

Placement-specific personal development plan – CAP CAMHS 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 Specialist CAMHS
Post Length	1 year
Training Year	ST4
Career Progression Plan	
ST4	Community CAMHS x 1 year (2 x 6 months WTE)
ST5	6 months Tier 4, 6 months CAP-Paeds Liaison
ST6	6 months CAP ID / 6 months Community FCAMHS / Community Specialist CAMHS + CAMHS ED (Eating Disorders) Team
Professional Development Sessions	
ST4	Complete systematic review then Foundation and Intermediate Level in Systemic Theory and Practice
ST5	
ST6	

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 with patients, families, carers of all ages and colleagues respecting their autonomy, diversity and valuing their contribution.	<ul style="list-style-type: none"> Initial assessment, and intervention plans - outpatient follow-up in general CAMHS and specialist Pathway outpatient clinics (including ADHD-ASC & ND Pathway, Eating Disorder Pathway). Join FNP (Family Nurse Partnership) & HV (Health Visitors) to start <5s work in 2nd half of placement. Also arrange 1/week attendance with Comm Paeds (<5s) 	ACE Mini-ACE CbD Mini-PAT DONCS Reflections Case log Have this plan and timetable ready to start in August.
	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 person-centred holistic clinical approach to children and young people/patients aged 0-18 years and their families and carers, that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism.	<ul style="list-style-type: none"> To develop collaboratively formulations and intervention plans with CYPs and parents/ carers. In cases with complex needs, share formulation and CAMHS intervention with multiagency networks – sharing holistic formulation in MDT &/ Multi-agency meetings – in a way that non-CAMHS professionals might understand. 	ACE Mini-ACE CbD Mini-PAT DONCS Reflections Case log
	Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.		
1.2 Professional Standards	Understand the impact of workload, patient factors, and organisational dynamics on your own well-being and help trainees and other colleagues in doing so too.	<ul style="list-style-type: none"> Learn to manage an outpatient caseload (over the range of ages and clinical presentations and diagnoses) Ensure an appropriate handover at the end of the placement 	ACE Mini-ACE CbD Mini-PAT Discussions in supervision Reflection Case logs
		<ul style="list-style-type: none"> Discuss with the named supervisor and other senior clinicians how the various waiting lists are managed Develop an understanding of how cases are prioritised and 	ACE Mini-ACE CbD Mini-PAT Discussions in supervision

		also of the impact of local drivers	Reflection Case logs
		<ul style="list-style-type: none"> Join the Team allocations meeting in the 2nd half of the placement 	Mini-PAT DONCS
		<ul style="list-style-type: none"> Support core trainees and foundation doctors in managing their caseloads. Learn to effectively manage your own time and balance this with supporting the MDT. 	Mini-PAT DONCS
	Use supervision and reflection effectively recognising your skills, limitations, and your duty of candour.	<ul style="list-style-type: none"> Take the initiative jointly with your Psychiatric Supervisor to arrange regular weekly protected supervision, and also in setting the agenda. Ensure that regular meetings (as relevant) are arranged with the Educational Supervisor. 	Supervision record and notes Reflections
	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		
	Use the method of receiving, reflecting and responding as a clinical leader within the team and actively promote reflective practice		

	as a means of understanding the emotional impact of the clinical work (including trauma, suicide and homicide) on an individual and systemic level.		
	Consistently demonstrate a positive and conscientious approach to the completion of your work.		
	Make clear, accurate and contemporaneous records.		
	Promote CAP as a specialty, including acting as an advocate for patients aged 0-18, and parents, family members and carers of all ages.	<ul style="list-style-type: none"> Supervise/teach junior doctors and medical students and promote CAMHS as a speciality. Have a medical student (during term time) in the clinic with you. Arrange to join the UME teaching team in delivering teaching modules to the 4th year students. Look for and take opportunities to become involved in 'patient participation projects' within the service 	AOT Reflections Teaching logs / student / trainee feedback Patient feedback
	Work with colleagues in a way that demonstrates appropriate professional values and behaviours, in terms of supporting colleagues, respecting difference of opinion, and working as a collaborative member of a team.		

	Work autonomously and provide clinical leadership to MDT colleagues within an appropriate supervision structure.		
	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	Consistently demonstrate high level skills (independent practice) in effective communication with children and young people across the age range 0-18, adopting developmentally appropriate techniques in assessment, communication and interaction.	<ul style="list-style-type: none"> Conduct initial assessment of patients in outpatient service Complete formulation and management plan Ensure the cases are across the age range and with a wide range of clinical presentations 	ACE Mini-ACE CbD Mini-PAT Reflection Case log
		<ul style="list-style-type: none"> During reviews and follow up continue to provide empathetic, optimistic, and compassionate patient-centred care 	ACE Mini-ACE CbD Reflection Case log

<p>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.</p>	<ul style="list-style-type: none"> • Screen and assess young people for neuro-developmental disorders in a sensitive manner, using appropriate collateral resources 	<p>ACE Mini-ACE CbD Reflection Case log</p>
<p>Consistently use active listening skills and empathic language which respects the individual, removes barriers and inequalities, ensures partnership and shared decision-making and is clear, concise, non-discriminatory and non-judgemental.</p>		
<p>Demonstrate an adaptable approach which considers communication, sensory and cognitive needs, as well as the ethnic, social, cultural, spiritual and religious context of a patient making reasonable adjustments where appropriate.</p>		
<p>Demonstrate skills in supporting those in whom English is not their first language, including the use of interpreters, and providing information in other languages.</p>		
<p>Demonstrate skills in supporting those in whom English is not their first language, including the use of interpreters, and providing information in other languages.</p>		
<p>Collect, assimilate, formulate and share information effectively with others, systemically, in a timely manner.</p>		

<p>Produce specialist reports that are comprehensive, timely, accurate, appropriate to context, and within the limits of your expertise in CAP.</p>	<ul style="list-style-type: none"> • Seek opportunity to write neurodevelopmental reports and endorsements for Autism spectrum conditions and ADHD. • Make timely, detailed, confidential and patient centred correspondence with other professional colleagues; for example, to share formulation, treatment plans, relevant risk information, discuss monitoring arrangements and shared care agreements 	<p>Timely correspondence to patients, and professionals – as evidenced via the electronic patient records system.</p> <p>Feedback from the ASC Assessment Pathway regarding ASC diagnostic endorsement reports</p>
<p>Effectively ensure active participation and collaboration with patients, families, carers of all ages, and other relevant persons in a variety of clinical and non-clinical settings.</p>		
<p>Manage the impact of different communication styles on patients and relevant others adapting formats tools and technologies to need.</p>		
<p>Understand the ways in which you, as well as patients and others communicate both verbally and non-verbally (CORE).</p>		

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 Child and Adolescent 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 an appropriate understanding of a person-centred holistic approach to mental disorders, including a knowledge of developmental, genetic and epigenetic risks (including resilience and vulnerability factors) and neurobiological influences on mental disorder.		
	Apply expert knowledge of the impact of human psychology, including the importance of early relationships, attachment styles, parenting, adverse childhood experiences and traumatic events on the clinical presentation of children and young people across the age range of 0-18 years.		
	Apply expert knowledge of learning and behavioural stages of human development across the age range of 0-18 years, including knowledge of normative as well as variations in presentations, for example with neurodevelopmental conditions, and across cultures and apply this knowledge to daily clinical practice.		
	Apply expert knowledge of the social determinants of health, and systemic factors including the “lived environment”;		

environmental factors, technologies and the impact these have on the aetiology and presentation of mental disorder across the 0-18 years age span.		
Receive a full psychiatric history from the patient and collateral history from a range of informants and perform a Mental State Examination (MSE) across the range of mental and neurodevelopmental as well as neuropsychiatric disorders in the 0-18 age group.		
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 and undertake and advise on relevant physical investigations.		
Assess the general health of your patients (including consideration of nutritional, metabolic, endocrine and reproductive factors and disorders and the physical and mental impact of substance use and addiction on clinical presentation), taking into account the impact of their physical health on their mental health needs and vice versa.		
Assess independently patients across the age range of 0-18 and establish management plans across a wide range of clinical settings (including Tier 4 services) and wide range of		

clinical situations (routine, urgent and emergency).		
Apply relevant classification systems to establish a psychiatric diagnosis and differential and use these in a developmentally and systemically informed manner when communicating with patients and others.		
Establish a formulation based on the clinical presentation using an appropriate framework and share with patients and others in a timely and appropriate manner.		
Construct a management plan to ensure continuity of care which manages the risk of self-harm, suicide, risks to others, as well as other risks, and lead on the formulation and review of a risk management plan in collaboration with the patient, parents, persons with parental responsibility, and other professionals involved in the network around the patient.	<ul style="list-style-type: none"> • Manage complex patients and consider their risks in creating collaborative risk management plans for patients in your caseload. • Complete regular risk assessments on patients • Attend the daily assessment wash-up meetings (as possible based on your timetable), and help MDT clinicians devise appropriate intervention plans to meet the needs of the patients they had seen for initial assessments/ be available to provide similar consultations for priority assessments 	ACE Mini-ACE CbD Mini-PAT Case log Reflections Review of case notes and patient records with supervisors
Lead on managing the impact of unconscious processes through the provision of supervision		

<p>and reflection, to ensure that the patient continues to receive safe and effective clinical care.</p>		
<p>Actively promote and help patients and their families/carers to develop self-management strategies and use help from experts by experience.</p>		
<p>Take into account the impact of other health issues (including feeding and nutrition, substance use, and development) in devising safe and effective medication treatment.</p>	<ul style="list-style-type: none"> • Prescribe medication with regards to the relevant guidelines (e.g. NICE, local protocols) to patients in a collaborative manner – across a range of clinical presentations and ages. • For patients on the ADHD-ND pathway, demonstrate safe prescribing by adhering to the relevant guidelines and protocols • Attend the monthly psychopharmacology peer group review (for medic and non-medic prescribers) 	<p>ACE Mini-ACE CbD Mini-PAT Review of electronic patient records about medication monitoring Reflections Case log</p>
<p>Provide consultation to other professionals regarding the impact of psychotropic medication, psychological and psychotherapeutic interventions for patients in the 0-18 age group in a wide range of situations and settings, and regarding the interaction between physical health and mental health.</p>		

<p>Make independent assessment and seek appropriate consultation regarding other biological treatments for mental disorders.</p>		
<p>Undertake assessment and treatment in two evidence-based psychological or psychotherapeutic modalities.</p>		
<p>Manage the impact of unconscious processes through the provision of supervision and reflection, to ensure that the patient continues to receive safe and effective clinical care. A good way to attain this is via regular attendance at a Balint group or case-based discussion group.</p>		
<p>Assess the suitability of psychotherapeutic interventions and their effectiveness especially when used in conjunction with other treatment modalities such as psychopharmacology and other biological/physical treatments.</p>	<ul style="list-style-type: none"> • Provide input (consultation/ support/ assessments) during out-of-hours on call to non-medical MDT colleagues and to Paeds colleagues re risk assessment and management and appropriate psychopharmacological interventions • Start Systemic Family Therapy case under supervision from the Family Therapist in the service 	<p>SAPE PACE CbD Reflections Case log</p>
<p>Demonstrate an understanding of how physical treatments can be used for the treatment of mental disorders and apply this under supervision.</p>		

<p>Lead on the timely transition of care for patients to different services actively involving patients, based on their person-centred holistic needs and systemic factors and taking into account relevant transition protocols and guidelines.</p>	<ul style="list-style-type: none"> • Manage transition from Tier4 to the community, to adult services/ discharge to primary care - for patients on your caseload – making a collaborative patient centred care plan • Complete relevant referrals and correspondence in a timely manner adhering to local processes, liaise with other services to ensure smooth transitions 	<p>ACE Mini-ACE CbD Reflection Case log</p>
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HLO 2.3: Apply advanced management skills within General (Adult) 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
<p>2.3 Complexity & Uncertainty</p>	<p>Recognise and understand unconscious processes, including transference, countertransference, projection and splitting and the impact of these on yourself and others.</p>		
	<p>Demonstrate proficiency in recognising and safely managing clinical uncertainty, ambiguity, and complexity in those with mental disorders across the range of clinical contexts.</p>	<ul style="list-style-type: none"> • Manage a caseload of a variety of patients with different diagnoses and complexities • Demonstrate ability to prioritise new allocations and reviews as per patient needs 	<p>CbD DONCS Mini-PAT Reflection Case log</p>

	<p>and other repeatedly changing priorities</p> <ul style="list-style-type: none"> • Help MDT colleagues involved with you in complex cases to maintain a consistent approach despite changing circumstances of risks and needs • Attend the weekly allocations meeting to understand how cases are prioritised and allocated • Take opportunities to contribute to that decision making. 	
Work within the limits of your clinical capabilities, seeking timely support and consultation.		
Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.		
Observe, absorb, contain and reflect on complex clinical/non-clinical situations.	<ul style="list-style-type: none"> • Attend the trainees' fortnightly Balint Group • Discuss and listen to other cases in team meetings and help colleagues maintain consistency of approach and help them manage and contain anxiety and concerns regarding risks. 	<p>CbD DONCS Mini-PAT Reflection Case log</p>

		<ul style="list-style-type: none"> • Demonstrate the developing ability to do this during out-of-hours on-call work – through consultation and input given to non-medical MDT colleagues (the self-harm assessment team) and also to Paeds colleagues. • Attend and contribute in team reflective practice, support colleagues during case discussions and joint management of patients 	
	Develop a balanced response as a part of helping other professionals in managing differences of opinion and professional disagreements in complex and uncertain situations.		
	Ensure timely review of the formulation and management of the health and care needs of patients when the outcome is not as expected or hoped for.		

HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within General (Adult) 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	Apply knowledge of health and care systems, as well as national policies, priorities and national drivers linked with delivery of CAMHS.	<ul style="list-style-type: none"> • Understand and be able to contribute to triage, and signposting to get a 	CbD Mini-PAT Reflections

your UK jurisdiction		<p>knowledge of how local systems work in CAMHS</p> <ul style="list-style-type: none"> • Read and digest key policy papers, and discuss with supervisor/ at academic programme • Attend team meetings • Discuss patient caseload in supervision • Opportunity to shadow CCG meetings 	Supervision notes
	Balance the duty of care to the patient and the protection of others within the framework of human rights when considering the use of legal powers.		
	Apply the current legislation governing the care and treatment of children and young people with mental disorders.		
	Apply knowledge about the role of parents/ persons with parental responsibilities and the relevant medico-legal frameworks.		
	Meet the requirements to apply for relevant statutory approval where appropriate.	<ul style="list-style-type: none"> • Maintain Sec 12(2) approval status & attend relevant sessions within the CAP and other local academic programmes • Complete mental health act assessments in the 	<p>ACE Mini-ACE CbD Mini-PAT Reflections Case log</p>

		<p>community, complete section 136 assessments</p> <ul style="list-style-type: none"> • Use the opportunities for MHA assessments during out-of-hours on-call. • Provide consultation to other specialties and services (e.g. Paediatrics) regarding issues such as consent to treatment, relevant medico-legal frameworks etc – in emergency situations to ensure that the needs of the CYP are met within the appropriate legal framework. 	<p>Discussion in supervision</p> <p>Active Sec 12 (2) approval status certificate</p>
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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	Provide consultation to others on the complex medico-legal frameworks in CAP and policy changes in the delivery of CAMHS.	<ul style="list-style-type: none"> • Manage caseloads of complex patients in a collaborative way using appropriate framework and liaising with professionals within team and external agencies. • Demonstrate appropriate consideration of medico-legal frameworks both in regular working hours and 	<p>ACE</p> <p>Mini-ACE</p> <p>CbD</p> <p>DONCS</p> <p>Reflections</p> <p>Case log</p>

		during emergency assessments	
	Provide clinical leadership and consultation regarding the complex context of the patient's developing competence/ capacity as well as their confidentiality, in terms of seeking their consent, active participation and collaboration in decision making about treatments.	<ul style="list-style-type: none"> On call experience - consultation to other specialties and services (e.g. Paediatrics) regarding issues such as consent to treatment, relevant medico-legal frameworks etc Discussion in MDT clinical meetings Supervision discussions Ensure sec 12(2) status is active 	ACE Mini-ACE CbD DONCS Reflections Case log

HLO 4: Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within General (Adult) 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 knowledge of social determinants of mental health (such as societal health inequalities, the social, economic, cultural, spiritual and religious factors and impact of technology) to promote good mental health.	<ul style="list-style-type: none"> Manage a caseload, during assessment and follow up of patients Demonstrate via case log and case notes on the electronic notes system, that systemic factors (e.g. social factors, inequalities and intersectionalities, and other 	CbD DONCS Case log Review of notes Discussions in supervision

		relevant social factors) are included in the overall formulation and as relevant in the intervention plans	
	Identify and challenge stigma and other barriers to accessing child and adolescent mental health services.		
	Collaboratively work with the wider community around health promotion and illness prevention with regards to children and young people addressing health inequalities and the social, cultural, spiritual and religious determinants of health.	<ul style="list-style-type: none"> • Participate in multi-agency network meetings regarding CYPs with complex needs, represent the CAMHS opinion (developed collaboratively with CYP and others) and intervention. • Inform and facilitate network understanding of the impact of societal determinants on all aspects of health and the clinical presentation and presenting needs. • Liaising with social services, education provision, YOS, families about young people, mental health, promoting wellbeing and education about mental health • Attending/shadowing CCG meetings 	<p>ACE CbD Mini-PAT DONCS Reflections Case log</p>
	Demonstrate understanding of the national health priorities in your UK jurisdiction, including the rationale behind annual health checks and associated health plans.		

	Understand the benefits as well as potential harms and risks inherent in health-care interventions and apply this understanding in working with children and young people.		
	Apply understanding of the link between good emotional mental health and quality of life for children and young people.		
	Advocate for early intervention to promote health.		
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	Use your understanding of how individual personal qualities, emotions and behaviours impact on teamworking and the quality of patient care.		
	Understand team dynamics and use effective negotiation skills to resolve conflict and dysfunction.	<ul style="list-style-type: none"> Work alongside and liaise with other agencies, refer appropriately both to other professionals within the team and to other services and agencies 	CbD Mini-PAT DONCS Reflections Discussions in supervision
	Model, educate and adapt the service, using conflict resolution skills within and between	<ul style="list-style-type: none"> Working with others in the team and involvement in conversations and meetings 	CbD Mini-PAT

	<p>teams, co-producing improvements with patients and carers.</p>	<p>with other professionals, including:</p> <ul style="list-style-type: none"> • Attend Team meeting on Monday/Tuesday • Attend clinical and high risk/intensive patient discussion meetings on Thursday 1pm • Attend and contribute to multi-agency meetings for high risk patients, Child in need review meetings, educational review meetings where appropriate, etc 	<p>DONCS Reflections Discussions in supervision</p>
		<ul style="list-style-type: none"> • Notice professional disagreements/ differences of opinion and be able to contribute to discussion demonstrating that the needs of the patient are central to the conversations. Be aware of team dynamics and use conflict resolution skills if noticing interpersonal conflict between colleagues • Attend reflective practice • Team meetings • Team Days • Supervision 	<p>DONCS</p>

5.2 Leadership	Demonstrate an understanding of your own leadership skills and behaviours, the impact these have on others, reflect on and explain decisions in a transparent manner.		
	Demonstrate the development and application of your own 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.		
	Demonstrate an understanding of how your own leadership style and approach impact on others, adapting your approach to meet the needs of the team.		
	Apply an understanding of approaches and techniques of leadership.		
	Mentor and support colleagues to enhance their performance and support their development.	<ul style="list-style-type: none"> Get a clear understanding and knowledge of the different leadership roles (undertaken by medics and non-medical colleagues) within the service and an understanding of the different models of clinical and service-line/ strategic leadership 	CbD Mini-PAT DONCS Reflections Supervision records
	Appraise the performance of colleagues and escalate concerns.		

	<p>Demonstrate leadership in the context of team and multiagency working.</p>	<ul style="list-style-type: none"> • Support other colleagues in anxiety provoking situations, i.e. high risk patients, contain difficult emotions of colleagues or family when noted, lead on the development of an intervention plan to meet needs (also during out-of-hours on-call) • Chair team and multiagency meetings • Demonstrate clinical leadership in multi-agency meetings through sharing a clear explanation of the CAMHS input and opinion regarding the case and helping non-health professionals understand that • Support and mentor other junior colleagues in terms of clinical and professional development – e.g. help FY1 trainee understand and then put in practice (supervised) the principles of risk assessment (see one-do one) • Understand limit of competency and practice and ask for support appropriately (also especially during out-of-hours on-call). 	<p>CbD Mini-PAT DONCS Reflections Supervision records</p>
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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
<p>6.1 Patient safety</p>	<p>Understand and apply the principles of clinical governance and the impact of 'human factors' and team dynamics to assure patient safety and quality of clinical care.</p>	<ul style="list-style-type: none"> Identifying, monitoring and managing clinical risk - complete regular risk assessments for cases caseload Timely communication with patients and colleagues about risk during team meetings, supervision, and also written communication Read about risk management, duty of candour (GMC and RCPsych guidance), understand how patient safety is managed in the service, ensure statutory/mandatory training is up-to-date Attend the service line monthly "learning from risk events" meeting, also attending the Trust wide "learning from Death" meetings to understand service-wide and Trust-wide principles of clinical governance, risk 	<p>ACE Mini-ACE CbD Reflection Discussion in supervision Review of case notes as part of supervision discussion</p>

		management, investigation of incidents, how the duty of candour is practiced, and putting the learning into practice i.e. applying lessons from critical incidents	
	Advocate for the inclusion of the 'voice' of patients and families/carers as an important part of assuring patient safety and quality of services.	<ul style="list-style-type: none"> • Reflect on patient feedback (including whole team feedback – friends and family test) and share with team where appropriate • Attend patient participation groups and understand the principles of patient involvement in safety and quality of services and also the principles of co-production 	
	Raise and address issues of patient safety and quality of care in a timely manner.		
6.2 Quality improvement	Understand the role of the voice of the child and young person ('expert by experience') in improving patient care.	<ul style="list-style-type: none"> • Encouraging young people to be involved in their care and service development – share details of the service patient participation group, help them understand the function of the group • Attend Patient participation groups <p>Later in the placement:</p>	<p>CbD CP AOT Reflections Discussion in supervision Documentation of registration of the QI project with the Trust QI-Audit-Research department</p>

		<ul style="list-style-type: none"> • Complete QI report with the plan of action • Present at the regional trainees' audit/ QI/ research showcase event • Present at the team development day to disseminate findings 	
	Use quality improvement methodologies to identify and implement improvements within your service.	<ul style="list-style-type: none"> • Present paper(s) re QI in the academic programme journal club to share learning • Complete quality improvement project for this year of training 	CbD CP AOT Reflections Discussion in supervision
HLO 7: Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within General (Adult) psychiatry. Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their 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
7.1 Safeguarding	Apply knowledge of the developmental stages of children and young people, relevant legislative frameworks, and systemic sociocultural, spiritual and religious issues, to assess safeguarding needs of patients and others.	<ul style="list-style-type: none"> • Keep up to date with safeguarding training including the statutory / mandatory aspects of safeguarding training 	ACE Mini-ACE CbD Reflection

		<ul style="list-style-type: none"> • Demonstrate that you always consider safeguarding during assessment and follow up appointments • Demonstrate that you know the local process to raise safeguarding concerns through appropriate documentation regarding discussion with the patient, parents/ carers, other professionals, and referral documents 	Review of case notes in supervision meetings
	Raise safeguarding concerns in a timely manner, with the relevant professionals and agencies, and actively participate in safeguarding processes.	<ul style="list-style-type: none"> • Raise concerns immediately within team and externally via appropriate channels • Attend meetings with social care for children under various frameworks and looked after children where appropriate • Attend Safeguarding supervision within clinical meetings • Supervise and help junior colleagues (e.g. FY1 & CT trainees) with their queries regarding safeguarding 	ACE Mini-ACE CbD Reflection Review of case notes in supervision meetings
	Advocate, educate, support, and supervise colleagues in the recognition of safeguarding concerns, and how to act in a timely manner within relevant local protocols.		

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 and multi-agency colleagues including effective planning, delivery techniques and the use of feedback.	<ul style="list-style-type: none"> • Invite medical students, foundation doctors, core trainee to join appointments and supervise their learning regarding the clinical presentations • Participate in Team education events (e.g. co-facilitate the session on risk assessment, using medication alongside therapy etc) • Complete WBPA with other junior colleagues and provide mentoring on clinical and professional skills 	AOT CP Mini-PAT Feedback from junior trainees Reflections
	Understand your own training needs and pursue your own continuing professional development.		
	Understand the principles of co-production and have the ability to collaborate with children and young people and families/ carers to deliver education and training.	<ul style="list-style-type: none"> • Attend the fortnightly CAP academic programme and also the regional professional development programme • Apply for relevant external study days in discussion with 	Reflection on the CAP academic programme and the regional professional development programme

		Psychiatric and Educational Supervisor	Evidence of attendance at appropriate external courses and reflections
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	Demonstrate the professional qualities of an effective trainer, teaching and guiding individuals and groups, providing safe and effective clinical supervision in emergency and non-emergency situations or settings.	<ul style="list-style-type: none"> Supervise other junior colleagues during placement, provide clinical supervision to other colleagues in the MDT, especially non-medical colleagues during out-of-hours on-call Periodic supervision of FY1 during placement Share resources and advice as appropriate 	Mini-PAT CbD Reflections Supervision notes and feedback
	Provide clinical supervision and mentoring including those in training and within the multi professional team.	<ul style="list-style-type: none"> Provide support and mentorship to other junior colleagues, offer clinical supervision when appropriate, join assessments and complete WBPA for colleagues 	Mini-PAT CbD Reflections Supervision notes and feedback

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"> Participate in the CAP academic programme journal club and present paper(s) Explain to patients and parents/ carers the evidence base and rationale for aspects of the intervention plan (e.g. medication, particular therapeutic modality) Share this with non-medical/ non-CAMHS MDT & multi-agency professionals 	Mini-ACE CbD DONCS AOT JCP Reflections Discussions in supervision
	Translate research into local clinical practice and disseminate critical appraisal findings to wider communities.		
	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.		

	Apply the principles of Research Study Protocols where available.		
	Demonstrate practical contribution to an ethically approved research study.		
	Undertake research or academic activity, including a literature review at a level suitable for publication in a peer reviewed journal.	<ul style="list-style-type: none"> • Start a literature review project under supervision by an appropriate person • Create documentation regarding the literature review including time scale and plan 	<p>Documents created for the plan regarding the literature review</p> <p>Reflections</p> <p>Discussions in supervision</p>