Guidance on Protected Professional Development Sessions for Higher Speciality Postgraduate Doctors in Training

The Psychiatry Silver Guide sets out the rationale and aims of Protected Professional Development Sessions.

*Professional development sessions (PDS) are an integral part of the psychiatry higher training programme previously known as ‘Special Interest Sessions’.*

Description

*Higher trainees require time separate to clinical duties to enable them to fulfil both the breadth and depth of the curriculum. These sessions provide learning opportunities that might not otherwise be available to them. It is anticipated that the trainee will undertake a range of PDS during their higher training, according to their training and development needs. Protected PDS consist of two sessions of four hours per week (pro-rata for LTFT trainees) and are separate to weekly teaching programmes for higher trainees, study leave and mandatory training requirements (e.g., risk assessment/fire safety/Mental Health Act/information governance training etc). There are specific guidelines for Child and Adolescent Psychiatry trainees around PDS time.*

*A plan for professional development sessions must be created prospectively and agreed with the Clinical Supervisor/Educational Supervisor as part of a trainees’ personal development plan (PDP). The activities during protected PDS will align with the curriculum, specifically the HLOs and require evidence of achievement such as appropriate WBPAs. For example, protected PDS may be used to achieve the learning objectives in research that might not be available in the trainee’s clinical role and supervisors should encourage all trainees to take up this opportunity for a recommended one session per week for a year.*

*The trainee may use the protected PDS to further develop a relevant clinical interest or address a learning need by gaining clinical experience at a specialist clinic (e.g. adult ADHD, eating disorders, adult ASD, neuropsychiatry including sleep disorders etc) or by obtaining a higher education (e.g. Post Graduate Certification) or leadership and management qualification (e.g. RCPsych Leadership and Management Scheme).*

Arranging PDS sessions

NHSE NW School of Psychiatry maintains a directory of clinical opportunities to develop a range of capabilities.

[Special Interest Sessions – NW School of Psychiatry (hee.nhs.uk)](https://nwschoolofpsychiatry.hee.nhs.uk/trainees/special-interest-opportunities/)

Doctors in Training can also approach peers, clinical or educational supervisors and TPDs for advice on PDS placements not listed.

Doctors in Training should approach potential supervisors via email and once the specialist placement is agreed confirm with their CS.

Doctors in training are encouraged to discuss potential clinical PDS placements with their Clinical Supervisor to ensure this is within travelling distances to enable them to meet clinical commitments before / after PDS.

As all Higher speciality Postgraduate Doctors in Training are employed by the Lead Employer, St Helens and Knowsley NHS Foundation Trust, there is no need for an honorary contract to be developed.

A Doctor in Training may find it easiest to undertake a clinical PDS placements within their Host Trust. However if a Doctor in Training is undertaking a placement outside of their current Host Trust, they will require relevant induction and training for local systems. To arrange this, the Doctor in Training should contact the Medical Education Team for the relevant Trust, who will arrange for the Doctor to attend the next available Clinical Information System training and any other relevant induction.

Doctors in Training should look to develop a PDP against HLOs to identify and evidence learning from the PDS placement, complete WPBAs in their PDS placement and gain a short report on achievements from their supervisor ahead of ARCP.