

Placement-specific personal development plan – Core 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	Old age community (CMHT and memory service)
Post Length	Six months
Training Year	CT1
Career Progression Plan	
CT1	General adult in-patient (six months, already completed), old age community (six months, this post).
CT2	General adult community post (six months), intellectual disability community post (six months)
CT3	Liaison post (six months), not sure yet – maybe forensic or PICU (six months)

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 medical doctor in psychiatry, 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 with patients, families, their carers of all ages and colleagues respecting their autonomy, diversity and valuing their contribution.	<ul style="list-style-type: none"> Undertake community assessments of older adults, also thinking about role of carers in both assessment and ongoing support of patients. Undertake joint visits with other members of MDT 	ACE CBD Reflective note Mini-PAT
	Supervisor sample progress comments	You have undertaken 1 x ACE and 2 x mini-ACEs with myself and the higher trainee. You have performed well in these but now need to concentrate on gathering more information from patients with dementia rather than just concentrating on carers	
	Understand, recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and carers of all ages and on working relationships with colleagues.		

	Consistently demonstrate a person-centred holistic clinical approach to patients that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism and boundaries.		
	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"> Use this six months in your first community post to develop your time management skills and ability to work more autonomously, including thinking about how to undertake home visits safely and effectively 	Mini-PAT Supervisor report
	Supervisor sample progress comments	You have chosen your mini-PAT assessors and been encouraged to include admin staff in this to gain a broad range, particularly as they help with your time management. We have discussed ways to assist you to complete admin work by thinking about dedicated admin blocks	
1.2 Professional Standards	Understand the impact of workload, patient 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"> Understand the principles of supervision in this post, e.g. trainee led, working towards attainment of capabilities, discuss complexities of working in community post across two services 	Supervision notes Reflective notes Supervisor report
	Supervisor sample progress comments	You have been extremely well prepared in supervision sessions, coming with a well-thought out list of patients to discuss and educational issues related to older adult mental health – well done!	

	Develop 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.		
	Use the method of receiving, reflecting and responding to understand and manage the emotional impact of work on yourself, the individual and the team, including the impact of suicide and homicide.		
	Consistently demonstrate a positive and conscientious approach to the completion of your work.	<ul style="list-style-type: none"> Write up assessments with agreed minimum targets (2 days for clinical notes and 1 week for letters to GPs unless urgent) 	<p>Reflective notes</p> <p>Supervisor reports</p>
	Supervisor sample progress comments	This was something you found more challenging at the beginning of the post because of a new way of working. We have thought about how to address this in supervision using admin time, outlook diary to plan tasks etc. Significant improvement noted	
	Make clear, accurate and contemporaneous records.		
	Demonstrate the ability to use reflective practice during psychiatric supervision throughout core training, and through consistent attendance at a Balint group or case-based discussion group for a recommended minimum of a year.	<ul style="list-style-type: none"> Attend regular Balint group sessions. Discuss not just clinical content of work in supervision, but ensure you also discuss wider complexities of working in mental health and the effects it has on you personally 	<p>CBDGA</p> <p>Reflective notes and supervision notes</p>

	Supervisor sample progress comments	We have discussed how your own personal experiences with dementia have provided some challenges but also some really useful skills and insights. We have discussed how you need to spend more time thinking about how you relate to patients presenting in crisis during your on-calls as you can find this challenging at times.	
	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 appropriate understanding of the ways in which you, as well as patients and others, communicate both verbally and non-verbally.	<ul style="list-style-type: none"> Discuss communication problems commonly associated with older adults in supervision. 	Supervision notes Reflective notes
	Supervisor sample progress comments	You have demonstrated excellent communication skills so far with your patients. However, we have talked about the need to ensure that clinical interactions are set-up effectively, e.g. ensuring patients understand purpose of assessment, that their needs and desired outcomes are also brought in to the clinical encounter	
	Consistently demonstrate effective communication approaches with patients and relevant others, including those with neurodevelopmental disorders making reasonable adjustments and adaptations where appropriate, including the use of new technologies.		

Consistently use active listening skills and empathic language which respects the individual, removes barriers and inequalities, ensures partnership and shared decision-making and is clear, concise, non-discriminatory and non-judgemental.		
Demonstrate effective communication and shared decision making with patients, taking into consideration their ideas, values, concerns and expectations.	<ul style="list-style-type: none"> • Discussion of management plans with patients after talking through case in supervision. • Avoid a paternalistic approach, particularly with patients with dementia 	Mini-ACE
Supervisor sample progress comments	We have undertaken a mini-ACE together where we disclosed a diagnosis of dementia to a patient and their family. This was well performed – now to look at discussing drug treatments for patients with functional illness using similar method	
Explain the outcome of assessment, treatment and management to patients, families, carers of all ages as well as relevant others.		
Demonstrate an inclusive approach which considers all aspects of communication, language, sensory and cognitive needs, as well as the ethnic, social, and cultural, context of a patient.	<ul style="list-style-type: none"> • Undertake assessments with patients with dementia who may have sensory and communication difficulties in addition to their cognitive difficulties 	ACE Mini-ACE
Supervisor sample progress comments	We undertook an assessment together of a person with hearing impairment as well as severe cognitive impairment. You used simple language and thought about other strategies, e.g. involving carers to	

aid communication.

HLO 2.2: Demonstrate skill 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.

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 an understanding of the history of psychiatry, the development of diagnostic concepts and psychiatric treatments, as well as the profession, and the historical relationships between psychiatry and society.		
	Demonstrate an appropriate understanding of a person-centred holistic approach to mental disorders, including a knowledge of developmental, social, cultural, spiritual/religious, trauma, adversity, genetic and epigenetic risks (including resilience and vulnerability factors) and neuro-biological influences on mental disorders.		
	Demonstrate an in-depth understanding of human psychology, including the importance of early relationships, attachment styles, parenting, the impact of adverse childhood experiences, and traumatic events throughout life.		
	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 an appropriate in-depth understanding of social determinants of health including the lived environment, deprivation and disadvantage and the impact these have on the aetiology and presentation of mental disorder across the lifespan.		
Apply knowledge of the pharmacodynamics, pharmacokinetics, efficacy, tolerability, interactions, and short and long-term side effects of medication.		
Receive a full psychiatric history from and perform a Mental State Examination (MSE) on, patients within a range of mental and neurodevelopmental disorders across the lifespan, in routine, urgent and emergency situations incorporating appropriate terminology	<ul style="list-style-type: none"> • Undertake assessments (both initial and follow-up) for a range of patients in both memory services and CMHT • Undertake assessments in out of hours work • Present cases in supervision and concentrate on psychopathology and communicating findings 	ACE Mini-ACE CBD Supervision notes
Supervisor sample progress comments	You have undertaken several assessments now in both CMHT and memory services. We have discussed how we should allocate some cases to you of patients presenting with behavioural and psychological symptoms in dementia	
Also 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.		
Assess the risk of self-harm, suicide, risk to others as well as other risks, and ensure a safety plan is in place.	<ul style="list-style-type: none"> Undertake assessments both in this post and out of hours and formulate risk assessments and management plan – discuss in supervision 	ACE Mini-ACE CbD
Supervisor sample progress comments	We have discussed risk as it applies to older adults in supervision and have used a case you saw with one of the CPNs of an older adult patient presenting with thoughts of self-harm. We discussed the need to ensure that an immediate safety plan is identified there and then as far as possible and accessing senior advice early	
Receive a collateral history from a range of informants involved in patient care.		
Conduct a thorough physical examination, undertaking relevant physical investigations and take responsibility for acting on your findings in a timely fashion.	<ul style="list-style-type: none"> Undertake physical examinations of patients in older adult settings in order to recognise how vital physical health skills and knowledge are in our services. Discuss interplay of physical health and mental health as it relates to our patients in supervision. 	Mini-ACE CbD
Supervisor sample progress comments	We have discussed physical health and its interplay with mental health in supervision and you have shown a growing understanding of this, particularly as it relates to people with dementia. We need to	

	arrange to see a patient together for you to undertake a relevant physical examination	
Thoroughly assess the general health of your patients, taking into account the interplay between physical health and psychiatric needs, considering nutritional, metabolic, endocrine, and reproductive factors, and the physical impact of substance use and addiction.		
Demonstrate skills in assessing and managing patients with addictions.		
Demonstrate an understanding of the inherent power imbalance between doctor and patient, particularly for those with protected characteristics, which can result in barriers to clinical effectiveness.		
Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.		
Clearly and concisely present the history, mental state examination, diagnosis and differential diagnosis, and findings of the physical examination using appropriate classification systems to other professionals.		
Use an appropriate formulation framework to devise a safe, systemic, effective, collaborative and co-productive management plan to ensure continuity of		

care in the immediate, short and longer term.		
Where appropriate, safely prescribe evidence-based pharmacological treatment referring to relevant guidelines.		
Demonstrate an understanding of how Electro-Convulsive Therapy (ECT) and other physical treatments can be used for the treatment of mental disorders and apply this under supervision.		
Demonstrate appropriate psychotherapeutic capabilities through having delivered treatment in a minimum of two psychotherapeutic modalities over both short and long durations in a suitable setting, under the governance of the Medical Psychotherapy Tutor.	<ul style="list-style-type: none"> To start short case (CBT) 	SAPE PACE
Supervisor sample progress comments	You are hopeful that a case will be identified in the next few weeks for you to undertake your CBT case – to email psychotherapy tutor again to discuss	

HLO 2.3: Demonstrate an understanding of the various factors that contribute to complexity and uncertainty within psychiatric practice and the impact that they have on self, patients, carers of all ages, and colleagues.

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
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2.3 Complexity & Uncertainty	Demonstrate an understanding of unconscious processes, including transference, countertransference, projection and splitting and the impact of these on yourself and others.		
	Review treatment and management plans of patients when the outcome is not as expected or hoped for.		
	Understand the limits of your clinical capabilities, seeking timely support and supervision when appropriate.	<ul style="list-style-type: none"> Discuss in supervision, ensuring you are aware of how to access support 	Supervision notes CBD
	Supervisor sample progress comments	At the beginning of the post you were somewhat reticent to ask questions about patients and stored these up for supervision – discussed my availability as supervisor and when and how to seek help as it is needed.	
	Observe, absorb, contain and reflect on complex clinical/non-clinical situations to develop a balanced response.		
	Manage increasing levels of uncertainty safely under supervision.	<ul style="list-style-type: none"> Take on increasing responsibility as post progresses, such as diagnosing dementia and beginning to formulate management plans 	CbD Reflective notes
	Supervisor sample progress comments	You have now disclosed a diagnosis of dementia in multiple patients and are feeling more confident with this. To now start thinking about developing management plans in patients with relatively non-complex functional illnesses, discuss in supervision and undertake these with patients	

HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients.

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
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Apply knowledge of the current legislation governing the care and treatment of people with mental disorders.	<ul style="list-style-type: none"> • Undertake capacity assessments of patients in relation to care and treatment. • To think about more complex capacity assessments in supervision and discuss current legislation e.g. DoLS 	CBD Mini-ACE Supervision notes
	Supervisor sample progress comments	We have undertaken a capacity assessment as part of one of your ACEs in relation to medication. We have discussed the principles of the MCA as it applies to older adults, including those in care homes. We will try to allocate a case with a more complex capacity decision to be made (e.g. financial capacity)	
	Balance the duty of care to the patient and the protection of others with the restriction of human rights when considering the use of legal powers.	<ul style="list-style-type: none"> • Discuss in supervision and where relevant relate to clinical case 	Supervision notes CBD
	Supervisor sample progress comments	We have discussed this in relation to a detained patient you saw on-call, allowing us to discuss some of the principles and practice of the MHA.	
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 working knowledge of local health and social care services, national health and care services and regulatory authorities through your interactions with them, both routinely and in unforeseen circumstances.	<ul style="list-style-type: none"> Discuss in supervision, particularly as it relates to older adults (e.g. how to refer to social care, interplay between CMHT and memory service), wider discussions around role of others e.g. GMC, CQC etc. 	Supervision notes Mini-PAT
	Supervisor sample progress comments	We have spent some time thinking about how local structures work, e.g. referrals to memory support workers, voluntary sector, adult social care etc. Need to spend more time in supervision discussing wider issues related to organisation in the NHS	

HLO 4: Apply core knowledge of mental and physical health promotion and illness prevention for patients 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	Apply an understanding of the factors contributing to health inequalities, and the social, cultural, spiritual and religious determinants of health.	<ul style="list-style-type: none"> Think about this in the context of older adults using different cases and how these factors affect health outcomes 	CbD Supervision notes

community settings	Supervisor sample progress comments	We have discussed three different cases you have seen of dementia and how socioeconomic status, ethnicity and religious belief had an impact on not only aetiology, but also ongoing risk, support structures etc.	
	Promote mental well-being and prevention of mental disorders within the context of societal change and social technology, identifying and challenging stigma and discrimination against people experiencing mental disorder.		
HLO 5: Apply teamworking and core 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	Demonstrate an awareness of how individual personal qualities, emotions and behaviours of both yourself and your team, impact on teamworking and the quality of patient care.	<ul style="list-style-type: none"> Go on a range of assessments with the team, understanding how team members work differently and how you relate to this 	Mini-PAT Reflective notes
	Supervisor sample progress comments	You found it difficult initially to 'find your place' in the team as they are very familiar with each other and we are still working remotely to a great extent – discussed how to integrate yourself more in to the team, being more vocal in meetings, offering joint visits etc.	
	Demonstrate a working knowledge of the roles and responsibilities of, and the interface between, multidisciplinary team members.	<ul style="list-style-type: none"> Discuss in early supervision 	Mini-PAT Supervision notes

	Supervisor sample progress comments	Completed in first two supervision sessions.	
5.2 Leadership	Recognise the leadership skills of others in a range of contexts.		
	Demonstrate the development and application of your own leadership skills.	<ul style="list-style-type: none"> Undertake joint visits with care co-ordinators and think about the skills you bring in terms of medical leadership, even though still at junior level of training 	Mini-PAT Supervision notes Reflective notes
	Supervisor sample progress comments	As above, this was more difficult for you at first. However, you have recently undertaken a home visit where you took the lead on the assessment and management of a patient who had become aggressive towards his wife as the care co-ordinator was new in role	
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.	<ul style="list-style-type: none"> To undertake clinical assessments and discuss power dynamics in supervision 	ACE Mini-ACE CBD Supervision notes
Supervisor sample progress comments	You show a good awareness of how your authority as a doctor can impact on the outcome of assessments as well as the therapeutic relationship, however you need to think about building confidence in terms of providing clinical opinions and advice to both patient & carers as well as other colleagues		

HLO 6: Participate in and promote activity to improve the safety and quality of patient care and clinical outcomes in your psychiatric practice 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	Ensure patient safety is paramount by understanding the principles and engage with the systems of clinical governance that assure safety and quality of patient care.	<ul style="list-style-type: none"> To attend local CMHT business meetings and reflective practice sessions. To attend senior management meeting as time permits To complete DATIX as relevant 	Supervision notes Reflective notes Supervisor report
	Supervisor sample progress comments	You have attended the team business meeting and have given some good suggestions regarding the duty doctor system in the team. You are planning to attend a senior management meeting with me next month.	
6.2 Quality improvement	Demonstrate an understanding of the impact on quality improvement activities in improving patient outcomes and system performance.	<ul style="list-style-type: none"> Discuss in supervision 	Supervision notes Reflective notes
	Supervisor sample progress comments	We discussed several things, including the role of the MSNAP accreditation programme and how we can use this to improve our service.	
	Undertake quality improvement activities relevant to your clinical practice.	<ul style="list-style-type: none"> Complete quality improvement project from first post 	Certificate
Supervisor sample progress comments	You are working with two of the other core trainees on a quality improvement project on improving the patient experience in one of the in-patient sites. Project is due to complete in next six weeks.		

HLO 7: Identify patients, their families and others from the wider community who may be vulnerable and work collaboratively in safeguarding their welfare.			
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	Demonstrate knowledge of the individual and systemic factors contributing to the vulnerabilities and safeguarding concerns in people of all ages.	<ul style="list-style-type: none"> Discuss safeguarding in supervision as it relates to older adults, particularly in terms of vulnerability and abuse. Complete safeguarding referral as appropriate. 	CbD Supervision notes Reflective notes
	Supervisor sample progress comments	We have discussed a couple of cases of patients and how safeguarding was a primary concern, one of which was a carer. Not yet had a need to directly raise a safeguarding alert	
	Work within legislative frameworks and local procedures to raise and report safeguarding and welfare concerns in a timely manner and contribute to safeguarding processes.		
HLO 8.1: Plan and provide 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	Apply the principles of lifelong learning to your own learning and teaching of others, including the principles of feedback.	<ul style="list-style-type: none"> Undertake teaching of medical students attached to the team 	AOT

	Supervisor sample progress comments	Gave great session on dementia to medical students – they have asked for more!!	
	Supervisor sample progress comments	<ul style="list-style-type: none"> Undertake session in local academic programme 	CP
	Supervisor sample progress comments	Coming up next week – case is prepared	
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	Actively participate in clinical, psychiatric and educational supervision.	<ul style="list-style-type: none"> Regular and effective attendance at supervision 	Supervisor report Supervision notes
	Supervisor sample progress comments	You have attended all supervision sessions regularly and have been well prepared and engaged. You also met with ES.	
	Consider how unconscious processes are managed effectively and safely to help with ongoing clinical care via supervision and reflective practice.		
HLO 9: Apply an up-to-date knowledge of research methodology, critical appraisal and best practice guidance to your clinical practice.			
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	Demonstrate knowledge of ethical frameworks and research methodologies when carrying out or appraising research.		
	Discuss the differences between research, audit, and quality improvement and how these approaches can complement each other.		
	Critically appraise research and understand generalisability of findings to different groups in the implementation of research findings in your clinical practice.	<ul style="list-style-type: none"> Undertake a journal club presentation 	JCP
	Supervisor sample progress comments	Completed in first post	
	Develop or participate in a research project where relevant research support is available.	<ul style="list-style-type: none"> Take part in local research project related to medication in dementia (qualitative research) 	Certificate of involvement
	Supervisor sample progress comments	You have agreed to take part in this study where you have been filmed discussing medication options with patients. Involved you consenting yourself as well as patients for the study – well done!	