Evaluating psychiatry placements in the foundation programme UK— A qualitative study providing curriculum recommendations

Dr Jigna Patel ST7¹, Dr Jack Haywood FY2², Dr Paul Crampton³

1, South West Yorkshire NHS Foundation Trust, 2, East and North Hertfordshire NHS Trust, 3, Hull York Medical School

Objectives

This project was set up to explore UK doctors’ experiences of psychiatry placements in the Foundation Programme. The overall aim was to make potential recommendations to enhance psychiatry placements and to consider some of the issues around low recruitment into core psychiatry training. This project was organised and supported by the Royal College of Psychiatrists.

Background

There has been a significant increase in the number of psychiatry placements within the Foundation Programme¹. In 2016, the target to have 22.5% of both FY1 and FY2 doctors’ placements to include psychiatry was achieved across England².

On completion of the 2 year Foundation Programme, doctors are eligible to apply for core or ‘specialty’ training. In 2015 and 2016, recruitment into psychiatry in Scotland, Wales and England for the August intake was 82%³. In the last 2 years national recruitment has been preserved with improved recruitment in 2019 of 92% across the 3 UK nations

Methods

Focus groups were conducted and led by semi structured interviews. Participants were volunteers and no monetary incentive was provided.

As this project is aimed at exploring the views of foundation doctors, their experiences and making possible recommendations to improve psychiatry placements, a framework analysis was used as it allows for the collecting of ‘answers’ to specific questions, and therefore the influence on guidelines can be more accurate.

Results

11 focus groups were held across England, with 74 participants and over 15 hours of conversation. 12 themes were identified which were used to create 10 key recommendations. These recommendations were presented to Health Education England to allow for changes in the curriculum.

Map showing the locations of the 11 focus groups conducted.

References

1. Budd S, Kelley R, Day R, Variend H and Dogra N (2011) Student attitudes to psychiatry and their clinical placements. *Medical Teacher*. 33(11), e586–e592.
2. Royal College of Psychiatrists (2018) A Guide to Psychiatry in the Foundation Programme for Supervisors and Foundation Trainees. https://www.rcpsych.ac.uk/docs/default-source/become-a-psychiatrist/foundation-doctors/good_practice_guide_psychiatry_in_foundation_programme.pdf (accessed 30 November 2018)
3. Health Education England. CT1 Core Psychiatry Training Recruitment Guidance Documents. https://www.nwpgmd.nhs.uk/ct1_psy_recruit_guidance_docs (accessed 11th July 2019)

Overview of recommendations

From our results and analysis, we have created ten recommendations on how to enhance the psychiatry experience in the Foundation Programme.

1. Encourage trusts to provide a specific and standardised foundation doctor induction
2. Ensure trainees receive adequate supervision
3. Ensure foundation doctors are allocated responsibility
4. Encourage the use of peer support as an additional support mechanism
5. Split the four-month foundation psychiatry placement into two parts
6. Organise integrated psychiatry taster days
7. Ensure FY2 doctors are put on the on-call rota and all FY1 doctors have the opportunity to be put on the on-call rota on a shadowing basis
8. Support foundation doctors in managing the physical health of patients in psychiatric settings
9. Develop interesting and inspiring post-foundation posts
10. Consider foundation placements and opportunities for learning.

Positive quotes

Preparation

“At the start ... they took us through really basic stuff like ran through psych histories, mental state examination, Mental Health Act and it was actually a really good grounding because it’d been almost 2 years since I’d done my [medical school] psych placement and I was a bit nervous.”

Supervision & Responsibility

“I was really lucky seeing patients myself but always had the consultant for support... I felt like I’d quite a bit of responsibility but was really well supported at the same time”.

“I think liaison is a great way to keep your foot in but also keep learning all the psych skills .”

Stigma & awareness

“You just get a complete, or you should just get a complete, picture of them; their past, what’s going on with them right now, how are they’re feeling, and you learn about their medical problems and social problems... I think you just have to think back to that sometimes when you have bad days.”

“It’s been quite shocking, I guess, to see the stigmatisation within medicine of some of these patients.”

Career choices

“You just need to look at the trainees and the consultants and the regs in the different specialties and look whether they’re happy or not and then make your decision on what you want to do.”

Changes needed

Supervision & Responsibility

“I feel like I would have liked to have left my psychiatry placement knowing how to manage basic conditions, like depression and dementia from the start, and I feel like I don’t know how to do that.”

Teaching

“You’re completely on your own. You have no idea how — never even heard of early intervention psychosis before. I didn’t know it was service wards, and I find it quite tricky to know what to do.”

“I don’t really see the consultant or receive any teaching ‘cause it’s just two foundation doctors on the ward.”

“if I was in a job where I was also learning a lot, so if I was observing lots of things, or there was lots of teaching at least I’d be gaining that from it.”