

Placement-specific personal development plan – Core Psychiatry exemplar

This exemplar provides suggestions of the ways in which capabilities can be developed and evidenced. It can be used to inform the conversation between trainee and trainer at the start of each placement / training post, in which they should agree activities and evidence as part of setting up a personal development plan.

Post Description	Addiction post (may be community, inpatient or mixture)
Post Length	Six months
Training Year	CT3
Career Progression Plan	
CT1	
CT2	
CT3	
Professional Development Sessions	
CT1	
CT2	
CT3	

The below table outlines the High Level Outcomes (HLOs) and Key Capabilities (KCs) to be achieved under 16 key themes.

Specialty HLO statements

HLO1: Demonstrate the professional values and behaviours required of a medical doctor in psychiatry, with reference to Good Medical Practice, and Core Values for Psychiatrists (CR204) and other relevant faculty guidance.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
1.1 Professional Relationships	Work collaboratively with patients, families, their carers of all ages and colleagues respecting their autonomy, diversity and valuing their contribution.	<ul style="list-style-type: none"> Act as a patient's advocate by attending an appointment with another service/ discipline (such as CMHT, medical clinic). Reflect on the consultation. 	<p>Written or verbal reflection provided to supervisor</p> <p>DONC</p> <p>CbD</p>
	Understand, recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and carers of all ages and on working relationships with colleagues.	<ul style="list-style-type: none"> Attend relevant multi-agency meetings (such as social services case reviews, public protection meetings) where patients are discussed and reflect on the roles of the different professionals involved 	<p>Written or verbal reflection provided to supervisor</p> <p>DONC</p> <p>CbD</p>
	Consistently demonstrate a person-centred holistic clinical approach to patients that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism and boundaries.	<ul style="list-style-type: none"> Develop a person-centred holistic care plan in coproduction with the patient, carers and the wider multi-disciplinary team 	<p>CbD</p> <p>Review of care plan with supervisor</p> <p>Supervisor's report</p>

	Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.		
1.2 Professional Standards	Understand the impact of workload, patient and organisational dynamics on your own well-being.	<ul style="list-style-type: none"> • Make use of opportunities such as peer supervision and mindfulness groups to manage work-related stress 	Supervision record
	Use supervision and reflection effectively recognising your skills, limitations and your duty of candour.	<ul style="list-style-type: none"> • Make time for regular clinical supervision and keep a record of the issues discussed with SMART action plans 	Record of supervision discussion
	Develop strategies to take care of your wellbeing, seeking timely support and guidance, including acknowledging if you have a protected characteristic which might impact on your training or if you are having difficulties adapting to working in the UK.		
	Use the method of receiving, reflecting and responding to understand and manage the emotional impact of work on yourself, the individual and the team, including the impact of suicide and homicide.		
	Consistently demonstrate a positive and conscientious approach to the completion of your work.		
	Make clear, accurate and contemporaneous records.	<ul style="list-style-type: none"> • Request feedback from colleagues on the quality of your written records then 	CbD Mini-PAT

		reflect on the results with your supervisor	
	Demonstrate the ability to use reflective practice during psychiatric supervision throughout core training, and through consistent attendance at a Balint group or case-based discussion group for a recommended minimum of a year.		
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.		
HLO 2.1: Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.1 Communication	Demonstrate an appropriate understanding of the ways in which you, as well as patients and others, communicate both verbally and non-verbally.		
	Consistently demonstrate effective communication approaches with patients and relevant others, including those with neurodevelopmental disorders making reasonable adjustments and adaptations where appropriate, including the use of new technologies.		

Consistently use active listening skills and empathic language which respects the individual, removes barriers and inequalities, ensures partnership and shared decision-making and is clear, concise, non-discriminatory and non-judgemental.	<ul style="list-style-type: none"> Complete assessments of patients in clinic/inpatient settings 	<p>ACE for new patients</p> <p>Mini-ACE for patient reviews.</p> <p>Obtain WPBAs from a range of professionals</p>
	<ul style="list-style-type: none"> Phrase questions in an open and non-judgemental way 	<p>Reflect on communication skills</p>
Demonstrate effective communication and shared decision making with patients, taking into consideration their ideas, values, concerns and expectations.	<ul style="list-style-type: none"> Arrange use of interpreter and make other adjustments when appropriate e.g. visual aids, simplified language and written information in other languages Explain treatment options clearly and use patient centred treatment plans. Ask and document patient's ideas, concerns and expectations when reviewing them in clinic/inpatients 	<p>ACE for new patients</p> <p>Mini-ACE for patient reviews.</p> <p>CbD</p> <p>Written reflection on experience.</p>
Explain the outcome of assessment, treatment and management to patients, families, carers of all ages as well as relevant others.		
Demonstrate an inclusive approach which considers all aspects of communication, language, sensory and cognitive needs, as well as the ethnic, social, and cultural, context of a patient.		

HLO 2.2: 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.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
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.	<ul style="list-style-type: none"> Show awareness of the impact/ interplay of family history, adverse childhood experiences, stress and trauma on the development of addictions. 	<p>ACE</p> <p>CbD</p> <p>Supervisor's reports</p>
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.		

<p>Receive a collateral history from a range of informants involved in patient care.</p>		
<p>Conduct a thorough physical examination, undertaking relevant physical investigations and take responsibility for acting on your findings in a timely fashion.</p>	<ul style="list-style-type: none"> • Undertake a physical examination in substance use disorder to assess for intoxication, withdrawal, evidence of substance use and dependence; health consequences from regular use.eg examine injection sites; soft tissue infections; deep venous thrombosis, evidence of COPD or liver disease. • Complete a systemic enquiry and physical examination to assess for physical health consequences of alcohol dependence, • Demonstrate appropriate use of blood or urine tests; arrange further investigations & appropriate onward referral. • Undertake BBV risk assessment & screening. 	<p>ACE Mini-Ace CbD</p>
<p>Thoroughly assess the general health of your patients, taking into account the interplay between physical health and psychiatric needs, considering nutritional, metabolic, endocrine, and reproductive factors, and the physical impact of substance use and addiction.</p>		

<p>Demonstrate skills in assessing and managing patients with addictions.</p>	<ul style="list-style-type: none"> Take a comprehensive addictions history, establishing the duration & severity of dependence, physical, psychological & social consequences. Establish a working diagnosis, risk assessment and management plan. 	<p>ACE CbD</p>
<p>Demonstrate an understanding of the inherent power imbalance between doctor and patient, particularly for those with protected characteristics, which can result in barriers to clinical effectiveness.</p>		
<p>Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.</p>		
<p>Clearly and concisely present the history, mental state examination, diagnosis and differential diagnosis, and findings of the physical examination using appropriate classification systems to other professionals.</p>		
<p>Use an appropriate formulation framework to devise a safe, systemic, effective, collaborative and co-productive management plan to ensure continuity of care in the immediate, short and longer term.</p>		

Where appropriate, safely prescribe evidence-based pharmacological treatment referring to relevant guidelines.	<ul style="list-style-type: none"> Assess for suitability for treatment and independently prescribe OST for opioid dependence. Use appropriate investigations to confirm dependence & monitor progress in treatment. m 	Mini-ACE CbD
	<ul style="list-style-type: none"> Independently assess need for detoxification and prescribe for alcohol withdrawal following NICE guidelines. Independently prescribe relapse prevention medication for alcohol dependence. 	ACE Mini-ACE CbD
Demonstrate an understanding of how Electro-Convulsive Therapy (ECT) and other physical treatments can be used for the treatment of mental disorders and apply this under supervision.		
Demonstrate appropriate psychotherapeutic capabilities through having delivered treatment in a minimum of two psychotherapeutic modalities over both short and long durations in a suitable setting, under the governance of the Medical Psychotherapy Tutor.		

HLO 2.3: Demonstrate an understanding of the various factors that contribute to complexity and uncertainty within psychiatric practice and the impact that they have on self, patients, carers of all ages, and colleagues.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.3 Complexity & Uncertainty	Demonstrate an understanding of unconscious processes, including transference, countertransference, projection and splitting and the impact of these on yourself and others.		
	Review treatment and management plans of patients when the outcome is not as expected or hoped for.	<ul style="list-style-type: none"> • Case management • Ward round observation • Discussion in supervision 	CbD Reflections
	Understand the limits of your clinical capabilities, seeking timely support and supervision when appropriate.	<ul style="list-style-type: none"> • Case management • Discussion in supervision 	CbD Reflections Supervision records
	Observe, absorb, contain and reflect on complex clinical/non-clinical situations to develop a balanced response.	<ul style="list-style-type: none"> • Case management • Team meetings • Involvement in Projects 	Reflections Supervision records
	Manage increasing levels of uncertainty safely under supervision.		

HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Apply knowledge of the current legislation governing the care and treatment of people with mental disorders.	<ul style="list-style-type: none"> • Contribute to the multidisciplinary discussion regarding use of the MHA in patients presenting at risk • Apply knowledge to clinical practice in the addictions • Discussion in supervision • Case management • Ward rounds 	CbD Reflections DONC
		<ul style="list-style-type: none"> • Be knowledgeable of and be able to apply the Mental Capacity Act where relevant to clinical practice in the addictions 	Case management and discussion in supervision
	Balance the duty of care to the patient and the protection of others with the restriction of human rights when considering the use of legal powers.	<ul style="list-style-type: none"> • Discuss the use and limitations of mental health and mental capacity legislation in the management of patients with SUD or NDA 	CbD Reflection
		<ul style="list-style-type: none"> • Be aware of and be able to apply transport legislation and 	CbD DONCs

		fitness to drive (DVLA, DVA) in clinical practice	Reflections Supervision records
		<ul style="list-style-type: none"> • Case management • Discussion in team meetings 	CbD Reflection
	Meet the requirements to apply for relevant statutory approval where appropriate.		

HLO 3.2: Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
3.2 Working within NHS and organisational structures	Demonstrate working knowledge of local health and social care services, national health and care services and regulatory authorities through your interactions with them, both routinely and in unforeseen circumstances.	<ul style="list-style-type: none"> • Meet with local commissioners of addiction services and discuss the involvement of NHS and third sector agencies in the delivery of services for patients with SUD or NDA 	Reflections Discussion in supervision Supervision records Minutes for meetings
		<ul style="list-style-type: none"> • Be aware of the local healthcare system that interfaces with your additions team/your clinical role in the addictions • Liaise with (and/or arrange to meet with and/or visit) colleagues involved in local 	Reflections Discussion in supervision Supervision records Minutes for meetings

		<p>services linked to your addiction service, for instance:</p> <ul style="list-style-type: none"> • Primary care colleagues (shared care) • Emergency Dept • Alcohol Care team(s) • Psychiatry Liaison team(s) • CMHTs • General hospital team(s) • Local ambulance service • Local Authority Social Services • the police • Multi-Agency Safeguarding hub(s) • Commissioners • Liaison is particularly important in: <ul style="list-style-type: none"> • comorbidity work • Place of Safety work • working with parents/families where there are children under 18 • with older single adults • when the client/patient has alcohol-related brain impairment 	
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HLO 4: Apply core knowledge of mental and physical health promotion and illness prevention for patients and the wider community.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
4.1 Health promotion and illness prevention in community settings	Apply an understanding of the factors contributing to health inequalities, and the social, cultural, spiritual and religious determinants of health.		
	Promote mental well-being and prevention of mental disorders within the context of societal change and social technology, identifying and challenging stigma and discrimination against people experiencing mental disorder.		
HLO 5: Apply teamworking and core leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
5.1 Teamworking	Demonstrate an awareness of how individual personal qualities, emotions and behaviours of both yourself and your team, impact on teamworking and the quality of patient care.	<ul style="list-style-type: none"> Discuss challenging clinical encounters and team dynamics in psychiatric supervision. Attend reflective practice meetings. 	Reflective notes Mini-PAT CbD

	Demonstrate a working knowledge of the roles and responsibilities of, and the interface between, multidisciplinary team members.	<ul style="list-style-type: none"> Attend and contribute to team meetings. Discuss roles of team in psychiatric supervision Chairing of meeting. 	<p>Mini-ACE Reflective notes DONCs</p>
5.2 Leadership	Recognise the leadership skills of others in a range of contexts.	<ul style="list-style-type: none"> Attend and participate in: <ul style="list-style-type: none"> clinical and business meetings care planning meetings medical staff meetings directorate meetings operational meetings. 	<p>Minutes of meetings Reflective notes Supervision reports</p>
	Demonstrate the development and application of your own leadership skills.	<ul style="list-style-type: none"> Observe consultant leadership styles and reflect on these in psychiatric supervision Chairing of meeting 	<p>Reflective notes Supervision reports DONCS</p>
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.		

HLO 6: Participate in and promote activity to improve the safety and quality of patient care and clinical outcomes in your psychiatric practice of a person with mental disorder.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
6.1 Patient safety	Ensure patient safety is paramount by understanding the principles and engage with the systems of clinical governance that assure safety and quality of patient care.		
6.2 Quality improvement	Demonstrate an understanding of the impact on quality improvement activities in improving patient outcomes and system performance.		
	Undertake quality improvement activities relevant to your clinical practice.		

HLO 7: Identify patients, their families and others from the wider community who may be vulnerable and work collaboratively in safeguarding their welfare.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
7.1 Safeguarding	Demonstrate knowledge of the individual and systemic factors contributing to the vulnerabilities and safeguarding concerns in people of all ages.		
	Work within legislative frameworks and local procedures to raise and report safeguarding and welfare concerns in a timely manner and contribute to safeguarding processes.	<ul style="list-style-type: none"> Attend Safeguarding training 	Training certificate
		<ul style="list-style-type: none"> Know the referral criteria and local process for referring to safeguarding team 	CbD Reflective notes Discussion in supervision Supervision records

HLO 8.1: Plan and provide effective education and training in clinical, academic and relevant multi-disciplinary settings.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
8.1 Education & Training	Apply the principles of lifelong learning to your own learning and teaching of others, including the principles of feedback.	<ul style="list-style-type: none"> Exploring attitudes towards addiction both from personal background and range of settings encountered clinically 	Supervision Reflections AoT
HLO 8.2: Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
8.2 Supervision	Actively participate in clinical, psychiatric and educational supervision.	<ul style="list-style-type: none"> Apply learning across range of settings, ensuring supervision 	Supervision reports AoT
	Consider how unconscious processes are managed effectively and safely to help with ongoing clinical care via supervision and reflective practice.	<ul style="list-style-type: none"> Observation in clinical settings & discussion in supervision specific relevance of this to addiction training 	Reflections in portfolio AoT

HLO 9: Apply an up-to-date knowledge of research methodology, critical appraisal and best practice guidance to your clinical practice.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
9.1 Undertaking research and critical appraisal	Demonstrate knowledge of ethical frameworks and research methodologies when carrying out or appraising research.	<ul style="list-style-type: none"> Be aware of the ethical pitfalls in doing addiction-based research, the difficulty in carrying out this research, and the need to involve people with lived experience 	CbD Reflections
	Discuss the differences between research, audit, and quality improvement and how these approaches can complement each other.	<ul style="list-style-type: none"> Consider the option to carry out audit and QI work, to improve service delivery and lay the foundations for a future research project. 	Case management Discussion in supervision Report
	Critically appraise research and understand generalisability of findings to different groups in the implementation of research findings in your clinical practice.		
	Develop or participate in a research project where relevant research support is available.	<ul style="list-style-type: none"> Help to collect data for a current research project. Devise or participate in a QI project. Become practised in using Excel spreadsheets, data analysis 	Report CbD Reflections Supervision records
		<ul style="list-style-type: none"> Read about addictions research in diverse areas. 	DONCs Supervision records

			Reflections
	<p>Further activities for this HLO:</p>	<ul style="list-style-type: none"> • Read into <ul style="list-style-type: none"> • Screening and Brief Interventions (alcohol) • Opioid substitution and the harm reduction literature • contingency management • Keep up to date with current research • Be aware of national and local trends in research/clinical practice (e.g., opioid-related deaths) • Practise in an evidence-based way • Carry out literature searches and reviews of relevant topics • Be aware of NICE and other clinical guidelines. • Discuss clinical guidelines and research reports in team meetings; discussion groups; and journal clubs and review how they are implemented (or not) in your clinical work 	