Graham Keith Murray
Dr William Lee Boland
Dr Elizabeth Claire Fistein
Dr Ayyamkulam James Louis
Dr Shafy Kalakkattil Muthalif
Dr Robert B Dudas
Dr Abu Abraham*

Poster Prize Awards - Autumn Conference 2019

Medical Student Category

1st Prize - Sajeed Ali, Rachel Anderson, Sam Atkinson, Ben Kilkelly, Lalana Songra, Manu Shrivastava, Catherine Maxey
2nd Prize - Aarushi Agrawal
3rd Prize - Kiran Joshi, Victor Ho, Matthew Smith, James Tysome

Foundation Year Doctor Category

1st Prize - Olivia S Walker
2nd Prize - Alisha Burman, Saya Fujita, Nikolett Kabacs, Victoria Leong
3rd Prize - Dinara Adamo

General Category

1st Prize - Lydia Mariner, Elizabeth Cole, Emanuele F Osimo
2nd Prize - Hesham Abdelkhalek, Adel Elagawany, Matthew Leahy, Fiona McDowall, Emily Baker, Nkechi Penberton
3rd Prize - Saher Awan, Amir Khan, Rahul Tomar

Multi Disciplinary Category

1st Prize - Alana Durrant, Christine Oxberry, Lindiwe Javani, Sarah Gwynne

Personalised Training

Head of School for Psychiatry, Dr Chris O'Loughlin, challenges both trainers and trainees to take training to the next level... to make it personal

I am continually impressed by the achievements of our trainees here in the East of England. They benefit from excellent training posts and fantastic trainers in both core and higher training. I want to consider how we can further improve the trainee experience by drawing on the tenets of personalised medicine. The aim of this Personalised Training is to maximise the impact of the programme and secure long-lasting benefits for our trainees.

Personalised medicine moves away from a generic one-size-fits-all model and draws on the individual characteristics and needs of the patient, offering holistic, person-centred care that meets the patient's needs and wishes as an individual. It combines knowledge of factors specific to the patient with a recognition of their own priorities in order to arrive at the best interventions for bringing about the desired outcome.

We have maintained and rightly value the "apprenticeship" approach in psychiatry. However, I suspect that this can allow trainees to be relatively passive partners in their training. They acquire experiences as they arise through a combination of posts and gradually, though somewhat fortuitously, build up a portfolio that demonstrates their progress. This can leave trainees reliant on the right experiences coming their way and sometimes leaves them unsupported in certain areas of their development.

How can we translate the lessons of personalised medicine to training?

Personalised Training must start with a proactive approach led by the trainee and supported by the educational supervisor. This is best done through a self-evaluation of the trainee's holistic needs and how these can be met in their current post with an eye to their longer term development. Here the needs of the curriculum, the trainee's own personal direction for career development, and other factors that might impact on training must be considered. It is important not to shy away from uncomfortable facts. For example, we know that our international medical graduates (IMGs) have less success in the MRCPsych exams than UK graduates. This is a specific priority for our IMG trainees but I wonder how many of our supervisors address this with trainees, and support actions to give our IMGs the best chance of successful exam outcomes.

I encourage all our trainers to ensure that they are up to date with the current exam syllabus and to regard supporting trainees through the exams as part of their role.

What are the specific elements crucial to Personalised Training?

- A Personal Development Plan – clearly focussed on key aspects of the post and what clinical experiences to actively seek out
- Tailored training - the supervisor should explore what the trainee would derive most benefit from and customise opportunities
- Enhanced experiences – such as psychotherapy, leadership opportunities, original research or bespoke study leave
- Individualized feedback - pitched appropriately for the specific trainee at that specific moment.

How can we achieve this?

Trainers can implement Personalised Training effectively by having extensive knowledge of a trainee's abilities, recognizing what the trainee finds challenging and agreeing development needs. These can be reviewed in the supervision hour that is an essential component of every psychiatry trainee's week. Vygotsky's theories on scaffolding and the zone of proximal development can be utilised to enhance the learning experience and ensure that feedback is personally relevant and timely.

Personalised Training doesn't just relate to the individual post. It is important that we offer training schemes that include a suitable variety of posts so that our trainees can become the psychiatrists they want to be. We must continue listening to our trainees and be prepared to develop programmes to support their careers. To this end we have recently developed perinatal higher training posts and offer other subspecialty posts such as substance misuse or liaison training. We are also able to offer dual training in CAMH and Forensic psychiatry for higher trainees.

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At the end of the year trainees will be facing an ARCP to review that training period and bring together all their progress. I am aware that ARCPs can often seem remote, out of touch and offer limited value. I have been working with the Royal College of Psychiatrists to improve the transparency, consistency and supportive nature of ARCPs for trainees. As well as giving feedback to educational supervisors, we are increasingly focussing on providing more detailed recognition for the achievements in a trainee's portfolio, the hard work through the year and what might be appropriate next steps. While ARCPs will often be held without the trainee present, a meeting between trainee and educational supervisor to consider the outcome provides a springboard into the next year of training and ensures that the trainee is actively involved in engaging with Personalised Training.

Of course, things don't always go smoothly and when this happens it becomes even more vital for both trainee and trainer to have a good understanding of the underlying issues. Educational supervisors benefit from a longer term view and their perspective is invaluable. The Professional and Wellbeing Service at the Deanery can offer additional support whether it be for exams, ill health or other reasons.

A proactive partnership in training between supervisor and trainee can be the catalyst to excellent outcomes creating the psychiatrists of the future. Personalised Training delivers this.



*Dr Chris O'Loughlin, Head of School
Cambridgeshire and Peterborough Foundation Trust*

CAPE (Clinical Attachment Programme for the East of England)

By Dr Muzaffer Kaser



In this piece, I would like to share the scope of the CAPE programme. The CAPE offers international psychiatrists an observership within the mental health trusts and integrate them into training activities to facilitate their transition to the UK.

Medical staff shortages have been an ongoing problem for the psychiatric workforce. According to a recent report by the Royal College of Psychiatrists, 1 in 10 consultant psychiatrist posts across the country are unfilled. In old age psychiatry and CAMHS, the figures are even more concerning. The number of foundation doctors entering into specialty training is in steady decline. Choose Psychiatry, the heroic recruitment campaign by Royal College of Psychiatrists was very welcome. The number of core training applications indeed increased in last two years. However, higher training posts are still not attracting enough doctors, so the consultant workforce gap is yet to be filled. The gaps will most likely to be bigger in the foreseeable future. We need flexible, engaging solutions to improve recruitment of psychiatrists. CAPE can attract international psychiatrists who would like to pursue a career in the UK. Better knowledge about the conditions and requirements to practice, support for exams and the actual experience in the NHS setting are the key elements of the CAPE.

CAPE (Clinical Attachment Programme for the East of

England) was launched in 2018 to offer a model for recruitment of international (non-EU) psychiatrists. Essentially, CAPE offers the international psychiatrists (specialists or trainees) the opportunity to observe the NHS mental health services, participate in the local training sessions, and establish direct links with psychiatrists in the East of England. CAPE observers had three months observership (with an option to extend up to 6 months) that allowed them to see the NHS for themselves. The observers need visitors visa to attend the programme. The selection is competitive and based on the quality and suitability of the applications. During observership, they were matched with a consultant psychiatrist who acted as their mentor, facilitated the initial checks and introduced the observers to their team. After a few weeks of settling in, the observers had flexible opportunities to visit a variety of clinics. As part of the visits, they attended multidisciplinary team meetings, outpatient clinics, ward rounds, and specialised treatment sessions. They were given observer access to electronic records.

CAPE observers attended regional clinical skills training sessions as well as MRCPsych course, communication skills sessions, and academic seminars. Educational events were the main medium for the CAPE observers to meet colleagues from different training paths and those from other trusts. We organised a roundtable discussion with contribution from local IMG trainees

CAPE (Clinical Attachment Programme for the East of England)

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who shared experiences of making the transition to the UK system (as previous consultants in home countries). Most importantly, the experience gave them the chance to make a truly informed decision if they would like to pursue a career in the UK. The project was the output from my LeAP training, a bespoke leadership programme for psychiatry trainees in East of England provided by the deanery. Dr Christopher O'Loughlin, head of school of psychiatry, was closely involved in the project from conceptualisation to practical aspects (e.g. candidate selection criteria).

CAPE has had sixteen observers from six different countries in the two cohorts so far. Applications for third cohort will be advertised in January 2020. CAPE was realised thanks to great support from the local coordinators in participating trusts, consultants who agreed to act as mentors, and all training leads. Overall, we received very good feedback from the observers. Training sessions and the opportunities for exam preparation were lauded. There is room for improvement, of course. For instance, the initial stages could have been more structured to allow a smooth transition. The role (and responsibility) of mentors and visits to variety of clinics will need to be more clear to set the expectations right. Logistic needs are crucial that will need a closer look.

One of the aims of the programme was to help CAPE observers to progress in the UK exams (mainly MRCPsych exams). We were delightful to hear that three of our CAPE observers (Dr Tamara Ventura, Dr Sujoy Ray, and Dr Kok Keong Leong) have now completed all steps of the MRCPsych exams. Another CAPE observer, Dr Irem Hamamcioglu Yanardoner completed PLAB exams. Special congratulations go to Dr Ventura who was awarded with the Alexander-Mezey Prize by RCPsych, awarded to the IMG doctor with the best overall performance in MRCPsych Paper B and the CASC. We hope to share many more great news with the region.

Please do get in touch if you would like to find out more about the CAPE programme or if you have suggestions. Feel free to spread the word with your international contacts.



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Count What Counts

By Dr Olivia S Walker

Each day approximately two million pathology tests are ordered in the NHS, costing three billion pounds per year. Many would argue that this is money well spent, especially if the outcome of the test informs patient management and improves the outcome. However, is there room for improvement?

In adult inpatient psychiatry, vitamin B12 levels are measured routinely in newly admitted patients. Vitamin B12 is required for DNA synthesis and energy metabolism. Low levels are associated with anaemia, peripheral neuropathy, memory impairment, psychosis, depression and delirium. Vitamin B12 is therefore supplemented in patients with low levels.

We identified several cases of elevated vitamin B12 levels amongst our adult psychiatric inpatients. To investigate this further, we explored how these levels are quantified, contacting hospitals in the region and referring to the NICE Medtech Innovation Briefing (MIB40). This highlighted that total vitamin B12 assays are most commonly used in the UK. This test measures all protein-bound forms of vitamin B12. However, B12 is only available to cells when bound to the protein transcobalamin II, forming holotranscobalamin (holoTC). The NICE briefing states that 'measuring holoTC is more reflective of vitamin B12 status than measuring total vitamin B12'. So why is the holoTC test not used more widely?

Cost is likely to play a role: some holotranscobalamin assays are currently estimated to be approximately one pound more expensive per test than the current total vitamin B12 assay. However, is this a price worth paying for a more informative test? Several studies have shown that alcoholic liver disease results in raised levels of vitamin B12-protein complexes that are unavailable to cells. These patients may therefore be prone to vitamin B12 deficiency, however, total vitamin B12 tests do not measure this.

A famous quote attributed to Albert Einstein captures the topic: 'not everything that counts can be counted, and not everything that can be counted counts'. In this case, holotranscobalamin can be measured. We therefore propose that this test should be used universally. This will prevent overestimating the levels of vitamin B12 available to cells and missing low levels which are often associated with physical and psychiatric disease.



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Work based mentoring significantly increases feelings of personal support amongst psychiatry trainees

By Lydia Mariner, Elizabeth Cole, Emanuele F Osimo

Background

Historically there has been difficulty in the recruitment and retention of doctors in psychiatry. There are a significant number of vacancies within consultant psychiatrist posts currently and 40% of doctors in training fail to progress from core psychiatry to higher specialty training (1). There is a spotlight currently on trainees' wellbeing and a project is underway investigating the cause of the retention difficulties from the RCPsych (2). Mentoring has been shown to support career development and has been recommended as an important tool to improve the retention of doctors (3). Therefore, we set up a peer developmental mentoring scheme at CPFT in order to improve satisfaction levels amongst trainees and an extra avenue of support at times of difficulty. We aim to reduce burn out rates and improve retention of trainees (4).

Aims

Our aims were to measure career satisfaction and aspirations in psychiatry trainees. We were keen to see if mentoring experiences improve satisfaction levels and feelings of support. Work based mentoring is in effect across the division in different forms and so we not only wanted to investigate this at CPFT but also in all 5 trusts across Health Education East of England.

Methods

This is an approved quality improvement project by CPFT. A link to the questionnaire containing questions regarding mentoring experience, demographics, job satisfaction, feelings of support, experience of burnout and career aspirations was circulated to all doctors in training in psychiatry within Health Education East of England in January 2018 and April 2019 and this data was pooled to compare mentored trainees answers to non-mentored as a cross sectional design over the two years. Participation was voluntary and data collection was anonymised. Statistics were performed in R and descriptive stats used for variable distributions among groups. Likert scale scores (range from 1 to 5) were not normally distributed, so medians and interquartile ranges were used. Differences in group Likert scores were tested with Kruskal-Wallis tests. Differences in categorical answers were tested with chi-square squared tests. Odds ratios were calculated using a multivariable logistic regression model.

Results

The rate of mentored trainees is 33.25% across the two years. The rate of trainees being mentored is increasing across the deanery (by 5% from 2018 to 2019). Being mentored significantly increased trainees' feelings of personal support (OR = 2.45, 95% CI: 1.01-6.68). There is a suggested non-significant link between being mentored and job satisfaction (OR = 1.71, 95% CI 0.69-4.51). However, being mentored is also linked to significant reduced feelings of support from the trust (OR = 0.49, 95% CI 0.24-0.94). Independent of mentoring, the raw data showed that a third of trainees had experienced burn out in 2018 and this has increased to half in 2019.

Discussion

Research into the impact of mentoring on trainees is important as it is currently being encouraged. The numbers of trainees being mentored, therefore, is set to increase in the future and it is important to monitor what the impact of mentoring relationships are. It seems understandable that trainees feel significantly supported by mentoring relationships. Higher overall job satisfaction is associated with mentoring; however, further work might add power to the study and lead to a more significant result. Mentors are in a privileged position of having more time and are without responsibility to appraise the mentees performance, thus if a trusting relationship is developed it can be a powerful source of honest support and potential for challenge with the aim of improving a trainees career.

Satisfaction levels over a trainees' career will fluctuate for a range of reasons increasing burn out risk at different points. We know that trainees are at increased risk after career break/serious incident, exam failure or significant life event and mentoring may help at these times. We did not predict that mentored trainees felt unsupported by their trust. There may be a selection bias causing trainees to be more likely to opt in to mentoring relationships if they are dissatisfied and an individual trust may develop a mentoring service due to stressors within the wider organisation. It is important to note the mentoring is not only useful for trainees finding themselves in difficulty but also for those wanting to expand or further develop skills but wanting support in achieving this.

Strengths of the study include the numbers achieved by pooling the results and comparing mentored and non-

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mentored trainees over two years. As it covers different trusts it reduces interaction of local factors that might impact on trainees' answers. It is also a strength that the results are quantitative not qualitative and statistical methods are used. Limitations include the cross sectional rather than longitudinal or prospective design, reduced power due to low numbers at specific trusts, the potential for selection bias due to voluntary recruitment and the factors impacting why different trusts might support use of a mentoring scheme.

Further research is warranted around burn out in trainees and why this might be increasing overall independently of mentoring relationships. This is likely to be multifactorial and vary between individuals. There may be a greater awareness around symptoms of burnout increasing detection. Mentoring could be used to improve the current NHS culture by fostering healthy working relationships, and better work life balance, thus reducing risk of burn out and improving retention.

Conclusions

There is an association between being mentored and significantly increased feelings of personal support and increased job satisfaction. We therefore believe that mentoring could be an important tool to improve doctors' retention in psychiatry. Thank you to the Eastern Division Conference for awarding this project first place in the poster presentation (general category) in November 2019.

References

1. RCPsych Workforce Census 2019: <https://www.rcpsych.ac.uk/improving-care/workforce/our-workforce-census> (Accessed 01/12/19)
2. RCPsych Understanding Career Choices in Psychiatry Working Group 2019: https://www.rcpsych.ac.uk/docs/default-source/improving-care/workforce/understanding-career-choices-in-psychiatry.pdf?sfvrsn=c5648b36_0 (Accessed 01/12/19)
3. Steven A, Oxley J, Fleming WG. Mentoring for NHS doctors: perceived benefits across the personal-professional interface. *J R Soc Med* 2008; 101: 552-557.
4. HEEoE mentoring and coaching website: <https://heeoe.hee.nhs.uk/faculty-educators/mentoring> 2019. (Accessed 01/12/19)



Dr Lydia Mariner
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Challenges and Successes of Quality Improvement in the physical healthcare of patients with First Episode Psychosis in Hertfordshire Partnership NHS Trust

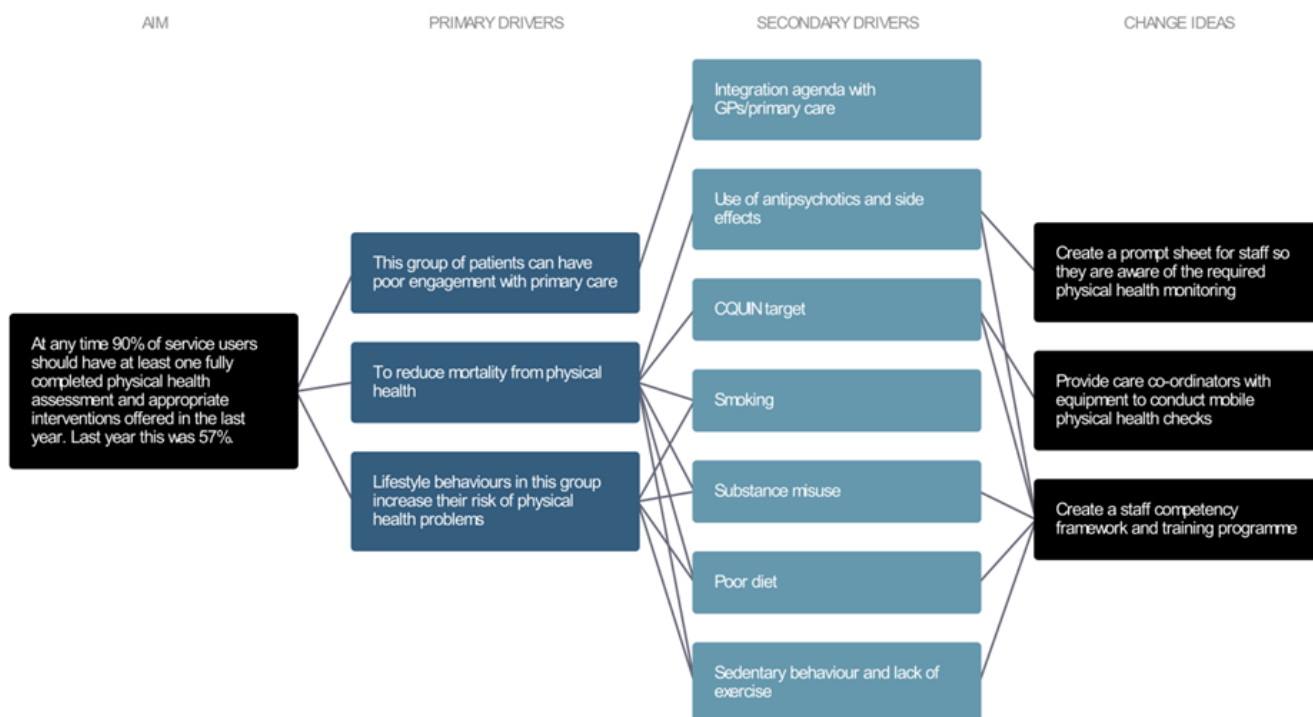
By Dr Zohra Taousi, Hildah Jiah, Mary-Ellen Khoo

Background

In 2017 we set up a new Early Intervention in Psychosis (EIP) service in Hertfordshire (PATH – Psychosis: Prevention, Assessment & Treatment in Hertfordshire). As a new service, we were aware that we were not carrying out timely physical health assessments and offering interventions appropriately to all service users. The nationally recommended caseload of 15 patients per EIP care coordinator was difficult to follow because of difficulties in recruiting enough care coordinators. We therefore implemented an innovative workforce solution. The PATH EIP service is made up of mini-teams consisting of a Band 6 care coordinator, a Band 5 Associate Practitioner (usually a psychology graduate) and a Band 4 Support, Time and Recovery (STaR) worker who manage a caseload of 35 patients. We recognised that due to this new way of working, only 20% of the workforce in PATH were nurses, and it was soon recognised that a lack of expertise in the team meant that we were not carrying out timely physical health assessments and offering interventions appropriately to all service users.

We set up a Physical Health task and finish group and invited staff from across the team to join if they were interested. We have generally met on a monthly basis with a core of regular attendees and some who only attend occasionally. After a few meetings, a QI approach was adopted and several change ideas were developed to provide staff with the knowledge, skills and equipment needed to improve the physical health monitoring and suitable interventions offered to service users. Some of the change ideas we implemented include the development of:

1. Competency framework regarding basic monitoring of vital signs with associated training and pass levels set. We also developed a staff training programme covering theory and skills including side effects scales training.
2. As a team, we contributed to development of a Physical Health Assessment and Interventions form on the Trust's Electronic Patient Record system.



Generated by QLifeQI

Guidelines 13th Edition; Taylor et al (2018) and Positive Cardiometabolic Health Resource: An intervention framework for people experiencing psychosis and schizophrenia (Lester UK Adaptation 2014 update).

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3. Physical health notice boards were set up in both our units as a visual reminder to staff about the importance of physical health assessments and interventions for our service users. Included in the physical health board are some information leaflets that staff can share with service users or just use them to enhance their knowledge.
4. Physical health prompt sheets that has been made available to staff and acts as an aide memoire of the activities that staff need to carry out with service users with regards to their physical health assessment, monitoring and intervention. This also includes information on the expected timeframes for employing the interventions. The physical health tasks contained in the physical health prompt sheet were informed by the Maudsley Prescribing

Challenges

The biggest challenge we have experienced is keeping the momentum going. There have certainly been months at a time when little progress has been made and it has taken a lot of effort to get back on track and keep going, especially after trialling things that have not made a difference. Although in the spirit of CQI we need to learn the lessons and move on, emotionally that can be difficult for the group to do, especially those that have invested more time and effort.

Successes and Next Steps

We have seen an initial improvement in the percentage of physical health assessments completed and interventions offered to service users and this work is ongoing. There has been an increase in the number of people with First Episode Psychosis who have received a full physical health assessment and any relevant interventions in the preceding year. This has improved from <10% in 2015 to 57% in 2017 to >90% in 2018.

There has been an increase in the number of staff trained in physical health skills. This has also included training professionally unregistered staff in skills and knowledge about physical health. Through informal feedback, there has been an increase in staff confidence in carrying out physical health assessments. The most noticeable but somewhat intangible change has been that in team culture whereby physical health assessment, monitoring and interventions are seen as part of our core business. It was initially a significant

challenge to win the hearts and minds of non-medical and non-nursing staff in the service.

We are about to embark on a project focusing ON smoking cessation. We do not currently know how smoking cessation interventions are being offered to patients. We suspect that we need to employ a bespoke intervention for the EIP group. This is what the research would suggest. However, we realise that as too often happens when embarking on CQI work, we are looking for solutions before we have established what the current picture looks like and before seriously thinking about where we want to get to. We therefore plan to take a step back, invite a service user representative to join our group, establish the baseline of how many smokers we currently have in the service and undertake some basic surveys to establish our team's current knowledge and how and when they discuss smoking cessation with service users.

We recognise that we need to involve service users and carers in any change idea projects going forward to ensure that the change ideas that we generate are workable and acceptable to the community we serve.

References

Taylor D, Barnes T, Young A (2018) The Maudsley Prescribing Guidelines in Psychiatry 13th Edition



*Dr Zohra Taousi (left), Mary Ellen Khoo (right)
Hertfordshire Partnership University NHS Foundation
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A Day in the Life of a Psychiatrist 2050

By Dr Shevonne Matheiken

'I am looking forward to this', I think to myself while I walk the 3 miles of vehicle-free zone into the Centre of Neuro Sciences¹. I walk into the Reception area, checking the instructions on my wrist device hologram. 'Meet Linda-Bot for today's schedule' it says.

The security system stops me at the barrier, scans my fingerprint, and lets me in. I spot an administrative hub area with around 10 robots working, with one human in the background on a desk. One of them comes forward seeing me, and her blouse has 'Linda-B' printed on it. She looks very much human, except for the wheels attached to her lower half.

Linda-B gives me a DigiCom, I connect it to my wrist device and take a quick glance at the schedule.

9:15 - 11:15 - Cognitive impairment clinic with Dr Patil

11:30 - 12:30 - RTC clinic with Dr Weasley

12:30 - 13:30 - Lunch break (includes 30 min of power outage)

13:30 - 16:30 - Holistic care session with Dr Granger's team.

16:30 - 17:00 - Feedback and reflection with Linda-Bot

I walk towards the out-patient department, reading the signs on the doors as I went along. 'Dr Malfoy (Consultant Neurologist).... Dr Krum (Consultant Psychiatrist)....Telepsychiatry clinic.....Urgent care triage.....Bot service hub.....ah there it is, Cognitive impairment clinic'.

Dr Patil authorises the door to open, and meets me inside. 'You must be our final year medical student Ms. Samantha Singh?', he asks. 'Yes', I reply.

The next 2 hours went so quickly. Dr Patil's clinic-bot had the clinic documents ready, using Artificial Intelligence (AI) that still fascinates me despite being around even before I was born. (My mum says that in her 20s they had fiction TV box sets about AI robots. I cannot imagine how they lived without them, the Bot-inclusivity mandatory trainings are quite unnecessary if you ask me). The clinic-bot announced the summary of outcomes:

BEEP. 'Patient 1- Alzheimer's dementia – referred to monoclonal antibody clinic³, Lived experience group and local intergenerational play group waiting list.

Patient 2 – Depression related cognitive impairment – to be seen this afternoon to personalise treatment plan.

Patient 3 – Huntington's dementia – referred to NeuroPsych v-MDT and referred to Specialist Physiotherapy team.

Are you happy for relevant information to be processed to the patient, DVLA, and GP systems Dr Patil?

Dr Patil puts his finger on the bot pad and says 'Please add genetic counselling for the family for Patient 2, happy with the rest'.

BEEP. 'Voice recognition and fingerprint confirmed, edits completed, information has been sent'

Dr Patil asks me if I had any questions. I enquire how treatment is personalised⁴, and he explained that patients are given options of pharmacological treatments including ketamine clinics² and psychological therapies. The patients rate potential side-effects from least desirable to the ones they can cope with, and the target symptoms that were most important to them. Then the final plan is made, and a treatment contract between the patient and doctor is fingerprinted by the clinic-bot'.

BEEP. 'Information received by patient, DVLA and GP systems'.

The Risk Tracker Chip (RTC) clinic was something I had opted in for, in place of the ketamine clinic. I could only see one patient since the others did not consent to having me there. She was a young lady with borderline personality disorder with history of multiple impulsive drug overdoses. She had completed her 1 year of virtual DBT via virtual reality, and now was keen to maintain her recovery using the RTC programme. The chip held information about her personalised triggers, maladaptive coping behaviours, 24 hour access to her therapist's Bot, and the risk prediction tool that measured her neurophysiological parameters and hormone levels. The chip would assess the situation when alerted and trigger the therapist's bot. The bot then formulates an appropriate response and guides the patient to mitigate the risk based on her personalised DBT strategies. When it was unable to mitigate the risk, and an incident is likely to occur or has occurred, it would contact the emergency services and next of kin.

A Day in the Life of a Psychiatrist 2050

By Dr Shevonne Matheiken

Dr Weasley let his junior doctor do the consent process, and also the chip-insertion procedure under his supervision, while I looked on eagerly.

The junior doctors' mess was similar to the other hospitals I had done placements at. Free food for every 5th 'I helped the planet' e-sticker, 'grow your own lunch' garden walls⁶, sleeping pods, M&M pods (mindfulness and meditation) and £2000 fine for food wastage.

The holistic care session was the perfect ending to my first day as an observer in the work of a present day psychiatrist. It involved psychiatrists, psychologists, therapy bots, physical trainers, volunteers from DiverseCulture charity, and spiritual workers⁵. Patients worked on areas of their choice, guided by clinicians. This was to complement their recovery and well-being along with the main treatment they were receiving.

As the day came to an end, I watched the clinicians leave one by one, while Linda-bot transferred data from my DigiCom into my MedLog. Each clinician had a 10 minute de-briefing and wellbeing check with one of the bots before they went home. I did too.

GLOSSARY for time-travellers

Bot : Endearing term for robot

DigiCom : Digital communication port which compiles learning resources based on human conversation

Fingerprinting : Method that replaced outdated practice of electronic signatures

Clinic-bot : Specialised robot that assists clinicians in face-to-face and TelePsychiatry clinics.

v-MDT : Virtual MDT, convenes regularly when multi-speciality opinion is needed.

MedLog : Virtual log with learning goals, reflections, well-being data for medical students

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Eastern Division Autumn Conference 2019 'Mind, Body and Brain'

Conference Report. By Dr Kallur Suresh



"It was attended by over 94 registered delegates and the numbers were consistent with the recent high attended rates at the Divisions conferences"

The Eastern Division hosted another very successful conference on 22nd November 2019 at the fantastic venue of Wellcome Genome Campus in Cambridge. It was attended by over 94 registered delegates and the numbers were consistent with the recent high attendance rates at the Divisions conferences. There were more than 30 posters presented at the conference and many of them were by trainees, Foundation Year doctors and medical students. The judge's commented that the quality of the posters was very high.

The day kicked off with a welcome address by the Division Chair Dr Abdul Raoof who provided a summary of the Division's work so far this year and the training and networking events the have been organised under its auspices. In addition to the spring and autumn conferences, the Division is hosting induction courses for section 12 doctors and for Approved Clinicians. The dates for the next year's courses can be found at <https://bit.ly/2LMfNRJ>

The first speaker was the College President Professor Wendy Burn who gave an overview of her priorities as President. She highlighted the tremendous amount of work going on in the College in enhancing recruitment, setting standards for training and services, influencing national policy on mental health and involving service users and carers in College activities.

Professor Mike Crawford from Imperial College London

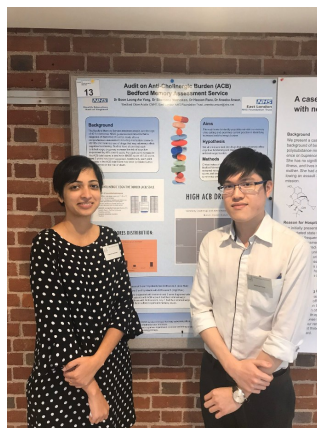
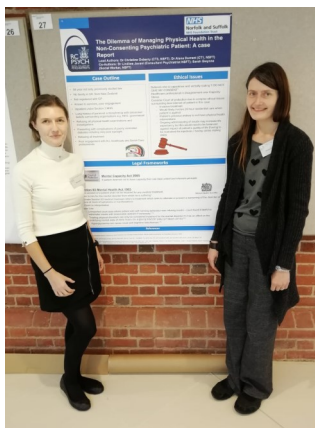
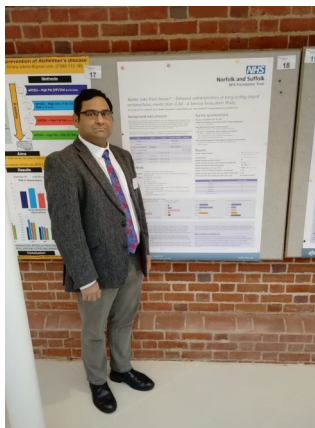
spoke about new models for treating patients with personality disorders, using a combination of DBT and MBT techniques. He presented some encouraging data



Eastern Division Autumn Conference 2019 'Mind, Body and Brain' Conference Report. By Dr Kallur Suresh

on the efficacy of such interventions in the short to medium term follow-up.

The keynote speaker was Prof Alistair Burns, National Clinical Director for Dementia and Older People's Mental Health, who gave a very engaging and entertaining talk on



Delegates with poster displays in the breakout area

what has so far been done in the field of dementia at policy level, what NHS England is doing currently and what we still need to do. He highlighted the numerous opportunities in dementia including in the field of pharmacological treatments and research avenues.

After a delicious lunch, the audience were treated to rapid-fire oral presentations of selected posters in each of the three categories of medical students, multi-disciplinary teams and Foundation Year trainees. Judges rated the presentations for prizes.

The afternoon academic session featured a talk by Dr Trudi Seneviratne, OBE and chair of the perinatal faculty on the challenges and developments in perinatal mental



Prof Wendy Burn with a poster prize winner

health. She welcomed the expansion of perinatal services in the UK which is trying to bridge a longstanding gap in services for this important group of women.

The last talk of the day was by Dr Emily Finch, Clinical Director of the addictions service at the South London and Maudsley NHS Foundation Trust. She lamented the recent fragmentation of addictions services across the UK and the difficulties this has caused in joint working for the benefit of service users.

Prizes were distributed by Prof Wendy Burn to winners of the poster presentation competition.

The next year's Spring Conference will be at the same venue on Thursday 4th June. The keynote speaker will be Prof Tim Kendall, National Clinical Director for Mental Health at NHS England. Registrations will open in the New Year. Please look out for publicity on the Eastern Division website and by following the Division's twitter account @rcpsychEastern.

Dr Kallur Suresh, Academic Secretary, Eastern Division

Royal College of Psychiatrists

**Thursday 5th and Friday 6th March 2020
Approved Clinician Induction Course**

**Thursday 23rd and Friday 24th April 2020
Section 12 Induction Course**



**The section 12 and Approved Clinician course are supported by experiences solicitors,
AMHPs and Consultant Psychiatrists
Courses are open to all professionals and validated by the Midlands and East of England
Approvals Panel
Attending one of these courses forms part of the process to becoming accredited**

**12 CPD points
(subject to peer group approval)**

**For further information and to register please visit: <https://bit.ly/36NJudi>
or contact: moinul.mannan@rcpsych.ac.uk Tel: 0203 701 2590**

Royal College of Psychiatrists

Thursday 4th June 2020
Eastern Division Spring Conference
‘Whither Parity of Esteem’
Wellcome Genome Campus, Cambridge



FREE Entry for Foundation Year and Medical Students through ‘Enhancing Foundation Experience in Psychiatry’ initiative of HEEoE School of Psychiatry



Lectures on various topics including a keynote presentation, poster exhibitions, prizes and networking sessions

6 CPD points
(subject to peer group approval)

**For further information and to register please visit: <http://bit.ly/2c4B0Ue>
or contact: moinul.mannan@rcpsych.ac.uk Tel: 0203 701 2590**

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The Royal College of Psychiatrists is the professional body responsible for education and training, and setting and raising standards in psychiatry.

The Eastern Division is made up of members from Essex, Hertfordshire, Cambridgeshire, Bedfordshire, Norfolk and Suffolk.

We'd like to thank all members for their contributions towards Eastern Division activities throughout the year.

Eastern Division Medical Student Essay Prize

The Eastern Division has established this prize in order to raise the profile of the Division and to encourage medical students to pursue further study and professional training in Psychiatry.

Prize: £200

Eligibility: All medical students training in Medical Schools located within the Eastern Division.

Where Presented: Eastern Division Spring Conference, 4th June 2020 at the Wellcome Genome Campus, Cambridge

Regulations:

1. Eligible students are invited to submit an original essay of up to 5000 words on any aspect of psychiatry. The essay should be illustrated by a clinical example from medical or psychiatric practice relevant to mental health and should discuss how the student's training and awareness has been influenced as a result. The essay should demonstrate an understanding of the Mental Health issues pertinent to the clinical problem and should include a discussion of the effects and consequences of the condition for the individual, their family and the wider healthcare system.
2. The essay should be supported by a review of relevant literature and should be the candidate's own work.
3. The Eastern Division Executive Committee will appoint three examiners to judge the entries. Criteria for judging merit will include: clarity of expression, understanding of the literature and evidence, cogency of argument and the overall ability to convey enthusiasm and originality. The Division reserves the right not to award the prize if no entry reaching the agreed minimum standard is received.

Closing date: Friday 22nd May 2020

Submissions should be made to:

Moinul Mannan

Eastern Division Coordinator

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Deadline for next edition

Submit your articles for summer 2020 edition by 29th May to psychiatry.east@rcpsych.ac.uk

Royal College of Psychiatrists - Eastern Division E-Newsletter

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The opinions expressed in this newsletter are those of individual authors and do not necessarily represent the views of the Royal College of Psychiatrists