



Curricula and Assessments

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April 9, 2025

Content

- Curriculum
- Portfolio
- Workplace based assessments
- Reports
- Reflective practice

Curriculum

Curriculum Framework 2022

**Psychiatry
Silver Guide**

**Core, Specialty &
Subspecialty
Curricula**

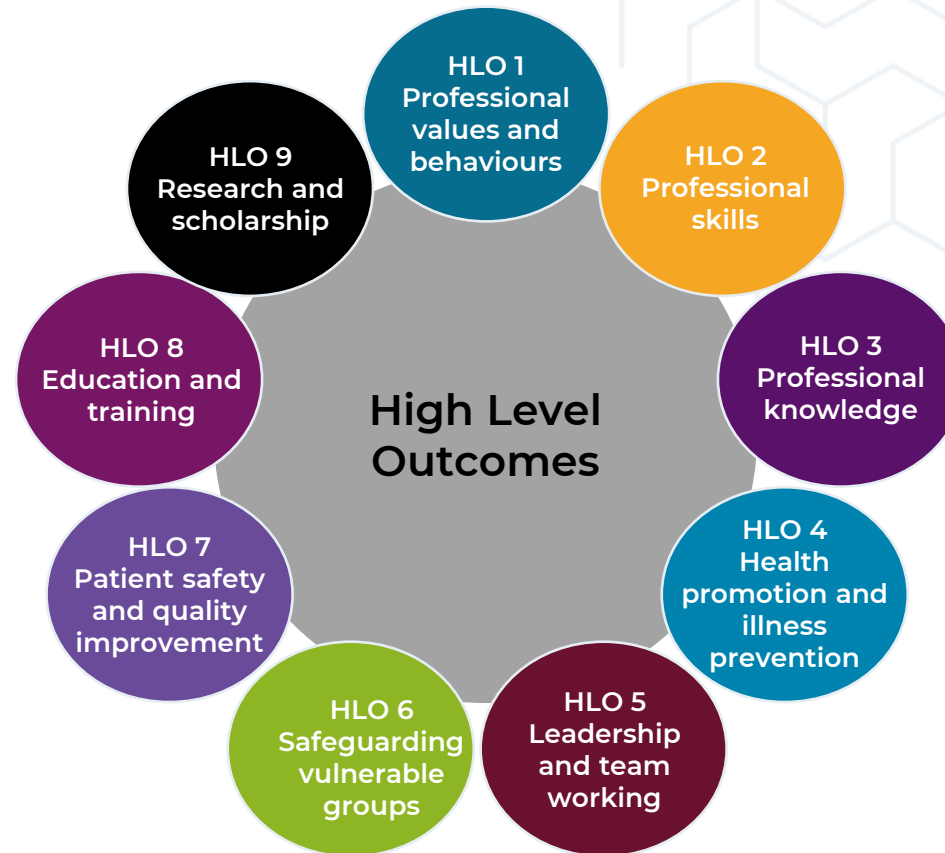
**ARCP
Decision Aids**

**Placement
Specific Personal
Development
Plans (PDPs)**

Generic professional capabilities



GMC Domains = RCPsych High Level Outcomes (HLOs)



HLOs split into themes



Silver Guide

Psychiatry Silver Guide

Guidance for Psychiatric Training in the UK

Version 2.0

Version 2.0 - August 2022
Updated - August 2024

In the Silver Guide

- Required (recommended) posts
- Specific other requirements (e.g. ECT, Psychotherapy)
- Dual Training
- Subspecialty endorsements
- Supervision
- Assessments – Exams, WPBAs

Silver Guide

5.1.1 Psychotherapy requirements for core resident doctors

Resident doctors are expected to undertake a short and long case by the end of CT3 prior to progressing to ST4.

It is recommended that the short case be a minimum of 12 sessions and the long case be between 20 and 40 sessions. Evidence is required via the PACE and SAPE assessments, with governing oversight by a medical psychotherapy tutors. Trainees should demonstrate attendance at Balint (or case-based discussion) groups.

Silver Guide

5.1.2 Addiction psychiatry requirements for core resident doctors

An Addiction tutors' network is being established by the Addiction faculty which will enable trainees to undertake two WPBAs (CbDs) under the supervision of an Addiction tutor across the three years of core training (WTE).

Silver Guide

7.1. Emergency Psychiatry

7.1.1 Core psychiatry requirements

Core resident doctors should complete recommended indicative 55 on-call shifts, or equivalent (which may include out-of-hours experience). This should result in the resident seeing at least 50 individual cases. (See Child and adolescent psychiatry section for more specific information in this specialty.)

Foundation Year curriculum

There are three HLO's in the foundation curriculum

- An accountable, capable and compassionate doctor
- A valuable member of healthcare workforce
- A professional, responsible for their own practice and portfolio development

There are Thirteen Foundation Professional capabilities

Portfolio- HORUS

The link for the e-learning is [Educational & Clinical Supervisor Training for Foundation Psychiatry Posts in the West Midlands - Overview | Rise 360](#)

GP curriculum

Portfolio- 14 Fish




What training do GP trainees want?

- Basic training to provide brief therapeutic interventions.
- Medication.
- Working with children and young people.
- Support for GPs' own mental health and work-life balance.
- Supporting patients with complex health and/or social issues.
- Helping patients to engage with care.
- Information about local services available and interaction with other teams.
- Supporting specific mental health problems.
- Suicide assessments and management of risk.
- Non-medical interventions.

Portfolio


Portfolio Online





Specialty Training Portfolio

Specialist Training in Psychiatry

Current Folder  **CT3 • 59 Activities** [+ New Training Level Folder](#)


Core

Coverage [? What's this](#)

ARCP Core Psychiatry (2016) (30/44) competencies mapped

5	14	11	14
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Current Post

 **Specialty Training Form**
Specialty Training Post (CT3 - Core)

02 Aug 2017 to 07 Feb 2018

Current School Yorkshire and the Humber

Current Trust Sheffield Children's NHS Foundation Trust

[View](#) [Edit](#) [+ New Activity](#) [+ New Assessment](#) [+ New Review](#)

Uses

For Resident Doctors

- Plan training
- Store evidence
- See how they are doing
- Guide future training

For Trainers

- Review training to date
- Help plan training
- Formal appraisals (ARCPs)

Brings together ...

PDP

Career

WPBAs

**Other
evidence**

Reflection

**Portfolio
coverage**

**Supervisor
reports**

**ARCP
outcomes**

**Exam
outcomes**

Workplace based assessments

Workplace based Assessment

- To provide evidence that a resident doctor is a capable and safe practitioner meeting standards of Good Medical Practice, and the GMC's Generic Professional Capabilities Framework (GPC)
- Creates opportunities for giving formative feedback
- Drive learning in important areas of capability
- Provide evidence that a resident doctor is attaining the outcomes in curriculum
- Assessments have been mapped to the nine domains of the GMC's Generic Professional Capabilities Framework
- Resident doctors are encouraged to map WPBAs to all Key Capability domains where possible
- Assessments take place at regular intervals
- Outcomes from several WPBAs will contribute evidence to inform summative decisions

Workplace based Assessment

**What are
they for?**

**An aid to fostering
discussions between
the resident doctor and
trainer, and to assess
specific learning tasks**

**A record of that
discussion for
the resident
doctor**

Some ground rules



Should be led by the
Resident Doctor



Should be declared in
advance

Workplace based Assessment

ACE

Mini-ACE

CBD

DOPS

Case
Presentation

Journal Club
Presentation

Assessment
of Teaching

MSF / Mini-
PAT

DONCS

Core psychiatry

WPBA	Recommended number required per year		
	CT1	CT2	CT2
ACE	2	3	3
Mini-ACE	4	4	4
CbD	4	4	4
CbDGA	2	-	-
CP	1	1	1
DOPS	*	*	*
Mini-PAT	2	2	2
JCP	1	1	1
AoT	*	*	*
DONCS	*	*	*
PACE	-	1**	1**
SAPE	-	1	2

* No set number to be completed; they may be performed as the opportunity arises

** Two PACE assessments can be undertaken whenever appropriate for the short and long cases

- Not required

Case Based Discussion (CBD)

Not necessarily a “Case Discussion”

Originally:

Notes-based discussion

Assessor picks 1 case from 2

Takes 20-30 minutes

Case Based Discussion (CBD)

	Working towards expected standard	Meets expected standard	Above expected standard	Unable to Comment
1.1 Professional relationships		X		
1.2 Professional standards		X		
2.1 Communication		X		
2.2 Clinical Knowledge and Skills			X	
2.3 Complexity and Uncertainty		X		
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction			X	
3.2 Working within NHS organisational structures			X	
4.1 Health promotion and illness prevention in individuals and community			X	
5.1 Teamworking		X		
5.2 Leadership		X		
6.1 Patient safety			X	
6.2 Quality improvement				X
7.1 Safeguarding		X		
8.1 Education & Training				X
8.2 Supervision				X
9.1 Conducting research and critical appraisal				X

Anything especially good

Trainee has managed an acute crisis with easy and dexterity to high standards.
 Trainee is an able clinician who is caring and works well with MDT.
 Good biopsychosocial management plan in place.

Mini-PAT

- 10-12 co-workers
- At least 6 need to be returned
- Supervised by clinical supervisor
- Timing critical
- Comments can be added by assessors

Mini-PAT

Domain	
1. Ability to diagnose patient problems	10. Communication with carers and/or family
2. Ability to formulate appropriate management plans	11. Respect for patients' dignity and their right to privacy and confidentiality
3. Awareness of their own limitations	12. Verbal communication with colleagues
4. Ability to respond to psychosocial aspects of illness	13. Written communication with colleagues
5. Appropriate utilisation of resources e.g. ordering investigations	14. Ability to recognise and value the contribution of others
6. Ability to manage time effectively/prioritise	15. Accessibility/reliability
7. Technical skills (appropriate to current practice)	16. Overall, how do you rate this resident doctors compared to others at the same grade?
8. Willingness and effectiveness when teaching/training colleagues	17. How would you rate the resident doctor's performance at this stage of training?
9. Communication with patients	

General (Adult) Psychiatry

WPBA	Recommended number required per year		
	ST4	ST5	ST6
ACE	2	1	1
Mini-ACE	2	2	2
CbD	6	4	4
Mini-PAT	2	1	1
AoT	2	2	2
DONCS	3	3	3
SAPE	1	1	1

Old Age Psychiatry

WPBA	Recommended number required per year		
	ST4	ST5	ST6
ACE	2	1	1
Mini-ACE	2	2	2
CbD	6	4	4
Mini-PAT	1	1	1
AoT	2	2	2
DONCS	3	3	3
SAPE	1	1	1

Forensic Psychiatry

WPBA	Recommended number required per year		
	ST4	ST5	ST6
ACE	1	1	1
Mini-ACE	3	2	2
CbD	6	5	5
Mini-PAT	1	1	1
AoT	1	1	1
DONCS	2	3	4
SAPE	0	1	0

Child and Adolescent Psychiatry

WPBA	Recommended number required per year		
	ST4	ST5	ST6
ACE	2	2	2
Mini-ACE	3	2	2
CbD	6	5	5
Mini-PAT	2	2	2
AoT	1	1	1
DONCS	2	3	4
SAPE	1	1	0

Assessors

- Members of a multi-disciplinary team, including Clinical, Psychiatric or Educational supervisors
- Must be competent around practice that they have been asked to assess, and they should have knowledge of assessment methods
- Should have up-to-date training in equality and diversity awareness
- For CT1-CT3 trainees
 - Nurses, psychologists/AHPs and social workers at band 7 or equivalent (e.g., grade 9 for social workers) can be assessors.
- For ST4-ST6 trainees
 - Nurses, psychologists/AHPs and social workers at band 8 or equivalent (e.g., grade 10 for social workers) can be assessors.
- CT1-CT3 trainees cannot assess each other, and ST4-6 trainees cannot assess each other but ST4-ST6 trainees can assess Core trainees.
- Trainees should try and use a range of different assessors (ideally a different one for each assessment).

Workplace based Assessment

Preparation by
resident doctor
(should be)

CS reports on ILOs
(old curriculum)
or PDP
(new curriculum)

ES report
“broader view”,
and linked to
GMP

Reports/ ARCP

ARCP Assessment

**Review of
trainee's
electronic
portfolio**

**Documentation of
competencies that
is assessed rather
than trainee's
competence as
such**

**Review of
evidence NOT
trainee**

Evidence that is assessed at ARCP

- All evidence must be present in the RCPSych e-portfolio
- If evidence is not present, then it wasn't done!
- Comprehensive portfolio containing:
 - Supervisors' reports
 - WBPAs – number and quality
 - Reflective Practice
 - Psychotherapy - ACE/ SAPE/logbook
 - Audit, Teaching, Research
 - Management and Leadership
 - Mandatory Training, Course Attendance

PSR/ESR

Level 1

Psychiatric
Supervisor's
Report

Level 2

Educational
Supervisor's
Report

Psychiatric Supervisors Report

- Key element of the evidence for the ARCP – ES will use (x2) to create ES Report
- Trainer is best placed to know the strengths and developmental needs of trainee
- Provides a summary of overall progress during the period of training under review – WPBAs, teaching, audit, research etc. as required by the curriculum
- Get feedback from all clinical supervisors /team prior to completing the report
- Evidence based, timely, open and honest
- Report should be discussed with the trainee prior to submission to the ARCP panel

Psychiatric Supervisors Report

Provides portrait of resident doctors' competencies: a reader of the report should have a good grasp of that trainee, including strengths and weaknesses

Evidence

Identify and reference appropriate evidence within the resident portfolio

Judgement

Clearly articulated judgements on whether trainee's progress is on track

Suggestions

Relevant and constructive suggestions to improve

Summary

Thorough and evidence-based summary of trainee's progress

Tone

Tone is as important as content. Professional in tone with the intent to support trainee's progress rather than censure

New Psychiatric Supervisor Report form



🔗 / Supervisor Report

New Psychiatric Supervisor Report Form

Please select the date of review*:

21/03/2025 📅

Selected Curriculum: Core Psychiatry 2022

1 Professional Values and Behaviours +

Performance Rating*:

Save Progress

2 Professional Skills +

Performance Rating*:

Save Progress

3 Professional Knowledge +

Performance Rating*:

🔗 Help

New Psychiatric Supervisor Report form



Scope of Practice

B I [bulleted list icon] [numbered list icon] [link icon] [help icon]

Please list all of the trainee's work in their capacity as a registered medical practitioner, other than training posts, since their last ARCP (or since initial registration to programme if more recent). This includes: (1) any voluntary or advisory work, work in non-NHS bodies, or self-employment; (2) any work as a locum; (3) any Section 12 work

Review of Previous ARCP Requirements

B I [bulleted list icon] [numbered list icon] [link icon] [help icon]

if applicable

Special Interest Sessions

B I [bulleted list icon] [numbered list icon] [link icon] [help icon]

Participation in WPBA Schedule

On Calls Completed*

Anything especially good?

B I [bulleted list icon] [numbered list icon] [link icon] [help icon]

New Psychiatric Supervisor Report form

Section 2: Recommendations for ARCP

Use this section to record any information which may assist the ARCP panel in awarding an outcome.

NB: You are not expected to recommend a particular outcome at this stage.

Comments/advice to the panel

B *I* | : : : : ∞ ↻ ?

especially where the expected outcome may not be 1 or 6

Section 3: Global Performance and Professionalism

Anything especially good?

B *I* | : : : : ∞ ↻ ?

Areas for development

B *I* | : : : : ∞ ↻ ?

GMC Registration: comments on restrictions, warnings or other threats to registration

B *I* | : : : : ∞ ↻ ?

Educational Supervisors Report

- PSR feeds into ESR alongside portfolio review
- ESR structured around domains of Good Clinical Practice
 - Knowledge, Skills and Performance
 - Safety and Quality
 - Communication, Partnership and Teamwork
 - Maintaining Trust
- Recommendation for ARCP panel re progress or concern

ARCP Educational Supervisor Summary Report



ARCP Educational Supervisor Summary Report

Section 1: Good Medical Practice

Comment on the trainee's performance with regard to the 4 main headings of Good Medical Practice (opens in new window).

Knowledge, Skills and Performance*

Rich text editor for 'Knowledge, Skills and Performance' with a toolbar containing icons for bold, italic, bulleted list, numbered list, link, unlink, and help.

Safety and Quality*

Rich text editor for 'Safety and Quality' with a toolbar containing icons for bold, italic, bulleted list, numbered list, link, unlink, and help.

Communication, Partnership and Teamwork*

Rich text editor for 'Communication, Partnership and Teamwork' with a toolbar containing icons for bold, italic, bulleted list, numbered list, link, unlink, and help.

Maintaining Trust*

Rich text editor for 'Maintaining Trust' with a toolbar containing icons for bold, italic, bulleted list, numbered list, link, unlink, and help.

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B *I* | :- :: | ∞ ↺ ?

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B *I* | :- :: | ∞ ↺ ?

Areas for development

B *I* | :- :: | ∞ ↺ ?

GMC Registration: comments on restrictions, warnings or other threats to registration

B *I* | :- :: | ∞ ↺ ?

Any other personal circumstances that may have an impact on training

B *I* | : = : = | ☰ ☲ ?

Any concerns regarding health?*

- Yes
- No

Total days sick this academic year

Any concerns regarding probity?*

- Yes
- No

Has the trainee been involved in any disciplinary/capability/investigations/complaints/adverse incidents?*

- Yes
- No

Section 4: COVID

Do you wish to comment on the effect COVID-19 may have had on the trainee's performance and/or ability to meet competencies?*

- Yes
- No

Do you wish to comment on the effect COVID-19 may have had on your ability to assess the trainee?*

- Yes
- No

Submit

Save Draft

Educational Timeline - Core

August	Resident Doctor starts Post 1
August	Induction Meeting, PDP and Self Appraisal with CS/ES
October/ November	Complete Mid Point Review with ES
December / January	Complete Level 1 report with CS
January	Mid Year Report(Level 2) completed with ES
February	Resident Doctor starts Post 2
February	Induction Meeting, PDP and Self Appraisal with CS/ES
April / May	Complete Mid Point Review with ES
June	Complete Level 1 report with CS
Late June	ESR (Level 2) completed with ES. Recommendation to ARCP made
Early July	ARCP Panels A & B

Educational Timeline - Core

- Read last ARCP report- any areas of concern
- Encourage trainee to use the curriculum and portfolio as a guide for learning rather than just a record of competencies
- Identify gaps in resident doctor's competencies at the beginning of placement and incorporate them in their PDP
- Check resident doctor's progression in common challenging areas such as
 - Psychotherapy
 - Governance
 - Leadership
 - Teaching
- On call log, record of supervision
- Make sure resident doctor's does a reflection on any adverse events/complaints

ARCP Resident Doctor Responsibilities

**Takes primary
responsibility for
their training**

**To ensure
necessary
activities (WPBAs)
are completed**

**To ensure
supervisor
completes
relevant reviews**

**To ensure that all
required evidence
is submitted on
time for ARCP**

How can you help to prepare your resident for ARCP

- Read last ARCP report- any areas of concern
- Encourage trainee to use the curriculum and portfolio as a guide for learning rather than just a record of competencies
- Identify gaps in resident doctor's competencies at the beginning of placement and incorporate them in their PDP
- Check resident doctor's progression in common challenging areas such as
 - Psychotherapy
 - Governance
 - Leadership
 - Teaching
- On call log, record of supervision
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ARCP outcomes

ARCP Outcome	
OUTCOME 1	Satisfactory progress – Achieving progress and the development of competences at the expected rate.
OUTCOME 2	Development of specific competences required – Additional training time not required.
OUTCOME 3	Inadequate progress – Additional training time required.
OUTCOME 4	Released from training programme – With or without specified competences.
OUTCOME 5	Incomplete evidence presented – Additional training time may be required.
OUTCOME 6	Gained all required competencies for the programme.
OUTCOME 7	7.1 Satisfactory progress in or completion of the LAT / FTSTA placement. 7.2 Development of specific competences required – additional training time not required. 7.3 Inadequate progress by the trainee – additional training time. 7.4 Incomplete evidence presented – LAT / FTSTA placement.
OUTCOME 8	Out of programme for clinical experience, research or a career break (OOPE/OOPR/OOPC)

Portfolio online

- [Complete an ARCP Educational Supervisor Summary Report – PortfolioOnline](#)
- [Completing a Psychiatric Supervision Report – PortfolioOnline](#)
- [View a trainee's curriculum coverage – PortfolioOnline](#)

Reflective Practice

Reflective practice

Academy of
Medical Royal
Colleges



COPMeD
CONFERENCE OF POSTGRADUATE MEDICAL DEANS
OF THE UNITED KINGDOM

Summary guidance:
Entering information into an e-portfolio

March 2018



What is reflective practice?

Reflective practice is the process whereby an individual thinks analytically about a clinical situation or activity, monitoring its progress and evaluating its outcome. As this implies, it can (and should) take place before, during and after the situation.

Reflective practice results in a better understanding of the situation and enables the individual concerned to recognise the possible impact of their actions. The aim of this process is to aid individual development and support enhanced performance when similar situations are encountered in the future, allowing the experience gained from previous situations to be put into action.

Doctors in training must feel able to have honest and open discussions and should be confident that engaging in the process can provide them with the required evidence of a professional approach to learning.

The focus should be on feedback about reflective practice, or descriptions of the increased understanding and resultant actions after discussion, rather than on simply documenting 'reflection'.

Principles- demonstrating development

Different ways –
writing notes,
dialogue with
trainers

Necessary for
revalidation

Potentially
disclosable – focus
on reactions,
learning

Evidence of
insight- discretion
of doctor to
provide

Anonymise but
open and honest,
note timing

Not an outcomes,
process to
improve

A competent supervisor

- [New curricula - IMPORTANT! - Overview | Rise 360 \(articulate.com\)](#)
- [PSPDP and PSR creation - Overview | Rise 360 \(articulate.com\)](#)
- [end-of-year-standards-guidance---core-psychiatry.pdf](#)
- Make best use of weekly supervision sessions, get to know your trainee
- Practice makes perfect – sit on ARCP panels to read colleagues' reports
- Use feedback to improve your reports
- Support with exams!
- Be aware of leave allowance, expenses

Support

DME, MEM

TPD

Head of School

Lead employer

**Local Med Ed
staff/
inductions**

**Resident
Doctor**

This session was about

- Curriculum
- Portfolio
- Workplace based assessments
- Reports
- Reflective practice