A Competency Based Curriculum for Specialist Core Training in Psychiatry

CORE TRAINING IN PSYCHIATRY CT1 – CT3

Royal College of Psychiatrists

2013

(GMC approved 01 July 2013, updated March 2016, May, & June 2017, April 2020 (COVID-19))

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This curriculum is divided into five Parts:

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1. Introduction

Defining the objectives of the skills of all psychiatrists in training has relied on a number of documents; *Good Medical Practice* produced by the GMC, *Good Psychiatric Practice* produced by the Royal College of Psychiatrists (2009), the *Medical Leadership Competency Framework; The Core & General Training Curriculum* published in 2007, the draft curricula statements and outlines produced by faculties and sections of the Royal College of Psychiatrists, as well as *The Curriculum for Basic Training* from the Royal Australian & New Zealand College of Psychiatrists, *The Handbook of Psychiatric Education and Faculty Development* published by the American Psychiatric Association, *The CanMED 2005 Framework & Curricula for training from other medical specialities in the UK*, notably general practice and general medicine.

What is set out in this document is the generic knowledge, skills and attitudes, or more readily assessed behaviour, that we believe is common to all psychiatric specialties. This document should be read in conjunction with *Good Medical Practice* and *Good Psychiatric Practice,* which describe what is expected of all doctors and psychiatrists. Failure to achieve satisfactory progress in meeting many of these objectives at the appropriate stage would constitute cause for concern about the doctor's ability to be adequately trained.

Achieving competency in core and generic skills is essential for all specialty and subspecialty training. Maintaining competency in these will be necessary for relicensing and recertification, linking closely to the details in *Good Medical Practice* and *Good Psychiatric Practice.* Therefore doctors in training in advanced psychiatry will need to continue to display the competencies that were acquired in Core Psychiatry Training throughout their training.

2. Rationale

The purposes of the curricula are to outline the competencies that trainees must demonstrate and the learning and assessment processes that must be undertaken:

- To complete Core Psychiatry Training
- For an award of a Certificate of Completion of Training (CCT) in one of the six psychiatric specialties. The curricula build upon competencies gained in Foundation Programme training and Core Psychiatry Training and guides the doctor to continuing professional development based on *Good Psychiatric Practice* after they have gained their CCT.

3. Specific features of the curriculum

The curriculum is outcome-based and is learner-centred. Like the Foundation Programme Curriculum, it is a spiral curriculum in that learning experiences revisit learning outcomes. Each time a learning outcome is visited in the curriculum, the purpose is to support the trainee's progress by encouraging performance in situations the trainee may not have previously encountered, in more complex and demanding situations and with increasing levels of autonomy. The details of how the curriculum supports progress is described in more detail in the Trainee and Trainer Guide for ARCPs for Core Psychiatry that are set out later. The intended learning outcomes of the curriculum are structured under the *Good Medical Practice* (2013) headings that set out a framework of professional competencies.

The curriculum is learner-centred in the sense that it seeks to allow trainees to explore their interests within the outcome framework, guided and supported by an educational supervisor. The Royal College of Psychiatrists has long recognised the importance of educational supervision in postgraduate training. For many years, the College recommended that all trainees should have an hour per week of protected time with their educational supervisor to set goals for training, develop individual learning plans, provide feedback and validate their learning.

The competencies in the curriculum are arranged under the *Good Medical Practice* headings as follows:

1. Knowledge, Skills and Performance
2. Safety and Quality
3. Communication, Partnership and Teamwork
4. Maintaining Trust

They are, of course, not discrete and free-standing, but overlap and inter-relate to produce an overall picture of the Psychiatrist as a medical expert.

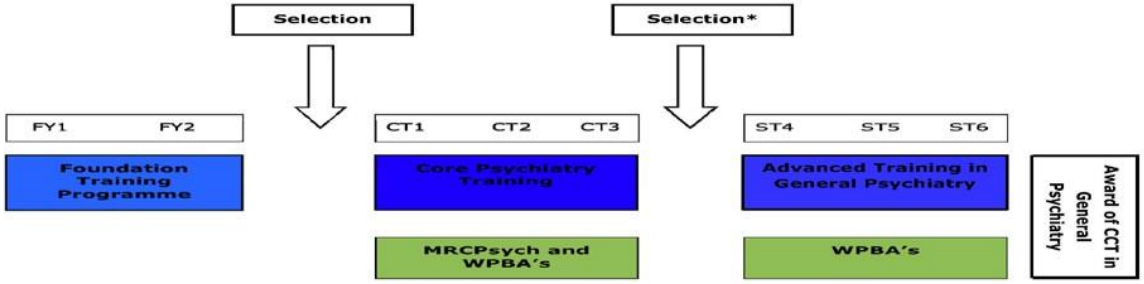
It is important to recognise that these headings are used for structural organisation only. The complexity of medical education and practice means that a considerable number of the competencies set out below will cross the boundaries between different categories. Moreover, depending on circumstances, many competencies will have additional components or facets that are not defined here. This curriculum is based on meta-competencies and does not set out to define the psychiatrist's progress and attainment at a micro-competency level.

With these points in mind, this curriculum is based on a model of intended learning outcomes with specific competencies given to illustrate how these outcomes can be demonstrated. It is, therefore, a practical guide rather than an all-inclusive list of prescribed knowledge, skills and behaviours.

4. Training pathway

Psychiatry trainees have to successfully complete the three-year Core Psychiatry Training programme before applying in open competition for a place in a programme leading to a Certificate of Completion of Training (CCT) in one of the six psychiatry specialties. Trainees who were appointed to Psychiatry Specialty Training prior to August 2008 were generally appointed to 'run-through' training posts.

The six psychiatry specialties are Child and Adolescent Psychiatry, Forensic Psychiatry, General Psychiatry, Old Age Psychiatry, the Psychiatry of Learning Disability and Medical Psychotherapy. In addition, there are two sub-specialties of General Psychiatry; Substance Misuse Psychiatry and Rehabilitation Psychiatry and Liaison Psychiatry is a sub-specialty of both General Psychiatry and Old Age Psychiatry. For example, a trainee wishing to specialise in General Psychiatry would follow the below pathway:



*Selection at this point may be open or by internal competition. See text for explanation

Figure 1, Training pathway to obtain a CCT in General Psychiatry

5. Core Training in Psychiatry

The core training programme in psychiatry is comprised of:

- Completion of a minimum of 36 months post-foundation/internship in a core training programme approved by the GMC from CT1 to CT3 (or at a level above CT1 to CT3).
- During core training trainees must take the MRCPsych Examination which is comprised of:
  - 2 MCQ written papers
  - A Clinical Assessment of Skills and Competencies (CASC).

Trainees must obtain a pass in all sections of the MRCPsych Examination and achieve all core competencies before they can be considered to have successfully completed/exited core training. An ARCP outcome 1 will then be issued to trainees.

Trainees who leave core training without achieving the core competencies or passing all sections of the MRCPsych Examination can still undertake the Examinations and complete any outstanding competencies whilst in a non-training post.

6. Advanced Training in Psychiatry

The Advanced Training Programme in Psychiatry is comprised of completion of a minimum of 36 months of advanced training in one of the six GMC approved psychiatric specialties listed below from levels ST4 to ST6.
Trainees must achieve the competencies as set out in the appropriate advanced curriculum and achieve an ARCP outcome 6 on completion of the training programme.

- General Psychiatry
- Old Age Psychiatry
- Forensic Psychiatry
- Child and Adolescent Psychiatry
- Psychiatry of Learning Disability
- Medical Psychotherapy

7. Certificates of Completion of Training (CCT)

Trainees wishing to obtain a CCT in one of the six GMC approved psychiatric specialties must complete an entire programme of training (core and advanced), the whole of which has been approved by the GMC and pass all sections of the MRCPsych Examination.

8. Career Pathways in Psychiatry

General Psychiatry

The clinical experience in the Advanced Training Programme in General Psychiatry will consist of the equivalent of three years full time experience and will be comprised of:

- 2 years in designated General Psychiatry posts. One year may be in a GMC approved sub-specialty of General Psychiatry in either:
  - Substance Misuse
  - Liaison Psychiatry
  - Rehabilitation Psychiatry

Successful completion of a year in any of the above sub-specialties will lead to an endorsement on the GMC Specialist Register.

- The third year could also be spent in another area of General Psychiatry but will not lead to an endorsement on the GMC Specialist Register as these areas are not GMC recognised sub-specialties:
  - Peri-natal Psychiatry
  - Neuropsychiatry
  - Eating Disorder Psychiatry
  - Or another psychiatric specialty or general psychiatry post.

Experience gained in General Psychiatry must include properly supervised in-patient and out-patient management, with both new patients and follow-up cases, and supervised experience of emergencies and 'on call' duties. Training placements will afford experience in hospital and/or community settings. Increasingly training in General Psychiatry will be delivered in functional services that specialize in a single area of work such as; crisis, home treatment, early interventions, assertive interventions or recovery models. Thus not all posts will provide all experiences as detailed.

Old Age Psychiatry

The clinical experience in the Advanced Training Programme in Old Age Psychiatry will consist of the equivalent of three years full time experience and will consist of:

- Twelve months in an old age placement, i.e. a placement that can offer both in-patient and community experience and two six-month placements in inpatient and community settings. The inpatient experience must include managing detained patients under supervision.
- Twelve months in another old age psychiatry setting.
- A third twelve months may be spent in GMC approved liaison sub-specialty of Old Age Psychiatry, General Psychiatry (or one of its sub-specialties) or in any other psychiatric specialty where the training is available, i.e., forensic psychiatry, psychotherapy, learning disability psychiatry, child & adolescent psychiatry.
- Successful completion of a year of Liaison Psychiatry will lead to an endorsement on the GMC Specialist Register

Trainees should get experience working with older adults in the following settings:

- In-patient wards for treatment of functional illness
- Assessment wards
- Continuing care and respite wards
- Joint psychiatric/geriatric wards
- Day hospitals
- Sheltered housing
- Residential care in various settings
- Home assessment and treatment
- Out-patients

Psychiatry of Learning Disability

The clinical experience in the Advanced Training Programme in Psychiatry of Learning Disability will consist of the equivalent of three years full time experience at least two years of which are within designated Psychiatry of Learning Disability posts. This would comprise of experience with:

- In-patients; acute treatment and management of People with Learning Disabilities (PWLD) and their mental health and behavioural problems
- Working in multidisciplinary community teams
- Seeing patients and their carers' in a variety of out-patient and community settings

One year of this could be within designated Psychiatry of Learning Disability services for children.

The third year could comprise of either further community-based experience as above, perhaps with an emphasis on:

- Neuropsychiatry
- Neurodevelopmental disorders
- Brain injury
- Experience within designated Psychiatry of Learning Disability posts in Forensic Psychiatry
- Experience within designated posts in a relevant psychiatric specialty: e.g. General Psychiatry or one of its subspecialties

Child & Adolescent Psychiatry

The clinical experience in the Advanced Training Programme in Child & Adolescent Psychiatry will consist of the equivalent of three years full time experience.

Forensic Psychiatry

The clinical experience in the Advanced Training Programme in Forensic Psychiatry will consist of the equivalent of three years full time experience.

Medical Psychotherapy

The clinical experience in the Advanced Training Programme in Medical Psychotherapy will consist of the equivalent of three years full time experience.

9. Dual Training

Trainees may apply in open competition for entry into dual training programmes after completing Core Training. Trainees must be interviewed for both specialties. A trainee will be given a national training number indicating that the programme is a dual programme.

Trainees are expected to complete the programme in full and obtain the competencies set out in both curricula. Application to the GMC for a CCT should only take place when both programmes are complete. The two CCTs should be applied for and awarded on the same date and the expected end of training date for both CCTs therefore becomes the same date. (Gold Guide 6.34).

Where a trainee wishes to curtail the programme leading to dual certification and to apply to the GMC for a single CCT, the trainee must apply to the Postgraduate Dean for agreement to do so. If the Postgraduate Dean agrees, the dual certification programme will terminate and a single CCT will be pursued. (Gold Guide 6.34).

Trainees who wish to curtail a dual programme and pursue a single CCT must ensure that they have completed/obtained the following:

- The competencies for a single CCT as stipulated in the curriculum for that specialty.
- The time spent for a single CCT as stipulated in the curriculum for that specialty.
- Confirmation from the Training Programme Director that the competencies for a single CCT have been met.
- A final ARCP outcome 6 for a single CCT.

Completion of two CCTs can be of either four or five years' duration and all training must be in GMC approved programmes.

Training Combinations with a minimum of four years' duration

General Psychiatry & Old Age Psychiatry which must consist of:

2 years in designated General Psychiatry posts (one year may be in a GMC approved sub-specialty of General Psychiatry in either:

- Substance Misuse
- Liaison Psychiatry
- Rehabilitation Psychiatry

A year could also be spent in another area of General Psychiatry but will not lead to an endorsement on the GMC Specialist Register as these areas are not GMC recognised sub-specialties:

- Peri-natal Psychiatry
- Neuropsychiatry
  Eating Disorder Psychiatry

2 years in designated Old Age Psychiatry Posts.

A trainee who wishes to pursue a single CCT in either old age psychiatry or general psychiatry must ensure they have completed the minimum of 36 months which must consist of two years in either old age psychiatry posts or general psychiatry posts & one further year in another psychiatric specialty or sub-specialty post as listed above.

Training combinations with a minimum of five year's duration

General Psychiatry & Medical Psychotherapy which must consist of:

2 years in designated General Psychiatry posts one year may be in a GMC approved sub-specialty of General Psychiatry in either:

- Substance Misuse
- Liaison Psychiatry
- Rehabilitation Psychiatry

Trainees could also spend 12 months in another but will not lead to an endorsement on the GMC Specialist Register:

- Peri-natal Psychiatry
- Neuropsychiatry
- Eating Disorder Psychiatry

3 years in designated Medical Psychotherapy Placements.

A trainee who wishes to pursue a single CCT in either general psychiatry or medical psychotherapy must ensure they have completed the minimum of 36 months which must consist of two years in either general psychiatry posts and one year in another psychiatry specialty, most likely to be medical psychotherapy or 3 years in designated medical psychotherapy posts.

Forensic Psychiatry & Medical Psychotherapy which must consist of:

- 2 years in designated Forensic Psychiatry placements
- 2 years in designated Medical Psychotherapy Placements
- 1 year in a Forensic Medical Psychotherapy setting

A trainee who wishes to pursue a single CCT in either forensic psychiatry or medical psychotherapy must ensure they have completed the minimum of 36 months which must consist of 3 years' in either designated forensic psychiatry posts or 3 years in designated medical psychotherapy posts. Forensic Psychiatry & General Psychiatry which must consist of:

- 3 years in designated Forensic Psychiatry placements
- 2 years in designated General Psychiatry placements

Child & Adolescent Psychiatry & Forensic Psychiatry which must consist of:

- 2 years in designated Forensic Psychiatry placements.
- 2 years in designated Child & Adolescent Psychiatry Placements
- 1 year in a Forensic Psychiatry setting for adolescents & children.

A trainee who wishes to pursue a single CCT in either forensic psychiatry or child & adolescent psychiatry must ensure they have completed the minimum of 36 months which must consist of 3 years' in either designated forensic psychiatry posts or 3 years in designated child & adolescent psychiatry posts

Child & Adolescent Psychiatry & Psychiatry of Learning Disability which must consist of:

- 2 years in designated Psychiatry of Learning Disability placements.
- 2 years in designated Child & Adolescent Psychiatry Placements
- 1 year in a Psychiatry of Learning Disability setting for adolescents & children.

A trainee who wishes to pursue a single CCT in either Psychiatry of Learning Disability or Child & Adolescent Psychiatry must ensure they have completed the minimum of 36 months which must consist of 3 years' in either designated Child & Adolescent Psychiatry posts & 2 years' in Psychiatry of Learning Disability posts and one year in either Child & Adolescent Psychiatry or another psychiatry specialty.

10. GMC Sub-Specialty Endorsement and Special Interest Sessions

Trainees undertaking a GMC approved training programme in General Psychiatry or a dual training programme in General Psychiatry may undertake training in one of the three GMC approved sub-specialties of General Psychiatry and apply for an endorsement on completion of their training programme. The three GMC approved sub-specialties of General Psychiatry are:

- Substance Misuse Psychiatry
- Liaison Psychiatry
- Rehabilitation Psychiatry

Trainees undertaking a GMC approved training programme in Old Age Psychiatry may undertake training in the GMC approved sub-specialty of Liaison Psychiatry and apply for an endorsement on completion of their training

On completion of their training programme trainees can apply for the endorsement on the GMC Specialist Register.

Trainees wishing to obtain an endorsement must inform the College in advance.

Training for an endorsement must be of 12 months' whole time equivalent (wte) training on a GMC approved training programme. Less than 12 months wte will not be accepted and the endorsement sub-specialty MUST be clearly marked on the Deanery ARCP form.

Special interest sessions do not count towards endorsement as they do not fit the criteria in terms of educational and clinical supervision.

11. Acting Up

Up to a maximum of three months whole time equivalent (for LTFT trainee the timescale is also three months, Gold Guide 6.105) spent in an 'acting up' consultant post may count towards a trainees CCT as part of the GMC approved specialty training programme, provided the post meets the following criteria:

- The trainee follows local procedures by making contact with the Postgraduate Dean and their team who will advise trainees about obtaining prospective approval
- The trainee is in their final year of training (or possibly penultimate year if in dual training)
- The post is undertaken in the appropriate CCT specialty
- The approval of the Training Programme Director and Postgraduate Dean is sought
- There is agreement from the employing trust to provide support and clinical supervision to a level approved by the trainee's TPD
- The trainee still receives one hour per week education supervision either face to face or over the phone by an appropriately accredited trainer
- Trainees retain their NTN during the period of acting up
- Full time trainees should 'act up' in full time Consultant posts wherever possible. All clinical sessions should be devoted to the 'acting up' consultant post (i.e., there must be no split between training and 'acting up' consultant work).
- In exceptional circumstances, where no full time Consultant posts are available, full-time trainees may 'act up' in part-time consultant posts, but must continue to make up the remaining time within the training programme.
- The post had been approved by the RA in its current form
- If a trainee is on call there must be consultant supervision
- If the period is sat the end of the final year of the training programme, a recommendation for the award of a CCT will not be made until the report from the educational supervisor has been received and there is a satisfactory ARCP outcome

If the post is in a different training programme*, the usual Out of Programme (OOPT) approval process applies and the GMC will prospectively need to see an application form from the deanery and a college letter endorsing the AUC post

*A programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty as approved by the GMC, which are based on a particular geographical area

12. Accreditation of Transferable Competences Framework (ATCF)

Many of the core competences are common across curricula. When moving from one approved training programme to another, a trainee doctor who has gained competences in core, specialty or general practice training should not have to repeat training already achieved. The Academy of Medical Royal Colleges (the Academy) has developed the Accreditation of Transferable Competences Framework (ATCF) to assist trainee doctors in transferring competences achieved in one core, specialty or general practice training programme, where appropriate and valid, to another training programme.
This will save time for trainee doctors (a maximum of two years) who decide to change career path after completing a part of one training programme, and transfer to a place in another training programme.

The ATCF applies only to those moving between periods of GMC approved training. It is aimed at the early years of training. The time to be recognised within the ATCF is subject to review at the first Annual Review of Competence Progression (ARCP) in the new training programme. All trainees achieving Certificate of Completion of Training (CCT) in general practice or a specialty will have gained all the required competences outlined in the relevant specialty curriculum. When using ATCF, the doctor may be accredited for relevant competences acquired during previous training.'

The Royal College of Psychiatrists accepts transferable competences from the following specialties core medical training, Paediatrics and Child Health and General Practice. For details of the maximum duration and a mapping of the transferable competences please refer to our guidance .

13. RESPONSIBILITIES FOR CURRICULUM DELIVERY

It is recognised that delivering the curriculum requires the coordinated efforts of a number of parties. Postgraduate Schools of Psychiatry, Training Programme Directors, Educational and Clinical Supervisors and trainees all have responsible for ensuring that the curriculum is delivered as intended.

Deanery Schools of Psychiatry

Schools of Psychiatry have been created to deliver postgraduate medical training in England, Wales and Northern Ireland. The Postgraduate Deanery manages the schools with advice from the Royal College. There are no Schools of Psychiatry in Scotland. Scotland has four Deanery Specialty Training Committees for mental health that fulfil a similar role.

The main roles of the schools are:

1. To ensure all education, training and assessment processes for the psychiatry specialties and sub-specialties meet GMC approved curricula requirements
2. To monitor the quality of training, ensuring it enhances the standard of patient care and produces competent and capable specialists
3. To ensure that each Core Psychiatry Training Programme has an appropriately qualified psychotherapy tutor who should be a consultant psychotherapist or a consultant psychiatrist with a special interest in psychotherapy.
4. To encourage and develop educational research
5. To promote diversity and equality of opportunity
6. To work with the Postgraduate Deanery to identify, assess and support trainees in difficulty
7. To ensure that clear, effective processes are in place for trainees to raise concerns regarding their training and personal development and that these processes are communicated to trainees

Training Programme Directors/Tutors

The Coordinating/Programme Tutor or Programme Director is responsible for the overall strategic management and quality control of the core training programme within the Training School/Deanery. The Deanery (Training School) and the relevant Service Provider (s) should appoint them jointly. They are directly responsible to the Deanery (School) but also have levels of accountability to the relevant service providers(s). With the increasing complexity of training and the more formal monitoring procedures that are in place, the role of the Programme Director/Tutor must be recognized in their job plan, with time allocated to carry out the duties adequately. One programmed activity (PA) per week is generally recommended for 25 trainees. In a large scheme 2 PA's per week will be required. For example, a Training Programme Director for General Psychiatry in advanced training:

1. Should inform and support College and Specialty tutors to ensure that all aspects of clinical placements fulfil the specific programme requirements.
2. Oversees the progression of trainees through the programme and devises mechanisms for the delivery of co-ordinated educational supervision, pastoral support and career guidance.
3. Manages trainee performance issues in line with the policies of the Training School/Deanery and Trust and support trainers and tutors in dealing with any trainee in difficulty.
4. Ensures that those involved in supervision and assessment are familiar with programme requirements.
5. Will provide clear evidence of the delivery, uptake and effectiveness of learning for trainees in all aspects of

the curriculum.

6. Should organise and ensure delivery of a teaching programme based on the curriculum covering clinical, specialty and generic topics.
7. Will attend local and deanery education meetings as appropriate.
8. Will be involved in recruitment of trainees.
9. Ensures that procedures for consideration and approval of LTFT (Less Than Full Time Trainees), OOPT (Out of Programme Training) and OOPR (Out of Programme Research) are fair, timely and efficient.
10. Records information required by local, regional and national quality control processes and provides necessary reports.
11. Takes a lead in all aspects of assessment and appraisal for trainees. This incorporates a lead role in organisation and delivery of ARCP. The Tutor/Training Programme Director will provide expert support, leadership and training for assessors (including in WPBA) and ARCP panel members.

There should be a Training Programme Director for the School/Deanery Core Psychiatry Training Programme who will undertake the above responsibilities with respect to the Core Psychiatry Programme and in addition:

1. Will implement, monitor and improve the core training programmes in the Trust(s) in conjunction with the Directors of Medical Education and the Deanery and ensure that the programme meets the requirements of the curriculum and the Trust and complies with contemporary College Guidance & Standards (see College QA Matrix) and GMC Generic Standards for Training.
2. Will take responsibility with the Psychotherapy Tutor (where one is available) for the provision of appropriate psychotherapy training experiences for trainees. This will include:
   - Ensuring that educational supervisors are reminded about and supported in their task of developing the trainee's competencies in a psychotherapeutic approach to routine clinical practice.
   - Advising and supporting trainees in their learning by reviewing progress in psychotherapy
   - Ensuring that there are appropriate opportunities for supervised case work in psychotherapy.

Medical Psychotherapy Tutor

Where a scheme employs a Psychotherapy Tutor who is a Consultant Psychiatrist in Psychotherapy there is evidence that the Royal College of Psychiatrists' Psychotherapy Curriculum is more likely to be fulfilled than a scheme which does not have a trained Medical Psychotherapist overseeing the Core Psychiatry Psychotherapy training (Royal College of Psychiatrists' UK Medical Psychotherapy Survey 2012). This evidence has been used by the GMC in their quality assurance review of medical psychotherapy (2011-12).

It is therefore a GMC requirement that every core psychotherapy training scheme must be led by a Medical Psychotherapy Tutor who has undergone higher/advanced specialist training in medical psychotherapy with a CCT (Certificate of Completion of Training) in Medical Psychotherapy (or equivalent). The Medical Psychotherapy Tutor is responsible for the organisation and educational governance of psychotherapy training in the core psychiatry training scheme in a School of Psychiatry in line with the GMC requirement of medical psychotherapy leadership in core psychotherapy training (GMC medical psychotherapy report and action plan, 2013).

The Medical Psychotherapy Tutor:

- Offers a clinical service in which their active and ongoing psychotherapy practice provides a clinical context for psychotherapy training in accordance with GMC requirements (2013)
- Ensures that all core trainees have the opportunity to complete the psychotherapy requirements of the core curriculum
- Advises and supports core and higher trainees in their learning by reviewing progress in psychotherapy
- Oversees the establishment and running of the core trainee Balint/case based discussion group
- Provides assessment and oversees the waiting list of therapy cases for core trainees and higher trainees
- Monitors the selection of appropriate short and long therapy cases in accordance with the core curriculum
- Selects and supports appropriate therapy case supervisors to supervise and assess the trainees
- Ensures the therapy case supervisors are aware of the aims of psychotherapy training in psychiatry and are in active practice of the model of therapy they supervise according to GMC requirements (2013)
- Ensures the therapy case supervisors are trained in psychotherapy workplace based assessment
- Differentiates the formative assessment of the SAPE (Structured Assessment of Psychotherapy Expertise) which the supervisor completes from the summative PACE (Psychotherapy Assessed Clinical Encounter) which the Medical Psychotherapy Tutor (or their delegate) completes for the ARCP
- Ensures active participation of medical and non medical psychotherapy supervisors in the ARCP process
- Maintains and builds on the curriculum standard of core psychotherapy training in the School of Psychiatry through the ARCP process

Supervision

Supervision in postgraduate psychiatry training encompasses three core aspects:

- Clinical Supervision
- Educational Supervision
- Psychiatric Supervision

Supervision is designed to:

- Ensure safe and effective patient care
- Establish an environment for learning and educational progression
- Provide reflective space to process dynamic aspects of therapeutic relationships, maintain professional boundaries and support development of resilience, well-being and leadership

This guidance sets out the varied roles consultants inhabit within a supervisory capacity. Key principles underpinning all types of supervision include:

- Clarity
- Consistency
- Collaboration
- Challenge
- Compassion

Clinical Supervisors/Trainers

The clinical work of all trainees must be supervised by an appropriately qualified senior psychiatrist. All trainees must be made aware day-to-day of who the nominated supervisory psychiatrist is in all clinical situations. This will usually be the substantive consultant whose team they are attached to but in some circumstances this may be delegated to other consultants, to a senior trainee or to an appropriately experienced senior non consultant grade doctor during periods of leave, out-of-hours etc.

Clinical supervision must be provided at a level appropriate to the needs of the individual trainee**. No trainee should be expected to work to a level beyond their competence and experience;** no trainee should be required to assume responsibility for or perform clinical techniques in which they have insufficient experience and expertise. Trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence; **both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.**

The clinical supervisor:

1. Should be involved with teaching and training the trainee in the workplace.
2. Must support the trainee in various ways:
    a) direct supervision, in the ward, the community or the consulting room
    b) close but not direct supervision, e.g. in the next door room, reviewing cases and process during and/or

after a session
c) regular discussions, review of cases and feedback

3. May delegate some clinical supervision to other members of clinical team as long as the team member clearly understands the role and the trainee is informed. The trainee must know who is providing clinical supervision at all times.
4. Will perform workplace-based assessments for the trainee and will delegate performance of WPBA's to appropriate members of the multi-disciplinary team
5. Will provide regular review during the placement, both formally and informally to ensure that the trainee is obtaining the necessary experience. This will include ensuring that the trainee obtains the required supervised experience in practical procedures and receives regular constructive feedback on performance.

Time for providing clinical supervision must be incorporated into job planning, for example within teaching clinics.

Educational Supervisors/Tutors

An Educational Supervisor/tutor will usually be a Consultant, Senior Lecturer or Professor who has been appointed to a substantive consultant position. They are responsible for the educational supervision of one or more doctors in training who are employed in an approved training programme. The Educational Supervisor will require specific experience and training for the role. Educational Supervisors will work with a small (no more than five) number of trainees. Sometimes the Educational Supervisor will also be the clinical supervisor/trainer, as determined by explicit local arrangements.

All trainees will have an Educational Supervisor whose name will be notified to the trainee. The precise method of allocating Educational Supervisors to trainees, i.e. by placement, year of training etc, will be determined locally and will be made explicit to all concerned.

The educational supervisor/tutor:

1. Works with individual trainees to develop and facilitate an individual learning plan that addresses their educational needs. The learning plan will guide learning that incorporates the domains of knowledge, skills and attitudes.
2. Will act as a resource for trainees who seek specialty information and guidance.
3. Will liaise with the Specialty/Programme tutor and other members of the department to ensure that all are aware of the learning needs of the trainee.
4. Will oversee and on occasions, perform, the trainee's workplace-based assessments.
5. Will monitor the trainee's attendance at formal education sessions, their completion of audit projects and other requirements of the Programme.
6. Should contribute as appropriate to the formal education programme.

7. Will produce structured reports as required by the School/Deanery.
8. In order to support trainees, will: -
    a) Oversee the education of the trainee, act as their mentor and ensure that they are making the necessary clinical and educational progress.
    b) Meet the trainee at the earliest opportunity (preferably in the first week of the programme), to ensure that the trainee understands the structure of the programme, the curriculum, portfolio and system of assessment and to establish a supportive relationship. At this first meeting the educational agreement should be discussed with the trainee and the necessary paperwork signed and a copy kept by both parties.
    c) Ensure that the trainee receives appropriate career guidance and planning.
    d) Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified.

Psychiatric Supervision

Psychiatrists in training require regular reflective 1:1 supervision with a nominated substantive consultant who is on the specialist register. This will usually be the nominated consultant who is also providing clinical, and often education, supervision.

Psychiatric supervision is required for all trainees throughout core and higher levels and must be for one hour per week. It plays a critical role in the development of psychiatrists in training in developing strategies for resilience, well-being, maintaining appropriate professional boundaries and understanding the dynamic issues of therapeutic relationships. It is also an opportunity to reflect on and develop leadership competencies and is informed by psychodynamic, cognitive coaching models. It is imperative that consultants delivering psychiatric supervision have protected time within their job plans to deliver this. This aspect of supervision requires 0.25 PA per week.

The psychiatric supervisor is responsible for producing the supervisor report informing the ARCP process and will ensure contributions are received from key individuals involved in the local training programme including clinical supervisors. Often the psychiatric supervisor will also be the nominated educational supervisor.

Assessors

Assessors are members of the healthcare team, who need not be educational or clinical supervisors, who perform workplace-based assessments (WPBA's) for trainee psychiatrists. In order to perform this role, assessors must be competent in the area of practice that they have been asked to assess and they should have received training in assessment methods. The training will include standard setting, a calibration exercise and observer training. Assessors should also have up to date training in equality and diversity awareness. While it is desirable that all involved in the training of doctors should have these elements of training, these stipulations do not apply to those members of the healthcare team that only complete multi-source feedback forms (mini-PAT) for trainees.

Trainees

1. Must at all times act professionally and take appropriate responsibility for patients under their care and for their training and development.
2. Must ensure they attend the one hour of personal supervision per week, which is focused on discussion of individual training matters and not immediate clinical care. If this personal supervision is not occurring the trainee should discuss the matter with their educational supervisor/tutor or training programme director.
3. Must receive clinical supervision and support with their clinical caseload appropriate to their level of experience and training.
4. Should be aware of and ensure that they have access to a range of learning resources including:
    a) a local training course (e.g. MRCPsych course, for Core Psychiatry trainees)

b) a local postgraduate academic programme
c) the opportunity (and funding) to attend courses, conferences and meetings relevant to their level of training and experience
d) appropriate library facilities
e) the advice and support of an audit officer or similar
f) supervision and practical support for research with protected research time appropriate to grade

5. Must make themselves familiar with all aspects of the curriculum and assessment programme and keep a portfolio of evidence of training.
6. Must ensure that they make it a priority to obtain and profit from relevant experience in psychotherapy.
7. Must collaborate with their personal clinical supervisor/trainer to:
   a) work to a signed educational contract
   b) maximize the educational benefit of weekly educational supervision sessions
   c) undertake workplace-based assessments, both assessed by their clinical supervisor and other members of the multidisciplinary team
   d) use constructive criticism to improve performance
   e) regularly review the placement to ensure that the necessary experience is being obtained
   f) discuss pastoral issues if necessary
8. Must have regular contact with their Educational Supervisor/tutor to:
   a) agree educational objectives for each post
   b) develop a personal learning and development plan with a signed educational contract
   c) ensure that workplace-based assessments and other means of demonstrating developing competence are appropriately undertaken
   d) review examination and assessment progress
   e) regularly refer to their portfolio to inform discussions about their achievements and training needs
   f) receive advice about wider training issues
   g) have access to long-term career guidance and support
9. Will participate in an Annual Review of Competence Progression (ARCP) to determine their achievement of competencies and progression to the next phase of training.
10. Should ensure adequate representation on management bodies and committees relevant to their training. This would include Trust clinical management forums, such as Clinical Governance Groups, as well as mainstream training management groups at Trust, Deanery and National (e.g. Royal College) levels.
11. On appointment to a specialty training programme the trainee must fully and accurately complete Form R and return it to the Deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations underpinning training. Form R will need to be updated (if

necessary) and signed on an annual basis to ensure that the trainee re-affirms his/her commitment to the training and thereby remains registered for their training programme.

12. Must send to the postgraduate dean a signed copy of the Conditions of Taking up a training post, which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. The return of the Form R initiates the annual assessment outcome process.
13. Must inform the postgraduate dean and the Royal College of Psychiatrists of any changes to the information recorded.
14. Trainees must ensure they keep the following records of their training:
    - Copies of all Form Rs for each year of registering with the deanery.
    - Copies of ARCP forms for each year of assessment.
    - Any correspondence with the postgraduate deanery in relation to their training.
    - Any correspondence with the Royal College in relation to their training.

15. Must make themselves aware of local procedures for reporting concerns about their training and personal development and when such concerns arise, they should report them in a timely manner.

14. CORE PSYCHIATRY TRAINING

The purpose of Core Specialty Training in psychiatry is to prepare the practitioner for entering Advanced Training; it must therefore provide an essential range of competencies. These competencies include knowledge of common psychiatric disorders and their treatment as well as skill in a range of assessment and therapeutic approaches. The competencies must be gained through working in a range of service settings, across the development range, and must include direct experience of delivering psychological therapy.

Core psychiatric competencies are indicated in blue script. Some Core competencies are coloured red. These must be completed by the end of the first year of Core Psychiatry training and they are also relevant to trainees in other specialties (eg General Practice) who are in a psychiatry placement.

Psychiatry trainees must achieve both the red and blue competencies (which will be assessed by workplace based assessments, the MRCPsych examinations, or both) before being eligible to enter advanced training in psychiatry.

15. The Intended Learning Outcomes for Core Psychiatric Training

***Good Medical Practice*, Domain 1: Knowledge, skills and performance**

- Develop and maintain professional performance
- Apply knowledge and experience to practice
- Record work clearly, accurately and legibly

Intended learning outcome 1	
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**	
1a Clinical history	**Assessment methods**
Knowledge Define signs and symptoms found in patients presenting with psychiatric and common medical disorders Recognise the importance of historical data from multiple sources Define abuse, including physical, emotional or sexual, including fabricated or induced illness, and emotional or physical neglect , which has led, or may lead, to significant harm to a child or young person Describe the potential impact of trauma (Trainees will encounter patients who have experienced difference forms of trauma and will be expected to be competent in working with them; this will include but not be limited to, patients who have experienced sexual abuse, forced migration, immigration detention, sexual violence and domestic violence) on the development of psychiatric disorders.	ACE, mini-ACE, CBD. MCQ, CASC Mini-ACE, CBD CBD,MCQ, CASC CBD, CASC

Skills Elicit a complete clinical history, including psychiatric history, that identifies the main or chief complaint, the history of the present illness, the past psychiatric history, medications, general medical history, review of systems, substance abuse history, forensic history, family history, personal, social, trauma (as described, ILO 1, 1a) history and developmental history	ACE, mini-ACE, CASC

Overcome difficulties of language, physical and sensory impairment Gather this factual information whilst understanding the meaning these facts hold for the patient and eliciting the patient's narrative of their life experience	ACE, mini-ACE, CASC ACE, mini-ACE, CASC
Attitudes demonstrated through behaviours Show empathy with patients. Appreciate the interaction and importance of psychological, social and spiritual factors in patients and their support networks	ACE, mini-ACE, CASC

1b Patient examination, including mental state examination & physical examination	**Assessment Methods**
Knowledge Define the components of mental state examination using established terminology Recognise physical signs and symptoms that accompany psychiatric disorders Recognise and identify the different types of mental distress and their phenomenology Recognise how the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems	 ACE, mini-ACE, CBD, CP, CASC ACE, mini-ACE, CASC ACE, mini-ACE, CASC ACE, mini-ACE, CBD, CP, CASC
Skills Perform a reliable and appropriate examination including the ability to obtain historical information from multiple sources, such as family and other members of the patient's social network, community mental health resources, old records Elicit and record the components of mental state examination Make a clear and concise case presentation Assess for the presence of general medical illness	 ACE, mini-ACE, CASC ACE, mini-ACE, CBD, CASC CBD, CP, CASC ACE, mini-ACE, CBD, CASC

Recognise and identify the effects of psychotropic medication in the physical examination	ACE, mini-ACE, CBD, CASC
Attitudes demonstrated through behaviours	
Respect patients' dignity and confidentiality	ACE, mini-ACE, CASC
Acknowledge cultural issues	ACE, mini-ACE, CBD, CASC
Appropriately involve family members	ACE, mini-ACE, CASC
Demonstrate an understanding of the importance of working with other Health and Social Care professionals and team working	CBD, CP, CASC
Show a willingness to provide explanation to patients of investigations and their possible unwanted effects	ACE, mini-ACE, CASC

Intended learning outcome 2	
Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses	
2a Diagnosis	**Assessment methods**
Knowledge State the typical signs and symptoms of common psychiatric disorders including affective disorders; anxiety disorders; disorders of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; and organic disorders	ACE, Mini-ACE, CBD, MCQ, CASC CBD, CP, MCQ, CASC
Be familiar with contemporary ICD or DSM diagnostic systems with the ability to discuss the advantages and limitations of each	CBD, CP, MCQ CASC
State the typical signs and symptoms of psychiatric disorders as they manifest across the age range, including affective disorders; anxiety disorders; disorders	

of cognitive impairment; psychotic disorders; personality disorders; substance misuse disorders; organic disorders; developmental disorders; and common disorders in childhood	
Skills Use the diagnostic system to accurately construct a differential diagnosis for common presenting problems Use the diagnostic system accurately in identifying specific signs and symptoms that comprise syndromes and disorders across the age range Formulate and discuss differential diagnosis	CBD, CP, MCQ CBD, CP, CASC CBD, CP, CASC
Attitudes demonstrated through behaviours Show an awareness of the advantages and limitations of using a diagnostic system	CBD, CP, CASC
2b Formulation	**Assessment methods**
Knowledge Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of psychiatric disorders across the age range, including trauma (as described, ILO 1, 1a) history Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of psychiatric disorders across the age range, including trauma (as described, ILO 1, 1a) history	CBD, CP, CASC CBD, CP, CASC
Skills Integrate information from multiple sources to formulate the case into which relevant predisposing, precipitating, perpetuating and protective factors are highlighted	CBD, CP, CASC
Attitudes demonstrated through behaviours Provide explanation to the patient and the family which enables a constructive working relationship	ACE, mini-ACE, CBD, CASC

Intended learning outcome 3
Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

3a Individual consideration	**Assessment methods**
Knowledge	
Skills Develop an individualised assessment and treatment plan for each patient and in collaboration with each patient	ACE, Mini-ACE, CBD, CASC
Attitudes demonstrated through behaviours Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan	ACE, Mini-ACE, CASC
3b Investigation	**Assessment methods**
Knowledge Define the indications for the key investigations that are used in psychiatric practice Define the risks and benefits of investigations, including those of psychotherapeutic and genetic investigations Demonstrate knowledge of the cost effectiveness of individual investigations	CBD, CP, MCQ CBD, CP, MCQ CBD, CP, MCQ, CASC
Skills Interpret the results of investigations Liaise and discuss investigations with colleagues in the multi-professional team in order to utilise investigations appropriately	CBD, CP, MCQ, CASC CBD, CP, MCQ, CASC
Attitudes demonstrated through behaviours	

3c Treatment Planning	Assessment methods
Knowledge Explain the evidence base for physical and psychological therapies including all forms of psychotherapies, brief therapy, cognitive behavioural therapy, psychodynamic therapy, psychotherapy combined with psychopharmacology, supportive therapy and all delivery systems of psychotherapy (that is individual, group and family)	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Show a clear understanding of physical treatments including pharmacotherapy, including pharmacological action, clinical indication, side-effects, drug interactions, toxicities, appropriate prescribing practices, and cost effectiveness; electro-convulsive therapy and light therapy	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Show a clear understanding of the doctor/ patient relationship and its impact on illness and its treatment	ACE, Mini-ACE, CBD, CP, MCQ, CASC, CBDGA
Apply knowledge of the implications of coexisting medical illnesses to the treatment of patients who have psychological disorders	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Demonstrate knowledge of CPA (Care Programme Approach) processes	CBD, CP, MCQ, CASC
Skills	
Accurately assess the individual patient's needs and whenever possible in agreement with the patient, formulate a realistic treatment plan for each patient for adult patients with common presenting problems.	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Be able to do the above with psychiatric problems as they present across the age range	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Educate patients, carers and other professionals about relevant psychiatric and psychological issues	ACE, Mini-ACE, CBD, CP, CASC
Demonstrate an understanding of how professional and patient perspectives may	ACE, Mini-ACE, CBD, CP, MCQ,

differ and the impact this may have on assessment and treatment	CASC, CBDGA
Explain to patients what is involved in receiving the full range of psychiatric treatments and manage their expectations about these treatments described under 'knowledge'	ACE, Mini-ACE, CBD, CASC
Monitor patients' clinical progress and re-evaluate diagnostic and management decisions to ensure optimal care	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Be skilled in multi-agency working	ACE, CBD, CP
Attitudes demonstrated through behaviours Show appropriate behaviour towards patients and their symptoms and be conscious of socio-cultural contexts	ACE, Mini-ACE, CBD, CASC
Clearly and openly explain treatments and their side-effects.	ACE, Mini-ACE, CBD, CASC
Consider the impact of the mental illness in an adult patient directly and indirectly on children and young people in the adult's care or who are likely to come into contact with the adult.	ACE, mini-ACE, CBD, CASC
Demonstrate an understanding of the impact of their own feelings and behaviour on assessment and treatment	CBD, CP, CBGGA
Show respect for the patient's autonomy and confidentiality while recognising responsibility towards safeguarding others	ACE, Mini-ACE, CBD, CP, CASC
Recognise, value and utilise the contribution of peers and multi-disciplinary colleagues to develop the effectiveness of oneself and others	CBD, CP, CBDGA
Provide care and treatment that recognises the importance to patients of housing,	CBD, CP, CASC

employment, occupational opportunities, recreational activities, advocacy, social networks and welfare benefits Ensure that the employment of legal powers for detention (or to enforce treatment) balances the duty of care to the patient and the protection of others Be prepared to test out the feasibility and acceptability of decisions	 CBD, CP, CASC
3d Substance misuse	**Assessment methods**
Knowledge Demonstrate an understanding of the effects of alcohol and illicit drugs on health and psychosocial wellbeing Be aware of the link between risk and substance misuse Demonstrate an understanding of support services and agencies Demonstrate an understanding of legislation with regard to illicit drugs Demonstrate an understanding of the role of specialist drug and alcohol teams	 ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC
Skills Offer advice on the effects of alcohol and illicit drugs on health and psychosocial wellbeing Work with other agencies, including those in the non-statutory sector	 ACE, Mini-ACE, CBD, CASC ACE, Mini-ACE, CBD, MCQ, CASC
Attitudes demonstrated through behaviours Provide non-judgmental help and support	 ACE, Mini-ACE, CBD, CP, CASC

Intended learning outcome 4	
Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies	
4a All clinical situations	**Assessment methods**
Knowledge Demonstrate knowledge of risk assessment and management	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Demonstrate an understanding of the roles of other professionals and agencies responsible for protecting children and young people and work in partnership with them.	CBD, CP, MCQ, CASC
Demonstrate an awareness of the risk factors that have been linked to the abuse and neglect of children and young people	ACE, CBD, mini-ACE, CP, MCQ, CASC
Skills Comprehensively assess immediate and long-term risks to patients and others during assessment and treatment	ACE, Mini-ACE, CBD, CP, CASC
Routinely employ safe, effective and collaborative management plans	ACE, mini-ACE, CBD, CP
Demonstrate a working knowledge of local child protection procedures and activate these if you have a concern about the welfare of a child or young person	ACE, mini-ACE, CBD, CASC
Demonstrate the ability to look out for signs that a child or young person may at risk from abuse or neglect	

Attitudes demonstrated through behaviours Maintain high standards of professional and ethical behaviour at all times. Work within your competence in child protection issues. Demonstrate a readiness to get advice from named or designated professionals or if they are not available from an experienced colleague.	ACE, Mini-ACE, CBD, CP, CASC, mini-PAT ACE, mini-ACE, CBD, CP, CASC
4b Psychiatric emergencies for all specialties	**Assessment Methods**
Knowledge Apply the principles of risk assessment and management Shows awareness of child protection issues when addressing psychiatric emergencies. Has basic knowledge of child protection procedures Know the principles underlying management and prevention of violence, hostage taking, self harm, suicide, absconsion, escape and recall of a restricted patient Be familiar with the policy and principles regarding management of seclusion	ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP
Skills Resuscitation Be able consistently to assess risk and utilise the full resources of the available Mental Health Services in the management of high risk situations Be competent in making a clinical assessment with regard to potential dangerousness of an individual to themselves or others Be able to prioritise what information is needed in urgent situations	DOPS, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ,

Competent in the supervision and management of challenging behaviour and medical complications in relation to the range of clinical conditions presenting as psychiatric emergencies. Shows good judgement in the choice of treatment settings and in referral decisions	CASC
Assess and manage a patient involved in an incident	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Risk assess situations in which incidents may occur or have occurred and institute appropriate management including contingency planning, crisis management and de-escalation techniques	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Short term control of violence including emergency use of medication, rapid tranquillisation, use of restraint and seclusion	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Post event management	CBD, CP, MCQ, CASC
Assess and manage a patient involved in an incident	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Provision of reports and documentation relating to incidents	CBD, CP, CASC
Working with multidisciplinary and multi-agency colleagues to assess and manage incidents	CBD, CP, CASC
Consider the need for emergency supervision support and feedback for staff, victim, other patients, carers as required	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Attitudes demonstrated through behaviours	
Be able to work under pressure and to retain professional composure and to think clearly when working in emergency situations	ACE, Mini-ACE, CBD, CP, MCQ, CASC, mini-PA
Be able to prioritise work appropriately when confronted with clinical crises	ACE, Mini-ACE, CBD, CP,CASC, Mini-PAT

Keep mandatory training up to date Maintain professionalism in face of considerable clinical and legal pressure Offer help and support to others (patients, staff and carers) Provision of appropriate documentation of incidents Follow appropriate policies and procedures	Supervisors' reports ACE, Mini-ACE, CBD, CP, CASC, Mini-PAT ACE, Mini-ACE, CBD, CP, CASC CBD, CP ACE, Mini-ACE, CBD, CP
4c Mental health legislation	**Assessment Methods**
Knowledge Demonstrate an understanding of the contemporary mental health legislation and its local implementation with regard to assessment and treatment of patients, including mentally disordered offenders Understand and make appropriate use of the Mental Health Act in relation to capacity and consent	ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC
Skills Apply the legislation appropriately at all times, with reference to published codes of practice	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Attitudes demonstrated through behaviours Act with compassion at all times Work with attention to the detail of the legislation	ACE, Mini-ACE, CBD, CP, CASC ACE, Mini-ACE, CBD, CP, CASC

4d Broader legal framework	Assessment methods
Knowledge • Know the legal responsibilities of psychiatrists with regard, for example, to agencies such as the relevant driving authority • Demonstrate an understanding of human rights legislation (Human Rights Act and European Convention of Human Rights) and its relevance to psychiatric practice • Demonstrate understanding of the proportionality concept as it applies to restricting a patients human rights	ACE, Mini-ACE, CBD, CP, MCQ, CASC CbD, CP, CASC CbD, CP, CASC
Skills • To consider and utilise human rights concepts in patient management and difficult ethical scenarios • To utilise the concept of proportionality when restricting a patients human rights • Demonstrate consideration of how restrictions may impact on patients' human rights	CbD, CP, CASC CbD, CP, CASC CbD, CP, CASC
Attitudes demonstrated through behaviours Act in accordance with contemporary codes of practice Be sensitive to the potential conflict between legal requirements and the wishes of the patient • Respect for patients wishes, willingness to discuss and highlight potential breaches of human rights. Always show respect for patients' human rights.	ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC, CBDGA CbD, CP, CASC

Intended learning outcome 5	
Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions	
5a Psychological therapies	**Assessment methods**
Knowledge Apply contemporary knowledge and principles in psychological therapies	CBD, CP, MCQ, CASC, SAPE, PACE
Skills Foster a therapeutic alliance with patients	ACE, Mini-ACE, CBD, CP, CASC, CBDGA
With appropriate supervision, commence and monitor therapeutic treatment in patients, based on a good understanding of the mechanisms of their actions	CBD, CP, SAPE, PACE
Demonstrate the capacity to deliver basic psychological treatments in at least two modalities of therapy and over both longer and shorter durations	CBD, CP, SAPE, PACE

Attitudes demonstrated through behaviours Respond appropriately to supervision	 CBD, CP, SAPE, PACE

Intended learning outcome 6	
Demonstrate the ability to concisely, accurately and legibly record appropriate aspects of the clinical assessment and management plan	
6a Record keeping	**Assessment methods**
Knowledge Define the structure, function and legal implications of medical records and medico-legal reports Demonstrate a knowledge of the relevance of contemporary legislation pertaining to patient confidentiality Awareness of issues surrounding copying correspondence to patients	 CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC
Skills Record concisely, accurately, confidentially, and legibly appropriate elements of the history, examination, investigation, differential diagnosis, risk assessment and management plan	CBD, CP, supervisors report
Attitudes demonstrated through behaviours Complete case records and all forms of written clinical information in a consistent, timely and responsible fashion	CBD, CP, supervisors reports

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	
7a Management of severe and enduring mental illness	**Assessment methods**
Knowledge	
Define the clinical presentations and natural history of patients with severe and enduring mental illness	CBD, CP, MCQ, CASC
Define the role of rehabilitation and recovery services	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Define the concept of recovery	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Define the concept of quality of life and how it can be measured	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Awareness of disability/housing benefits that patients may be entitled to claim	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Skills	
Maintain hope whilst setting long term, realistic goals	ACE, Mini-ACE, CBD, CP, CASC
Develop long-term management plans	ACE, Mini-ACE, CBD, CP, MCQ, CASC
Act as patient advocate in negotiations with services	ACE, Mini-ACE, CBD, CP, CASC
Demonstrate skills in risk management in chronic psychiatric disorders	ACE, Mini-ACE, CBD, CP, CASC
Demonstrate skills in pathway care management	ACE, Mini-ACE, CBD, CP, CASC

Attitudes demonstrated through behaviours Treat each patient as an individual Demonstrate an appreciation of the effect of chronic disease states on patients and their families Develop and sustain supportive relationships with patients with severe and enduring mental illness Demonstrate an appreciation of the impact of severe and enduring mental illness on patients, their families and carers Demonstrate an appreciation of the importance of co-operation and collaboration with primary healthcare services, social care services, and non-statutory services	 ACE, Mini-ACE, CBD, CP, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, mini-PAT ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, MCQ, CASC

Intended learning outcome 8	
To develop an understanding of research methodology and critical appraisal of the research literature	
8a Research techniques	**Assessment methods**
Knowledge Demonstrate an understanding of basic research methodology including both quantitative and qualitative techniques	JCP, MCQ
Skills	
Attitudes demonstrated through behaviours	
8b Evaluation and critical appraisal of research	**Assessment methods**
Knowledge Demonstrate an understanding of the principles of critical appraisal Demonstrate an understanding of the principles of evidence-based medicine, including the educational prescription	 JCP, MCQ JCP, MCQ

Demonstrate knowledge of how to search the literature using a variety of databases	JCP, MCQ
Skills Formulate relevant questions from your clinical practice and answer them from the best available evidence Assess the importance of findings, using appropriate statistical analysis	 JCP, MCQ JCP, MCQ
Attitudes demonstrated through behaviours Strive to base your practice on best evidence	 CBD, CP, supervisors report

Intended learning outcome 9	
To develop the habits of lifelong learning	
9a Maintaining good medical practice	**Assessment methods**
Knowledge Maintain and use systems to update knowledge and its application to any aspect of your professional practice; keep up to date with clinical advances and legislation concerning patient care; the rights of patients and their relatives and carers; and research Maintain a system in order to keep abreast of major clinical and research developments	 Supervisors report, MCQ Supervisors report, JCP
Skills	
Attitudes demonstrated through behaviours Share evidence in a way to facilitate modifying practice based on new evidence Share evidence with the wider team to facilitate modification of practice	 Supervisors report, JCP
9b Lifelong learning	**Assessment methods**
Knowledge Define and explain the rationale of 'continuing professional development' Demonstrate an understanding of the concept of a personal development plan	 Supervisors report Supervisors report
Skills Recognise and use learning opportunities, reflect, appraise and, if necessary, change practice	 Supervisors report

Attitudes demonstrated through behaviours Be at all times self-motivated and eager to learn Show a willingness to accept criticism and to learn from colleagues	 Supervisors report Mini-PAT Supervisors report, Mini-PAT
9c Relevance of outside bodies	**Assessment methods**
Knowledge Demonstrate an understanding of the relevance of professional regulatory bodies and specialist societies including the General Medical Council (GMC) and the Medical Royal Colleges Demonstrate a familiarity with relevant guidance issued by the GMC, including 'Good Medical Practice' and 'Protecting Children and Young People'	 Supervisors report, MCQ Supervisors' Report, CBD, MCQ
Skills Recognise situations in which it may be appropriate to involve these bodies	 Supervisors report, CBD
Attitudes demonstrated through behaviours Accept the responsibilities of professional regulation	 Supervisors report

***Good Medical Practice*, Domain 2: Safety and Quality**

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

Intended learning outcome 10	
Develop the ability to conduct and complete audit in clinical practice	
10a Audit	**Assessment methods**
Knowledge Demonstrate an understanding of the importance of audit and its place within the framework of clinical governance	Supervisors report, MCQ
Demonstrate an understanding of the audit cycle	Supervisors report, MCQ
Demonstrate an understanding of the differences between audit, surveys and research	Supervisors report, MCQ
Skills Identify relevant topics and appropriate standards	Supervisors report, MCQ
Implement findings and reassess	Supervisors report, MCQ
Able to effectively apply audit principles to own work, to team practice and in a service wide context	Supervisors report, MCQ
Able to undertake and present an audit	Supervisors report, MCQ
Attitudes demonstrated through behaviours Hold a positive attitude to the potential of audit in evaluating and improving the quality of care	Supervisors report, MCQ
Show willingness to respect audit findings and adapt practise appropriately	Supervisors report, MCQ

Intended learning outcome 11
To develop an understanding of the implementation of clinical governance

11a Organisational framework for clinical governance and the benefits that patients may expect	**Assessment methods**
Knowledge	
Demonstrate an understanding of the component parts of clinical governance	Supervisors report, MCQ
Show awareness of the advantages and disadvantages of clinical guidelines	Supervisors report, MCQ
Show an appreciation of the importance of reporting serious and untoward incidents	Supervisors report, MCQ
Skills	
Actively participate in a programme of clinical governance	Supervisors report, Mini-PAT
Aim for clinical effectiveness and best practice at all times	Supervisors report, Mini-PAT
Attitudes demonstrated through behaviours	
Prepared to learn from mistakes and complaints	Supervisors report, MCQ
Receptive to the scrutiny of peers and colleagues	Supervisors report, Mini-PAT
Demonstrate ability to consciously deviate from pathways when clinically indicated	Supervisors report, CBD, Mini-PAT

Intended learning outcome 12
To develop reflective practice including self reflection as an essential element of safe and effective psychiatric clinical practice

12a Reflective Practice	**Assessment methods**
Knowledge Demonstrate an understanding of the necessity and opportunities for continuing reflective practice as a doctor and psychiatrist. Be able to evaluate the professional value of experiential emotional development for the practitioner in enhancing their safety and effectiveness as psychiatrists.	CBD, supervisor report Supervisor report
Skills Demonstrate self reflection over time through written reflection and educational supervision in reflective practice notes.	Supervisor report
Attitudes demonstrated through behaviours Demonstrate the use of self-reflective practice to consider conscious emotions (prejudice, bias and personal feelings) which may limit clinical capacities Demonstrate awareness that unconscious bias, prejudice and feelings may be manifest in behaviour by being open to feedback from others. Show a deepening insight into your contribution to the building of therapeutic relationships, the obstacles encountered and the limitations of being able to do so, with therapeutic realism. Show a recognition of the emotional impact of psychiatric work on all clinicians and professionals working clinically.	ACE, mini-ACE, CBD, supervisor report CBD, Supervisor report SAPE, supervisor report CBD, supervisor report

Shows a continuing commitment to personal work to remain emotionally literate, effective and attuned to oneself and others so as to maintain appropriate boundaries with patients and colleagues to deliver safe and effective patient care.	CBD, supervisor report
12b Complaints	**Assessment methods**
Knowledge Show awareness of local complaints procedures	Mini-PAT, CBD, CP, supervisors report
Show awareness of the systems of independent review in the National Health Service	Mini-PAT, CBD, CP, supervisors report, MCQ
Skills Appropriately manage dissatisfied patients, relatives and carers and anticipate potential problems	Mini-PAT, CBD, CP, CBDGA, supervisors report
Attitudes demonstrated through behaviours Act with honesty and sensitivity	Mini-PAT, CBD, supervisors report
Be prepared to apologise if appropriate and accept responsibility	Mini-PAT, CBD, supervisors report
Act in a prompt and decisive fashion	Mini-PAT, CBD, supervisors report
12c Personal health	**Assessment methods**
Knowledge Demonstrate an understanding of and compliance with, the doctor's responsibilities to patients and the public	Supervisors report, MCQ
Demonstrate an understanding of occupational health services and support facilities for doctors	Supervisors report, MCQ

Skills Recognise when to obtain advice and treatment for personal mental and physical health problems Develop appropriate coping mechanisms for stress and be able to seek help if appropriate	Supervisors report, MCQ Supervisors report, Mini-PAT
Attitudes demonstrated through behaviours Recognise personal health as an important issue Recognise the manifestations of stress on self	Supervisors report, MCQ Supervisors report, CBDGA

***Good Medical Practice*, Domain 3: Communication, partnership and teamwork**

- Treat patients as individuals and respect their dignity.
- Work in partnership with patients.
- Work with colleagues in the ways that best serve patients' interests.

Intended learning outcome 13
Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

13a Within a consultation	**Assessment methods**
Knowledge Demonstrate a knowledge of how to structure the clinical interview to identify the patients concerns and priorities, their expectations and their understanding Demonstrate a knowledge of how and when to telephone a patient at home Be aware of limits of your expertise	ACE, Mini-ACE, CBD, CP, MCQ, CASC ACE, Mini-ACE, CBD, CP, CASC ACE, Mini-ACE, CBD, CP, CASC
Skills Demonstrate interviewing skills, including the appropriate initiation of the interview, the establishment of rapport, the appropriate use of open ended and closed questions, techniques for asking difficult questions, the appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence and summary statements Solicit and acknowledge expression of the patients' ideas, concerns, questions and feelings Understand the ways in which patients may communicate that are not directly verbal and have symbolic or unconscious elements	ACE, Mini-ACE, CASC ACE, Mini-ACE, CASC CBD, CP, CBDGA

Communicate information to patients in a clear fashion	ACE, Mini-ACE, CASC, mini-PAT
Appropriately close interviews	ACE, Mini-ACE, CASC
Stay within limits of expertise	ACE, Mini-ACE, CBD, CP, Mini-PAT
Communicate both verbally and in writing to patients whose first language may not be English in a manner that they understand	ACE, mini-ACE,CASC
Be able to use interpreters and translators appropriately	ACE, mini-ACE,CASC
Be able to communicate using aids with those who have sensory impairments e.g. deafness	ACE, mini-ACE,CASC
Avoid jargon and use familiar language	ACE, mini-ACE,CASC
Give clear information and feedback to patients.	ACE, mini-ACE,CASC
Share information with relatives and carers when appropriate	ACE, mini-ACE, CBD, CP,CASC
Use appropriate Information Technology (IT) skills	ACE, mini-ACE, CBD CASC

Attitudes demonstrated through behaviours Demonstrate respect, empathy, responsiveness, and concern for patients, their problems and personal characteristics	ACE, mini-ACE, CBD, CASC, CBDGA
Demonstrate an understanding of the need for involving patients in decisions, offering choices, respecting patients' views	ACE, mini-ACE, CBD, CASC, mini-PAT
Ensure that dress and appearance are appropriate to the clinical situation and patients' sensitivity	ACE, Mini-ACE, CASC
Demonstrate an understanding of the impact of trauma (as described, ILO 1, 1a) history on patients (if included)	Mini-ACE, ACE, CASC, CBD

Intended learning outcome 14	
Demonstrate the ability to work effectively with colleagues, including team working	
14a Clinical teamwork	**Assessment methods**
Knowledge Demonstrate an understanding of the roles and responsibilities of team members Demonstrate an understanding of the roles of primary healthcare and social services	 CBD, CP, Mini-PAT, MCQ CBD, CP, MCQ
Skills Communicate and work effectively with team members	 CBD, CP, Mini-PAT
Attitudes demonstrated through behaviours Show respect for the unique skills, contributions and opinions of others Recognise and value diversity within the clinical team Be conscientious and work cooperatively	 CBD, CP, Mini-PAT CBD, CP, Mini-PAT CBD, CP, Mini-PAT

Intended learning outcome 15	
Develop appropriate leadership skills	
15a Effective leadership skills	**Assessment methods**
Knowledge Demonstrate an understanding of the relationship between clinical responsibility and clinical leadership	 CBD, CP, mini-PAT
Skills	
Attitudes demonstrated through behaviour Display enthusiasm, integrity, determination and professional credibility	 CBD, mini-PAT, supervisors report

Intended learning outcome 16	
Demonstrate the knowledge, skills and behaviours to manage time and problems effectively	
16a Time management	**Assessment methods**
Knowledge Demonstrate a knowledge of which patient or tasks take priority	CBD, CP, mini-PAT, supervisors report
Skills Manage time effectively	Mini-PAT, supervisors report
Prioritise tasks, starting with the most important	Mini-PAT, supervisors report
Work increasingly efficiently as clinical skills develop	Mini-PAT, supervisors report
Recognise when to re-prioritise or call for help	Mini-PAT, CBD, supervisors report
Attitudes demonstrated through behaviours Have realistic expectations of tasks to be completed	Mini-PAT, CBD, supervisors report
Be willing to consult and work as part of a team	Mini-PAT, CBD, supervisors report
16b Communication with colleagues	**Assessment methods**
Knowledge Write clinical letters, including summaries and reports	Mini-PAT, CBD, supervisors report
Use e-mail, internet and the telephone.	Mini-PAT, CBD,supervisors report
Communicate effectively with members of the multi-professional team	Mini-PAT, CBD, supervisors report
Demonstrate a knowledge of how and when to telephone colleagues, including those in primary care	Mini-PAT, CBD, supervisors report

Skills Use appropriate language	Mini-PAT, supervisors report
Select the most appropriate communication methods	Mini-PAT, CBD, supervisors report
Attitudes demonstrated through behaviours Be prompt and respond courteously and fairly	Mini-PAT, CBD, supervisors report
Show an appreciation of the importance of timely and effective use of all communication methods, including electronic communication	Mini-PAT, CBD, supervisors report
Demonstrate awareness of the need for prompt and accurate communication with primary care and other agencies	Mini-PAT, CBD, supervisors report
Show courtesy towards all members of the Community Mental Health Team and support staff, including medical secretaries and clerical staff	Mini-PAT, CBD, supervisors report
16c Decision making	**Assessment methods**
Knowledge Demonstrate a good understanding of clinical priorities	Mini-PAT, CBD, CP, supervisors report
Skills Analyse and manage clinical problems	Mini-PAT, CBD, CP, supervisors report
Attitudes demonstrated through behaviours Be flexible and willing to change in the light of changing conditions	Mini-PAT, CBD, supervisors report
Be willing to ask for help	Mini-PAT, CBD, supervisors report

16d Continuity of care	**Assessment methods**
Knowledge Demonstrate an understanding of the relevance of continuity of care	Mini-PAT, CBD,CP, supervisors report
Demonstrate understanding of policy and procedure relating to out-of-hours (eg on-call) working	Mini-PAT, supervisors report
Skills Ensure satisfactory completion of reasonable tasks at the end of the shift/day with appropriate handover	Mini-PAT, supervisors report
Make adequate arrangements to cover leave	Mini-PAT, supervisors report
Make appropriate decisions in the best interests of patients when on-call	Mini-PAT, CBD, supervisors report
Attitudes demonstrated through behaviours Recognise the importance of punctuality and attention to detail	Mini-PAT, CBD, supervisors report
Show flexibility for cover of clinical colleagues	Mini-PAT, supervisors report
Respond appropriately to requests when on-call	Mini-PAT, CBD, supervisors report

Intended learning outcome 17	
To develop the ability to teach, assess and appraise	
17a The skills, attitudes, behaviours and practices of a competent teacher	**Assessment methods**
Knowledge Demonstrate an understanding of the basic principles of adult learning	AoT, supervisors report, Mini-PAT

Skills Identify learning outcomes	AoT, supervisors report, Mini-PAT
Attitudes demonstrated through behaviours Demonstrate a professional attitude to teaching Ensure that feedback from teaching activities is used to develop (and if necessary change) teaching style	AoT, supervisors report, Mini-PAT AoT, supervisors report, Mini-PAT
17b Assessment	**Assessment methods**
Knowledge Demonstrate a knowledge of the principles of assessment Demonstrate an understanding of the use of different assessment methods Demonstrate an understanding of the difference between formative and summative assessment	supervisors report, Mini-PAT supervisors report, Mini-PAT supervisors report, Mini-PAT
Skills	
Attitudes demonstrated through behaviours Be at all times honest when assessing performance	supervisors report, Mini-PAT
17c Appraisal	**Assessment methods**
Knowledge Demonstrate an understanding of the principles of appraisal (including the difference between appraisal and assessment)	Supervisors report, Mini-PAT
Skills	
Attitude demonstrated through behaviours	

***Good Medical Practice*, Domain 4: Maintaining trust**

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse patients' trust or the public's trust in the profession.

Intended learning outcome 18	
To ensure that the doctor is able to inform and educate patients effectively	
18a Educating patients about illness and its treatment	**Assessment Methods**
Knowledge Understand the impact of stigmatisation – relating to both mental and physical illness – and its impact on the care of patients	ACE, Mini-ACE, CBD, CP, MCQ.CASC
Develop an awareness of how established practices may perpetuate and reinforce stigma	CBD, CP, MCQ
Be aware of strategies to enhance patient understanding and potential self-management	ACE, Mini-ACE, CBD, MCQ, CASC
Demonstrate awareness of methods to improve treatment concordance	ACE, Mini-ACE, CBD, MCQ, CASC
Skills Negotiate individual treatment plans including relapse prevention plans	ACE, Mini-ACE, CBD, MCQ, CASC
Advises patients accurately and sensitively	
Attitudes demonstrated through behaviours Appreciate differing perspectives and beliefs with regard to illness	ACE, Mini-ACE, CBD, MCQ, CASC

18b Environmental and lifestyle factors	Assessment methods
Knowledge Demonstrate an understanding of factors that influence the aetiology and course of mental disorder, including social deprivation and, if relevant, trauma (as described, ILO 1, 1a) history	ACE, Mini-ACE, CBD, MCQ, CASC

Skills Advise on environmental and lifestyle changes Work with other health and social care workers	 ACE, Mini-ACE, CBD, CASC CBD, CP, Mini-PAT, CASC
Attitudes demonstrated through behaviours Be aware of potential personal prejudices	 CBD, CP, Mini-PAT, CBDGA

Intended learning outcome 19	
To ensure that the doctor acts in a professional manner at all times	
19a Doctor patient relationship	**Assessment methods**
Knowledge Demonstrate an understanding of all aspects of professional relationships including the power differential between psychiatrists and patients Demonstrate an understanding of the boundaries surrounding consultation Demonstrate an understanding of the rights of patients, carers and the public Demonstrate an understanding of the factors involved when the doctor-patient relationship ends	 CBD, CP, mini-PAT CBD, CP, mini-PAT, SAPE CBD, CP CBD, CP, SAPE
Skills Develop therapeutic relationships that facilitate effective care Deal with behaviour that falls outside the boundary of the doctor/patient relationship Demonstrate the management of ending professional relationships with patients using clear and appropriate communications	 CBD, CP, SAPE CBD, CP, supervisors report ACE, Mini-ACE, CBD, SAPE
Attitudes demonstrated through behaviours Adopt non-discriminatory behaviour to all patients and recognise their individual needs Respect the patient's autonomy to accept or reject advice and treatment	 CBD, Mini-PAT, CBDGA ACE, Mini-ACE, CBD, CBDGA

At all times be open and honest with patients and carers	ACE, Mini-ACE, CBD, Mini-PAT
Ensure that a decision to end a professional relationship with a patient is fair and does not contravene guidance	ACE, Mini-ACE, CBD, SAPE
19b Valuing diversity	**Assessment methods**
Knowledge Define 'cultural diversity' and applies this definition in respect to clinical practice	CBD, CP, Mini-PAT, MCQ
Describe current equal opportunity legislation including for people with disabilities.	CBD, CP MCQ
List the different approaches there are to developing skills in meeting the needs of diverse populations and can compare and contrast these	CBD, CP, MCQ
Can explain how to apply equal opportunity legislation in their practice as a health care provider and as an employer	CBD, CP, MCQ
Critically appraise the use of key terms, such as race, ethnicity, culture, multiculturalism, asylum-seeker, physical and/or learning disabilities and inequalities of access to healthcare	CBD, CP, MCQ
Evaluate and explain the relevance of cultural diversity training in healthcare	CBD, CP, MCQ
Identify and explain strategies to challenge prejudice effectively and identify local policy in this area to ensure robustness	CBD, CP, supervisors report
Skills Can demonstrate the skill to evaluate institutional prejudices in a balanced manner and how these relate to trainee's own perspectives	CBD, CP, CBDGA supervisors report
Learn to use reflective practice as a tool for seeing attitudes and prejudice	CBD, CP, CBDGA supervisors report

Attitudes demonstrated through behaviours Demonstrate respect for patients and colleagues who encompass without prejudice, diversity of background and opportunity, language, culture and way of life. Assess the impact (both positive and negative) of your attitudes on your clinical practice Evaluate your own attitudes and perceptions (including personal bias) of different groups within society Evaluate and justify the approaches used in your own clinical practice Uses reflective practice with supervisors to consider other perspectives on attitudes and perceptions (which may include others' recognition of unconscious personal bias)	ACE, Mini-ACE, CBD, supervisors report, Mini-PAT CBD, CP CBDGA supervisors report CBD, CP supervisors report CBD, CP supervisors report CBD, CP, CBDG supervisors report
19c Confidentiality	**Assessment methods**
Knowledge Demonstrate an understanding of contemporary legislation and practice in relation to patient confidentiality	ACE, Mini-ACE, CBD, CP, Mini-PAT, MCQ
Skills Use and share patient information appropriately Demonstrate a capacity to limit information sharing appropriately without either undue restriction or disclosure	CBD, CP, mini-PAT, CASC CBD, supervisors report, Mini-PAT, CASC
Attitudes demonstrated through behaviours Respect the rights and limitations of patient confidentiality	ACE, Mini-ACE, CBD, CP, CASC

In situations where a child or young person may be at risk of significant harm, always put the interest of the child or young person first	ACE, mini-ACE, CBD, CP, CASC
19d Consent	**Assessment methods**
Knowledge Demonstrate an understanding of the components of informed consent, including suggestibility	ACE, Mini-ACE, CBD, MCQ, CASC
Demonstrate an understanding of the basis of capacity	ACE, Mini-ACE, CBD, MCQ, CASC
Demonstrate an understanding of the legal framework for capacity (e.g. Mental Capacity Act)	ACE, Mini-ACE, CBD, MCQ, CASC
Skills Give appropriate information in a manner which patients are able to understand, adapting techniques and materials according to need	
Attitudes demonstrated through behaviours Continually respect the individual and fluid nature of consent	
19e Recognise own limitations	**Assessment methods**
Knowledge Demonstrate an appreciation of the extent of one's own limitations and when to ask for advice	ACE, Mini-ACE, CBD, Mini-PAT
Recognise the potential benefits of seeking second opinions in advance of problems arising	ACE, Mini-ACE, CBD, Mini-PAT
Skills	
Attitudes demonstrated through behaviours Be willing to consult and admit mistakes	ACE, Mini-ACE, CBD, Mini-PAT
Be prepared to accept clinical and professional supervision	ACE, Mini-ACE, CBD, Mini-PAT, supervisors report

19f Probity	**Assessment methods**
Knowledge Demonstrate understanding of professionally prescribed codes of ethical conduct and practice	CBD, CP, CBDGA, mini-PAT
Skills	
Attitudes demonstrated through behaviours Behave at all times in accordance with contemporary standards of professional practice Demonstrate probity in relationships with pharmaceutical representatives and companies	CBDGA, mini-PAT, supervisors report Mini-PAT, supervisors report

16. METHODS OF LEARNING AND TEACHING

The curriculum is delivered through a number of different learning experiences, of which experiential workplace learning with supervision appropriate to the trainee's level of competence is the key. This will be supported by other learning methods as outlined below: -

1. Appropriately supervised clinical experience
2. Psychotherapy training
3. Emergency psychiatry experience
4. Interview skills
5. Learning in formal situations
6. Teaching
7. Management experience
8. Research
9. ECT Training

Appropriately supervised clinical experience

Trainees must at all times participate in clinical placements that offer appropriate experience i.e. direct contact with and supervised responsibility for patients. **All training placements must include direct clinical care of patients.** Placements based on observation of the work of other professionals are not satisfactory. **Each placement must have a job description and timetable. There should be a description of potential learning objectives in post.** Training placements should not include inappropriate duties (e.g. routine phlebotomy, filing of case notes, escorting patients, finding beds, etc) and must provide a suitable balance between service commitment and training.

In Core Psychiatry Training the Curriculum Outcomes are met by way of a trainee working in a purpose-designed programme. Within the programme each placement should be clearly designated as providing experience in general psychiatry, one of its three recognised sub specialties, or one of the five other recognised specialties. Placements may be of four or six months' duration. Where placements offer a mixture of experience between specialities/sub specialties, the proportion of time spent in each clinical area should be clearly stated. Posts should provide the trainee with the experience and assessments necessary to achieve full coverage of the curriculum. Individual programmes of training provided by Deaneries must be able to meet contemporary requirements with regard to examination eligibility. Trainees are required to complete the minimum numbers and types of workplace-based assessment (WPBA) appropriate to their level of training and opportunities for this must be made available within the placements.

The first twelve months of Core Psychiatry Training should normally be in General Psychiatry, or a combination of psychiatry of old age and General Psychiatry. Each individual placement does not necessarily have to include both hospital and community experience but each training scheme must provide an overall balance of hospital and community experience. So that the programme must ensure that the rotation plan for an individual trainee enables them to gain the breadth of experience required. This will require monitoring by the trainee through their portfolio and by the scheme through its operational management processes.

The contribution of placements to Core Psychiatry Training programmes is as follows: -

General Psychiatry

Experience gained in General Psychiatry must include properly supervised in-patient and out-patient management, with both new patients and follow-up cases, and supervised experience of emergencies and 'on call' duties. Training placements will afford experience in hospital and/or community settings. Increasingly training in General Psychiatry will be delivered in functional services that specialise a single area of work such as, crisis, home treatment, early interventions, assertive interventions or recovery models. Thus not all posts will provide all experiences as detailed below. During their rotation a trainee must document experience in all of the below; a trainee may need two or more complimentary placements (e.g. an in-patient placement and a home treatment team placement) to achieve the required breadth of experience: -

- Assessment of psychiatric emergencies referred for admission.
- Assessment and initial treatment of emergency admissions.
- Day to day management of psychiatric inpatients.
- Participation in regular multi-disciplinary case meetings.
- Prescribing of medication and monitoring of side-effects.
- Administration of ECT.
- Use of basic psychological treatments.
- Use of appropriate mental health legislation.
- Assessment of new outpatients.
- Continuing care of longer-term outpatients.
- Psychiatric day hospital.
- CMHT- joint assessments in the community with other professionals.
- Crisis intervention.
- Home treatment.

Other placements may offer experience as follows: -

a) **Substance misuse:** trainees in General Psychiatry should receive appropriate experience in this area. Where a specific service exists for the treatment of alcohol and/or drug dependence it should be possible to offer a whole time or part time placement. For this to be regarded as sub-specialty experience, the trainee must spend at least half their time in the service.
b) **Liaison psychiatry:** experience in liaison psychiatry may be gained during General Psychiatry training or via a specialist training post. All trainees should receive adequate supervised experience in the assessment and management of deliberate self-harm, psychiatric emergencies in general and surgical wards and the accident and emergency department. Other valuable experience might include training in renal units, pain clinics and intensive care units.
c) **Rehabilitation:** attachment to a rehabilitation team with particular emphasis on the care of patients with severe chronic disability is recommended. Such experience should involve not only inpatient care but also community facilities including day centres, hostels, supervised lodgings and sheltered workshops.
d) **Eating disorders, neuropsychiatry and perinatal psychiatry:** as these potential sub-specialties become established, it will be possible to offer whole or part time specialist training posts.

Psychiatry of old age

Particular importance is attached to experience in this area because of the increasing numbers of elderly people in the population and the special considerations needed in diagnosis and treatment. The psychiatry of old age should constitute a separate attachment within the rotational training scheme. It is important that trainees gain experience in the acute and chronic functional disorders of older people, in addition to the assessment and management of organic illnesses. This should include both hospital and community experience and an opportunity to work as part of the multidisciplinary team. Experience of pharmacological and non-pharmacological strategies and treatments should be gained, including the drugs used to treat cognitive and behavioural symptoms in dementia.

Forensic psychiatry

Some experience may be gained in General Psychiatry but a specialist attachment in forensic psychiatry is recommended. Apart from the experience of the provision of psychiatric care in secure settings it is valuable for trainees to accompany consultants when patients are seen at prisons, hospitals, secure units, remand centres and other establishments. It may be helpful for trainees to prepare shadow court reports for discussion with their

consultants. Specific instruction is needed in the principles of forensic psychiatry, detailed risk assessment and management and medico-legal work.

Psychiatry of learning disability
There should be sufficient exposure to give the trainee an awareness of the nature and scope of the problems with an emphasis on integrated psychiatric and psychological treatment rather than basic physical care. Trainees must get experience of community facilities as well as hospital care.

Child and adolescent psychiatry
Trainees should play an active part in patient care and not be expected to adopt a passive observer role. The experience should include extensive community experience and include both medical and psychological approaches to treatment.

Not all trainees will have the opportunity to have a post in child and adolescent psychiatry during Core Psychiatry Training. Aspects of developmental psychiatry are important for all psychiatric trainees whatever specialty within psychiatry they subsequently choose. Trainees need to understand child development and the influences that can foster this or interfere with it. To do this they need to understand the bio-psycho-social approach and the varying balance of influences at different stages of development. They need to understand both aberrant development and also how normal development can be disrupted. Whilst this is best learned through clinical experience in a developmental psychiatry post (child and adolescent psychiatry or adult learning difficulties), there will be a few trainees who have to gain these skills through in other ways. The knowledge base will come from clinical experience coupled with lectures, seminars and private study including study for examinations. Those who do not get a post in developmental psychiatry are strongly advised to negotiate a clinical attachment during another placement to best prepare them to undertake the child and adolescent WPBAs that they will be expected to achieve during this stage of their training.

All Core Psychiatry Training (CT1-3) trainees are likely to be responsible for seeing young people who present to Accident and Emergency Departments with self-harm whilst they are undertaking out of hours on call duties. This means that they have to understand safeguarding issues and the assessment of risk for these young people. To ensure that they are supported in this, there are competencies appropriate to CT1-3 in safeguarding (Intended Learning Outcome 2) and Managing Emergencies (Intended Learning Outcome 4). 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. Depression is an important illness that often starts in adolescence and this is referred to in the ARCP Guide to Core Psychiatry Training.

Psychotherapy training

The aim of psychotherapy training is to contribute to the training of future consultant psychiatrists in all branches of psychiatry who are psychotherapeutically informed, display advanced emotional literacy and can deliver some psychological treatments and interventions. Such psychiatrists will be able to:

- Account for clinical phenomena in psychological terms
- Deploy advanced communication skills
- Display advanced emotional intelligence in dealings with patients and colleagues and yourself.
- Refer patients appropriately for formal psychotherapies
- Jointly manage patients receiving psychotherapy
- Deliver basic psychotherapeutic treatments and strategies where appropriate

The Psychotherapy Tutor (who has undergone higher/advanced specialist training in Medical Psychotherapy with a CCT (Certificate of completion of Training) in Medical Psychotherapy or equivalent) is responsible for organising psychotherapy training within a School in line with current curriculum requirements. There are two basic requirements:

Case based discussion groups (CBDG) are a core feature of early training in psychotherapeutic approach to psychiatry. They involve regular weekly meetings of a group of trainees and should last around one and one and a half hours. The task of the meeting is to discuss the clinical work of the trainees from a psychotherapeutic perspective paying particular attention to the emotional and cognitive aspects of assessment and management of psychiatric patients in whatever setting the trainee comes from. Trainees should be encouraged to share their feelings and thoughts openly and not to present their cases in a formal or stilted manner. Most trainees should attend the group for about one year. Attendance and participation in the CBDG will be assessed

Undertaking specific training experiences treating patients is the only reliable way to acquire skills in delivering psychotherapies. The long case also helps in learning how to deal with difficult or complicated emotional entanglements that grow up between patients and doctors over the longer term. Patients allocated to trainees should be appropriate in terms of level of difficulty and should have been properly assessed. Trainees should be encouraged to treat a number of psychotherapy cases during their training using at least two modalities of treatment and at least two durations of input. This experience must be started in Core training and continued in Advanced Training, so that by the end of Core Training the trainee must have competently completed at least two cases of different durations. The psychotherapy supervisor will assess the trainee's performance by using the SAPE.

Care should be given in the selection of psychological therapy cases in Advanced Training in General Psychiatry to make the experience gained is relevant to the trainee's future practice as a consultant. For example trainees intending to specialise in rehabilitation psychiatry may well wish to develop skills in the cognitive behaviour therapy of psychosis, while trainees with an interest in personality disorders should consider developing their knowledge of treatments such as dialectical behaviour therapy, mentalisation based therapy and cognitive analytic therapy.

The psychotherapy tutor should have selected supervisors. Psychotherapy supervisors need not be medically qualified but they should possess appropriate skills and qualifications both in the modality of therapy supervised and in teaching and supervision.

Short Case

The short therapy case needs to be completed with a satisfactory SAPE (Structured Assessment of Psychotherapy Expertise) undertaken by the clinical supervisor of the case and a PACE (Psychotherapy Assessment of Clinical Expertise) completed by the Psychotherapy Tutor, a Consultant Psychiatrist in Psychotherapy. The short therapy case is usually between 12 and 20 sessions of therapy. The precise number of therapy sessions is agreed with respect to the patient's needs with the clinical supervisor. The short case would be a derivative of a cognitive model and a psychodynamic case would be acceptable.

Long Case

The long therapy case is a core psychotherapy curriculum requirement so needs to be completed with two satisfactory SAPEs (Structured Assessment of Psychotherapy Expertise) undertaken by the clinical supervisor of the case. A SAPE undertaken early in the therapy after deriving a formulation and presenting this to the supervisor should be coupled with a SAPE undertaken when the case is established or towards the end.

Following completion of the therapy a PACE (Psychotherapy Assessment of Clinical Expertise) should be completed by the Psychotherapy Tutor, a Consultant Psychiatrist in Psychotherapy. Given that the PACE may be completed by someone other than the clinical supervisor a summary outlining the progress of the therapy should be written by the trainee and agreed with the clinical supervisor.

The long therapy case is over 20 sessions of therapy. The precise number of therapy sessions is agreed with respect to the patient's needs with the clinical supervisor.

Emergency Psychiatry
Trainees must gain experience in the assessment and clinical management of psychiatric emergencies and trainees must document both time spent on-call and experience gained (cases seen and managed) and this should be "signed off" by their Clinical Supervisor/Trainer.

A number and range of emergencies will constitute relevant experience. During Core Psychiatry training, trainees must have experience equivalent to participation in a first on call rota with a minimum of 55 nights on call during the period of core specialty training (i.e. at least 50 cases with a range of diagnosed conditions and with first line management plans conceived and implemented.) (Trainees working part time or on partial shift systems must have equivalent experience.)

Where a training scheme has staffing arrangements, such as a liaison psychiatric nursing service, which largely excludes Core Psychiatry trainees from the initial assessment of deliberate self-harm patients or DGH liaison psychiatry consultations, the scheme must make alternative arrangements such that trainees are regularly rostered to obtain this clinical experience under supervision. Such supervised clinical experience should take place at least monthly.

Psychiatric trainees should not provide cross specialty cover for other medical specialties except in exceptional circumstances where otherwise duty rotas would not conform to the European Working Time Directive. No trainee should be expected to work to a level beyond their clinical competence and experience.

Where daytime on call rotas are necessary, participation must not prevent trainees attending fixed training events.

Advanced trainees in General Psychiatry must have opportunities to supervise others as part of their experience of emergency psychiatry. They should not routinely perform duties (such as clerking emergency admissions) that would normally be performed by less experienced practitioners.

Interview skills
All trainees must receive teaching in interviewing skills in the first year Core Psychiatry Training (CT1). The use of feedback through role-play and/or video is recommended. Soliciting (where appropriate) the views of patients and carers on performance is also a powerful tool for feedback.

Learning in formal situations

Learning in formal situations will include attending a number of courses for which the trainee should be allowed study leave: -

- It is essential that trainees in Core Psychiatry Training attend an MRCPsych course that comprises a systematic course of lectures and /or seminars covering basic sciences and clinical topics, communication and interviewing skills. These courses must follow the standards for College approved academic courses
- Local postgraduate meetings where trainees can present cases for discussion with other psychiatrists, utilising information technology such as slide presentations and video recordings.
- Journal clubs, where trainees have the opportunity to review a piece of published research, with discussion chaired by a consultant or specialty registrar (ST4-ST6), Postgraduate meetings where trainees can present and discuss audit.
- Multi-disciplinary/multi-professional study groups.
- Learning sets which can stimulate discussion and further learning.
- Trainees must also exercise personal responsibility towards their training and education and are encouraged to attend educational courses run by the College's divisional offices.

Experience of teaching

It is important that all trainee psychiatrists have experience in delivering education. In Core Psychiatry training, trainees should have opportunities to assist in 'bedside' teaching of medical students and delivering small group teaching under supervision.

Management experience

Opportunity for management experience should be available in all training programmes and should begin with simple tasks in the clinical, teaching and committee work of the hospital or service. Attending courses and by shadowing a medical manager to get insight into management. "Hands on" experience is especially effective, e.g. convening a working group, and it may be possible for a trainee to be given a relevant management task to complete.

Opportunity for involvement in administration and collaboration with non medical staff at local level on the ward or unit, at Trust level or on the training scheme itself to gain familiarity with and an understanding of management structure and process as part of a trainee's professional development as a psychiatrist.

ECT Training

All Core Psychiatry training programmes must ensure that there is training and supervision in the use of ECT so that trainees become proficient in the prescribing, administration and monitoring of this treatment.

Research

Opportunities must be made available for trainees to experience supervised quantitative or qualitative research and a nominated research tutor should be available within the programme to advise trainees on the suitability of projects. In Core Psychiatry training, research may be limited to case reports or a small literature review. In advanced training in General Psychiatry, trainees should have the opportunity to participate in original research.

17. ASSESSMENT SYSTEM FOR CORE PSYCHIATRY TRAINING

Purpose

The Royal College of Psychiatrists Assessment System has been designed to fulfill several purposes:

- Providing evidence that a trainee is a competent and safe practitioner and that they are meeting the standards required by Good Medical Practice
- Creating opportunities for giving formative feedback that a trainee may use to inform their further learning and professional development
- Drive learning in important areas of competency
- Help identify areas in which trainees require additional or targeted training
- Providing evidence that a trainee is progressing satisfactorily by attaining the Curriculum learning outcomes
- Contribute evidence to the Annual Review of Competence Progression (ARCP) at which the summative decisions regarding progress and ultimately the award of the Certificate of Completion of Training (CCT) are made.

Assessment blueprint

The Assessment Blueprint supplement to this Curriculum shows the assessment methods that can possibly be used for each competency. It is not expected that all trainees will be assessed by all possible methods in each competency. The learning needs of individual trainees will determine which competencies they should be assessed in and the number of assessments that need to be performed. The trainee's Educational Supervisor has a vital role in guiding the trainee and ensuring that the trainee's assessments constitute sufficient curriculum coverage.

Assessment methods

The assessment system consists of the following elements: -

(i) Two written papers (A and B) that comprise a summative assessment of the knowledge base that underpins psychiatric practice.

(ii) The Clinical Examination (Clinical Assessment of Skills and Competencies - CASC) is a summative assessment of a doctor's competence in the core skills of psychiatric practice. The Clinical Assessment of Skills and Competencies (CASC) is an OSCE type examination consisting of two parts, completed in one day.

Of note at present (due to COVID-19) papers A, B and the CASC can be taken in any order.

Trainees will be awarded membership of the Royal College of Psychiatrists (MRCPsych) once **all three** components have been achieved.

Information for candidates about the written and clinical parts of the MRCPsych Examination can be found at www.rcpsych.ac.uk/exams.aspx

Trainees must obtain a pass in the MRCPsych examination and achieve all core competencies before they can be considered to have successfully completed core training.

(iii) Workplace Based Assessment (**WPBA**) is the assessment of a doctor's performance in those areas of professional practice best tested in the workplace. The assessment of performance by WPBA will continue the process established in the Foundation Programme and will extend throughout Core Psychiatry Training and Advanced Training. It must be understood that WPBA's are primarily tools for giving formative feedback and in order to gain the full benefit of this form of assessment, trainees should ensure that their assessments take place at regular intervals throughout the period of training. All trainees must complete at least one case-focused assessment in the first month of each placement in their training programme. A completed WPBA accompanied by an appropriate reflective note written by the trainee and evidence of further development may be taken as evidence that a trainee demonstrates critical self-reflection. Educational supervisors will draw attention to trainees who leave all their assessments to the 'last minute' or who appear satisfied that they have completed the minimum necessary.

An individual WPBA is not a summative assessment, but outcomes from a number of WPBA's will contribute evidence to inform summative decisions.

The WPBA tools currently consist of:

Assessment of Clinical Expertise (ACE) modified from the Clinical Evaluation Exercise (CEX), in which an entire clinical encounter is observed and rated thus providing an assessment of a doctor's ability to assess a complete case.

Mini-Assessed Clinical Encounter (mini-ACE) modified from the mini-Clinical Evaluation Exercise (mini-CEX) used in the Foundation Programme, part of a clinical encounter, such as history-taking, is observed and rated.

Case Based Discussion (CBD) is also used in the Foundation Programme and is an assessment made on the basis of a structured discussion of a patient whom the Trainee has recently been involved with and has written

in their notes.

Direct Observation of Procedural Skills (DOPS) is also used in the Foundation Programme and is similar to mini-ACE except that the focus is on technical and procedural skills.

Multi-Source Feedback (MSF) is obtained using the Mini Peer **Assessment Tool (mini-PAT),** which is an assessment made by a cohort of co-workers across the domains of *Good Medical Practice.* Trainees should nominate 10-12 suitable assessors who they currently work with for the mini-PAT assessment. Ideally this should include no more than 2 assessors in any one position (i.e. 2 consultants, 2 nurses, 2 peers, 2 juniors, 2 admin, 2 healthcare professionals etc). Trainees should nominate their named clinical supervisor, that is, the consultant who is responsible for the majority of clinical supervision in their current placement, unless stated otherwise by their deanery. This may or may not be the same person as the trainee's educational supervisor. The trainee must discuss/agree with their clinical supervisor those who are to be nominated. A valid mini-PAT requires at least 6 responses.

Case Based Discussion Group Assessment (CBDGA) has been developed by the College to provide structured feedback on a trainee's attendance and contribution to case discussion groups (also known as Balint- type groups) in Core Psychiatry Training.

Structured Assessment of Psychotherapy Expertise (SAPE) has been developed by the College to provide evidence of satisfactory completion of a psychotherapy case.

Psychotherapy Assessment of Clinical Expertise (PACE) has been developed by the College to provide evidence of satisfactory completion of a psychotherapy case. Should be completed by the Psychotherapy Tutor, a Consultant Psychiatrist in Psychotherapy.

Case Presentation (CP) developed at the College; this is an assessment of a major case presentation, such as a Grand Round, by the Trainee.

Journal Club Presentation (JCP) similar to CP, and also developed at the College, this enables an assessment to be made of a Journal Club presented by the Trainee.

Assessment of Teaching (AoT) has been developed at the College to enable an assessment to be made of planned teaching carried out by the Trainee, which is a requirement of this curriculum.

Direct Observation of non-Clinical Skills (DONCS) has been developed by the College from the Direct Observation of Procedural Skills (DOPS). The DONCS is designed to provide feedback on a doctor's performance of non-clinical skills by observing them chairing a meeting, teaching, supervising others or engaging in another non-clinical procedure.

Further information on WPBA's can be found on the College website via the following link:
http://www.rcpsych.ac.uk/traininpsychiatry/corespecialtytraining/portfolioonlinesign-up/portfolioonlineinformation.aspx

For those in Core Training the following table shows the minimum number of each assessment that need to be undertaken. The minimum number has been arrived at in the light of the reliability of each tool, together with an estimate of the numbers that are likely to be needed to ensure a broad coverage of the Curriculum. Many trainees will require more than this minimum, none will require fewer. More detail is given in the guidance to ARCP panels.

WPBA	**Minimum number required per year**		
	CT1	**CT2**	**CT3**
ACE	2	3	3
mini-ACE	4	4	4
CbD	4	4	4
DOPS	*	*	*
mini-PAT	2	2	2
CBDGA	2	-	-
SAPE	-	1	2
PACE	-	1**	1**
CP	1	1	1
JCP	1	1	1
AoT	*	*	*
DONCS	*	*	*

* There is no set number to be completed in Core Psychiatry training; they may be performed as the opportunity

arises
** The two PACE assessments can be undertaken whenever appropriate for the short and long cases. However they are usually undertaken in CT2/CT3.
- Not required

18. Decisions on progress, the ARCP

Section 7 of the **Guide to Postgraduate Specialty Training in the UK** ("**Gold Guide**") describes the **Annual Review of Competence Progression (ARCP).** The ARCP is a formal process that applies to all Specialty Trainees. In the ARCP a properly constituted panel reviews the evidence of progress to enable the trainee, the postgraduate dean, and employers to document that the competencies required are being gained at an appropriate rate and through appropriate experience.
The panel has two functions: -

1. To consider and prove the adequacy of the trainee's evidence.
2. Provided the documentation is adequate, to make a judgment about the trainee's suitability to progress to the next stage of training or to confirm that training has been satisfactorily completed

The next section is a guide for ARCPs regarding the evidence that trainees should submit at each year of core psychiatry training. There are several different types of evidence including WPBA's, supervisor reports, the trainee's learning plan, evidence of reflection, course attendance certificates etc. The evidence may be submitted in a portfolio and in time, this will be done using the College e-portfolio.

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.

The trainee should map the evidence that they wish to be considered for each competency. A single piece of evidence may be used to support more than one competency.

19. Guide to ARCPs in Core Psychiatry Training

There is no fixed order of posts in CT2 and 3; so there are many outcomes that may be achieved in either of the years CT2 or 3. The important factor to be recalled is that all the outcomes must be completed by the end of CT3.

Intended learning outcome	CT1	CT2	CT3
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**			
	By the end of ST1 the trainee should demonstrate the ability to take a history and perform an examination on an adult patient who has any of the common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders	By the end of CT2, the trainee should demonstrate the ability to independently take a competent history and perform an examination on adult patients who present with a full range of psychiatric disorders including disorders of cognitive impairment; substance misuse disorders; and organic disorders	By the end of CT3, the trainee should demonstrate the ability to take a history and perform an examination of patients with psychiatric disorders who have a learning disability or are children and be able to perform a competent assessment of a patient with medically unexplained symptoms or physical illness and psychiatric disorder
1a Clinical history	ACE conducted with an adult patient not previously known to the trainee	ACE taking a history from a person with cognitive impairment if not completed in CT1	ACE taking a history from a not previously known patient who is either physically unwell or has medically unexplained

		ACE taking a history from a person with a substance misuse problem, if not completed in CT1	symptoms, if not completed in CT2 ACE taking a history from a not previously known child or patient with learning disability, including an interview with parent or carer when appropriate, if not completed in CT2. This assessment must be conducted by an appropriate specialist
1b Patient examination	ACE conducted with an adult patient not previously known to the trainee, to include mental state examination and an appropriate physical examination CBD of a case presentation of a patient the trainee has fully assessed, including a collateral history Mini-ACE's of patients to demonstrate skillful identification of psychopathology	Mini-ACE, including an appropriate physical examination, to recognise and identify the effects of psychotropic medication Mini-ACE of assessment of cognition, if not performed in CT1 Mini-ACE of assessment of the physical effects of substance misuse, if not completed in CT1	Mini-ACE to determine mood disturbance in a physically ill patient, if not completed in CT2 Mini-ACE of an examination of a child or a patient with learning disability including an appropriate physical examination, if not completed in CT2. This assessment must be conducted by an appropriate specialist

2 Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses			
	By the end of CT1 the trainee should demonstrate the ability to construct a formulation on an adult patient who has any of the	By the end of CT2, the trainee should demonstrate the ability to independently construct a formulation on adult patients who present	By the end of CT3, the trainee should demonstrate the ability to construct a formulation of patients with psychiatric

	common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders	with a full range of psychiatric disorders including disorders of cognitive impairment; substance misuse disorders; and organic disorders	disorders who have a learning disability or are children
2a Diagnosis	CBD of differential diagnosis in a patient with a common presenting problem	CBD in a person presenting to older adults service if not completed in CT1	CBD of differential diagnosis in a child or patient with learning disability, if not completed in CT2. This assessment must be conducted by an appropriate specialist
2b Formulation	CBD of an adult patient with a common presenting problem to describe the factors in the aetiology of the problem	CBD of an adult patient with a more complex problem, to describe the factors in the aetiology of the problem, if not completed in CT1	CBD to discuss the assessment of a child or patient with learning disability, if not completed in CT2. This assessment must be conducted by an appropriate specialist CBD to discuss the assessment of a child or patient with learning disability focusing on the possibility of maltreatment, neglect or exploitation, if not completed in CT2. This assessment must be conducted by an appropriate specialist

3 Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains			
	By the end of CT1 the trainee should demonstrate the ability to describe further investigations and negotiate treatment with an adult patient who has any of the common psychiatric disorders, including affective disorders; anxiety disorders; psychotic disorders; and personality disorders	By the end of CT2, the trainee should demonstrate the ability to describe further investigations and negotiate treatment on adult patients who present with a full range of psychiatric disorders including disorders of cognitive impairment; substance misuse disorders; and organic disorders	By the end of CT3, the trainee should demonstrate the ability to negotiate treatment options in more challenging situations and with patients with psychiatric disorders who have a learning disability or are children
3a Individual consideration	Mini-ACE negotiating a treatment plan or discussing investigations with patient, family and/or carers		Mini-ACE's discussing treatment options in more challenging situations such as with a reluctant patient, i.e. someone with limited insight, an acutely physically ill patient and a patient whose first language is not English, if not completed in CT2
3b Investigation	CBD to discuss planning investigations in an adult patient with a common presenting problem	CBD to discuss planning investigations in an adult patient with a more complex problem, if not completed in CT1 CBD of planning investigation of a person with suspected dementia or delirium, if not completed in CT1	CBD to discuss referral for specialist psychotherapeutic assessment, if not completed in CT2

3c Treatment planning	Mini-ACE and CBD, repeated several times, focusing on different conditions CBD to discuss psychological treatment of a case		CBD to demonstrate awareness of issues in prescribing in common physical disease states, such as liver or cardiac disease, if not completed in CT2 CBD of treatment planning for a child or a patient with learning disability, if not completed in CT2. This assessment must be conducted by an appropriate specialist
3d Alcohol and other drug use	CBD, Mini-ACE or ACE of giving brief advice concerning the effects of alcohol, tobacco and other drugs on health and wellbeing		

4 Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies			
	By the end of CT1, the trainee should demonstrate the ability to perform a competent risk assessment and construct a defensible risk management plan for an adult patient with a common psychiatric disorder	By the end of CT2, the trainee should demonstrate the ability to perform a competent risk assessment and construct a defensible risk management plan for an older adult patient and in more challenging situations	By the end of CT3, the trainee should demonstrate the ability to perform a competent risk assessment and construct a defensible risk management plan for patients with psychiatric disorders who have a learning disability or are children and be able to

			perform a competent assessment of a patient who may require intervention using mental health or capacity legislation
4a All clinical situations	Mini-ACE of risk assessment interview CBD of a risk assessment and management of an adult patient with a common psychiatric problem	Mini-ACE of risk assessment interview with an older person, if not completed in CT1	CBD of risk assessment and management in an adult patient with a more complex psychiatric problem, if not completed in CT2 CBD of risk management in a child or patient with learning disabilities, if not completed in CT2. This assessment must be conducted by an appropriate specialist
4b Psychiatric emergencies	Several Mini-ACE's of assessing risk in emergency situations (A&E Departments, Crisis Team, out-of hours), at least one must be conducted by a consultant assessor	CBD of the assessment and management of a violent or other serious untoward incident. This may involve management of violence, absconsion or seclusion, if not completed in CT1	Mini-ACE of assessment for rapid tranquilisation, if not completed in CT2 CBD of an emergency in child or adolescent psychiatry or in the psychiatry of learning disabilities, if not completed in CT2. This assessment must be conducted by an appropriate specialist

4c Mental health legislation	CBD of emergency assessment		CBD or mini-ACE of using Mental Health legislation in relation to capacity and consent, if not completed in CT2 CBD of Mental Health legislation as applied to the mentally disordered offender
4d Broader legal framework			Clinical supervisor report

5 Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions			
	By the end of CT1, the trainee should demonstrate the ability to think in psychological terms about patients who have mental health problems and to foster therapeutic alliances	By the end of CT2, the trainee should demonstrate the ability to conduct a course of brief or long psychological therapy under supervision	By the end of CT3, the trainee should demonstrate the ability to conduct a second course of psychological therapy of a different duration and in a different modality from that conducted in CT2
5a Psychological therapies	CBDGA (Two in the year)	SAPEs for long or short case (must achieve at least satisfactory in all domains) see p.73 PACE for short and long cases	SAPEs for a different modality and duration from CT2 (must achieve at least satisfactory in all domains) see p.73 PACE for short and long cases CBD to discuss psychological therapy in routine psychiatric practice, if not completed in CT2

6 Demonstrate the ability to concisely, accurately and legibly record appropriate aspects of the clinical assessment and management plan			
	By the end of CT1, the trainee should demonstrate the ability to properly record appropriate aspects of clinical assessments and management plans	During CT2, the trainee should continue to demonstrate the ability to properly record appropriate aspects of clinical assessments and management plans	By the end of CT3, the trainee will be able to describe the structure, function and legal implications of medical records and medico-legal reports
6a Record keeping	To be assessed every time a CBD is conducted (at least four in the year)	To be assessed every time a CBD is conducted (at least four in the year)	To be assessed every time a CBD is conducted (at least four in the year, one of which should include a medico-legal report that the trainee has written, this latter may be in 'shadow form')

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			
	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	CBD of a review of the care or treatment of a patient who has a severe and enduring mental illness	Mini-ACE assessing capacity in a person with cognitive impairment, if not completed in CT1 CBD of psycho-pharmacological management of an older person's illness, if not completed in CT1	CBD of a care of a person who has a severe and enduring mental illness. The focus is to explore how well the trainee can understand the illness from the patient's point of view. May be completed in CT2 or CT3 CBD/mini-ACE of a care of a person who has a severe and enduring mental illness. The focus is the trainee's understanding of

			quality of life. May be completed in CT2 or CT3 Mini-ACE's assessing several aspects of capacity or changes in capacity in a single patient over time, if not completed in CT2 CBD to discuss understanding of the assessment of capacity and its consequences if not completed in CT2 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 CBD to discuss management of a child with a long-term condition or with a person with learning disability, if not completed in CT2. This assessment must be conducted by an appropriate specialist

8 To develop an understanding of research methodology and critical appraisal of the research literature			
	By the end of CT1, the trainee should demonstrate the ability to base their practice on best evidence		By the end of CT3, the trainee should demonstrate an understanding of basic research methodology and critical appraisal applied to the study of psychiatric illness and its treatment
8a Research techniques			JCP to demonstrate an understanding of basic research methodology, if not completed in CT2 JCP to demonstrate an understanding of the research techniques used in psychological therapies, if not completed in CT2
8b Evaluation and critical appraisal of research	JCP to demonstrate application of evidence to a clinical problem the trainee has encountered		JCP to demonstrate use of critical appraisal techniques, if not completed in CT2 JCP to demonstrate an understanding of the research base in psychological therapies and the particular difficulties in conducting research in this area, if not completed in CT2

9 To develop the habits of lifelong learning			
	By the end of CT1, the trainee should demonstrate the ability to use learning opportunities to the greatest effect	During CT2, the trainee should continue to demonstrate the ability to use learning opportunities to the greatest effect	By the end of CT3, the trainee should demonstrate the ability to use systems to maintain up-to-date practice and demonstrate an understanding of the relevance of professional bodies
9a Maintaining good medical practice		Supervisors' reports	Supervisors' reports Evidence of having passed all components of the MRCPsych examination.
9b Lifelong learning	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self reflection	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-refection	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-reflection
9c Relevance of outside bodies	Evidence of continued GMC registration Evidence of registration with the Royal College of Psychiatrists	Evidence of continued GMC registration Evidence of registration with the Royal College of Psychiatrists	Evidence of continued GMC registration Evidence of registration with the Royal College of Psychiatrists

10 Demonstrate the ability to conduct and complete audit in clinical practice			
		By the end of CT2, the trainee should demonstrate the ability to perform and present an audit project	By the end of CT3, the trainee should demonstrate the ability to independently perform an audit project and apply its findings to the service as well as their own practice
10a Audit		Evidence of presentation of at least one complete audit project if not completed in CT1	Evidence of presentation of a second complete audit project demonstrating application to a service if not completed in CT2

11 to develop an understanding of the implementation of clinical governance			
	By the end of CT1, the trainee should demonstrate participation in clinical governance work, including an awareness of the importance incident reporting and knowledge of relevant clinical guidelines		By the end of CT3, the trainee should demonstrate the ability to deviate from clinical guidelines when clinically appropriate to do so
11a Organisational framework for clinical governance and the benefits that patients may expect	Supervisors' reports	Supervisors' reports	Supervisors' reports

12 To develop reflective practice including self reflective as an essential element of safe and effective psychiatric clinical practice.			
	By the end of CT1, the trainee should demonstrate self reflective recognition that the emotions of professionals in relation to their patients are valid and potentially important information with which to enhance their understanding of their patients.	During CT2, the trainee should continue to demonstrate reflective recognition in the responses of others of a variety of emotional perspectives different professionals take in relation to their patients and the impact of such differences in patient care.	By the end of CT3, the trainee should demonstrate a capacity to use self reflection to manage disturbance in patients with evidence of a change process in their understanding of the boundaries of safe and effective practice for them and others.
	Supervisor's report	Supervisor's report	Supervisor's report

13 Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances			
	By the end of CT1, the trainee should demonstrate the ability to competently conduct clinical interviews with patients	During CT2, the trainee should continue to demonstrate the ability to conduct clinical interviews with patients who have increasingly complex needs	By the end of CT3, the trainee should demonstrate the ability to conduct clinical interviews in increasingly challenging situations, including with children or people who have learning disabilities
13a Within a consultation	Mini-ACE's to demonstrate a skillful approach to communicating, including use of emotional	Two rounds of Mini-PAT	Mini-ACE or ACE of interviews with a child or patient with a learning disability, if not performed in CT2. This

	sensitivity Two rounds of Mini-PAT		assessment must be conducted by an appropriate specialist Mini-ACE/ACE of interview with a patient who has chronic delusions and hallucinations (if not completed in CT2) Two rounds of Mini-PAT

14 Demonstrate the ability to work effectively with colleagues, including team working			
	By the end of CT1, the trainee should demonstrate the ability to work effectively as a member of a mental health team	By the end of CT2, the trainee should demonstrate the ability to work effectively as a member of a mental health team that works with older people	By the end of CT1, the trainee should demonstrate the ability to work effectively as a member of a mental health team that works with children or with people who have learning disabilities
14a Clinical teamwork	CBD of patient who is being seen by other members of the MDT Two rounds of Mini-PAT Supervisors' reports	CBD of older person who is being seen by members of the older persons' CMHT, if not performed in CT1 Two rounds of Mini-PAT Supervisors' reports	CBD of child or patient with learning disability who is being seen by other health or social care agencies, if not performed in CT2. This assessment must be conducted by an appropriate specialist Two rounds of Mini-PAT Supervisors' reports

15 Develop appropriate leadership skills			
	By the end of CT1, the trainee should demonstrate the ability to take on appropriate leadership responsibility, for example by acting as rota coordinator	By the end of CT2, the trainee should demonstrate the ability to take on appropriate leadership responsibility in increasingly challenging situations, for example by acting as a representative on a working group	By the end of CT3, the trainee should demonstrate the ability to take a lead in an aspect of the work of a mental health team
15a Effective leadership skills	Two rounds of Mini-PAT Supervisors' reports	Two rounds of Mini-PAT Supervisors' reports	Two rounds of Mini-PAT DONCS/CBD focused on the trainee's participation in a multi-disciplinary meeting planning the care of patients, if not completed in CT2 Supervisors' reports

16 Demonstrate the knowledge, skills and behaviours to manage time and problems effectively			
	By the end of CT1, the trainee should demonstrate the ability to organise their work time in the context of a mental health service effectively, flexibly and	By the end of CT2, the trainee should demonstrate the ability to organise their work time more independently	By the end of CT3, the trainee should demonstrate awareness of the importance of continuity of care

	conscientiously and be able to prioritise clinical problems		
16a Time management	Two rounds of Mini-PAT	Two rounds of Mini-PAT	CBD focused on the trainee's contribution over a period of several months to the care of a patient with enduring mental health needs. May be completed in CT 2 or 3 Two rounds of Mini-PAT
16b Communication with colleagues	Two rounds of Mini-PAT Supervisors' reports	Two rounds of Mini-PAT Supervisors' reports	Two rounds of Mini-PAT Supervisors' reports
16c Decision making	Supervisors' reports	Supervisors' reports	Supervisors' reports
16d Continuity of care	Supervisors' reports	Supervisors' reports	Supervisors' reports
16e Complaints	Supervisors' reports	Supervisors' reports	Supervisors' reports

17 To develop the ability to teach, assess and appraise			
	By the end of CT1, the trainee should demonstrate the ability to construct an effective learning plan	By the end of CT2, the trainee should demonstrate the ability to participate in appraisal	By the end of CT3, the trainee should demonstrate the ability to teach in a variety of settings and to conduct assessments
17a The skills, attitudes, behaviours and practices of a competent teacher	An effective individual learning plan outlining learning needs, methods and evidence of attainment	As CT1	As CT1 Completed AoT forms with evidence of reflection on feedback, if not completed in CT2

17b Assessment			Evidence of assessing Foundation Programme Doctors and/or clinical medical students, if not completed in CT2
17c Appraisal		Record of discussion of educational supervisor's ARCP report	Record of discussion of educational supervisor's ARCP report

18 To ensure that the doctor is able to inform and educate patients effectively			
	By the end of CT1, the trainee should demonstrate the ability to advise patients about the nature and treatment of common mental illnesses, so the patient may be more able to participate in their treatment and the ability to advise patients about environmental and lifestyle factors and the adverse effects of alcohol, tobacco and illicit drugs		By the end of CT3, the trainee should demonstrate the ability to help a patient with a relapsing illness construct a relapse prevention plan.
18a Educating patients about illness and its treatment	Mini-ACE or CBD of advising a patient about the nature and treatment of their illness		Mini-ACE of negotiating a relapse prevention plan, if not completed in CT2 CBD around a patient with an enduring mental health problem focused on the trainee's understanding of how services may perpetuate and reinforce stigma.

			May be completed in CT2 or CT3
18b Environmental and lifestyle factors	Mini-ACE or CBD of advising a patient on environmental and lifestyle changes		

19 To ensure that the doctor acts in a professional manner at all times			
	By the end of CT1, the trainee should demonstrate an understanding of the tensions that can exist in the doctor patient relationship, issues relating to confidentiality and the sharing of information, professional codes of practice and conduct and responsibility for personal health		By the end of CT3, the trainee should demonstrate skills in limiting information sharing appropriately, skills in obtaining consent and performing a risk assessment in children or people with learning disabilities who have a mental health problem
19a Doctor patient relationship	CBD to demonstrate understanding of the emotional and professional tensions that can exist in the doctor patient relationship,		
19b Valuing diversity	CBD to demonstrate awareness of the impact of cultural factors on practice. Reflective practice notes Supervisors' report		CBD to demonstrate a critical awareness of the impact of institutional practices on personal clinical practice in the area of cultural diversity, if not completed in CT2 Reflective practice notes

			Supervisors' report
19c Confidentiality	CBD to demonstrate appropriate sharing of information		CBD to demonstrate capacity to limit information sharing appropriately, if not completed in CT2
19d Consent	Mini-ACE of obtaining consent for treatment of a psychiatric disorder		Mini-ACE of obtaining informed consent in a child or patient with learningdisabilities , if not completed in CT2. This assessment must be conducted by an appropriate specialist
19e Recognise own limitations	CBD to demonstrate an appreciation of the extent of one's own limitations		
19f Probity	Supervisors' reports	Supervisors' reports	Supervisors' reports