



## the college

### Top tips for trainees

It is now widely known that with the advent of Modernising Medical Careers (MMC) and the Postgraduate Medical Education and Training Board (PMETB) postgraduate training in psychiatry is undergoing many changes. There will be a dramatic shift in the process of the selection of trainees, the structure of training and the delivery of both training and assessments. As with any change, misinformation and rumours can add to the anxiety associated with the transition process. These tips have been prepared on behalf of the MMC Working Group of the College to provide guidance to trainees who will be affected by the transition process. The tips are based on the facts known to the group at the time of writing. As with any developmental process, the advice will change if the facts concerning the process change. Often changes will first appear on the College website and through the Dean's newsletter. Please keep checking these along with the MMC and PMETB websites

- *Competition; no automatic transfer.* All trainees who do not already hold national training numbers (NTNs) will have to compete for posts in specialty training and there will be no transfer of trainees.
- *Specialist registrar recruitment ceases from 1 January 2007.* Recruitment into

the specialist registrar (SpR) grade of the current system will cease on 31 December 2006.

- *Single annual intake.* There will only be a single intake each year into specialty training with the start date of 1 August.
- *Fixed-term specialist training appointment.* The light-blue box (fixed-term training posts) will be for up to 2 years, but it is anticipated that trainees will be appointed for up to 1 year only, and then will have to reapply.
- *After transition.* After the initial intake in 2007, trainees will only be eligible for a certificate of completion of training (CCT) if they have completed the full specialty training beginning at ST1. Others will have to get on the specialist register via a different route (article 14). This will not apply to transition trainees entering the run-through grade in August 2007 and current NTN holders.
- *Foundation competent.* Trainees who have completed the first year of a senior house officer (SHO) post will be deemed to have already attained Foundation competencies. This will only apply to SHO posts which have formal education approval.
- *Aim to enter run-through grade.* All SHOs should aim to move over to the new curriculum from August 2007. Senior house officers should not try to hang on to the old-style post even if their contract extends beyond that point. Our advice is that staying in such

old extended contracts may well work to your disadvantage in the long term, especially since you will have to compete later.

- *Look out for person specifications.* The College has developed the person specifications (consisting of essential and desirable selection criteria) for ST1, ST2, ST3 and ST4 and they will shortly be available on the College website (within the next few weeks). Ensure that any gaps for your intended year of application are covered and that your portfolio provides adequate evidence of having reached standards expected of the year that you have finished, so that you can continue to progress further.
- *College curriculum.* Trainees are advised to look at the College curriculum that has been approved by PMETB and is on the College website. We would suggest that you should particularly look at your year of experience equivalence and try to gather evidence so that you do not lose out on years.
- *Trainees' webpage.* Trainees are also advised to look at the trainees' page and the Dean's newsletter on the College website regularly, as these will be updated on a routine basis.

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## reviews

### The Maudsley 2005–2006 Prescribing Guidelines (8th edn)

David Taylor, Robert Kerwin  
& Carol Paton  
London: Taylor & Francis, 2005,  
£19.95 pb, pp. 383.  
ISBN 1841845000

What began as a description of the prescribing practice in a particular trust has now become an essential reference for anyone with the responsibility for prescribing or monitoring psychotropics and anticonvulsants. The first edition of the *Maudsley Prescribing Guidelines* pre-dated guidelines from the National Institute for Health and Clinical Excellence. This latest edition includes evidence-based guidance and that of acknowledged experts on the pharmacological management of psychiatric disorders. In addition to basic information concerning the

preferred medicine for routine treatment of the acute or first episode it also deals with relapse and resistant conditions. There are also recommendations for the emergency situation and the management of side-effects, together with information on the appropriateness, validity and interpretation of monitoring serum levels of psychotropics and anticonvulsants.

This edition includes over 20 new sections, and existing topics have been revised and updated to include all evidence available at the end of January 2005. The section on benzodiazepines now covers benzodiazepine-induced disinhibition, dependence and detoxification. The chapter on children and adolescents has been completely rewritten to include more information on the use of psychotropics. A particularly useful section on the treatment of special patient groups has also been significantly expanded to cover many more of the therapeutic dilemmas commonly encountered in everyday practice. The final

chapter now contains advice concerning communication and the use of antibiotics in psychiatry.

Apart from the first chapter on monitoring of plasma levels, the chapters are organised according to disorder or specific patient population. This makes the book very easy to use. The use of tables facilitates rapid retrieval of information and easy comparisons. There is also a comprehensive index and the whole volume is well referenced throughout. The authors are all acclaimed experts in their field and have also enlisted the help of other practising specialists. This is a unique volume of immense value for guiding the trainee and the more experienced in the rational, safe and effective use of psychotropic medication for those with mental illness.

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