
Rehabilitation Psychiatry

Royal College of Psychiatrists Higher Specialty
Curriculum (Sub-Specialty Endorsement)

Version 1.0

August 2022

Purpose Statement

Rehabilitation Psychiatry specialises in assessment and treatment of people with particularly long term and complex mental health problems who require specialist input to optimize their recovery with integrated psychological, biomedical and social care.¹ Around 20% of people diagnosed with severe mental illness will require mental health rehabilitation. The majority have a primary diagnosis of psychosis with functional impairments that lead to longer term high support needs.^{2,3}

The complex problems these patients experience lead to functional impairment which affects activities of daily living as well as social, interpersonal and occupational functioning. These problems include treatment-resistant symptoms, co-occurring mental health comorbidity that can include substance misuse and co-occurring physical health conditions.⁴ Specialist rehabilitative care improves the outcome for this group of patients with highly complex and long-term needs.^{5,6}

It is clear that the need for rehabilitative care is growing across the UK despite the disinvestment in services. There is increasing use of 'out of area treatments' for this group which are associated with poorer outcomes including longer lengths of stay and social exclusion.⁷ This has been acknowledged in the NHS Long Term Plan. ⁸ NHS England has implemented a national programme to enhance the provision of local rehabilitation services.⁹ The new specialist programmes indicate the need for better services and an adequate and appropriately skilled workforce.¹⁰

The Welsh Government's ten-year strategy to improve mental health and well-being has identified a range of areas that require attention. The Welsh Government is focusing on the needs of people with complex and enduring mental disorder.¹¹

The Scottish Mental Health Strategy has identified the need to shift the balance of care towards mental health. The strategy details the need to address the dramatic decrease in life expectancy of those with severe and enduring mental illnesses. Scotland aims to develop holistic services that address the effect long term mental health conditions have on functional decline to encourage recovery.¹²

Northern Ireland has higher levels of mental disorders than any other region in the UK¹³ with psychiatric morbidity 25% higher than England.¹⁴ Specialist mental health services to address enduring and severe mental health conditions are only available in Belfast City¹⁴. It has been identified that building up the range of specialist services is required to meet need.^{15,16}

The NHS Long Term Plan stresses that building up rehabilitation support alongside core services is vital to support those with long term mental health conditions.¹⁷ In addition, the first NICE guideline on mental health rehabilitation was published in August 2020 and specifically recommends that '*All local mental healthcare systems should include a defined rehabilitation pathway as part of their comprehensive service*'. The guideline recommends that this should include inpatient rehabilitation services (high-dependency rehabilitation units and/or

community rehabilitation units) and a community mental health rehabilitation team to care co-ordinate people living in mental health supported accommodation (residential care, supported housing and floating outreach)¹⁸.

There is significant and accumulating evidence that provision of psychiatric rehabilitation is cost-effective for complex long-term mental illness. Around two-thirds of people supported by rehabilitation services progress to successful community living within 18 months of admission to an NHS inpatient rehabilitation unit, and two-thirds sustain this over five years without requiring further hospital admissions, and around 10% achieving independent living within this period. People receiving support from rehabilitation services are eight times more likely to achieve/sustain community living, compared to those supported by generic community mental health services.² Without specialist rehabilitation, people with severe and complex mental health problems are at very high risk of self-neglect, exploitation from others and long term institutionalisation.¹⁹.

The evidence has been collated in the recently published National Institute for Clinical Excellence (NICE) Guidance published in Aug 2020.²⁰

The purpose of this training curriculum is to enable the Consultant Rehabilitation Psychiatrist to specialise in the assessment, diagnosis and effective management of people with complex mental health problems in order to ensure they receive appropriate treatment and are able to achieve and sustain a successful and rewarding life in the community.

The capabilities in this curriculum include longitudinal, in-depth person-centred assessment, formulation and treatment planning using evidence-based psychological, biomedical and social interventions. Specialist and targeted interventions include those to improve engagement, improve skills in activities of daily living and relapse prevention. Skills to manage transitions of patients from inpatient settings to supported accommodation and independent community living are specifically relevant. Specific training in Rehabilitation Psychiatry offers skills in working with complexity to ensure incremental gains and therapeutic change when working with patients with enduring complex needs and complex co-morbidity.

The Rehabilitation Psychiatry Endorsement Curriculum ensures that trainee doctors have appropriate and sufficient opportunities to achieve these capabilities.

After successful completion of Core Psychiatry Training and MRCPsych examinations, trainees are recruited into the Adult Psychiatry training programme to gain necessary experience and capabilities. Specific training in Rehabilitation Psychiatry focuses on working with patients with enduring complex needs and multi-morbidity. It is recommended that this training period is for 12 months (Whole Time Equivalent) of the 36 months (Whole Time Equivalent) in order to achieve the required capabilities and adequate experience to lead to an endorsement on to the specialist register.

This curriculum provides a detailed framework for training. It enables the achievement of essential rehabilitation and recovery specific clinical and

professional capabilities. This will be through demonstrating professional values, attitudes, behaviours, knowledge and skills required in order to provide high-quality, evidence-based patient care for adults with complex enduring mental disorder.

Trainees will gain experience and competence in inpatient and community-based rehabilitation services, thereby ensuring the trainee gains appropriate knowledge and skills relevant to both these essential components of the rehabilitation pathway. A Consultant Rehabilitation Psychiatrist will be confident to work with and manage complex mental disorders for a diverse range of patients with long-term mental disorders. This includes multiple co-morbidities such as addictions, physical health conditions, neuro-developmental disorders and personality disorders.

These capabilities should be acquired across both inpatient and community rehabilitation settings. Inpatient rehabilitation, community rehabilitation, supported accommodation, secure care settings such as low secure rehabilitation amongst others offer such opportunities, under specialist supervision.

Further curricula are available for the following other established psychiatry specialties:

- Child & Adolescent Psychiatry
- Forensic Psychiatry
- Intellectual (Learning) Disability Psychiatry
- Medical Psychotherapy
- Old Age Psychiatry

Training in Rehabilitation Psychiatry offers specialist enhancement of skills and knowledge that are acquired in General Adult Psychiatry training. The trainee develops the capabilities needed to treat patients with longer term complex disorders, lead effective multidisciplinary teams and understand governance and commissioning structures.

The recommended indicative one year spent in training will provide appropriate development of transferable skills and experience in Rehabilitation Psychiatry.

The Rehabilitation Psychiatry learning outcomes are mapped to the Generic Professional Capabilities Framework (GPCs) ensuring ease of transfer between medical specialties. Through attainment of the High-Level Learning Outcomes (HLOs), this curriculum will guide trainees to lead and work in multidisciplinary and multi-professional teams, provide leadership, and participate in research, teaching and training in a variety of clinical settings. It will also enable trainees gain experience in formulating integrated psychological, bio-medical and social, person-centred management plans for a range of mental health presentations within diverse health care settings. It provides opportunities to develop the expertise to work with patients and their social networks and understand the need to work collaboratively with a range of allied agencies and services as needed.

Rehabilitation sub-specialty training includes all aspects of the adult curriculum while supporting the development of specialist skills and expertise in managing

complex disorders and the clinical leadership and multidisciplinary working needed to achieve this. This utilises an integration of psychological, biomedical and social approaches to increase clinical effectiveness in the delivery of evidence-based treatments to improve outcomes for people and their families.

The curriculum builds on the clinical capabilities attained in Core Psychiatry and Adult Psychiatry training such as advanced communication and interpersonal skills, diagnosis, managing complex treatment regimens to treat mental and physical co-morbidities and relapse prevention work to provide better outcomes for patients, which are above and beyond what general psychiatric training offers. There are opportunities for further development of capabilities such as leadership and management, teaching, research and quality improvement that are specific to services for people with complex needs.

Rehabilitation Psychiatry patients are a distinct group of patients who, although low in numbers, consume a high proportion of available resource within the healthcare system when their specialist care needs are not met. These are patients for whom standard mental health services have not proved effective. Thus, in the absence of Rehabilitation Psychiatrists, these patients would not get effective treatment for their mental health conditions and would end up longer term in secure units, other inpatient settings, or prison settings.

This work is predominantly undertaken within the National Health Service, although in recent years, rehabilitation services have also developed in the independent sector.²¹

Mental health rehabilitation services provide a whole system approach to support people's recovery, working closely with other parts of the health and social care system; for example, providing specialist clinical input to people living in supported accommodation services run by the voluntary sector, liaising with primary care and secondary services for their physical health care, and in-reaching to people placed in inpatient rehabilitation and forensic services in the independent sector, in order to facilitate their access to local rehabilitation services at the earliest opportunity.

Doctors with a Rehabilitation Psychiatry sub-specialty recognition are instrumental in developing services that allow patients to return from placements in the Independent Health Sector which have a proven higher overall cost.²¹ These services also often act as the final step in the pathway that allows Mentally Disordered Offenders to receive rehabilitation to return to community settings, thus forming an integral part of the Forensic Pathway. The Rehabilitation Psychiatry curriculum has some key interdependencies with Intellectual Disability, Forensic psychiatry, Addiction psychiatry, Old Age psychiatry and other disciplines across secondary and primary care interfaces, which reflects the longer term and complex clinical needs of these patient populations.

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

References

1. [Commissioning Guidance for Rehabilitation NHS, 2016](#)
2. [Guidance for commissioners of rehabilitation services for people with complex mental health needs. JCP-MH. 2016 p.3](#)
3. "People with severe and enduring mental illness die on average 10 years earlier than the general population. Women with a schizoaffective disorder can die as much as 17.5 years earlier."
4. [Together for Mental Health. Welsh Government, 2012](#)
5. [The Lancet Psychiatry Commission; a blueprint for protecting physical health in people with mental illness. The Lancet, 2019](#)
6. [Clinical outcomes and costs for people with complex psychosis; a naturalistic prospective cohort study of mental health rehabilitation service users in England. Killaspy et al, BMC Psych 2016, 16:95](#)
[Predictors of move-on from mental health supported accommodation in England: a national cohort study. British Journal of Psychiatry, 2019](#)
7. [A Guide to good practice in the use of out-of-area placements. RCPsych, FR/RS/06, 2012](#)
8. [The NHS Long Term Plan, NHS, 2019](#)
9. <https://gettingitrightfirsttime.co.uk/medical-specialties/mental-health/> Accessed August 2019
10. [Interim NHS People Plan, NHS, 2019](#)
11. [Together for Mental Health, Welsh Government, 2012 p23](#)
12. [Mental Health Strategy 2017-2027, Scottish Government, 2017, p29](#)
13. [Making Life Better, Northern Ireland Assembly, 2014](#)
14. [Mental Health in Northern Ireland: an urgent situation The Lancet Psychiatry, 2018](#)
15. [Evaluation of the 2009-2011 Bamford Action Plan, Dept. of Health , Social Services and Public Safety, 2012](#)
16. [Service Framework for Mental Health and Wellbeing 2018-2021, Department of Health NI, 2018](#)
17. [The NHS Long Term Plan, NHS, 2019 p14](#)
18. [NICE Guideline 181: Rehabilitation for adults with complex psychosis and related severe mental health conditions.](#)
19. [Service Quality and Clinical Outcomes: an Example from Mental Health Rehabilitation Services in England. Killaspy et al, British Journal of Psychiatry, 2013](#)
20. [National Institute for Clinical Excellence \(NICE\) Guidance, August 2020](#)
21. [CQC Report – Mental Health Rehabilitation Services, NHS \(2018\)](#)

Rehabilitation Psychiatry Curriculum

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

By the end of the endorsement in Rehabilitation Psychiatry you will:

GPC	High Level Outcomes (HLOs)	Themes	Key Capabilities (KCs)
1	<p>Demonstrate the professional values and behaviours required of a Consultant Psychiatrist with reference to Good Medical Practice, Core Values for Psychiatrists (CR204) and other relevant faculty guidance.</p>	<p>1a) Professional Relationships</p>	<p>Consistently demonstrate a person-centred holistic (which includes biological, psychological and social) strengths-based clinical approach to adult patients with long-term complex mental health conditions, that is honest, empathic, compassionate, and respects their dignity and autonomy while maintaining therapeutic optimism.</p> <p>Work collaboratively with patients, families, carers of all ages, colleagues within and external to the service/trust, respecting their autonomy, diversity, and valuing their contribution.</p> <p>Recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and their carers of all ages and on working relationships with colleagues.</p> <p>Use relevant data across the health and social care system collaboratively to develop and run services optimally with continuous improvement.</p> <p>Demonstrate the ability, when working with others to be flexible, lead, use initiative, be able to prioritise, and be adaptable, effectively managing your time and resources.</p> <p>Work collaboratively with patients, families, their carers of all ages and colleagues respecting their autonomy, diversity and valuing their contribution.</p>
		<p>1b) Professional Standards</p>	<p>Consistently demonstrate a positive and conscientious approach to the completion of your work.</p>

			<p>Understand the impact of workload, patient and organisational dynamics on your own well-being.</p> <p>Develop and apply strategies to take care of your wellbeing, seeking timely support and guidance.</p> <p>Use reflective practice to understand the emotional impact of the work on the individual and team, including the impact of natural deaths, suicide and homicide, in the context of longstanding therapeutic relationships with patients and families.</p> <p>Use supervision and reflection effectively, recognising your skills, limitations and your duty of candour.</p> <p>Make clear, accurate and contemporaneous records.</p> <p>Maintain the appropriate professional standards while working clinically as a leader within healthcare organisations. This includes relevant CPD and personal development plans with the aim of improving patient care.</p> <p>Work with increasing autonomy within a framework of supervision.</p> <p>Promote the specialism of Rehabilitation Psychiatry, including acting as an advocate for your patients, their families and carers of all ages.</p> <p>Demonstrate proficiency in the use of technologies where appropriate in psychiatric practice.</p>
2	<p>Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.</p>	<p>2a) Communication</p>	<p>Consistently demonstrate a person-centred holistic (which includes biological, psychological and social) clinical approach to patients that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism.</p> <p>Consistently demonstrate effective communication skills with all patients, families, carers of all ages, colleagues and all other agencies.</p>

Communicate effectively in person, using technology or via third parties.

Adapt communication formats to the needs of patients, families, carers of all ages and others.

Make reasonable adjustments to adapt communication to meet the needs of people with frailty, sensory problems and cognitive needs.

Demonstrate skills in supporting those in whom English is not their first language including the use of interpreters and providing information in other languages.

Use and apply advanced communication skills in managing de-escalation in challenging settings.

Adapt communication in dealing proactively with those who are likely to present with anger, frustration and violence.

Use communication skills to build and sustain effective therapeutic relationships on a long-term basis in community and inpatient settings.

Demonstrate strengths-based approaches to clinical engagement and incorporate patient narratives into clinical care and treatment planning.

Prepare informed and succinct reports and present evidence at Mental Health Act hearings in a focused and expert, evidence-informed manner, presenting facts and opinions separately.

Write detailed and focussed new referral assessment reports to communicate to referring agencies.

Effectively communicate clinical information including 'bad news' to patients and be able to listen to concerns and respond.

Write clinical notes that can summarise complex clinical patient presentations to formulate the evidence into appropriate treatment plans.

Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic* management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Rehabilitation Psychiatry.

2b) Clinical Skills

Effectively obtain information to formulate detailed clinical assessments including person-centred holistic (which includes biological, psychological and social) factors, leading to a diagnostic formulation for patients presenting with complex needs, and severe and enduring mental illness/disorder.

Effectively follow a multi-disciplinary approach in the assessment and management of people with long term mental illness, taking into consideration a corroborative history as well as factors relating to ethnicity, race, gender and other relevant protected characteristics to arrive at a personalised understanding of clinical problems and patient preferences.

Assess the general health of your patients, taking into account the impact of their physical health on their mental health needs and vice versa. This assessment should include consideration of nutritional, metabolic, and endocrine factors and disorders, and the physical and mental impact of substance use and addiction on clinical presentation.

Perform a comprehensive physical examination, including a neurological examination, to identify concurrent physical health problems.

Perform detailed mental state examinations that can separate the presence of different groups of symptoms.

Chart the timelines of symptom progression to enable more accurate clinical diagnosis.

Assess those from a range of different cultural, spiritual, and religious backgrounds and demonstrate an understanding of how [protected characteristics](#) may impact on clinical presentation.

Screen for organic disorders and request appropriate laboratory investigations to assist with this e.g., CT/MRI and EEG as indicated.

Integrate the use of structured clinical assessment tools in clinical practice, for the evaluation of nature and severity of psychosis, level of disability, indices of

social function and quality of life, and to monitor change with treatment and to use validated outcome measures.

Develop effective personalised, multi-faceted treatment plans that take into account primary conditions, clinical comorbidity, social needs and disability.

Use formulation to devise a safe, effective, collaborative and co-productive management plans to ensure continuity of care in the immediate, short and longer term.

Adopt an evidence-based approach to treatment planning incorporating person-centred holistic (including biological, psychological and social) interventions to deliver safe, effective, collaborative and co-productive management plans ensuring continuity of care.

Apply appropriate clinical criteria to diagnosing, investigating and managing treatment resistant psychosis before initiating Clozapine or alternative medication.

Apply knowledge of policy and protocols when using high dose antipsychotic medication to ensure patient safety.

Demonstrate knowledge and skills to treat comorbidity including depression, insomnia, anxiety, OCD, ASD, addiction, eating disorders and personality disorder, and other conditions that co-exist in people with long term severe and enduring mental illness.

Utilise non-pharmacological (social, occupational therapy and psychological) interventions as appropriate in those with severe and enduring mental illness.

Assess the medication burden and undertake safe de-prescribing of non-essential medications, through active discussions with patients, their families and carers of all ages.

Optimise medication, balancing the benefits and risks depending upon the stage of the illness.

			<p>Liaise with both primary and secondary care colleagues, following shared care systems and protocols to ensure equal access and parity of esteem to optimise physical health and reduce mortality in those with SMI.</p> <p>Recommend the appropriate level of support for those with SMI in the community to ensure risk is managed appropriately.</p> <p>Develop safe, effective crisis management plans that are adapted to the patient with SMI's needs and are achievable using advanced directives/equivalent.</p>
	<p>Apply advanced management skills within Rehabilitation Psychiatry in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.</p>	<p>2c) Complexity & Uncertainty</p>	<p>Manage the interpersonal dynamics between yourself, your patients and others to undertake an effective formulation.</p> <p>Manage conflict within a team to provide a balanced professional response ensuring you are able to contain the anxiety of others.</p> <p>Demonstrate a pragmatic and flexible approach to your clinical practice to support the patient with SMI to achieve their goals and maintain therapeutic optimism.</p> <p>Assess risks taking into account the contributory factors (e.g., addiction, personality disorder, lifestyle variables and lack of social support) that increase risk and vulnerability.</p> <p>Assess and evaluate iatrogenic and environmental factors that leading to increased risk.</p> <p>Demonstrate knowledge of factors that can lead to injustice and invalidation during an episode of care ensuring you listen to and value subjective experience and personal narratives.</p> <p>Demonstrate an enhanced understanding of the dynamics of clinical encounters, where there are challenges to achieving therapeutic engagement. These will include both patient and clinician factors and arrive at a shared understanding of the management.</p>

			<p>Demonstrate safe and autonomous practice incorporating multi-disciplinary views, and seeking support and supervision from senior colleagues as appropriate.</p> <p>Demonstrate an understanding of individual variation and the impact of social and cultural, factors, including effects of deprivation, discrimination and racism.</p> <p>Recognise, acknowledge and manage uncertainty, clinical complexity and conflicting information, navigating and developing creative and appropriate management plans to progress clinical situations that are at an impasse/stuck.</p>
<p>3</p>	<p>Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Rehabilitation Psychiatry.</p>	<p><i>3a) Knowledge of legal and organisational frameworks in your UK jurisdiction</i></p>	<p>Apply national mental health legislation and relevant case law in the care and treatment of patients and management of risk, in rehabilitation settings.</p> <p>Apply local and national health and social care policies, guidelines and legal frameworks in relation to the overall care needs of patients in rehabilitation settings.</p> <p>Apply an understanding of equality, disability, human rights and other relevant civil law to support patients to retain dignity, combat discrimination, and access justice and fair treatment in society.</p> <p>Apply an understanding of aspects of criminal and mental health legislation, and the procedural frameworks of the Criminal Justice System as relevant to patients in rehabilitation psychiatry settings.</p> <p>Support patients at interfaces between mental health rehabilitation, the Criminal Justice System and forensic mental health services, with regard to systemic inequalities and biases that patients may encounter.</p> <p>Assess capacity in those with long-term complex mental health conditions, in particular regarding making decisions about placement/community support packages and making decisions about physical healthcare and undergoing interventions and treatment.</p>

			<p>Demonstrate knowledge of legislation and principles of care under the least restrictive principles and enabling autonomy and choice.</p> <p>Apply the specific legislative frameworks governing care, treatment, and restriction of liberty where patients receive care in community mental health settings.</p>
	<p>Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.</p>	<p><i>3b) Working within NHS and organisational structures</i></p>	<p>Work at a system level to ensure the best provision and outcomes for the rehabilitation population with complex needs.</p> <p>Demonstrate knowledge of how rehabilitation services and individual patient care pathways are organised and funded across the health and social care sectors.</p>
<p>4</p>	<p>Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Rehabilitation Psychiatry and the wider community.</p>	<p><i>4a) Health promotion and illness prevention in community settings</i></p>	<p>Apply an in-depth knowledge of the person-centred holistic (including biological-Psychological and social) model of psychiatry to inform and advise on the development of public mental health strategies for those with SMI.</p> <p>Advocate for patients suffering from the effects of discrimination and social isolation using resources to promote inclusion.</p> <p>Lead and advocate for individuals with severe and complex co-morbidities to achieve optimal physical and mental health.</p> <p>Ensure patients are linked into appropriate national screening and prevention programmes, including reasonable adjustments to prevent discrimination and exclusion.</p> <p>Deliver appropriate, targeted and audience-specific education on mental illness to relevant stakeholders.</p> <p>Screen for common complications and physical health comorbidities arising alongside the prescription of psychotropic medications, e.g., diabetes, hyperlipidaemia and obesity.</p>

			<p>Promote and encourage self-management of both mental and physical health problems by working collaboratively with patients to create wellness recovery action plans.</p> <p>Promote healthy lifestyle including smoking cessation, healthy diet, and healthy weight, as well as adequate exercise.</p>
5	Demonstrate effective team working and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.	5a) Teamworking	<p>Demonstrate effective leadership, team working and negotiation skills to work constructively and collaboratively within the complex health, housing and social care systems and with other stakeholders including families and carers, criminal justice, commissioning bodies and non-statutory organisations.</p> <p>Understand the evidence base around building and running good teams, and the inherent risks of poor teamworking, including negative impact on quality of care and patient safety, as well as increased staff turnover, sickness and burnout.</p> <p>Understand the importance of optimising one's own self-care and wellbeing and supporting that of the wider staff team.</p>
		5b) Leadership	<p>Supervise, mentor and coach colleagues to enhance their performance and development.</p> <p>Recognise the impact of leadership across systems and in managing partnerships, including optimizing one's own impact and influence for the benefits of patients, carers, staff and the whole system.</p> <p>Advocate for, and ensure access to, all relevant services for our patients and carers.</p> <p>Know how to ensure the development of a variety of care settings which allow individuals to pick the least restrictive and the most independent, socially inclusive appropriate environment that is as close to where they want to live as possible.</p>

			<p>Know how to maintain a strategic focus on and influence the provision of, work opportunities, leisure, social and educational services for patients with severe mental illness.</p> <p>Work with staff and carers to address challenging behaviour in a manner that is sensitive to the individual and sustains the therapeutic relationship.</p> <p>Use negotiation and management skills to promote and develop rehabilitation services and care settings for patients with severe and enduring mental illness and to develop strategies to promote rehabilitation services.</p> <p>Promote enthusiasm for, and satisfaction with, work with long-term and enduring conditions, amongst trainees and other staff.</p> <p>Promote a social psychiatry/recovery culture amongst staff of services delivering rehabilitation.</p> <p>Sensitively develop understanding of staff in partner services/agencies, such as residential and community support staff, of concepts and culture of recovery, social inclusion and social psychiatry, both in the immediate clinical situation and through teaching programmes.</p> <p>Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.</p> <p>Demonstrate knowledge and ability to collect and analyse service, organisational, and system level data, and implement necessary changes to ones services.</p>
6	<p>Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.</p>	<p>6a) Patient safety</p>	<p>Apply the principles of clinical governance, team dynamics and human factors to manage and improve patient safety and care.</p> <p>Recognise and respond to patient safety and critical incidents.</p> <p>Apply safeguarding guidelines when appropriate.</p>

			<p>Respond to complaints in a timely and appropriate manner.</p> <p>Engage with patients and carers in responding to safety concerns.</p> <p>Demonstrate proficiency in reflective practice when involved in adverse incidents, learning and adapting as appropriate.</p>
		<p>6b) Quality improvement</p>	<p>Adopt models and principles of continuous quality improvement in rehabilitation services.</p> <p>Acquire skills to design a QI project, with identified change ideas. To be able to design and deliver a plan-do-study-act model for an identified area for improvement. Show ability to engage a wide group of patients, carers and all stakeholder professionals in the project.</p> <p>Demonstrate ability to collect data in real time as relevant to the project, present the data and to show where change needs to happen in subsequent cycles of PDSA.</p> <p>Ability to present the findings and to disseminate and embed learning at team level and to present the findings and methodology to other services to scale up the project.</p> <p>Demonstrate skills to design and collect routine patient outcomes using validated measures.</p> <p>Show ability to use routinely collected feedback measures from patients and carers, as well as other agencies to evaluate and improve services.</p> <p>Understand the importance of obtaining feedback from patients, families and other services. Learn about the processes in place used to obtain feedback.</p> <p>Demonstrate awareness of locally, regionally and nationally collected rehabilitation data and how they are utilised to improve or commission rehabilitation services.</p>

<p>7</p>	<p>Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Rehabilitation Psychiatry.</p> <p>Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.</p>	<p>7a) Safeguarding</p>	<p>Demonstrate knowledge of the individual and systemic factors contributing to vulnerability and safeguarding concerns in mental health rehabilitation settings.</p> <p>Recognise that patients with complex mental health conditions may have experienced trauma, abuse and victimisation, and continue to be at increased risk of victimisation and exploitation by others.</p> <p>Understand and work within legislative and local frameworks to anticipate and report safeguarding concerns, providing leadership and demonstrating cross-agency working.</p> <p>Understand that people with complex mental health needs face disadvantages in access to both criminal and civil justice; collaborate with relevant agencies to ensure patients receive appropriate advocacy and support.</p> <p>Demonstrate advocacy, leadership and collaborative working around vulnerability and in safeguarding procedures, for patients with severe and complex mental disorders and with their families and carers.</p> <p>Understand that people with complex mental health conditions are at increased risk of self-neglect and social isolation and demonstrate leadership regarding interventions to address this.</p>
<p>8</p>	<p>Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.</p>	<p>8a) Education & Training</p>	<p>With respect to all education and training, ensure that factors such as complexity of needs, the longer length of time required for recovery and number of services involved in a patient's care, are considered and training is tailored accordingly.</p> <p>Promote enthusiasm for and satisfaction with work with long term and enduring condition, amongst trainees and other staff.</p> <p>Promote a social psychiatry/recovery culture amongst staff of services delivering rehabilitation.</p>

			<p>Sensitively develop the understanding of staff in partner services/agencies, such as residential and community support staff, of concepts and culture of recovery, social inclusion and social psychiatry both in the immediate clinical situation and through teaching programmes.</p> <p>Promote and lead on the provision of effective psychiatric education and training in clinical, academic and relevant multi-disciplinary settings in collaboration with patients and their wider community.</p> <p>Use feedback effectively and adopt lifelong learning.</p>
	Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.	8b) Supervision	Demonstrate effective supervision and mentoring skills to promote safe and effective learning environments.
9	Apply an up-to-date advanced knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.	9a) Undertaking research and critical appraisal	<p>Demonstrate the ability to critically appraise research and translate findings to your clinical practice.</p> <p>Demonstrate an understanding of the ethical issues that may arise in relation to recruiting people with longer term and complex mental problems into research studies.</p> <p>Demonstrate an understanding of standard research methodologies, basic statistics used in published studies and the limitations of research.</p> <p>Proactively contribute to research and innovation in rehabilitation psychiatry and demonstrate an understanding of the processes required to follow ethical and good governance principles in research.</p> <p>Disseminate tailored, relevant, research evidence to patients and stakeholders in appropriate formats.</p> <p>Demonstrate knowledge of contemporary research that has informed the evidence- based interventions and approaches of mental health rehabilitation</p>

(e.g., good working knowledge of NICE guideline for schizophrenia and NICE guideline for mental health rehabilitation).

Demonstrate an understanding of the findings from classic studies that have informed the development and practice of mental health rehabilitation.

Draft