

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	Core ID Psychiatry (community and in-patient post)
Post Length	6 months (August-Feb)
Training Year	CT2
Career Progression Plan	
CT1	General Adult Psychiatry- 1 year
CT2	Intellectual Disability Psychiatry & Old Age Psychiatry
CT3	Forensic Psychiatry & Psychotherapy
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"> Review patients under supervision, attend CPA meetings, team meetings etc. plus liaise with families and carers to gain an awareness of systemic issues and the impact of these on patients with ID. Discuss in supervision the impact of 'the loss of the hoped-for child'. 	Psychiatric supervisor report ACE Mini ACE DONCS Mini-PAT
	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"> See link to RCPsych information on this from the Presidential Leads on Race and Equality and discuss in supervision. Webinar- How to take a structurally competent history. Apply this through case formulation covering essential E & D areas 	CbDs Reflective notes Psychiatric supervisor report

		<ul style="list-style-type: none"> Remember you will be seeing people with an ID. Consider and discuss terminology around behaviour and its management in supervision. Question 'What's happened?' rather than 'What's wrong?' In supervision discuss diagnostic overshadowing and how to avoid it. 	
	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"> In your practice in this placement – both in and out-of-hours reflect on your approach to managing unexpected clinical situations and the effect this has on others. Remember you also have to manage your Consultant! Remember supervision discussion on: <ul style="list-style-type: none"> Receive Reflect Respond 	CbD Reflective notes Mini-PAT
	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.		

	Use supervision and reflection effectively recognising your skills, limitations and your duty of candour.		
	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.	<ul style="list-style-type: none"> You have spoken to your supervisor about a protected characteristic that might impact on your training. We have agreed you will ensure you have support from your GP and Occupational Health to help your supervisor to make reasonable adjustments 	<p>Reflective note</p> <p>Psychiatric supervisor report</p>
	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.	<ul style="list-style-type: none"> Hone your typing skills for electronic records Do not type your own GP letters – learn how to dictate in a structured way mindful that Voice Recognition technology is available. Gain experience in using 'Near Me' in those with ID for consultations 	Supervision report
	Make clear, accurate and contemporaneous records.	<ul style="list-style-type: none"> Observe the structure of Care and Treatment Plans in those with ID (pharmacological, nursing and care, MDT input, rehabilitation) to help you 	See clinic and discharge letter templates examples (no patient details) in Portfolio upload.

		think about how you will consistently structure these in the future.	
	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.	<ul style="list-style-type: none"> See patients with varying communication needs under supervision, reflect on your own communication style, and adjust as necessary. 	ACEs Mini-ACEs Mini-PAT
	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.	<ul style="list-style-type: none"> Find out what 'reasonable adjustments' means and demonstrate how to make reasonable adjustments when necessary. This will involve working with SaLT colleagues re. the use of 	ACEs Mini-ACEs CBD Reflective notes

	Social Stories, Makaton, PECs	
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"> As Psychiatrists, we ask questions and gather information. Those with ID have a range of communication difficulties and so will, with the support of MDT colleagues, learn to gather information in other ways, e.g., collateral histories, accessible information. 	Supervision reports
	<ul style="list-style-type: none"> In supervision, you will also manage your own discomfort when you realise the patient does not understand you. Your supervisor remembers how this felt as a junior doctor and so discuss this in supervision. 	Psychiatric supervisor report
Demonstrate effective communication and shared decision making with patients, taking into consideration their ideas, values, concerns and expectations.		
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.	<ul style="list-style-type: none"> • Liaise with Clinical Psychology, SLT and OT colleagues regarding how cognitive, communication and functional assessments are carried out. 	MRCPsych exam Paper A & B (Papers A and B passed by end of CT2)
	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.	<ul style="list-style-type: none"> Observe standardised assessments used to diagnose ASD and ADHD e.g., ADOS and Diagnostic Interview for ADHD in adults. Attend three clinics with CS and then begin seeing patients by yourself, though always accompanied by a CNLD. 	<p>ACEs Mini-ACEs CbDs</p>
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	<ul style="list-style-type: none"> Attend out-patient clinics and learn how to assess for the underlying causes of a change in presentation in those with ID across the range of cognitive abilities, including those with significant communication difficulties. Be on-call on the general psychiatry rota 	<p>ACEs Mini-ACEs CbDs</p>
Also assess patients from a range of different cultural, spiritual, and religious backgrounds,	<ul style="list-style-type: none"> Discuss in supervision the ways in which risk is assessed 	<p>DOPS</p>

<p>including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.</p>	<p>and managed in those with ID i.e. MSE, collateral information, structured risk assessments, PBS plan.</p> <ul style="list-style-type: none"> Identify and learn to understand your own countertransference as part of the assessment. 	
<p>Assess the risk of self-harm, suicide, risk to others as well as other risks, and ensure a safety plan is in place.</p>		
<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"> Discuss with your Supervisor how to approach a physical examination in a person with ID and which investigations are salient. Contact the LD Liaison Nurse at the VHK to find out what their role is. 	<p>CbDs</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>		

<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>	<ul style="list-style-type: none"> • Discuss what 'challenging behaviour'(CB) means and how this is formulated and managed by professionals in the multidisciplinary team including with Nursing, Clinical Psychology, Speech and Language Therapy and Occupational Therapy colleagues involving the Positive Behavioural Support (PBS) approach. • Work with MDT colleagues to develop your understanding that 'CB' is not a helpful term, to understand the red, amber and green presentations in 	<p>CbD DONCs</p>

	<p>those with ID and the actions needed to help reduce arousal levels.</p> <ul style="list-style-type: none"> • Attend formulation meetings: <ul style="list-style-type: none"> • Pre-disposing, • Precipitating • Presenting • Perpetuating • Protective factors 	
	<ul style="list-style-type: none"> • Participate in Care Programme Approach meetings both for forensic and non-forensic patients. • Towards the end of the placement, chair one or more CPA meetings 	<p>DOPS DONCs</p>
<p>Where appropriate, safely prescribe evidence-based pharmacological treatment referring to relevant guidelines.</p>		
<p>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.</p>		
<p>Demonstrate appropriate psychotherapeutic capabilities through having delivered treatment in a minimum of two psychotherapeutic modalities over both short and long durations in a suitable</p>		

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.		
	Understand the limits of your clinical capabilities, seeking timely support and supervision when appropriate.	<ul style="list-style-type: none"> You may feel very under-skilled when you start this. Discuss this in supervision. 	Mini-ACEs Reflective practice
	Observe, absorb, contain and reflect on complex clinical/non-clinical situations to develop a balanced response.	<ul style="list-style-type: none"> You will see patients who have experienced significant trauma leading to symptoms of EUPD and anti-social PD. In this placement you will be able to participate in the weekly reflective practice sessions that the Clinical Psychologist runs on the ward for the staff team to help manage difficult emotions see 	CbDGA CbDs

		'How's it going' meetings.	
	Manage increasing levels of uncertainty safely under supervision.	<ul style="list-style-type: none"> Attend the Community ID Team meeting on Wednesday afternoons to discuss complex cases with colleagues in the Team. 	CBDs Mini-ACEs Reflective practice Mini-PAT
		<ul style="list-style-type: none"> Attend the weekly ward MDT on a Tuesday as well as the 'Board Round' on a Friday afternoon. Your supervisor will discuss the concept of finishing each day ensuring any uncertainty is managed safely and what to do if feeling unsafe. Discuss and experience the therapeutic milieu. 	Psychiatric supervisor's report Mini-PAT Reflective notes

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"> 'Learning Disability' remains a 'mental disorder' in the MHA. Discuss the reasons for this in supervision and what would happen if this was removed from the MHA. Begin to think 	Reflective note on uploads of blank STDC and CTO applications Mini-ACEs CbDs

		<p>about how to complete a STDC and then a CTO application.</p> <ul style="list-style-type: none"> • Towards the end of the placement, complete a 'Report of Incapacity' under supervision for a Welfare Guardianship Order. • Attend two AS&P case conferences • Read the reports regarding Winterbourne View, Whortlon Hall and Bournewood. 	
		<ul style="list-style-type: none"> • Attend a Capacity Clinic to help understand how to assess capacity to consent in people with intellectual disability. • Meet with the Adult Support and Protection Advisor to gain an understanding of the legislation in place to protect vulnerable adults. • Ask your Psychiatric Supervisor to reflect on their experience of this over the last 30 years! 	<p>CbDs Reflective notes Supervisor report</p>
	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.		
	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"> Reflect on changes to practice given the pandemic and the long term impact on this for services. 	Add Covid-19 reflective report to Portfolio Online
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.	<ul style="list-style-type: none"> Those with ID experience physical health inequalities. Work with the Community MDT colleagues when undertaking annual health checks and also the Down's Syndrome clinic and the LD and Dementia Pathway. Reflect on recent articles on 	Reflective notes Mini-PAT DOPS

		this e.g., 'Death by indifference'.	
	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.	<ul style="list-style-type: none"> • Think about the pros and cons that the use Social Media in those with ID might have on their presentations and management. • Research relevant articles and discuss in supervision 	CBDs Supervision notes
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"> • Attend a course on Belbin team roles (or alternative) to help you understand your current role and also why this needs to adjust in higher training and when you are a consultant. 	Supervisor report Reflective notes Course certificate
	Demonstrate a working knowledge of the roles and responsibilities of, and the interface between, multidisciplinary team members.	<ul style="list-style-type: none"> • In supervision, discuss the structure and function of the intellectual disability multi-disciplinary team as well as understand the role of the intellectual disability psychiatrist and other professionals within the team. 	CbDs Reflective notes

5.2 Leadership	Recognise the leadership skills of others in a range of contexts.	<ul style="list-style-type: none"> • Observe your consultant as they chair MDT meetings as well as CPAs and management meetings as clinical leads. • Discuss with your supervisor how they have honed their leadership style over the years. • Reflect on your previous Consultant's leadership styles • Begin to chair meetings to develop these capabilities. 	DONCS Reflective notes Supervisor report
	Demonstrate the development and application of your own leadership skills.	<ul style="list-style-type: none"> • Attend a LAMP course at the Deanery • Discuss how to structure meetings, agendas, minutes, manage time and manage conflict 	DONCS Supervisor report
	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.	<ul style="list-style-type: none"> Attend and participate in the daily 'Huddle' in the hospital. Attend the monthly patient safety review meetings. Complete DATIX reports under supervision when a patient safety issue arises e.g. a medication error or when a restrictive intervention is used. 	CbDs Reflective notes Supervisor report
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.	<ul style="list-style-type: none"> Join the current audit project previously set up by trainees at the hospital regarding the use of video-consultations and video-conferencing in the ID Service during the pandemic and contribute to data collection, analysis and writeup. 	Completed audit report. Certificate of audit participation. Email from audit lead regarding contribution.
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.	<ul style="list-style-type: none"> See activities in HLO 3.1 above 	
	Work within legislative frameworks and local procedures to raise and report safeguarding and welfare concerns in a timely manner and contribute to safeguarding processes.		

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"> Attend the fortnightly ID academic meeting and present at this on at least one occasion in this placement. Undertake modules on the university Clinical Educator Programme and deliver a teaching session to medical students on their ID placement, using the principles learnt. 	Attendance record CP / JCP Course completion records 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	Key Capabilities (KCs): By the end of this training year, you will be	Planned activities	Evidence including WPBAs
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Themes	able to:		
8.2 Supervision	Actively participate in clinical, psychiatric and educational supervision.	<ul style="list-style-type: none"> Attend and appropriately use psychiatric supervision. 	Psychiatric supervisor report
	Consider how unconscious processes are managed effectively and safely to help with ongoing clinical care via supervision and reflective practice.		
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"> Pass MRCPsych Paper B 	Exam pass
	Discuss the differences between research, audit, and quality improvement and how these approaches can complement each other.	<ul style="list-style-type: none"> Continue to attend the local CTI-3 Journal Club weekly prior to the MRCPsych Course on Wednesdays. 	Attendance record
	Critically appraise research and understand generalisability of findings to different groups in the implementation of research findings in your clinical practice.	<ul style="list-style-type: none"> Present a paper using your critical appraisal skills at the CTI-3 Journal Club 	JCP
	Develop or participate in a research project where relevant research support is available.	<ul style="list-style-type: none"> Continue with your research project with the Academic Department. 	Supervisor report Email from research supervisor.

