

---

---

# Old Age Psychiatry

Royal College of Psychiatrists Higher Specialty  
Curriculum (ST4 – ST6)

Version 1.0

---

---

August 2022

## Purpose Statement

Old Age Psychiatrists assess and treat older adult patients and those with needs relating to the ageing process, who present with a wide range of mental disorders including psychotic, non-psychotic, and organic brain illnesses such as dementia. They combine expert knowledge of mental and physical health care needs to provide person-centred care for patients.

It is clear that the need for psychiatrists across the specialties is growing throughout the UK.<sup>1 2 3</sup> Public Health England states that, in any given year, one in six adults experience at least one diagnosable mental health condition, and that mental health conditions are the second leading cause of morbidity in England.<sup>4</sup> Dementia is the leading cause of death in England and Wales.<sup>5</sup>

The Welsh Government's ten-year strategy to improve mental health and well-being has identified a range of areas across all ages that require attention.<sup>5</sup> This includes Wales being a 'Dementia Friendly Nation' specifically with the goal of improving the quality of life and care for people with or at risk of dementia and their caregivers.<sup>6</sup>

The Scottish Mental Health Strategy has identified the need to shift the balance of care towards mental health.<sup>7</sup> Currently, there are 90,000 people living in Scotland with dementia. By 2020 it is estimated that there will be around 20,000 new cases diagnosed each year. We know that more people are developing dementia much later in their lives than previously assumed. This demands that our services are responsive to the range of challenges that people and their families face.

While dementia prevalence in Scotland and elsewhere in the world has stabilised, it is recognised that more people are developing dementia even later in life than previously estimated, and are living, often with other significant and life-limiting chronic conditions, for shorter periods of time.<sup>8</sup> This means we should continue to embrace the process of redesign and transformation of services. More care should be delivered in our communities, but we must also ensure that palliative and end-of-life care services for people with dementia are flexible and responsive to individual need. Old Age Psychiatrists and the services they work in have a long tradition of working within multidisciplinary settings in the community.

---

<sup>1</sup> [NHS Forward Plan: Facing the facts, shaping the future. NHS, 2017.](#)

<sup>2</sup> [The Commission on Acute Adult Psychiatric Care - Review](#)

<sup>3</sup> [CQC: The state of healthcare in mental health services 2014-2017](#)

<sup>4</sup> [2018 Community Mental Health Survey \(p6\), NHS Patient Survey Programme statistical release, Care Quality Commission](#)

<sup>5</sup> [Deaths registered in England and Wales: 2018. ONS, 2018 \(Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationssummarytables/2018>\)](#)

<sup>6</sup> [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales \(2012\)](#)

<sup>7</sup> [The Scottish Government's Approach to Mental Health \(2017\)](#)

<sup>8</sup> [The Scottish National Dementia Strategy \(2017\)](#)

Northern Ireland has higher levels of mental ill-health than any other region in the UK and it has been identified that building up the range of specialist mental health services is required to meet need.<sup>9 10</sup>

The NHS Long Term Plan is focused on population health systems<sup>11</sup>, and Old Age Psychiatrists can expect to participate not just inpatient assessment and management but also in improving clinical outcomes, health promotion, collaborative or integrated care and providing person-centred<sup>12</sup> care. The Old Age Psychiatry training curriculum equips trainee doctors with the expertise to achieve these outcomes and provide high-quality effective care for the older adult population.

Training in Old Age Psychiatry begins after successful recruitment to the specialist training programme. This occurs after completion of Core Psychiatry Training (CT1-CT3) and passing the RCPsych membership examination (MRCPsych).

In order to achieve the required capabilities and necessary experience to gain a CCT in Old Age Psychiatry, it is recommended that training is undertaken over a recommended 36 months (Whole Time Equivalent). Trainees will be expected to rotate through a variety of approved Old Age Psychiatry posts to ensure experience and capability in a variety of clinical settings. Successful completion of the programme leads to eligibility for entry on the specialist register.

The purpose of this curriculum is to develop Consultants who specialise in the assessment, diagnosis, treatment, management and prevention of mental disorders in:

- People of any age with primary dementia.
- People with mental disorder and physical illness or frailty that contributes to, or complicates, the management of their mental disorder. This may include people under 65 years of age.
- People with psychological or social difficulties related to the ageing process, or end-of-life issues, or who feel their needs may be best met by a service for older people. This would normally include people over 70 years of age, such as in-patient, community, hospital liaison, crisis and home treatment, and memory assessment and treatment services.

This includes evidence-based psychological, biomedical, and social interventions in a wide range of clinical settings in Old Age Mental Health Services.<sup>13</sup>

---

<sup>9</sup> [Making life better: A whole system strategic framework for public health](#)

<sup>10</sup> [2009 - 2011 Evaluation of the Bamford Action Plan \(Dec 2011\)](#)

<sup>11</sup> [NHS Long Term plan – areas of work \(Mental Health\)](#)

<sup>12</sup> **Person-centred** – focuses on the patient as a person, with ‘personhood’ being its superordinate principle. Takes into account all protected characteristics in doing this.

<sup>13</sup> [Joint Commissioning Panel on Mental Health \(ageless services section\) \(p.5\)](#)

It builds on the clinical capabilities achieved through Core Psychiatry training, such as advanced communication and interpersonal skills, examination skills, diagnosis and treatment to consultant level.

It also involves the high-level development of capabilities such as team working, leadership and management, teaching, research and quality improvement.

This curriculum equips consultants in Old Age Psychiatry with the ability to provide high-quality, evidence-based patient care for older adults, and support for their carers and families.

A Consultant Old Age Psychiatrist will be able to work with and manage organic and functional mental health conditions, within a holistic<sup>14</sup> framework that includes attention to physical health and frailty. They will be able to manage acute and long-term mental disorder, in community, care homes and inpatient settings. They will be able to work in more specialised settings, such as Liaison Psychiatry.

During training in Old Age Psychiatry, a trainee develops the knowledge and skills needed to have overall responsibility, lead a team, understand governance and overall structures within older adult mental health services. The principal interdependencies are with other medical specialties e.g., general practice, geriatric medicine and neurology and with non-medical healthcare specialties, in particular, mental health nursing and psychology. Old age psychiatry equips specialists with the ability to manage complex psychiatric cases that require in-depth multidisciplinary input that would be outside the scope of general practitioners. Similarly, the focus on mental health, community input and psychosocial factors sets the specialty apart from the more traditional medical specialities of geriatrics and neurology. Mental health nursing and psychology share many of the capabilities of old age psychiatry, but with far less emphasis on advanced leadership, and the assessment and management of both risk and medical illness.

The recommended three years spent in training will provide appropriate development of transferable skills and experience (e.g., advanced leadership, emergency psychiatry and complex decision making) as well as specialised skills and experience in Old Age Psychiatry.

The skills and knowledge trainees develop and demonstrate in their training have not changed in this new curriculum. Trainees will, therefore, continue to have the opportunity to undertake training in Liaison Psychiatry, where patient demand and service need is high as part of their Old Age Psychiatry training programme.<sup>15</sup>

---

<sup>14</sup> **Holistic model / approach** – understanding and applying the psychological, biological, social, cultural and spiritual context in the delivery of person-centred mental healthcare.

<sup>15</sup> [Caring for the whole person: physical healthcare of older adults in mental disorder \(CR:222\)](#)

Trainees may also undertake dual training with General Psychiatry building upon skills from training in Old Age Psychiatry.<sup>16</sup> The GMC approved dual training programmes include shared capabilities and combinations of skills and experience for diverse service and population needs.

Due to these shared capabilities, dual Old Age/General Psychiatry training can be undertaken in less than six years, the standard recommended training time for training in two psychiatric specialties (for Old Age Psychiatry and General Psychiatry, the recommended training time is an indicative 4 years).

The Old Age Psychiatry learning outcomes are mapped to the Generic Professional Capabilities Framework (GPCs) ensuring ease of transfer between medical specialties.

The High Level Outcomes (HLOs) within this curriculum will facilitate the development of transferable knowledge and skills in leadership, research, education, health promotion, patient safety and quality improvement.

In addition to advanced skills in the psychiatric assessment of older people, trainees in Old Age Psychiatry will be able to deliver holistic care across care settings including in psychiatric hospitals, general hospitals, residential and nursing homes and private residences. Additionally, trainees will acquire the flexibility required to be able to work within and lead multidisciplinary teams including within community and in-patient environments. These skills, alongside the ability to manage complexity, conflict and uncertainty and knowledge of ageing, frailty and safeguarding procedures are transferable to other disciplines and related specialties. As trainees progress through the training programme, the level of performance and transferability to other disciplines will increase.

Sub-specialty training (endorsements) will encompass aspects of the Old Age Psychiatry curriculum, for example, leadership, multidisciplinary working and the acquisition of expertise in holistic patient care using psychological, bio-medical and social interventions.

***This purpose statement has been endorsed by the GMC's Curriculum Oversight Group and confirmed as meeting the needs of the health services of the countries of the UK.***

---

<sup>16</sup> [GMC approved dual-training pathways in Psychiatry \(2018\)](#)

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

The reference in brackets below each HLO is to the GMC Generic Professional Capabilities. HLOs are mapped to the nine GPCs.

High Level Outcome 1 (GPC 1)	Demonstrate the professional values and behaviours required of a Consultant Psychiatrist with reference to Good Medical Practice, <a href="#">Core Values for Psychiatrists (CR204)</a> and other relevant faculty guidance.
Themes	Key Capabilities (KCs). By the end of ST6, you will be able to:
<b>1.1 Professional Relationships</b>	<p>Work collaboratively with patients, families, carers of all ages and colleagues respecting their autonomy, diversity, dignity, and valuing their contribution.</p> <p>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.</p> <p>Consistently demonstrate a holistic and person-centred clinical approach to older adults that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism, remaining realistically optimistic, honest and maintaining boundaries.</p> <p>Recognise the importance of liaising with colleagues from other psychiatric specialties where appropriate to provide advice and support on the management of care of older adults with mental disorders in these specialties.</p> <p>Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.</p>
<b>1.2 Professional Standards</b>	<p>Understand the impact of workload, patient, team, and organisational dynamics on your own well-being, taking into account available resources.</p> <p>Use supervision and reflection effectively, recognising your skills, limitations and your duty of candour.</p> <p>Apply strategies to take care of your wellbeing, seeking timely support and guidance.</p> <p>Use the method of receiving, reflecting and responding towards understanding the emotional impact of the work you do, on the individual and team, including the impact of self-neglect, vulnerability, availability of resources, suicide, and homicide.</p> <p>Consistently demonstrate a positive and conscientious approach to the completion of your work.</p> <p>Make clear, accurate and contemporaneous records.</p>

	Promote and protect the specialism of Old Age Psychiatry including acting as an advocate for your patients and their carers.
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.
<b>High Level Outcome 2.1 (GPC 2)</b>	<b>Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>2.1 Communication</b>	Consistently demonstrate advanced communication skills when undertaking complex clinical discussions with your patients and with others in relation to their care.
	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.
	Demonstrate proficiency in explaining the outcome of assessment and management to patients, families, carers of all ages, and relevant others.
	Demonstrate skills in supporting those in whom English is not their first language, including the use of interpreters, and providing information in other languages.
	Synthesise complex information and communicate this succinctly and coherently in your written and verbal communication.
	Build and sustain therapeutic relationships with older adult patients, relatives and carers. Be sure to recognise and manage the complexity and conflict that may arise in the course of these relationships.
	Demonstrate flexibility in your communication style with older adults taking into account difference and diversity and how these impact on the therapeutic interaction.
	Demonstrate an inclusive approach which considers all aspects of communication, language, sensory and cognitive needs, as well as the ethnic, social, cultural, spiritual and religious context of older adult patients.
	Demonstrate and promote shared decision making with older adult patients, taking into consideration their ideas, values, concerns and expectations.

<b>High Level Outcome 2.2 (GPC 2)</b>	<b>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 Old Age Psychiatry.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>2.2 Clinical Skills</b>	<p>Demonstrate an advanced understanding of functional mental disorders and how these present differently in older adults, delirium, cognitive impairment and dementias and other organic health disorders, substance use disorders and the interplay between physical health disorders and mental health.</p> <p>Apply an advanced level of knowledge of psychology, including the importance of early relationships, attachment styles, parenting, the impact of adverse life experiences, traumatic events, and protective factors and their impact on functional and organic disorders in older people.</p> <p>Understand the importance of, and consistently demonstrate, the ability to receive a collateral history from the relevant people involved in the care of your patients</p> <p>Demonstrate proficiency in the specialist risk assessment and management of older adults.</p> <p>Demonstrate advanced skills in assessing and managing the issues of self-neglect, vulnerability, physical health co-morbidities, frailty, self-harm and abuse.</p> <p>Conduct person-centred holistic assessments of older people including history, mental state, and relevant psychopathology, that includes psychological, social, cultural, spiritual and religious aspects of ageing, activities of daily living, physical health, medication, frailty and falls, and death and dying.</p> <p>Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including awareness of normative as well as variations in presentations, for example with neurodevelopmental conditions and across cultures.</p> <p>Synthesize all information available, including collateral information to construct a formulation relevant to older people and share your formulation with patients and others in a timely and appropriate manner.</p> <p>Demonstrate advanced knowledge in assessing capacity in older patients with complex needs.</p> <p>Assess the general health of your patients, taking into account the impact of their physical health on their mental health needs and vice versa. This assessment should include consideration of nutritional, metabolic, endocrine, and reproductive factors and disorders, and the physical and mental impact of substance use and addiction on clinical presentation.</p>

	Conduct relevant physical examinations of your patients and interpret findings, referring on appropriately to other clinicians.
	Assess how relationships, systems and dynamics within the older patient's life impact on their wellbeing and work with them and others to manage these.
	Conduct and interpret detailed cognitive assessments, including the use of relevant, standardised, neuropsychological tools.
	Use international classification systems to establish diagnoses and co-morbidities in older adult patients.
	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.
	Appropriately interpret the findings of relevant biological, psychological, and social investigations and assessments for both functional and organic mental disorders in older people and refer to others as appropriate.
	Use early diagnosis in general, and post diagnostic support in older people with mental disorders to help prevent vulnerability and safeguarding concerns in older people with mental disorders.
	Construct a safe, effective, collaborative and co-productive management plan based on the individual views, needs, and wishes of the patient, and review the effectiveness of these interventions in a timely manner to ensure continuity of care in the immediate, short and longer term.
	Manage patient care in emergency, urgent and routine situations.
	Work across a variety of settings including the community, other residential settings, care homes and in-patient services.
	Use formulation to devise a safe, effective, collaborative and co-productive management plan to ensure continuity of care in the immediate, short and longer term.
	Demonstrate an understanding of how physical treatments can be used for the treatment of mental disorders and apply this under supervision.
	Apply an understanding of psychological and psychotherapeutic interventions in order to assess the suitability of, and refer, older adult patients and their carers for these treatments.

	Be able to apply principles of functional and behavioural assessment in patients with dementia presenting with behavioural and psychological symptoms and use these assessments in the development of appropriate management plans.
	Demonstrate advanced skills in the safe prescribing and management of medications in older people.
<b>High Level Outcome 2.3 (GPC 2)</b>	<b>Apply advanced management skills within Old Age Psychiatry in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>2.3 Complexity &amp; Uncertainty</b>	Demonstrate proficiency in managing unconscious processes, including transference, countertransference, projecting and splitting, and know how to manage these effectively and safely to help with ongoing management.
	Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.
	Elicit salient information from the psychiatric history and mental state examination in situations of urgency and complexity and prioritise management as appropriate.
	Devise care plans in urgent situations where information may be incomplete or unavailable.
	Consciously vary from established care pathways where clinically indicated and justify these decisions as needed.
	Recognise why, when and how to access timely support and consultation as part of your professional practice when uncertain/stuck.
	Maintain good professional attitudes and behaviour when responding to difficult situations involving ambiguity and uncertainty.
	Manage unconscious dynamics between yourself, patients, and other professionals.
	Provide support, advice and consultation to trainees and other professionals to work in complex situations.

<b>High Level Outcome 3.1 (GPC 3)</b>	<b>Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Old Age Psychiatry.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction</b>	Apply the current legislation governing the care and treatment of older people with mental disorder; both as inpatients and in the community, including the use of emergency powers and compulsory treatment.
	Balance the duty of care to the older adult patient and the protection of others, taking into consideration human rights legislation.
	Demonstrate and develop advanced knowledge and application of legal and safeguarding frameworks appropriate for managing older patients who lack capacity to make decisions about their care or treatment.
	Demonstrate an understanding of relevant legislation as applicable to the patient's families and carers of all ages.
	Apply the principles of least restrictive practice when considering the application of legal powers across different settings.
	Meet the requirements to apply for relevant statutory approval where appropriate.
	Prepare and deliver relevant legal reports.
<b>High Level Outcome 3.2 (GPC 3)</b>	<b>Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>3.2 Working within NHS and organisational structures</b>	Demonstrate knowledge of and contribute to the structure and function of national health and social care services and regulatory authorities, particularly as it applies to the care of older adults.
	Demonstrate proficiency in inter-agency working.

<b>High Level Outcome 4 (GPC 4)</b>	<b>Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Old Age Psychiatry and the wider community.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>4.1 Health promotion and illness prevention in community settings</b>	Apply an understanding of the factors (including physical economic and cultural factors) that contribute to health inequalities, and the social, cultural, spiritual and religious determinants of health as relevant to older adults.
	Apply, where appropriate, the basic principles of global health including governance, health systems and global health risks, and use these in your practice.
	Apply the principles of patient self-management, self-care and “expert by experience” in your practice.
	Identify and challenge stigma and discrimination that are associated with both ageing and mental disorder in older adults in both clinical and community settings.
	Lead, advocate and educate health and non-health professionals in health promotion and illness prevention for older adults.
	Promote physical health, mental health and wellbeing in older adult patients, and the wider community.
<b>High Level Outcome 5 (GPC 5)</b>	<b>Demonstrate effective team working and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.</b>
<b>Themes</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>5.1 Teamworking</b>	Recognise the strengths, weaknesses and skill levels within a team and work with these to provide containment and support to the team and to colleagues when needed contributing to service development.
	Understand the role of the Consultant Psychiatrist for older adults in identifying and managing conflict and dysfunction that can arise in teams and use effective negotiation skills to manage these.
	Encourage contribution from individual team members in order to develop their practice whilst also taking into account their particular skills and build confidence.
	Support colleagues to develop their practice.

<b>5.2 Leadership</b>	Understand the leadership role of a consultant psychiatrist in relation to the team and wider systems in managing and adapting to difficult clinical and nonclinical situations as they arise and delegate when required.
	Manage the prioritisation and assessment of referrals and allocate according to need and expertise within the team.
	Actively seek out opportunities to gain feedback about your practice and adapt and develop in response to this feedback as appropriate.
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.
<b>High Level Outcome 6 (GPC 6)</b>	<b>Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.</b>
<b>Themes</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>6.1 Patient safety</b>	Demonstrate proficiency in reflective practice when involved in adverse incidents, learning and adapting as appropriate.
	Apply the principles of clinical governance, human factors and team dynamics to assess and improve patient safety for older adults.
	Respond in a timely and effective way to address concerns relating to the safety of older adult patients.
<b>6.2 Quality improvement</b>	Use accepted quality improvement methodologies to identify and implement improvements within older adult services and supervise others in this regard as appropriate.
	Consistently apply the principles of service improvement and high-quality care.
<b>High Level Outcome 7 (GPC 7)</b>	<b>Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Old Age Psychiatry.</b> <b>Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.</b>
<b>Themes</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>7.1 Safeguarding</b>	Demonstrate specialist knowledge and the ability to manage the individual and systemic factors contributing to the vulnerabilities and safeguarding concerns in older adults with mental disorders.

	Demonstrate clinical expertise in recognising all forms of abuse in older adults, families and carers of all ages, and the wider community.
	Apply your understanding of how physical health comorbidity contributes to the vulnerabilities and safeguarding concerns in older people with mental disorders.
	Recognise physical, emotional and economic pressures on patients, their families and carers of all ages which contribute to the vulnerabilities and safeguarding concerns in older adults with mental disorders.
	Apply legislative frameworks where safeguarding concerns are identified and contribute to interagency assessments and risk management and protection plans.
	Demonstrate a detailed working knowledge of safeguarding frameworks for older adults within which identified risks can be managed.

<b>High Level Outcome 8.1 (GPC 8)</b>	<b>Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>8.1 Education &amp; Training</b>	Teach effectively on clinical and non-clinical topics using a variety of teaching methods.
	Provide supportive, effective, honest and constructive feedback to colleagues.
	Effectively complete appropriate workplace-based assessment tools for other medical colleagues.
<b>High Level Outcome 8.2 (GPC 8)</b>	<b>Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>8.2 Supervision</b>	Demonstrate a knowledge of the principles of, and differences between clinical, psychiatric and educational supervision.
	Demonstrate a knowledge of the principles of, and differences between clinical, psychiatric and educational supervision.

<b>High Level Outcome 9 (GPC 9)</b>	<b>Apply an up-to-date advanced knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.</b>
<b>Theme</b>	<b>Key Capabilities (KCs). By the end of ST6, you will be able to:</b>
<b>9.1 Undertaking research and critical appraisal</b>	<p>Critically evaluate data, papers, reviews, and meta-analyses and implement findings in daily clinical practice.</p> <p>Translate research into local clinical practice and disseminate critical appraisal findings to wider communities.</p> <p>Apply knowledge of up-to-date appropriate statistical methods.</p> <p>Demonstrate proficiency in the use of objective evidence-based clinical assessment instruments.</p> <p>Work within ethical frameworks when carrying out or appraising research.</p> <p>Apply the principles of Research Study Protocols where available.</p> <p>Demonstrate practical contribution to an ethically approved research study.</p>