Aim of session: Update of curriculum changes, feedback from regions and devolved nations, and planning for network event in Autumn.

Recommendations: Training in Addiction Psychiatry- [Training in Addiction Psychiatry | Royal College of Psychiatrists (rcpsych.ac.uk)](Training in Addiction Psychiatry | Royal College of Psychiatrists (rcpsych.ac.uk))

Aims of our recommendations- protect current posts and support creation of new posts, support current trainees in addiction psychiatry, support trainees to access to existing posts, ensure all psychiatrists have the necessary addictions competencies, and ensure a minimum is set and maintained on all training schemes

3 core strands of recommendations:

1. Addiction psychiatry has fewer structural safeguards to maintain trainee numbers than I the case for other specialties
2. The situation over the past decade has resulted in a lost generation of addiction psychiatrists and risks an unrecoverable decline as current older addiction psychiatrists retire
3. The disconnect between third sector providers and HEE has created barriers to providing training in addiction psychiatry. Main issue is funding within services.

Curriculum changes:

- Approved by Council in Jan 2020; final Core curriculum approved by GMC Aug 2022
- The capability in core specific to Addictions: *Demonstrate skills in assessing and managing patients with addictions*
- By CT3- completion of 2 CbD WPBA's in Addiction Psych overseen by an Addiction's psychiatry Tutor
- Development of an 'Addiction Tutor' Network
  o To ensure that all trainees have access to a trained addiction psychiatrist
  o Aim is for it to be an offer and not a threat to trainees
  o Facilitate mentoring and a peer network

AFTI Tutor Network Structure- to have a core network group consisting of a regional Lead (1 consultant addiction psychiatrist and a deputy) for each HEEE region and devolved nations

Regional Addiction Network Tutors-

Who can be a tutor? Anyone who has the experience or expertise to join. Ex-Consultant psychiatrist with a CCT endorsement in addiction psychiatry; SAS doctors in addiction services, Consultant specialists, GPSIs, ST4-6 trainees who have completed a year in addiction psychiatry

Tutor role- facilitate completion of 2 WPBAs' facilitate feedback form trainees

Next steps:

June 2022- AFTI tutor network Launch

Aug 2022- GMC new CT psychiatry curriculum

Sept 20th, 2022- first meeting of Addiction SAC

Oct 2022- second meeting of AFTI R/DN leads

**Questions/Comments:**

- Do Addictions consultants have to work in the NHS - there are training posts attached to private sector organisations or Third Sector.
    - Answer: Yes- Inclusive of in NHS or 3rd sector network
- One of the confusions is the wording 'recommendation' of two WPBA in substance misuse and therefore in one of the groups I was discussing in East Midlands, queried whether this is guidance or mandatory.
- Are the tutor and regional lead roles expected to be reflected in job plans and if so, is there an expectation that they would be tagged to a paid (fraction of a) PA, or does it just need to be it in under existing working hours (and salary)? I mainly ask as I'm very part time, not because I'm all about the money.
- Can we clarify whether it's just CBds or other WPBA??
- Any guidance or spec on this that we can give tutors?
- Will the Trusts then be required to 1) ensure they have some addictions consultants in their ranks, 2) offer a bit more time to these tutors, to fulfill these enhanced duties as trainers?
    - Answer: There is a requirement to deliver this for trainees - how each area chooses to do it is up to them
- I only work 3 PAs and have little spare time (and I'm sure colleagues are in the same boat), so will need to secure funding for additional PA time to make this happen.
    - Answer: That is why we are encouraging it to be within the current structures - so we are not doing the co-ordination just offering some time to to the WPBA

Response from NI Donna Mullen about progress there:  *Since our last meeting I've contacted Dr Stephen Moore TPD for core training in Psychiatry in NI to plan implementation. Stephen thought it would be easy to implement here & fairly straightforward.*
*There are 55 core trainees in Psychiatry in Northern Ireland employed within 5 Health & social Care trusts.*
*Stephen has agreed to incorporate Addictions WPBAs in to the ARCP process & to keep track of how many trainees are doing them. He will also arrange for it to be included at CT1 induction & for CT2/3s to be informed of the change to the curriculum in August.*
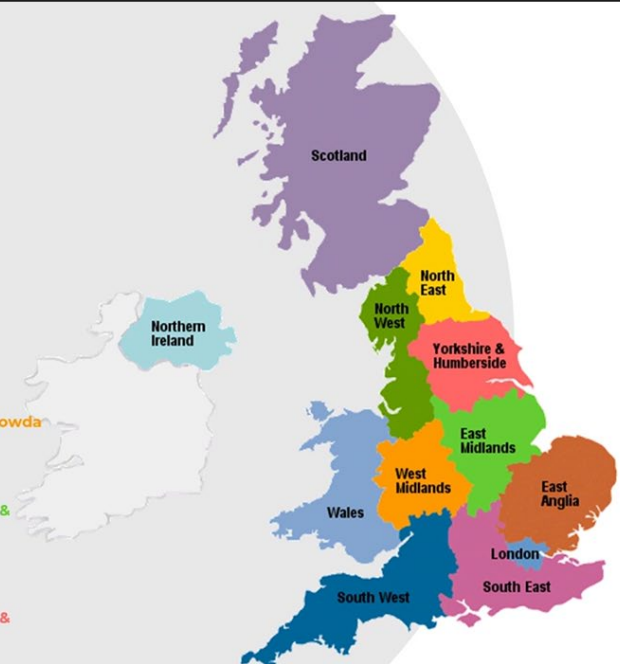*We have volunteers willing to provide WPBAs in 4/5 of the trusts. I plan to keep AFTi as a standing item on agenda for faculty meetings to discuss any issues*

*with implementation & to receive updates from WPBA assessors until we have the network fully established.*

- I suppose it would also be useful to be able to send the trainees back to do more preparation or reading before giving them an unsatisfactory score on their WBPA.



Polls:

**LIVE** Poll: Not record name ; Results shared

**Question 2: Do you have enough tutors in your region / devolved nation to offer CBDs/WPBAs?**

○ Yes – enough consultants with CCT signed up

○ Yes – enough other medical grades and multidisciplinary c...

○ Yes – probably though not yet confirmed

○ No

Submit Vote

Edited

| | |
|---|---|
| Yes – enough consultants with CCT signed up | 3% (1) |
| Yes – enough other medical grades and multidisciplinary colleagues signed up | 19% (5) |
| Yes – probably though not yet confirmed | 53% (14) |
| No | 23% (6) |

26 responses

**LIVE** Poll: Not record name ; Results shared

**Question 3: The tutor network will continue to meet 6 monthly; Would you prefer the next meeting to be;**

○ Face to face at the College

○ Remote/Virtually

Submit Vote

Edited

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|---|---|
| Face to face at the College | 16% (5) |
| Remote/Virtually | 83% (26) |

31 responses

*Hybrid option to be added to above options

**LIVE**  Poll: Not record name ; Results shared

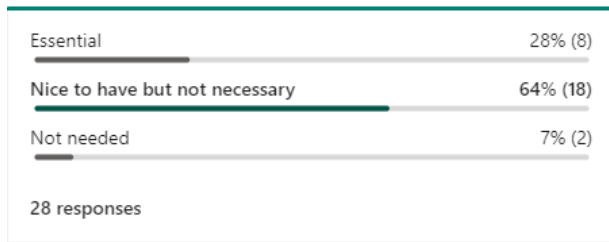**Question 4: Would gaining CPD points/appraisal data for role as Tutor be:**

○ Essential

○ Nice to have but not necessary

○ Not needed

[ Submit Vote ]

Edited

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|---|---|
| Essential | 28% (8) |
| Nice to have but not necessary | 64% (18) |
| Not needed | 7% (2) |

28 responses

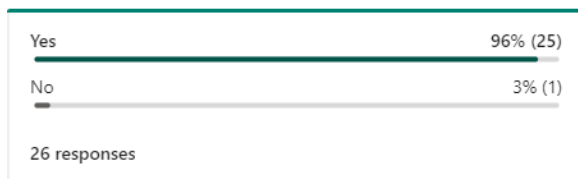**LIVE**  Poll: Not record name ; Results shared

**Question 5: As part of the 6 monthly network meetings would some 'content' ie a presenter, an opportunity for Q&A be helpful to cover new/ emerging topics – (Eg behavioural addictions/ comorbidity/ new guidance)?**

○ Yes

○ No

[ Submit Vote ]

Edited

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|---|---|
| Yes | 96% (25) |
| No | 3% (1) |

26 responses

Webinar Feedback form:

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