

Establishing a Core Psychiatry Trainee Committee within Leicestershire Partnership Trust



Leicestershire Partnership NHS Trust

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Background

Variation existed in the training experience within LPT and there was a lack of a structured, confidential platform for Core Psychiatry Trainees (CPTs) to voice opinions, raise concerns, and discuss training/employment issues. The establishment of Core Psychiatry Trainee Committee (CPTC) aimed to unify discussions, provide feedback to forums with medical staffing/management and provide a unified voice. Additionally, the hope was that the CPTC would lead to development of leadership and management skills through representative roles and contribute positively to the training experience.

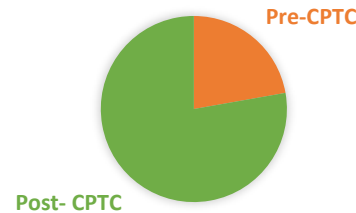
Aims & Objectives

- Improve training experience for Core Trainees in Psychiatry (CPT) within Leicestershire Partnership Trust (LPT)
- Establish a Core Psychiatry Trainee Committee (CPTC)

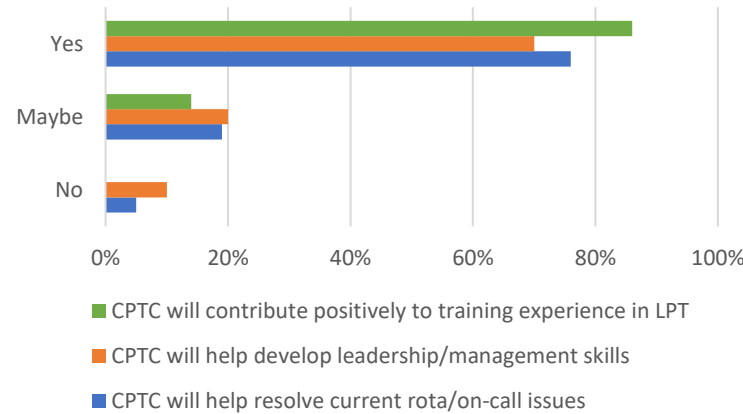
Method

A Plan-Do-Study-Act cycle approach was implemented, and an initial planning meeting was held with the existing Core Psychiatry Trainee Representatives. Initial data collection was via pre-intervention questionnaires, which was then used to plan the CPTC committee format and meetings, which were to be held monthly, online and on Fridays. Roles were created including Chair, Co-Chair, Medical Education Representative, Local Negotiating Committee Representative and Social Committee Representative. A document detailing role responsibilities and a template for agenda and documenting minutes was created. A WhatsApp group for communication was created and the first CPTC meeting was held online and voting poll created for appointments. Post-intervention questionnaires were sent out after the third meeting.

CORE PSYCHIATRY TRAINEE COMMITTEE REPRESENTATION



POST-ESTABLISHMENT OF CORE PSYCHIATRY TRAINEE COMMITTEE

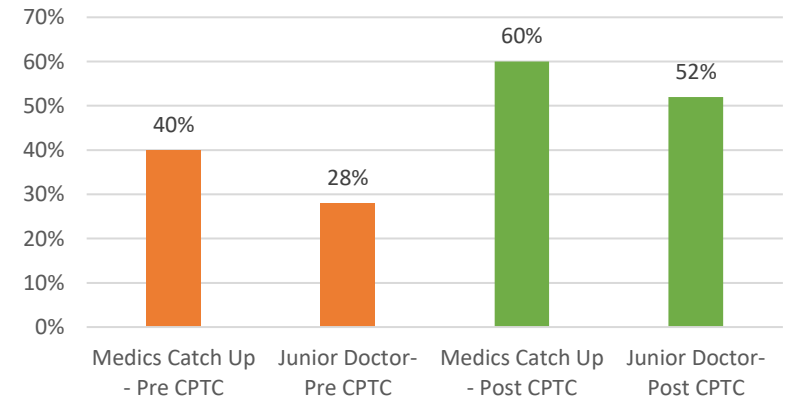


Results

A total of 25 Core Trainees (CT1- CT3) completed the pre-intervention questionnaire and 21 Core Trainees (CT1-CT3) completed the post-intervention questionnaires, which were sent after the third meeting. Pre-intervention only 2% (n=2) of trainees were a Representative of a committee (these were CT reps) and post-intervention this increased to 28% (n=7). Pre-intervention most CPTs would seek support (not exclusively) from their clinical supervisor (88%, n=22) for training issues and (92%, n=23) of CPTs for job responsibilities.

Post-intervention, 29% of trainees would seek support from CPTC for training issues and 52% for job responsibilities. In terms of trainee satisfaction in LPT, pre- CPTC on a rating scale of 1-10, 52% of trainees rated 5 and above for trainee satisfaction, and post- CPTC 67% of trainees reported feeling satisfied.

CORE PSYCHIATRY TRAINEES WHO FELT CONFIDENT RAISING ISSUES



Conclusions

The establishment of the CPTC has had a positive impact on training experience as evidenced by the post-intervention questionnaires. It has led to a creation of a sense of community among Core Psychiatry Trainees and qualitative feedback identified that it has led to a reduction in isolation and increased likelihood of raising issues. Anticipated future benefits include improved workforce retention. Challenges include supervision, participation and maintaining enthusiasm. Improvements to the methodology of the QI would include ensuring that comparable questions are asked in the questionnaires.