

## Placement-specific personal development plan – Addiction 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.

<b>Post Description</b>	Addiction post (may be community, inpatient or mixture)
<b>Post Length</b>	One year
<b>Training Year</b>	ST5 (but applicable to other years of higher training)
<b>Career Progression Plan</b>	
<b>ST4</b>	
<b>ST5</b>	
<b>ST6</b>	
<b>Professional Development Sessions</b>	
<b>ST4</b>	
<b>ST5</b>	
<b>ST6</b>	

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
<b>1.1 Professional Relationships</b>	Work collaboratively with patients, families, carers of all ages and colleagues respecting their autonomy and valuing their contribution.	<ul style="list-style-type: none"> <li>Chair a professionals meeting (to include the patient/carers) and develop a clear multi-agency care plan.</li> </ul>	Minutes of the meeting. CbD. DONCs
	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.	<ul style="list-style-type: none"> <li>Chair a professionals meeting (to include the patient/carers) and develop a clear multi-agency care plan.</li> </ul>	Reflective log DONCs
	Consistently demonstrate a holistic and person-centred clinical approach to adult patients that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism and boundaries.		
	Demonstrate when working with others, the ability to be flexible, lead, use initiative, be able to prioritise, and be adaptable,		

	taking time to think and reflect in complex situations and tolerate uncertainty, including using new technologies as appropriate.		
<b>1.2 Professional Standards</b>	Demonstrate understanding of the role of personal and professional boundaries in the management of patients with substance use disorder (SUD) and Non-drug Addiction (NDA).	<ul style="list-style-type: none"> <li>Discuss in supervision the potential breakdown of boundaries that can occur when using social media and have an awareness of the organisation's policy in relation to social media</li> </ul>	Supervisor reports Reflections
	Demonstrate an understanding of the need for equality and diversity in addiction treatment.		
	Act appropriately on any concerns about own or colleagues SUD or NDA.	<ul style="list-style-type: none"> <li>Know what organisations exist in your area for healthcare workers with SUD or NDA and the referral routes.</li> </ul>	Supervisor reports Reflections
	Maintain appropriate professional standards whilst working clinically across organisations		
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.		
<b>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.</b>			
<b>High Level Outcomes (HLOs) and Themes</b>	<b>Key Capabilities (KCs):</b> By the end of this training year, you will be able to:	<b>Planned activities</b>	<b>Evidence including WPBAs</b>

<b>2.1 Communication</b>	Demonstrate the ability to communicate and advocate the current best practice around SUD and NDA evidence to professionals, patients, families and carers of all ages in appropriate formats.		
	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.	<ul style="list-style-type: none"> <li>Attend training in motivational interviewing</li> </ul>	Evidence of training in MI
		<ul style="list-style-type: none"> <li>Assess patients with communication difficulties by arranging appropriate interpreter, visual aids and other materials</li> </ul>	ACE
		<ul style="list-style-type: none"> <li>Liaise with relevant services including LD services and advocates to understand patient difficulties ensure effective communication</li> </ul>	ACE Mini-ACEs Case-based discussion and reflections
	Establish and maintain working and supportive relationships whilst understanding the needs of patients, families and carers of all ages.		
	Demonstrate skills in supporting those in challenging situations including when English is not their first language, involving the use of interpreters, and providing information in other languages.		
Demonstrate an understanding the principles of involving families, carers of all ages and social networks in the management of SUD and NDA.			

	Effectively advocate on behalf of patients with SUD or NDA and their carers in respect of public awareness and stigma.		
	Conduct motivational interviewing.	<ul style="list-style-type: none"> <li>Observing; training in motivational interviewing</li> </ul>	Written reflection on experience
	Effectively communicate across a range of professional bodies and organisations, policy, public awareness, and civil society.		
<b>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 Addiction psychiatry.</b>			
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
<b>2.2 Clinical Skills</b>	Assess the impact of SUD and NDA across a variety of clinical populations over the life span, as well as in a wide range of settings.	<ul style="list-style-type: none"> <li>Take a detailed Addictions history and physical examination, arrange necessary investigations and create a treatment plan for patients with SUD or NTA in; older adults, teenagers, pregnancy, prison or CJS settings.</li> </ul>	ACE Mini ACE CbD
		<ul style="list-style-type: none"> <li>Undertake clinical duties in a range of circumstances, including urgent and unexpected situations, and demonstrate how to manage these effectively, with an appropriate level of supervision.</li> </ul>	ACE Mini ACE CbD Supervisors' reports

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.		
Undertake a comprehensive risk assessment, putting in place an appropriate management plan.		
Demonstrate an understanding of the principles of harm minimisation and apply these in practice.	<ul style="list-style-type: none"> <li>• Discuss the principles of harm reduction, the potential benefits and risks.</li> <li>• Counsel a patient on safer drug use; safe injecting techniques, risks of shared equipment, accessing needle exchanges, contraception and naloxone.</li> </ul>	Mini-ACE CbD Reflective note
Demonstrate an understanding of the principles and availability of mutual aid and peer support for addiction.	<ul style="list-style-type: none"> <li>• Take a detailed history and develop a treatment plan for NDA.</li> </ul>	ACE Mini ACE CbD
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.		
Use formulation to devise a safe, effective, collaborative and co-productive		

management plan to ensure continuity of care in the immediate, short and longer term.		
Demonstrate an understanding of the principles of group therapies for addiction.		
Demonstrate an understanding of Addiction Psychiatry in inpatient settings, and treatments provided.	<ul style="list-style-type: none"> <li>Discuss a treatment/ recovery plan demonstrating awareness of 12 Step, Smart recovery and peer-led groups available.</li> </ul>	<p>CbD Reflective notes</p>
Demonstrate in-depth knowledge of person-centred holistic management of mental disorder and co-occurring SUD and NDA.	<ul style="list-style-type: none"> <li>Discuss a patient referral for inpatient treatment, the purpose of the admission, expectation for treatment and follow up.</li> </ul>	<p>Mini-ACE CbD</p>
	<ul style="list-style-type: none"> <li>Lead an Addictions inpatient ward round.</li> </ul>	<p>ACE Mini-Ace</p>
	<ul style="list-style-type: none"> <li>Take a detailed Addictions history and physical examination, arrange appropriate investigations and develop a management plan for co-morbid psychosis, mood disorders, anxiety disorders, intellectual disability, personality disorders and dementia.</li> </ul>	<p>ACE Mini-ACE CbD Reflective notes</p>
Demonstrate in-depth knowledge of integrated person-centred holistic management of alcohol, illicit and prescribed substances and NDAs.		
Demonstrate proficiency in acute medical management of in-patients with addiction.		

	Demonstrate knowledge and practical application of evidence-based behavioural change techniques.		
	Initiate and maintain a comprehensive care plan, potentially involving a broad range of agencies.		
	Manage intoxication in emergency settings.		
	Demonstrate proficiency in the use of relevant screening tools and rating scales and their relevance to diagnosis and management in patients with SUD and NDA.		
<b>HLO 2.3: Apply advanced management skills within Addiction psychiatry in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.</b>			
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
<b>2.3 Complexity &amp; Uncertainty</b>	Demonstrate an understanding of unconscious processes, including transference, countertransference, projection and splitting and the impact of these on yourself and others.		
	Demonstrate proficiency in the management and highly specialised treatment of patients with complex psychiatric, medical and social comorbidities.	<ul style="list-style-type: none"> <li>• Case work</li> <li>• Discussion in supervision</li> <li>• Case presentation to peers.</li> </ul>	CbDs Mini-ACE Assessment of Teaching



	Demonstrate an understanding of the place of highly specialised treatments for complex patients.		
	Demonstrate knowledge of the systemic complications of substance use, NDAs and relevant treatments.		
	Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual, and religious factors, including effects of deprivation, discrimination and racism.		
	Undertake appropriate risk assessments in patients who present with SUD and NDA.	<ul style="list-style-type: none"> <li>• Case work</li> <li>• Discussion in MDT/Ward rounds</li> </ul>	<p>CbDs Mini-ACE</p>
<b>HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Addiction psychiatry.</b>			
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
<b>3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction</b>	Demonstrate an understanding of the application of appropriate legislation in the management of patients with SUD and NDA.	<ul style="list-style-type: none"> <li>• Undertake both MHA and MCA assessments of patients with SUD and/or NDA</li> </ul>	<p>CbDs ACE</p>
		<ul style="list-style-type: none"> <li>• Case management</li> <li>• Discussion in team meetings and in supervision</li> <li>• Discussion in Grand Rounds where appropriate</li> </ul>	<p>CbDs DONCs Reflections Supervision records</p>

		<ul style="list-style-type: none"> <li>• Discussion with Trust Section 12 and legal teams where appropriate</li> <li>• Particular attention to application of Mental Capacity Act in Alcohol related cognitive impairment</li> </ul>	
	Demonstrate a working knowledge of the legislation around driving with respect to both drug and alcohol use.	<ul style="list-style-type: none"> <li>• Discuss with patients the legislation and their own responsibilities in relation to driving and alcohol/drug use.</li> </ul>	<p>CbD</p> <p>Case management</p> <p>Discussion in team meetings</p> <p>Journal club/peer group discussion</p> <p>Liaison with Primary care</p> <p>Reflections</p> <p>Supervision records</p>
	Meet the requirements to apply for relevant statutory approval where appropriate.		
<b>HLO 3.2: Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.</b>			
<b>High Level Outcomes (HLOs) and Themes</b>	<b>Key Capabilities (KCs):</b> By the end of this training year, you will be able to:	<b>Planned activities</b>	<b>Evidence including WPBAs</b>
<b>3.2 Working within NHS and organisational structures</b>	Demonstrate a working knowledge of the structure of national health, local authority and third sector services in the management of patients through your interaction with them.	<ul style="list-style-type: none"> <li>• Discuss these interface issues in supervision</li> <li>• Read relevant documents</li> <li>• Learn how to navigate services - speak or meet with/visit Local</li> </ul>	<p>Case management</p> <p>Team discussion</p> <p>Supervision</p> <p>CbD</p>

		<p>Authority (housing, social services) and third sector services / the police as this will help in advocating for the patient/client</p> <ul style="list-style-type: none"> <li>• Write reports as required (e.g., for housing)</li> <li>• Liaison with primary care and secondary mental health care, often in advocacy role</li> </ul>	DONCs
		<ul style="list-style-type: none"> <li>• Awareness of how addiction services are commissioned.</li> </ul>	<p>Reflection Discussion in supervision</p>
	<p>Demonstrate a working knowledge of the relationships between relevant regulatory bodies including the criminal justice system in service provision for patients with SUD and NDA.</p>	<ul style="list-style-type: none"> <li>• Attendance at multi-agency meetings.</li> </ul>	Meeting minutes
		<ul style="list-style-type: none"> <li>• Spend time with local commissioning bodies and discuss the processes in place for service design and delivery.</li> </ul>	<p>Reflection Discussion in supervision</p>
		<ul style="list-style-type: none"> <li>• Meet with governance leads for local agencies and discuss their policies and procedures in relation to clinical governance</li> </ul>	<p>Reflection Discussion in supervision</p>
	<p>Demonstrate an understanding of the differences in governance frameworks across organisations.</p>	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Liaison work - very important in managing co-morbidity</li> <li>• Collaborative working – especially with safeguarding and capacity issues</li> </ul>	<p>CbD Reflection</p>

		<ul style="list-style-type: none"> <li>• Collaborative working with clients presenting to ED, homeless services, at risk of HIV, Hepatitis C, brain damage</li> </ul>	
	Understand the relationship between SUD, NDA and mental health and social factors in service design.	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Liaison work - very important in managing co-morbidity</li> <li>• Collaborative working – especially with safeguarding and capacity issues</li> <li>• Collaborative working with clients presenting to ED, homeless services, at risk of HIV, Hepatitis C, brain damage</li> </ul>	CbD Reflection
<b>HLO 4: Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Addiction psychiatry and the wider community.</b>			
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
<b>4.1 Health promotion and illness prevention in community settings</b>	Engage with patients with addiction, their families, and carers of all ages and the wider community around health promotion and illness prevention.		
	Encourage and empower patients in the management of their condition.	<ul style="list-style-type: none"> <li>• Increase awareness on the common preventable and/or treatable conditions that affect people who use substances, e.g.</li> </ul>	Certificate of course attendance DONCs CbD

		<p>Hep C, COPD, soft-tissue infections</p> <ul style="list-style-type: none"> <li>• Undertake BBV training</li> <li>• Smoking cessation</li> <li>• Online training</li> </ul>	
		<ul style="list-style-type: none"> <li>• Signposting patients to other resources like relevant websites, leaflets, advocacy organisations like Mind who can provide advice, and to AA meetings</li> </ul>	<p>DONCs ACE Mini-ACE CbD</p>
		<ul style="list-style-type: none"> <li>• Understand the importance of informed consent and a rights-based approach to accessing health services/interventions</li> </ul>	<p>DONCs CBD Reflection</p>
		<ul style="list-style-type: none"> <li>• Inform/Involve the GP and other professionals of patients' current progress via letter and represent/support patient's needs in multidisciplinary meetings</li> </ul>	<p>DONCs CbD Meeting minutes Reflection</p>
	Apply your understanding of the factors affecting health inequalities and social, cultural, spiritual and religious determinants of mental and physical health to improve your patient's health.		
Undertake opportunistic brief interventions.			
Identify and challenge stigma and discrimination against people with	<ul style="list-style-type: none"> <li>• Explore through dialogue people's experience of accessing health care systems, (webinars,</li> </ul>	Reflection	

	addictions both amongst professionals and with the public.	workshops, conferences to include Expert by Experience views) <ul style="list-style-type: none"> <li>Read the current literature and watch relevant scientific documentaries on how stigma affects health outcomes for people who use drugs</li> </ul>	
		<ul style="list-style-type: none"> <li>After a consultation, give patients a questionnaire about their experience and collect responses</li> </ul>	Research report (Audit/QI)
	Demonstrate an understanding of, and implement, principles of harm minimisation and other public health measures.	<ul style="list-style-type: none"> <li>Experience the Needle and Syringe Provision and hepatitis clinic environment</li> <li>Trainees to shadow experienced doctor (Consultant/ Specialty Doctor) in OST clinics</li> </ul>	CbD Reflection
		<ul style="list-style-type: none"> <li>Understand through dialogue the place of OST in harm minimisation vs abstinence-based 'recovery'</li> </ul>	ACE Mini-ACE CbD Reflection
<b>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.</b>			
<b>High Level Outcomes (HLOs) and Themes</b>	<b>Key Capabilities (KCs):</b> By the end of this training year, you will be able to:	<b>Planned activities</b>	<b>Evidence including WPBAs</b>
<b>5.1 Teamworking</b>	Demonstrate the ability to work across a full range of service providers for people	<ul style="list-style-type: none"> <li>Attend and contribute to team meetings. Undertake joint</li> </ul>	ACE

	<p>with addiction and understand their role within local and national treatment systems.</p>	<p>working with members of the MDT.</p> <ul style="list-style-type: none"> <li>• Attend and contribute to case discussion and formulation meetings.</li> <li>• Awareness of different teams &amp; settings. Understanding of the organisational frameworks of Addictions services, relevant leadership roles and quality assurance. Awareness of multi-agency working and multi-agency safeguarding hubs.</li> <li>• Chairing meetings (ward round, professionals' meetings, best interests' meetings)</li> <li>• Discuss team dynamics and interfaces with other services, strengths and weaknesses in psychiatric supervision</li> <li>• Attend and contribute to team meetings. Undertake joint working with members of the MDT.</li> <li>• Attend and contribute to case discussion and formulation meetings.</li> <li>• Discuss team dynamics and interfaces with other services, strengths and weaknesses in psychiatric supervision</li> </ul>	<p>Mini-ACE CbD DONCs Reflection</p>
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	Demonstrate the ability to work closely with colleagues in the Multi-Disciplinary Team (MDT) and external statutory/non-statutory agencies.		
	Review and supervise the implementation of care plans with colleagues in the MDT.		
<b>5.2 Leadership</b>	Demonstrate appropriate assumption, sharing and delegation of responsibility in patients' best interests.		
	Demonstrate the ability to recognise and appraise the clinical and leadership skills of others in a range of contexts.		
	Develop supervision and mentorship skills to enhance the management of patients with SUD and NDA.	<ul style="list-style-type: none"> <li>Observe consultant leadership styles and reflect on these in psychiatric supervision</li> </ul>	Reflective notes Supervisor reports
		<ul style="list-style-type: none"> <li>Attend leadership training</li> </ul>	Attendance certificates
		<ul style="list-style-type: none"> <li>Supervise/observe applicants for NMP training</li> </ul>	Feedback from supervisee
		<ul style="list-style-type: none"> <li>Supervise and support the CT and nursing staff in complex clinical situations when consultant is not available for advice</li> </ul>	CbD MSF
<ul style="list-style-type: none"> <li>Attend/ chair a care-planning meeting involving multiple teams.</li> <li>Develop a joint care plan involving the patient, carers and services.</li> </ul>		CbD DONCs Meeting minutes	



		<ul style="list-style-type: none"> <li>Reflect on the roles/responsibilities of each person/discipline involved.</li> </ul>	Reflective notes
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.		
	Recognise the impact of leadership across systems and manage partnerships.		
<b>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.</b>			
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
<b>6.1 Patient safety</b>	Engage with the systems of clinical governance that assure safety and quality of care for patients with SUD and NDA.	<ul style="list-style-type: none"> <li>Attend service/organisational level governance meetings eg Medicines Management</li> </ul>	Meeting minutes Reflection
		<ul style="list-style-type: none"> <li>Engage/contribute to incident reviews and learning</li> </ul>	Report Reflection
	Promote the effective implementation of national clinical guidelines for patients with SUD and NDA.	<ul style="list-style-type: none"> <li>Engage with/undertake relevant clinical audit</li> </ul>	Report Reflection
<b>6.2 Quality improvement</b>	Demonstrate the importance of quality improvement to enhance patient safety and outcomes of patient care as applied to people with SUD and NDA.		

	Undertake quality improvement activities relevant to your clinical practice.	<ul style="list-style-type: none"> <li>Engage with/undertake clinical audit</li> </ul>	DONC Report Reflection
	Actively participate in service development work.	<ul style="list-style-type: none"> <li>Contribute to policy writing/development, and or other quality improvement activity</li> </ul>	DONC Report Reflection
	Demonstrate an awareness of national statistics to inform service development and practice as applied to populations with SUD and NDA.	<ul style="list-style-type: none"> <li>Engage with data/governance leads to understand how data captured for national datasets is used meaningfully to inform change at the local/delivery level</li> </ul>	DONC Report Reflection
<p><b>HLO 7: Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Addiction psychiatry.</b></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
<b>7.1 Safeguarding</b>	Demonstrate specialist knowledge of the individual and systemic factors contributing to the vulnerabilities and safeguarding concerns in people of all ages, their families, and carers of all ages with SUD and NDA.	<ul style="list-style-type: none"> <li>Conduct and document thorough risk assessments including vulnerability to abuse.</li> </ul>	ACE Mini-ACE CbD
		<ul style="list-style-type: none"> <li>Take thorough social and personal histories to identify factors contributing to safeguarding concerns</li> </ul>	Mini-ACE

	Work within legislative frameworks and local process to raise and report safeguarding concerns in a timely manner and contribute to safeguarding processes.	<ul style="list-style-type: none"> <li>Attend safeguarding training</li> </ul>	Training certificate
		<ul style="list-style-type: none"> <li>Know the referral criteria and local process for referring to safeguarding team</li> </ul>	DONCs Reflective notes
		<ul style="list-style-type: none"> <li>Attend multi-agency professionals meetings regarding safeguarding concerns</li> </ul>	Meeting minutes Reflection
<b>HLO 8.1: Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.</b>			
<b>High Level Outcomes (HLOs) and Themes</b>	<b>Key Capabilities (KCs):</b> By the end of this training year, you will be able to:	<b>Planned activities</b>	<b>Evidence including WPBAs</b>
<b>8.1 Education &amp; Training</b>	Promote and lead on the provision of effective education and training in Addiction Psychiatry across a wide range of settings.	<ul style="list-style-type: none"> <li>Deliver teaching in addiction in settings available to specific post.</li> </ul>	AoT Feedback from teaching.
<b>HLO 8.2: Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.</b>			
<b>High Level Outcomes (HLOs) and Themes</b>	<b>Key Capabilities (KCs):</b> By the end of this training year, you will be able to:	<b>Planned activities</b>	<b>Evidence including WPBAs</b>

<b>8.2 Supervision</b>	Demonstrate the professional qualities of an effective trainer, teaching and guiding individuals and groups, providing safe and effective clinical supervision in emergency and non-emergency situations or settings.	<ul style="list-style-type: none"> <li>Undertake supervision of another staff member – e.g. Foundation Doctor, NMP in training</li> </ul>	Feedback from supervision – from recipient and by observation.
		<ul style="list-style-type: none"> <li>Deliver teaching in addiction.</li> </ul>	AoT Feedback from teaching.
	Actively participate in clinical, psychiatric and educational supervision, demonstrating as appropriate effective skills, creating safe and effective learning environments.	<ul style="list-style-type: none"> <li>Engage in supervision</li> </ul>	Personal record of supervision in own portfolio
<b>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.</b>			
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
<b>9.1 Undertaking research and critical appraisal</b>	Describe a range of appropriate research methods for the investigation of SUD and NDA.	<ul style="list-style-type: none"> <li>Read research from smoking, alcohol, opioid and other addictions including NDA (e.g., Addiction journal)</li> <li>Note the range of research methods from brief interventions, through treatment research and genetics to large epidemiological databases, and research on mutual aid and the spiritual aspects of addictions</li> </ul>	Write an evidence-based review, case study Attend conferences

		<ul style="list-style-type: none"> <li>• Discuss in Journal Club with invited experts – locally, regionally</li> <li>• Develop an area of interest and contact a researcher - arrange a visit</li> <li>• Attend further training in research methods</li> <li>• Network at meetings/ conferences</li> </ul>	
	Understand the specific research ethics relating to people with SUD and NDA.		
	Demonstrate an awareness of substance use and NDA trends.		
	Demonstrate the ability to critically appraise research of the evidence base in addiction psychiatry and apply it to your clinical practice.	<ul style="list-style-type: none"> <li>• Arrange a regular journal club with colleagues to discuss relevant core and current literature</li> <li>• Identify, read, and apply appropriate treatment guidelines (NICE, Maudsley, DH)</li> <li>• Case management/case presentations</li> <li>• Present at team meetings</li> <li>• Discuss in supervision</li> <li>• Carry out an evidence review/metanalysis</li> <li>• Consider doing a higher degree e.g., MD, PhD, MSc in Addictions</li> </ul>	<p>CbDs</p> <p>Team meetings</p> <p>Supervision</p> <p>Supervision reports</p> <p>Reflections</p> <p>Published evidence-based review</p> <p>Attendance at Addictions conferences</p>

