

## Placement-specific personal development plan – Core Psychiatry exemplar

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

Post Description	CAMHS Core psychiatry post
Post Length	Six months
Training Year	CT2
Career Progression Plan	
сті	Inpatient GAP unit (6 months) and Assertive Outreach and Crisis Team (6 months)
CT2	GAP PICU (6 months) and Community CAMHS (6 months) (In the CAMHS post, plan attendance at the CAMHS-ID clinic, and CAMHS ED service)
СТЗ	

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

## **Specialty HLO statements**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs):  By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
1.1 Professional Relationships	Work collaboratively with patients, families, their carers of all ages and colleagues respecting their autonomy, diversity and valuing their contribution.		
	Understand, recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and carers of all ages and on working relationships with colleagues.		
	Consistently demonstrate a person-centred holistic clinical approach to patients that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism and boundaries.		
	Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.	Manage time in your diary independently in first community post with support from medical admin staff.     Ensure that you manage your weekly work schedule by	Anonymised timely written clinical notes Anonymised correspondence referrers.

		clarifying clinical and educational days for admin colleagues and the rest of the team, allocate clinical appointments based on clinical need and in a timely manner (under supervision of your named supervisor), ensure electronic record system diary is kept updated.	Mini_PAT  Mini-PAT
1.2 Professional Standards	Understand the impact of workload, patient and organisational dynamics on your own well-being.	Use weekly supervision sessions to raise any issues from work that are impacting on work-life balance, particularly when preparing for exams	Record of supervision discussion Reflections
	Use supervision and reflection effectively recognising your skills, limitations and your duty of candour.	Arrange regular weekly protected weekly supervision sessions with the named psychiatric supervisor, work with the supervisor in setting the agenda for these weekly sessions	Record of supervision discussion Reflections
	Develop strategies to take care of your wellbeing, seeking timely support and guidance, including acknowledging if you have a protected characteristic which might impact on your training or if you are having difficulties adapting to working in the UK.		
	Use the method of receiving, reflecting and responding to understand and manage the emotional impact of work on yourself, the		

	individual and the team, including the impact of suicide and homicide.  Consistently demonstrate a positive and conscientious approach to the completion of your work.  Make clear, accurate and contemporaneous records.		
	Demonstrate the ability to use reflective practice during psychiatric supervision throughout core training, and through consistent attendance at a Balint group or case-based discussion group for a recommended minimum of a year.	Attend the core trainees Balint Group and also team clinical meetings/ case discussion meetings, and team reflective discussion sessions	CbDGA Reflections
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.		
	rate advanced communication and interperso ir wider community, colleagues and other pro		ents, their families, carers of all
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs):  By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.1 Communication	Demonstrate an appropriate understanding of the ways in which you, as well as patients and others, communicate both verbally and non-verbally.		

Consistently demonstrate effective communication approaches with patients and relevant others, including those with neurodevelopmental disorders making reasonable adjustments and adaptations where appropriate, including the use of new technologies.	Use clear and unambiguous language when working with young people with neuro- developmental disorders.	ACE Mini-ACE
Consistently use active listening skills and empathic language which respects the individual, removes barriers and inequalities, ensures partnership and shared decision-making and is clear, concise, nondiscriminatory and non-judgemental.		
Demonstrate effective communication and shared decision making with patients, taking into consideration their ideas, values, concerns and expectations.		
Explain the outcome of assessment, treatment and management to patients, families, carers of all ages as well as relevant others.		
Demonstrate an inclusive approach which considers all aspects of communication, language, sensory and cognitive needs, as well as the ethnic, social, and cultural, context of a patient.		

HLO 2.2: Demonstrate skill in the psychiatric assessment, formulation, diagnosis and person-centred holistic management of an appropriate range of presentations in a variety of clinical and non-clinical settings.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs):  By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.2 Clinical Skills	Demonstrate an understanding of the history of psychiatry, the development of diagnostic concepts and psychiatric treatments, as well as the profession, and the historical relationships between psychiatry and society.		
	Demonstrate an appropriate understanding of a person-centred holistic approach to mental disorders, including a knowledge of developmental, social, cultural, spiritual/religious, trauma, adversity, genetic and epigenetic risks (including resilience and vulnerability factors) and neurobiological influences on mental disorders.	<ul> <li>Take a full clinical history and build up confidence with formulation skills relevant to child and adolescent psychiatry</li> <li>Discuss formulations in MDT meetings and supervision and demonstrate increased confidence in this area.</li> </ul>	CbD ACE Mini-ACE
	Demonstrate an in-depth understanding of human psychology, including the importance of early relationships, attachment styles, parenting, the impact of adverse childhood experiences, and traumatic events throughout life.		
	Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including	Develop a good     understanding of ADHD and     ASD- in terms of screening,	ACE Mini-ACE

awareness of normative as well as variations in presentations, for example with neurodevelopmental conditions and across cultures.	assessment and treatment modalities.	
Demonstrate an appropriate in-depth understanding of social determinants of health including the lived environment, deprivation and disadvantage and the impact these have on the aetiology and presentation of mental disorder across the lifespan.		
Apply knowledge of the pharmacodynamics, pharmacokinetics, efficacy, tolerability, interactions, and short and long-term side effects of medication.		
Receive a full psychiatric history from and perform a Mental State Examination (MSE) on, patients within a range of mental and neurodevelopmental disorders across the lifespan, in routine, urgent and emergency situations incorporating appropriate terminology		
Also assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.		
Assess the risk of self-harm, suicide, risk to others as well as other risks, and ensure a safety plan is in place.	Assess harm to self and others as standard part of	ACE Mini-ACE

	• L g r s y y • C r p N	assessment and review process.  Link in with crisis workers to get an understanding of the role of the wider system in supporting a safety plan for young people.  Demonstrate an awareness of risk formulation and safety plans in discussions in liaison, MDT meetings and supervision sessions.	CBD Reflections Case logs
Receive a collateral history from a range of informants involved in patient care.			
Conduct a thorough physical examination, undertaking relevant physical investigations and take responsibility for acting on your findings in a timely fashion.			
Thoroughly assess the general health of your patients, taking into account the interplay between physical health and psychiatric needs, considering nutritional, metabolic, endocrine, and reproductive factors, and the physical impact of substance use and addiction.	(s (s (s (s	Cain an understanding of the ohysical health repercussions of clinical presentation e.g. eating disorders and also the ohysical health impact of nterventions e.g. medication stimulant medication for ADHD, use of antipsychotic medication)	CBD Mini-ACE Case logs Reflections Supervision meeting records
Demonstrate skills in assessing and managing patients with addictions.			

Demonstrate an understanding of the inherent power imbalance between doctor and patient, particularly for those with protected characteristics, which can result in barriers to clinical effectiveness.		
Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.		
Clearly and concisely present the history, mental state examination, diagnosis and differential diagnosis, and findings of the physical examination using appropriate classification systems to other professionals.		
Use an appropriate formulation framework to devise a safe, systemic, effective, collaborative and co-productive management plan to ensure continuity of care in the immediate, short and longer term.		
Where appropriate, safely prescribe evidence-based pharmacological treatment referring to relevant guidelines.		
Demonstrate an understanding of how Electro-Convulsive Therapy (ECT) and other physical treatments can be used for the treatment of mental disorders and apply this under supervision.	Participate in the Trust-wide ECT rota	DOPS

	Demonstrate appropriate psychotherapeutic capabilities through having delivered treatment in a minimum of two psychotherapeutic modalities over both short and long durations in a suitable setting, under the governance of the Medical Psychotherapy Tutor.		
	trate an understanding of the various factors the trace of the impact that they have on self, patients		ncertainty within psychiatric
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.3 Complexity & Uncertainty	Demonstrate an understanding of unconscious processes, including transference, countertransference, projection and splitting and the impact of these on yourself and others.		
	Review treatment and management plans of patients when the outcome is not as expected or hoped for.		
	Understand the limits of your clinical capabilities, seeking timely support and supervision when appropriate.		
	Observe, absorb, contain and reflect on complex clinical/non-clinical situations to develop a balanced response.		

HLO 3.1: Apply ad	Manage increasing levels of uncertainty safely under supervision.	<ul> <li>Build up new caseload of young people across the child and adolescent age range and see them independently for assessment and or follow-up sessions.</li> <li>Demonstrate safe clinical practice and thoughtful clinical care plans discussed in clinical supervision.</li> </ul>	CBD Mini-ACE Case log reflections Review of Electronic patient records in supervision sessions
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Apply knowledge of the current legislation governing the care and treatment of people with mental disorders.	<ul> <li>Attend daily liaison and weekly MDT meetings where complex cases are discussed.</li> <li>Demonstrate your understanding of the concepts regarding consent and participation in decision making through the cases that you see in clinic</li> </ul>	ACE Mini-ACE Case logs Mini-PAT Reflections
	Balance the duty of care to the patient and the protection of others with the restriction of human rights when considering the use of legal powers.	Observe MHA assessments and attend MDT meetings/ multi-agency meetings to get an understanding of the legal frameworks used in the 0-18 age group, especially with	CBD Mini-ACE ACE Reflections

HLO 3.2: Work effe	Meet the requirements to apply for relevant statutory approval where appropriate.	reference to consent, decision making and risk management of the NHS, and the wider health an	nd social care landscape.
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs):  By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
3.2 Working within NHS and organisational structures	Demonstrate working knowledge of local health and social care services, national health and care services and regulatory authorities through your interactions with them, both routinely and in unforeseen circumstances.	<ul> <li>Attend the clinic triage and initial assessment system to understand how children and young people are referred into CAMHS and the local services available to support them.</li> <li>Attend daily liaison and weekly MDT meetings where complex cases are discussed.</li> <li>Where appropriate attend multi-agency meetings on cases you are involved with</li> <li>Discuss written correspondence provided to multi-agency forums in supervision</li> </ul>	Reflections Case log Supervision notes Mini-PAT

HLO 4: Apply co	re knowledge of mental and physical health pi ity.	romotion and illness prevention for	patients and the wider
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	Apply an understanding of the factors contributing to health inequalities, and the social, cultural, spiritual and religious determinants of health.		
settings	Promote mental well-being and prevention of mental disorders within the context of societal change and social technology, identifying and challenging stigma and discrimination against people experiencing mental disorder.	<ul> <li>Work with CAMHS team colleagues to build up a series of health promotion and wellbeing recommendations (especially online resources), which are age appropriate and discuss these routinely alongside other treatment options in clinical practice.</li> <li>Review of clinical notes and letters in supervision</li> </ul>	CbD Supervision notes Mini-ACE Evidence such as CAMHS leaflet regarding the online resources for children, young people and parents/ carers
	amworking and core leadership skills to work or re systems that support people with mental di		ithin the complex health and
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
	Demonstrate an awareness of how individual personal qualities, emotions and		

5.1 Teamworking	behaviours of both yourself and your team, impact on teamworking and the quality of patient care.		
	Demonstrate a working knowledge of the roles and responsibilities of, and the interface between, multidisciplinary team members.	Meet with members of the MDT from different disciplines to understand their roles and responsibilities in the team and shadow them where possible.	Supervision notes Reflections
		<ul> <li>Shadow Liaison team to understand the interface between C-CAMHS and hospital liaison.</li> <li>Attend joint appointments with CCOs and other</li> </ul>	Mini-PAT
		<ul><li>members of the team</li><li>Take the lead in MDT discussions</li></ul>	DONCs
5.2 Leadership	Recognise the leadership skills of others in a range of contexts.		
	Demonstrate the development and application of your own leadership skills.	<ul> <li>Continue role as Junior Doctor Rep for LNC</li> <li>Demonstrate confidence in leadership activities through engaging and providing input regularly in LNC meetings.</li> </ul>	DONCS Reflection
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and		

	power within relationships with patients and colleagues.		
	ate in and promote activity to improve the safe ric practice of a person with mental disorder.	ty and quality of patient care and cl	inical outcomes in your
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
6.1 Patient safety	Ensure patient safety is paramount by understanding the principles and engage with the systems of clinical governance that assure safety and quality of patient care.	Familiarise yourself with prescribing practices, doses etc of key psychotropics for child and adolescent age group (use of BNFC and NICE guidelines for children and young people)	<ul> <li>Mini-ACE on:</li> <li>Prescription writing, processes and recording</li> <li>Information sharing with patients prior to commencing medication</li> </ul>
6.2 Quality improvement	Demonstrate an understanding of the impact on quality improvement activities in improving patient outcomes and system performance.		
	Undertake quality improvement activities relevant to your clinical practice.	<ul> <li>Carry out an initial audit of NICE guidelines in relation to prescribing for ADHD.</li> <li>Complete first cycle of audit with a clear SMART action plan (making use of Trust required paperwork).</li> </ul>	Documents showing registration of the audit with the trust, plan of action, outcome and evidence of dissemination of results, and finally plan for the follow-up/ 2nd cycle of the audit by the end of the placement

HLO 7: Identify patients, their families and others from the wider community who may be vulnerable and work collaboratively in safeguarding their welfare. Evidence including WPBAs **High Level** Key Capabilities (KCs): By the end of this Planned activities training year, you will be able to: Outcomes (HLOs) and Themes 7.1 Demonstrate knowledge of the individual CBD, ACE, Mini-ACE Attend mandatory e-learning Safeguarding and systemic factors contributing to the on Level 3 Safeguarding Reflections vulnerabilities and safeguarding concerns in Children Training people of all ages. Discuss safeguarding referrals and interactions with CSC with CCO's, clinical supervisor and trust safeguarding team. Reflection in supervision and portfolio Work within legislative frameworks and local procedures to raise and report safeguarding and welfare concerns in a timely manner and contribute to safeguarding processes. HLO 8.1: Plan and provide effective education and training in clinical, academic and relevant multi-disciplinary settings. High Level Key Capabilities (KCs): **Evidence including WPBAs** Planned activities Outcomes By the end of this training year, you will be (HLOs) and able to: Themes 8.1 Education & Apply the principles of lifelong learning to Attend MRCPsych Course Reflections your own learning and teaching of others, **Training** Paper A result Attend Trust Teaching including the principles of feedback. Attendance records

	trate effective supervision and mentoring skill: environments.	<ul> <li>Work towards Paper A in December</li> <li>Attend relevant Royal College Seminars</li> <li>Written and Balint reflections on learning and application to clinical practice</li> <li>s as essential aspects of education to the december of the second secon</li></ul>	o promote safe and effective
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
8.2 Supervision	Actively participate in clinical, psychiatric and educational supervision.	<ul> <li>Weekly clinical supervision with supervisor (Fridays)</li> <li>Attend clinical supervision within MDT</li> <li>Regular Educational Supervision</li> </ul>	MSF CbD Portfolio reflections
	Consider how unconscious processes are managed effectively and safely to help with ongoing clinical care via supervision and reflective practice.	<ul> <li>Attend clinical supervision having prepared in advance and demonstrate the ability to reflect on conscious and unconscious processes.</li> <li>Attend the core trainees' Balint Group</li> </ul>	MSF CbD CBDGA Portfolio reflections

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	Demonstrate knowledge of ethical frameworks and research methodologies when carrying out or appraising research.		
appraisal	Discuss the differences between research, audit, and quality improvement and how these approaches can complement each other.		
	Critically appraise research and understand generalisability of findings to different groups in the implementation of research findings in your clinical practice.	Prepare and present a case to Tuesday Trust teaching session- providing evidence of research around the clinical case and treatment dilemmas being presented.	Presentation Feedback from trainees JCP
	Develop or participate in a research project where relevant research support is available.		