

Placement-specific personal development plan – Learning (Intellectual) Disability Psychiatry exemplar

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

Post Description	Community ID Psychiatry
Post Length	One year
Training Year	ST4
Career Progression Plan	
ST4	Community Intellectual Disability placement
ST5	Inpatient Intellectual Disability and ID Crisis Team placement
ST6	Specialist Intellectual Disability placements (TBC), opportunity for Acting Up Consultant post (3 months)
Professional Development Sessions	
ST4	ADHD, Clinical genetics
ST5	ASD, Epilepsy
ST6	Leadership and management, Teaching

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

Specialty HLO statements

HLO1: Demonstrate the professional values and behaviours required of a consultant psychiatrist, with reference to Good Medical Practice, and Core Values for Psychiatrists (CR204) and other relevant faculty guidance.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
1.1 Professional Relationships	Work collaboratively and effectively with patients with an intellectual disability, their families, their carers of all ages, and colleagues, while managing complex risk and system dynamics.	<ul style="list-style-type: none"> Liaise and work with relevant colleagues and agencies to ensure your patients receive care and support. Demonstrate 'Professional Curiosity' in your clinical practice and discuss concerns in psychiatric supervision Later in placement, chair MDT meetings. 	CbD Supervisor report DONCS
	Recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and their carers of all ages, and on working relationships with colleagues.		
	Consistently demonstrate, and promote in others, a person-centred holistic approach to patients with an intellectual disability, their families and their carers of all ages that is empathic, compassionate and respects their	<ul style="list-style-type: none"> Your supervisor will observe you in clinic at different stages of your placement, including in joint 	ACE Mini-ACE CbD

dignity, whilst remaining realistically optimistic and honest.	<ul style="list-style-type: none"> appointments with members of the MDT. 	Supervisor report
Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.	<ul style="list-style-type: none"> Discuss these issues in supervision 	Reflective notes Supervisor report
Understand the fundamental role of multidisciplinary team working in intellectual disability practice and the role of the psychiatrist within this.	<ul style="list-style-type: none"> Attend team meetings and reflect on these, including in supervision 	Mini-PAT Reflective notes Supervisor report
Apply an understanding of how culture and community influence patients with intellectual disability and their families, affecting their interaction with services.		
Set and maintain professional boundaries with stakeholders, for example adult services, commissioners, support providers, legal professionals, the police and primary and secondary care.	<ul style="list-style-type: none"> Discuss and reflect on developing and maintaining a range of working relationships in psychiatric supervision Later in placement, reflect on developing as a leader as well as a team member. 	Mini-PAT Reflective notes Supervisor reports
Advocate for your patients with intellectual disability; where necessary do so separately to the needs and wishes of other systems, for example families and carers, primary and secondary care and social care.	<ul style="list-style-type: none"> Discuss clinical cases in supervision which involve navigating differing demands from the patient / their carers / other professionals, seeking 	CbD Supervisor report

		support from your supervisor as required	
1.2 Professional Standards	Understand the impact of workload, patient, team and organisational dynamics on your own well-being.	<ul style="list-style-type: none"> • Discuss management of health and wellbeing in psychiatric supervision. • In next post, seek opportunities to manage emergencies 	Supervisor reports
	Use supervision and reflection effectively, recognising your skills, limitations and your duty of candour.	<ul style="list-style-type: none"> • Undertake clinical duties in a range of circumstances, including urgent and unexpected situations, and demonstrate how to manage these effectively, with an appropriate level of supervision. 	ACE, Mini ACE CBD DOPS
	Apply strategies to take care of your wellbeing, seeking timely support and guidance, including acknowledging if you have a protected characteristic which might impact on your training, or if you are having difficulties adapting to working in the UK, and support trainees and other colleagues to do so too.		
	Actively use and promote reflective practice in your team to address the emotional impact of work on yourself, the individual and the team.		

	Consistently demonstrate a positive and conscientious approach to the completion of your work.		Supervisor report
	Make clear, accurate and contemporaneous records.	<ul style="list-style-type: none"> Discuss record keeping and report writing in supervision, including the purpose of these <p>Complete the Trust IG module</p>	<p>Supervisor report</p> <p>DOPS</p> <p>Upload certificate</p>
	Promote psychiatry of intellectual disability as a specialty, including acting as an advocate for patients, families and carers.		
	Maintain appropriate professional standards whilst working clinically, as a leader within a healthcare organisation and with other stakeholders.		
	Maintain appropriate confidentiality in intellectual disability practice and advise other professionals within and outside the health and social care setting.		
	Identify and challenge stigma and discrimination against people with intellectual disability.		
	Promote the resources available within the specialist team to the wide health and social care system, in order to enable optimal physical health of patients.		
	Take responsibility for raising and addressing issues of patient safety and quality of care in a timely manner.		

	Maintain appropriate professional attitudes and behaviour when managing situations of ambiguity and uncertainty	<ul style="list-style-type: none"> • Provide planned and 'ad hoc' supervision for junior colleagues and obtain feedback from this • Include junior colleagues in second round of Mini-PAT. 	Supervisor reports Anonymised feedback Mini PAT
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.		
HLO 2.1: Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.1 Communication	Demonstrate an understanding of your own style of verbal and nonverbal communication and the impact of this on professional relationships.		
	Consistently communicate effectively with patients across the spectrum of cognitive ability, including those with neurodevelopmental disorders and relevant others, utilising a range of methods and adapting your style of communication to the patient's needs, making reasonable adjustments as appropriate.	<ul style="list-style-type: none"> • Clinically assess patients with ID across the range of communicative ability 	ACE Mini ACE
		<ul style="list-style-type: none"> • Employ strategies to support communicative understanding in your patients with ID e.g., pictorial information • Later in the placement attend Makaton training 	ACE Mini ACE CbD

<p>Demonstrate skills in supporting those for whom English is not their first language, including the use of interpreters, and providing information in other languages.</p>	<ul style="list-style-type: none"> • Undertake observed clinical encounters with patients and carers. • Participate in professional discussions • Later in placement, chair MDT meetings 	<p>ACE Mini ACE Mini PAT AOT Supervisor reports</p>
<p>Develop and maintain therapeutic relationships with your patients with intellectual disability, their families and their carers of all ages.</p>		
<p>Communicate effectively with colleagues in the multidisciplinary team and promote interagency working through effective liaison with external organisations.</p>	<ul style="list-style-type: none"> • Engage in MDT working and discuss this in supervision • Shadow the Lead Nurse in the team to gain an understanding of their role 	<p>Mini-PAT DOPS Reflective note Supervisor report</p>
<p>Analyse complex information and express your professional opinion coherently through both written and verbal communication.</p>		
<p>Produce written reports within the limits of your expertise, which are coherent, comprehensive, timely, accurate, relevant, and as appropriate taking into account legal principles and requirements.</p>		
<p>Effectively explain to patients with intellectual disability, their families and their carers of all ages, the outcome of the assessment and the recommended care plan,</p>		

considering their ideas, concerns and expectations.

HLO 2.2: Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Learning (Intellectual) disability psychiatry.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.2 Clinical Skills	Demonstrate a person-centred holistic approach to the assessment and treatment of mental disorders in patients with intellectual disability considering relevant social, cultural, spiritual and religious factors.	<ul style="list-style-type: none"> Take a detailed developmental history and use established clinical tools to assess level of functioning e.g., Vineland, ABAS Observe a formal IQ assessment and discuss the scope and limitations of its findings 	ACE Mini ACE CBD
	Demonstrate a working knowledge of the genetic causes of intellectual disability and the associated behavioural phenotypes.	<ul style="list-style-type: none"> Attend Genetics Clinic 	PDS report from Consultant Geneticist
	Understand the principles of life span issues that affect people with intellectual disability and their families, and how these influence the management of transitions.		
	Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including awareness of normative as well as variations in presentations, for example with	<ul style="list-style-type: none"> Attend ADHD clinic 	PDS report from ADHD Consultant

neurodevelopmental conditions and across cultures.		
Demonstrate proficiency in the assessment of capacity to consent to care and treatment in patients with intellectual disability.		
Demonstrate an understanding of the social determinants of health, including economic deprivation, inadequate nutrition, educational and environmental factors and the impact of these on the aetiology and presentation of mental disorders in patients with intellectual disability.		
Apply advanced knowledge of the pharmacodynamics, pharmacokinetics, efficacy, tolerability, interactions and adverse effects of psychotropic medication in patients with intellectual disability as appropriate when initiating, reviewing, changing or discontinuing regimes.		
Demonstrate proficiency in obtaining a detailed psychiatric history and performing a mental state examination in patients with intellectual disability in both routine and urgent settings.	<ul style="list-style-type: none"> • Take a detailed psychiatric history, perform a mental state examination, arrange necessary investigations and create a management plan for patients with ID and: psychosis, mood disorders, anxiety disorders, personality disorders and dementia. • Later in the placement, assess and manage cases with additional neuro- 	<p>Reflective notes Supervisor reports ACE Mini ACE CBD Supervisor reports</p>

	developmental co-morbidity e.g., autism, ADHD	
Assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.		
Conduct a thorough physical examination, request relevant investigations and make referrals to other specialists where appropriate.		
Assess the general health of your patients, taking into account the impact of their physical health on their mental health needs and vice versa. This assessment should include consideration of nutritional, metabolic, endocrine and reproductive factors and disorders, and the physical and mental impact of substance use and addiction on clinical presentation.	<ul style="list-style-type: none"> Assess patients with ID and additional physical comorbidities 	ACE Mini-ACE CbD Supervisor report
Demonstrate proficiency in the assessment and diagnosis of mental and neurodevelopmental disorders in patients with intellectual disability across the spectrum of cognitive ability using classification systems as appropriate.	<ul style="list-style-type: none"> Attend ADHD clinic Carry out ADHD assessments under an appropriate level of supervision 	PDS report from ADHD Consultant ACE Mini-ACE CbD
Demonstrate proficiency in the assessment of risk in people with intellectual disability leading to a formulation and risk management plan.	<ul style="list-style-type: none"> Complete risk assessment documentation Assess and formulate challenging behaviour in 	ACE Mini-ACE CbD

	<p>people with ID, in consultation with the MDT</p> <ul style="list-style-type: none"> • Later in the placement, complete an independent formulation. 	
Demonstrate proficiency in the construction of a comprehensive clinical formulation relevant to patients with intellectual disability and use this to devise a safe, effective and evidence-based management plan.		
Demonstrate proficiency in use of formulation to support the understanding of challenging behaviour in patients with intellectual disability, including the link between communication and behaviour.		
Demonstrate an understanding of the utility and limitations of clinical rating scales and psychometric testing for people with intellectual disability.	<ul style="list-style-type: none"> • Familiarise yourself with the key scales used within the service and begin using them to inform your clinical judgement 	<p>CbD Supervisor report</p>
	<ul style="list-style-type: none"> • Observe the team psychologist complete a formal cognitive assessment 	<p>Reflective note</p>
Demonstrate skills in the assessment and management of acute mental health crises in patients with intellectual disability.	<ul style="list-style-type: none"> • Undertake emergency assessments and devise a suitable management plan, with an appropriate level of supervision 	<p>Reflective notes Supervisor reports Mini ACE CBD</p>
Demonstrate specialist skills in the assessment and management of cognitive		

impairment in older patients with intellectual disability.		
Demonstrate an understanding of the assessment and treatment of epilepsy in patients with intellectual disability.		
Demonstrate advanced knowledge of psychological and psychotherapeutic treatments in the management of mental and behaviour disorders in adults with intellectual disability.	<ul style="list-style-type: none"> Attend forthcoming ID therapeutics conference and discuss your learning in supervision 	<p>Conference certificate Supervisor report</p>
Understand the range of community and inpatient treatment options for mental and behaviour disorders in patients with intellectual disability.	<ul style="list-style-type: none"> Visit different settings offering care and treatment and discuss this in supervision. 	Supervisor report
Work effectively across professional interfaces by collaborating and liaising with other medical and psychiatric specialities to support provision of holistic care and treatment for your patients with intellectual disability.	<ul style="list-style-type: none"> Liaise with primary and secondary care as needed, to ensure your patients' health needs are assessed and treated. 	<p>CbD Reflective notes Supervisor report</p>
Demonstrate proficiency in prescribing safely and effectively for patients with intellectual disability in routine and urgent settings, considering the research evidence base, prescribing guidelines, individual patient factors and the views of patients and their support networks.		
Demonstrate an understanding of how physical treatments can be used for the		

	treatment of mental disorders and apply this under supervision.		
	Work with others using a person-centred holistic approach to safely manage behavioural challenges and to support behavioural and environmental change.		
	Evaluate the outcome of interventions and treatments in patients with intellectual disability.		
	Work across a variety of service settings including care homes, supported living placements, day services, educational facilities and hospitals.		
HLO 2.3: Apply advanced management skills within Learning (Intellectual) disability psychiatry in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.3 Complexity & Uncertainty	Demonstrate an understanding of unconscious processes including transference, countertransference, projection and the experience of splitting, and the impact of these on professional relationships.		
	Demonstrate proficiency in recognising and managing clinical uncertainty, ambiguity, divergent views and complex co-morbidities and associated risks relating to those with intellectual disability.	<ul style="list-style-type: none"> Observe psychotherapeutic intervention in people with ID and reflect on this with the therapist/professional concerned 	Reflective notes CBD DOPS

	<ul style="list-style-type: none"> • Later in the placement, co-lead group sessions on anxiety with psychology in next placement. 	
	<ul style="list-style-type: none"> • Use psychiatric supervision to discuss countertransference issues arising from supporting people with ID and their care networks. • Later in the placement, undertake guided reading on PBS and discuss in psychiatric supervision. 	<p>CBD Supervisor reports</p>
Consciously vary from established care pathways where clinically indicated and justify these decisions as needed.		
Understand and work within the limits of your clinical capabilities, seeking timely support and consultation when needed.		
Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.	<ul style="list-style-type: none"> • Assess and manage patients with Intellectual Disability who have experienced trauma • Later in the placement, lead a complex case discussion session. 	<p>CbD Reflective notes</p>
Work with others to promote therapeutic optimism and hope in the management and care of patients with intellectual disability.	<ul style="list-style-type: none"> • Work with the MDT to devise and implement positive behaviour support planning 	<p>CbD SAPE</p>

	Manage divergent views about patient care leading to appropriate clinical interventions.		
HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Learning (Intellectual) disability psychiatry.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Apply the current legislation governing the care and treatment of people with intellectual disability and mental disorders in a variety of settings, including the use of emergency powers and compulsory treatment.	<ul style="list-style-type: none"> Assess patients with ID under the MHA Later in the placement, gain experience of MHA report writing and presenting at a tribunal during next placement. 	CbD DOPS Supervisor reports
	Apply the principles of least restrictive practice and human rights, when considering the application of legal powers across different settings.		
	Demonstrate an understanding of complex ethical issues relevant to the care of people with intellectual disability.	<ul style="list-style-type: none"> Assess capacity to consent to medication in people with ID Later in the placement, complete a capacity report for the Court of Protection 	Supervisor report CbD
	Give testimony at appropriately convened settings to review the legal status of a patient.		

	Meet the requirements to apply for relevant statutory approval where appropriate.		
HLO 3.2: Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
3.2 Working within NHS and organisational structures	Demonstrate understanding of the national health priorities for people with intellectual disability in your UK jurisdiction, including the rationale behind annual health checks and associated health plans.		
HLO 4: Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Learning (Intellectual) disability psychiatry and the wider community.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
4.1 Health promotion and illness prevention in community settings	Apply an understanding of the range of health inequalities faced by people with intellectual disability and the multiple factors that contribute to premature mortality.		
	Demonstrate an understanding of public health as it applies to people with intellectual disability, including mortality and morbidity data and how this relates to health disparity.		

	Work with primary care, secondary care and statutory services as required to support your patients with intellectual disability in having their health needs met.		
	Promote a healthy lifestyle in patients with intellectual disability and an understanding of the interrelationship between the body and the mind including the management of sleep, mental and physical disorders.		
	Develop an understanding of the local data and how this compares with regional/national data.		
	Demonstrate knowledge of the screening required in your patients with a genetic cause of their intellectual disability with appropriate onward referral/advice.		
	Demonstrate an understanding of the physical health conditions associated with the most significant causes of morbidity and mortality in people with intellectual disability and engage with the local mortality review process for people with intellectual disability.	<ul style="list-style-type: none"> • Screen for potential physical causes of psychiatric and behavioural presentations in your patients with ID and initiate relevant investigations and referrals arising from this • Later in the placement, attend physical healthcare in ID seminar 	CBD DOPS
		<ul style="list-style-type: none"> • Discuss the physical health, mental health and behavioural interface in psychiatric supervision 	CBD Supervisor reports

	Demonstrate advanced understanding of the concept of diagnostic overshadowing and how this affects people with intellectual disability and the care they receive, including challenging when this occurs in both primary and secondary care.		
	Demonstrate advocacy for your patients and support other health professionals to make reasonable adjustments.	<ul style="list-style-type: none"> • Liaise with health professionals in primary and secondary care. • Later in placement, contribute to Trust Epilepsy Care Pathway 	CbD DOPS
		<ul style="list-style-type: none"> • Participate in best interest meetings to plan for health interventions for your patients with ID 	DONCS Supervisor reports
HLO 5: Demonstrate effective teamworking and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
5.1 Teamworking	Recognise the strengths and weaknesses within a team and demonstrate how to work with these, using emotional intelligence and maintaining an awareness of one's own cognitive biases.	<ul style="list-style-type: none"> • Attend and contribute to team meetings. • Discuss team dynamics, strengths and weaknesses in psychiatric supervision 	DONCS ACE Mini ACE CbD
		<ul style="list-style-type: none"> • Undertake joint working with members of the MDT. 	CbD DONCS

	Work in collaboration with patients with intellectual disability, their families and carers of all ages, and the multi-disciplinary team.	<ul style="list-style-type: none"> Attend and contribute to case discussion and formulation meetings. 	Supervisor reports
		<ul style="list-style-type: none"> Co-produce treatment plans with your patients with ID and their care networks and support their implementation 	ACE Mini ACE CbD
	Appraise, question and challenge the performance of other team members when standards appear to be compromised, and escalate concerns appropriately.		
5.2 Leadership	Understand the importance of leadership and the role of a consultant psychiatrist in intellectual disability, in the context of team and multiagency working.	<ul style="list-style-type: none"> Complete local leadership academy year 1 modules. 	Module certificates
	Develop and apply your own advanced leadership skills in a variety of clinical and non-clinical settings.		
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.	<ul style="list-style-type: none"> Observe consultant leadership styles and reflect on these in psychiatric supervision over the duration of specialty training. Seek to take on a committee secretarial role during the course of the next year. 	Reflective notes Supervisor reports
	Demonstrate an understanding of how your own advanced leadership skills and behaviours impact on others and adapt your approach where appropriate to meet the needs of the team.		

	Lead, support and supervise others in both clinical and non-clinical settings.		
	Understand the principles of mentoring and its role in career development and apply this knowledge in your practice.		
	Demonstrate an understanding of the principles underpinning the management and delivery of services for people with intellectual disability.		
	Manage and lead on improving and adapting the service in which you work, including managing referrals and delegating work appropriately.	<ul style="list-style-type: none"> Attend and participate in an ID Service Medical Staff committee. 	<p>Anonymised Meeting minutes</p> <p>Reflective notes</p>

HLO 6: Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
6.1 Patient safety	Understand and apply the principles of clinical governance, taking into account the impact of human factors and team dynamics, to assure patient safety and quality of clinical care.		
	Apply understanding of the serious incident review process taking appropriate action where required.		
	Demonstrate knowledge of risk management issues for services for people	<ul style="list-style-type: none"> Undertake seclusion reviews 	DOPS

	with intellectual disability, including risks to patients, families, carers of all ages, staff and members of the public.	<ul style="list-style-type: none"> Contribute to the DoLS assessment/review process for your patients with ID 	DONCS CbD
	Understand the role of environmental risk assessment in intellectual disability settings and apply the principles of this to the settings in which you work.	<ul style="list-style-type: none"> Complete risk assessment documentation 	CbD
	Demonstrate knowledge of the relevant policies and procedures for patient safety in your organisation and how to escalate concerns if these arise.		
6.2 Quality improvement	Demonstrate knowledge of a range of quality improvement methodologies for developing creative solutions to improve services and apply this knowledge through participation and leadership of activity in your service.	<ul style="list-style-type: none"> Take on ID representative role in the Health & Wellbeing forum 	Meeting minutes DONCS Supervisor reports
	Demonstrate knowledge of mechanisms for obtaining feedback from patients, the public, staff and other interested groups, and utilise the feedback obtained to implement/manage change.		
	Understand the role of the 'expert by experience' in improving patient care and support patients with intellectual disability and their families and carers of all ages to undertake this role.		
	Understand the role of the 'expert by experience' in improving patient care and support patients with intellectual disability and their families and carers of all ages to undertake this role.		

	Demonstrate a clear understanding of local complaints procedures and participate in handling complaints made about services.		
	Participate in and lead on clinical governance activities, risk management and audit in order to improve the quality of the service.	<ul style="list-style-type: none"> • Lead on data collection and analysis for PBS audit • In next placement, lead audit project 	Audit report
	Apply audit principles, relevant clinical guidelines and integrated care pathways to your own work and team practice.		
<p>HLO 7: Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Learning (intellectual) disability psychiatry.</p> <p>Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.</p>			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
7.1 Safeguarding	Recognise any health concerns, emotional and economic pressures impacting on carers of all ages, which contribute to vulnerability and safeguarding concerns in your patients with intellectual disability.		
	Work within legislative frameworks and local processes to anticipate and report safeguarding concerns, providing leadership when necessary.	<ul style="list-style-type: none"> • Undertake seclusion reviews 	DOPS CbD

	Understand the role and responsibilities of psychiatric services in safeguarding people with intellectual disability and their support networks.		
	Demonstrate an understanding around the use of safe, approved restrictive interventions in psychiatric services and the guidance surrounding this and work with others to minimise the use of these in clinical practice.		
	Recognise signs of abuse and trauma in people with intellectual disability, their families, carers of all ages and the wider community.	<ul style="list-style-type: none"> Attend "Trauma in mind" course 	Course certificate Reflective notes
		<ul style="list-style-type: none"> Liaise with other professionals to support safe care in the community 	CbD Reflective notes Supervisor reports
	Demonstrate applied knowledge of risk management, including risks to patients with intellectual disability, carers of all ages, staff and members of the public.		
	Assess risk, capacity to consent and the need for detention in complex cases with intellectual disability.		
	Demonstrate an understanding of the issues around confidentiality in intellectual disability practice.		
	Include the views and voice of the person with intellectual disability when working within safeguarding processes, mindful of capacity.		

HLO 8.1: Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
8.1 Education & Training	Provide education and training to medical, multi-disciplinary and multi-agency colleagues including effective planning, delivery techniques and feedback using technology as appropriate.	<ul style="list-style-type: none"> Participate in MRCPsych Course teaching and mock CASC examination and reflect on the feedback In next placement, organise induction programme 	AOT Attendee feedback Reflective notes Supervisor reports
		<ul style="list-style-type: none"> Deliver induction teaching on mental health in ID for CT doctors placed in the Department 	AOT Attendee feedback
		<ul style="list-style-type: none"> Teach on the medical student ID programme and reflect on the feedback 	AOT Attendee feedback Reflective notes Supervisor reports
		<ul style="list-style-type: none"> Teach professionals allied to medicine: undertake joint session with PS at Community Team Meeting and reflect on this in Psychiatric Supervision 	AOT Attendee feedback Reflective notes Supervisor reports
	Demonstrate knowledge of the process of continuing professional development and its	<ul style="list-style-type: none"> Attend Train the Trainers Course. 	Course certificate Attendance list

	role in maintaining practice and supporting revalidation.	<ul style="list-style-type: none"> Attend and participate in postgraduate meetings of Trust on Fridays at lunch time. 	Attendee feedback
	Apply the principles of co-production in teaching and training with people with intellectual disability and their families/carers.		
HLO 8.2: Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
8.2 Supervision	Apply knowledge of the principles of clinical and psychiatric supervision, providing safe and effective clinical supervision in both emergency and non-emergency situations, in a timely manner.	<ul style="list-style-type: none"> Provide clinical supervision for CT colleagues in the department and when on call 	Mini-PAT
	Actively participate in clinical, psychiatric and educational supervision.	<ul style="list-style-type: none"> Reliably attend and actively participate in psychiatric and educational supervision, as per your educational agreement 	Review meetings on portfolio Supervisor reports
HLO 9: Apply an up-to-date knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs

9.1 Undertaking research and critical appraisal	Critically evaluate data, papers, reviews, and meta-analyses and implement findings in daily clinical practice.	<ul style="list-style-type: none"> Review evidence relevant to your patients and discuss the findings in supervision 	CbD Supervision notes
	Translate research into local clinical practice and disseminate critical appraisal findings to wider communities.	<ul style="list-style-type: none"> Attend and present regularly at the ID Department Academic Meeting Ongoing PDP item 	Attendance register JCP
	Apply knowledge of up-to-date appropriate statistical methods.		
	Demonstrate proficiency in the use of objective evidence-based clinical assessment instruments.		
	Work within ethical frameworks when carrying out or appraising research.	<ul style="list-style-type: none"> Co-produce treatment plans with your patients and their families/carers, based on evidence-based information. 	DOPS Mini-ACE CbD
	Apply the principles of Research Study Protocols where available.		
	Demonstrate practical contribution to an ethically approved research study.		