

A Competency Based Curriculum for Specialist Training in Psychiatry

**Specialist in
General Psychiatry
with sub-specialty
in Perinatal
Psychiatry**



Royal College of Psychiatrists

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Specialists in Perinatal Psychiatry work with others to assess, manage and treat women who suffer, or are at risk of suffering, from mental disorder during pregnancy or postnatal period. They have particular knowledge and skills relating to psychopharmacological management in pregnancy and breastfeeding, and to facilitation of infant development, and of the mother-infant relationship, in the context of maternal mental disorder. Care is usually delivered within multidisciplinary teams in maternity liaison, community, outpatient and inpatient mother and baby unit settings.

1. Introduction

Defining the objectives of the skills of all psychiatrists in training has relied on a number of documents; *Good Medical Practice* produced by the GMC, *Good Psychiatric Practice* produced by the Royal College of Psychiatrists (2009), the *Medical Leadership Competency Framework; The Core & General Training Curriculum* published in 2007, the draft curricula statements and outlines produced by faculties and sections of the Royal College of Psychiatrists, as well as *The Curriculum for Basic Training* from the Royal Australian & New Zealand College of Psychiatrists, *The Handbook of Psychiatric Education and Faculty Development* published by the American Psychiatric Association, *The CANMED 2005 Framework & Curricula for training from other medical specialities in the UK*, notably general practice and general medicine.

What is set out in this document is the generic knowledge, skills and attitudes, or more readily assessed behaviour, that we believe is common to all psychiatric specialties, together with those that are specific to specialists in General Psychiatry. This document should be read in conjunction with *Good Medical Practice* and *Good Psychiatric Practice*, which describe what is expected of all doctors and psychiatrists. Failure to achieve satisfactory progress in meeting many of these objectives at the appropriate stage would constitute cause for concern about the doctor's ability to be adequately trained.

Achieving competency in core and generic skills is essential for all specialty and subspecialty training. Maintaining competency in these will be necessary for relicensing and recertification, linking closely to the details in *Good*

Medical Practice and Good Psychiatric Practice. Therefore doctors in training in General Psychiatry will need to continue to display the competencies that were acquired in Core Psychiatry Training throughout their training.

2. Rationale

The purposes of the curriculum are to outline the competencies that trainees must demonstrate and the learning and assessment processes that must be undertaken:

- To complete Core Psychiatry Training
- For an award of a certificate of completion of training (CCT) in General Psychiatry. The curriculum builds upon competencies gained in Foundation Programme training and Core Psychiatry Training and guides the doctor to continuing professional development based on *Good Psychiatric Practice* after they have gained their CCT.

3. Specific features of the curriculum

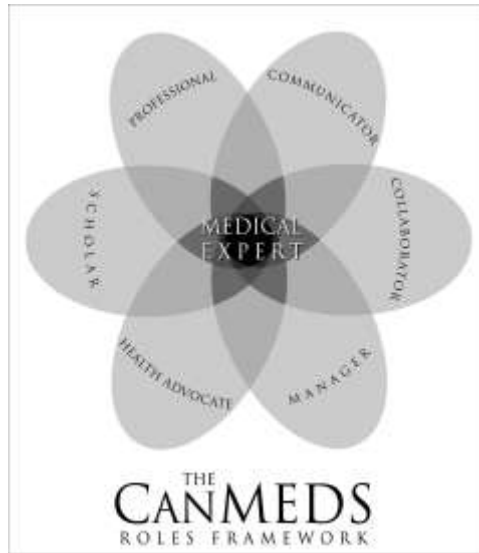
The curriculum is outcome-based and is learner-centred. Like the Foundation Programme Curriculum, it is a spiral curriculum in that learning experiences revisit learning outcomes. Each time a learning outcome is revisited in the curriculum, the purpose is to support the trainee's progress by encouraging performance in situations the trainee may not have previously encountered, in more complex and demanding situations and with increasing levels of autonomy. The details of how the Curriculum supports progress is described in more detail in the two Guides to ARCP (Core Psychiatry and Advanced Training in General Psychiatry) panels that are set out later. The intended learning outcomes of the curriculum are structured under the CanMEDS (2005) headings that set out a framework of professional competencies. These can be mapped to the headings of *Good Medical Practice*, which were used in the first edition of this curriculum, but CanMEDS has been found to form a more practical structure.

The curriculum is learner-centred in the sense that it seeks to allow trainees to explore their interests within the outcome framework, guided and supported by an educational supervisor. The Royal College of Psychiatrists has long recognised the importance of educational supervision in postgraduate training. For many years, the College recommended that all trainees should have an hour per week of protected time with their educational supervisor to set goals for training, develop individual learning plans, provide feedback and validate their learning.

The competencies in the curriculum are arranged under the CanMEDS headings as follows: -

1. MEDICAL EXPERT
2. COMMUNICATOR
3. COLLABORATOR
4. MANAGER
5. HEALTH ADVOCATE
6. SCHOLAR
7. PROFESSIONAL

They are, of course, not discrete and free-standing, but overlap and inter-relate to produce an overall picture of the Psychiatrist as a medical expert.



It is important to recognise that these headings are used for structural organization only. The complexity of medical education and practice means that a considerable number of the competencies set out below will cross the boundaries between different categories, as the diagram above illustrates. Moreover, depending on circumstances, many competencies will have additional components or facets that are not defined here. This curriculum is based on meta-competencies and does not set out to define the psychiatrist's progress and attainment at a micro-competency level. To do so would result in a document of quite impracticable length and detail which would almost inevitably require constant revision.

With these points in mind, this curriculum is based on a model of intended learning outcomes (which are summarised below) with specific competencies given to illustrate how these outcomes can be demonstrated. It is,

therefore, a practical guide rather than an all-inclusive list of prescribed knowledge, skills and behaviours.

4. How the curriculum was developed

The Royal College of Psychiatrists commenced work on a revision of the curriculum almost immediately upon completion of first approved document. This was because the College felt that the first document was uneven in its coverage of clinical and non-clinical domains and that the structure did not easily lend itself to the psychosocial aspects of the specialty. Feedback from trainers and trainees confirmed this impression, as well as giving a message about difficulties with navigation and an overall problem with "user friendliness".

The College Curriculum Committee, which includes lay membership, had a small working group led by one of the Associate Deans; this working group involved the Dean, Chief Examiner, Chair of the Trainees Committee and College Educational Advisor. The group worked at all times closely with faculties with whom it held individual meetings to explore reception of the current curriculum, suggestions for improvement, and thoughts on progress with regard to in-service assessment. These meetings were held individually, faculty by faculty, and special interest group by special interest group. The group's work was also discussed within the regular meeting of the Heads of Postgraduate School's of Psychiatry, a group that facilitates communication between the College and the national faculty of psychiatric educators. The group consulted with the College Education Training and Standards Committee, which is the central committee within the Royal College of Psychiatrists for all matters in post-graduate medical education, as well as the College Modernising Medical Careers Working Group. This was to ensure that developments were in-line with any other structural changes in training and career pathways.

The group proposed a number of different models for the curriculum and felt that the CANMED's model afforded the right way ahead for psychiatry at this point in time. However, the approach of a mixed economy was taken as the views and arguments of some individuals and specialties around the fact that they felt that changing the format may initially lose some important changes to content and thus the presentation of specialties in slightly different formats and varying degrees of detail in terms of content.

The work has proceeded in consultation with the above mentioned groups, as well as those involved intimately in the day to day delivery of teaching and training, including the college tutors and training programme directors, and, most importantly, those involved in learning, the trainees. Presentations have been made at key meetings, for example, the College Annual Medical Education Conference and discussions and feedback received. These consultations were incorporated in the document presented to PMETB in October 2008.

The next stage, in terms of communication, will be a strategy for implementation. The College has learned from its successful approach to the implementation of workplace based assessments (success that was reflected in the PMETB trainer survey of 2007/8) and will be undertaking a UK wide exercise communicating the content and use of the curriculum, including up-dated information on the assessment programme to fit with examinations and the ARCP and quality management. This work will be lead by a College Associate Dean and Educational Policy Advisor. The development of the curriculum is a continuing process that involves a wide community including lay people, trainees, medical managers, psychiatry experts, and trainers. The College Education Training and Standards Committee (ETSC) delegated the governance of the curriculum to the Curriculum Committee, which will coordinate the input of all these groups. Each College Faculty has an Education and Curriculum Committee (FECC), which is charged with monitoring its Specialty or Sub-specialty Curriculum. From 2009 onwards, every FECC will host an annual meeting of their Training Programme Directors to review the implementation of its Curriculum. The FECCs will report to the Curriculum Committee. The Curriculum Committee also receives input from the College Quality Assurance Committee, which provides the College Annual Specialty Report, from the College Psychiatry Trainees' Committee and from the College Medical Managers' Group. In 2011, after two cycles of annual review, the Curriculum Committee will host a symposium at the autumn College Medical Education Conference to consolidate our learning about the curriculum and to launch the next phase in its evolution.

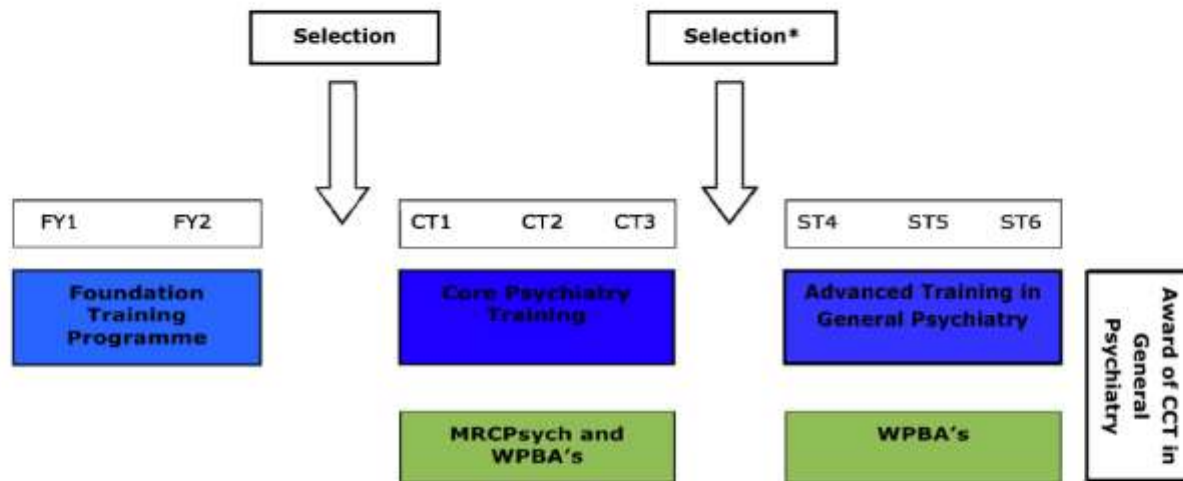
5. Training pathway

Trainees enter General-Perinatal Psychiatry Specialty Training after successfully completing both the Foundation Training Programme (or having evidence of equivalence) and the Core Psychiatry Training programme. They must then enter and Advanced Training Programme in General Adult Psychiatry and apply to enter the Sub-specialty Programme in Perinatal Psychiatry. The trainee will complete a total of three years advanced training, of which two

years will be in approved General Adult Psychiatry and one year in approved clinical experience in Perinatal Psychiatry. In order to be awarded a CCT in General Adult Psychiatry with an endorsement in Perinatal Psychiatry, the trainee must meet the requirements of ST4 and ST6 of the ARCP Guide for General Adult Psychiatry and the ARCP Guide for the year in Perinatal Psychiatry. It therefore follows that it is recommended that the sub-specialty year be in ST5. The progression is shown in Figure 1.

Psychiatry training was 'decoupled' in August 2008. Since that date, trainees have had to successfully complete the three-year Core Psychiatry Training programme before applying in open competition for a place in a programme leading to a certificate of completion of training (CCT) in one of the six psychiatry specialties. Trainees who were appointed to Psychiatry Specialty Training prior to August 2008 were generally appointed to 'run-through' training posts. The content of their learning and assessment in General Psychiatry is essentially the same as 'decoupled' trainees except that they do not apply to a post in General Psychiatry in open competition. Instead, Schools of Psychiatry will have internal systems for selecting into advanced training programmes.

At the present time, the six psychiatry specialties are Child and Adolescent Psychiatry, Forensic Psychiatry, General Psychiatry, Old Age Psychiatry, the Psychiatry of Learning Disability and Psychotherapy. In addition, there are three sub-specialties of General Psychiatry: Addictions (Substance Misuse) Psychiatry, Liaison Psychiatry and Rehabilitation Psychiatry. Specialty training in General Psychiatry is therefore one of the options that a trainee may apply to do after completing Core Psychiatry Training.



*Selection at this point may be open or by internal competition. See text for explanation

Figure 1, Training pathway to obtain a CCT in General Psychiatry

RESPONSIBILITIES FOR CURRICULUM DELIVERY

It is recognised that delivering the curriculum requires the coordinated efforts of a number of parties. Postgraduate Schools of Psychiatry, Training Programme Directors, Educational and Clinical Supervisors and trainees all have responsibilities for ensuring that the curriculum is delivered as intended.

1. Deanery Schools of Psychiatry

Schools of Psychiatry have been created to deliver postgraduate medical training in England, Wales and Northern Ireland. The Postgraduate Deanery manages the schools with advice from the Royal College. There are no Schools of Psychiatry in Scotland. Scotland has four Deanery Specialty Training Committees for mental health that fulfil a similar role.

The main roles of the schools are:

1. To ensure all education, training and assessment processes for the psychiatry specialties and sub-specialties meet Postgraduate Medical Education and Training Board (PMETB) approved curricula requirements
2. To monitor the quality of training, ensuring it enhances the standard of patient care and produces competent and capable specialists
3. To ensure that each Core Psychiatry Training Programme has an appropriately qualified psychotherapy tutor who should be a consultant psychotherapist or a consultant psychiatrist with a special interest in psychotherapy.
4. To encourage and develop educational research
5. To promote diversity and equality of opportunity
6. To work with the Postgraduate Deanery to identify, assess and support trainees in difficulty
7. To ensure that clear, effective processes are in place for trainees to raise concerns regarding their training and personal development and that these processes are communicated to trainees

2. Training Programme Directors

The Coordinating/Programme Tutor or Programme Director is responsible for the overall strategic management and quality control of the General Psychiatry programme within the Training School/Deanery. [In larger](#)

programmes, a Training Programme in Perinatal Psychiatry may assist them. The Deanery (Training School) and the relevant Service Provider (s) should appoint them jointly. They are directly responsible to the Deanery (School) but also have levels of accountability to the relevant service providers(s). With the increasing complexity of training and the more formal monitoring procedures that are in place, the role of the Programme Director/Tutor must be recognized in their job plan, with time allocated to carry out the duties adequately. One programmed activity (PA) per week is generally recommended for 25 trainees. In a large scheme 2 PA's per week will be required. The Training Programme Director for General Psychiatry:

1. Should inform and support College and Specialty tutors to ensure that all aspects of clinical placements fulfil the specific programme requirements.
2. Oversees the progression of trainees through the programme and devises mechanisms for the delivery of co-ordinated educational supervision, pastoral support and career guidance.
3. Manages trainee performance issues in line with the policies of the Training School/Deanery and Trust and support trainers and tutors in dealing with any trainee in difficulty.
4. Ensures that those involved in supervision and assessment are familiar with programme requirements.
5. Will provide clear evidence of the delivery, uptake and effectiveness of learning for trainees in all aspects of the curriculum.
6. Should organise and ensure delivery of a teaching programme based on the curriculum covering clinical, specialty and generic topics.
7. Will attend local and deanery education meetings as appropriate.
8. Will be involved in recruitment of trainees.
9. Ensures that procedures for consideration and approval of LTFT (Less Than Full Time Trainees), OOPT (Out of Programme Training) and OOPR (Out of Programme Research) are fair, timely and efficient.
10. Records information required by local, regional and national quality control processes and provides necessary reports.
11. Takes a lead in all aspects of assessment and appraisal for trainees. This incorporates a lead role in organisation and delivery of ARCP. The Tutor/Training Programme Director will provide expert support, leadership and training for assessors (including in WPBA) and ARCP panel members.

There should be a Training Programme Director for the School/Deanery Core Psychiatry Training Programme who will undertake the above responsibilities with respect to the Core Psychiatry Programme and in addition:

1. Will implement, monitor and improve the core training programmes in the Trust(s) in conjunction with the Directors of Medical Education and the Deanery and ensure that the programme meets the requirements of the curriculum and the Trust and complies with contemporary College Guidance & Standards (see College QA Matrix) and PMETB Generic Standards for Training.
2. Will take responsibility with the Psychotherapy Tutor (where one is available) for the provision of appropriate psychotherapy training experiences for trainees. This will include:
 - Ensuring that educational supervisors are reminded about and supported in their task of developing the trainee's competencies in a psychotherapeutic approach to routine clinical practice.
 - Advising and supporting trainees in their learning by reviewing progress in psychotherapy
 - Ensuring that there are appropriate opportunities for supervised case work in psychotherapy.

3. Educational Supervisors/Tutors

An Educational Supervisor/tutor is a Consultant, Senior Lecturer or Professor who has been appointed to a substantive consultant position. They are responsible for the educational supervision of one or more doctors in training who are employed in an approved training programme. The Educational Supervisor will require specific experience and training for the role. Educational Supervisors will work with a small (no more than five) number of trainees. Sometimes the Educational Supervisor will also be the clinical supervisor/trainer, as determined by explicit local arrangements.

All trainees will have an Educational Supervisor whose name will be notified to the trainee. The precise method of allocating Educational Supervisors to trainees, i.e. by placement, year of training etc, will be determined locally and will be made explicit to all concerned.

The educational supervisor/tutor:

1. Works with individual trainees to develop and facilitate an individual learning plan that addresses their educational needs. The learning plan will guide learning that incorporates the domains of knowledge, skills

and attitudes.

2. Will act as a resource for trainees who seek specialty information and guidance.
3. Will liaise with the Specialty/Programme tutor and other members of the department to ensure that all are aware of the learning needs of the trainee.
4. Will oversee and on occasions, perform, the trainee's workplace-based assessments.
5. Will monitor the trainee's attendance at formal education sessions, their completion of audit projects and other requirements of the Programme.
6. Should contribute as appropriate to the formal education programme.
7. Will produce structured reports as required by the School/Deanery.
8. In order to support trainees, will: -
 - a) Oversee the education of the trainee, act as their mentor and ensure that they are making the necessary clinical and educational progress.
 - b) Meet the trainee at the earliest opportunity (preferably in the first week of the programme), to ensure that the trainee understands the structure of the programme, the curriculum, portfolio and system of assessment and to establish a supportive relationship. At this first meeting the educational agreement should be discussed with the trainee and the necessary paperwork signed and a copy kept by both parties.
 - c) Ensure that the trainee receives appropriate career guidance and planning.
 - d) Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified.

4. Clinical Supervisors/Trainers

A clinical supervisor/trainer is a consultant, senior lecturer or professor who has been appointed to a substantive consultant position.

Clinical supervision must be provided at a level appropriate to the needs of the individual trainee. **No trainee should be expected to work to a level beyond their competence and experience.** (*PMETB Generic*)

Standards for Training, 2007, PMETB Standards for Trainers, 2008).

The clinical supervisor/trainer works with the trainee not solely for the benefit of patients for whom they are jointly responsible but also works with the trainee to foster the professional development (e.g. clinical and personal skills) of the individual doctor in training. **Clinical supervisors work in close collaboration with the nominated Educational Supervisor (if they are not the same person)**

Supervision of clinical activity must be appropriate to the competence and experience of the individual trainee; no trainee should be required to assume responsibility for or perform clinical techniques in which they have insufficient experience and expertise; trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence so to do; **both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.**

The clinical supervisor:

1. Ensures that specialty and departmental induction occurs
2. Should be involved with teaching and training the trainee in the workplace and should help with both professional and personal development.
3. Must support the trainee in various ways:
 - a) direct supervision, in the ward, the community or the consulting room
 - b) close but not direct supervision, e.g. in the next door room, reviewing cases and process during and/or after a session
 - c) regular discussions, review of cases and feedback
4. May delegate some clinical supervision to other members of clinical team as long as the team member clearly understands the role and the trainee is informed. The trainee must know who is providing clinical supervision at all times.
5. Will perform workplace-based assessments for the trainee and will delegate performance of WPBA's to appropriate members of the multi-disciplinary team
6. Will provide regular review during the placement, both formally and informally to ensure that the trainee is

obtaining the necessary experience. This will include ensuring that the trainee obtains the required supervised experience in practical procedures and receives regular constructive feedback on performance.

7. Will produce structured reports as required by the School/Deanery
8. Will hold a documented one-hour meeting with the trainee per week. This is regarded as a minimum; there can be other ad hoc meetings. As described above the fixed "one-hour per week" meeting is focussed on the trainee doctor's personal learning and development needs.
9. Make clear arrangements for cover in the event of planned absence.

The time required to discharge these responsibilities is estimated as 0.25PA's per week per trainee. This time must be identified in the supervisor/trainer's job plan and should be allocated from within the 'Direct Clinical Care' category.

5. Assessors

Assessors are members of the healthcare team, who need not be educational or clinical supervisors, who perform workplace-based assessments (WPBA's) for trainee psychiatrists. In order to perform this role, assessors must be competent in the area of practice that they have been asked to assess and they should have received training in assessment methods. The training will include standard setting, a calibration exercise and observer training. Assessors should also have up to date training in equality and diversity awareness. While it is desirable that all involved in the training of doctors should have these elements of training, these stipulations do not apply to those members of the healthcare team that only complete multi-source feedback forms (mini-PAT) for trainees.

6. Trainees

1. Must at all times act professionally and take appropriate responsibility for patients under their care and for their training and development.
2. Must ensure they attend the one hour of personal supervision per week, which is focused on discussion of individual training matters and not immediate clinical care. If this personal supervision is not occurring the trainee should discuss the matter with their educational supervisor/tutor or training programme director.
3. Must receive clinical supervision and support with their clinical caseload appropriate to their level of

- experience and training.
4. Should be aware of and ensure that they have access to a range of learning resources including:
 - a) a local training course (e.g. MRCPsych course, for Core Psychiatry trainees)
 - b) a local postgraduate academic programme
 - c) the opportunity (and funding) to attend courses, conferences and meetings relevant to their level of training and experience
 - d) appropriate library facilities
 - e) the advice and support of an audit officer or similar
 - f) supervision and practical support for research with protected research time appropriate to grade
 5. Must make themselves familiar with all aspects of the curriculum and assessment programme and keep a portfolio of evidence of training.
 6. Must ensure that they make it a priority to obtain and profit from relevant experience in psychotherapy.
 7. Must collaborate with their personal clinical supervisor/trainer to:
 - a) work to a signed educational contract
 - b) maximize the educational benefit of weekly educational supervision sessions
 - c) undertake workplace-based assessments, both assessed by their clinical supervisor and other members of the multidisciplinary team
 - d) use constructive criticism to improve performance
 - e) regularly review the placement to ensure that the necessary experience is being obtained
 - f) discuss pastoral issues if necessary
 8. Must have regular contact with their Educational Supervisor/tutor to:
 - a) agree educational objectives for each post
 - b) develop a personal learning and development plan with a signed educational contract
 - c) ensure that workplace-based assessments and other means of demonstrating developing competence are appropriately undertaken
 - d) review examination and assessment progress
 - e) regularly refer to their portfolio to inform discussions about their achievements and training needs
 - f) receive advice about wider training issues

- g) have access to long-term career guidance and support
9. Will participate in an Annual Review of Competence Progression (ARCP) to determine their achievement of competencies and progression to the next phase of training.
 10. Should ensure adequate representation on management bodies and committees relevant to their training. This would include Trust clinical management forums, such as Clinical Governance Groups, as well as mainstream training management groups at Trust, Deanery and National (e.g. Royal College) levels.
 11. On appointment to a specialty training programme the trainee must fully and accurately complete Form R and return it to the Deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis to ensure that the trainee re-affirms his/her commitment to the training and thereby remains registered for their training programme.
 12. Must send to the postgraduate dean a signed copy of the Conditions of Taking up a training post, which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. The return of the Form R initiates the annual assessment outcome process.
 13. Must inform the postgraduate dean and the Royal College of Psychiatrists of any changes to the information recorded.
 14. Trainees must ensure they keep the following records of their training:
 - Copies of all Form Rs for each year of registering with the deanery.
 - Copies of ARCP forms for each year of assessment.
 - Any correspondence with the postgraduate deanery in relation to their training.
 - Any correspondence with the Royal College in relation to their training.
 15. Must make themselves aware of local procedures for reporting concerns about their training and personal development and when such concerns arise, they should report them in a timely manner.

CORE PSYCHIATRY TRAINING

The purpose of Core Specialty Training in psychiatry is to prepare the practitioner for entering Advanced Training; it must therefore provide an essential range of competencies. These competencies include knowledge of common psychiatric disorders and their treatment as well as skill in a range of assessment and therapeutic approaches. The competencies must be gained through working in a range of service settings, across the development range, and must include direct experience of delivering psychological therapy.

Core psychiatric competencies are indicated in blue script.

Some Core competencies are coloured red. These must be completed by the end of the first year of Core Psychiatry training; they are also relevant to trainees in other specialties (eg General Practice) who are in a psychiatry placement.

Psychiatry trainees must achieve both the red and blue competencies (which will be assessed by workplace based assessments, the MRCPsych examinations, or both) before being eligible to enter advanced training in psychiatry.

THE INTENDED LEARNING OUTCOMES FOR CORE PSYCHIATRIC TRAINING

Intended learning outcome 1

Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- **Presenting or main complaint**
- **History of present illness**
- **Past medical and psychiatric history**
- **Systemic review**
- **Family history**
- **Socio-cultural history**
- **Developmental history**

Intended learning outcome 2

Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

Intended learning outcome 3

Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

Intended learning outcome 4

Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

Intended learning outcome 5

Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

Intended learning outcome 6

Demonstrate the ability to concisely, accurately and legibly record appropriate aspects of the clinical

assessment and management plan

Intended learning outcome 7

Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

Intended learning outcome 8

Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

Intended learning outcome 9

Demonstrate the ability to work effectively with colleagues, including team working

Intended learning outcome 10

Develop appropriate leadership skills

Intended learning outcome 11

Demonstrate the knowledge, skills and behaviours to manage time and problems effectively

Intended learning outcome 12

Develop the ability to conduct and complete audit in clinical practice

Intended learning outcome 13

Develop an understanding of the implementation of clinical governance

Intended learning outcome 14

Ensure that you are able to inform and educate patients effectively

Intended learning outcome 15

Develop and utilise the ability to teach, assess and appraise

Intended learning outcome 16

Develop an understanding of research methodology and critical appraisal of the research literature

Intended learning outcome 17

Ensure that you act in a professional manner at all times

Intended learning outcome 18

Develop the habits of lifelong learning

1. MEDICAL EXPERT

DESCRIPTION: Medical expertise integrates the knowledge, clinical skills, procedural skills and professional behaviours that are fundamental to excellent patient care. In other words this describes what the psychiatrist needs to do, how they do it, when they do it and the manner in which they work

HISTORY, EXAMINATION, INVESTIGATIONS, TREATMENT (THERAPEUTICS) AND RECORD KEEPING

Intended learning outcome 1

Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- **Presenting or main complaint**
- **History of present illness**
- **Past medical and psychiatric history**
- **Systemic review**
- **Family history**
- **Socio-cultural history**
- **Developmental history**

| 1-1a Clinical history | Assessment methods | GMP Domains |
|--|---|--------------------|
| <p>Knowledge</p> <p>Define signs and symptoms found in patients presenting with psychiatric and common medical disorders</p> <p>Recognise the importance of historical data from multiple sources</p> | <p>ACE, mini-ACE, CBD, MCQ, CASC</p> <p>Mini-ACE, CBD</p> | <p>1</p> |
| <p>Skills</p> <p>Elicit a complete clinical history, including psychiatric history, that identifies the main or chief complaint, the history of the present illness, the past psychiatric history, medications, general medical history, review of systems, substance abuse history, forensic history, family history, personal, social and developmental history</p> <p>Overcome difficulties of language, physical and sensory impairment</p> | <p>ACE, mini-ACE, CASC</p> <p>ACE, mini-ACE,</p> | <p>1</p> |

| | | |
|---|--------------------------------|---|
| Gather this factual information whilst understanding the meaning these facts hold for the patient and eliciting the patient's narrative of their life experience | CASC ACE, mini-ACE, CASC | |
| Attitudes demonstrated through behaviours Show empathy with patients. Appreciate the interaction and importance of psychological, social and spiritual factors in patients and their support networks | ACE, mini-ACE, CASC | 1 |

| 1-1b Patient examination, including mental state examination & physical examination | Assessment Methods | GMP Domains |
|---|--|-------------|
| Knowledge Define the components of mental state examination using established terminology Recognise physical signs and symptoms that accompany psychiatric disorders Recognise and identify the different types of mental distress and their phenomenology Recognise how the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems | ACE, mini-ACE, CBD, CP, CASC ACE, mini-ACE, CASC ACE, mini-ACE, CASC ACE, mini-ACE, CBD, CP, CASC | 1 |
| Skills Perform a reliable and appropriate examination including the ability to obtain | ACE, mini-ACE, | 1 |

| | | |
|--|--------------------------|----------|
| historical information from multiple sources, such as family and other members of the patient's social network, community mental health resources, old records | CASC | |
| Elicit and record the components of mental state examination | ACE, mini-ACE, CBD, CASC | |
| Make a clear and concise case presentation | CBD, CP, CASC | |
| Assess for the presence of general medical illness | ACE, mini-ACE, CBD, CASC | |
| Recognise and identify the effects of psychotropic medication in the physical examination | ACE, mini-ACE, CBD, CASC | |
| Attitudes demonstrated through behaviours | | 1 |
| Respect patients' dignity and confidentiality | ACE, mini-ACE, CASC | |
| Acknowledge cultural issues | ACE, mini-ACE, CBD, CASC | |
| Appropriately involve family members | ACE, mini-ACE, CASC | |
| Demonstrate an understanding of the importance of working with other Health and Social Care professionals and team working | CBD, CP, CASC | |
| Show a willingness to provide explanation to patients of investigations and their | ACE, mini-ACE, | |

| | | |
|---------------------------|------|--|
| possible unwanted effects | CASC | |
|---------------------------|------|--|

Intended learning outcome 2
Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

| 1-2a Diagnosis | Assessment methods | GMP Domains |
|---|--|--------------------|
| <p>Knowledge</p> <p>State the typical signs and symptoms of common psychiatric disorders including affective disorders; anxiety disorders; disorders of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; and organic disorders</p> <p>Be familiar with contemporary ICD or DSM diagnostic systems with the ability to discuss the advantages and limitations of each</p> <p>State the typical signs and symptoms of psychiatric disorders as they manifest across the age range, including affective disorders; anxiety disorders; disorders of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; organic disorders; developmental disorders; and common disorders in childhood</p> | <p>ACE, Mini-ACE, CBD, MCQ, CASC</p> <p>CBD, CP, MCQ, CASC</p> <p>CBD, CP, MCQ, CASC</p> | 1 |
| <p>Skills</p> <p>Use the diagnostic system to accurately construct a differential diagnosis for common presenting problems</p> <p>Use the diagnostic system accurately in identifying specific signs and symptoms that comprise syndromes and disorders across the age range</p> | <p>CBD, CP, MCQ</p> <p>CBD, CP, CASC</p> | 1 |

| | | |
|--|---------------------------|--------------------|
| Formulate and discuss differential diagnosis | CBD, CP, CASC | |
| Attitudes demonstrated through behaviours | | 1 |
| Show an awareness of the advantages and limitations of using a diagnostic system | CBD, CP, CASC | |
| 1-2b Formulation | Assessment methods | GMP Domains |
| Knowledge | | 1 |
| Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of common psychiatric disorders that affect adult patients | CBD, CP, CASC | |
| Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of psychiatric disorders across the age range | CBD, CP, CASC | |
| Skills | | 1 |
| Integrate information from multiple sources to formulate the case into which relevant predisposing, precipitating, perpetuating and protective factors are highlighted | CBD, CP, CASC | |
| Attitudes demonstrated through behaviours | | 1 |
| Provide explanation to the patient and the family which enables a constructive working relationship | ACE, mini-ACE, CBD, CASC | |

Intended learning outcome 3

Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

| 1-3a Individual consideration | Assessment methods | GMP Domains |
|--|---------------------------|--------------------|
| Knowledge | | 1 |
| Skills Develop an individualised assessment and treatment plan for each patient and in collaboration with each patient | ACE, Mini-ACE, CBD, CASC | 1 |
| Attitudes demonstrated through behaviours Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan | ACE, Mini-ACE, CASC | 1 |

| 1-3b Investigation | Assessment methods | GMP Domains |
|---|---------------------------|--------------------|
| Define the indications for the key investigations that are used in psychiatric practice | CBD, CP, MCQ | 1 |

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|---|--------------------|---|
| Define the risks and benefits of investigations, including those of psychotherapeutic and genetic investigations | CBD, CP, MCQ | |
| Demonstrate knowledge of the cost effectiveness of individual investigations | CBD, CP, MCQ, CASC | |
| Skills | | 1 |
| Interpret the results of investigations | CBD, CP, MCQ, CASC | |
| Liaise and discuss investigations with colleagues in the multi-professional team in order to utilise investigations appropriately | CBD, CP, MCQ, CASC | |
| Attitudes demonstrated through behaviours | | 1 |

| 1-3c Treatment Planning | Assessment methods | GMP Domains |
|---|-----------------------------------|--------------------|
| Knowledge | | 1 |
| Explain the evidence base for physical and psychological therapies including all forms of psychotherapies, brief therapy, cognitive behavioural therapy, psychodynamic therapy, psychotherapy combined with psychopharmacology, supportive therapy and all delivery systems of psychotherapy (that is individual, group and family) | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Show a clear understanding of physical treatments including pharmacotherapy, including pharmacological action, clinical indication, side-effects, drug interactions, toxicities, appropriate prescribing practices, and cost effectiveness; electro-convulsive therapy and light therapy | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |

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|---|---|----------|
| <p>Show a clear understanding of the doctor/ patient relationship and its impact on illness and its treatment</p> <p>Apply knowledge of the implications of coexisting medical illnesses to the treatment of patients who have psychological disorders</p> <p>Demonstrate knowledge of CPA (Care Programme Approach) processes</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC, CBDGA</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>CBD, CP, MCQ, CASC</p> | |
| <p>Skills</p> <p>Accurately assess the individual patient's needs and whenever possible in agreement with the patient, formulate a realistic treatment plan for each patient for adult patients with common presenting problems.</p> <p>Be able to do the above with psychiatric problems as they present across the age range</p> <p>Educate patients, carers and other professionals about relevant psychiatric and psychological issues</p> <p>Demonstrate an understanding of how professional and patient perspectives may differ and the impact this may have on assessment and treatment</p> <p>Explain to patients what is involved in receiving the full range of psychiatric treatments and manage their expectations about these treatments described under 'knowledge'</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC, CBDGA</p> <p>ACE, Mini-ACE, CBD, CASC</p> | <p>1</p> |

| | | |
|---|---|----------|
| <p>Monitor patients' clinical progress and re-evaluate diagnostic and management decisions to ensure optimal care</p> <p>Be skilled in multi-agency working</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>ACE, CBD, CP</p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Show appropriate behaviour towards patients and their symptoms and be conscious of socio-cultural contexts</p> <p>Clearly and openly explain treatments and their side-effects.</p> <p>Demonstrate an understanding of the impact of their own feelings and behaviour on assessment and treatment</p> <p>Show respect for the patient's autonomy and confidentiality while recognising responsibility towards safeguarding others</p> <p>Recognise, value and utilise the contribution of peers and multi-disciplinary colleagues to develop the effectiveness of oneself and others</p> <p>Provide care and treatment that recognises the importance to patients of housing, employment, occupational opportunities, recreational activities, advocacy, social networks and welfare benefits</p> <p>Ensure that the employment of legal powers for detention (or to enforce</p> | <p>ACE, Mini-ACE, CBD, CASC</p> <p>ACE, Mini-ACE, CBD, CASC</p> <p>CBD, CP, CBGGA</p> <p>ACE, Mini-ACE, CBD, CP, CASC</p> <p>CBD, CP, CBDGA</p> <p>CBD, CP, CASC</p> <p>CBD, CP, CASC</p> | <p>1</p> |

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| treatment) balances the duty of care to the patient and the protection of others | | |
| Be prepared to test out the feasibility and acceptability of decisions | | |

Intended learning outcome 4
Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient’s potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

| 1-4a All clinical situations | Assessment methods | GMP Domains |
|---|-----------------------------------|--------------------|
| Knowledge Demonstrate knowledge of risk assessment and management | ACE, Mini-ACE, CBD, CP, MCQ, CASC | 1 |
| Skills Comprehensively assess immediate and long-term risks to patients and others during assessment and treatment Routinely employ safe, effective and collaborative management plans | ACE, Mini-ACE, CBD, CP, CASC | 1 |
| Attitudes demonstrated through behaviours | | 1 |

| | | |
|---|--|--------------------|
| Maintain high standards of professional and ethical behaviour at all times. | ACE, Mini-ACE, CBD, CP, CASC, mini-PAT | |
| 1-4b Psychiatric emergencies for all specialties | Assessment Methods | GMP Domains |
| Knowledge | | 1 |
| Apply the principles of risk assessment and management | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Shows awareness of child protection issues when addressing psychiatric emergencies. Has basic knowledge of child protection procedures | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Know the principles underlying management and prevention of violence, hostage taking, self harm, suicide, absconsion, escape and recall of a restricted patient | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Be familiar with the policy and principles regarding management of seclusion | ACE, Mini-ACE, CBD, CP | |
| Skills | | 1 |
| Resuscitation | DOPS, CASC | |

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|--|-----------------------------------|--|
| Be able consistently to assess risk and utilise the full resources of the available Mental Health Services in the management of high risk situations | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Be competent in making a clinical assessment with regard to potential dangerousness of an individual to themselves or others | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Be able to prioritise what information is needed in urgent situations | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Competent in the supervision and management of challenging behaviour and medical complications in relation to the range of clinical conditions presenting as psychiatric emergencies. Shows good judgement in the choice of treatment settings and in referral decisions | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Assess and manage a patient involved in an incident | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Risk assess situations in which incidents may occur or have occurred and institute appropriate management including contingency planning, crisis management and de-escalation techniques | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Short term control of violence including emergency use of medication, rapid tranquillisation, use of restraint and seclusion | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Post event management | | |

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|---|---|----------|
| <p>Assess and manage a patient involved in an incident</p> <p>Provision of reports and documentation relating to incidents</p> <p>Working with multidisciplinary and multi-agency colleagues to assess and manage incidents</p> <p>Consider the need for emergency supervision support and feedback for staff, victim, other patients, carers as required</p> | <p>CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>CBD, CP, CASC</p> <p>CBD, CP, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Be able to work under pressure and to retain professional composure and to think clearly when working in emergency situations</p> <p>Be able to prioritise work appropriately when confronted with clinical crises</p> <p>Keep mandatory training up to date</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC, mini-PA</p> <p>ACE, Mini-ACE, CBD, CP, CASC, Mini-PAT</p> <p>Supervisors' reports</p> | <p>1</p> |

| | | |
|--|--|--|
| Maintain professionalism in face of considerable clinical and legal pressure | ACE, Mini-ACE, CBD, CP, CASC, Mini-PAT | |
| Offer help and support to others (patients, staff and carers) | ACE, Mini-ACE, CBD, CP, CASC | |
| Provision of appropriate documentation of incidents | CBD, CP | |
| Follow appropriate policies and procedures | ACE, Mini-ACE, CBD, CP | |

| 1-4c Mental health legislation | Assessment Methods | GMP Domains |
|---|---|--------------------|
| <p>Knowledge</p> <p>Demonstrate an understanding of the contemporary mental health legislation and its local implementation with regard to assessment and treatment of patients, including mentally disordered offenders</p> <p>Understand and make appropriate use of the Mental Health Act in relation to capacity and consent</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> | 1 |
| <p>Skills</p> <p>Apply the legislation appropriately at all times, with reference to published codes of practice</p> | ACE, Mini-ACE, CBD, CP, MCQ, | 1 |

| | | |
|--|---------------------------------|---|
| | CASC | |
| Attitudes demonstrated through behaviours | | 1 |
| Act with compassion at all times | ACE, Mini-ACE, CBD, CP, CASC | |
| Work with attention to the detail of the legislation | ACE, Mini-ACE, CBD, CP, CASC | |

| 1-4d Broader legal framework | Assessment methods | GMP Domains |
|---|--|-------------|
| Knowledge | | 1 |
| Know the legal responsibilities of psychiatrists with regard, for example, to agencies such as the relevant driving authority | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Skills | | 1 |
| Attitudes demonstrated through behaviours | | 1 |
| Act in accordance with contemporary codes of practice | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Be sensitive to the potential conflict between legal requirements and the wishes of the patient | ACE, Mini-ACE, CBD, CP, MCQ, CASC, CBDGA | |

Intended learning outcome 5

Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

| 1-5a Psychological therapies | Assessment methods | GMP Domains |
|---|---|--------------------|
| Knowledge Apply contemporary knowledge and principles in psychological therapies | CBD, CP, MCQ, CASC, SAPE | 1 |
| Skills Foster a therapeutic alliance with patients With appropriate supervision, commence and monitor therapeutic treatment in patients, based on a good understanding of the mechanisms of their actions Demonstrate the capacity to deliver basic psychological treatments in at least two modalities of therapy and over both longer and shorter durations | ACE, Mini-ACE, CBD, CP, CASC, CBDGA CBD, CP, SAPE CBD, CP, SAPE | 1 |
| Attitudes demonstrated through behaviours Respond appropriately to supervision | CBD, CP, SAPE | 1 |

Intended learning outcome 6**Demonstrate the ability to concisely, accurately and legibly record appropriate aspects of the clinical assessment and management plan**

| 1-6a Record keeping | Assessment methods | GMP Domains |
|--|---|--------------------|
| <p>Knowledge</p> <p>Define the structure, function and legal implications of medical records and medico-legal reports</p> <p>Demonstrate a knowledge of the relevance of contemporary legislation pertaining to patient confidentiality</p> <p>Awareness of issues surrounding copying correspondence to patients</p> | <p>CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> | 1 |
| <p>Skills</p> <p>Record concisely, accurately, confidentially, and legibly appropriate elements of the history, examination, investigation, differential diagnosis, risk assessment and management plan</p> | <p>CBD, CP, supervisors report</p> | 1 |
| <p>Attitudes demonstrated through behaviours</p> <p>Complete case records and all forms of written clinical information in a</p> | <p>CBD, CP, supervisors</p> | 1 |

| | | |
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| consistent, timely and responsible fashion | reports | |
|--|---------|--|

MANAGING LONG-TERM PSYCHIATRIC ILLNESS

Intended learning outcome 7

Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

| 1-7a Management of severe and enduring mental illness | Assessment methods | GMP Domains |
|---|--|-------------|
| <p>Knowledge</p> <p>Define the clinical presentations and natural history of patients with severe and enduring mental illness</p> <p>Define the role of rehabilitation and recovery services</p> <p>Define the concept of recovery</p> <p>Define the concept of quality of life and how it can be measured</p> | <p>CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> | <p>1</p> |

| | | |
|--|---|---|
| Awareness of disability/housing benefits that patients may be entitled to claim | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Skills Maintain hope whilst setting long term, realistic goals Develop long-term management plans Act as patient advocate in negotiations with services Demonstrate skills in risk management in chronic psychiatric disorders Demonstrate skills in pathway care management | ACE, Mini-ACE, CBD, CP, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, CASC ACE, Mini-ACE, CBD, CP, CASC ACE, Mini-ACE, CBD, CP, CASC | 1 |
| Attitudes demonstrated through behaviours Treat each patient as an individual Demonstrate an appreciation of the effect of chronic disease states on patients and their families | ACE, Mini-ACE, CBD, CP, CASC ACE, Mini-ACE, CBD, CP, MCQ, | 1 |

| | | |
|---|--|--|
| <p>Develop and sustain supportive relationships with patients with severe and enduring mental illness</p> | <p>CASC</p> | |
| <p>Demonstrate an appreciation of the impact of severe and enduring mental illness on patients, their families and carers</p> | <p>ACE, Mini-ACE, CBD, CP, mini-PAT</p> | |
| <p>Demonstrate an appreciation of the importance of co-operation and collaboration with primary healthcare services, social care services, and non-statutory services</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> | |
| <p>Demonstrate an appreciation of the importance of co-operation and collaboration with primary healthcare services, social care services, and non-statutory services</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> | |

2. COMMUNICATOR

DESCRIPTION: Psychiatrists facilitate effective therapeutic relationships with patients, families and carers. This is essential for effective clinical practice including diagnosis and decision-making. They enable patient-centered therapeutic communication through shared decision making and effective dynamic interactions with patients, families, carers, other professionals and other important individuals. The competencies of this role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding and facilitating a shared plan of care

COMMUNICATION SKILLS

Intended learning outcome 8
Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

| 2-8a Within a consultation | Assessment methods | GMP Domains |
|--|---|--------------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge of how to structure the clinical interview to identify the patients concerns and priorities, their expectations and their understanding</p> <p>Demonstrate a knowledge of how and when to telephone a patient at home</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, CP,</p> | <p>3</p> |

| | | |
|---|--|----------|
| <p>Be aware of limits of your expertise</p> | <p>CASC</p> <p>ACE, Mini-ACE, CBD, CP, CASC</p> | |
| <p>Skills</p> <p>Demonstrate interviewing skills, including the appropriate initiation of the interview, the establishment of rapport, the appropriate use of open ended and closed questions, techniques for asking difficult questions, the appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence and summary statements</p> <p>Solicit and acknowledge expression of the patients' ideas, concerns, questions and feelings Understand the ways in which patients may communicate that are not directly verbal and have symbolic or unconscious elements</p> <p>Communicate information to patients in a clear fashion</p> <p>Appropriately close interviews</p> <p>Stay within limits of expertise</p> | <p>ACE, Mini-ACE, CASC</p> <p>ACE, Mini-ACE, CASC, CBD, CP, CBDGA</p> <p>ACE, Mini-ACE, CASC, mini-PAT</p> <p>ACE, Mini-ACE, CASC</p> <p>ACE, Mini-ACE, CBD, CP,</p> | <p>3</p> |

| | | |
|---|--------------------------------|----------|
| Communicate both verbally and in writing to patients whose first language may not be English in a manner that they understand | Mini-PAT ACE, mini-ACE,CASC | |
| Be able to use interpreters and translators appropriately | ACE, mini-ACE,CASC | |
| Be able to communicate using aids with those who have sensory impairments e.g. deafness | ACE, mini-ACE,CASC | |
| Avoid jargon and use familiar language | ACE, mini-ACE,CASC | |
| Give clear information and feedback to patients. | ACE, mini-ACE,CASC | |
| Share information with relatives and carers when appropriate | ACE, mini-ACE, CBD, CP,CASC | |
| Use appropriate Information Technology (IT) skills | ACE, mini-ACE, CBD CASC | |
| Attitudes demonstrated by behaviours | | 3 |

| | | |
|--|------------------------------------|--|
| Demonstrate respect, empathy, responsiveness, and concern for patients, their problems and personal characteristics | ACE, mini-ACE, CBD, CASC, CBDGA | |
| Demonstrate an understanding of the need for involving patients in decisions, offering choices, respecting patients' views | ACE, mini-ACE, CBD, CASC, mini-PAT | |
| Ensure that dress and appearance are appropriate to the clinical situation and patients' sensitivity | ACE, Mini-ACE, CASC | |

3. COLLABORATOR

DESCRIPTION: Psychiatrists work in collaboration with many other professionals and agencies. They must therefore develop a thorough understanding of health and social care systems and demonstrate this consistently in their daily practice

Intended learning outcome 9
Demonstrate the ability to work effectively with colleagues, including team working

| 3-9a Clinical teamwork | Assessment methods | GMP Domains |
|--|---------------------------|--------------------|
| Knowledge | | 3 |
| Demonstrate an understanding of the roles and responsibilities of team members | CBD, CP, Mini- | |

| | | |
|---|--------------------------|----------|
| Demonstrate an understanding of the roles of primary healthcare and social services | PAT, MCQ CBD, CP, MCQ | |
| Skills | | 3 |
| Communicate and work effectively with team members | CBD, CP, Mini-PAT | |
| Attitudes demonstrated through behaviours | | 3 |
| Show respect for the unique skills, contributions and opinions of others | CBD, CP, Mini-PAT | |
| Recognise and value diversity within the clinical team | CBD, CP, Mini-PAT | |
| Be conscientious and work cooperatively | CBD, CP, Mini-PAT | |

4. MANAGER

DESCRIPTION: Psychiatrists are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources and contributing to the effectiveness of the service

Intended learning outcome 10
Develop appropriate leadership skills

| 4-10a Effective leadership skills | Assessment methods | GMP Domains |
|---|-----------------------------------|--------------------|
| Knowledge Demonstrate an understanding of the relationship between clinical responsibility and clinical leadership | CBD, CP, mini-PAT | 3 |
| Skills | | 3 |
| Attitudes demonstrated through behaviours Display enthusiasm, integrity, determination and professional credibility | CBD, mini-PAT, supervisors report | 3 |

TIME MANAGEMENT AND DECISION MAKING

Intended learning outcome 11

Demonstrate the knowledge, skills and behaviours to manage time and problems effectively

| 4-11a Time management | Assessment methods | GMP Domains |
|---|--|-------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge of which patient or tasks take priority</p> | <p>CBD, CP, mini-PAT, supervisors report</p> | <p>3</p> |
| <p>Skills</p> <p>Manage time effectively</p> <p>Prioritise tasks, starting with the most important</p> <p>Work increasingly efficiently as clinical skills develop</p> <p>Recognise when to re-prioritise or call for help</p> | <p>Mini-PAT, supervisors report</p> <p>Mini-PAT, supervisors report</p> <p>Mini-PAT, supervisors report</p> <p>Mini-PAT,</p> | <p>3</p> |

| | | |
|--|--|---|
| | CBD, supervisors report | |
| Attitudes demonstrated through behaviours Have realistic expectations of tasks to be completed Be willing to consult and work as part of a team | Mini-PAT, CBD, supervisors report Mini-PAT, CBD, supervisors report | 3 |

| 4-11b Communication with colleagues | Assessment methods | GMP Domains |
|--|---|--------------------|
| <p>Knowledge</p> <p>Write clinical letters, including summaries and reports</p> <p>Use e-mail, internet and the telephone.</p> <p>Communicate effectively with members of the multi-professional team</p> <p>Demonstrate a knowledge of how and when to telephone colleagues, including those in primary care</p> | <p>Mini-PAT, CBD, supervisors report</p> <p>Mini-PAT, CBD, supervisors report</p> <p>Mini-PAT, CBD, supervisors report</p> <p>Mini-PAT, CBD, supervisors report</p> | <p>3</p> |
| <p>Skills</p> <p>Use appropriate language</p> <p>Select the most appropriate communication methods</p> | <p>Mini-PAT, supervisors report</p> <p>Mini-PAT, CBD, supervisors</p> | <p>3</p> |

| | | |
|---|-----------------------------------|---|
| | report | |
| Attitudes demonstrated through behaviours | | 3 |
| Be prompt and respond courteously and fairly | Mini-PAT, CBD, supervisors report | |
| Show an appreciation of the importance of timely and effective use of all communication methods, including electronic communication | Mini-PAT, CBD, supervisors report | |
| Demonstrate awareness of the need for prompt and accurate communication with primary care and other agencies | Mini-PAT, CBD, supervisors report | |
| Show courtesy towards all members of the Community Mental Health Team and support staff, including medical secretaries and clerical staff | Mini-PAT, CBD, supervisors report | |

| 4-11c Decision making | Assessment methods | GMP Domains |
|---|---------------------------------------|--------------------|
| Knowledge | | 3 |
| Demonstrate a good understanding of clinical priorities | Mini-PAT, CBD, CP, supervisors report | |
| Skills | | 3 |

| | | |
|--|--|------------------------|
| Analyse and manage clinical problems | Mini-PAT, CBD, CP, supervisors report | |
| Attitudes demonstrated through behaviours | | 3 |
| Be flexible and willing to change in the light of changing conditions | Mini-PAT, CBD, supervisors report | |
| Be willing to ask for help | Mini-PAT, CBD, supervisors report | |
| 4-11d Continuity of care | Assessment methods | GMP Domains |
| Knowledge | | 3 |
| Demonstrate an understanding of the relevance of continuity of care | Mini-PAT, CBD,CP, supervisors report | |
| Demonstrate understanding of policy and procedure relating to out-of-hours (eg | Mini-PAT, | |

| | | |
|---|---|---|
| on-call) working | supervisors report | |
| Skills Ensure satisfactory completion of reasonable tasks at the end of the shift/day with appropriate handover Make adequate arrangements to cover leave Make appropriate decisions in the best interests of patients when on-call | Mini-PAT, supervisors report Mini-PAT, supervisors report Mini-PAT, CBD, supervisors report | 3 |
| Attitudes demonstrated through behaviours Recognise the importance of punctuality and attention to detail Show flexibility for cover of clinical colleagues Respond appropriately to requests when on-call | Mini-PAT, CBD, supervisors report Mini-PAT, supervisors report Mini-PAT, CBD, | 3 |

| | | |
|--|--------------------|--|
| | supervisors report | |
|--|--------------------|--|

| 4-11e Complaints | Assessment methods | GMP Domains |
|--|--|--------------------|
| <p>Knowledge</p> <p>Show awareness of local complaints procedures</p> <p>Show awareness of the systems of independent review in the National Health Service</p> | <p>Mini-PAT, CBD, CP, supervisors report</p> <p>Mini-PAT, CBD, CP, supervisors report, MCQ</p> | 3 |
| <p>Skills</p> <p>Appropriately manage dissatisfied patients, relatives and carers and anticipate potential problems</p> | <p>Mini-PAT, CBD, CP, CBDGA, supervisors report</p> | 3 |
| <p>Attitudes demonstrated through behaviours</p> <p>Act with honesty and sensitivity</p> | <p>Mini-PAT,</p> | 3 |

| | | |
|--|--|--|
| <p>Be prepared to apologise if appropriate and accept responsibility</p> | <p>CBD, supervisors report</p> | |
| <p>Act in a prompt and decisive fashion</p> | <p>Mini-PAT, CBD, supervisors report</p> | |

Intended learning outcome 12

Develop the ability to conduct and complete audit in clinical practice

| 4-12a Audit | Assessment methods | GMP Domains |
|--|--|--------------------|
| <p>Knowledge</p> <p>Demonstrate an understanding of the importance of audit and its place within the framework of clinical governance</p> <p>Demonstrate an understanding of the audit cycle</p> <p>Demonstrate an understanding of the differences between audit, surveys and research</p> | <p>Supervisors report, MCQ</p> <p>Supervisors report, MCQ</p> <p>Supervisors report, MCQ</p> | <p>2</p> |
| <p>Skills</p> <p>Identify relevant topics and appropriate standards</p> <p>Implement findings and reassess</p> <p>Able to effectively apply audit principles to own work, to team practice and in a service wide context</p> | <p>Supervisors report, MCQ</p> <p>Supervisors report, MCQ</p> <p>Supervisors report, MCQ</p> | <p>2</p> |

| | | |
|--|-------------------------|---|
| Able to undertake and present an audit | Supervisors report, MCQ | |
| Attitudes demonstrated through behaviours | | 2 |
| Hold a positive attitude to the potential of audit in evaluating and improving the quality of care | Supervisors report, MCQ | |
| Show willingness to respect audit findings and adapt practise appropriately | Supervisors report, MCQ | |

CLINICAL GOVERNANCE

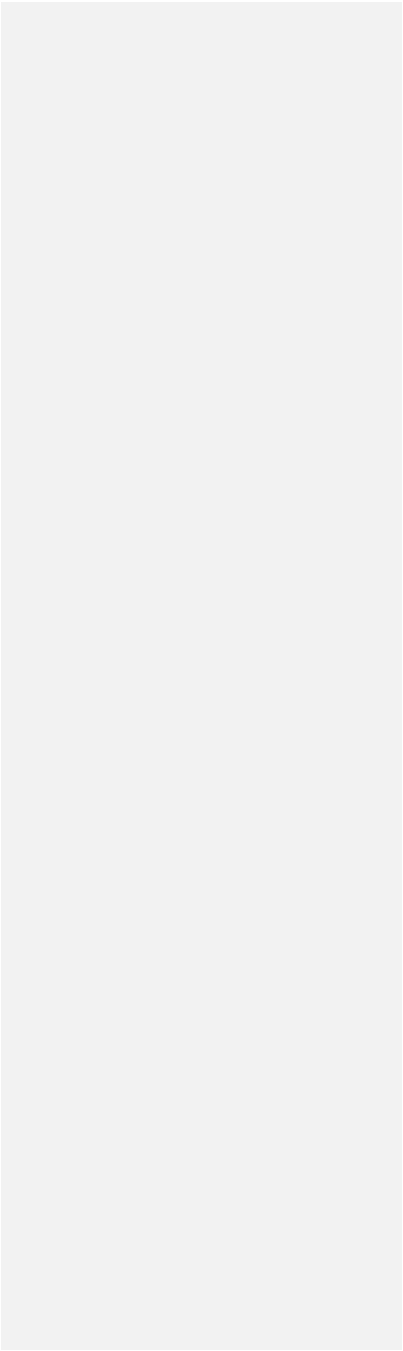
Intended learning outcome 13

To develop an understanding of the implementation of clinical governance

| 4-13a Organisational framework for clinical governance and the benefits that patients may expect | Assessment methods | GMP Domains |
|---|---------------------------|--------------------|
| Knowledge | | 2 |
| Demonstrate an understanding of the component parts of clinical governance | Supervisors report, MCQ | |
| Show awareness of the advantages and disadvantages of clinical guidelines | Supervisors report, MCQ | |

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| <p>Show an appreciation of the importance of reporting serious and untoward incidents</p> | <p>Supervisors report, MCQ</p> | |
| <p>Skills</p> <p>Actively participate in a programme of clinical governance</p> <p>Aim for clinical effectiveness and best practice at all times</p> | <p>Supervisors report, Mini-PAT</p> <p>Supervisors report, Mini-PAT</p> | <p>2</p> |
| <p>Attitudes demonstrated through behaviours</p> <p>Prepared to learn from mistakes and complaints</p> <p>Receptive to the scrutiny of peers and colleagues</p> <p>Demonstrate ability to consciously deviate from pathways when clinically indicated</p> | <p>Supervisors report, MCQ</p> <p>Supervisors report, Mini-PAT</p> <p>Supervisors report, CBD, Mini-PAT</p> | <p>2</p> |

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5. Health Advocate

DESCRIPTION: In addition to delivering excellent patient care psychiatrists are committed to promoting public understanding of mental health issues and social inclusion

Intended learning outcome 14
To ensure that the doctor is able to inform and educate patients effectively

| 5-14a Educating patients about illness and its treatment | Assessment Methods | GMP Domains |
|---|--|--------------------|
| <p>Knowledge</p> <p>Understand the impact of stigmatisation – relating to both mental and physical illness – and its impact on the care of patients</p> <p>Develop an awareness of how established practices may perpetuate and reinforce stigma</p> <p>Be aware of strategies to enhance patient understanding and potential self-management</p> <p>Demonstrate awareness of methods to improve treatment concordance</p> | <p>ACE, Mini-ACE, CBD, CP, MCQ, CASC</p> <p>CBD, CP, MCQ</p> <p>ACE, Mini-ACE, CBD, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, MCQ, CASC</p> | <p>4</p> |

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| <p>Skills</p> <p>Negotiate individual treatment plans including relapse prevention plans</p> <p>Advises patients accurately and sensitively</p> | <p>ACE, Mini-ACE, CBD, MCQ, CASC</p> | <p>4</p> |
| <p>Attitudes demonstrated through behaviours</p> <p>Appreciate differing perspectives and beliefs with regard to illness</p> | <p>ACE, Mini-ACE, CBD, MCQ, CASC</p> | <p>4</p> |

| <p>5-14b Environmental and lifestyle factors</p> | <p>Assessment methods</p> | <p>GMP Domains</p> |
|---|--|---------------------------|
| <p>Knowledge</p> <p>Demonstrate an understanding of factors that influence the aetiology and course of mental disorder, including social deprivation</p> | <p>ACE, Mini-ACE, CBD, MCQ, CASC</p> | <p>4</p> |
| <p>Skills</p> <p>Advise on environmental and lifestyle changes</p> <p>Work with other health and social care workers</p> | <p>ACE, Mini-ACE, CBD, CASC</p> <p>CBD, CP, Mini-PAT, CASC</p> | <p>4</p> |
| <p>Attitudes demonstrated through behaviours</p> | | <p>4</p> |

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|---|--------------------------------|--|
| Be aware of potential personal prejudices | CBD, CP, Mini-PAT, CBDGA | |
|---|--------------------------------|--|

| 5-14c Substance misuse | Assessment methods | GMP Domains |
|---|-----------------------------------|--------------------|
| Knowledge | | 4 |
| Demonstrate an understanding of the effects of alcohol and illicit drugs on health and psychosocial wellbeing | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Be aware of the link between risk and substance misuse | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Demonstrate an understanding of support services and agencies | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Demonstrate an understanding of legislation with regard to illicit drugs | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |

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|---|-----------------------------------|---|
| Demonstrate an understanding of the role of specialist drug and alcohol teams | ACE, Mini-ACE, CBD, CP, MCQ, CASC | |
| Skills | | 4 |
| Offer advice on the effects of alcohol and illicit drugs on health and psychosocial wellbeing | ACE, Mini-ACE, CBD, CASC | |
| Work with other agencies, including those in the non-statutory sector | ACE, Mini-ACE, CBD, MCQ, CASC | |
| Attitudes demonstrated through behaviours | | 4 |
| Provide non-judgmental help and support | ACE, Mini-ACE, CBD, CP, CASC | |

6. Scholar

DESCRIPTION: Psychiatrists engage in a lifelong pursuit of mastering their domain of expertise. As learners, they recognize the need for Continuing Professional Development and model and facilitate this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate and contribute to the education of students, patients, colleagues and others

TEACHING AND EDUCATIONAL SUPERVISION

Intended learning outcome 15

To develop the ability to teach, assess and appraise

| 6-15a The skills, attitudes, behaviours and practices of a competent teacher | Assessment methods | GMP Domains |
|--|--|-------------|
| <p>Knowledge</p> <p>Demonstrate an understanding of the basic principles of adult learning</p> | <p>AoT, supervisors report, Mini-PAT</p> | <p>1</p> |
| <p>Skills</p> <p>Identify learning outcomes</p> | <p>AoT, supervisors report, Mini-PAT</p> | <p>1</p> |
| <p>Attitudes demonstrated through behaviours</p> <p>Demonstrate a professional attitude to teaching</p> <p>Ensure that feedback from teaching activities is used to develop (and if necessary</p> | <p>AoT, supervisors report, Mini-PAT</p> <p>AoT,</p> | <p>1</p> |

| | | |
|------------------------|------------------------------|--|
| change) teaching style | supervisors report, Mini-PAT | |
|------------------------|------------------------------|--|

| 6-15b Assessment | Assessment methods | GMP Domains |
|---|------------------------------|--------------------|
| Knowledge | | 1 |
| Demonstrate a knowledge of the principles of assessment | supervisors report, Mini-PAT | |
| Demonstrate an understanding of the use of different assessment methods | supervisors report, Mini-PAT | |
| Demonstrate an understanding of the difference between formative and summative assessment | supervisors report, Mini-PAT | |
| Skills | | 1 |
| Attitudes demonstrated through behaviours | | 1 |
| Be at all times honest when assessing performance | supervisors report, Mini-PAT | |

| 6-15c | Appraisal | Assessment methods | GMP Domains |
|---|---|------------------------------|--------------------|
| Knowledge | Demonstrate an understanding of the principles of appraisal (including the difference between appraisal and assessment) | Supervisors report, Mini-PAT | 1 |
| Skills | | | 1 |
| Attitude demonstrated through behaviours | | | 1 |

RESEARCH AND AUDIT

Intended learning outcome 16

To develop an understanding of research methodology and critical appraisal of the research literature

| 6-16a | Research techniques | Assessment methods | GMP Domains |
|--|---|---------------------------|--------------------|
| Knowledge | Demonstrate an understanding of basic research methodology including both quantitative and qualitative techniques | JCP, MCQ | 1 |
| Skills | | | 1 |
| Attitudes demonstrated through behaviours | | | 1 |

| 6-16b | Evaluation and critical appraisal of research | Assessment methods | GMP Domains |
|------------------|--|---------------------------|--------------------|
| Knowledge | | | 1 |

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|---|-----------------------------|---|
| Demonstrate an understanding of the principles of critical appraisal | JCP, MCQ | |
| Demonstrate an understanding of the principles of evidence-based medicine, including the educational prescription | JCP, MCQ | |
| Demonstrate knowledge of how to search the literature using a variety of databases | JCP, MCQ | |
| Skills | | 1 |
| Formulate relevant questions from your clinical practice and answer them from the best available evidence | JCP, MCQ | |
| Assess the importance of findings, using appropriate statistical analysis | JCP, MCQ | |
| Attitudes demonstrated through behaviours | | 1 |
| Strive to base your practice on best evidence | CBD, CP, supervisors report | |

7. Professional

DESCRIPTION: The social contract between psychiatrists, patients and society requires that all of the above are brought together through contemporary best practice, high ethical standards and exemplary personal behaviours

MAINTAINING TRUST

Intended learning outcome 17**To ensure that the doctor acts in a professional manner at all times**

| 7-17a Doctor patient relationship | Assessment methods | GMP Domains |
|--|---|--------------------|
| <p>Knowledge</p> <p>Demonstrate an understanding of all aspects of professional relationships including the power differential between psychiatrists and patients</p> <p>Demonstrate an understanding of the boundaries surrounding consultation</p> <p>Demonstrate an understanding of the rights of patients, carers and the public</p> <p>Demonstrate an understanding of the factors involved when the doctor-patient relationship ends</p> | <p>CBD, CP, mini-PAT</p> <p>CBD, CP, mini-PAT, SAPE</p> <p>CBD, CP</p> <p>CBD, CP, SAPE</p> | <p>4</p> |
| <p>Skills</p> <p>Develop therapeutic relationships that facilitate effective care</p> <p>Deal with behaviour that falls outside the boundary of the doctor/patient relationship</p> <p>Demonstrate the management of ending professional relationships with patients using clear and appropriate communications</p> | <p>CBD, CP, SAPE</p> <p>CBD, CP, supervisors report</p> <p>ACE, Mini-ACE, CBD,</p> | <p>4</p> |

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| | SAPE | |
| Attitudes demonstrated through behaviours | | 4 |
| Adopt non-discriminatory behaviour to all patients and recognise their individual needs | CBD, Mini-PAT, CBDGA | |
| Respect the patient's autonomy to accept or reject advice and treatment | ACE, Mini-ACE, CBD, CBDGA | |
| At all times be open and honest with patients and carers | ACE, Mini-ACE, CBD, Mini-PAT | |
| Ensure that a decision to end a professional relationship with a patient is fair and does not contravene guidance | ACE, Mini-ACE, CBD, SAPE | |

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| 7-17b Confidentiality | Assessment methods | GMP Domains |
| Knowledge | | 4 |
| Demonstrate an understanding of contemporary legislation and practice in relation to patient confidentiality | ACE, Mini-ACE, CBD, CP, Mini-PAT, MCQ | |
| Skills | | 4 |

| | | |
|--|---|---------------------------|
| <p>Use and share patient information appropriately</p> <p>Demonstrate a capacity to limit information sharing appropriately without either undue restriction or disclosure</p> | <p>CBD, CP, mini-PAT, CASC</p> <p>CBD, supervisors report, Mini-PAT, CASC</p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Respect the rights and limitations of patient confidentiality</p> | <p>ACE, Mini-ACE, CBD, CP, CASC</p> | <p>4</p> |
| <p>7-17c Consent</p> | <p>Assessment methods</p> | <p>GMP Domains</p> |
| <p>Knowledge</p> <p>Demonstrate an understanding of the components of informed consent, including suggestibility</p> <p>Demonstrate an understanding of the basis of capacity</p> | <p>ACE, Mini-ACE, CBD, MCQ, CASC</p> <p>ACE, Mini-ACE, CBD, MCQ, CASC</p> | <p>4</p> |

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| Demonstrate an understanding of the legal framework for capacity (e.g. Mental Capacity Act) | ACE, Mini-ACE, CBD, MCQ, CASC | |
| Skills | | 4 |
| Give appropriate information in a manner which patients are able to understand, adapting techniques and materials according to need | | |
| Attitudes demonstrated through behaviours | | 4 |
| Continually respect the individual and fluid nature of consent | | |

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|--|---------------------------|--------------------|
| 7-17d Risk management | Assessment methods | GMP Domains |
| Knowledge | | 4 |
| Demonstrate a knowledge of risk assessment and management | | |
| Skills | | 4 |
| Balance risks and benefits with patients, others and wider society | | |
| Attitudes demonstrated through behaviours | | 4 |

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| 7-17e Recognise own limitations | Assessment methods | GMP Domains |
| Knowledge | | 4 |
| Demonstrate an appreciation of the extent of one's own limitations and when to ask for advice | ACE, Mini-ACE, CBD, Mini-PAT | |

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| Recognise the potential benefits of seeking second opinions in advance of problems arising | ACE, Mini-ACE, CBD, Mini-PAT | |
| Skills | | 4 |
| Attitudes demonstrated through behaviours | | 4 |
| Be willing to consult and admit mistakes | ACE, Mini-ACE, CBD, Mini-PAT | |
| Be prepared to accept clinical and professional supervision | ACE, Mini-ACE, CBD, Mini-PAT, supervisors report | |

| 7-17f Probity | Assessment methods | GMP Domains |
|--|---------------------------|--------------------|
| Knowledge | | 4 |
| Demonstrate understanding of professionally prescribed codes of ethical conduct and practice | CBD, CP, CBDGA, mini-PAT | |
| Skills | | 4 |

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| Attitudes demonstrated through behaviours | | 4 |
| Behave at all times in accordance with contemporary standards of professional practice | CBDGA, mini-PAT, supervisors report | |
| Demonstrate probity in relationships with pharmaceutical representatives and companies | Mini-PAT, supervisors report | |

| 7-17g Personal health | Assessment methods | GMP Domains |
|---|------------------------------|--------------------|
| Knowledge | | 4 |
| Demonstrate an understanding of and compliance with, the doctor's responsibilities to patients and the public | Supervisors report, MCQ | |
| Demonstrate an understanding of occupational health services and support facilities for doctors | Supervisors report, MCQ | |
| Skills | | 4 |
| Recognise when to obtain advice and treatment for personal mental and physical health problems | Supervisors report, MCQ | |
| Develop appropriate coping mechanisms for stress and be able to seek help if appropriate | Supervisors report, Mini-PAT | |
| Attitudes demonstrated through Behaviours | | 4 |

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| Recognise personal health as an important issue | Supervisors report, MCQ | |
| Recognise the manifestations of stress on self | Supervisors report, CBDGA | |

MAINTAINING GOOD MEDICAL PRACTICE

Intended learning outcome 18

To develop the habits of lifelong learning

| 7-18a Maintaining good medical practice | Assessment methods | GMP Domain |
|--|---|--------------------|
| <p>Knowledge</p> <p>Maintain and use systems to update knowledge and its application to any aspect of your professional practice; keep up to date with clinical advances and legislation concerning patient care; the rights of patients and their relatives and carers; and research</p> <p>Maintain a system in order to keep abreast of major clinical and research developments</p> | <p>Supervisors report, MCQ</p> <p>Supervisors report, JCP</p> | <p>4</p> |
| <p>Skills</p> | | 4 |
| <p>Attitudes demonstrated through Behaviours</p> <p>Share evidence in a way to facilitate modifying practice based on new evidence</p> <p>Share evidence with the wider team to facilitate modification of practice</p> | <p>Supervisors report, JCP</p> | 4 |
| 7-18b Lifelong learning | Assessment methods | GMP Domains |
| <p>Knowledge</p> <p>Define and explain the rationale of 'continuing professional development'</p> | <p>Supervisors</p> | 4 |

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|--|---|---|
| Demonstrate an understanding of the concept of a personal development plan | report Supervisors report | |
| Skills Recognise and use learning opportunities, reflect, appraise and, if necessary, change practice | Supervisors report | 4 |
| Attitudes demonstrated through Behaviours Be at all times self-motivated and eager to learn Show a willingness to accept criticism and to learn from colleagues | Supervisors report Mini-PAT Supervisors report, Mini-PAT | 4 |

| 7-18c | Relevance of outside bodies | Assessment methods | GMP Domains |
|------------------|---|---------------------------|--------------------|
| Knowledge | Demonstrate an understanding of the relevance of professional regulatory bodies and specialist societies including the General Medical Council (GMC) and the Medical Royal Colleges | Supervisors report, MCQ | 4 |
| Skills | Recognise situations in which it may be appropriate to involve these bodies | Supervisors | 4 |

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| | report, CBD | |
| Attitudes demonstrated through Behaviours | | 4 |
| Accept the responsibilities of professional regulation | Supervisors report | |

ADVANCED TRAINING IN ~~GENERAL-PERINATAL~~ PSYCHIATRY

Having completed Core Training, the practitioner may enter Advanced Training in their chosen psychiatric specialty. The outcome of this training will be an autonomous practitioner able to work at Consultant level. This Curriculum outlines the competencies the practitioner must develop and demonstrate before they may be certificated as a Specialist in ~~General Perinatal~~ Psychiatry. Because this level of clinical practice often involves working in complex and ambiguous situations, we have deliberately written the relevant competencies as broad statements. We have also made reference to the need for psychiatrists in Advanced Training to develop skills of clinical supervision and for simplicity, rather than repeat them for each component in the Good Clinical Care Domain; we have stated them only once, although they apply to each domain and will also apply to all specialties and sub-specialties.

The Advanced Training Curriculum builds on Core Psychiatry Training in two ways.

Firstly, Specialty Registrars in Psychiatry all continue to achieve the competencies set out in the Core Psychiatry Training throughout training, irrespective of their psychiatric specialty. This involves both acquiring new competencies, particularly in aspects such as leadership, management, teaching, appraising and developing core competencies such as examination and diagnosis to a high level and, as an expert, serving as a teacher and role model.

Secondly, the Advanced Curriculum set out those competencies that are a particular feature of this specialty. These include competencies that are specific to the specialty, or that feature more prominently in the specialty than they do elsewhere, or that need to be developed to a particularly high level (mastery level) in specialty practice

Some of the intended learning outcomes set out in the Core Curriculum are not included in this Advanced Curriculum. However, for consistency, the numbering system for the intended learning outcomes has been left unchanged here. Therefore, there are gaps in the sequence below.

Some of the intended learning outcomes set out in the Core Curriculum are not included in this Advanced Curriculum. However, for consistency, the numbering system for the intended learning outcomes has been left unchanged here. Therefore, there are gaps in the sequences below.

In order to be awarded a CCT in General Psychiatry with an endorsement in Perinatal Psychiatry, the trainee must demonstrate the competencies of General Psychiatry that are set out below as well as those of Perinatal Psychiatry, set out later.

The Intended Learning Outcomes FOR SPECIALIST TRAINING IN GENERAL PSYCHIATRY

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- **Presenting or main complaint**
- **History of present illness**
- **Past medical and psychiatric history**
- **Systemic review**
- **Family history**
- **Socio-cultural history of individual and cultural group**
- **Developmental history**

Intended learning outcome 2

The doctor will demonstrate the ability to construct formulations of patients' problems that include

appropriate differential diagnoses, liaising with other specialists and making appropriate referrals

Intended learning outcome 3

The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological, socio-cultural and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

Intended learning outcome 4

Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

Intended learning outcome 5

Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

Intended learning outcome 7

Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

Intended learning outcome 9

To demonstrate the ability to work effectively with colleagues, including team working

Intended learning outcome 10

Develop appropriate leadership skills

Intended learning outcome 11

Demonstrate the knowledge, skills and behaviours to manage time and problems effectively

Intended learning outcome 12

To develop the ability to conduct and complete audit in clinical practice

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Intended learning outcome 15

To develop the ability to teach, assess and appraise

Intended learning outcome 16

To develop an understanding of research methodology and critical appraisal of the research literature

Intended learning outcome 17

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- ***Presenting or main complaint***
- ***History of present illness***
- ***Past medical and psychiatric history***

- **Systemic review**
- **Family history**
- **Socio-cultural history**
- **Developmental history**

| Intended Learning outcome 1 | Assessment methods | GMP Domains |
|--|---|--------------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge of the principles of clinical supervision and their practical application (NB this competency applies across all the intended learning outcomes and subjects of this domain)</p> <p>Demonstrate detailed knowledge of clinical conditions and syndromes affecting working age adult patients</p> <p>Demonstrate detailed knowledge of the biological, psychological, social and cultural factors which influence the presentation, course and treatment of these conditions</p> <p>Demonstrates detailed knowledge of the phenomenology and psychopathology of mental health disorders affecting the working age adult population</p> | <p>Mini-PAT, CBD, DONCS</p> <p>ACE, Mini-ACE, CBD</p> <p>ACE, Mini-ACE, CBD</p> <p>ACE, Mini-ACE, CBD</p> | <p>1</p> |
| <p>Skills</p> <p>Offer psychiatric expertise to other practitioners to enhance the value of clinical assessments (e.g. through clinical supervision) to which the psychiatrist has not directly contributed</p> | <p>Mini-PAT, CBD, DONCS</p> | <p>1</p> |

| | | |
|---|--------------------------|----------|
| Elicit information required for each component of a psychiatric history; in situations of urgency, prioritise what is immediately needed; and gather this information in difficult or complicated situations | ACE, Mini-ACE, CBD | |
| Be able to apply these knowledge based competencies in the context of clinical assessment | ACE, Mini-ACE, CBD | |
| Demonstrate flexible ability to elicit information salient to a specific model of psychotherapy in the face of difficulties experienced by the patient in collaboratively contributing to the process e.g. initial hopelessness, hostility, lack of recognition of psychological contribution to problems, limitations imposed by setting in which interview occurs | ACE, Mini-ACE, CBD, SAPE | |
| Describe the patient's illness behaviour patterns, and elicit the patient's view of their problem and what might be helpful in order to fully grasp what the patient brings to the consultation | ACE, Mini-ACE, CBD | |
| Note limitations of the assessment where language or cultural influences impinge on communication and a shared understanding | ACE, Mini-ACE, CBD | |
| Attitudes demonstrated through behaviours | | 1 |
| Display willingness and availability to give clinical supervision to colleagues at all times (NB this competency applies across all the intended learning outcomes and subjects of this domain) | CBD, DONCS, Mini-PAT | |

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|---|---------------------------|--------------------|
| 1-1b Patient examination, including mental state examination and physical examination | Assessment methods | GMP Domains |
|---|---------------------------|--------------------|

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|---|------------------------------|----------|
| Knowledge | | 1 |
| Skills By the completion of training, psychiatrists will be able to identify psychopathology in all clinical situations, including those that are urgent and/or complex | ACE, Mini-ACE, CBD | 1 |
| Assess and diagnose patients with multiple and complicated pathologies | ACE, Mini-ACE, CBD | |
| Attitudes demonstrated through behaviours Display an awareness of complex needs | ACE, Mini-ACE, CBD, Mini-PAT | 1 |

Intended learning outcome 2

The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses, liaising with other specialists and making appropriate referrals

| Intended learning outcome 2 | Assessment methods | GMP Domains |
|--|------------------------------|--------------------|
| Knowledge Develop an awareness of interfaces between General Psychiatry and other psychiatric specialities, other branches of medicine and other service providers | ACE, Mini-ACE, CBD, Mini-PAT | 1 |
| Skills Demonstrates capability in taking decisions about access to medical care and pathways to recovery out of medical care | ACE, Mini-ACE, CBD, CP | 1 |
| Able to resolve management, treatment and interventions on the basis of a completed psychiatric assessment (history, examination and diagnosis) | ACE, Mini-ACE, CBD, CP | |

| | | |
|---|--|----------|
| <p>Demonstrates ability to manage referrals and to assess, prioritise and allocate according to need</p> <p>Develop and maintain effective relationships with primary care services and other care providers, for example the voluntary sector, leading to effective referral mechanisms and educational systems</p> <p>Manage a variety of complex cases which require distribution of clinical responsibility</p> <p>Work in a multi-disciplinary team where the process of referral from primary care can be described in detail</p> <p>Manage a variety of cases which require liaison with other psychiatric specialties, other branches of medicine and other service providers</p> | <p>ACE, Mini-ACE, CBD, CP, Mini-PAT</p> <p>CBD, Mini-PAT supervisors report</p> <p>CBD, CP, Mini-PAT, supervisors report</p> <p>CBD, CP, supervisors report</p> <p>CBD, CP, Mini-PAT, supervisors report</p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Liaise with and make appropriate and timely referral to other specialist services (e.g. for eating disorder)</p> | <p>CBD, CP, Mini-PAT, supervisors report</p> | <p>1</p> |

Intended learning outcome 3

The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

| Intended learning outcome 3 | Assessment methods | GMP Domains |
|--|---------------------------------------|--------------------|
| Knowledge | | 1 |
| Skills | | 1 |
| Able to safely prescribe, monitor and, where appropriate, deliver the full range of physical treatments that are required to treat the psychiatric problems that are experienced by working age adults | CBD, CP, Mini-PAT, supervisors report | |
| By StR5, can apply the principles of long-term therapy in the management of an outpatient clinical caseload of working age adults who have psychiatric problems | CBD, CP, Mini-PAT, supervisors report | |
| Attitudes demonstrated through behaviours | | 1 |

Intended learning outcome 4

Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene

effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

| 1-4b Psychiatric emergencies for all specialties | Assessment methods | GMP Domains |
|---|---------------------------------------|--------------------|
| Knowledge | | 1 |
| Skills | | 1 |
| Independently assess and manage patients with mental illnesses including uncommon conditions, in emergencies | CBD, CP, Mini-PAT, supervisors report | |
| Demonstrate expertise in applying the principles of crisis intervention in emergency situations | CBD, CP, Mini-PAT, supervisors report | |
| Make care plans in urgent situations where information may be incomplete | CBD, CP, Mini-PAT, supervisors report | |
| Attitudes demonstrated through behaviours | | 1 |
| Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty | CBD, CP, Mini-PAT, supervisors report | |

| 1-4c Mental health legislation | Assessment methods | GMP Domains |
|--|---------------------------|--------------------|
| Knowledge | | 1 |
| Skills | | 1 |
| Attitudes demonstrated through behaviours | | 1 |

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|---|--|--|
| Be prepared to give advice to others on the use of mental health and allied legislation | CBD, CP, DONCS, Mini-PAT, supervisors report | |
|---|--|--|

| 1-4d Broader legal framework | Assessment methods | GMP Domains |
|--|--|--------------------|
| Knowledge Demonstrate awareness of specialist aspects of the law | CBD, CP, DONCS, Mini-PAT, supervisors report | 1 |
| Skills | | 1 |
| Attitudes demonstrated through behaviours | | 1 |

Intended learning outcome 5

Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

| 1-5a Psychological therapies | Assessment methods | GMP Domains |
|--|--|--------------------|
| <p>Knowledge</p> <p>Demonstrate the acquisition of more advanced treatment skills</p> | CBD, CP, Mini-PAT, SAPE | 1 |
| <p>Skills</p> <p>Evaluate the outcome of psychological treatments delivered either by self or others and organise subsequent management appropriately</p> <p>Explain, initiate, conduct and complete a range of psychological therapies, with appropriate supervision</p> <p>Display the ability to provide expert advice to other health and social care professionals on psychological treatment and care</p> | <p>CBD, CP, Mini-PAT, SAPE</p> <p>ACE, Mini-ACE, CBD, Mini-PAT, SAPE</p> <p>CBD, DONCS, Mini-PAT</p> | 1 |
| <p>Attitudes demonstrated through behaviours</p> <p>Continue to practice and develop a range of treatment skills</p> | Supervisors | 1 |

| | | |
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| | report, SAPE | |
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MANAGING LONG-TERM PSYCHIATRIC ILLNESS

Intended learning outcome 7

Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

| 1-7a Management of severe and enduring mental illness | Assessment methods | GMP Domains |
|--|---------------------------|--------------------|
| Knowledge | | 1 |
| Skills | | 1 |
| Develop professional alliances with patients over the long-term | CBD, Mini-PAT, SAPE | |
| Develop therapeutic optimism and hope | CBD, Mini-PAT, SAPE | |
| Assist and guide trainees in assessing and managing patients with severe and enduring mental illness | CBD, DONCS | |
| Attitudes demonstrated through behaviours | | 1 |

Intended learning outcome 9

To demonstrate the ability to work effectively with colleagues, including team working

| Intended learning outcome 9 | Assessment methods | GMP Domains |
|---|--|--------------------|
| <p>Knowledge</p> <p>Maintain and apply a current working knowledge of the law as it applies to working relationships</p> <p>Demonstrate an understanding of the responsibility of the team with regard to patient safety</p> <p>Demonstrate an understanding of how a team works and develops effectively</p> <p>Demonstrate an understanding of time management, values based practice and information management</p> <p>Understand the role of the general psychiatrist and how this relates to the structure and function of the multidisciplinary team</p> <p>Able to explain the role of different teams and services involved in the care of working age adults with psychiatric problems. Knowing when to change the patient's care setting</p> | <p>DONCS, supervisors report</p> <p>CBD, Mini-PAT supervisors report</p> <p>CBD, Mini-PAT, DONCS</p> <p>CBD, Mini-PAT, DONCS</p> <p>CBD, Mini-PAT, DONCS</p> <p>CBD, CP, Mini-PAT, DONCS</p> | <p>3</p> |
| <p>Skills</p> <p>Facilitate the leadership and working of other members of the team</p> | <p>CBD, Mini-PAT,</p> | <p>3</p> |

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| Recognise and resolve dysfunction and conflict within teams when it arises | DONCS | |
| Competently manage a service, or a part of the service, alongside consultant trainer | CBD, Mini-PAT, DONCS | |
| Show competence in supervised autonomous working | CBD, Mini-PAT, DONCS, supervisors report | |
| Use effective negotiation skills | CBD, Mini-PAT, DONCS, supervisors report | |
| Be able to work with service managers and commissioners and demonstrate management skills such as understanding the principles of developing a business plan | CBD, Mini-PAT, DONCS, supervisors report | |
| Manage change, with the involvement of service users and carers in teamwork. | Mini-PAT, DONCS, supervisors | |

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| Utilise team feedback | report Mini-PAT, DONCS, supervisors report | |
| Manage complaints made about services | Mini-PAT, DONCS, supervisors report | |
| Competently participate in the NHS Appraisal Scheme | Mini-PAT, DONCS, supervisors report | |
| Contribute to the interface between the General Psychiatry team and other psychiatric teams, medical teams and service providers by working in a collaborative manner | Mini-PAT, DONCS, supervisors report | |
| Develop and maintain effective relationships with primary care services leading to effective referral mechanisms and educational systems | Mini-PAT, DONCS, supervisors report | |
| Work in a multi-disciplinary team where issues of responsibility can be described in detail | Mini-PAT, DONCS, | |

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| Manage divergent views about patient care or intervention | supervisors report Mini-PAT, CBD, DONCS, supervisors report | |
| Attitudes demonstrated through behaviours | | 3 |
| Be prepared to question and challenge the performance of other team members when standards appear to be compromised | Mini-PAT, CBD, DONCS, supervisors report | |
| Be readily available to team members and other agencies for consultation and advice on General Psychiatry issues | Mini-PAT, CBD, DONCS, supervisors report | |

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| Intended learning outcome 10 |
| Develop appropriate leadership skills |

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| Intended learning outcome 10 | Assessment methods | GMP Domains |
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| Knowledge | | 3 |
|--|--|----------|
| Demonstrate an understanding of the differing approaches and styles of leadership | Mini-PAT, DONCS, supervisors report | |
| Demonstrate an understanding of the role, responsibility and accountability of the leader in a team | Mini-PAT, DONCS, supervisors report | |
| Understand and contribute to the organization of urgent care in the locality | Mini-PAT, DONCS, supervisors report | |
| Demonstrate an understanding of the structures of the NHS and social care organisations | Mini-PAT, DONCS, supervisors report | |
| Demonstrate an understanding of organisational policy and practice at a national and local level in the wider health and social care economy | Mini-PAT, DONCS, supervisors report | |
| Demonstrate an understanding of the principles of change management | Mini-PAT, | |

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| <p>Understand the principles of identifying and managing available financial and personnel resources effectively</p> <p>Demonstrate an awareness of distinction between direct, delegated and distributed responsibility</p> | <p>DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> | |
| <p>Skills</p> <p>Demonstrate a range of appropriate leadership and supervision skills including:</p> <ul style="list-style-type: none"> • Coordinating, observing and being assured of effective team working • Setting intended learning outcomes <ul style="list-style-type: none"> • Planning • Motivating • Delegating • Organising • Negotiating • Example setting | <p>Mini-PAT, DONCS, supervisors report</p> | <p>3</p> |

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| <ul style="list-style-type: none"> • Mediating / conflict resolution • Monitoring performance <p>Demonstrate ability to design and implement programmes for change, including service innovation</p> <p>Displays expertise in employing skills of team members to greatest effect Acts as impartial mediator in conflicts over roles and responsibilities</p> <p>Demonstrate active involvement in service design and development</p> <p>Show clinical and managerial leadership through modelling and mentoring colleagues in the same and other disciplines</p> | <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Work collaboratively with colleagues from a variety of backgrounds and organisations</p> | <p>Mini-PAT, DONCS, supervisors</p> | <p>3</p> |

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TIME MANAGEMENT AND DECISION MAKING

Intended learning outcome 11

Demonstrate the knowledge, skills and behaviours to manage time and problems effectively

| 4-11b | Communication with colleagues | Assessment methods | GMP Domains |
|--|--|--|--------------------|
| Knowledge | Demonstrate an understanding of the requirements of outside agencies for reports that are timely, accurate and appropriate | Mini-PAT, CBD, DONCS, supervisors report | 3 |
| Skills | Prepare and deliver reports for Mental Health Tribunals, Managers' Hearings, Coroners Courts and Courts of Law Understand the roles and responsibilities of an expert witness | Mini-PAT, CBD, DONCS, supervisors report Mini-PAT, CBD, DONCS, supervisors report | 3 |
| Attitudes demonstrated through behaviours | Produce reports that are comprehensive, timely, accurate, appropriate and within limits of expertise | Mini-PAT, CBD, DONCS, | 3 |

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| | supervisors report | |
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Intended learning outcome 12
Develop the ability to conduct and complete audit in clinical practice

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| 4-12a Audit | Assessment methods | GMP Domains |
|--|---------------------------|--------------------|
| Knowledge | | 2 |
| Demonstrate a knowledge of different audit methods | Supervisors report, DONCS | |
| Demonstrate a knowledge of methods of sampling for audit | Supervisors report, DONCS | |
| Demonstrate a knowledge of obtaining feedback from patients, the public, staff and other interested groups | Supervisors report, DONCS | |
| Demonstrate an understanding of the structures of the NHS and social care organisations (or equivalents) | Supervisors report, DONCS | |
| Demonstrate an understanding of quality improvement methodologies | Supervisors report, DONCS | |
| Demonstrate an understanding of the principles of change management | Supervisors report, DONCS | |

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| <p>Skills</p> <p>Be able to set standards that can be audited</p> <p>Be able to measure changes in practice</p> <p>Be able to effectively apply audit principles to own work, to team practice and in a service wide context, including to relevant organisational and management systems</p> <p>Be able to supervise a colleague's audit project in General Psychiatry</p> | <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> | <p>2</p> |
| <p>Attitudes demonstrated through behaviours</p> <p>Hold a positive attitude to the potential of audit in evaluating and improving the quality of care</p> <p>Show willingness to apply continuous improvement and audit principles to own work and practice</p> <p>Show willingness to support and encourage others to apply audit principles</p> | <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, Mini-PAT, DONCS</p> | <p>2</p> |

CLINICAL GOVERNANCE

Intended learning outcome 13

To develop an understanding of the implementation of clinical governance

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| 4-13a Organisational framework for clinical governance and the benefits that patients may expect | Assessment methods | GMP Domains |
|---|---|--------------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge of relevant risk management issues; including risks to patients, carers, staff and members of the public</p> <p>Demonstrate a knowledge of how healthcare governance influences patient care, research and educational activities at a local, regional and national level</p> <p>Demonstrate a knowledge of a variety of methodologies for developing creative solutions to improving services</p> | <p>CBD, CP, supervisors report,</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> | <p>2</p> |
| <p>Skills</p> <p>Develop and adopt clinical guidelines and integrated care pathways</p> <p>Report and take appropriate action following serious untoward incidents</p> | <p>Supervisors report, DONCS</p> <p>Supervisors report, CBD, CP,</p> | <p>2</p> |

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|--|--|----------|
| <p>Assess and analyse situations, services and facilities in order to minimise risk to patients, carers, staff and the public</p> <p>Monitor the safety of services</p> <p>Demonstrate ability to deviate from care pathways when clinically indicated</p> <p>Question existing practice in order to improve service</p> | <p>DONCS</p> <p>Supervisors report, CBD, CP, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, CBD, CP</p> <p>Supervisors report, CBD, CP, DONCS</p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Demonstrate ability to consciously deviate from pathways when clinically indicated</p> <p>Demonstrate willingness to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service</p> | <p>Supervisors report, CBD, CP, DONCS</p> <p>Supervisors report, CBD, CP, DONCS</p> | <p>2</p> |

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| Be open minded to new ideas | Supervisors report, CBD, CP, | |
| Support colleagues to voice ideas | Supervisors report, CBD, CP, DONCS | |

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| Intended learning outcome 15 |
| To develop the ability to teach, assess and appraise |

| Intended learning outcome 15 | Assessment methods | GMP Domains |
|---|---|--------------------|
| Knowledge Identify learning styles Develop a knowledge of different teaching techniques and demonstrate how these can be used effectively in different teaching settings relevant to General Psychiatry, in a hospital or community based clinical setting | Supervisors report, DONCS Supervisors report, AoT, DONCS | 1 |
| Skills | | 1 |

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|---|--------------------------------|--|
| Use a variety of teaching methods | Supervisors report, AoT, DONCS | |
| Evaluate learning and teaching events | Supervisors report, AoT, DONCS | |
| Facilitate the learning process and assess performance | Supervisors report, AoT, DONCS | |
| Organise educational events | Supervisors report, AoT, DONCS | |
| Demonstrate an ability to adapt teaching or training to the needs of particular learners e.g. medical students, colleagues from other specialities particularly primary care, paramedical professionals | Supervisors report, AoT, DONCS | |
| Provide supervision to junior colleagues working in General Psychiatry, whilst under appropriate supervision | Supervisors report, AoT, DONCS | |
| To ensure teaching is peer reviewed to improve teaching and learning performance | Supervisors report, AoT, DONCS | |

| 6-15b Assessment | Assessment methods | GMP Domains |
|---|---------------------------|--------------------|
| Knowledge | | 1 |
| Skills | | |
| Use appropriate, approved assessment methods | Supervisors report, DONCS | |
| Give feedback in a timely and constructive manner | Supervisors report, DONCS | |
| Provide supervision to others undertaking these tasks | Supervisors report, DONCS | |
| Attitudes demonstrated through behaviours | | 1 |

| 6-15c Appraisal | Assessment methods | GMP Domains |
|---|---------------------------|--------------------|
| Knowledge | | 1 |
| Demonstrate an understanding of the structure of appraisal interviews | Supervisors report, DONCS | |
| Skills | | |
| Conduct appraisal effectively and at the appropriate time | Supervisors report, DONCS | |
| Attitudes demonstrated through behaviours | | 1 |

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| Show respect and confidentiality for the appraisee | Supervisors report, DONCS | |
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Intended learning outcome 16
To develop an understanding of research methodology and critical appraisal of the research literature

| 6-16a Research techniques | Assessment methods | GMP Domains |
|---|--------------------------------|--------------------|
| Knowledge | | 1 |
| Demonstrate an understanding of basic research methodology including both quantitative and qualitative techniques | Supervisors report, JCP, DONCS | |
| Demonstrates an understanding of the research governance framework including the implications for the local employer (NHS Trust or equivalent) of research. | Supervisors report, DONCS | |
| Demonstrates an understanding of the work of research ethics committees and is aware of any ethical implications of a proposed research study | Supervisors report, DONCS | |
| Demonstrate an understanding of how to design and conduct a research study | Supervisors report, DONCS | |
| Demonstrate an understanding of the use of appropriate statistical methods | Supervisors report, DONCS | |

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|---|---|-----------------|
| <p>Describe how to write a scientific paper</p> <p>Demonstrate a knowledge of sources of research funding</p> <p>Use research methods to enrich learning about aetiology and outcomes within General Psychiatry</p> | <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> | |
| <p>Skills</p> <p>Frame appropriate research questions</p> <p>Able to write a research protocol and draw up a realistic time line for the proposed study</p> <p>Able to apply successfully for R & D approval (if relevant)</p> <p>Able to apply successfully to an ethics committee (if relevant)</p> <p>Carry out a research project and able to modify protocol to overcome difficulties. Can adhere to time lines. Enters data onto standard computer software, eg EXCEL, STATA, SPSS etc</p> <p>Able to compare own findings with others</p> | <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report,</p> | <p>1</p> |

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|---|---|-----------------|
| <p>Able to prepare research for written publication and follow submission instructions for most appropriate journal</p> <p>Able to present own research at meetings and conferences</p> <p>Apply research methods, including critical appraisal, in General Psychiatry</p> | <p>DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Demonstrate a critical spirit of enquiry</p> <p>Ensure subject confidentiality</p> <p>Work collaboratively in research supervision</p> <p>Demonstrate consistent compliance with the highest standards of ethical behaviour in research practice</p> | <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> | <p>1</p> |

| 6-16b Evaluation and critical appraisal of research | Assessment methods | GMP Domains |
|--|--|--------------------|
| <p>Knowledge</p> <p>Demonstrate an understanding of the principles of critical appraisal</p> <p>Demonstrate an understanding of the principles of evidence-based medicine, including the educational prescription</p> <p>Demonstrate knowledge of how to search the literature using a variety of databases</p> | <p>Supervisors report, JCP</p> <p>Supervisors report, JCP</p> <p>Supervisors report, JCP</p> | 1 |
| <p>Skills</p> <p>Assess the importance of findings, using appropriate statistical analysis</p> <p>Able to carry out a thorough literature search, critically analyse existing knowledge, synthesise information and summarise the relevant findings coherently.</p> <p>Able to write a comprehensive literature review of a proposed topic of study</p> <p>Able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies,</p> | <p>Supervisors report, JCP</p> <p>Supervisors report, JCP</p> <p>Supervisors report, JCP</p> <p>Supervisors report, DONCS,</p> | 1 |

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| <p>regarding the importance of applying research findings in everyday practice.</p> <p>Able to translate research findings to everyday clinical practice. Inclusion of research findings in case summaries and formulations and in letters to medical colleagues.</p> <p>Able to appreciate the 'scientific unknowns' in the relevant field psychiatric practice</p> <p>Adopt the principles of evidence based practice at a service level</p> | <p>JCP</p> <p>Supervisors report, CBD, JCP</p> <p>Supervisors report, CBD, JCP</p> <p>Supervisors report, CBD, DONCS</p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Be able to appreciate the limitations and controversies within the relevant area of scientific literature</p> | <p>Supervisors report, CBD, DONCS</p> | <p>1</p> |

MAINTAINING TRUST

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| <p><i>Intended learning outcome 17</i></p> |
| <p>To ensure that the doctor acts in a professional manner at all times</p> |

| 7-17a Doctor patient relationship | Assessment methods | GMP Domains |
|---|--------------------------------|--------------------|
| Knowledge | | 4 |
| Skills Support and advise colleagues (both medical and non-medical) in dealing with complex professional interactions | Supervisors report, CBD, DONCS | 4 |
| Attitudes demonstrated through behaviours | | 4 |

| 7-17b Confidentiality | Assessment methods | GMP Domains |
|---|--|--------------------|
| Knowledge Develop a good understanding of the needs for information of a range of agencies Appreciate the different sensitivities of patients to a range of information held about them particularly in relation to psychological material Be aware of the principles and legal framework of disclosure | Supervisors report, CBD, DONCS Supervisors report, CBD, DONCS Supervisors report, CBD, DONCS | 4 |

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| <p>Skills</p> <p>Advise others (including non-healthcare professionals) on the safe and appropriate sharing of information</p> | <p>Supervisors report, CBD, DONCS</p> | <p>4</p> |
| <p>Attitudes demonstrated through behaviours</p> <p>Ensure that reports, evidence and documents you have a responsibility for are complete, honest and accurate</p> | <p>Supervisors report, CBD, DONCS</p> | <p>4</p> |

| <p>7-17d Risk management</p> | <p>Assessment methods</p> | <p>GMP Domains</p> |
|--|---------------------------------------|---------------------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge of matters such as health and safety policy</p> | <p>Supervisors report, CBD, DONCS</p> | <p>4</p> |
| <p>Skills</p> | | <p>4</p> |
| <p>Attitudes demonstrated through behaviours</p> <p>Work in collaboration with patients and the multi-disciplinary team to enable safe and positive decision-making</p> | <p>Supervisors report, CBD, DONCS</p> | <p>4</p> |

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| 7-17e Recognise own limitations | Assessment methods | GMP Domains |
|---|--------------------------------|--------------------|
| Knowledge | | 4 |
| Skills Provide clinical supervision | Supervisors report, CBD, DONCS | 4 |
| Attitudes demonstrated through behaviours | | 4 |

SPECIALIST IN PERINATAL PSYCHIATRY

Specialists in Perinatal Psychiatry work with others to assess, manage and treat women who suffer, or are at risk of suffering, from mental disorder during pregnancy or postnatal period. They have particular knowledge and skills relating to psychopharmacological management in pregnancy and breastfeeding, and to facilitation of infant development, and of the mother-infant relationship, in the context of maternal mental disorder. Care is usually delivered within multidisciplinary teams in maternity liaison, community, outpatient and inpatient mother and baby unit settings.

This Curriculum is written for doctors who are following the Specialist Module in General Psychiatry ~~Module~~ and wish to have their Certificate of Completion of Training (CCT) endorsed with the sub-specialty of Perinatal Psychiatry. Doctors pursuing this option should therefore also pursue the Learning Outcomes in the General Psychiatry Module.

The Specialist modules of the College curriculum, including this one, build on the Core Module in two ways.

Firstly, Specialty Registrars in Psychiatry all continue to achieve the competencies set out in the **Core** Module throughout training, irrespective of their psychiatric specialty. This involves both acquiring new competencies, particularly in aspects such as leadership, management, teaching and appraising, and developing core competencies such as examination and diagnosis to a high level and, as an expert, serving as a teacher and role model.

Comment [MSOffice1]: Is this College phraseology? To me it confuses things with Core Training. How about "General"?

Secondly, the specialist modules set out those competencies that are a particular feature of each specialty. These include competencies that are specific to that specialty, or that feature more prominently in the specialty than they do elsewhere, or that need to be developed to a particularly high level (mastery level) in specialty practice.

The Intended Learning Outcomes for Specialist Training in Perinatal Psychiatry

Some of the intended learning outcomes set out in the Core Curriculum are not included in this specialty module. However, for consistency, the numbering system for the intended learning outcomes has been left unchanged here. Therefore, there are gaps in the sequence below.

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- ***Presenting or main complaint***
- ***History of present illness***
- ***Past medical and psychiatric history***
- ***Systemic review***
- ***Family history***
- ***Socio-cultural history***
- ***Developmental history***

Intended learning outcome 2

The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

Intended learning outcome 3

The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

Intended learning outcome 4

Based on a comprehensive psychiatric assessment, the doctor will demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

Intended learning outcome 5

Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

Intended learning outcome 7

Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

Intended learning outcome 8

Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

Intended learning outcome 9

To demonstrate the ability to work effectively with colleagues, including team working

Intended learning outcome 10

Develop appropriate leadership skills

Intended learning outcome 12

To develop the ability to conduct and complete audit in clinical practice

Intended learning outcome 14

To ensure that the doctor is able to inform and educate patients effectively

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- **Presenting or main complaint**
- **History of present illness**
- **Past medical and psychiatric history**
- **Systemic review**
- **Family history**
- **Socio-cultural history**
- **Developmental history**

| Intended Learning Outcome 1 | Assessment Methods | GMP Domains |
|---|--|--------------------|
| <p>Knowledge</p> <p>Demonstrate understanding of the normal psychological changes that take place in pregnancy and in the early postnatal period, <u>in relation to identity, becoming a parent, couple relationship and the developing relationship with the infant from pregnancy onwards</u></p> <p><u>Demonstrate an understanding of embryology, fetal and early infant development</u></p> <p>Describe the distinctive features of pregnancy-related and postpartum psychiatric disorders, including their onset and presentation, phenomenology, course and prognosis</p> | <p><u>ACE, Mini-ACE, CBD</u></p> <p><u>ACE, Mini-ACE, CBD</u></p> <p><u>ACE, Mini-ACE, CP, CBD</u></p> | <p>1</p> |

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| <p><u>Demonstrate understanding of modifying effect of pregnancy and postnatal period on pre-existing mental disorder and need to alter thresholds for intervention</u></p> | <p><u>ACE, Mini-ACE, CP, CBD</u></p> | |
| <p>Demonstrate an understanding of embryology, fetal and early infant development</p> | <p><u>ACE, Mini-ACE, CBD</u></p> | |
| <p>Demonstrate a <u>general</u> understanding of the physical problems that may arise during pregnancy and the puerperium, including the physiology and complications of childbirth</p> | <p><u>ACE, Mini-ACE, CP, CBD</u></p> | |
| <p>Demonstrate understanding of the normal mother-infant relationship and its development through early childhood</p> | <p><u>ACE, Mini-ACE, CP, CBD</u></p> | |
| <p>Demonstrate an understanding of the effects of maternal mental illness on pregnancy, mother-infant relationship and child development</p> | <p><u>ACE, Mini-ACE, CP, CBD</u></p> | |
| <p><u>Demonstrate an understanding of how the antenatal and postnatal environment (biological, psychological and social) can alter the long-term health and development of the child</u></p> | | |
| <p>Skills</p> | | 1 |
| <p>Carry out an assessment of mental illnesses in women of childbearing age, including illnesses that are specific to childbearing, such as baby blues, post-natal depression and puerperal psychosis.</p> | <p><u>ACE, Mini-ACE</u></p> | |
| <p><u>In association with other specialist staff, carry out an assessment of mother-infant interaction and infant development</u></p> | <p><u>ACE, Mini-ACE, Mini-PAT</u></p> | |
| | <p><u>ACE, Mini-ACE</u></p> | |

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| <p>Assess parenting competence in the context of a parent who has a severe mental illness</p> <p>Demonstrate recognition of the common abnormalities of physical health in pregnancy and the early post-natal period</p> | <p><u>ACE, Mini-ACE</u></p> | |
| <p>Attitudes demonstrated through behaviours</p> <p>Work collaboratively with women <u>and their partners and families,</u>⁷ recognising a shared desire for healthy outcomes of pregnancy and the safety and wellbeing of the infant</p> <p><u>Display a willingness to accept and respond appropriately to requests for assessment from a variety of allied professions</u></p> | <p><u>CBD, Mini-PAT</u></p> <p><u>CBD, Mini-PAT</u></p> | <p>1</p> |

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Intended learning outcome 2
The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

| Intended Learning Outcome 2 | Assessment methods | GMP Domains |
|---|------------------------------|--------------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge of the factors that increase the risk of mental illness in</p> | <p><u>ACE, Mini-ACE,</u></p> | <p>1</p> |

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|---|---------------------------|----------|
| women of childbearing age, including the effects of pregnancy and childbearing on the incidence of new mental illness and the course of pre-existing mental illness | <u>CP, CBD</u> | |
| Skills | | 1 |
| Be able to determine capacity, based on an understanding of the concepts | <u>ACE, Mini-ACE, CBD</u> | |
| Demonstrate ability to predict the risk of mental illness occurring in association with childbearing | <u>ACE, Mini-ACE, CBD</u> | |
| <u>Demonstrate an ability to construct a comprehensive formulation, which includes biological, psychological and social understanding of the development of maternal mental health problems and impact on developing fetus and infant</u> | <u>ACE, Mini-ACE, CBD</u> | |
| Attitudes demonstrated through behaviours | | 1 |

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Intended learning outcome 3

The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

| Intended Learning Outcome 3 | Assessment Methods | GMP Domains |
|---|--|--------------------|
| <p>Knowledge</p> <p>Understanding of psycho-pharmacokinetic and psycho-pharmacodynamic alterations occurring in pregnancy and the early puerperium, including <u>their psychotropic drug propensity to pass into the fetal circulation and breastmilk.</u></p> <p><u>Understanding of the latest research in the perinatal mental health field, in particular the consequences of treatment vs. no treatment (biological, psychological, social) for infant health and long-term development as well as maternal mental health</u></p> <p>Understanding of policies and national guidelines relating to perinatal psychiatry and maternal & child health, including those from <u>GEMACH the Maternal Deaths Enquiry</u>, NICE, SIGN and the relevant National Service Frameworks</p> <p><u>Understand the distinctive principles and practice of inpatient management of women with mental illness when accompanied by their infants.</u></p> | <p><u>ACE, Mini-ACE, CBD</u></p> <p><u>ACE, Mini-ACE, CP, CBD</u></p> <p><u>ACE, Mini-ACE, CBD, DONCS</u></p> <p><u>ACE, Mini-ACE, CP, CBD</u></p> | <p>1</p> |

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| <p>Skills</p> <p>Safely prescribe and deliver-manage drug treatments, electroconvulsive therapy and psychosocial interventions in the context of individual-pregnant or postnatal patients with complex mental and physical-illness, with particular reference to the use and safety of psychotropic medications in pregnancy and breastfeeding.</p> <p><u>Be able to assess which patients may benefit from specialist perinatal/parent-infant psychotherapeutic interventions based on current mental state, risk-benefit compared to other treatments, specific mental disorder, family constellation and timing</u></p> <p>Appropriately refer patients with physical health abnormalities for specialist management</p> <p><u>Develop and deliver mental health management plans in maternity settings</u></p> <p><u>Deliver inpatient care in a mother and baby unit setting, taking into account the role of the patient in parenting her infant, and the developing relationship between mother and baby.</u></p> <p><u>Appropriately involve Childcare Social Serviceschild safeguarding agencies in assessment and management of identified risk to children</u></p> | <p><u>ACE, Mini-ACE, CBD</u></p> <p><u>ACE, Mini-ACE, CBD</u></p> <p><u>CBD, DONCS</u></p> <p><u>ACE, CBD, DONCS</u></p> <p><u>ACE, Mini-ACE, CP, CBD</u></p> <p><u>ACE, Mini-ACE, CBD, DONCS</u></p> | <p>1</p> |
| <p>Attitudes demonstrated through behaviours</p> <p><u>Recognise the importance of perinatal psychiatry as an effective part of public health medicine, and as a powerful method of offering prevention and early intervention treatments for mothers and infants</u></p> | <p><u>CBD</u></p> | <p>1</p> |

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Intended learning outcome 4

Based on a comprehensive psychiatric assessment, the doctor will demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

| Intended Learning Outcome 4 | Assessment methods | GMP Domains |
|--|---|--------------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge of the distinctive risk factors relating to self harm and suicide in pregnant and postnatal women</p> <p>Demonstrate a knowledge of the distinctive risk factors to the infant and to other children, in the context of maternal mental illness, in relation to harm and capacity to <u>care and</u> protect</p> <p>Demonstrate an understanding of the application of mental health legislation in the management of women experiencing illness co-occurring with childbearing</p> <p>Demonstrate an understanding of legislation and guidance in relation to child protection and welfare, <u>in particular your responsibilities with regard to dafeguarding children.</u></p> | <p><u>ACE, Mini-ACE, CBD</u></p> <p><u>ACE, Mini-ACE, CP, CBD</u></p> <p><u>ACE, Mini-ACE, CBD, DONCS</u></p> <p><u>ACE, Mini-ACE, CBD, DONCS</u></p> | <p>1</p> |

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| <p>Skills</p> <p>Carry out an assessment of risk including:</p> <ul style="list-style-type: none"> • Risk of self-harm • Risk of suicide • <u>Rick of feticide, infnaticide, filicide</u> • <u>Risk to parent-infant relationship</u> • Risk to others, particularly to the infant's <u>health and development</u> and to other children <p><u>Contribute to the development of clinical risk management plans in maternity and primary care settings, both in relation to individual patients and policy development</u></p> | <p><u>ACE, CBD</u></p> <p><u>ACE, CBD, DONCS</u></p> | <p>1</p> |
| <p>Attitudes demonstrated through behaviours</p> <p>Always make decisions in the best interests of the patient, prioritising the safety and wellbeing of the child</p> | <p><u>CBD</u></p> | <p>1</p> |
| <p><u>Intended learning outcome 5</u></p> <p><u>Based on the full psychiatric assessment, the doctor will demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions</u></p> | | |
| <p><u>Intended learning outcome 5</u></p> | <p>Assessment methods</p> | <p>GMP Domains</p> |

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| Knowledge | | 1 |
| Skills | | 1 |
| Demonstrate psychotherapeutic skills within perinatal settings, including the evaluation of mother-infant relationships and the use of psychotherapeutic skills in facilitating and enhancing the mother-infant relationship and infant development in the context of maternal mental illness | CBD, SAPE | |
| Attitudes demonstrated through behaviours | | 1 |

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Intended learning outcome 7
To be able to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

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| Intended learning outcome 7 | Assessment methods | GMP Domains |
|---|---------------------------|--------------------|
| Knowledge | | 1 |
| Skills | | 1 |
| Conduct complex mental health and capacity assessments (under relevant legislation), including the ability to assess parenting capacity, in patients with enduring mental illness | ACE, Mini-ACE, CBD | |
| Attitudes demonstrated through behaviours | | 1 |

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Intended learning outcome 8

Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

| Intended Learning Outcome 8 | Assessment methods | GMP Domains |
|--|---|-----------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge and understanding of the concerns of women in pregnancy, including the desire for a safe pregnancy and delivery of a healthy baby, and of the particular issues for women with mental illness, including their fears of stigma, <u>of losing care of their children, of the infant acquiring their illness, of the effects of their illness or its treatment on their fetus/infant, and concerns over the perceived consequences</u> the fear of consequences of sharing information regarding their illness</p> <p>Understand the needs of older children, partners, and other family members</p> | <p><u>ACE, Mini-ACE, CP, CBD</u></p> <p><u>ACE, Mini-ACE, CP, CBD</u></p> | <p>3</p> |
| <p>Skills</p> <p><u>Communicate effectively and sensitively, demonstrating particular skill in facilitating disclosure of risk to self or others</u></p> <p><u>Communicate effectively, sensitively and in a timely manner with partners, family and carers</u></p> | <p><u>ACE, CBD</u></p> | <p>3</p> |
| <p>Attitudes demonstrated through behaviours</p> | | <p>3</p> |

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| Communicate effectively and sensitively, demonstrating particular skill in facilitating disclosure of risk to self or others | | |
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| Intended learning outcome 9 |
| To demonstrate the ability to work effectively with colleagues, including team working |

| Intended Learning Outcome 9 | Assessment methods | GMP Domains |
|---|--|--------------------|
| Knowledge Demonstrate a knowledge and understanding of the nature and work practices of maternity, health visiting and child care social services | <u>CBD, DONCS</u> | 3 |
| Skills Work within teams that include mental health professionals and child health and welfare professionals Work with professionals from maternity, health visiting and child care social services <u>Demonstrate the ability to write clear reports, referrals and recommendations for multi-disciplinary colleagues, e.g. in psychology/psychotherapy, social work, maternity and primary care, being open to feedback and advice when indicated</u> | <u>CBD, DONCS, Mini-PAT</u> <u>CBD, DONCS, Mini-PAT</u> <u>CBD, DONCS, Mii-PAT</u> | 3 |
| Attitudes demonstrated through behaviours | | 3 |

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| Show understanding of and respect for the distinctive expertise and working practices of other health and social care professionals working with mothers and children | CBD, DONCS, Mini-PAT | |
|---|----------------------|--|

Intended learning outcome 10
Develop appropriate leadership skills

| Intended learning outcome 10 | Assessment methods | GMP Domains |
|---|---|--------------------|
| <p>Knowledge</p> <p>Understand current business models in relation tertiary service development and management, such as including inpatient psychiatric mother and baby units</p> <p>Use an understanding of the epidemiology of mental illness occurring in pregnancy and the postnatal period to inform the perinatal mental health service planning and development</p> | <p>DONCS, supervisors report</p> <p>DONCS, supervisors report</p> | 3 |
| <p>Skills</p> <p>Competently manage problems in co-ordination of relevant other services and across health and social care boundaries</p> | <p>CBD, DONCS, supervisors report</p> | 3 |
| <p>Attitudes demonstrated through behaviours</p> <p>Show respect for professionals working in services with differing or less</p> | | 3 |

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~~developed service provision~~

Intended learning outcome 12
Develop the ability to conduct and complete audit in clinical practice

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| Intended learning outcome 12 | Assessment methods | GMP Domains |
|---|--|--------------------|
| Knowledge | | 2 |
| Skills | | 2 |
| <u>Be able to identify where clinical audit requires collaboration with non-psychiatric colleagues</u> <u>Conduct a joint clinical audit</u> | <u>DONCS, supervisors report</u> <u>DONCS, supervisors report</u> | |
| Attitudes demonstrated through behaviours | | |

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Intended learning outcome 14
To ensure that the doctor is able to inform and educate patients effectively

| Intended Learning outcome 14 | Assessment methods | GMP Domains |
|---|---|-----------------|
| <p>Knowledge</p> <p>Demonstrate a knowledge and understanding of the medical and social rights of the patient and her child</p> <p><u>Demonstrate an understanding of the effects of patients' socio-cultural background in relation to their appraisal of their illness, its management and impact on the pregnancy and infant</u></p> | <p><u>ACE, Mini-ACE, CBD, DONCS</u></p> <p><u>ACE, Mini-ACE, CBD, DONCS</u></p> | <p>4</p> |
| <p>Skills</p> <p>Appropriately advocate for the medical and social rights of the patient and her child</p> <p>Communicate risk <u>and benefit</u> in relation to mental illness and <u>biopsychosocial</u> treatments in pregnancy, breastfeeding and the postpartum period, <u>clearly and concisely</u>, in a way that assists women, <u>their partners and families</u> to make informed decisions in their best interests and that of their children</p> | <p><u>CBD, DONCS</u></p> <p><u>ACE, Mini-ACE, CBD</u></p> | <p>4</p> |
| <p>Attitudes demonstrated through behaviours</p> <p>Be aware of the need to prioritise the <u>health, development and need/welfare</u> of the child <u>in any when developing management plans</u> conflict of interest</p> <p>Respect women's informed decisions with regard to their management of risk of illness and treatments in relation to childbearing</p> | <p><u>ACE, CBD, DONCS</u></p> <p><u>ACE, Mini-ACE, CBD</u></p> | <p>4</p> |

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Intended learning outcome 15
To develop the ability to teach, assess and appraise

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| Intended learning outcome 15 | Assessment methods | GMP Domains |
|--|---------------------------|--------------------|
| Knowledge | | 1 |
| Skills | | 1 |
| Contribute to the development and delivery of educational programmes about perinatal mental illness for maternity, primary care, nursing and psychiatry colleagues | DONCS, AoT | |
| Sensitively engage userpatients and/or carers groups in teaching processes | DONCS, AoT | |
| Attitudes demonstrated through behaviours | | 1 |

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METHODS OF LEARNING AND TEACHING

The curriculum is delivered through a number of different learning experiences, of which experiential workplace learning with supervision appropriate to the trainee's level of competence is the key. This will be supported by other learning methods as outlined below: -

1. Appropriately supervised clinical experience
2. Psychotherapy training
3. Emergency psychiatry experience
4. Interview skills
5. Learning in formal situations
6. Teaching
7. Management experience
8. Research
9. ECT Training
10. Special interest sessions

1. Appropriately supervised clinical experience

Trainees must at all times participate in clinical placements that offer appropriate experience i.e. direct contact with and supervised responsibility for patients. **All training placements must include direct clinical care of patients.** Placements based on observation of the work of other professionals are not satisfactory. **Each placement must have a job description and timetable. There should be a description of potential learning objectives in post.** Training placements should not include inappropriate duties (e.g. routine phlebotomy, filing of case notes, escorting patients, finding beds, etc) and must provide a suitable balance between service commitment and training.

In Core Psychiatry Training the Curriculum Outcomes are met by way of a trainee working in a purpose-designed programme. Within the programme each placement should be clearly designated as providing experience in general psychiatry, one of its three recognised sub specialties, or one of the five other recognised specialties. Placements may be of four or six months duration. Where placements offer a mixture of experience between

specialities/sub specialties, the proportion of time spent in each clinical area should be clearly stated. Posts should provide the trainee with the experience and assessments necessary to achieve full coverage of the curriculum. Individual programmes of training provided by Deaneries must be able to meet contemporary requirements with regard to examination eligibility. Trainees are required to complete the required numbers and types of workplace-based assessment (WPBA) appropriate to their level of training and opportunities for this must be made available within the placements.

The first twelve months of Core Psychiatry Training should normally be in General Psychiatry, or a combination of psychiatry of old age and General Psychiatry. Each individual placement does not necessarily have to include both hospital and community experience but each training scheme must provide an overall balance of hospital and community experience. So that the programme must ensure that the rotation plan for an individual trainee enables them to gain the breadth of experience required. This will require monitoring by the trainee through their portfolio and by the scheme through its operational management processes.

The contribution of specialty/sub-specialty placements to Core Psychiatry Training programmes is as follows: -

General Psychiatry Experience gained in General Psychiatry must include properly supervised in-patient and out-patient management, with both new patients and follow-up cases, and supervised experience of emergencies and 'on call' duties. Training placements will afford experience in hospital and/or community settings. Increasingly training in General Psychiatry will be delivered in functional services that specialize a single area of work such as, crisis, home treatment, early interventions, assertive interventions or recovery models. Thus not all posts will provide all experiences as detailed below. During their rotation a trainee must document experience in all of the below; a trainee may need two or more complimentary placements (e.g. an in-patient placement and a home treatment team placement) to achieve the required breadth of experience: -

- Assessment of psychiatric emergencies referred for admission.
- Assessment and initial treatment of emergency admissions.

- Day to day management of psychiatric inpatients.
- Participation in regular multi-disciplinary case meetings.
- Prescribing of medication and monitoring of side-effects.
- Administration of ECT.
- Use of basic psychological treatments.
- Use of appropriate mental health legislation.
- Assessment of new outpatients.
- Continuing care of longer-term outpatients.
- Psychiatric day hospital.
- CMHT- joint assessments in the community with other professionals.
- Crisis intervention.
- Home treatment.

General psychiatry sub-specialties may offer experience as follows: -

- a) **Substance misuse:** trainees in General Psychiatry should receive appropriate experience in this area. Where a specific service exists for the treatment of alcohol and/or drug dependence it should be possible to offer a whole time or part time placement. For this to be regarded as sub-specialty experience, the trainee must spend at least half their time in the service.
- b) **Liaison psychiatry:** experience in liaison psychiatry may be gained during General Psychiatry training or via a specialist training post. All trainees should receive adequate supervised experience in the assessment and management of deliberate self-harm, psychiatric emergencies in general and surgical wards and the accident and emergency department. Other valuable experience might include training in renal units, pain clinics and intensive care units.
- c) **Rehabilitation:** attachment to a rehabilitation team with particular emphasis on the care of patients with severe chronic disability is recommended. Such experience should involve not only inpatient care

but also community facilities including day centres, hostels, supervised lodgings and sheltered workshops.

- d) Eating disorders, neuropsychiatry and perinatal psychiatry:** as these potential sub-specialties become established, it will be possible to offer whole or part time specialist training posts.

Perinatal psychiatry Experience in perinatal psychiatry may be gained in general adult psychiatry or in a specialty training post. All trainees should receive adequate supervised experience in assessing and managing women of childbearing potential, and those in the postnatal period. Trainees should have the opportunity to witness the management of pregnant women with mental illness and those in mother and baby inpatient settings.

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Psychiatry of old age Particular importance is attached to experience in this area because of the increasing numbers of elderly people in the population and the special considerations needed in diagnosis and treatment. The psychiatry of old age should constitute a separate attachment within the rotational training scheme. It is important that trainees gain experience in the acute and chronic functional disorders of older people, in addition to the assessment and management of organic illnesses. This should include both hospital and community experience and an opportunity to work as part of the multidisciplinary team. Experience of pharmacological and non-pharmacological strategies and treatments should be gained, including the drugs used to treat cognitive and behavioural symptoms in dementia.

Forensic psychiatry Some experience may be gained in General Psychiatry but a specialist attachment in forensic psychiatry is recommended. Apart from the experience of the provision of psychiatric care in secure settings it is valuable for trainees to accompany consultants when patients are seen at prisons, hospitals, secure units, remand centres and other establishments. It may be helpful for trainees to prepare shadow court reports for discussion with their consultants. Specific instruction is needed in the principles of forensic psychiatry, detailed risk assessment and management and medico-legal work.

Psychiatry of learning disability There should be sufficient exposure to give the trainee an awareness of the nature and scope of the problems with an emphasis on integrated psychiatric and psychological treatment rather than basic physical care. Trainees must get experience of community facilities as well as hospital care.

Child and adolescent psychiatry Trainees should play an active part in patient care and not be expected to adopt a passive observer role. The experience should include extensive community experience and include both medical and psychological approaches to treatment.

Not all trainees will have the opportunity to have a post in child and adolescent psychiatry during Core Psychiatry Training. Aspects of developmental psychiatry are important for all psychiatric trainees whatever specialty within psychiatry they subsequently choose. Trainees need to understand child development and the influences that can foster this or interfere with it. To do this they need to understand the bio-psycho-social approach and the varying balance of influences at different stages of development. They need to understand both aberrant development and also how normal development can be disrupted. Whilst this is best learned through clinical experience in a developmental psychiatry post (child and adolescent psychiatry or adult learning difficulties), there will be a few trainees who have to gain these skills through in other ways. The knowledge base will come from clinical experience coupled with lectures, seminars and private study including study for examinations. Those who do not get a post in developmental psychiatry are strongly advised to negotiate a clinical attachment during another placement to best prepare them to undertake the child and adolescent WPBA's that they will be expected to achieve during this stage of their training.

All Core Psychiatry Training (CT1-3) trainees are likely to be responsible for seeing young people who present to Accident and Emergency Departments with self-harm whilst they are undertaking out of hours on call duties. This means that they have to understand safeguarding issues and the assessment of risk for these young people. To ensure that they are supported in this, there are competencies appropriate to CT1-3 in safeguarding (Intended Learning Outcome 2) and Managing Emergencies (Intended Learning Outcome 4). In addition, it has become increasingly clear that developmental disorders such as ADHD and autism can continue into adult life and that they have been under-recognised in adulthood. Competence in recognising these disorders is required for all trainees.

Depression is an important illness that often starts in adolescence and this is referred to in the ARCP Guide to Core Psychiatry Training.

The clinical experience in the Advanced Training Programme in Perinatal Psychiatry will consist of the equivalent of three years full time experience of which two years must be spent in designated general psychiatry. The three years will be made up as follows:

- Twelve months in a general psychiatry placement, i.e. a placement that can offer both inpatient and community experience or two six-month placements in inpatient and community settings. The inpatient experience must include managing detained patients under supervision.
- Twelve months in a specialist perinatal psychiatry service. This should include community/outpatient, maternity liaison and inpatient mother and baby settings. Where all components of service delivery are not available in the local deanery, trainees should be able to gain exposure through special interest sessions or placement (lasting no less than 3 months) in another service. Ideally the specialist perinatal placement will take place in ST5.
- Twelve months in further General Psychiatry.

Clinical placements in advanced training in Perinatal and General Adult Psychiatry should last 12 months for a full-time trainee. This gives sufficient time for a realistic clinical experience and allows the completion of treatment programmes and time to build up and close down a clinical service. However, placements of up to 15 months may be acceptable if there are problems with rotational dates. It must be emphasised that advanced training in General Adult Psychiatry is not simply an extension of Core Psychiatry Training and the duties performed by advanced trainees must reflect this. There should not be a routine expectation that the higher trainee continues to work at a level appropriate for Core Psychiatry training. The specialty registrar (ST4-6) works more independently and has a greater supervisory, leadership and managerial role. There must be opportunity for the specialty registrar to develop supervisory skills. The clinical load should not be so heavy so as to jeopardise the research, teaching and managerial functions.

2. Psychotherapy training

- Account for clinical phenomena in psychological terms
- Deploy advanced communication skills
- Display advanced emotional intelligence in dealings with patients and colleagues and yourself.
- Refer patients appropriately for formal psychotherapies
- Jointly manage patients receiving psychotherapy
- Deliver basic psychotherapeutic treatments and strategies where appropriate

A senior clinician with appropriate training (preferably a consultant psychotherapist) should be responsible for organising psychotherapy training within a School in line with current curriculum requirements. There are two basic requirements: -

Case based discussion groups (CBDG) are a core feature of early training in psychotherapeutic approach to psychiatry. They involve regular weekly meetings of a group of trainees and should last around one and one and a half hours. The task of the meeting is to discuss the clinical work of the trainees from a psychotherapeutic perspective paying particular attention to the emotional and cognitive aspects of assessment and management of psychiatric patients in whatever setting the trainee comes from. Trainees should be encouraged to share their feelings and thoughts openly and not to present their cases in a formal or stilted manner. Most trainees should attend the group for about one year. Attendance and participation in the CBDG will be assessed

Undertaking specific training experiences treating patients is the only reliable way to acquire skills in delivering psychotherapies. The long case also helps in learning how to deal with difficult or complicated emotional entanglements that grow up between patients and doctors over the longer term. Patients allocated to trainees should be appropriate in terms of level of difficulty and should have been properly assessed. Trainees should be encouraged to treat a number of psychotherapy cases during their training using at least two modalities of treatment and at least two durations of input. This experience must be started in Core training and continued in Advanced Training, so that by the end of Core Training the trainee must have competently completed at least two

cases of different durations. The psychotherapy supervisor will assess the trainee's performance by using the SAPE.

Care should be given in the selection of psychological therapy cases in Advanced Training in General Psychiatry and Liaison-Perinatal Psychiatry to make-ensure the experience gained is relevant to the trainee's future practice as a consultant. For example trainees in Liaison-Perinatal Psychiatry should gain experience in providing psychological therapy to patients with anxiety and physically ill patients or those with medically unexplained symptoms and those trainees with an interest in personality disorders should consider developing their knowledge of treatments such as dialectical behaviour therapy, mentalisation based therapy and cognitive analytic therapy mood disorders, and those with an interest in infant mental health should consider developing their skills in treatments to facilitate mother-infant interaction and infant development.

The psychotherapy tutor should have selected supervisors. Psychotherapy supervisors need not be medically qualified but they should possess appropriate skills and qualifications both in the modality of therapy supervised and in teaching and supervision.

3. Emergency Psychiatry

Trainees must gain experience in the assessment and clinical management of psychiatric emergencies and trainees must document both time spent on-call and experience gained (cases seen and managed) and this should be "signed off" by their Clinical Supervisor/Trainer.

A number and range of emergencies will constitute relevant experience. During Core Psychiatry training, trainees must have experience equivalent to participation in a first on call rota with a minimum of 55 nights on call during the period of core specialty training (i.e. at least 50 cases with a range of diagnosed conditions and with first line management plans conceived and implemented.) (Trainees working part time or on partial shift systems must have equivalent experience.)

Where a training scheme has staffing arrangements, such as a liaison psychiatric nursing service, which largely excludes Core Psychiatry trainees from the initial assessment of deliberate self-harm patients or DGH liaison psychiatry consultations, the scheme must make alternative arrangements such that trainees are regularly rostered to obtain this clinical experience under supervision. Such supervised clinical experience should take place at least monthly.

Psychiatric trainees should not provide cross specialty cover for other medical specialties except in exceptional circumstances where otherwise duty rotas would not conform to the European Working Time Directive. No trainee should be expected to work to a level beyond their clinical competence and experience.

Where daytime on call rotas are necessary, participation must not prevent trainees attending fixed training events.

Advanced trainees in General Psychiatry must have opportunities to supervise others as part of their experience of emergency psychiatry. They should not routinely perform duties (such as clerking emergency admissions) that would normally be performed by less experienced practitioners.

4. Interview skills

All trainees must receive teaching in interviewing skills in the first year Core Psychiatry Training (CT1). The use of feedback through role-play and/or video is recommended. Soliciting (where appropriate) the views of patients and carers on performance is also a powerful tool for feedback.

5. Learning in formal situations

Learning in formal situations will include attending a number of courses for which the trainee should be allowed study leave: -

- It is essential that trainees in Core Psychiatry Training attend an MRCPsych course that comprises a systematic course of lectures and /or seminars covering basic sciences and clinical topics, communication and interviewing skills.

- Local postgraduate meetings where trainees can present cases for discussion with other psychiatrists, utilising information technology such as slide presentations and video recordings.
- Journal clubs, where trainees have the opportunity to review a piece of published research, with discussion chaired by a consultant or specialty registrar (ST4-ST6), Postgraduate meetings where trainees can present and discuss audit.
- Multi-disciplinary/multi-professional study groups.
- Learning sets which can stimulate discussion and further learning.
- Trainees must also exercise personal responsibility towards their training and education and are encouraged to attend educational courses run by the College's divisional offices.

6. Experience of teaching

It is important that all trainee psychiatrists have experience in delivering education. In Core Psychiatry training, trainees should have opportunities to assist in 'bedside' teaching of medical students and delivering small group teaching under supervision. Advanced trainees in General Psychiatry should be encouraged to be involved in teaching CT1-3 trainees on the MRCPsych course and to be involved in the design, delivery and evaluation of teaching events and programmes.

7. Management experience

Opportunity for management experience should be available in all training programmes and should begin with simple tasks in the clinical, teaching and committee work of the hospital or service.

Attending courses and by shadowing a medical manager to get insight into management. For example, the final month of a ST4 placement could be spent working with a manager.

"Hands on" experience is especially effective, e.g. convening a working group, and it may be possible for a trainee to be given a relevant management task to complete.

Opportunity for involvement in administration and collaboration with non medical staff at local level on the ward or unit, at Trust level or on the training scheme itself to gain familiarity with and an understanding of management structure and process as part of a trainee's professional development as a psychiatrist.

8. ECT Training

All Core Psychiatry training programmes must ensure that there is training and supervision in the use of ECT so that trainees become proficient in the prescribing, administration and monitoring of this treatment.

9. Research

Opportunities must be made available for trainees to experience supervised quantitative or qualitative research and a nominated research tutor should be available within the programme to advise trainees on the suitability of projects. In Core Psychiatry training, research may be limited to case reports or a small literature review. In advanced training in General Psychiatry, trainees should have the opportunity to participate in original

10. Special interest sessions

It is educationally desirable that Advanced Trainees in General Psychiatry and Perinatal Psychiatry have the ability to gain additional experiences that may not be available in their clinical placement. Two sessions every week must be devoted during each year from ST4-6 for such personal development, which may be taken in research or to pursue special clinical interests. Special interest sessions are defined as "a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee". For instance, a special interest session in ~~substance misuse~~infant mental health would be of direct relevance to a trainee wishing to subsequently work in ~~an inner city core general~~perinatal psychiatry ~~post~~. Special interest sessions may also be used for gaining psychotherapy experience that builds upon the experience the trainee had in Core Training. This experience must be appropriately managed, supervised and assessed. The Training Programme Director must prospectively approve the use of special interest time. Special interest and research supervisors must provide reports for the trainee's ARCP as required by the School of Psychiatry.

THE ASSESSMENT SYSTEM FOR CORE PSYCHIATRY TRAINING AND ADVANCED TRAINING IN GENERAL PSYCHIATRY AND PERINATAL PSYCHIATRY

Purpose

The Royal College of Psychiatrists Assessment System has been designed to fulfil several purposes:

- Providing evidence that a trainee is a competent and safe practitioner and that they are meeting the standards required by Good Medical Practice
- Creating opportunities for giving formative feedback that a trainee may use to inform their further learning and professional development
- Drive learning in important areas of competency
- Help identify areas in which trainees require additional or targeted training
- Providing evidence that a trainee is progressing satisfactorily by attaining the Curriculum learning outcomes
- Contribute evidence to the Annual Review of Competence Progression (ARCP) at which the summative decisions regarding progress and ultimately the award of the Certificate of Completion of Training (CCT) are made.

Assessment blueprint

The Assessment Blueprint supplement to this Curriculum shows the assessment methods that can possibly be used for each competency. It is not expected that all trainees will be assessed by all possible methods in each competency. The learning needs of individual trainees will determine which competencies they should be assessed in and the number of assessments that need to be performed. The trainee's Educational Supervisor has a vital role in guiding the trainee and ensuring that the trainee's assessments constitute sufficient curriculum coverage.

Assessment methods

The assessment system consists of the following elements: -

(i) Three written papers that comprise a summative assessment of the knowledge base that underpins psychiatric practice. These are taken after the trainee has finished the first year of Core Psychiatry Training (CT1) and will need to be completed before the doctor can proceed to the Clinical Examination.

(ii) The Clinical Examination (Clinical Assessment of Skills and Competencies) is a summative assessment of a doctor's competence in the core skills of psychiatric practice. The Clinical Assessment of Skills and Competencies (CASC) is an OSCE type examination consisting of two parts, completed in one day. On passing the CASC, the doctor will be awarded Membership of the Royal College of Psychiatrists (MRCPsych).

Information for candidates about the written and clinical parts of the MRCPsych Examination can be found at www.rcpsych.ac.uk/exams.aspx

Trainees must pass the MRCPsych examination before entering Advanced Training in General Psychiatry.

(iii) Workplace Based Assessment (WPBA) is the assessment of a doctor's performance in those areas of professional practice best tested in the workplace. The assessment of performance by WPBA will continue the process established in the Foundation Programme and will extend throughout Core Psychiatry Training and Advanced Training in General Psychiatry. It must be understood that WPBA's are primarily tools for giving formative feedback and in order to gain the full benefit of this form of assessment, trainees should ensure that their assessments take place at regular intervals throughout the period of training. All trainees must complete at least one case-focused assessment in the first month of each placement in their training programme. A completed WPBA accompanied by an appropriate reflective note written by the trainee and evidence of further development may be taken as evidence that a trainee demonstrates critical self-reflection. Educational supervisors will draw attention to trainees who leave all their assessments to the 'last minute' or who appear satisfied that they have completed the minimum necessary.

An individual WPBA is not a summative assessment, but outcomes from a number of WPBA's will contribute evidence to inform summative decisions.

The WPBA tools currently consist of:

Assessment of Clinical Expertise (ACE) modified from the Clinical Evaluation Exercise (CEX), in which an entire clinical encounter is observed and rated thus providing an assessment of a doctor's ability to assess a complete case

Mini-Assessed Clinical Encounter (mini-ACE) modified from the mini-Clinical Evaluation Exercise (mini-CEX) used in the Foundation Programme, part of a clinical encounter, such as history-taking, is observed and rated.

Case Based Discussion (CBD) is also used in the Foundation Programme and is an assessment made on the basis of a structured discussion of a patient whom the Trainee has recently been involved with and has written in their notes.

Direct Observation of Procedural Skills (DOPS) is also used in the Foundation Programme and is similar to mini-ACE except that the focus is on technical and procedural skills.

Multi-Source Feedback (MSF) is obtained using the Mini Peer **Assessment Tool (mini-PAT)**, which is an assessment made by a cohort of co-workers across the domains of *Good Medical Practice*.

Case Based Discussion Group Assessment (CBDGA) has been developed by the College to provide structured feedback on a trainee's attendance and contribution to case discussion groups (also known as Balint-type groups) in Core Psychiatry Training.

Structured Assessment of Psychotherapy Expertise (SAPE) has been developed by the College to provide evidence of satisfactory completion of a psychotherapy case.

Case Presentation (CP) developed at the College; this is an assessment of a major case presentation, such as a Grand Round, by the Trainee.

Journal Club Presentation (JCP) similar to CP, and also developed at the College, this enables an assessment to be made of a Journal Club presented by the Trainee.

Assessment of Teaching (AoT) has been developed at the College to enable an assessment to be made of planned teaching carried out by the Trainee, which is a requirement of this curriculum.

Direct Observation of non-Clinical Skills (DONCS) has been developed by the College from the Direct Observation of Procedural Skills (DOPS). The DONCS is designed to provide feedback on a doctor's performance of non-clinical skills by observing them chairing a meeting, teaching, supervising others or engaging in another non-clinical procedure.

Further information on WPBA's can be found on the College website via the following link:
<http://www.rcpsych.ac.uk/training/assessmentsonlineinformation.aspx>

For those in Core Training the following table shows the minimum number of each assessment that need to be undertaken. The minimum number has been arrived at in the light of the reliability of each tool, together with an estimate of the numbers that are likely to be needed to ensure a broad coverage of the Curriculum. Many trainees will require more than this minimum, none will require fewer. More detail is given in the guidance to ARCP panels.

| WPBA | Minimum number required per year | | |
|----------|----------------------------------|-----|-----|
| | CT1 | CT2 | CT3 |
| ACE | 2 | 3 | 3 |
| mini-ACE | 4 | 4 | 4 |

| | | | |
|----------|---|---|---|
| CbD | 4 | 4 | 4 |
| DOPS | * | * | * |
| mini-PAT | 2 | 2 | 2 |
| CBDGA | 2 | - | - |
| SAPE | - | 1 | 1 |
| CP | 1 | 1 | 1 |
| JCP | 1 | 1 | 1 |
| AoT | * | * | * |
| DONCS | * | * | * |

* There is no set number to be completed in Core Psychiatry training; they may be performed as the opportunity arises

- Not required

WPBA for Advanced Trainees

Doctors in Advanced Training Programmes should participate in at least one or two rounds of multi-source feedback a year and have at least one other WPBA performed a month. It is likely that the CbD will be an

important assessment tool for these doctors because this tool permits a deep exploration of a doctor's clinical reasoning. The mini-ACE may be less important for most advanced trainees, except perhaps those engaged in areas of clinical work that they had not encountered in core training. As stated above, the College is developing the DONCS as a means of assessing performance of skills in situations that do not involve direct patient encounters. In time, it is possible that some psychiatric sub-specialty Advanced Training Curricula may introduce novel WPBA tools for specialised areas of work. Detailed information is contained in the Guide to ARCP panels.

Decisions on progress, the ARCP

Section 7 of the **Guide to Postgraduate Specialty Training in the UK** ("**Gold Guide**" available from www.mmc.nhs.uk) describes the **Annual Review of Competence Progression (ARCP)**. The ARCP is a formal process that applies to all Specialty Trainees. In the ARCP a properly constituted panel reviews the evidence of progress to enable the trainee, the postgraduate dean, and employers to document that the competencies required are being gained at an appropriate rate and through appropriate experience.

The panel has two functions: -

1. To consider and prove the adequacy of the trainee's evidence.
2. Provided the documentation is adequate, to make a judgment about the trainee's suitability to progress to the next stage of training or to confirm that training has been satisfactorily completed

The next section is a guide for ARCP panels regarding the evidence that trainees should submit at each year of Core Psychiatry and Advanced Specialty training in General Psychiatry. There are several different types of evidence including WPBA's, supervisor reports, the trainee's learning plan, evidence of reflection, course attendance certificates etc. The evidence may be submitted in a portfolio and in time, this will be done using the College e-portfolio.

Trainees may submit WPBA's that have been completed by any competent healthcare professional who has undergone training in assessment. In a number of cases, we have stipulated that a consultant should complete the assessment. WPBA's in developmental psychiatry (i.e. in children and patients with learning disability) should be performed by a specialist child psychiatrist or learning disability psychiatrist.

The trainee should indicate the evidence that they wish to be considered for each competency. A single piece of evidence may be used to support more than one competency.

Guide for ARCP panels in Core Psychiatry Training

There is no fixed order of posts in CT 2 and 3; so there are many outcomes that may be achieved in either of the years CT2 or 3. The important factor to be recalled is that all the outcomes must be completed by the end of CT3

| Intended learning outcome | CT1 | CT2 | CT3 |
|--|--|---|---|
| <p>Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:</p> <ul style="list-style-type: none"> • Presenting or main complaint • History of present illness • Past medical and psychiatric history • Systemic review • Family history • Socio-cultural history • Developmental history | | | |
| | <p>By the end of ST1 the trainee should demonstrate the ability to take a history and perform an examination on an adult patient who has any of the common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders</p> | <p>By the end of CT2, the trainee should demonstrate the ability to independently take a competent history and perform an examination on adult patients who present with a full range of psychiatric disorders including disorders of cognitive impairment; substance misuse disorders; and organic disorders</p> | <p>By the end of CT3, the trainee should demonstrate the ability to take a history and perform an examination of patients with psychiatric disorders who have a learning disability or are children and be able to perform a competent assessment of a patient with medically unexplained symptoms or physical illness and psychiatric disorder</p> |
| 1a Clinical history | ACE conducted with an adult patient not | ACE taking a history from a person with cognitive | ACE taking a history from a not previously known |

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| | previously known to the trainee | impairment if not completed in CT1 ACE taking a history from a person with a substance misuse problem, if not completed in CT1 | patient who is either physically unwell or has medically unexplained symptoms, if not completed in CT2 ACE taking a history from a not previously known child or patient with learning disability, including an interview with parent or carer when appropriate, if not completed in CT2. This assessment must be conducted by an appropriate specialist |
| 1b Patient examination | ACE conducted with an adult patient not previously known to the trainee, to include mental state examination and an appropriate physical examination CBD of a case presentation of a patient the trainee has fully assessed, including a collateral history Mini-ACE's of patients to demonstrate skillful identification of | Mini-ACE, including an appropriate physical examination, to recognise and identify the effects of psychotropic medication Mini-ACE of assessment of cognition, if not performed in CT1 Mini-ACE of assessment of the physical effects of substance misuse, if not completed in CT1 | Mini-ACE to determine mood disturbance in a physically ill patient, if not completed in CT2 Mini-ACE of an examination of a child or a patient with learning disability including an appropriate physical examination, if not completed in CT2. This assessment must be conducted by an appropriate specialist |

| | psychopathology | | |
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| 2 Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses | | | |
| | By the end of CT1 the trainee should demonstrate the ability to construct a formulation on an adult patient who has any of the common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders | By the end of CT2, the trainee should demonstrate the ability to independently construct a formulation on adult patients who present with a full range of psychiatric disorders including disorders of cognitive impairment; substance misuse disorders; and organic disorders | By the end of CT3, the trainee should demonstrate the ability to construct a formulation of patients with psychiatric disorders who have a learning disability or are children |
| 2a Diagnosis | CBD of differential diagnosis in a patient with a common presenting problem | CBD in a person presenting to older adults service if not completed in CT1 | CBD of differential diagnosis in a child or patient with learning disability, if not completed in CT2. This assessment must be conducted by an appropriate specialist |
| 2b Formulation | CBD of an adult patient with a common presenting problem to describe the factors in the aetiology of the problem | CBD of an adult patient with a more complex problem, to describe the factors in the aetiology of the problem, if not completed in CT1 | CBD to discuss the assessment of a child or patient with learning disability, if not completed in CT2. This assessment must be conducted by an appropriate specialist CBD to discuss the assessment of a child or |

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| | | | patient with learning disability focusing on the possibility of maltreatment, neglect or exploitation, if not completed in CT2. This assessment must be conducted by an appropriate specialist |
| 3 Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains | | | |
| | By the end of CT1 the trainee should demonstrate the ability to describe further investigations and negotiate treatment with an adult patient who has any of the common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders | By the end of CT2, the trainee should demonstrate the ability to describe further investigations and negotiate treatment on adult patients who present with a full range of psychiatric disorders including disorders of cognitive impairment; substance misuse disorders; and organic disorders | By the end of CT3, the trainee should demonstrate the ability to negotiate treatment options in more challenging situations and with patients with psychiatric disorders who have a learning disability or are children |
| 3a Individual consideration | Mini-ACE negotiating a treatment plan or discussing investigations with patient, family and/or carers | | Mini-ACE's discussing treatment options in more challenging situations such as with a reluctant patient, i.e. someone with limited |

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| | | | insight, an acutely physically ill patient and a patient whose first language is not English, if not completed in CT2 |
| 3b Investigation | CBD to discuss planning investigations in an adult patient with a common presenting problem | CBD to discuss planning investigations in an adult patient with a more complex problem, if not completed in CT1 CBD of planning investigation of a person with suspected dementia or delirium, if not completed in CT1 | CBD to discuss referral for specialist psychotherapeutic assessment, if not completed in CT2 |
| 3c Treatment planning | Mini-ACE and CBD, repeated several times, focusing on different conditions CBD to discuss psychological treatment of a case | | CBD to demonstrate awareness of issues in prescribing in common physical disease states, such as liver or cardiac disease, if not completed in CT2 CBD of treatment planning for a child or a patient with learning disability, if not completed in CT2. This assessment must be conducted by an appropriate specialist |

4 Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

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| | By the end of CT1, the trainee should demonstrate the ability to perform a competent risk assessment and construct a defensible risk management plan for an adult patient with a common psychiatric disorder | By the end of CT2, the trainee should demonstrate the ability to perform a competent risk assessment and construct a defensible risk management plan for an older adult patient and in more challenging situations | By the end of CT3, the trainee should demonstrate the ability to perform a competent risk assessment and construct a defensible risk management plan for patients with psychiatric disorders who have a learning disability or are children and be able to perform a competent assessment of a patient who may require intervention using mental health or capacity legislation |
| 4a All clinical situations | Mini-ACE of risk assessment interview CBD of a risk assessment and management plan | Mini-ACE of risk assessment interview with an older person, if not completed in CT1 | |
| 4b Psychiatric emergencies | Several Mini-ACE's of assessing risk in emergency situations (A&E Departments, Crisis Team, out-of hours), at least one must be | CBD of the assessment and management of a violent or other serious untoward incident. This may involve management of violence, absconsion or | Mini-ACE of assessment for rapid trainquisation, if not completed in CT2 CBD of an emergency in child or adolescent |

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| | conducted by a consultant assessor | seclusion, if not completed in CT1 | psychiatry or in the psychiatry of learning disabilities, if not completed in CT2. This assessment must be conducted by an appropriate specialist |
| 4c Mental health legislation | CBD of emergency assessment | | CBD or mini-ACE of using Mental Health legislation in relation to capacity and consent, if not completed in CT2 CBD of Mental Health legislation as applied to the mentally disordered offender |
| 4d Broader legal framework | | | Clinical supervisor report |
| 5 Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions | | | |
| | By the end of CT1, the trainee should demonstrate the ability to think in psychological terms about patients who have mental health problems and to foster therapeutic alliances | By the end of CT2, the trainee should demonstrate the ability to conduct a course of brief or long psychological therapy under supervision | By the end of CT3, the trainee should demonstrate the ability to conduct a second course of psychological therapy of a different duration and in a different modality from that conducted in CT2 |
| 5a Psychological therapies | CBDGA (Two in the year) | SAPE for long or short case (must achieve at | SAPE for a different modality and duration |

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| | | least satisfactory in all domains) | from CT2 (must achieve at least satisfactory in all domains) CBD to discuss psychological therapy in routine psychiatric practice, if not completed in CT2 |
| 6 Demonstrate the ability to concisely, accurately and legibly record appropriate aspects of the clinical assessment and management plan | | | |
| | By the end of CT1, the trainee should demonstrate the ability to properly record appropriate aspects of clinical assessments and management plans | During CT2, the trainee should continue to demonstrate the ability to properly record appropriate aspects of clinical assessments and management plans | By the end of CT3, the trainee will be able to describe the structure, function and legal implications of medical records and medico-legal reports |
| 6a Record keeping | To be assessed every time a CBD is conducted (at least four in the year) | To be assessed every time a CBD is conducted (at least four in the year) | To be assessed every time a CBD is conducted (at least four in the year, one of which should include a medico-legal report that the trainee has written, this latter may be in 'shadow form') |
| 7 Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states | | | |
| | By the end of CT1, the trainee should be able to describe long-term severe and enduring | By the end of CT2, the trainee should demonstrate the ability to assess capacity in a | By the end of CT3, the trainee should demonstrate the ability to construct a treatment |

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| | mental illnesses and the issues involved in the care and treatment of people with these problems | person who has cognitive impairment and be able to construct a medication treatment plan of an older person's mental illness | plan for a patient who has a severe and enduring mental illness and for either a child or person with learning disability who has a long-term neurodevelopmental disorder |
| 7a Management of severe and enduring mental illness | CBD of a review of the care or treatment of a patient who has a severe and enduring mental illness | <p>Mini-ACE assessing capacity in a person with cognitive impairment, if not completed in CT1</p> <p>CBD of psycho-pharmacological management of an older person's illness, if not completed in CT1</p> | <p>CBD of a care of a person who has a severe and enduring mental illness. The focus is to explore how well the trainee can understand the illness from the patient's point of view. May be completed in CT2 or CT3</p> <p>CBD/mini-ACE of a care of a person who has a severe and enduring mental illness. The focus is the trainee's understanding of quality of life. May be completed in CT2 or CT3</p> <p>Mini-ACE's assessing several aspects of capacity or changes in capacity in a single patient over time, if not completed in CT2</p> |

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| | | | <p>CBD to discuss understanding of the assessment of capacity and its consequences if not completed in CT2</p> <p>ACE of history taking from a paediatric neuropsychiatry case or a child with ADHD or autism or a person with learning disability who has one of these problems, if not completed in CT2. This assessment must be conducted by an appropriate specialist</p> <p>CBD to discuss management of a child with a long-term condition or with a person with learning disability, if not completed in CT2. This assessment must be conducted by an appropriate specialist</p> |
| 8 Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances | | | |
| | By the end of CT1, the trainee should demonstrate the ability to | During CT2, the trainee should continue to demonstrate the ability to | By the end of CT3, the trainee should demonstrate the ability to |

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| | competently conduct clinical interviews with patients | conduct clinical interviews with patients who have increasingly complex needs | conduct clinical interviews in increasingly challenging situations, including with children or people who have learning disabilities |
| 8a Within a consultation | Mini-ACE's to demonstrate a skillful approach to communicating, including use of emotional sensitivity Two rounds of Mini-PAT | Two rounds of Mini-PAT | Mini-ACE or ACE of interviews with a child or patient with a learning disability, if not performed in CT2. This assessment must be conducted by an appropriate specialist Mini-ACE/ACE of interview with a patient who has chronic delusions and hallucinations (if not completed in CT2) Two rounds of Mini-PAT |
| 9 Demonstrate the ability to work effectively with colleagues, including team working | | | |
| | By the end of CT1, the trainee should demonstrate the ability to work effectively as a member of a mental health team | By the end of CT2, the trainee should demonstrate the ability to work effectively as a member of a mental health team that works with older people | By the end of CT1, the trainee should demonstrate the ability to work effectively as a member of a mental health team that works with children or with people who have learning disabilities |

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| 9a Clinical teamwork | <p>CBD of patient who is being seen by other members of the MDT</p> <p>Two rounds of Mini-PAT</p> <p>Supervisors' reports</p> | <p>CBD of older person who is being seen by members of the older persons' CMHT, if not performed in CT1</p> <p>Two rounds of Mini-PAT</p> <p>Supervisors' reports</p> | <p>CBD of child or patient with learning disability who is being seen by other health or social care agencies, if not performed in CT2. This assessment must be conducted by an appropriate specialist</p> <p>Two rounds of Mini-PAT</p> <p>Supervisors' reports</p> |
| 10 Develop appropriate leadership skills | | | |
| | <p>By the end of CT1, the trainee should demonstrate the ability to take on appropriate leadership responsibility, for example by acting as rota coordinator</p> | <p>By the end of CT2, the trainee should demonstrate the ability to take on appropriate leadership responsibility in increasingly challenging situations, for example by acting as a representative on a working group</p> | <p>By the end of CT3, the trainee should demonstrate the ability to take a lead in an aspect of the work of a mental health team</p> |
| 10a Effective leadership skills | <p>Two rounds of Mini-PAT</p> <p>Supervisors' reports</p> | <p>Two rounds of Mini-PAT</p> <p>Supervisors' reports</p> | <p>Two rounds of Mini-PAT</p> <p>DONCS/CBD focused on the trainee's participation in a multi-disciplinary meeting planning the care of patients, if not completed in CT2</p> |

| | | | Supervisors' reports |
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| 11 Demonstrate the knowledge, skills and behaviours to manage time and problems effectively | | | |
| | By the end of CT1, the trainee should demonstrate the ability to organise their work time in the context of a mental health service effectively, flexibly and conscientiously and be able to prioritise clinical problems | By the end of CT2, the trainee should demonstrate the ability to organise their work time more independently | By the end of CT3, the trainee should demonstrate awareness of the importance of continuity of care |
| 11a Time management | Two rounds of Mini-PAT | Two rounds of Mini-PAT | CBD focused on the trainee's contribution over a period of several months to the care of a patient with enduring mental health needs. May be completed in CT 2 or 3 Two rounds of Mini-PAT |
| 11b Communication with colleagues | Two rounds of Mini-PAT Supervisors' reports | Two rounds of Mini-PAT Supervisors' reports | Two rounds of Mini-PAT Supervisors' reports |
| 11c Decision making | Supervisors' reports | Supervisors' reports | Supervisors' reports |
| 11d Continuity of care | Supervisors' reports | Supervisors' reports | Supervisors' reports |
| 11e Complaints | Supervisors' reports | Supervisors' reports | Supervisors' reports |
| 12 Demonstrate the ability to conduct and complete audit in clinical practice | | | |
| | | By the end of CT2, the | By the end of CT3, the |

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| | | trainee should demonstrate the ability to perform and present an audit project | trainee should demonstrate the ability to independently perform an audit project and apply its findings to the service as well as their own practice |
| 12a Audit | | Evidence of presentation of at least one complete audit project if not completed in CT1 | Evidence of presentation of a second complete audit project demonstrating application to a service if not completed in CT2 |
| 13 to develop an understanding of the implementation of clinical governance | | | |
| | By the end of CT1, the trainee should demonstrate participation in clinical governance work, including an awareness of the importance incident reporting and knowledge of relevant clinical guidelines | | By the end of CT3, the trainee should demonstrate the ability to deviate from clinical guidelines when clinically appropriate to do so |
| 13a Organisational framework for clinical governance and the benefits that patients may expect | Supervisors' reports | Supervisors' reports | Supervisors' reports |
| 14 To ensure that the doctor is able to inform and educate patients effectively | | | |
| | By the end of CT1, the trainee should demonstrate the ability to advise patients about the nature and treatment of common mental illnesses, | | By the end of CT3, the trainee should demonstrate the ability to help a patient with a relapsing illness construct a relapse prevention |

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| | so the patient may be more able to participate in their treatment and the ability to advise patients about environmental and lifestyle factors and the adverse effects of alcohol, tobacco and illicit drugs | | plan. |
| 14a Educating patients about illness and its treatment | Mini-ACE or CBD of advising a patient about the nature and treatment of their illness | | Mini-ACE of negotiating a relapse prevention plan, if not completed in CT2 CBD around a patient with an enduring mental health problem focused on the trainee's understanding of how services may perpetuate and reinforce stigma. May be completed in CT2 or CT3 |
| 14b Environmental and lifestyle factors | Mini-ACE or CBD of advising a patient on environmental and lifestyle changes | | |
| 14c Substance misuse | Mini-ACE or CBD advising a patient concerning the effects of alcohol, tobacco and illicit drugs on health and wellbeing | | |
| 15 To develop the ability to teach, assess and appraise | | | |

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|---|---|---|---|
| | By the end of CT1, the trainee should demonstrate the ability to construct an effective learning plan | By the end of CT2, the trainee should demonstrate the ability to participate in appraisal | By the end of CT3, the trainee should demonstrate the ability to teach in a variety of settings and to conduct assessments |
| 15a The skills, attitudes, behaviours and practices of a competent teacher | An effective individual learning plan outlining learning needs, methods and evidence of attainment | As CT1 | As CT1 Completed AoT forms with evidence of reflection on feedback, if not completed in CT2 |
| 15b Assessment | | | Evidence of assessing Foundation Programme doctors and/or clinical medical students, if not completed in CT2 |
| 15c Appraisal | | Completed NHS appraisal | Completed NHS appraisal |
| 16 To develop an understanding of research methodology and critical appraisal of the research literature | | | |
| | By the end of CT1, the trainee should demonstrate the ability to base their practice on best evidence | | By the end of CT3, the trainee should demonstrate an understanding of basic research methodology and critical appraisal applied to the study of psychiatric illness and its treatment |
| 16a Research techniques | | | JCP to demonstrate an understanding of basic research methodology, if not completed in CT2 |

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| | | | JCP to demonstrate an understanding of the research techniques used in psychological therapies, if not completed in CT2 |
| 16b Evaluation and critical appraisal of research | JCP to demonstrate application of evidence to a clinical problem the trainee has encountered | | JCP to demonstrate use of critical appraisal techniques, if not completed in CT2 JCP to demonstrate an understanding of the research base in psychological therapies and the particular difficulties in conducting research in this area, if not completed in CT2 |
| 17 To ensure that the doctor acts in a professional manner at all times | | | |
| | By the end of CT1, the trainee should demonstrate an understanding of the tensions that can exist in the doctor patient relationship, issues relating to confidentiality and the sharing of information, professional codes of practice and conduct and responsibility for personal | | By the end of CT3, the trainee should demonstrate skills in limiting information sharing appropriately, skills in obtaining consent and performing a risk assessment in children or people with learning disabilities who have a mental health problem |

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|---------------------------------|--|--|---|
| | health | | |
| 17a Doctor patient relationship | CBD to demonstrate understanding of the emotional and professional tensions that can exist in the doctor patient relationship, | | |
| 17b Confidentiality | CBD to demonstrate appropriate sharing of information | | CBD to demonstrate capacity to limit information sharing appropriately, if not completed in CT2 |
| 17c Consent | Mini-ACE of obtaining consent for treatment of a psychiatric disorder | | Mini-ACE of obtaining informed consent in a child or patient with learning difficulties, if not completed in CT2. This assessment must be conducted by an appropriate specialist |
| 17d Risk management | CBD of risk assessment and management of an adult patient with a common psychiatric problem | | CBD of risk assessment and management in an adult patient with a more complex psychiatric problem, if not completed in CT2 CBD of risk management in a child or patient with learning difficulties, if not completed in CT2. This assessment must be conducted by an |

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| | | | appropriate specialist |
| 17e Recognise own limitations | CBD to demonstrate an appreciation of the extent of one's own limitations | | |
| 17f Probity | Supervisors' reports | Supervisors' reports | Supervisors' reports |
| 17g Personal health | Supervisors' reports | Supervisors' reports | Supervisors' reports |
| 18 To develop the habits of lifelong learning | | | |
| | By the end of CT1, the trainee should demonstrate the ability to use learning opportunities to the greatest effect | During CT2, the trainee should continue to demonstrate the ability to use learning opportunities to the greatest effect | By the end of CT3, the trainee should demonstrate the ability to use systems to maintain up-to-date practice and demonstrate an understanding of the relevance of professional bodies |
| 18a Maintaining good medical practice | | Supervisors' reports | Supervisors' reports |
| 18b Lifelong learning | An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self reflection | An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-reflection | An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-reflection |
| 18c Relevance of outside bodies | Evidence of continued GMC registration Evidence of registration with the Royal College of Psychiatrists | Evidence of continued GMC registration Evidence of registration with the Royal College of Psychiatrists | Evidence of continued GMC registration Evidence of registration with the Royal College of Psychiatrists |

Guide for ARCP panels in Advanced Training in General Psychiatry ST4-ST6

The suggested minimum number of WPBAs for ST4-ST6 trainees in Specialist General Psychiatry Training is:

| WPBA | Minimum number required per year | | |
|----------|----------------------------------|---------------------|---------------------|
| | STR4 50/50 IP /OP | STR5 (Specialty) | STR6 (Specialty) |
| ACE | 2 | 1 | 1 |
| mini-ACE | 2 | 2 | 2 |
| CbD | 6 | 4 | 4 |
| mini-PAT | 2 | 1 | 1 |
| SAPE | 1 | 1 | 1 |
| AoT | 2 | 2 | 2 |
| DONCS | 3 | 3 | 3 |

- Please note ST4-6 years are interchangeable dependent on rotation order.

ST4 is assumed to be one year of 40% WTE acute general adult outpatient and 40% WTE acute (assessment and treatment in the acute setting) general adult in-patient psychiatry. 10% WTE of this placement will be spent in special interest sessions. Not all trainees will be able to undertake this placement in the first year of specialist training, although where possible this is the preferred option.

The year that is spent in Eating Disorders/Perinatal Psychiatry will include the assessments that are stipulated for Eating Disorders/Perinatal Psychiatry.

| Intended learning outcome | ST4 (50% acute IP and 50% OP) | ST6 (General Psychiatry) |
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| | By the end of ST4 the trainee will be able to independently assess a patient presenting to a general working age adult in-patient and out patient service | By the end of ST6 the trainee will be able to supervise the assessment of a patient presenting to the working age adult service conducted by a Foundation Programme Trainee or a Core Psychiatry Trainee They will also be able to independently assess the most complex cases, presenting to working age adult services involving multilayered complicating factors including personality disorder, substance misuse, medico-legal and diversity issues. |

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| <p>1b Patient examination, including mental state examination and physical examination</p> | <p>CBD of an OP case presentation of a patient the trainee has fully assessed, including a collateral history.</p> <p>CBD of an IP case presentation of a patient the trainee has fully assessed, including a collateral history.</p> <p>ACE conducted with an OP adult patient not previously known to the trainee, to include mental state examination.</p> <p>ACE conducted with an IP adult patient not previously known to the trainee, to include mental state examination.</p> | <p>DONCS or CBD of the trainee supervising a Foundation Programme Trainee or a Core Psychiatry Trainee</p> <p>CBD or ACE of a case presentation of a patient with complex problems the trainee has fully assessed within the working age adult service</p> |
| | <p>By the end of ST4 the trainee will be able to independently construct a formulation for a patient presenting to a general working age adult in-patient and out patient service with a complex problem</p> | <p>By the end of ST6 the trainee will be able to supervise a Foundation Programme Trainee or a Core Psychiatry Trainee constructing a formulation of a problem experienced by a patient presenting to the working</p> |

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| | | age adult service |
| | <p>CBD of differential diagnosis in a complex in-patient case.</p> <p>CBD of differential diagnosis in a complex out-patient case.</p> | <p>DONCS or CBD of the trainee supervising a Foundation Programme Trainee or a Core Psychiatry Trainee</p> |
| | <p>By the end of ST4 the trainee will be able to independently construct a plan of investigations and treatment for a patient presenting to a general working age adult in-patient and out patient service with a complex problem</p> | <p>By the end of ST6 the trainee will be able to supervise the construction of a plan of investigations and treatment for a patient presenting to the working age adult service conducted by a Foundation Programme Trainee or a Core Psychiatry Trainee</p> |
| | <p>CBD of investigations and management of a complex in-patient case.</p> <p>CBD of investigations and management of a complex in-patient case.</p> | <p>DONCS or CBD of the trainee supervising a Foundation Programme Trainee or a Core Psychiatry Trainee</p> |
| | <p>By the end of ST4 the trainee will be able to conduct a risk</p> | <p>By the end of ST6 the trainee will be able to supervise a core trainee</p> |

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| | assessment, instigate a treatment plan and supervise the progress of working age adult inpatients and outpatients presenting with self harm and/or a history of violence toward others. | or foundation trainee in conducting a risk assessment, instigating a treatment plan and monitoring the progress of patients presenting with self harm and/or a history of violence toward others. |
| 4b Psychiatric emergencies | Mini-ACE of a Mental Health Act assessment. | DONCS of trainee chairing a case conference / CPA review of a high risk patient |
| 4c Mental health legislation | <p>CBD of an out of hours Mental Health Act assessment and subsequent case management.</p> <p>CBD of a Mental Health Act Tribunal Report (or equivalent) the Trainee has written.</p> <p>ACE of trainee giving evidence in a Mental Health Act Tribunal (or equivalent).</p> | CBD of relevant mental health legislation and the management of a patient in this specialist area (e.g EIP, AO, crisis, eating disorders, neuropsychiatry etc) (if not completed in ST5) |
| 4d Broader legal framework | Evidence of satisfactory completion of an | CBD of case involving the management of child |

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| | appropriate course to gain approval to exercise powers under the relevant mental health legislation | protection issues. |
| | By the end of ST4 the trainee will be familiar with the range of psychotherapies available to working age adults in both inpatient and outpatient settings and be able to incorporate the principles of these techniques into their own clinical practice. | By the end of ST6 the trainee will be familiar with the range of psychotherapies available to patients in this specialist area (e.g EIP, AO, crisis, eating disorders, neuropsychiatry etc) and able to incorporate the principles of these techniques into their own clinical practice. |
| 5a Psychological therapies | SAPE of the use of a psychological treatment appropriate to general adult in patients or out patients. | SAPE of the use of a psychological treatment relevant to the management of a patient in this specialist area (e.g EIP, AO, crisis, eating disorders, neuropsychiatry etc) (if not completed in ST5) |
| | By the end of ST4 the trainee will be able to concisely summarise the previous case records of patients with severe and | By the end of ST6 the trainee will be able supervise a core trainee or foundation doctor as they concisely summarise |

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| | enduring mental illness presenting in both inpatient and outpatient settings and use this information to inform the assessment, treatment plan and subsequent monitoring of these patients. | the previous case records of patients with severe and enduring mental illness and use this information to inform the assessment, treatment plan and subsequent monitoring of these patients. |
| 7a Management of severe and enduring mental illness | Mini-ACE of the inpatient management of a patient with severe and enduring mental illness | CBD of the management of a patient with severe and enduring mental illness in the context of a specialist area (e.g EIP, AO, crisis, eating disorders, neuropsychiatry etc) (if not completed in ST5) CBD or DONCS of trainee supervising a Foundation Programme Trainee or Core Psychiatry Trainee |
| | By the end of ST4, the trainee will be able to describe the role of the general psychiatrist in a core in-patient and community team and be able to work as a member of such a team | By the end of ST6, the trainee will be able to manage competing demands, support and facilitate the leadership of others and contribute to change management processes and if not |

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| | without the need for close personal supervision | completed by the end of ST5, they will have demonstrated the ability to resolve conflict within a team and to handle complaints |
| | Two rounds of Mini-PAT – one in the inpatient setting and one in the outpatient setting. Supervisors' reports | One round of Mini-PAT Supervisors' reports |
| | By the end of ST4 the trainee should be able to demonstrate the ability to effectively chair a multi-disciplinary team meeting in a general psychiatry service and to lead the team for a short period of time under consultant supervision. The trainee should be able to describe the role of a leader and different approaches and styles of leadership | By the end of ST6, the trainee should have taken a leading part in a change management project and should have demonstrated the ability to mentor a colleague. The trainee should also demonstrate the ability to handle conflict and/or team dysfunction |
| | One round of Mini-PAT DONCS of ability to chair and manage an in-patient ward round. DONCS in acting up as | One round of Mini-PAT DONCS of ability to chair and manage a team meeting in the context of a specialist area (e.g EIP, |

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| | <p>consultant in an in-patient unit for a 2 week period under close consultant supervision.</p> <p>Supervisors' reports</p> | <p>AO, crisis, eating disorders, neuropsychiatry etc) (if not completed in ST5).</p> <p>DONCS or CBD of mediation in conflict situation (if not completed in ST5)</p> <p>Supervisors' reports</p> |
| | <p>By the end of ST4 the trainee should demonstrate the ability to prepare and deliver a report for a Mental Health Tribunal and/or Managers' Hearing</p> | <p>By the end of ST6, the trainee should demonstrate the ability to act as an expert witness, either in a real or 'shadow' situation (if not completed in ST5)</p> |
| 11b Communication with colleagues | <p>One round of Mini-PAT</p> <p>Supervisors' reports</p> | <p>One round of Mini-PAT</p> <p>Supervisors' reports</p> |
| | <p>By the end of ST4, the trainee will have completed an audit project using a different methodology from that which they used in core training and will be able to demonstrate the application of audit principles to their own work.</p> | <p>By the end of ST6, the trainee will demonstrate the ability to supervise a colleague's audit project and will have been involved in a service-wide quality improvement project) (if not completed in ST5)</p> |

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| 12a Audit | Completed audit report Supervisor's report | DONCS of ability to supervise an audit conducted by a Core trainee Supervisor's report |
| | By the end of ST4, the trainee will demonstrate an awareness of risk management issues and healthcare governance issues | By the end of ST6, the trainee will demonstrate an ability to handle a Singular Untoward Incident (SUI) and ability to work nationally, regionally or locally to develop and implement clinical guidelines and care pathways (if not completed in ST5) |
| 13a Organisational framework for clinical governance and the benefits that patients may expect | Supervisors' reports DONCS of ability to manage a clinical complaint | Supervisors' reports DONCS of ability to report and act on a SUI either in a real or 'shadow' situation (if not completed in ST5) |
| | By the end of ST4, the trainee will demonstrate an ability to use a number of different teaching methods and an ability to conduct workplace-based | By the end of ST6, the trainee will demonstrate an ability to organise (including evaluate) educational events (if not completed in ST5) and an ability to conduct an |

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| | assessments (WPBA's) for foundation or core trainees | appraisal of a colleague |
| 15a The skills, attitudes, behaviours and practices of a competent teacher | AoT of ward based undergraduate teaching. AoT of clinic/domiciliary based teaching. | Record of an AoT performed on a junior colleague's teaching Supervisor's report |
| 15b Assessment | Log of shadow supervision sessions provided to core or foundation trainee (generally one hour per fortnight). Record of WPBA's conducted on others DONCS of trainee conducting a WPBA on a junior colleague or an in-course assessment of a medical student, including giving feedback | Log of supervision or support to non-medical members of the team assessing core or foundation trainees |
| 15c Appraisal | Supervisor's report | DONCS on completion of foundation or core trainee shadow ARCP appraisal form (if not completed in ST4) Supervisor's report |

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| | | Completed NHS appraisal |
| | By the end of ST4, the trainee should be able to frame an appropriate research question, conduct a relevant literature search, write a comprehensive review of this literature and write a research protocol (this may be for a project that the trainee will conduct or it may be in 'shadow' form) | By the end of ST6 should demonstrate the ability to prepare findings of research, audit or similar work for dissemination beyond the trainee's workplace and be able to communicate the importance of applying research findings to colleagues |
| 16a Research techniques | Special Interest/research supervisors reports or supervisor's report | Copy of publications (if applicable) Special Interest/research supervisors reports or supervisor's report |
| 16b Evaluation and critical appraisal of research | DONCS on the evaluation of an original research paper of relevance to in-patient or out-patient General Psychiatry. Supervisor's report | DONCS on the evaluation of an original research paper in a specialist area (e.g EIP, AO, crisis, eating disorders, neuropsychiatry etc) if not completed in ST5 Supervisor's report |
| | By the end of ST4 the trainee will demonstrate an understanding of the | By the end of ST6 will not only exemplify the highest standards of |

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| | issues surrounding confidentiality and the appropriate sharing of information and the need for safe and positive decision-making with respect to risk management in core working age psychiatry services | professionalism in their own practice but will also demonstrate an ability to support and advise colleagues in dealing with complex professional interactions, including the safe and appropriate sharing of information |
| 17a Doctor patient relationship | One round of Mini-PAT | One round of Mini-PAT |
| 17b Confidentiality | CBD on a case where confidentiality issues are salient. | Supervisor's report |
| 17d Risk management | Mini-ACE or CBD on assessment of risk in a complex case | Mini-ACE or CBD on assessment of risk in a complex case in a specialist area (e.g EIP, AO, crisis, eating disorders, neuropsychiatry etc) if not conducted in ST5 |
| 17e Recognise own limitations | Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt. | Log of cases where the trainee has provided clinical supervision |
| 17f Probity | Supervisors' reports | Supervisors' reports |
| 17g Personal health | Supervisors' reports | Supervisors' reports |

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| | In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation | In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation |
| 18a Maintaining good medical practice | Supervisors' reports Reflective prose on issues raised in relation to clinical practice around GMC "good medical practice" | Supervisors' reports Reflective prose on issues raised in clinical practice around GMC "good medical practice" |
| 18b Lifelong learning | An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self reflection | An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-reflection |
| 18c Relevance of outside bodies | Evidence of continued GMC registration | Evidence of continued GMC registration |

Guide for ARCP panels - Perinatal Psychiatry

Trainees in Perinatal psychiatry are expected to carry out sufficient WPBAs necessary to demonstrate the development of relevant clinical skills, and to demonstrate progress and learning. It is unlikely that this will be achieved using fewer than 4 ACE's and 8 mini-ACE's over a 12-month period, in addition to 6 CBD's and 6 DONCS

Trainees should ensure that in addition to the GMC approved assessment tools, competence is demonstrated using a broad range of evidence, including reflective practice, self assessments, feedback, certificates of courses attended (especially if accompanied by an assessment of competence) etc... Intended Learning Outcomes need to be triangulated.

It is unlikely that any one WPBA will be able to demonstrate competence in more than 7 learning objectives

Trainees in perinatal psychiatry need to continue demonstrate ongoing competence in those areas of the Core Psychiatry and General Psychiatry curricula not specifically covered by the Perinatal Psychiatry Curriculum.

| <u>Intended learning outcome</u> | <u>ST4 or 5</u> |
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| <u>Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:</u> <ul style="list-style-type: none">• <u>Presenting or main complaint</u>• <u>History of present illness</u>• <u>Past medical and psychiatric history</u>• <u>Systemic review</u> | |

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| <ul style="list-style-type: none"> • <u>Family history</u> • <u>Socio-cultural history</u> • <u>Developmental history</u> | <p><u>CBDs of typical patients the trainee has fully assessed in perinatal psychiatry</u></p> <p><u>ACEs of typical patients the trainee has fully assessed in perinatal psychiatry</u></p> <p><u>CBDs and ACEs may be paired to the same case</u></p> <p><u>Mini-ACEs of specialised assessments such as on postnatal ward settings or pre-pregnancy assessment in high-risk patients</u></p> <p><u>Mini-PAT</u></p> |
| 2 Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses | |
| | <p><u>CBDs of differential diagnosis in perinatal patients</u></p> <p><u>Mini-ACE of specialised assessment of capacity in perinatal settings</u></p> |

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| | Mini-PAT |
| <u>3 Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains</u> | |
| | <p><u>CBDs of investigations and management of a patient with complex problems in perinatal psychiatry</u></p> <p><u>Mini-ACEs in the practice of prescribing for pregnant and breastfeeding women, and pre-pregnancy medication advice in high-risk women</u></p> <p>Mini-PAT</p> |
| <u>4 Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies</u> | |

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| | <p>Mini-ACE of the assessment of risk in relation to the patient, her baby and others in perinatal and maternity settings</p> <p>CBDs of factors relating to risk assessment and management in mother and baby inpatient settings, and those in maternity and community settings</p> <p>DONCS of contributing to social services lead child safeguarding meetings and chairing CPA reviews in relation to risk management in perinatal settings</p> <p>Mini-PAT</p> |
| <p><u>5 Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions</u></p> | |
| | <p>CBD of the use of a psychological treatment relevant to the management of a patient in perinatal psychiatry, especially in the</p> |

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| | <p><u>assessment and promotion of mother-infant interaction</u></p> <p><u>Mini-ACE of the use of psychological skills to assist staff in the management of complex perinatal problems</u></p> |
| <p><u>7 Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states</u></p> | |
| | <p><u>CBDs of complex assessments of capacity and under the MHA, and of the assessment of parenting ability in pregnancy and postpartum women</u></p> <p><u>ACEs of complex MHA and capacity assessments, and of parenting ability in pregnant and postnatal patients</u></p> |
| <p><u>8 Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances</u></p> | |
| | <p><u>Mini-ACEs of interaction with patients, relatives or colleagues</u></p> <p><u>CBDs on issues arising during interaction with</u></p> |

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| | <p>patients, relatives or colleagues</p> <p>Mini-PAT</p> |
| 9 Demonstrate the ability to work effectively with colleagues, including team working | |
| | <p>One round of Mini-PAT</p> <p>Supervisor's reports</p> |
| 10 Develop appropriate leadership skills | |
| | <p>One round of Mini-PAT</p> <p>CBDs on the co-ordination and management of patients with specific disorders in perinatal psychiatry</p> <p>Mini-ACEs on the co-ordination and management of patients with specific disorders in perinatal psychiatry</p> <p>Mini-ACEs and CBDs may be paired on the same case</p> |
| 12 Demonstrate the ability to conduct and complete audit in clinical practice | |
| | <p>One completed audit</p> |
| 15 To develop the ability to teach, assess and appraise | |
| | <p>AoT in relation to</p> |

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| | perinatal psychiatry DONCS on supervising junior trainees or non-medical staff in issues relating to perinatal psychiatry |
| Intended learning outcome | ST4 or 5 |
| <p>Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include: ———</p> <ul style="list-style-type: none"> •Presenting or main complaint •History of present illness •Past medical and psychiatric history •Systemic review •Family history •Socio-cultural history •Developmental history | |
| | |
| 2-Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses | |
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| 3-Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains | |

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| 4 Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies | |
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| 5 Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews, that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions | |
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| 7 Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states | |
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| 8 Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances | |
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| 9 Demonstrate the ability to work effectively with colleagues, including team working | |
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| 10 Develop appropriate leadership skills | |
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| 12 Demonstrate the ability to conduct and complete audit in clinical practice | |
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| 15 To develop the ability to teach, assess and appraise | |
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| 17 To ensure that the doctor acts in a professional manner at all times | |
| | Reflective practice |
| 17f Probity | Supervisor's report |
| 17g Personal health | Supervisor's reports |
| 18 To develop the habits of lifelong learning | |
| 18a Maintaining good medical practice | Supervisor's reports |
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| <u>18b Lifelong learning</u> | An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-reflection |
| <u>18c Relevance of outside bodies</u> | Evidence of continued GMC registration |
| 17 To ensure that the doctor acts in a professional manner at all times | |
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| 17f Probity | |
| 17g Personal health | |
| 18 To develop the habits of lifelong learning | |
| 18a Maintaining good medical practice | |
| 18b Lifelong learning | |
| 18c Relevance of outside bodies | |