

## Appendix H1

### Guide to ARCP requirements in psychotherapy for higher trainees in GAP and Older Adults Psychiatry

#### Summary

1. Trainees need to undertake some psychotherapy experience every year throughout higher training.
2. The overarching aim is for people to develop their skills as psychologically minded psychiatrists, who will be well-informed about the psychological therapies available to patients under their care as consultants. The emphasis is therefore on selecting training experiences which are in line with career goals and interests.
3. They need to undertake at least **two** different experiences over the three years
4. **One** experience needs to involve **face to face** delivery of a psychological/psychoeducation intervention (either individual or group).
5. In higher training, in contrast to core training, we are aiming for a qualitative rather than quantitative focus, but as a guide, 8 contacts would generally be a minimum across 12 months.
6. A training course alone does not count as psychotherapy experience if the trainee has not also been involved in some clinical activity.
7. Every training year a SAPE, PACE, CBDGA or combination is acceptable, depending what fits best with the training experience undertaken.
8. As with other aspects of the curriculum, these requirements are pro-rata for LTFT trainees.
9. Trainees should **not** have to use special interest time unless they wish to do this and to undertake a more substantial psychotherapy commitment
10. Trainees are strongly encouraged to talk to their educational supervisor and to the local Medical Psychotherapist (see below for consultant psychiatrists in medical psychotherapy/medical psychotherapists by locality) about psychotherapy opportunities which they identify in their current post, to discuss both whether these would be suitable training experiences, which WPBAs would fit best and who will complete these.

#### Centrally organised training opportunities in South Yorkshire

Harriet Fletcher runs a Higher Trainee Psychological Formulation group which takes place twice a month (second and fourth Mondays of the month, 3.30-4.45pm) at St George's Community Hospital in **Sheffield** (S3 7ND). All higher trainees are welcome. The main WPBA for this group is a CBDGA and you can also ask for a CbD when you present a case.

On request, we may also be able to offer a higher trainee Balint group, if there is sufficient interest, and we may have capacity to offer trainees supervision to undertake 1-1 psychotherapy in CAT, psychodynamic psychotherapy and potentially other models. As a service we offer complex case consultation and interested trainees could also join this work.

There is a CMHT adult family therapy clinic which runs on a Friday afternoon at Eastglade CMHT in Sheffield and any trainee is welcome to join that (please contact Harriet Fletcher who will put you in touch with the clinic leader).

Dr Harriet Fletcher ([harriet.fletcher@shsc.nhs.uk](mailto:harriet.fletcher@shsc.nhs.uk)) and Dr Alex Pavlovic ([alex.pavlovic@shsc.nhs.uk](mailto:alex.pavlovic@shsc.nhs.uk)) are the points of contact.

### **Organised training opportunities in West, North and East**

In **Bradford**/BDCT, Dr Jeani Lingam ([jeani.lingam@bdct.nhs.uk](mailto:jeani.lingam@bdct.nhs.uk)), is the point of contact. Available opportunities include: Balint groups, Complex Case Consultation service, Schwartz rounds, Family therapy and possibly group analytic and DBT training.

In **Leeds**, Dr Vikram Luthra ([vluthra@nhs.net](mailto:vluthra@nhs.net)), is the point of contact for psychodynamic psychotherapy and Balint groups, Dr Anne Cooper ([anne.cooper3@nhs.net](mailto:anne.cooper3@nhs.net)) for cognitive behavior therapy experience, and Dr James Johnston for psychodynamic psychotherapy ([james.johnston2@nhs.net](mailto:james.johnston2@nhs.net))

There is a fortnightly dedicated Balint group for Higher trainees in the Psychotherapy Service . Other opportunities may include an applied CBT group with Dr Cooper and opportunities to co-lead Balint groups for medical students, Dr Johnston runs a complex case medical psychotherapy consultation service and is happy to involve trainees who are interested. There are also opportunities to take on individual cases in CBT and psychodynamic therapy

In **SWYT**, Dr Paddakara Saju Saju ([Padakkara.Saju@swyt.nhs.uk](mailto:Padakkara.Saju@swyt.nhs.uk)) in Wakefield is the point of contact. There is availability of Balint groups and supervision of individual cognitive behavior therapy cases.

In **Humber Teaching NHS Foundation Trust**, Dr Saadi Ali ([saadi.ali@nhs.net](mailto:saadi.ali@nhs.net)) is currently covering Dr Michael Stephenson's absence. Dr Stephenson is happy to be approached to advise on opportunities both within his service and across other teams. Humber Teaching Trust runs weekly Balint groups (in addition to a number of introductory Balint groups for HYMS medical students) and all core trainees are encouraged to attend.

In **TEWV/Stockton on Tees**, Dr Phil Osborne ([philip.osborne@nhs.net](mailto:philip.osborne@nhs.net)), can be an initial point of contact for opportunities including Higher Trainee Balint Group in Stockton-On-Tees (fortnightly Thursday 8.45am), and other potential opportunities depending on availability, including Balint Group Leadership, Analytic Group Co-leader (Durham) and Psychoanalytic Psychotherapy cases.

### **Examples of other possible training experiences across the whole West, North, East and South area:**

Availability of training opportunities will vary over time and from setting to setting. Trainees are encouraged to seek out training opportunities in line with their career interests, with support from their clinical and educational supervisors and from the local consultant psychiatrist in medical psychotherapy to ensure that the experience is safe, appropriate and well-supervised, such that it constitutes a learning opportunity rather than being primarily about service delivery.

- Co-leading a therapy or psycho education group (e.g. Hearing Voices group, ward group, Coping and Caring group in Memory Clinic, CBT group, DBT skills group). This would count as a face to face intervention. The intervention should be supervised by or co-delivered with a clinician trained or experienced in the intervention, and the trainee's involvement should be in line with local clinical governance requirements

- Delivering one to one psycho education interventions on a rehabilitation ward under supervision (e.g. alcohol awareness, insight work) – with supervision and in line with local guidelines, as above
- Substance misuse interventions either in a specialist service or in another setting, under supervision from a clinician trained in the approach and in line with local clinical governance requirements
- Regularly attending a ward/CMHT/other team reflective practice group or formulation group (these are increasingly provided by psychologists within teams, and there may be opportunities to co-lead as well as to take part, in some settings)
- Delivering a formal therapy under supervision (e.g. CAT, CBT (including CBT for psychosis), psychodynamic therapy)

### **ARCP preparation**

Some clinicians involved in delivering the therapies/team interventions above may be happy to complete WPBAs for trainees if asked to do so, and local medical psychotherapists can be approached for advice and support with this. Trainees should also have a discussion (either face to face or via email/phone) with a consultant psychiatrist in medical psychotherapy prior to their ARCP to decide whether there is the need for completion of a 'sign off' WPBA by the consultant, which would either be a PACE (for a face to face intervention) or a CbD focussed on discussing the experience undertaken.

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August 2019