

Learning together in psychiatry

Governance issues

This note is intended to help trainees and trainers safely manage any clinical governance issues raised by the *Learning Together in Psychiatry* project.

The document has the approval of the Head of Primary care for HEE-SL [on behalf of HEE] and the Head of School of Psychiatry. It has the support of the Postgraduate Deans within London.

Background

Learning Together in paediatrics was piloted in North London over 2012/3 at St Mary's Hospital, Whittington Hospital and Barnet Hospital in association with local GP training practices. It then became a large project funded by HEE and ran from UCLP in 2013/4. As part of a review of curricular coverage for GP training, the Learning Together Psychiatry model was then piloted in South London and North West London. The Learning Together Psychiatry training option is now available for all ST3 GP trainees and Psychiatry trainees ST4-6 across London.

Learning environments

The main learning environments are those of the participating community general practices in London. Additionally, some supervision will take place from the psychiatry trainees base clinical workplace.

Clinical and educational supervision

Higher Specialist Trainees (ST4-6) in Psychiatry and GPST named Clinical and Educational Supervisors will remain unchanged.

The supervision of the clinical work of the Psychiatry trainees will remain the responsibility of their clinical supervisors and of the GPSTs with their GP supervisors

All trainers are required to fulfil the criteria set out in the London Professional Development Portfolio for Supervisors and should be regularly appraised in this role.

GP supervisors are all accredited by HEE, for the GMC, in the usual manner.

Supervision for the joint clinic in primary care will be on site by the host GP trainer, and the psychiatric trainees will additionally be able to discuss cases remotely with their supervising consultant. A 'debrief' will take place after each clinic with GP trainer.

Each weekly clinic conducted jointly by GP trainee and psychiatric trainee will maintain clinical notes on their consultations on the host practice ICT system, arranging appropriate treatment and follow up on site or at the related hospital.

General issues

Both GP and psychiatric trainees are subject to enhanced DBS checks as part of their employment contracts. It is not envisaged that this will change through this training option, as employment status is not changed.

Psychiatric trainees will be on outreach in primary care for the joint clinics, so they maintain their employment contracts with their host Trusts who will provide appropriate indemnity cover through NHSLA, although it is advised that trainees maintain their own personal medical indemnity. It is not envisaged that they will need to be on the national performer's lists. Their status is analogous to foundation doctors on primary care placements.

Educational contracts between GPSTs and Trainers will be issued in the normal manner and psychiatric trainees will have an educational agreement with their supervisor which will contribute to their own Personal Development Plan.

Importantly, the primary duty of care remains with the community practice, as does legal responsibility for patient care therein. This is due to the location and registration of patients, seen only within such practices. Where referral to

a secondary care facility is required for a patient seen in a *Learning Together* clinic, duty of care will transfer in the normal manner. Thus a patient who has been seen by a psychiatry trainee in primary care alone does not become a registered patient of the Mental Health Trust and the responsibility for clinical care remains within primary care.

Medical indemnity for GP trainees is separately provided and refunded by the LETB [whilst in community placements Crown indemnity [CNST] does not cover the trainee]. In addition, trainers carry their own indemnity.

Medical indemnity for psychiatric trainees is included within CNST. Whilst this does not cover them for work unrelated to their employment [eg roadside] it will cover them for these extensions of Trust work to the practices.

Nonetheless, under a precautionary principle, it is sensible for the GP trainee in a *Learning Together* clinic to make relevant records on the practice IT system, prescribe any medication or write any referrals/documentation arising.

GP trainees and trainers are required to be on a Medical Performers List. This is not necessary for psychiatric trainees, as is the case for Foundation doctors.

The implication of these issues is that the psychiatric trainee is a visitor to the practice and a contributor to patient care, under the aegis of the GPs involved.

John Spicer Head of Primary Care Education, HEE- SL

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