

GP Specialty Training Programme

PSYCHIATRY

GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that GPST work towards the learning objectives of the RCGP GP Curriculum throughout the post.

Main sections covered	Mental Health
Supplementary sections that may be covered	Smoking, Alcohol and substance misuse Feb '21

Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPST should refer to the RCGP curriculum in order to identify key learning areas.

This should be completed before the initial meeting of the GPST with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the GPST in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

Assessments and Reviews

During this 6 month post it is the responsibility of the GPST to arrange the following with their Clinical Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (entered on the e-portfolio)
- 2 CBD assessments
- 2 mini-CEX assessments
- MSF (if required depending on stage of post)
- CEP assessments
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

Study Leave

Please refer to the Deanery website for guidance on study leave.

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor and applied for using the approved deanery forms. All Study leave has to be approved **in advance and no retrospective study leave can be granted**. The GP ST trainees are expected to attend the structured teaching programme on Wednesday afternoon.

GP Specialty Training Programme

Learning Objectives & Assessment in PSYCHIATRY

What the GPST can learn	Assessment Modality		
	CbD	Mini-CEX	CEPS
<u>Appreciation of important issues identified:</u>			
1. Importance of Good Communication – Across primary-secondary care interface, with wider team and other agencies	✓	✓	
2. Importance of Co-morbidity (QOF comment)	✓		
<u>Specific Knowledge:</u>			
1. Mental Health Act – Changes, Accredited Medical Practitioner, Role of Mental Welfare Commission	✓		
3. Medico-legal issues – Adults with Incapacity, Fitness to Drive (mental health) Including DOLS and How to assess capacity	✓		
3. Therapeutics – Anti-psychotics, Depot, Lithium, Monitoring Requirements, Side Effects, Risk Profile, ECT, 'Emergency Sedation'	✓	✓	
4. Specific Treatments – Psychotherapy, CBT, Anger Management, Relaxation Techniques	✓		
5. Awareness of Classification systems used	✓		
6. Awareness of prevalence mental illness expected in primary care	✓		
7. Awareness of theories - Freud, Jung, Laing, Balint	✓		

Specific Skills – Acute Assessment and Management:

1. Mental State Assessment – History and Examination including Broader History (SH - alcohol, drugs. Personal History – childhood. FH)
2. Assessing suicide risk and self harmers
3. Management of Aggression
4. Writing Care Plans
5. How decide who to admit

✓

✓

✓

✓

✓

✓

Appreciation of Roles of Others:

1. Non-medical – Police, Social Workers, Solicitors
2. CPNs including those in OOH service
3. Sub-specialties within psychiatry
4. Clinical psychology – roles and limits

CbD

Mini-CEX

CEPS

✓

✓

✓

✓

DRUG AND ALCOHOL TRAINING

Awareness of Issues:

1. Scale of problem in the UK
2. Overlap of medical, psychosocial and forensic issues
3. Impact on others of an individual's mental illness
4. Legal – work, driving

✓

✓

✓

✓

Awareness of Role of Psychiatrists:

1. Acutely ill – who needs admitted and where (medics or psychiatry)

✓

2. Therapeutics – Detoxification, Medical Therapies (Naltrexone, Methadone),

Success rates

3. Theory – motivational principles

Awareness of Services Available and what offer:

1. Day Units

2. Organisations – AA,
Local Organisations
Social Care

1. Community Addiction Teams

LEARNING DISABILITIES

Awareness of common problems/issues and strategies for tackling these.
Important as most care is community based.

APPRECIATION OF IMPORTANT ISSUES IDENTIFIED (SPECIFIC OF OLDER ADULTS):

1. Importance of **Continuity**

2. Managing patients with **co-morbidity**

3. **Pharmacy Issues** - Problems of Polypharmacy and Compliance

4. **Communication** with elderly patients, relatives/carers and wider team

5. **Ethical issues** - Adults with Incapacity, Competency, Consent, Acting as Patient Advocate

6. Importance of **Team Working**

7. **Holistic approach** – More general assessment and health promotion

8. **Nursing Home** Issues

✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓	✓	
✓		
✓		
✓		
✓		
✓		

Knowledge of specific clinical cases:

1. Psychiatry

- Dementias,
- Presentation of Depression in the elderly,
- Psychosis,
- Alcohol and Substance Misuse
- Awareness of Mental Health Resources available e.g. Alzheimer's Societies, CPN, Home Treatment Team, SW dept
- Memory Assessment

2. Medical

- Delirium/Acute Confusional State,

Appreciation of the roles of others:

1. Carers – support available
2. Multi-disciplinary team – members roles, involvement in discharge planning
3. Day Hospital – What happens there? Aim to spend at least a day or 2
4. Hospital SW – understand difference with community SW
5. Pharmacist – dosette boxes, polypharmacy, prescribing in the elderly
6. Community Support Services
7. Immediate Discharge Teams
8. Community Nursing Team

[illegible]

How the GPStR can learn

LEARNING OPPORTUNITIES IN HOSPITAL SETTING

1. **Seeing patients** - Emergency referrals and elective admissions
2. **Ward duties including Multidisciplinary Team meeting**
3. **Clinics including specialist clinics** e.g. LD, Drug and Alcohol, Old Age Psychiatry, Memory Clinic
4. **Case Based Discussion**
5. **Formal Teaching Sessions**

Educational Plan From: To:

GPST:

email:

Clinical Supervisor:

email:

Educational Supervisor:

email:

Learning Needs Identified:

How will these be addressed?

Assessment Planner

Assessment	Focus of assessment	When?
CbD 1		
CbD 2		
Additional CBD		
Mini-CEX 1		
Mini-CEX 2		
Additional Mini-CEX 3		
CEPS		
CEPS		
Additional		

Signed & agreed:

GPStR:		Date:
Clinical Supervisor:		Date: