

A Competency Based Curriculum for Specialist Training in Psychiatry

**Specialists in
Old Age
Psychiatry**



Royal College of Psychiatrists

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Specialists in the Old Age Psychiatry work with others to assess, manage and treat older people with mental health problems and contribute to the development and delivery of effective services for those patients.

1. Introduction

The advanced curriculum provides the framework to train Consultant Psychiatrists for practice in the UK to the level of CCT registration and beyond and is an add-on to the [Core Curriculum](#). Those who are already consultants may find it a useful guide in developing new areas of skill or to demonstrate skills already acquired.

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, together with those that are specific to specialists in Old Age Psychiatry. 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 revalidation, linking closely to the details in *Good Medical Practice* and *Good Psychiatric Practice*. The Core competencies are those that should be acquired by all trainees during their training period starting within their undergraduate career and developed throughout their postgraduate career. **The Core competencies need to be evidenced on an ongoing basis throughout training.** It is expected that trainees will progressively acquire higher levels of competence during training.

2. Rationale

The purposes of the curriculum are to outline the competencies that trainees must demonstrate and the learning and assessment processes that must be undertaken for an award of a Certificate of Completion of Training (CCT) in Old Age Psychiatry.

The curriculum builds 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 to ARCPs . The intended learning outcomes of the curriculum are structured under the Good Medical Practice Guide (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.

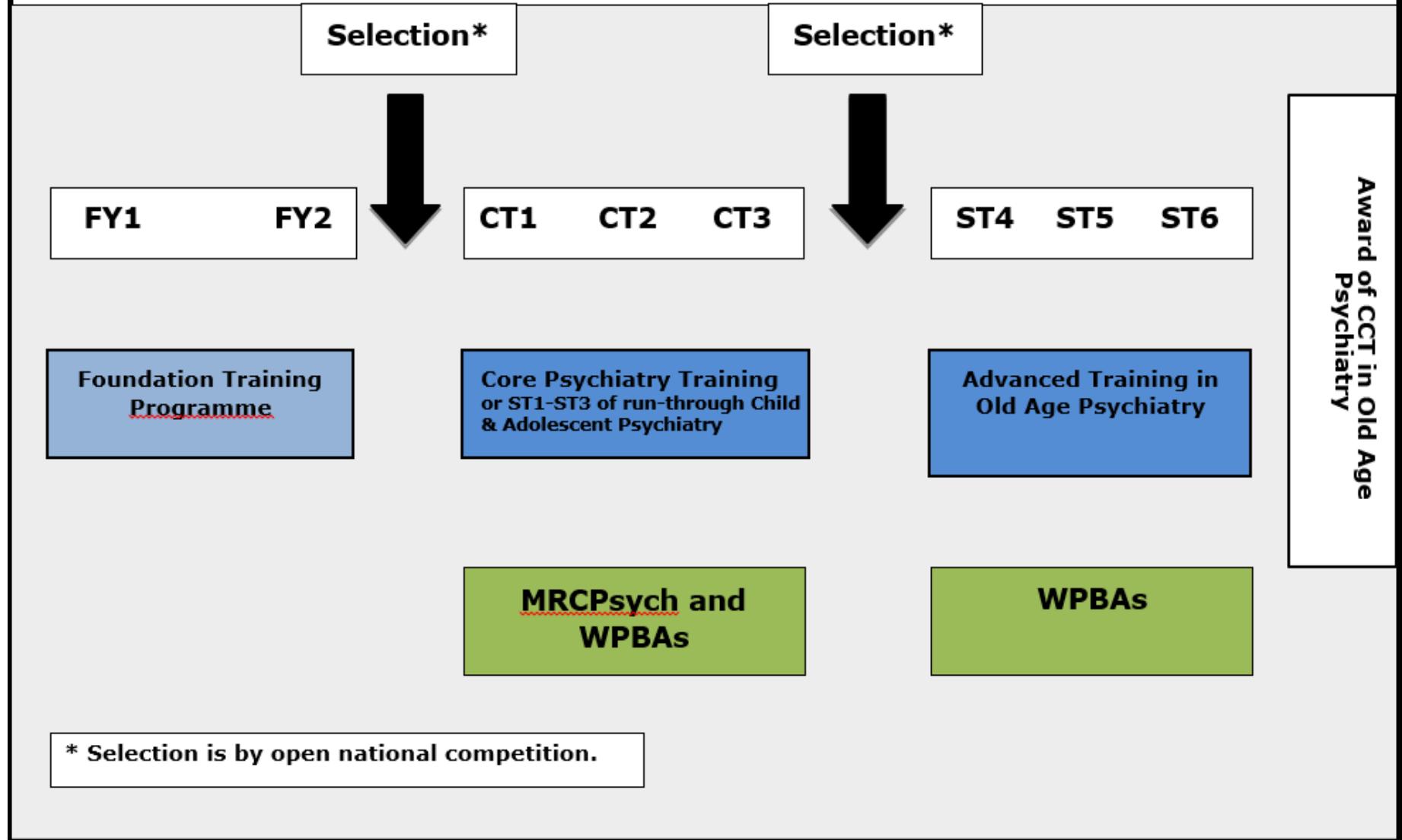
With these points in mind, this curriculum is based on a model of intended learning outcomes) with specific competencies given to illustrate how these outcomes can be demonstrated. It is, therefore, a practical guide rather than an all-inclusive list of prescribed knowledge, skills and behaviours.

4. Training pathway

Trainees enter Old Age Psychiatry Specialty Training after successfully completing both the Foundation Training Programme (or having evidence of equivalence) and either the Core Psychiatry Training programme or the early years (ST1-ST3) of the run-through Child and Adolescent Psychiatry Training programme. The progression is shown in Figure 1.

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 is one sub-specialty of Old Age Psychiatry: Liaison Psychiatry. Specialty training in Old Age Psychiatry is therefore one of the options that a trainee may apply to do after completing Core Psychiatry Training or the early years (ST1-ST3) of the run-through Child and Adolescent Psychiatry Training Programme.

Figure 1. Training pathway to obtain a Certificate of Completion of Training (CCT) in Old Age Psychiatry



5. 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
- All clinical sessions are devoted to the 'acting up' consultant post (i.e., there must be no split between training and 'acting up' consultant work). Full-time trainees cannot 'act up' in a part-time consultant post.
- 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.

6. 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](#).

7. 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 responsibility 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 General Medical Council (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

The Coordinating/Programme Tutor or Programme Director is responsible for the overall strategic management and quality control of the Old Age Psychiatry 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. The Training Programme Director for Old Age Psychiatry:

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), OOFT (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 Psychotherapy. 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).

Where there is no Medical Psychotherapy CCT holder in a deanery a period of derogation up to two years will be accepted by the GMC. Within this period a Medical Psychotherapy Tutor post will be required to be established in the deanery or LETB. The College will ask the Heads of School of Psychiatry what the interim arrangements are to develop the Medical Psychotherapy posts.

The Medical Psychotherapy Tutor:

1. Provides a clinical service in which their active and ongoing psychotherapy practice provides a clinical context for psychotherapy training in accordance with GMC requirements (2013)
2. Ensures that all core trainees have the opportunity to complete the psychotherapy requirements of the core curriculum
3. Advises and support core and higher trainees in their learning by reviewing progress in psychotherapy
4. Will be familiar with the ongoing psychotherapy training requirements for psychiatry trainees beyond core training and will lead on ensuring this learning and development continues for higher trainees in line with curriculum requirements
5. Oversees the establishment and running of the core trainee Balint/case based discussion group
6. Provides assessment and oversee the waiting list of therapy cases for core trainees and higher trainees
7. Monitors the selection of appropriate short and long therapy cases in accordance with the core curriculum
8. Selects and support appropriate therapy case supervisors to supervise and assess the trainees
9. 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)
10. Ensures the therapy case supervisors are trained in psychotherapy workplace based assessment
11. Ensures active participation of medical and non medical psychotherapy supervisors in the ARCP process
12. 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.

8. ADVANCED TRAINING IN OLD AGE PSYCHIATRY

Having completed Core Training, the practitioner may enter Advanced Training in their chosen psychiatric specialty. The outcome of this training will be an autonomous practitioner able to work at Consultant level. This Curriculum outlines the competencies the practitioner must develop and demonstrate before they may be certificated as a Specialist in Old Age Psychiatry. Because this level of clinical practice often involves working in complex and ambiguous situations, we have deliberately written the relevant competencies as broad statements. We have also made reference to the need for psychiatrists in Advanced Training to develop skills of clinical supervision and for simplicity, rather than repeat them for each component in the Good Clinical Care Domain; we have stated them only once, although they apply to each domain and will also apply to all specialties and sub-specialties.

The Advanced Training Curriculum builds on Core Psychiatry Training in two ways.

Firstly, Specialty Registrars in Psychiatry all continue to achieve the competencies set out in the Core Psychiatry Training throughout training, irrespective of their psychiatric specialty. This involves both acquiring new competencies, particularly in aspects such as leadership, management, teaching, appraising and developing core competencies such as examination and diagnosis to a high level and, as an expert, serving as a teacher and role model.

Secondly, the Advanced Curriculum set out those competencies that are a particular feature of this specialty. These include competencies that are specific to the specialty, or that feature more prominently in the specialty than they do elsewhere, or that need to be developed to a particularly high level (mastery level) in specialty practice

Some of the intended learning outcomes set out in the Core Curriculum are not included in this Advanced Curriculum. However, for consistency, the numbering system for the intended learning outcomes has been left unchanged. Therefore, there are gaps in the sequence below.

9. The Intended Learning Outcomes FOR SPECIALIST TRAINING IN OLD AGE PSYCHIATRY

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	
The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:	
<ul style="list-style-type: none">• 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 Demonstrate a knowledge of the principles of clinical supervision and their practical application (NB this competency applies across all the intended learning outcomes and subjects of this domain) Demonstrate an understanding of community assessment and management and work effectively in a variety of settings e.g. outpatient, day patient, residential and inpatient facilities with older patients	Mini-PAT, CBD, DONCS ACE, Mini-ACE, CBD, Mini-PAT
Skills Offer psychiatric expertise to other practitioners to enhance the value of clinical assessments (e.g. through clinical supervision) to which the psychiatrist has not directly contributed Elicit information required for each component of a psychiatric history; in situations of urgency, prioritise what is immediately needed; and gather this information in difficult or complicated situations	Mini-PAT, CBD, DONCS ACE, Mini-ACE, CBD

<p>Able to identify psychopathology in clinical situations, including those that are urgent and/or complex</p> <p>Assess and diagnose patients with multiple and complicated pathologies</p> <p>Take a history from patients and others that include factors relevant for diagnosis and management of an older patient</p> <p>Make a mental state examination with detailed assessment of cognitive function</p> <p>Make a basic physical examination, be competent in the diagnosis and management of physical illness at a basic level and take this into account when planning individual management. Also recognise and manage the complex interaction of mental and physical problems in old age</p>	ACE, Mini-ACE, CBD ACE, Mini-ACE, CBD, ACE, Mini-ACE, CBD ACE, Mini-ACE, CBD ACE, Mini-ACE, CBD
<p>Attitudes demonstrated through behaviours</p> <p>Display willingness and availability to give clinical supervision to colleagues at all times (NB this competency applies across all the intended learning outcomes and subjects of this domain)</p> <p>Contribute to the delivery of services that respect diversity, taking account of issues of ageing in a multi-cultural society</p>	CBD, DONCS, Mini-PAT CBD, DONCS, Mini-PAT, supervisor's report
<p>1b Patient examination, including mental state examination and physical examination</p>	Assessment methods
<p>Knowledge</p>	
<p>Skills</p> <p>Able to identify psychopathology in all clinical situations, including those that are urgent and/or complex</p>	ACE, Mini-ACE, CBD
<p>Assess and diagnose patients with multiple and complicated pathologies</p>	ACE, Mini-ACE, CBD
<p>Attitudes demonstrated through behaviours</p> <p>Display an awareness of complex needs</p>	ACE, Mini-ACE, CBD, Mini-PAT

Intended learning outcome 2 The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses, liaising with other specialists and making appropriate referrals	
Intended learning outcome 2	Assessment methods
Knowledge Develop an awareness of interfaces between old age psychiatry and other psychiatric specialties, other branches of medicine and other service providers	ACE, Mini-ACE, CBD, Mini-PAT
Skills Demonstrates capability in taking decisions about access to medical care and pathways to recovery out of medical care Able to resolve management, treatment and interventions on the basis of a completed psychiatric assessment (history, examination and diagnosis) Demonstrates ability to manage referrals and to assess, prioritise and allocate according to need Develop and maintain effective relationships with primary care services and other care providers, for example the voluntary sector, leading to effective referral mechanisms and educational systems Manage a variety of complex cases which require distribution of clinical responsibility Work in a multi-disciplinary team where the process of referral from primary care can be described in detail Manage a variety of cases which require liaison with other psychiatric specialties, other branches of medicine and other service providers	ACE, Mini-ACE, CBD, CP ACE, Mini-ACE, CBD, CP ACE, Mini-ACE, CBD, CP, Mini-PAT CBD, Mini-PAT supervisor's report CBD, CP, Mini-PAT, supervisor's report CBD, CP, supervisor's report CBD, CP, Mini-PAT, supervisor's report
Attitudes demonstrated through behaviours Liaise with and make appropriate and timely referral to other specialist services	CBD, CP, Mini-PAT, supervisor's report

Intended learning outcome 3	
The doctor will 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	
Intended learning outcome 3	Assessment methods
Knowledge	
Skills Use appropriate investigations in old age psychiatry, including neuropsychology and neuroimaging Able to safely prescribe, monitor and, where appropriate, deliver the full range of physical treatments that are required to treat the psychiatric problems that are experienced by older adults	CBD, CP, Mini-PAT, supervisor's report CBD, CP, Mini-PAT, supervisor's report
Attitudes demonstrated through behaviours	

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	
4b Psychiatric emergencies for all specialties	Assessment methods
Knowledge	
Skills Independently assess and manage patients with mental illnesses including uncommon conditions, in emergencies Demonstrate expertise in applying the principles of crisis intervention in emergency situations Make care plans in urgent situations where information may be incomplete	CBD, CP, Mini-PAT, supervisor's report CBD, CP, Mini-PAT, supervisor's report CBD, CP, Mini-PAT, supervisor's report

Attitudes demonstrated through behaviours Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty	CBD, CP, Mini-PAT, supervisor's report
4c Mental health legislation	Assessment methods
Knowledge Demonstrate practical knowledge of the relevant mental health legislation, including the use of emergency powers and compulsory treatment aspects.	CBD, CP, DONCS, supervisor's report
Skills Demonstrate the competent assessment of a patient using relevant mental health legislation both in emergency and routine practice Be able to give testimony at an appropriately convened tribunal to review the detention of a compulsory patient Be able to manage a detained patient within the relevant mental health legislation	CBD, ACE, Mini-ACE, CBD, DONCS CBD, DONCS, ACE, Mini-ACE, supervisor's report
Attitudes demonstrated through behaviours Always work within appropriate practice guidelines for the use of mental health legislation Be prepared to give advice to others on the use of mental health and allied legislation	CBD, CP, DONCS, Mini-PAT, supervisor's report CBD, CP, DONCS, Mini-PAT, supervisor's report
4d Broader legal framework	Assessment methods
Knowledge Demonstrate awareness of specialist aspects of the law	CBD, CP, DONCS, Mini-PAT, supervisor's report
Skills	
Attitudes demonstrated through behaviours	

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 in Old Age Demonstrate the acquisition of more advanced treatment skills	CBD, CP, SAPE CBD, CP, Mini-PAT, SAPE
Skills Evaluate the outcome of psychological treatments delivered either by self or others and organise subsequent management appropriately Explain, initiate, conduct and complete a range of psychological therapies, with appropriate supervision provide expert advice to other health and social care professionals on psychological treatment and care	CBD, CP, Mini-PAT, SAPE ACE, Mini-ACE, CBD, Mini-PAT, SAPE CBD, DONCS, Mini-PAT
Attitudes demonstrated through behaviours Continue to practice and develop a range of treatment skills	Supervisor's report, SAPE

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 Describe and recognise in practice mental disorders and their presentations that affect older people. Be aware of differences in presentations arising de novo in old age and those carried into old age.	CBD, CP, supervisor's report ACE, Mini-ACE, CBD, CP, supervisor's report

<p>Be aware of atypical presentations of mental disorders in old age</p> <p>Apply knowledge of developmental processes in late life in practice</p> <p>Develop and demonstrate in practice an understanding of the coping and defence mechanisms used by older people.</p> <p>Develop and demonstrate in practice an understanding of the differing cognitions in older people</p> <p>Develop and demonstrate awareness of the range and effectiveness of psychological treatment of older people</p>	CBD, CP, supervisor's report, SAPE
<p>Skills</p> <p>Make accurate diagnoses of mental disorder in old age</p> <p>Assess and manage risks for older patients with mental illness in collaboration with others</p> <p>Develop professional alliances with older patients over the long-term</p> <p>Develop therapeutic optimism and hope</p> <p>Assist and guide Core trainees in assessing and managing patients with severe and enduring mental illness</p> <p>Make appropriate use of medication, ECT, psychological and social interventions and other treatment modalities with older people maintaining awareness of psychopharmacological problems of older people</p>	CBD, CP, supervisor's report ACE, Mini-ACE, CBD, CP, Mini-PAT CBD, Mini-PAT, SAPE CBD, Mini-PAT, SAPE CBD, DONCS CBD, CP, SAPE, supervisor's report
<p>Attitudes demonstrated through behaviours</p> <p>Take account of the ethical and religious/spiritual issues that affect the management of the dying patient, ensuring services are sensitive to the needs of patients and their carers</p>	ACE, Mini-ACE, CBD, CP, SAPE, supervisor's report

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 Demonstrates an understanding of the research governance framework including the implications for the local employer (NHS Trust or equivalent) of research. Demonstrates an understanding of the work of research ethics committees and is aware of any ethical implications of a proposed research study Demonstrate an understanding of how to design and conduct a research study Demonstrate an understanding of the use of appropriate statistical methods Describe how to write a scientific paper Demonstrate a knowledge of sources of research funding Use research methods to enrich learning about aetiology and outcomes within old age psychiatry	Supervisor's report, JCP, DONCS Supervisor's report, DONCS
Skills Frame appropriate research questions Able to write a research protocol and draw up a realistic time line for the proposed study	Supervisor's report, DONCS Supervisor's report, DONCS

Able to apply successfully for R & D approval (if relevant)	Supervisor's report, DONCS
Able to apply successfully to an ethics committee (if relevant)	Supervisor's report, DONCS
Carry out a research project and able to modify protocol to overcome difficulties. Can adhere to time lines. Enters data onto standard computer software, eg EXCEL, STATA, SPSS etc	Supervisor's report, DONCS
Able to compare own findings with others	Supervisor's report, DONCS
Able to prepare research for written publication and follow submission instructions for most appropriate journal	Supervisor's report, DONCS
Able to present own research at meetings and conferences	Supervisor's report, DONCS
Apply research methods, including critical appraisal, in old age psychiatry	Supervisor's report, DONCS
Attitudes demonstrated through behaviours	
Demonstrate a critical spirit of enquiry	Supervisor's report, DONCS
Ensure subject confidentiality	Supervisor's report, DONCS
Work collaboratively in research supervision	Supervisor's report, DONCS
Demonstrate consistent compliance with the highest standards of ethical behaviour in research practice	Supervisor's report, DONCS

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 Demonstrate knowledge of how to search the literature using a variety of databases	Supervisor's report, JCP Supervisor's report, JCP Supervisor's report, JCP
Skills Assess the importance of findings, using appropriate statistical analysis Able to carry out a thorough literature search, critically analyse existing knowledge, synthesise information and summarise the relevant findings coherently. Able to write a comprehensive literature review of a proposed topic of study Able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies, regarding the importance of applying research findings in everyday practice. Able to translate research findings to everyday clinical practice. Inclusion of research findings in case summaries and formulations and in letters to medical colleagues. Able to appreciate the 'scientific unknowns' in the relevant field psychiatric practice Adopt the principles of evidence based practice at a service level	Supervisor's report, JCP Supervisor's report, JCP Supervisor's report, JCP Supervisor's report, DONCS, JCP Supervisor's report, CBD, JCP Supervisor's report, CBD, JCP Supervisor's report, CBD, DONCS
Attitudes demonstrated through behaviours Be able to appreciate the limitations and controversies within the relevant area of scientific literature	Supervisor's report, CBD, DONCS

Intended learning outcome 9 Develop the habits of lifelong learning	
Intended learning outcome 9	Assessment methods
Knowledge Demonstrate a working knowledge of and the ability to apply, the law concerning capacity, competence and consent and mental health legislation in the care of older people Keep abreast of neuroscientific developments and basis for mental disorder in old age, especially dementia	CBD, CP, ACE, Mini-ACE supervisor's report CBD, CP, ACE, Mini-ACE supervisor's report
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	DONCS, AoT, supervisor's report DONCS, AoT, supervisor's report

Good Medical Practice, Domain 2: Safety and Quality

- *Contribute to and comply with systems to protect patients*
- *Respond to risks and 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	
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10a Audit	Assessment methods
Knowledge Demonstrate a knowledge of different audit methods	Supervisor's report, DONCS
Demonstrate a knowledge of methods of sampling for audit	Supervisor's report,

	DONCS Supervisor's report, DONCS
Demonstrate a knowledge of obtaining feedback from patients, the public, staff and other interested groups	Supervisor's report, DONCS
Demonstrate an understanding of the structures of the NHS and social care organisations (or equivalents)	Supervisor's report, DONCS
Demonstrate an understanding of quality improvement methodologies	Supervisor's report, DONCS
Demonstrate an understanding of the principles of change management	Supervisor's report, DONCS
Skills Undertake an audit of at least one area of practice in old age psychiatry	Supervisor's report, DONCS
Be able to set standards that can be audited	Supervisor's report, DONCS
Be able to measure changes in practice	Supervisor's report, DONCS
Be able to effectively apply audit principles to own work, to team practice and in a service wide context, including to relevant organisational and management systems	Supervisor's report, DONCS
Be able to supervise a colleague's audit project in old age psychiatry	Supervisor's report, DONCS
Attitudes demonstrated through behaviours Hold a positive attitude to the potential of audit in evaluating and improving the quality of care	Supervisor's report, DONCS
Show willingness to apply continuous improvement and audit principles to own work and practice	Supervisor's report, DONCS
Show willingness to support and encourage others to apply audit principles	Supervisor's report, Mini-PAT, DONCS

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
<p>Knowledge</p> <p>Demonstrate a knowledge of relevant risk management issues; including risks to patients, carers, staff and members of the public</p> <p>Demonstrate a knowledge of how healthcare governance influences patient care, research and educational activities at a local, regional and national level</p> <p>Demonstrate a knowledge of a variety of methodologies for developing creative solutions to improving services</p>	CBD, CP, supervisor's report, Supervisor's report, DONCS Supervisor's report, DONCS
<p>Skills</p> <p>Develop and adopt clinical guidelines and integrated care pathways</p> <p>Report and take appropriate action following serious untoward incidents</p> <p>Assess and analyse situations, services and facilities in order to minimise risk to patients, carers, staff and the public</p> <p>Monitor the safety of services</p> <p>Demonstrate ability to deviate from care pathways when clinically indicated</p>	Supervisor's report, DONCS Supervisor's report, CBD, CP, DONCS Supervisor's report, CBD, CP, DONCS Supervisor's report, DONCS Supervisor's report, CBD, CP

Question existing practice in order to improve service	Supervisor's report, CBD, CP, DONCS
Attitudes demonstrated through behaviours Actively participate in a programme of clinical governance related to older people	Supervisor's report, CBD, CP, DONCS
Demonstrate willingness to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service	Supervisor's report, CBD, CP, DONCS
Be open minded to new ideas	Supervisor's report, CBD, CP,
Support colleagues to voice ideas	Supervisor's report, CBD, CP, DONCS

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	
Intended Learning outcome 13	Assessment methods
Knowledge	
Skills Recognise communication problems and modify communication appropriately	ACE, Mini-ACE, CBD
Establish and maintain working relationship with relatives and carers and take into account their needs	ACE, Mini-ACE, CBD, Mini-PAT
Attitudes demonstrated through behaviours	

Intended learning outcome 14 To demonstrate the ability to work effectively with colleagues, including team working	
Intended learning outcome 14	Assessment methods
Knowledge Maintain and apply a current working knowledge of the law as it applies to working relationships Demonstrate an understanding of the responsibility of the team with regard to patient safety Demonstrate an understanding of how a team works and develops effectively Demonstrate an understanding of time management, values based practice and information management	DONCS, supervisor's report CBD, Mini-PAT supervisor's report CBD, Mini-PAT, DONCS CBD, Mini-PAT, DONCS
Skills Facilitate the leadership and working of other members of the team Recognise and resolve dysfunction and conflict within teams when it arises Competently manage a service, or a part of the service, alongside consultant trainer Show competence in supervised autonomous working Use effective negotiation skills Be able to work with service managers and commissioners and demonstrate management skills such as understanding the principles of developing a business plan Manage change, with the involvement of service users and carers in teamwork.	CBD, Mini-PAT, DONCS CBD, Mini-PAT, DONCS CBD, Mini-PAT, DONCS, supervisor's report CBD, Mini-PAT, DONCS, supervisor's report CBD, Mini-PAT, DONCS, supervisor's report Mini-PAT, DONCS, supervisor's report Mini-PAT, DONCS,

	supervisor's report
Utilise team feedback	Mini-PAT, DONCS, supervisor's report
Manage complaints made about services	Mini-PAT, DONCS, supervisor's report
competently participate in the NHS Appraisal Scheme	Mini-PAT, DONCS, supervisor's report
Contribute to the management of interfaces between old age psychiatry, geriatric medicine, social services, independent sector providers and primary care	Mini-PAT, DONCS, supervisor's report
Work with other disciplines working in the old age service to develop an integrated care plan for management of mental illness in old age that takes into account the needs of patient and carers	Mini-PAT, DONCS, supervisor's report
Attitudes demonstrated through behaviours Be prepared to question and challenge the performance of other team members when standards appear to be compromised	Mini-PAT, CBD, DONCS, supervisor's report

Intended learning outcome 15	Assessment methods
Develop appropriate leadership skills	
Intended learning outcome 15	
Knowledge Demonstrate an understanding of the differing approaches and styles of leadership	Mini-PAT, DONCS, supervisor's report
Demonstrate an understanding of the role, responsibility and accountability of the leader in a team	Mini-PAT, DONCS, supervisor's report
Understand and contribute to the organization of urgent care in the locality	Mini-PAT, DONCS,

	supervisor's report
Demonstrate an understanding of the structures of the NHS and social care organisations	Mini-PAT, DONCS, supervisor's report
Demonstrate an understanding of organisational policy and practice at a national and local level in the wider health and social care economy	Mini-PAT, DONCS, supervisor's report
Demonstrate an understanding of the principles of change management	Mini-PAT, DONCS, supervisor's report
Understand the principles of identifying and managing available financial and personnel resources effectively	Mini-PAT, DONCS, supervisor's report
Identify the social, epidemiological and demographic processes associated with an ageing population and apply this knowledge to service development and delivery	Mini-PAT, DONCS, supervisor's report
Skills Demonstrate a range of appropriate leadership and supervision skills including: <ul style="list-style-type: none">• Coordinating, observing and being assured of effective team working• Setting intended learning outcomes• Planning• Motivating• Delegating• Organising• Negotiating• Example setting• Mediating / conflict resolution• Monitoring performance	Mini-PAT, DONCS, supervisor's report
Demonstrate ability to design and implement programmes for change, including service innovation	Mini-PAT, DONCS, supervisor's report
Displays expertise in employing skills of team members to greatest effect	Mini-PAT, DONCS, supervisor's report

Acts as impartial mediator in conflicts over roles and responsibilities Take into account in service design and delivery the relationship between physical illness and disability in late life	Mini-PAT, DONCS, supervisor's report
Attitudes demonstrated through behaviours Work collaboratively with colleagues from a variety of backgrounds and organisations	Mini-PAT, DONCS, supervisor's report
Be prepared to question and challenge the performance of other team members when standards appear to be compromised	CBD, DONCS, Mini-PAT, supervisor's report

Intended learning outcome 16 Demonstrate the knowledge, skills and behaviours to manage time and problems effectively	
16b Communication with colleagues	Assessment methods
Knowledge Demonstrate an understanding of the requirements of outside agencies for reports that are timely, accurate and appropriate	Mini-PAT, CBD, DONCS, supervisor's report
Skills Prepare and deliver reports for Mental Health Tribunals, Managers' Hearings, Coroners Courts and Courts of Law Understand the roles and responsibilities of an expert witness	Mini-PAT, CBD, DONCS, supervisor's report Mini-PAT, CBD, DONCS, supervisor's report
Attitudes demonstrated through behaviours Produce reports that are comprehensive, timely, accurate, appropriate and within limits of expertise	Mini-PAT, CBD, DONCS, supervisor's report

Intended learning outcome 17 To develop the ability to teach, assess and appraise	
Intended learning outcome 17	Assessment methods
Knowledge Demonstrate an understanding of the basic principles of adult learning	Supervisor's report,

	DONCS
Identify learning styles	Supervisor's report, DONCS
Develop a knowledge of different teaching techniques and demonstrate how these can be used effectively in different teaching settings relevant to Old Age Psychiatry, in a hospital or community based clinical setting	Supervisor's report, AoT, DONCS
Skills	
Use a variety of teaching methods	AoT, DONCS, supervisor's report
Evaluate learning and teaching events	AoT, DONCS, supervisor's report
Facilitate the learning process and assess performance	AoT, DONCS, supervisor's report
Organise educational events	AoT, DONCS, supervisor's report
Acquire and put into practise expertise in teaching about the mental health needs of older people to diverse groups	AoT, DONCS, supervisor's report
Attitudes demonstrated through behaviours	
Demonstrate a professional attitude to teaching	Supervisor's report, AoT, DONCS, mini-PAT
17b Assessment	Assessment methods
Knowledge	
Skills	
Use appropriate, approved assessment methods	Supervisor's report, DONCS
Give feedback in a timely and constructive manner	Supervisor's report, DONCS
Provide supervision to others undertaking these tasks	Supervisor's report, DONCS

Attitudes demonstrated through behaviours Be at all times honest when assessing performance	Supervisor's report, Mini-PAT, DONCS
17c Appraisal	Assessment methods
Knowledge Demonstrate an understanding of the principles of appraisal (including the difference between appraisal and assessment)	Supervisor's report, DONCS
Demonstrate an understanding of the structure of appraisal interviews	Supervisor's report, DONCS
Skills Conduct appraisal effectively and at the appropriate time	Supervisor's report, DONCS
Attitudes demonstrated through behaviours Show respect and confidentiality for the appraisee	Supervisor's report, DONCS

Good Medical Practice, Domain 4: Maintaining Trust

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

Intended learning outcome 19	
To ensure that the doctor acts in a professional manner at all times	
19a Doctor patient relationship	Assessment methods
Knowledge	
Skills Support and advise colleagues (both medical and non-medical) in dealing with complex professional interactions	Supervisor's report, CBD, DONCS

Attitudes demonstrated through behaviours Foster positive attitudes to old people and act as an advocate for their needs in the health and social care system Obtain help in appropriate circumstances from consultants in other specialties and advise these consultants on the management of medically ill patients with psychiatric problems	CBD, CP, DONCS, Supervisor's report CBD, CP, Supervisor's report
19c Confidentiality	Assessment methods
Knowledge Develop a good understanding of the needs for information of a range of agencies Appreciate the different sensitivities of patients to a range of information held about them particularly in relation to psychological material Be aware of the principles and legal framework of disclosure	Supervisor's report, CBD, DONCS Supervisor's report, CBD, DONCS Supervisor's report, CBD, DONCS
Skills Advise others (including non-healthcare professionals) on the safe and appropriate sharing of information	Supervisor's report, CBD, DONCS
Attitudes demonstrated through behaviours Ensure that reports, evidence and documents you have a responsibility for are complete, honest and accurate	Supervisor's report, CBD, DONCS
19 Risk management	Assessment methods
Knowledge Demonstrate a knowledge of matters such as health and safety policy	Supervisor's report, CBD, DONCS
Skills Attitudes demonstrated through behaviours Work in collaboration with patients and the multi-disciplinary team to enable safe and positive decision-making	Supervisor's report, CBD, DONCS
19e Recognise own limitations	Assessment methods

Knowledge	
Skills Provide clinical supervision	Supervisor's report, CBD, DONCS
Attitudes demonstrated through behaviours	

10. 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: -

- Appropriately supervised clinical experience
- Psychotherapy training
- Emergency psychiatry experience
- Interview skills
- Learning in formal situations
- Teaching
- Management experience
- Research
- ECT Training
- Special interest sessions

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.

The clinical experience in the Advanced Training Programme in Old Age Psychiatry consist of the equivalent of three years full time experience of which two years must be spent in designated old age psychiatry. The three years will be made up as follows:

Twelve months in an old age placement, i.e. a placement that can offer both inpatient and community experience or 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 general psychiatry (or one of its sub-specialties) or in any other psychiatric specialty where the training is available, ie, forensic psychiatry, old age psychiatry, psychotherapy, learning disability psychiatry, child & adolescent psychiatry.

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

Clinical placements in advanced training in Old Age Psychiatry should last 12 months for a full-time trainee. This gives sufficient time for a realistic clinical experience and allows the completion of treatment programmes and time to build up and close down a clinical service. However, placements of up to 15 months may be acceptable if there are problems with rotational dates. It must be emphasised that advanced training in Old Age Psychiatry is not simply an extension of Core Psychiatry Training and the duties performed by advanced trainees must reflect this. There should not be a routine expectation that the higher trainee continues to work at a level appropriate for Core Psychiatry training. The specialty registrar (ST4-6) works more independently and has a greater supervisory, leadership and managerial role. There must be opportunity for the specialty registrar to develop supervisory skills. The clinical load should not be so heavy so as to jeopardise the research, teaching and managerial functions.

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

A senior clinician with appropriate training (preferably a consultant psychotherapist) should be 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 Old Age Psychiatry to make the experience gained is relevant to the trainee's future practice as a consultant.

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.

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 Old Age 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.
- 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. Advanced trainees in Old Age Psychiatry should be encouraged to be involved in teaching CT1-3 trainees on the MRCPsych course and to be involved in the design, delivery and evaluation of teaching events and programmes.

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. For example, the final month of a ST4 placement could be spent working with a manager.

"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 Old Age Psychiatry, trainees should have the opportunity to participate in original research.

Special interest sessions

It is educationally desirable that Advanced Trainees in Old Age Psychiatry have the ability to gain additional experiences that may not be available in their clinical placement. Two sessions every week must be devoted during each year from ST4-6 for such personal development, which may be taken in research or to pursue special clinical interests. Special interest sessions are defined as "a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee". Special interest sessions may also be used for gaining psychotherapy experience that builds upon the experience the trainee had in Core Training. This experience must be appropriately managed, supervised and assessed. The Training Programme Director must prospectively approve the use of special interest time. Special interest and research supervisors must provide reports for the trainee's ARCP as required by the School of Psychiatry.

11. THE ASSESSMENT SYSTEM FOR ADVANCED TRAINING IN OLD AGE PSYCHIATRY

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.

Trainees must pass the MRCPsych examination and successfully complete core training before entering Advanced Training in Old Age Psychiatry.

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 in Old Age Psychiatry. 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*.
- **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.
- **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.

WPBA for Advanced Trainees

Doctors in Advanced Training Programmes should participate in at least one or two rounds of multi-source feedback a year and have at least one other WPBA performed a month. It is likely that the CbD will be an important assessment tool for these doctors because this tool permits a deep exploration of a doctor's clinical reasoning. The mini-ACE may be less important for most advanced trainees, except perhaps those engaged in areas of clinical work that they had not encountered in core training. As stated above, the College is developing the DONCS as a means of assessing performance of skills in situations that do not involve direct patient encounters. In time, it is possible that some psychiatric sub-specialty Advanced Training Curricula may introduce novel WPBA tools for specialised areas of work. Detailed information is contained in the Guide to ARCP panels.

The suggested minimum number of WPBAs for ST4-ST6 trainees in Old Age Psychiatry Training is:

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

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 ARCP panels regarding the evidence that trainees should submit at each year of Core Psychiatry and Advanced Specialty training in Old Age Psychiatry. 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.

12. Trainee and Trainer Guide to ARCPs in Advanced Training in Old Age Psychiatry ST4-ST6

If ST5 or ST6 years are spent in Old Age Psychiatry, addiction psychiatry, rehabilitation psychiatry, psychotherapy, psychiatry of learning disability, liaison psychiatry or forensic psychiatry the trainee will follow the relevant assessment system for ST5. The trainee must complete ST4 and ST6 in Old Age Psychiatry and the Old Age Psychiatry requirements for ST5, before the completion of ST6.

Intended learning outcome	ST4	ST5	ST6
Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:			
	<ul style="list-style-type: none"> • Presenting or main complaint • History of present illness • Past medical and psychiatric history • Systemic review • Family history • Socio-cultural history • Developmental history 		
1b Patient examination, including mental state examination and physical examination	By the end of ST4 the trainee will be able to independently assess older adult patients presenting with the following: behavioural and psychological symptoms of dementia (BPSD) in the community and complex problems in both inpatient and an outpatient service	By the end of ST5 the trainee will be able to independently assess a an older adult patient presenting with physical and psychiatric co-morbidities	By the end of ST6 the trainee will be able to supervise the assessment of a patient presenting to the older adult service conducted by a Foundation Programme Trainee or a Core Psychiatry Trainee

	<p>collateral history.</p> <p>CBD of an IP case presentation of a patient the trainee has fully assessed, including a collateral history.</p> <p>ACE conducted with an OP older adult patient not previously known to the trainee, to include mental state examination.</p> <p>ACE conducted with an IP older adult patient not previously known to the trainee, to include mental state examination.</p>	psychiatric co-morbidities	Psychiatry Trainee
2 Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses			
	<p>By the end of ST4 the trainee will be able to independently construct a formulation for an older adult patient presenting to an in-patient and outpatient service with a complex problem</p>		<p>By the end of ST6 the trainee will be able to supervise a Foundation Programme Trainee or a Core Psychiatry Trainee constructing a formulation of a problem experienced by a patient presenting to the older adult service</p>

	CBD of differential diagnosis in a complex in-patient case. CBD of differential diagnosis in a complex out-patient case.		DONCS or CBD of the trainee supervising a Foundation Programme Trainee or a Core Psychiatry Trainee (if not completed in ST5)
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 ST4 the trainee will be able to independently construct a plan of investigations and treatment for a patient presenting to an older adult in-patient and out patient service with a complex problem		By the end of ST6 the trainee will be able to supervise the construction of a plan of investigations and treatment for a patient presenting to the older adult service conducted by a Foundation Programme Trainee or a Core Psychiatry Trainee
	CBD of investigations and management of a complex case		DONCS or CBD of the trainee supervising a Foundation Programme Trainee or a Core Psychiatry Trainee (if not completed in ST5)

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 ST4 the trainee will be able to conduct a risk assessment, instigate a treatment plan and supervise the progress of older adult inpatients and outpatients presenting with self harm or at risk of exploitation or neglect	By the end of ST5, the trainee will be able to describe the legal framework of protection for older adults	By the end of ST6 the trainee will be able to supervise a core trainee or foundation trainee in conducting a risk assessment, instigating a treatment plan and monitoring the progress of patients presenting with self harm and/or at risk of exploitation or neglect. The trainee will also be able to lead the MDT in managing a high-risk patient. The trainee will also be able to competently present evidence to a Mental Health Act Review Tribunal (or equivalent body)
4b Psychiatric emergencies	CBD to discuss risks inherent in old age patients (especially suicide, exploitation, neglect etc) Mini-ACE of a Mental Health Act assessment.	CBD to discuss risks inherent in old age patients (especially suicide, exploitation, neglect etc)	DONCS of trainee chairing a case conference / CPA review of a high risk patient

4c Mental health legislation	CBD of an out of hours Mental Health Act assessment and subsequent case management. CBD of a Mental Health Act Tribunal Report (or equivalent) the Trainee has written.	CBD of relevant mental health legislation	CBD of relevant mental health legislation (if not completed in ST5) DONCS of trainee giving evidence in a Mental Health Act Tribunal (or equivalent) (if not completed in ST4 or 5)
4d Broader legal framework	Evidence of satisfactory attendance at an appropriate course to gain approval to exercise powers under the relevant mental health legislation		
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 ST5 the trainee will be familiar with the range of psychotherapies available to older adults in both inpatient and outpatient settings and be able to incorporate the principles of these techniques into their own clinical practice.	By the end of ST6, the trainee will have completed a second course of psychological treatment with an older adult using a different modality and a different duration from that used previously in advanced training

5a Psychological therapies		SAPE of the use of a psychological treatment appropriate to an older adult in patients or out patients. (if not completed in ST4)	SAPE of the use of a psychological treatment relevant to the management of an older adult (different modality, different duration from first case) (if not completed in ST5)
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 ST4 the trainee will be able to concisely summarise the previous case records of patients with severe and enduring mental illness presenting both de novo in old age and those carried into old age, and use this information to inform the assessment, treatment plan and subsequent monitoring of these patients.		By the end of ST6 the trainee will be able supervise a core trainee or foundation doctor as they concisely summarise the previous case records of patients with severe and enduring mental illness and use this information to inform the assessment, treatment plan and subsequent monitoring of these patients.

7a Management of severe and enduring mental illness	CBD of the inpatient or community management of an older adult patient with severe and enduring mental illness	ACE/Mini-ACE of assessment of capacity, including financial capacity and completion of CP3 form	CBD or DONCS of trainee supervising a Foundation Programme Trainee or Core Psychiatry Trainee
8 To develop an understanding of research methodology and critical appraisal of the research literature			
	By the end of ST4, the trainee should be able to frame an appropriate research question, conduct a relevant literature search, write a comprehensive review of this literature and write a research protocol (this may be for a project that the trainee will conduct or it may be in 'shadow' form)	By the end of ST5, the trainee should demonstrate the ability to collect data and enter it into standard computer software (this may be from the trainee's own research or audit) and be able to demonstrate the incorporation of research findings in their everyday practice	By the end of ST6 should demonstrate the ability to prepare findings of research, audit or similar work for dissemination beyond the trainee's workplace and be able to communicate the importance of applying research findings to colleagues
8a Research techniques	Special Interest/research supervisor's reports or supervisor's report	Special Interest/research supervisor's reports or supervisor's report	Copy of publications (if applicable) Special Interest/research supervisor's reports or supervisor's report

8b Evaluation and critical appraisal of research	DONCS on the evaluation of an original research paper of relevance to old age psychiatry. Supervisor's report	Supervisor's report	Supervisor's report
9 To develop the habits of lifelong learning			
	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation
9a Maintaining good medical practice	Supervisors' reports Reflective prose on issues raised in relation to clinical practice around GMC "good medical practice"	Supervisors' reports Reflective prose on issues raised in clinical practice around GMC "good medical practice"	Supervisors' reports Reflective prose on issues raised in clinical practice around GMC "good medical practice"
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 continued GMC registration	Evidence of continued GMC registration

10 Demonstrate the ability to conduct and complete audit in clinical practice			
	By the end of ST4, the trainee will have completed an audit project using a different methodology from that which they used in core training and will be able to demonstrate the application of audit principles to their own work.	By the end of ST5 the trainee will be able to demonstrate the ability to conduct an audit project without direct supervision, be able to set standards and be able to demonstrate how the results of an audit project have quality improvement	By the end of ST6, the trainee will demonstrate the ability to supervise a colleague's audit project and will have been involved in a service-wide quality improvement project) if not completed in ST5)
10a Audit	Completed audit report Supervisor's report	Completed audit cycle report Supervisor's report	DONCS of ability to supervise an audit conducted by a Core trainee Supervisor's report
11 to develop an understanding of the implementation of clinical governance			
	By the end of ST4, the trainee will demonstrate an awareness of risk management issues and healthcare governance issues	By the end of ST5, the trainee will demonstrate an understanding of risk management issues and healthcare governance issues as applied to services for older people	By the end of ST6, the trainee will demonstrate an ability to handle a Singular Untoward Incident (SUI) and ability to work nationally, regionally or locally to develop and implement clinical guidelines and care pathways (if not completed in ST5)

11a Organisational framework for clinical governance and the benefits that patients may expect	Supervisors' reports DONCS of ability to manage a clinical complaint	Supervisors' reports DONCS of ability to manage a clinical complaint in the context of older peoples' services or ability to act upon an SUI in older peoples' services (if not completed in ST4)	Supervisors' reports DONCS of ability to report and act on a SUI either in a real or 'shadow' situation (if not completed in ST5)
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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 ST4, the trainee will demonstrate the ability to modify their communication techniques in response to situations in which there are communication problems	By the end of ST5, the trainee will demonstrate the ability to chair a review meeting at which the patient and their relatives are present	By the end of ST6, the trainee will demonstrate the ability to skillfully impart a diagnosis of dementia to patients and relatives
	ACE or mini-ACE of consultation with an older patient who has communication problems	DONCS of chairing Care Programme Approach (CPA) meeting with patient/relatives	ACE/Mini-ACE of chairing CPA) meeting with patient/relatives present to impart diagnosis of dementia to patient/relatives

14 Demonstrate the ability to work effectively with colleagues, including team working	By the end of ST4, the trainee will be able to describe the role of the old age psychiatrist in either an in-patient or a community team dealing with older adult patients	By the end of ST5, the trainee will be able to describe the role of the old age psychiatrist in both an in-patient and a community team dealing with older adult patients	By the end of ST6, the trainee will be able to manage competing demands, support and facilitate the leadership of others and contribute to change management
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	<p>and be able to work as a member of such a team without the need for close personal supervision</p>	<p>and be able to work in such a team without the need for close personal supervision</p>	<p>processes and if not completed by the end of ST5, they will have demonstrated the ability to resolve conflict within a team and to handle complaints</p>
	<p>One round of Mini-PAT Supervisors' reports</p>	<p>DONCS of ability to chair and manage an in-patient ward round. DONCS in acting up as consultant in an in-patient unit for a 2 week period under close consultant supervision (if not completed in ST4)</p> <p>One round of Mini-PAT Supervisors' reports</p>	<p>DONCS chairing multidisciplinary meeting</p> <p>One round of Mini-PAT Supervisors' reports</p>
15 Develop appropriate leadership skills			
	<p>By the end of ST4 the trainee should be able to demonstrate the ability to effectively chair a multi-disciplinary team meeting in an older adults' psychiatry service and to lead the team for a short period of time under consultant supervision. The trainee should be able to describe the role of a leader and different</p>	<p>By the end of ST5 the trainee should have taken responsibility for organising part of the service, eg the on-call rota (if not completed in ST4)</p>	<p>By the end of ST6, the trainee should have taken a leading part in a change management project and should have demonstrated the ability to mentor a colleague. The trainee should also demonstrate the ability to handle conflict and/or team dysfunction</p>

	approaches and styles of leadership		
	One round of Mini-PAT DONCS of ability to chair and manage an in-patient ward round. Supervisors' reports	One round of Mini-PAT Supervisors' reports	One round of Mini-PAT DONCS or CBD of mediation in conflict situation Supervisors' reports
16 Demonstrate the knowledge, skills and behaviours to manage time and problems effectively			
	By the end of ST4 the trainee should demonstrate the ability to prepare and deliver a report for a Mental Health Tribunal and/or Managers' Hearing	By the end of ST5, the trainee should have demonstrated the ability to write reports for outside agencies (if not completed in ST4)	By the end of ST6, the trainee should demonstrate the ability to act as an expert witness, either in a real or 'shadow' situation (if not completed in ST5)
16b Communication with colleagues	One round of Mini-PAT Supervisors' reports	One round of Mini-PAT Supervisors' reports	One round of Mini-PAT Supervisors' reports
17 To develop the ability to teach, assess and appraise			
	By the end of ST4, the trainee will demonstrate an ability to use a number of different teaching methods and an ability to conduct workplace-based assessments (WPBA's) for foundation or core trainees	By the end of ST5, the trainee will demonstrate an understanding of the basic principles of adult learning and of different learning styles	By the end of ST6, the trainee will demonstrate an ability to organise (including evaluate) educational events (if not completed in ST5) and an ability to conduct an appraisal of a colleague
17a The skills, attitudes, behaviours and practices of a competent teacher	AoT of ward based undergraduate teaching.	AoT of small group teaching (if not completed in ST4)	Record of an AoT performed on a junior colleague's teaching

	AoT of clinic/domiciliary based teaching.		Supervisor's report
17b Assessment	<p>Log of shadow supervision sessions provided to core or foundation trainee (generally one hour per fortnight).</p> <p>Record of WPBA's conducted on others</p> <p>DONCS of trainee conducting a WPBA on a junior colleague or an in-course assessment of a medical student, including giving feedback</p>	<p>Log of shadow supervision sessions provided to core or foundation trainee, (generally one hour per fortnight) including helping the trainee develop an appropriate learning plan (if not completed in ST4)</p> <p>DONCS of shadow supervision session</p>	Log of supervision or support to non-medical members of the team assessing core or foundation trainees
17c Appraisal	Supervisor's report	<p>Supervisor's report</p> <p>Record of discussion of educational supervisor's ARCP report</p>	<p>DONCS on completion of foundation or core trainee shadow ARCP appraisal form (if not completed in ST4)</p> <p>Supervisor's report</p> <p>Record of discussion of educational supervisor's ARCP report</p>

19 To ensure that the doctor acts in a professional manner at all times			
	By the end of ST4 the trainee will demonstrate an understanding of the issues surrounding confidentiality and the appropriate sharing of information and the need for safe and positive decision-making with respect to risk management in old age psychiatry services	By the end of ST5, the trainee will demonstrate an ability to advise consultants in other specialties on the management of medically ill patients with psychiatric problems and will demonstrate skills in providing clinical supervision	By the end of ST6 will not only exemplify the highest standards of professionalism in their own practice but will also demonstrate an ability to support and advise colleagues in dealing with complex professional interactions, including the safe and appropriate sharing of information
19a Doctor patient relationship	One round of Mini-PAT	One round of Mini-PAT Mini-ACE or CBD on the assessment and/or managements of a complex case which involved liaison with a consultant from a different specialty	One round of Mini-PAT
19b Confidentiality	CBD on a case where confidentiality issues are salient.		Supervisor's report
19d Risk management	Mini-ACE or CBD on assessment of risk in a complex case		
19e Recognise own limitations	Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons	DONCS of providing clinical supervision (if not completed in ST4) Log of cases where	Log of cases where the trainee has provided clinical supervision

	learnt.	discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.	
19f Probity	Supervisors' reports	Supervisors' reports	Supervisors' reports
19g Personal health	Supervisors' reports	Supervisors' reports	Supervisors' reports