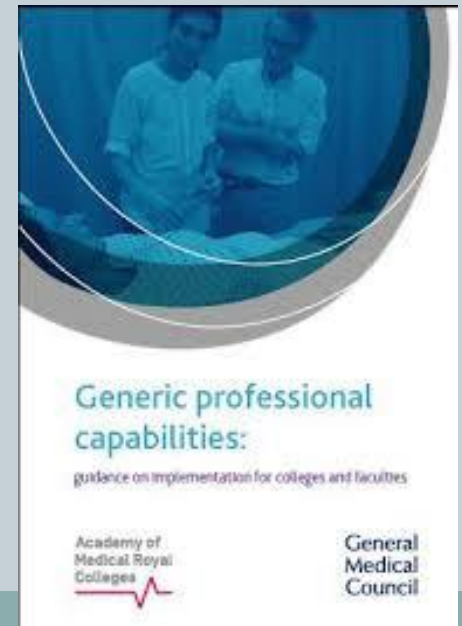


# The Future of Training: Curriculum update



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ID SAC CHAIR  
27/11/19



# Curriculum Review Timeline



# The Timetable: what's already done

## Curriculum Oversight Group (COG)



RCPsych Deadline	GMC Submission Deadline	Specialty	COG Meeting Date	GMC Decision Due
<b>COMPLETE</b>	COMPLETE	Core Psychiatry	COMPLETE	APPROVED
<b>COMPLETE</b>	COMPLETE	General Adult Psychiatry	COMPLETE	APPROVED
<b>Submitted</b>	18 <sup>th</sup> September 2019	Child & Adolescent Psychiatry	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019
<b>Submitted</b>	18 <sup>th</sup> September 2019	Forensic Psychiatry	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019
<b>Submitted</b>	18 <sup>th</sup> September 2019	Liaison Psychiatry	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019
<b>Submitted</b>	18 <sup>th</sup> September 2019	Liaison Psychiatry (Credential)	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019
<b>Submitted</b>	18 <sup>th</sup> September 2019	Medical Psychotherapy	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019
<b>Submitted</b>	18 <sup>th</sup> September 2019	Old age psychiatry	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019
<b>Submitted</b>	18 <sup>th</sup> September 2019	Intellectual Disability Psychiatry	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019
<b>Submitted</b>	18 <sup>th</sup> September 2019	Rehabilitation psychiatry	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019
<b>Submitted</b>	18 <sup>th</sup> September 2019	Addictions Psychiatry	30 <sup>th</sup> October 2019	27 <sup>th</sup> November 2019

# The Timetable: what's next

## Curriculum Advisory Group (CAG)



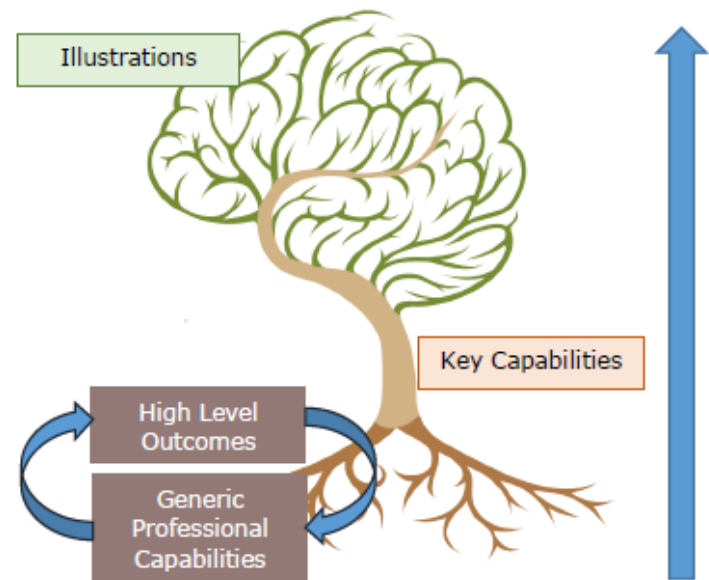
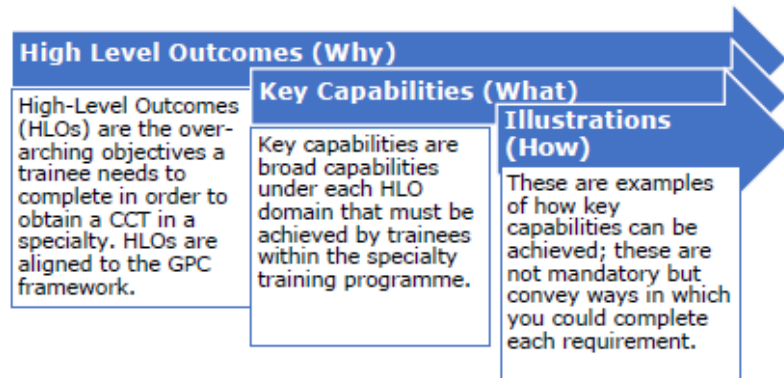
RCPsych Deadline	GMC Submission Deadline	Specialty	CAG Meeting Date	GMC Decision Due
<b>10<sup>th</sup> February 2020</b>	24 <sup>th</sup> February 2019	Core Psychiatry	22 <sup>nd</sup> – 23 <sup>rd</sup> April 2020	23 <sup>rd</sup> May 2020
<b>6<sup>th</sup> April 2020</b>	20 <sup>th</sup> April 2020	General Adult Psychiatry	18 <sup>th</sup> – 19 <sup>th</sup> June 2020	20 <sup>th</sup> July 2020
<b>6<sup>th</sup> April 2020</b>	20 <sup>th</sup> April 2020	Child & Adolescent Psychiatry	18 <sup>th</sup> - 19 <sup>th</sup> June 2020	20 <sup>th</sup> July 2020
<b>6<sup>th</sup> April 2020</b>	20 <sup>th</sup> April 2020	Forensic Psychiatry	18 <sup>th</sup> - 19 <sup>th</sup> June 2020	20 <sup>th</sup> July 2020
<b>6<sup>th</sup> April 2020</b>	20 <sup>th</sup> April 2020	Medical Psychotherapy	18 <sup>th</sup> - 19 <sup>th</sup> June 2020	20 <sup>th</sup> July 2020
<b>6<sup>th</sup> April 2020</b>	20 <sup>th</sup> April 2020	Old age psychiatry	18 <sup>th</sup> - 19 <sup>th</sup> June 2020	20 <sup>th</sup> July 2020
<b>3<sup>rd</sup> August 2020</b>	17 <sup>th</sup> August 2020	Intellectual Disability Psychiatry	14 <sup>th</sup> – 15 <sup>th</sup> October 2020	16 <sup>th</sup> November 2020
<b>3<sup>rd</sup> August 2020</b>	17 <sup>th</sup> August 2020	Liaison Psychiatry	14 <sup>th</sup> – 15 <sup>th</sup> October 2020	16 <sup>th</sup> November 2020
<b>3<sup>rd</sup> August 2020</b>	17 <sup>th</sup> August 2020	Rehabilitation psychiatry	14 <sup>th</sup> – 15 <sup>th</sup> October 2020	16 <sup>th</sup> November 2020
<b>3<sup>rd</sup> August 2020</b>	17 <sup>th</sup> August 2020	Addictions Psychiatry	14 <sup>th</sup> – 15 <sup>th</sup> October 2020	16 <sup>th</sup> November 2020

## RCPsych Curriculum Review – Proposed Curricula Framework

In response to the [Shape of Training \(SoT\) review](#), and to align to the new GMC framework for postgraduate medical curricula [Excellence by Design \(EbD\)](#), we are undertaking a review of our specialty curricula, including core training.

The GMC have asked that postgraduate medical curricula incorporate and align to the [Generic Professional Capabilities \(GPC\) framework](#), ensuring that medical curricula are underpinned by more generalised capabilities.

### Curricula System



### Curricula Framework

In developing our curricula, we have ensured that we have aligned our High Level Outcomes (HLOs) to the GPC framework, in addition to incorporating recommendations from the EbD framework. We have taken a "Why, What, How" approach when developing the framework, to provide a clear structure on what needs to be achieved and how trainees can achieve this.

# The New Structure: Core Curriculum

HLO		Capability	
1	<u>Professional Values and Behaviours</u>	1.1	Demonstrate the professional values and behaviours required of a medical doctor in Psychiatry, with reference to Good Medical Practice and Core Values for Psychiatrists
		2	<u>Professional Skills</u>
		2.1	Recognise, assess and diagnose mental disorders.
		2.2	Construct a formulation and deliver a range of psychological, biomedical, and social treatments for mental disorder tailoring them to meet the individual patients needs in a wide range of clinical contexts under supervision.
		2.3	Demonstrate advanced communication skills to nurture therapeutic relationships as a fundamental part of person-centred psychiatric care within the above framework.
		2.4	Describe the various factors that are inherent to the complexity and uncertainty within psychiatric practice and the impact that they have on self, patients, carers of all ages, and colleagues.

3	<u>Professional Knowledge</u>	3.1	Apply the relevant legislative frameworks across the UK to safeguard patients with mental disorder and safely manage risk to themselves and others under supervision.
		3.2	Outline the structure and organisation of the NHS as well as the independent sector and the wider health and social care landscape.
4	<u>Health Promotion &amp; Illness Prevention</u>	4.1	Recognise the importance of mental and physical health promotion and illness prevention for your patients and their wider community.
		4.2	Demonstrate how this is applied in your daily practice.
5	<u>Leadership &amp; Teamworking</u>	5.1	Recognise the personal qualities, team dynamics and human factors that are relevant in psychiatric practice.
		5.2	Apply these to work constructively within a team whilst developing personal leadership skills appropriate for your level and role.

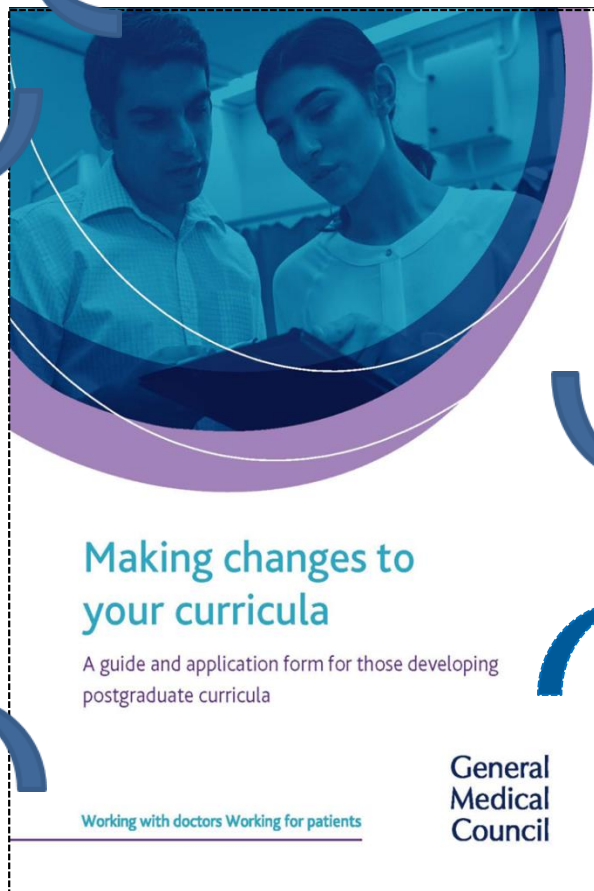
6	<u>Patient Safety &amp; QI</u>	6.1	Participate in and promote activity to improve the safety and quality of patient care and clinical outcomes in your psychiatric practice.
7	<u>Safeguarding Vulnerable Groups</u>	7.1	Recognise and assess the factors that contribute to vulnerability.
		7.2	Identify those patients and relevant others who may be vulnerable and work collaboratively in safeguarding their welfare in a timely and appropriate manner.
8	<u>Education and training</u>	8.1	Plan and provide effective education and training.
9	<u>Research</u>	9.1	Demonstrate knowledge of research methodology, critical appraisal and best practice guidance and apply it to your clinical practice.



- I have included either:
  - a) a copy of the curriculum with tracked changes showing where amendments have been made, or
  - b) where too many amendments have been made for a tracked changes document to be clear, a document that shows the changes between the old curriculum and the new.

Explain how the curriculum, assessment or change was developed, including your consultation with key groups.

- My curriculum is outcomes based, and is mapped to Good medical practice and the Generic professional capabilities framework.



Describe the impact of delivering the proposed curriculum or assessment on current resources.

Describe the responsibilities, capabilities and expected levels of performance of trainers.

# Neurodevelopmental Disorders in the Current Core Curriculum



## **P71 Child and adolescent psychiatry**

Aspects of developmental psychiatry are important for all psychiatric trainees whatever specialty within psychiatry they subsequently choose...They need to understand both aberrant development and also how normal development can be disrupted.

**...In addition, it has become increasingly clear that developmental disorders such as ADHD and autism can continue into adult life and that they have been under-recognised in adulthood. Competence in recognising these disorders is required for all trainees.**

**Intended learning outcome 7**

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

P92

<b>Intended learning outcome</b>	CT1	CT2	CT3
	By the end of CT1, the trainee should be able to describe long-term severe and enduring mental illnesses and the issues involved in the care and treatment of people with these problems	By the end of CT2, the trainee should demonstrate the ability to assess capacity in a person who has cognitive impairment and be able to construct a medication treatment plan of an older person's mental illness	By the end of CT3, the trainee should demonstrate the ability to construct a treatment plan for a patient who has a severe and enduring mental illness and for either a child or person with learning disability who has a long-term neurodevelopmental disorder
7a Management of severe and enduring mental illness			ACE of history taking from a paediatric neuropsychiatry case or a child with ADHD or autism or a person with learning disability who has one of these problems, if not completed in CT2. This assessment must be conducted by an appropriate specialist

# Neurodevelopmental Disorders in the Current General Adult Curriculum



## **Intended learning outcome 1**

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

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

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

No specific mention of Autism / ADHD / Neurodevelopmental Disorder.....

# Where to next....



- What (minimum) capabilities do we want trainees to acquire?
  - Core level
  - Higher level (Variability between subspecialties)
- What is achievable?
- What is deliverable?
- How to take this forward?

