

Placement-specific personal development plan – Learning (Intellectual) Disability Psychiatry exemplar

This exemplar provides suggestions of the ways in which capabilities can be developed and evidenced. It can be used to inform the conversation between trainee and trainer at the start of each placement / training post, in which they should agree activities and evidence as part of setting up a personal development plan.

Post Description	Community ID placement
Post Length	One year
Training Year	ST5
Career Progression Plan	
ST4	Community Intellectual Disability Team
ST5	Community Intellectual Disability Team with crisis input
ST6	Forensic ID and Child ID (Duration according to trainee learning needs and interest), further community ID experience with focus on complex cases, opportunity for Acting Up Consultant post (3 months)
Professional Development Sessions	
ST4	Clinical Genetics and ADHD
ST5	ASD & Epilepsy
ST6	Leadership, management and research skills

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

Specialty HLO statements

HLO1: Demonstrate the professional values and behaviours required of a consultant psychiatrist, with reference to Good Medical Practice, and Core Values for Psychiatrists (CR204) and other relevant faculty guidance.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
1.1 Professional Relationships	Work collaboratively and effectively with patients with an intellectual disability, their families, their carers of all ages, and colleagues, while managing complex risk and system dynamics.	<ul style="list-style-type: none"> Liaise with patients, families and carers, as well as colleagues from partner agencies and within own organisation. Towards the end of the placement, chair a complex clinical meeting, with support as required, such as a complex CPA or MARM 	DONCS CBD Reflective notes
		<ul style="list-style-type: none"> Engage in psychiatric supervision and discuss increasingly complex cases. 	Reflective notes Supervisor report
		<ul style="list-style-type: none"> Work effectively with partner agencies in crisis situations, such as placement breakdown. 	CBD DONCS Reflective notes Supervisor report

	Recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and their carers of all ages, and on working relationships with colleagues.		
	Consistently demonstrate, and promote in others, a person-centred holistic approach to patients with an intellectual disability, their families and their carers of all ages that is empathic, compassionate and respects their dignity, whilst remaining realistically optimistic and honest.		
	Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.	<ul style="list-style-type: none"> Learn to manage the competing demands on your time that will arise from the differing aspects of your role (Community vs crisis) 	<p>Reflective notes</p> <p>Supervision notes</p>
	Understand the fundamental role of multidisciplinary team working in intellectual disability practice and the role of the psychiatrist within this.	<ul style="list-style-type: none"> Reflect on the potentially differing roles of team members in the crisis and community team, and how the psychiatrist works in these settings 	<p>Reflective notes</p> <p>Supervision notes</p>
	Apply an understanding of how culture and community influence patients with intellectual disability and their families, affecting their interaction with services.		
	Set and maintain professional boundaries with stakeholders, for example adult services, commissioners, support providers, legal	<ul style="list-style-type: none"> Attend and participate in multiagency meetings for patients in crisis, advocating to 	<p>DONCS</p> <p>CbD</p>

	professionals, the police and primary and secondary care.	ensure they receive the support they need	
	Advocate for your patients with intellectual disability; where necessary do so separately to the needs and wishes of other systems, for example families and carers, primary and secondary care and social care.	<ul style="list-style-type: none"> • Develop an understanding of the needs and wishes in the system and reflect upon your role as Advocate for the patient. • Continue to work in complex cases and develop own understanding of role. 	<p>Anonymised feedback</p> <p>Mini PAT</p> <p>Supervisor report</p> <p>Reflective notes</p>
1.2 Professional Standards	Understand the impact of workload, patient, team and organisational dynamics on your own well-being.		
	Use supervision and reflection effectively, recognising your skills, limitations and your duty of candour.	<ul style="list-style-type: none"> • Provide supervision on specific cases for the CT doctor within the team • Discuss this experience in your own supervision sessions 	<p>Mini-PAT</p> <p>Reflective notes</p> <p>Supervisor report</p>
	Apply strategies to take care of your wellbeing, seeking timely support and guidance, including acknowledging if you have a protected characteristic which might impact on your training, or if you are having difficulties adapting to working in the UK, and support trainees and other colleagues to do so too.		

	Actively use and promote reflective practice in your team to address the emotional impact of work on yourself, the individual and the team.	<ul style="list-style-type: none"> Take part in reflective practice within the team, including bringing a case. 	<p>Reflective notes</p> <p>Mini-PAT</p> <p>Supervisor reports</p>
		<ul style="list-style-type: none"> Discuss in supervision the role of the psychiatrist in managing the emotional impact of difficult cases and work. 	<p>Reflective notes</p> <p>Supervisor reports</p>
	Consistently demonstrate a positive and conscientious approach to the completion of your work.		
	Make clear, accurate and contemporaneous records.		
	Promote psychiatry of intellectual disability as a specialty, including acting as an advocate for patients, families and carers.		
	Maintain appropriate professional standards whilst working clinically, as a leader within a healthcare organisation and with other stakeholders.		
	Maintain appropriate confidentiality in intellectual disability practice and advise other professionals within and outside the health and social care setting.		
	Identify and challenge stigma and discrimination against people with intellectual disability.		

	Promote the resources available within the specialist team to the wide health and social care system, in order to enable optimal physical health of patients.		
	Take responsibility for raising and addressing issues of patient safety and quality of care in a timely manner.	<ul style="list-style-type: none"> In complex cases, including crisis situations, with appropriate support, ensure patient safety and quality issues are raised. Engage in a Section 42 meeting when appropriate. 	CBD Reflective notes Supervisor report
	Maintain appropriate professional attitudes and behaviour when managing situations of ambiguity and uncertainty	<ul style="list-style-type: none"> Discuss in supervision the role of the psychiatrist, and then with appropriate support and supervision, take a clinical leadership role in complex and crisis situations, such as a Local Area Emergency Protocol Meeting. 	Reflective notes Supervisor report DONCS CBD
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.		
HLO 2.1: Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs

2.1 Communication	Demonstrate an understanding of your own style of verbal and nonverbal communication and the impact of this on professional relationships.		
	Consistently communicate effectively with patients across the spectrum of cognitive ability, including those with neurodevelopmental disorders and relevant others, utilising a range of methods and adapting your style of communication to the patient's needs, making reasonable adjustments as appropriate.		
	Demonstrate skills in supporting those for whom English is not their first language, including the use of interpreters, and providing information in other languages.	<ul style="list-style-type: none"> Your community patch includes many patients whose first language is not English, so working with interpreters will be an important part of this placement. 	ACE Mini-ACE CbD Supervisor reports
	Develop and maintain therapeutic relationships with your patients with intellectual disability, their families and their carers of all ages.	<ul style="list-style-type: none"> Undertake observed clinical encounters and reviews, including in the context of a crisis. 	ACE Mini-ACE Mini-PAT
	Communicate effectively with colleagues in the multidisciplinary team and promote interagency working through effective liaison with external organisations.		
	Analyse complex information and express your professional opinion coherently through both written and verbal communication.	<ul style="list-style-type: none"> Undertake reviews of complex cases, potentially including as a second opinion, with appropriate discussion. 	Supervisor report CBD

	<ul style="list-style-type: none"> • Discuss in supervision how to manage complex situations. • Undertake cases to look at complex situations, including with a crisis component. 	<p>Reflective notes</p> <p>Supervisor report</p> <p>CbD</p> <p>Mini-PAT</p>
Produce written reports within the limits of your expertise, which are coherent, comprehensive, timely, accurate, relevant, and as appropriate taking into account legal principles and requirements.	<ul style="list-style-type: none"> • Complete a capacity report for the Court of Protection, under consultant supervision 	Supervisor report
Effectively explain to patients with intellectual disability, their families and their carers of all ages, the outcome of the assessment and the recommended care plan, considering their ideas, concerns and expectations.		

HLO 2.2: Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Learning (Intellectual) disability psychiatry.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.2 Clinical Skills	Demonstrate a person-centred holistic approach to the assessment and treatment of mental disorders in patients with intellectual disability considering relevant social, cultural, spiritual and religious factors.	<ul style="list-style-type: none"> • Work with the community access workers to gain an understanding of the varied cultural, religious and spiritual backgrounds of your patients and their families. 	<p>Reflective notes.</p> <p>Supervision report.</p>

		<ul style="list-style-type: none"> • Reflect on this in supervision. 	
	Demonstrate a working knowledge of the genetic causes of intellectual disability and the associated behavioural phenotypes.		
	Understand the principles of life span issues that affect people with intellectual disability and their families, and how these influence the management of transitions.		
	Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including awareness of normative as well as variations in presentations, for example with neurodevelopmental conditions and across cultures.		
	Demonstrate proficiency in the assessment of capacity to consent to care and treatment in patients with intellectual disability.	<ul style="list-style-type: none"> • Complete a report for the Court of Protection, under consultant supervision 	CbD Supervisor report
	Demonstrate an understanding of the social determinants of health, including economic deprivation, inadequate nutrition, educational and environmental factors and the impact of these on the aetiology and presentation of mental disorders in patients with intellectual disability.	<ul style="list-style-type: none"> • Work with the community access workers to gain an understanding of the impact of economic deprivation and associated factors on your patients and their families. • Reflect on this in supervision. 	Reflective notes. Supervision report.
	Apply advanced knowledge of the pharmacodynamics, pharmacokinetics, efficacy, tolerability, interactions and adverse effects of psychotropic medication in patients		

with intellectual disability as appropriate when initiating, reviewing, changing or discontinuing regimes.		
Demonstrate proficiency in obtaining a detailed psychiatric history and performing a mental state examination in patients with intellectual disability in both routine and urgent settings.		
Assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.	<ul style="list-style-type: none"> • Work with the community access workers to gain an understanding of the varied cultural, religious and spiritual backgrounds of your patients and their families. • Apply this learning to your assessments of individuals from a range of different cultural, spiritual, and religious backgrounds 	ACE Mini-ACE CbD
Conduct a thorough physical examination, request relevant investigations and make referrals to other specialists where appropriate.		
Assess the general health of your patients, taking into account the impact of their physical health on their mental health needs and vice versa. This assessment should include consideration of nutritional, metabolic, endocrine and reproductive factors and disorders, and the physical and		

mental impact of substance use and addiction on clinical presentation.		
Demonstrate proficiency in the assessment and diagnosis of mental and neurodevelopmental disorders in patients with intellectual disability across the spectrum of cognitive ability using classification systems as appropriate.	<ul style="list-style-type: none"> Undertake ASD Professional Development Session and apply learning to clinical practice 	PDS supervisor report CbD
Demonstrate proficiency in the assessment of risk in people with intellectual disability leading to a formulation and risk management plan.	<ul style="list-style-type: none"> Undertake a review of someone in crisis, with appropriate support, and formulate a management plan. 	CbD Mini-ACE Mini-PAT Supervisor report
Demonstrate proficiency in the construction of a comprehensive clinical formulation relevant to patients with intellectual disability and use this to devise a safe, effective and evidence-based management plan.		
Demonstrate proficiency in use of formulation to support the understanding of challenging behaviour in patients with intellectual disability, including the link between communication and behaviour.		
Demonstrate an understanding of the utility and limitations of clinical rating scales and psychometric testing for people with intellectual disability.		

Demonstrate skills in the assessment and management of acute mental health crises in patients with intellectual disability.	<ul style="list-style-type: none"> Undertake crisis assessments, with appropriate supervision, both in and out of hours. 	<p>Reflective notes</p> <p>CBD</p> <p>Mini-PAT</p> <p>Supervisor report</p>
Demonstrate specialist skills in the assessment and management of cognitive impairment in older patients with intellectual disability.		
Demonstrate an understanding of the assessment and treatment of epilepsy in patients with intellectual disability.	<ul style="list-style-type: none"> Attend and participate in ID Epilepsy Clinic 	<p>CbD</p> <p>ACE /mini-ACE</p> <p>PDS Supervisor report</p>
Demonstrate advanced knowledge of psychological and psychotherapeutic treatments in the management of mental and behaviour disorders in adults with intellectual disability.		
Understand the range of community and inpatient treatment options for mental and behaviour disorders in patients with intellectual disability.	<ul style="list-style-type: none"> Undertake observed and unobserved clinical encounters, with increasingly complex cases, including in crisis situations. 	<p>Mini-ACE</p> <p>ACE</p> <p>CBD</p> <p>Supervisor report</p> <p>Reflective notes</p>
	<ul style="list-style-type: none"> Undertake joint assessments with those transitioning from hospital placements to the community. 	<p>Mini-ACE</p> <p>ACE</p> <p>CBD</p>

		Supervisor report Reflective notes
Work effectively across professional interfaces by collaborating and liaising with other medical and psychiatric specialities to support provision of holistic care and treatment for your patients with intellectual disability.	<ul style="list-style-type: none"> Undertake assessments with other services, including where joint working with AMH would be appropriate. Undertake work with those requiring increased input, such as an Intensive Support Team. 	Reflective notes CBD Mini-ACE Mini-PAT Supervisor report
Demonstrate proficiency in prescribing safely and effectively for patients with intellectual disability in routine and urgent settings, considering the research evidence base, prescribing guidelines, individual patient factors and the views of patients and their support networks.	<ul style="list-style-type: none"> Undertake a review of someone in crisis, with appropriate support, and formulate a management plan. 	CbD Mini-ACE Mini-PAT Supervisor report
	<ul style="list-style-type: none"> Liaise with other professions and agencies about urgent changes to medication, ensuring these are done in a timely fashion. 	Reflective notes CBD Mini-PAT Supervisor report
Demonstrate an understanding of how physical treatments can be used for the treatment of mental disorders and apply this under supervision.		
Work with others using a person-centred holistic approach to safely manage behavioural challenges and to support behavioural and environmental change.		

	Evaluate the outcome of interventions and treatments in patients with intellectual disability.		
	Work across a variety of service settings including care homes, supported living placements, day services, educational facilities and hospitals.		
HLO 2.3: Apply advanced management skills within Learning (Intellectual) disability psychiatry in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.3 Complexity & Uncertainty	Demonstrate an understanding of unconscious processes including transference, countertransference, projection and the experience of splitting, and the impact of these on professional relationships.	<ul style="list-style-type: none"> Discuss in supervision the different and competing needs of services, and how this can impact on interactions. Undertake work in a complex case and display professional curiosity in understanding all the unconscious processes at play. 	Reflective notes Supervisor reports CbD DONCS
	Demonstrate proficiency in recognising and managing clinical uncertainty, ambiguity, divergent views and complex co-morbidities and associated risks relating to those with intellectual disability.		

Consciously vary from established care pathways where clinically indicated and justify these decisions as needed.		
Understand and work within the limits of your clinical capabilities, seeking timely support and consultation when needed.	<ul style="list-style-type: none"> Discuss matters in supervision, and seek support for complex cases appropriately, including out of hours. 	Reflective notes Supervisor reports CBD Mini-PAT
Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.	<ul style="list-style-type: none"> Work with the community access workers to gain an understanding of the varied cultural, religious and spiritual backgrounds of your patients and their families. Reflect on this in supervision. 	Supervisor report
Work with others to promote therapeutic optimism and hope in the management and care of patients with intellectual disability.	<ul style="list-style-type: none"> Undertake work with the multi-disciplinary team, using formulation to help understand a complex case, and develop a management plan, including PBS plan, and crisis and contingency plan. 	CbDGA CbD Reflective notes SAPE
Manage divergent views about patient care leading to appropriate clinical interventions.		

HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Learning (Intellectual) disability psychiatry.

High Level Outcomes	Key Capabilities (KCs):	Planned activities	Evidence including WPBAs
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(HLOs) and Themes	By the end of this training year, you will be able to:		
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Apply the current legislation governing the care and treatment of people with intellectual disability and mental disorders in a variety of settings, including the use of emergency powers and compulsory treatment.		
	Apply the principles of least restrictive practice and human rights, when considering the application of legal powers across different settings.	<ul style="list-style-type: none"> • Undertake assessment and develop a management plan for someone in crisis, with appropriate support and supervision. • Later in the placement, chair complex meetings for someone in crisis, including a MARM. 	CBD Mini-ACE Reflective notes Supervisor report
		<ul style="list-style-type: none"> • Liaise with multi-agency colleagues, including those in the CCG, AMHP and social services regarding someone in crisis and use of frameworks. 	CBD Reflective notes Supervisor report
	Demonstrate an understanding of complex ethical issues relevant to the care of people with intellectual disability	<ul style="list-style-type: none"> • Assess capacity relating to medication in both routine and crisis situations and ensure clear documentation. 	CbD Mini-ACE Supervisor report
		<ul style="list-style-type: none"> • Undertake a report for the Court of Protection with appropriate supervision. 	CbD Supervisor report

	Give testimony at appropriately convened settings to review the legal status of a patient.		
	Meet the requirements to apply for relevant statutory approval where appropriate.		

HLO 3.2: Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
3.2 Working within NHS and organisational structures	Demonstrate understanding of the national health priorities for people with intellectual disability in your UK jurisdiction, including the rationale behind annual health checks and associated health plans.	<ul style="list-style-type: none"> Discuss in supervision to broaden understanding of the role of physical health in complex and crisis situations. Later in the placement, develop links with Primary Care networks 	Reflective notes Supervisor report CbD
		<ul style="list-style-type: none"> Ensure physical health is considered and addressed in complex and crisis situations. 	CbD Mini-ACE DOPS Reflective notes Supervisor report

HLO 4: Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Learning (Intellectual) disability psychiatry and the wider community.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
4.1 Health promotion and illness prevention in community settings	Apply an understanding of the range of health inequalities faced by people with intellectual disability and the multiple factors that contribute to premature mortality.		
	Demonstrate an understanding of public health as it applies to people with intellectual disability, including mortality and morbidity data and how this relates to health disparity.		
	Work with primary care, secondary care and statutory services as required to support your patients with intellectual disability in having their health needs met.	<ul style="list-style-type: none"> Undertake appropriately supervised work with all parties to ensure health needs are met and understood and appropriately addressed. 	Reflective notes CBD Mini-ACE Supervisor report
	Promote a healthy lifestyle in patients with intellectual disability and an understanding of the interrelationship between the body and the mind including the management of sleep, mental and physical disorders.	<ul style="list-style-type: none"> Attend the 'Healthy Life' group and lead a session on anxiety 	AOT
	Develop an understanding of the local data and how this compares with regional/national data.		
	Demonstrate knowledge of the screening required in your patients with a genetic cause of their intellectual disability with appropriate onward referral/advice.		

	Demonstrate an understanding of the physical health conditions associated with the most significant causes of morbidity and mortality in people with intellectual disability and engage with the local mortality review process for people with intellectual disability.		
	Demonstrate advanced understanding of the concept of diagnostic overshadowing and how this affects people with intellectual disability and the care they receive, including challenging when this occurs in both primary and secondary care.	<ul style="list-style-type: none"> • Discuss in supervision how to effectively challenge and address diagnostic overshadowing in the crisis situation. 	<p>Reflective notes Supervisor reports CBD</p>
		<ul style="list-style-type: none"> • Undertake appropriately supervised work with the multi-disciplinary team to ensure the causes of a crisis situation are understood. 	<p>Mini-PAT DOPS CBD Mini-ACE ACE Supervisor report</p>
	Demonstrate advocacy for your patients and support other health professionals to make reasonable adjustments.	<ul style="list-style-type: none"> • Liaise with Primary and Secondary care to ensure physical health investigations can be undertaken appropriately for your patients. 	<p>CBD Mini-ACE Reflective notes Supervisor reports</p>
		<ul style="list-style-type: none"> • Work with Health Facilitators and Liaison Nurses, as well as Advocates, to ensure needs are met. 	<p>Mini-PAT DOPS Reflective notes</p>

HLO 5: Demonstrate effective teamworking and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
5.1 Teamworking	Recognise the strengths and weaknesses within a team and demonstrate how to work with these, using emotional intelligence and maintaining an awareness of one's own cognitive biases.	<ul style="list-style-type: none"> Attend multi-disciplinary meetings, including senior leadership meetings to understand the stresses and roles of others Later in the placement, attend higher level management meetings within the Trust. 	Reflective notes Supervisor report Mini-PAT
		<ul style="list-style-type: none"> Work on complex cases, with the multi-disciplinary team and wider multi-agencies, and discuss in supervision the relationships and complexities of this type of working, and the impact it can have on patients. 	DONCS Mini-PAT Reflective notes Supervisor report ACE Mini-ACE
	Work in collaboration with patients with intellectual disability, their families and carers of all ages, and the multi-disciplinary team.	<ul style="list-style-type: none"> Undertake multi-disciplinary working for complex cases, including in crisis situations, and discuss in supervision the impact of these situations. Later in the placement, lead on a complex case and chair a meeting. 	Mini-PAT Mini-ACE ACE CBD Reflective notes Supervisor report

	Appraise, question and challenge the performance of other team members when standards appear to be compromised, and escalate concerns appropriately.		
5.2 Leadership	Understand the importance of leadership and the role of a consultant psychiatrist in intellectual disability, in the context of team and multiagency working.	<ul style="list-style-type: none"> Observe consultant leadership styles, and then under appropriate supervision take on more complex cases requiring leadership and the role of the consultant to draw together complexity. Later in the placement, chair multi-agency meetings, with support. 	Reflective notes Supervisor reports CbD Mini-ACE DOPS
	Develop and apply your own advanced leadership skills in a variety of clinical and non-clinical settings.		
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.		
	Demonstrate an understanding of how your own advanced leadership skills and behaviours impact on others and adapt your approach where appropriate to meet the needs of the team.		
	Lead, support and supervise others in both clinical and non-clinical settings.		

	Understand the principles of mentoring and its role in career development and apply this knowledge in your practice.	<ul style="list-style-type: none"> Mentor the CT in the team and discuss this in supervision 	Supervisor report
	Demonstrate an understanding of the principles underpinning the management and delivery of services for people with intellectual disability.		
	Manage and lead on improving and adapting the service in which you work, including managing referrals and delegating work appropriately.	<ul style="list-style-type: none"> Attend team multi-disciplinary referrals meeting to review referrals to psychiatry. Chair team multi-disciplinary referrals meeting to review referrals to psychiatry. Later in the placement, chair other meetings, in more complex situations, including crisis situations. 	Mini-PAT DOPS Reflective notes
		<ul style="list-style-type: none"> Input to crisis meetings offering clinical leadership. 	Mini-PAT Attendee feedback Supervisor reports
HLO 6: Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs

6.1 Patient safety	Understand and apply the principles of clinical governance, taking into account the impact of human factors and team dynamics, to assure patient safety and quality of clinical care.		
	Apply understanding of the serious incident review process taking appropriate action where required.		
	Demonstrate knowledge of risk management issues for services for people with intellectual disability, including risks to patients, families, carers of all ages, staff and members of the public.	<ul style="list-style-type: none"> • Discuss risk in context of development of management plans, including in crisis situations, and situations of placement breakdown. • Later in the placement, co-chair a meeting for someone in crisis, drawing in the risk issues. 	CbD Mini-ACE Mini-PAT ACE DONCS Supervisor report Reflective notes
	Understand the role of environmental risk assessment in intellectual disability settings and apply the principles of this to the settings in which you work.		
	Demonstrate knowledge of the relevant policies and procedures for patient safety in your organisation and how to escalate concerns if these arise.	<ul style="list-style-type: none"> • Undertake seclusion reviews as part of on-call rota. • Later in the placement, attend Dynamic Risk Register 	Reflective notes CbD
		<ul style="list-style-type: none"> • Liaison with safeguarding colleagues within own organisation. 	CBD Reflective notes Supervisor report

6.2 Quality improvement	Demonstrate knowledge of a range of quality improvement methodologies for developing creative solutions to improve services and apply this knowledge through participation and leadership of activity in your service.		
	Demonstrate knowledge of mechanisms for obtaining feedback from patients, the public, staff and other interested groups, and utilise the feedback obtained to implement/manage change.	<ul style="list-style-type: none"> • Work with multi-disciplinary team colleagues on locality Quality Improvement work. 	Mini-PAT Reflective notes Meeting minutes
		<ul style="list-style-type: none"> • Undertake review of communication in appointments and if it is effective, via anonymised patient/carer/family feedback. 	Anonymised feedback Supervisor report Reflective notes
	Understand the role of the 'expert by experience' in improving patient care and support patients with intellectual disability and their families and carers of all ages to undertake this role.		
	Understand the role of the 'expert by experience' in improving patient care and support patients with intellectual disability and their families and carers of all ages to undertake this role.		
	Demonstrate a clear understanding of local complaints procedures and participate in handling complaints made about services.		
	Participate in and lead on clinical governance activities, risk management and audit in order to improve the quality of the service.		

	Apply audit principles, relevant clinical guidelines and integrated care pathways to your own work and team practice.	<ul style="list-style-type: none"> Implement actions from previous audit cycle looking at prescription of ADHD medication and re-audit within appropriate time frame. 	Audit report Supervisor report
<p>HLO 7: Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Learning (intellectual) disability psychiatry.</p> <p>Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.</p>			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
7.1 Safeguarding	Recognise any health concerns, emotional and economic pressures impacting on carers of all ages, which contribute to vulnerability and safeguarding concerns in your patients with intellectual disability.		
	Work within legislative frameworks and local processes to anticipate and report safeguarding concerns, providing leadership when necessary.	<ul style="list-style-type: none"> Apply knowledge to complex cases, including in crisis situations, through attendance and contribution to Local Area Emergency Protocol Meetings (formerly Blue Light meetings). Later in the placement, attend MARM meeting and locality Dynamic Risk Register 	CBD DONCS Reflective notes Supervisor report

		<ul style="list-style-type: none"> Support colleagues to raise safeguarding concerns locally and via council processes. 	Mini-PAT Supervisor report
	Understand the role and responsibilities of psychiatric services in safeguarding people with intellectual disability and their support networks.		
	Demonstrate an understanding around the use of safe, approved restrictive interventions in psychiatric services and the guidance surrounding this and work with others to minimise the use of these in clinical practice.		
	Recognise signs of abuse and trauma in people with intellectual disability, their families, carers of all ages and the wider community.		
	Demonstrate applied knowledge of risk management, including risks to patients with intellectual disability, carers of all ages, staff and members of the public.		
	Assess risk, capacity to consent and the need for detention in complex cases with intellectual disability.	<ul style="list-style-type: none"> Review complex cases, in crisis situations, with the appropriate level of support. This could be either via the ID on-call rota or OOH 	CBD Mini-ACE Reflective notes Supervisor report
	Demonstrate an understanding of the issues around confidentiality in intellectual disability practice.		

	Include the views and voice of the person with intellectual disability when working within safeguarding processes, mindful of capacity.		
HLO 8.1: Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
8.1 Education & Training	Provide education and training to medical, multi-disciplinary and multi-agency colleagues including effective planning, delivery techniques and feedback using technology as appropriate.	<ul style="list-style-type: none"> Discuss with senior colleagues within MDT about education sessions, which can be designed and delivered. 	Attendee feedback Reflective notes Supervisor report
		<ul style="list-style-type: none"> Deliver a session for Primary Care colleagues on ID Psychiatry and STOMP, in conjunction with Health Facilitation colleagues from the MDT. Later in the placement, deliver a session to CCG colleagues. 	Attendee feedback Reflective notes
	Demonstrate knowledge of the process of continuing professional development and its role in maintaining practice and supporting revalidation.	<ul style="list-style-type: none"> Identify and attend an appropriate course, such as Tomorrow's teachers or Train the Trainer. Later in the placement, organise and deliver sessions 	Course certificate Course attendance register Reflective notes

		for ID teaching for CT trainees. <ul style="list-style-type: none"> Actively participate in Higher Education Programme 	
	Apply the principles of co-production in teaching and training with people with intellectual disability and their families/carers.		
HLO 8.2: Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
8.2 Supervision	Apply knowledge of the principles of clinical and psychiatric supervision, providing safe and effective clinical supervision in both emergency and non-emergency situations, in a timely manner.	<ul style="list-style-type: none"> Provide clinical supervision to other colleagues during on-call, including CT, GPVTS and FY. 	Mini-PAT Reflective notes
		<ul style="list-style-type: none"> Ensure own engagement in clinical and psychiatric supervision. 	Supervisor report Reflective notes
	Actively participate in clinical, psychiatric and educational supervision.	<ul style="list-style-type: none"> Actively seek clinical and psychiatric supervision, as well as ensuring engagement in educational supervision. 	Supervisor reports Reflective notes
HLO 9: Apply an up-to-date knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.			

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
9.1 Undertaking research and critical appraisal	Critically evaluate data, papers, reviews, and meta-analyses and implement findings in daily clinical practice.	<ul style="list-style-type: none"> Attend and present at locality teaching, and the ID academic meeting. (This would be an ongoing PDP item.) 	JCP CP AOT
	Translate research into local clinical practice and disseminate critical appraisal findings to wider communities.	<ul style="list-style-type: none"> Use current knowledge of research to develop management plans with patients, carers and families. Later in the placement, take an opportunity to develop a Trust guideline or policy. 	CBD Mini-ACE Reflective notes
	Apply knowledge of up-to-date appropriate statistical methods.		
	Demonstrate proficiency in the use of objective evidence-based clinical assessment instruments.		
	Work within ethical frameworks when carrying out or appraising research.	<ul style="list-style-type: none"> Develop and submit the study protocol for your planned research on easy read information Begin work on data collection once approval granted 	Research supervisor report
	Apply the principles of Research Study Protocols where available.	<ul style="list-style-type: none"> Develop and submit the study protocol for your planned 	Research supervisor report

		<p>research on easy read information</p> <ul style="list-style-type: none"> • Begin work on data collection once approval granted 	
	<p>Demonstrate practical contribution to an ethically approved research study.</p>	<ul style="list-style-type: none"> • Develop and submit the study protocol for your planned research on easy read information • Begin work on data collection once approval granted 	<p>Research supervisor report</p>