



RCPsych Curricula

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GMC Generic professional capabilities



[Generic professional capabilities framework - the essential generic capabilities needed for safe, effective and high quality medical care in the UK - GMC \(gmc-uk.org\)](https://www.gmc-uk.org)

RCPsych – same nine domains



[core-psychiatry-curriculum-final-17-august-20222f69f413dad4e07a91fc38aab87c931.pdf](https://www.rcpsych.ac.uk/core-psychiatry-curriculum-final-17-august-20222f69f413dad4e07a91fc38aab87c931.pdf)
([rcpsych.ac.uk](https://www.rcpsych.ac.uk))

GMC Domains = RCPsych High Level Outcomes



HLOs split into themes



Curricula framework 2022

Psychiatry Silver Guide

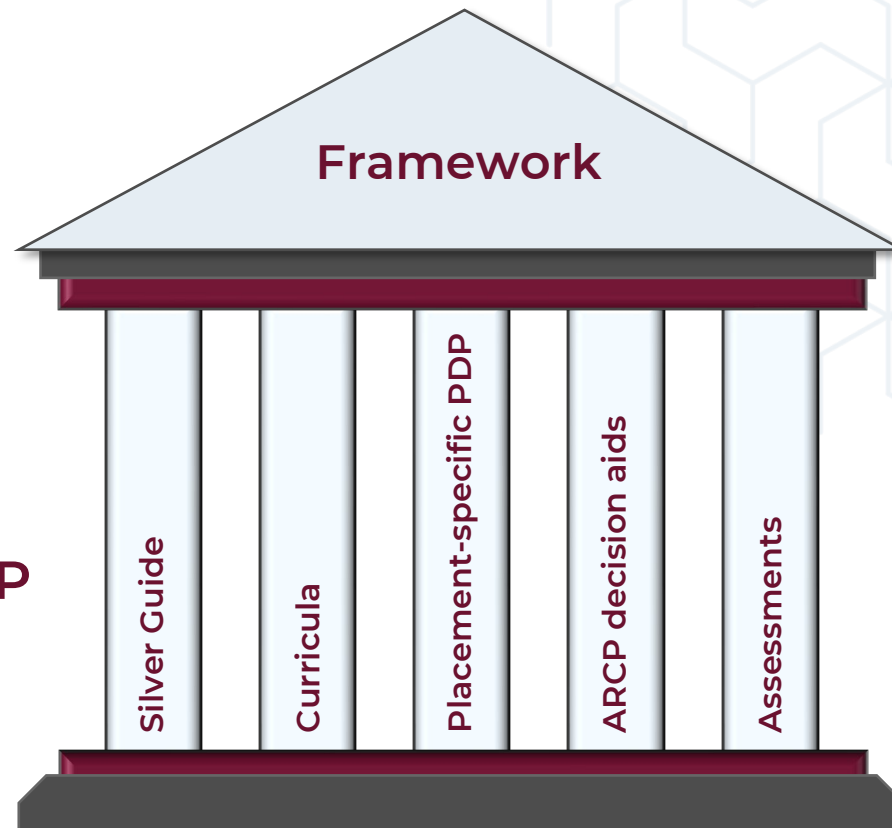
Overarching guide to training in psychiatry

Curricula

Core, specialty and sub-specialty curricula.

Placement-specific PDP

Maps activities and evidence to HLOs



ARCP decision aids

Support ARCP panels to sign off trainee progression

End of placement expectations

Assessments

Formative (WPBAs) and summative (exam) assessments throughout training.

Psychiatry 'Silver Guide'



Learning methods in psychiatry

Routes to registration, CESR and equivalence

Psychiatric specialties and sub-specialties

Curriculum framework and key features

Dual training

Roles and responsibilities

Time out of training

Assessment strategy and blueprint

ARCP

Other guidance, WPBAs

Curricula

Curricula all have same HLOs and themes

Key capabilities vary for specialties and sub-specialties

All available on Curricula implementation hub

High Level Outcome 2.2 (GPC 2)	Demonstrate skill in the psychiatric assessment, formulation, diagnosis and person-centred holistic management of an appropriate range of presentations in a variety of clinical and non-clinical settings.
Theme	Key Capabilities (KCs). By the end of this training year, you will be able to:
2.2 Clinical Skills	Demonstrate an understanding of the history of psychiatry, the development of diagnostic concepts and psychiatric treatments, as well as the profession, and the historical relationships between psychiatry and society.
	Demonstrate an appropriate understanding of a person-centred holistic approach to mental disorders, including a knowledge of developmental, social, cultural, spiritual/religious, trauma, adversity, genetic and epigenetic risks (including resilience and vulnerability factors) and neuro-biological influences on mental disorders.
	Demonstrate an in-depth understanding of human psychology, including the importance of early relationships, attachment styles, parenting, the impact of adverse childhood experiences, and traumatic events throughout life.
	Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including awareness of normative as well as variations in presentations, for example with neurodevelopmental conditions and across cultures.
	Demonstrate an appropriate in-depth understanding of social determinants of health including the lived environment, deprivation and disadvantage and the impact these have on the aetiology and presentation of mental disorder across the lifespan.
	Apply knowledge of the pharmacodynamics, pharmacokinetics, efficacy, tolerability, interactions, and short and long-term side effects of medication.
	Receive a full psychiatric history from and perform a Mental State Examination (MSE) on, patients within a range of mental and neurodevelopmental disorders across the lifespan, in routine, urgent and emergency situations incorporating appropriate terminology
	Also assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.
	Assess the risk of self-harm, suicide, risk to others as well as other risks, and ensure a safety plan is in place.

How many HLOs & KCs?

13.3.4 of Silver Guide 2.0 page 62:

- “HLO and key capability coverage across three years of training
- **By the end of core training/higher specialty training, the trainee must have met the expected standard against all of the HLOs.**
- In supervision, a trainee is expected to discuss the key capabilities that could be achieved in each specific placement and to plan activities, aligned to their personal development needs, to enable them to meet the standard expected for each of the HLOs at the end of each year of training.
- **All key capabilities do not have to be achieved in each placement / year: however, over the course of core and higher training activities should be undertaken to achieve most of the key capabilities.**
- As trainees progress, the cases that they are involved with will become more clinically complex: trainees should also be demonstrating greater autonomy.”

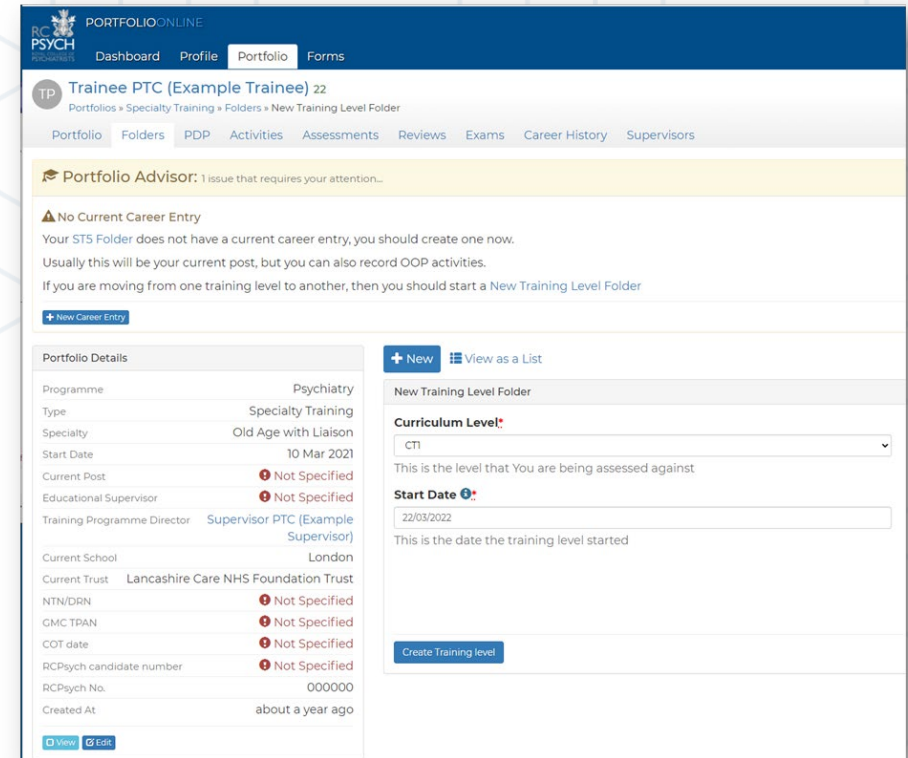
HLO and KC coverage across training

To clarify:-

- All HLOs should be *considered* in each year, for example:
 - HLO 2 **Professional Skills** will have wide coverage in every placement
 - However, **HLO 9 Research and scholarship** might not occur every year
 - Short narrative why a HLO hasn't been achieved in a placement required on PSPDP
- But by the end of trainee **must** have met standards for all HLOs
- And by the end of training *most* Key Capabilities need to be covered

Placement Specific PDPs – why?

- Individualised, flexible training
- Shows personal development journey
- Emphasises formative conversation
- Gives structure / focus to supervision
- Provides evidence trail to ARCP panel
- PSR consistency and accuracy
- Carries some HLOs to next PDP
- PDP = personal development plan



The screenshot shows the 'PORTFOLIO ONLINE' interface for a 'Trainee PTC (Example Trainee) 22'. The page is titled 'Portfolio Advisor: 1 issue that requires your attention...' and displays a warning: 'No Current Career Entry'. Below this, there is a 'New Career Entry' button. The main content area is divided into two sections: 'Portfolio Details' and 'New Training Level Folder'.

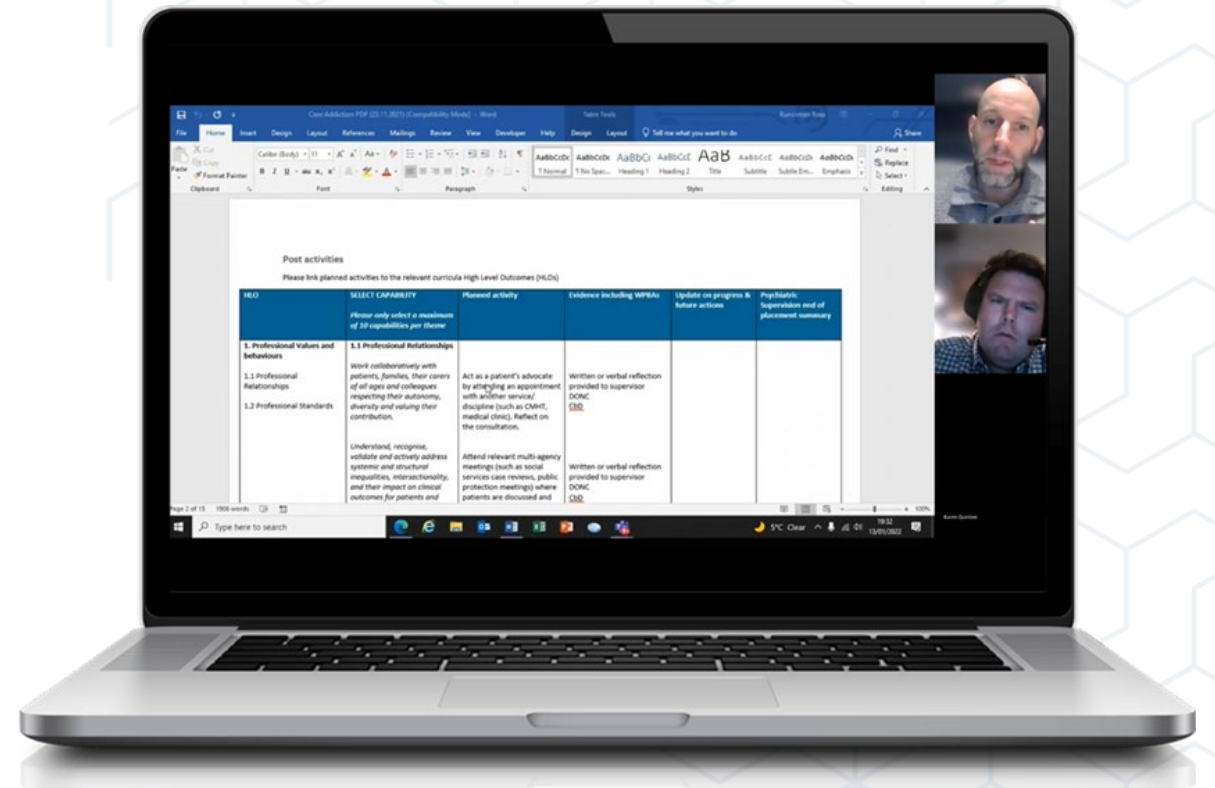
Portfolio Details	
Programme	Psychiatry
Type	Specialty Training
Specialty	Old Age with Liaison
Start Date	10 Mar 2021
Current Post	Not Specified
Educational Supervisor	Not Specified
Training Programme Director	Supervisor PTC (Example Supervisor)
Current School	London
Current Trust	Lancashire Care NHS Foundation Trust
NTN/DRN	Not Specified
GMC TPN	Not Specified
COT date	Not Specified
RCPsych candidate number	Not Specified
RCPsych No.	000000
Created At	about a year ago

The 'New Training Level Folder' section includes a 'Curriculum Level' dropdown menu (set to 'CT1'), a 'Start Date' field (set to '22/03/2022'), and a 'Create Training level' button.

PSPDP: start of placement

First supervision session

- Trainee agrees PDP example with supervisor
- Supervisor will advise on placement-specific points to consider
- After reflection, trainee goes and drafts the activities and evidence
- Trainee reviews draft with their clinical supervisor

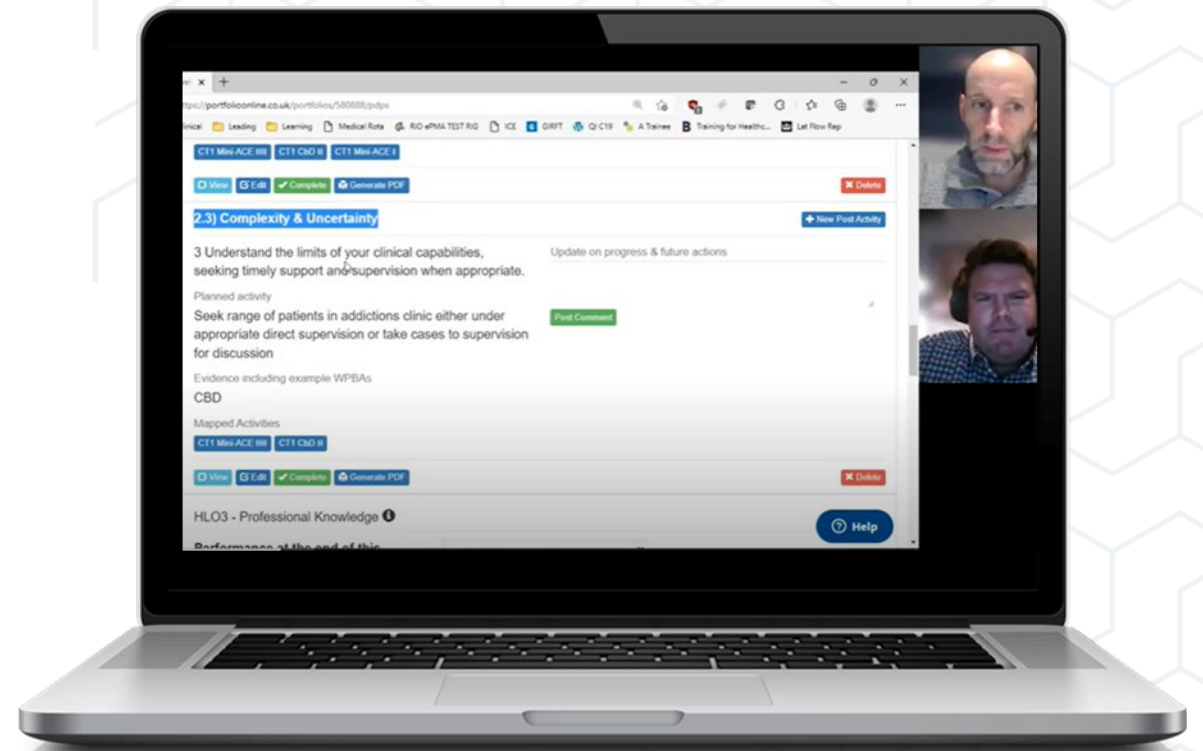


Click laptop to view video.

PSPDP: early review

- Supervisor will guide how PDP is crafted to reflect unique training opportunities in this specific placement
- Agree WPBAs and other forms of evidence to demonstrate progression through key capabilities
- Capture agreed plan in PDP

Follow-up supervision session

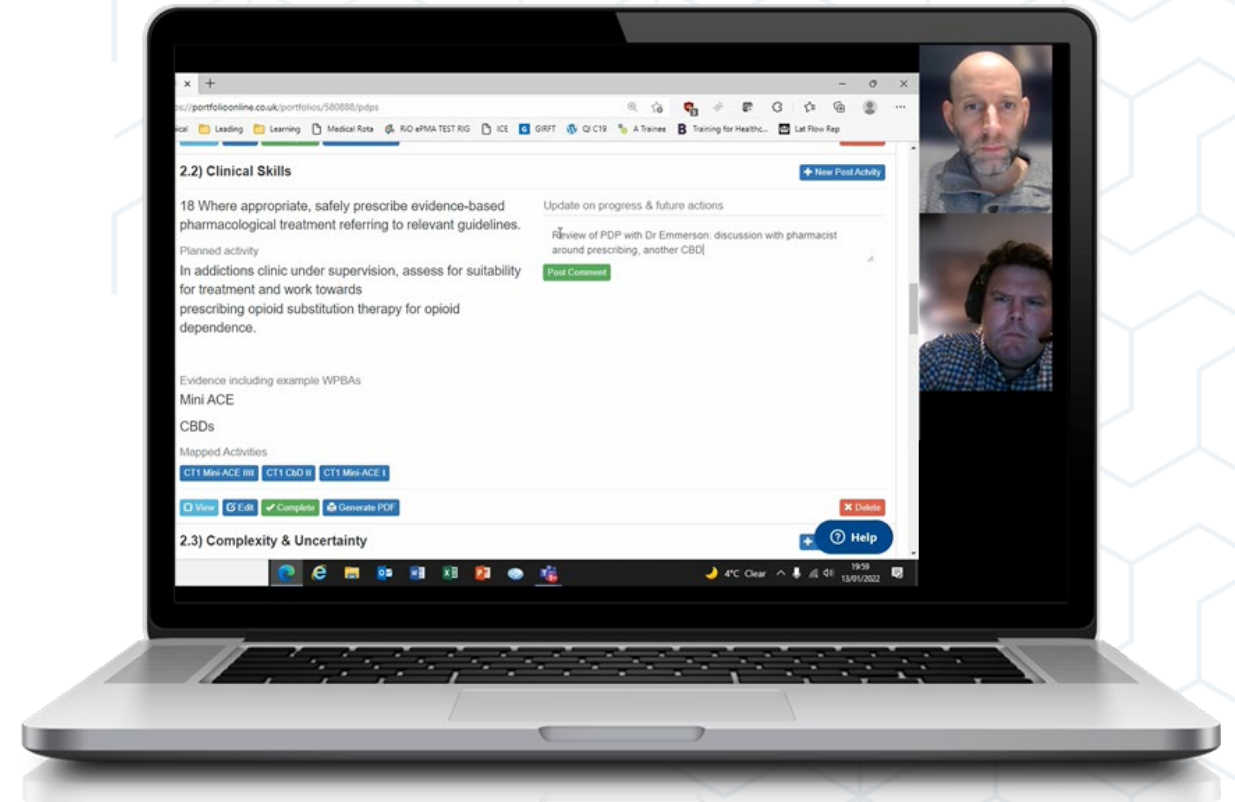


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PSPDP: regular reviews

- Trainee agrees and reviews with their supervisor how they are progressing through the capabilities
- Comments on this can be made in the PDP
- Repeat this at regular intervals throughout the placement

As the placement progresses



Click laptop to view video.

Example CT capability statement



HLO	Themes
3.1	<p>Knowledge of legal and organisational frameworks in your UK jurisdiction</p> <p>Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients.</p>
Year	Behaviour typical of trainees meeting the expected standard

CT1	<p>The trainee consistently:</p> <ul style="list-style-type: none"> Identifies those sections of mental health and Capacity / Incapacity legislation that are relevant to their patients and knows how they are applied <p>Supervision Under regular supervision</p>
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CT2	<p>The trainee consistently:</p> <ul style="list-style-type: none"> Understands the legislation in the wider legal context, for example the Human Rights Act Delivers least restrictive care, balancing this with the need to ensure the safety of their patients and others <p>Supervision Under regular supervision</p>
CT3	<p>The trainee consistently:</p> <ul style="list-style-type: none"> Understands and applies Mental Health and Capacity / Incapacity legislation in clinical practice with increasing autonomy to ensure readiness for statutory approval <p>Supervision Under regular supervision</p>

Top tips

Please undertake the e-learning package

- [New curricula - IMPORTANT! - Overview | Rise 360 \(articulate.com\)](#)

Start your PSPDP as soon as you can

- [PSPDP and PSR creation- AUGUST 2023 - Overview | Rise 360 \(articulate.com\)](#)

Your PSPDP will need consistent work throughout the placement

- But will make the Psychiatric Supervision Report easier to complete

Undertake a spread of WPBAs throughout the placement

- Getting 'approaching standard' is not failing

Special interest sessions now called...

- Protected Professional Development Sessions (PPDS)

Where to find more information



Documents and resources



Training and information



Frequently Asked
Curricula Questions (FAQs)

Example PDPs
and much more

Updated when
you get in touch

E-learning package
Transition information
Training videos and
much more

- [Curricula implementation | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)