A Competency Based Curriculum for Specialist Training in Psychiatry

Specialist Module in Child and Adolescent Psychiatry

Royal College of Psychiatrists

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INTRODUCTION

In preparing this curriculum we are indebted to the CAPSAC Advisory Papers (1999). We have built on that template and written for a generation of trainees and trainers who have grown up with a ‘high definition’ curriculum.

The curriculum provides the expectations for all trainees who work with children and adolescents in a CAMHS job during their core training years and for those undertaking higher training in Child and Adolescent Psychiatry. It is a competency-based curriculum, which strives towards excellence. For trainees who will only ever see child and adolescent patients in an emergency setting, the Core and General Curriculum contains the irreducible minimum of competencies necessary.

As the specialty of Child and Adolescent Psychiatry has developed and matured, the range of competencies expected of a trainee has expanded to such an extent that inevitably there will need to be some choice in training. Continuous professional development is now the norm and specialists will be expected to continue the acquisition of competencies well beyond the award of their Certificate of Completion of Training (CCT). In order to assist trainees and Training Programme Directors to construct training programmes that reflect competencies as well as trainee choice and service needs, we have described three levels of competency.

‘Under supervision’ – (as it says) the ability to carry out tasks **under supervision**

‘Competent’ – the ability to work **independently**

‘Mastery’ – the expertise to **supervise, teach** and **develop new ideas**

We have cross-referenced this with the stage of training by which we would expect a trainee to have acquired the competency.

**Year 1 of core training**

**Years 2-3 of core training**

**Year 4- 6 of higher training in Child & Adolescent Psychiatry**

The expectation would then be that to be safe to practise as an independent specialist, a higher trainee would need to achieve at least the level of **Competent** in most competencies and would likely achieve **Mastery** in some. However with continuing professional development, competencies could be built upon following CCT award. This might include specialist skills in therapeutic interventions or specialist assessment for example. This framework should make it easy for a trainee to record accurately their progress through training and should assist the process of workplace-based assessments, ARCP
appraisal and the construction of a portfolio. These elements would then support revalidation in a specialist post and provide a navigational aid to continuing professional development.

The competencies omit important aspects of training that apply to all psychiatrists e.g. Teaching and Supervision. These are addressed in the Core and Generic Curriculum.

Appendix II particularly indicates the professional attributes of a child and adolescent psychiatrist. It should be read in conjunction with the Core and Generic Curriculum as these are attributes that apply to all psychiatrists although there are particular nuances for Child and Adolescent Psychiatrists.

Appendix III indicates how this curriculum can map onto the CanMEDS (2005) framework and also onto Good Medical Practice (2006 – General Medical Council).
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<td><strong>Appendix III Mapping CanMEDS and Good Medical Practice onto the CAPFECC Curriculum</strong></td>
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</tbody>
</table>
1. **MAJOR COMPETENCY: Establishing and maintaining therapeutic relationships with children, adolescents and families**

1.1 Builds trust and respect

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<tr>
<th>Aspect</th>
<th>Developing Performance</th>
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<tbody>
<tr>
<td></td>
<td>Under Supervision</td>
</tr>
<tr>
<td>1.1 <strong>Builds trust and respect</strong></td>
<td>Treats children young people and parents with respect including confidentiality</td>
</tr>
<tr>
<td></td>
<td>Can give children young people and parents an experience of their concerns being taken seriously</td>
</tr>
<tr>
<td></td>
<td>Convey appropriate therapeutic optimism</td>
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</tbody>
</table>

**1.1 Knowledge – Building trust and respect**
- Attachment theory
- Basic psychodynamic theory
- Basic systemic theory
### 1.1 Skills – Building trust and respect

- Observing confidentiality, even with young children when it does not jeopardize safety
- Share information, involving children, young people and parents in decision making and obtaining consent from the appropriate person
- Being able to combine staying in touch with the patient’s feelings with reflecting what is going on
- Tolerating uncomfortable feelings
- Staying aware of the patient’s level of anxiety
- Judging when the patient is ready to consider a new perspective on their difficulties
- Talking about the patient’s difficulties in a respectful and thoughtful fashion
- Maintaining a therapeutic alliance with patients who are very resistant to looking at their difficulties in new ways

### 1.1 Behaviours– Building trust and respect

- Courtesy, compassion and sensitivity to the patient’s needs
- Sympathy for human frailty and a non-judgemental behaviour
- Shows sensitivity to family, cultural and social circumstances
2. MAJOR COMPETENCY: SAFEGUARDING CHILDREN

2.1 Detects alterations in children’s development that might suggest the child has been maltreated or neglected
2.2 Works with the family and professional network to clarify and manage safeguarding
2.3 Rehabilitating children who have been abused and/or neglected

<table>
<thead>
<tr>
<th>Aspect</th>
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<th>Under Supervision</th>
<th>Competent</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Detects alterations in children’s development that might suggest the child has been maltreated or neglected</td>
<td></td>
<td>Can distinguish the normal range of sexual behaviour in a developmental context from abnormal behaviour</td>
<td>Recognises more complex patterns of presentation of physical, sexual and emotional abuse</td>
<td>Can guide other agencies in complex child mental health and safeguarding issues</td>
</tr>
</tbody>
</table>

**2.1 Knowledge – Detects alteration in child’s development**

- Major risk factors of abuse e.g. substance misuse, adult mental illness
- Normal patterns of attachment
- Effects of neglect, abuse and domestic violence on children and adolescents
- Knowledge of the long term impact of child abuse and neglect on child’s healthy development including personality disorder and adult mental illness
- Patterns of family and parental behaviour that may raise concerns of coercion, exploitation of power and secrecy
- Knowledge of how presentation of abuse may be altered in children with learning difficulties and other developmental disorders

**2.1 Skills – Detects alteration in child’s development**

- To listen in a manner which engenders trust
- Not to ask leading questions
- Can determine when it is appropriate to explore matters further in this particular interview
- Knowing when to hand to more formal assessment
### 2.1 Behaviours – Detects alteration in child’s development
- Keeps an open mind, not jumping to conclusions
- Seek senior guidance early

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<tr>
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<tbody>
<tr>
<td><strong>Under Supervision</strong></td>
<td><strong>Competent</strong></td>
</tr>
<tr>
<td>2.2 Works with the family and professional network to clarify and manage safeguarding</td>
<td>To be alert in emergency situations such as self-harm to the possibility of safeguarding issues</td>
</tr>
<tr>
<td></td>
<td>To know when to raise obvious safeguarding concerns to the competent authority</td>
</tr>
<tr>
<td>2.2 Knowledge - Works with everyone to achieve safeguarding</td>
<td>Can manage systemic anxiety to enable best outcomes for the child</td>
</tr>
<tr>
<td>2.2 Skills - Works with everyone to achieve safeguarding</td>
<td><strong>Balance of risk of interventions</strong></td>
</tr>
<tr>
<td>2.2 Behaviours - Works with everyone to achieve safeguarding</td>
<td>Open, collaborative behaviour</td>
</tr>
<tr>
<td>Aspect</td>
<td>Developing Performance</td>
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<tr>
<td></td>
<td>Under Supervision</td>
</tr>
<tr>
<td>2.3 Rehabilitating children who have been abused and/or neglected</td>
<td>Therapeutic work for family members or whole families where there has been abuse or neglect</td>
</tr>
</tbody>
</table>

**2.3 Knowledge – Rehabilitating**

- As above for assessment and working with agencies
- Effects of abuse on behaviour, emotions and betrayal of trust in disrupting family function
- Knowledge of methods of intervening to repair damage
- Ongoing risk assessment
- Prognostic indicators

**2.3 Skills – Rehabilitating**

- Applying the knowledge above in a sensitive but appropriately cautious manner
- Maintaining clarity of risk assessment
- Gets appropriate supervision / consultation throughout therapy

**2.3 Behaviours – Rehabilitating**

- Empathic regard for the child and family’s experience
- Maintaining therapeutic optimism
- Maintain appropriate vigilance about risk
3. **MAJOR COMPETENCY: undertake clinical assessment of children and young people with mental health problems**

3.1 History taking using developmental approach (from parents and child/adolescent) where appropriate

3.2 Physical examination

3.3 Use rating scales/questionnaires/structured assessment instruments

3.4 Seeking information from other sources

3.5 Diagnosis, formulation and feedback of assessment and management plan to parents and child/adolescent

3.6 Note-keeping and clinical correspondence

<table>
<thead>
<tr>
<th>Aspect</th>
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<tbody>
<tr>
<td><strong>3.1 History taking and interviewing using developmental approach</strong></td>
<td></td>
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<tr>
<td>- From parents</td>
<td></td>
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<tr>
<td>- From child or adolescent</td>
<td></td>
</tr>
<tr>
<td><strong>Under supervision</strong></td>
<td><strong>Competent</strong></td>
</tr>
<tr>
<td>Documentation of directly observed assessments carried out by experienced clinicians</td>
<td>History taking &amp; documentation of routine cases without direct supervision</td>
</tr>
<tr>
<td>History taking, using &amp; documentation of routine cases under direct supervision</td>
<td>History taking &amp; documentation of complex cases</td>
</tr>
<tr>
<td>History taking &amp; documentation of complex cases under direct supervision</td>
<td>Assessment of risk of:</td>
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<tr>
<td></td>
<td>• Deliberate self-harm</td>
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<tr>
<td></td>
<td>• Harm to others</td>
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<tr>
<td></td>
<td>• Abuse</td>
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<tr>
<td>Assessment of risk of:</td>
<td></td>
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<tr>
<td></td>
<td>• Deliberate self-harm</td>
</tr>
<tr>
<td></td>
<td>• Harm to others</td>
</tr>
<tr>
<td></td>
<td>• Abuse</td>
</tr>
<tr>
<td>Provide supervision for less experienced trainees in routine cases</td>
<td></td>
</tr>
<tr>
<td>Provide supervision for less experienced professionals in complex cases</td>
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</tbody>
</table>
### 3.1 Knowledge – History taking
- Awareness and knowledge of range of disorders presenting in childhood and adolescence & associated signs & symptoms
- Knowledge of major diagnostic classificatory systems (ICD; DSM)

### 3.1 Skills – History taking
- Use of developmentally appropriate communication skills to elicit history from children across the age range and developmental span, and from parents, including those with learning difficulties

### 3.1 Behaviours – History taking
- Shows sensitivity behaviour to cultural and ethnic issues and beliefs
- Non-judgemental

<table>
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<tr>
<th>Aspect</th>
<th>Under supervision</th>
<th>Developing Performance</th>
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</thead>
<tbody>
<tr>
<td><strong>3.2 Physical examination of children</strong></td>
<td>Basic physical examination of child/adolescent</td>
<td>Recognition of need for more expert paediatric opinion</td>
</tr>
<tr>
<td></td>
<td>Use of height, weight and growth centiles</td>
<td>Request appropriate laboratory/investigations</td>
</tr>
<tr>
<td></td>
<td>Basic neurodevelopmental examination</td>
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<td></td>
<td>Recognition of major dysmorphism</td>
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</tbody>
</table>

### 3.2 Knowledge – Physical examination
- Legal framework of informed consent as applicable in child and adolescent practice
- Range of appropriate investigations for psychiatric disorders in children and adolescents, including alcohol and substance misuse
- Appropriate investigations for major causes of learning disability
- Appropriate physical and laboratory monitoring for patients on medication
### 3.2 Skills – Physical examination

- Obtain consent appropriately
- Physical examination of children and adolescents (putting child at ease, appropriate developmental approach) with appropriate chaperoning
- Recognition of acute medical illness

### 3.2 Behaviours – Physical examination

- Aware and sympathetic behaviour towards the anxiety and fear felt by children & adolescent subject to examination

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<th>Mastery</th>
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<tbody>
<tr>
<td>3.3 Use of appropriate rating scales / questionnaires / instruments</td>
<td>Recognition of appropriate range of rating scales for clinical situations</td>
<td>Administration of (use &amp; interpretation) appropriate scales for clinical situations</td>
<td>Use of diagnostic instruments that require further specific training (eg autism specific instruments)</td>
</tr>
<tr>
<td></td>
<td>Use of simple rating scales</td>
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### 3.3 Knowledge – Use of Questionnaires etc.

- Range of assessment tools for the common child psychiatric disorders

### 3.3 Skills – Use of Questionnaires etc.

- Selection and administration of appropriate clinical assessment tools

### 3.3 Behaviours – Use of Questionnaires etc.

- Ability to interpret results in the context of the child or young person’s attitude to the procedure
### 3.4 Seeking information from available outside sources

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<thead>
<tr>
<th>Under supervision</th>
<th>Competent</th>
<th>Mastery</th>
</tr>
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<tbody>
<tr>
<td>Ensures appropriate consent/permission</td>
<td>Ability to obtain information in a changing environment or difficult circumstances</td>
<td>Obtains information in a manner that enables therapeutic changes in others’ perception of the patient without breaking patient confidentiality</td>
</tr>
<tr>
<td>Identification of the appropriate network around the individual child and family and channels of communication</td>
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</table>

#### 3.4 Knowledge – seeks collateral information
- The network of services around the child and family and their respective roles

#### 3.4 Skills – seeks collateral information
- Obtain relevant information from all appropriate agencies, with appropriate consent

#### 3.4 Behaviours – seeks collateral information
- Shows respect for other agencies and the constraints under which they operate

### 3.5 Diagnosis formulation and feedback of assessment and management plan to parents and child or young person

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<thead>
<tr>
<th>Under supervision</th>
<th>Competent</th>
<th>Mastery</th>
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<tbody>
<tr>
<td>Synopsis of presentation, with key psychosocial (psychological, family, social, cultural) and biological factors</td>
<td>Linking of descriptive and aetiological formulation/diagnosis with appropriate multi-modal management plan</td>
<td>Formulation skills needed for second opinions</td>
</tr>
<tr>
<td>Identification of all relevant predisposing, precipitating and perpetuating factors; risk and vulnerability factors</td>
<td>Recognition of contributions necessary from other agencies</td>
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<tr>
<td></td>
<td>Identification of all relevant predisposing, precipitating and perpetuating factors; risk and vulnerability factors</td>
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</table>
### 3.5 Knowledge – Formulation and Feedback

- Structures of child and adolescent formulations (encompassing biopsychosocial model)
- Multi-axial classification and how to use it
- Normal child development
- Knowledge of factors that impinge on development
- Knowledge of factors that impinge on expression of psychological functioning and on behaviour of children throughout the age range
- Knowledge of the expression of psychiatric disorders of children and adolescents throughout the age range/developmental range
- Knowledge of range of interventions, their indications and the contraindications
- Knowledge of risk and vulnerability factors in children and adolescents

### 3.5 Skills – Formulation and Feedback

- Recognition of aetiological factors
- Ability to reach diagnostic conclusions
- Summarising and describing main positive and negative findings from assessment
- Compilation of appropriate, feasible management plan
- Communication skills to feedback formulation and management plan

### 3.5 Behaviours – Formulation and Feedback

- Shows sensitivity to the impact of formulation (diagnosis and management plan) on parents
- Non-critical and sensitive behaviour to parent’s difficulties
### 3.6 Note-keeping and Clinical Correspondence

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<tr>
<td>Under supervision</td>
<td>Competent</td>
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<tr>
<td>3.6 Note-keeping and clinical correspondence</td>
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</tr>
<tr>
<td>Legible, signed, dated and relevant notes of all clinical contacts in accordance with CNST and local standards</td>
<td>Reports for various agencies (e.g. schools, SEN advice, Social Services, DLA, CICB)</td>
</tr>
<tr>
<td>Case summaries</td>
<td></td>
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<tr>
<td>Assessment letters</td>
<td></td>
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<td>Follow-up letters</td>
<td></td>
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<tr>
<td>Copying letter to parents/patients</td>
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**3.6 Knowledge – Note-keeping and Correspondence**

- Consent to share information
- Confidentiality and sharing of information on need to know basis including situations in which information may be shared without consent (child protection)
- Data protection
- Access to health records
- Local and CNST standards
### 3.6 Skills – Note-keeping and Correspondence

- Recognition of situations in which urgent communication is necessary
- Clear concise written communication skills in style and language appropriate for specific recipients and purpose, including potential adverse impact of copying letters to parents
- Recognising when copying letters to parents is contraindicated and how to address this
- Communicating difficult messages

### 3.6 Behaviours – Note-keeping and Correspondence

- Timely response to requests for information
- Adheres to standards of communication
4. MAJOR COMPETENCY: MANAGING EMERGENCIES

4.1 Assessment and management of psychiatric emergencies, including minimising risk to patients, parents and carers, yourself and others

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<thead>
<tr>
<th>Aspects</th>
<th>Developing competence</th>
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<tbody>
<tr>
<td></td>
<td>Under Supervision</td>
</tr>
<tr>
<td>4.1 Assessment and management of psychiatric emergencies, including minimising risk to patients, parents and carers, yourself and others</td>
<td>Assess and manage under direct supervision patients with common mental illnesses presenting in emergency (including suicidal feelings/acts, acute psychosis) Talking to parents and other professionals bearing in mind the special issues in relation to confidentiality in child and adolescent psychiatric practice To recognise from history and examinations the signs of any potential dangerous physical health problems or medication induced problems</td>
</tr>
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</table>

4.1 Knowledge – Assessing emergency & minimising risk

- Common physical illness in children and how these present
- Apply the principles of risk assessment and management.
- Maintain an effective working knowledge of current legislation as it applies to child and adolescent psychiatric practice.
- Demonstrate expertise in applying the principles of crisis intervention in emergency situations.
4.1 Skills – Assessing emergency & minimising risk

- To be able to recognise a sick child / young person
- Be able to manage the initial phase of a medical emergency and know when and to whom to refer
- Routinely employ safe, effective and collaborative management plans.
- Talking to children and young people about keeping themselves safe

4.1 Behaviours – Assessing emergency & minimising risk

- Maintains highly professional behaviour at all times
5. MAJOR COMPETENCY: PAEDIATRIC PSYCHOPHARMACOLOGY

5.1 To recognise the indications for drug treatment in children and young people.
5.2 To be able to explain the risks and benefits and develop treatment decisions collaboratively.
5.3 To be able to prescribe safely.

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<tbody>
<tr>
<td>Under Supervision</td>
<td>Competent</td>
</tr>
<tr>
<td><strong>5.1 To recognise the indications for drug treatment in children and young people</strong></td>
<td>Being able to apply treatment guidelines for common conditions</td>
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**5.1 Knowledge – Indications for medication**

- The scientific basis of psychopharmacology of specific psychiatric syndromes (neurobiology, neurochemistry etc).
- Define what is meant by ‘off-label’ and ‘off-licence’ prescribing in children
- Be able to carry out a thorough premedication work-up including physical and behavioural baseline investigations and monitoring (including use of rating scales)
- Interpret results of physical and behavioural investigations and monitoring and adjust medication accordingly.
- Record in case notes in a concise and easily accessible manner details of pre-medication work-up, medication dosage, symptoms, allergies and side effects rating scales.
- The ethical issues related to prescription of medication in children, including historical aspects of psychopharmacology in children, controversies etc.
- The therapeutic indications, evidence-base, pharmacokinetics, pharmacodynamics, interactions and side-effects (physical and behavioural) of medications commonly used in child and adolescent psychiatry.
- Medications used in child and adolescent psychiatry including: stimulants and non-stimulants for treating ADHD; SSRIs, TCAs, typical and atypical neuroleptics, mood stabilizers, medication for epilepsy, benzodiazepines, clonidine and melatonin.
- The behavioural and psychiatric side effects of medications used in paediatrics for physical disorders e.g. medication for epilepsy, steroids, retinoids.
- Know the premedication work-up and monitoring required for medications used in child and adolescent psychiatry.
- Know the dose ranges of commonly used medications in child & adolescent psychiatry, including dosage for initiation, how to titrate the dosage etc.
### 5.1 Skills – Indications for medication

- Be able to initiate and titrate the prescription of medications using appropriate and safe doses.
- Be able to integrate medication within a comprehensive treatment plan including psychological, behavioural and social interventions.

### 5.1 Behaviours – Indications for medication

- Able to appreciate the ‘scientific unknowns’ in the field of paediatric psychopharmacology and able and willing to discuss the above with parents and patients.
- Appreciate the importance of and explores the meaning of medication with children who are prescribed medication. (For example, medication is not given as punishment for naughty behaviour).

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<tbody>
<tr>
<td><strong>Under Supervision</strong></td>
<td><strong>Competent</strong></td>
</tr>
<tr>
<td>To be able to explain commonly used medication to most children and families</td>
<td>Explaining controversies in drug treatment and different pharmacological options</td>
</tr>
<tr>
<td>Advising in more complex cases where there is high anxiety, conflict or communication problems</td>
<td>Advise policy makers and the media</td>
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### 5.2 Knowledge – Explains risks and benefits of medication

- As above
- Know how to obtain valid and informed consent from children parents/ guardians.
### 5.2 Skills – Explains risks and benefits of medication

- As above
- Be able to offer psychoeducation (information about medications) in a clear manner that children and parents can understand. Provide written information if possible. Encourage questions. Negotiate individual treatment plans that include information on what to do if condition improves or deteriorates or side effects occur.
- Obtain informed consent and establish a therapeutic alliance with the child and their parents/guardians.
- Be able to involve and communicate with children and adolescents about medication choices, efficacy and side effects in a developmentally sensitive manner. Provide opportunities for children to express their views regarding medication.
- Be able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies (teachers, social workers), regarding the role of medication in different disorders including target symptoms, side effects and monitoring.

### 5.2 Behaviours – Explains risks and benefits of medication

- As Above
- Gives due importance to exploring parental and child beliefs and preferences regarding medication risks and benefits, paying special attention to and respect for social, cultural and ethnic differences.
- Strives to establish a strong therapeutic alliance whereby children and parents actively 'opt in' to treatment rather than being the passive recipients of medication.

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<th>Aspect</th>
<th>Developing Performance</th>
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<tbody>
<tr>
<td><strong>5.3 To be able to prescribe safely</strong></td>
<td><strong>Under Supervision</strong></td>
</tr>
<tr>
<td>Follow guidelines on the safety and efficacy of medication</td>
<td>Considers benefits of other modalities of treatment</td>
</tr>
<tr>
<td>Making risk benefit analysis of complex cases and prescribing including conditions where the evidence base is limited</td>
<td>Advising policy makers and the courts in malpractice cases</td>
</tr>
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</table>
### 5.3 Knowledge – Prescribes safely
- As above
- Has good working knowledge of the main treatments in child and adolescent psychopharmacology
- Keeping abreast of the recent advances in paediatric psychopharmacology

### 5.3 Skills – Prescribes safely
- As above
- Auditing one’s own practice
- Recognition and notification of untoward effects to the relevant authorities

### 5.3 Behaviours – Prescribes safely
- As above
- Shows awareness of the limitations of the evidence basis
- Remains alert to previously unrecognised effects and side-effects
- Openness and sensitivity to the patient’s attitude to risk and benefit
6. MAJOR COMPETENCY: PSYCHOLOGICAL THERAPIES IN CHILD AND ADOLESCENT PSYCHIATRY

6.1 Ability to assess suitability of child and adolescent patients for specific therapy
6.2 Ability to refer appropriately and monitor progress of child and adolescent patients in therapy
6.3 Ability to engage and deliver therapy to child and adolescent patients and families
6.4 Developing Performance

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<th>Aspect</th>
<th>Under Supervision</th>
<th>Competent</th>
<th>Mastery</th>
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<tbody>
<tr>
<td>6.1 Ability to assess suitability of child and adolescent patients for psychological therapy</td>
<td>Can discuss in supervision an appropriate range of psychological treatment options</td>
<td>For any individual patient, to be able to assess their appropriateness for psychological therapy. To be able to undertake and present an assessment of a patient/family for psychological treatment To be able to identify which modality is appropriate for their problem and circumstances. Be able to assess complex cases</td>
<td>To be able to train and supervise others in assessment for psychological therapy</td>
</tr>
</tbody>
</table>

6.1 Knowledge - Assesses for psychological therapies

- Knowledge of the theoretical basis and principles of major models of therapy in current use as these apply to children, adolescents and families.
- An understanding of the evidence base for different psychological treatments in the context of child and adolescent practice
- Models to consider:
  - Basic applied principles of learning theory
  - Attachment theory
  - Psychodynamic/psychoanalytic theory
  - Cognitive behavioural - individual, group, parent training
- Systemic theory and practice
- MST Working with parents
- Group theory
- DBT
- CAT
- Psycho-educational interventions
- Supportive psychotherapy

- The following core therapeutic approaches will require a more in depth understanding of theory and practice.
  - Family Therapy
  - Psychodynamic Psychotherapy
  - Individual CBT
  - Behavioural modification treatment

6.1 Skills - Assesses for psychological therapies
- Ability to discuss psychological therapies in supervision with respect to specific cases
- To be able to do a risk benefit analysis of the likelihood of a positive outcome for a specific patient
- The ability to explain a psychological therapy to a family including benefits and potential risks
- The ability to assess the understanding of the treatment offered and assess competency to give consent at an appropriate developmental level.
- Enabling families to tell their story in a way that opens possibilities for psychological interventions

6.1 Behaviours - Assesses for psychological therapies
- Shows respectful listening
- Respects the evidence base for the appropriateness of a specific treatment modality in a particular case
- Maintains a non-judgemental, empathic manner
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</thead>
<tbody>
<tr>
<td>6.2 Ability to refer appropriately and monitor progress of child and adolescent patients in therapy</td>
<td>To discuss in supervision the appropriate referral for patients for psychological therapy</td>
<td>Able to engage with and explain to a patient/family their need for psychological therapy, what this will entail and what outcomes can be expected</td>
<td>Monitoring complex cases where psychological treatment is part of a multi-agency package of treatment</td>
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<tr>
<td></td>
<td>To be able to review in supervision a patient’s progress in therapy</td>
<td>To make an appropriate referral for psychological therapy</td>
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<tr>
<td></td>
<td>To be able to discuss with team colleagues of different disciplines the appropriateness of a referral</td>
<td>To be able to contract with the patient and their therapist how the treatment of the case will be conducted and monitored</td>
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<td></td>
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<td>Engaging difficult patients/ families in a course of appropriate treatment</td>
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</table>

**6.2 Knowledge – Refers and monitors therapy progress**

- What constitutes a good referral for a particular therapy in a child and adolescent context
- Appropriate outcomes and complications of therapy
- Knowledge of the skills of different professional groups and agencies

**6.2 Skills – Refers and monitors therapy progress**

- Contracting patients/families and team members for therapeutic work
- Ability to write clear and concise referral letters
- High level of negotiation skills with both team and family
- Working within a therapeutic network
- Communicating work undertaken by other team colleagues in a network setting
6.2 Behaviours – Refers and monitors therapy progress

- Shows respect for the work of other disciplines and agencies
- Shows respect for the choices of patients and families especially when this conflicts with your recommendations.
- Demonstrates by their behaviour an awareness and sensitivity to the cultural context of families and its potential influence on the family’s ability to engage with psychological therapies

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<tr>
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<tr>
<td>6.3 Ability to deliver therapy to child and adolescent patients and families</td>
<td>To plan and conduct an appropriate course of therapy under close supervision</td>
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<td>To know when therapy has to be adjusted to the progress and needs of the patient/family</td>
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<td></td>
<td>To be able to use supervision appropriately</td>
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</table>

6.3 Knowledge – Delivers appropriate psychological treatment

- Knowledge of how to engage families/ individuals at different developmental stages
- Theoretical knowledge of the therapeutic process at different developmental stages
- Sound theoretical knowledge of the particular therapy being used as it applies to the patient’s developmental stage
- Knowledge of the expectations of the progress of therapy and when/how to end
- Knowledge of the theory of supervision
### 6.3 Skills – Delivers appropriate psychological treatment

- High level of ability in engaging patients and families in a developmentally appropriate manner
- Ability to use appropriate techniques in the chosen therapeutic modality
- Ability to keep patients engaged in therapy
- Ability to use supervision appropriately as a supervisee
- Ability to teach and supervise others in a particular therapeutic modality
- Ability to use supervision in a multidisciplinary team context
- Managing the delivery of psychological treatment within a complex network of agencies

### 6.3 Behaviours – Delivers appropriate psychological treatment

- Know your own limitations
- Behaves with respect towards patients taking account of the power differentials in a therapeutic relationship
- Maintains appropriate boundaries for the particular therapy being delivered
- Shows respect for others’ contributions to a treatment package
- Behaves in a non-discriminatory manner as it may apply in therapy
- Respects diversity as it may apply in therapy
- Can show evidence that behaves as a reflective practitioner
7. MAJOR COMPETENCY: ASSESSMENT AND TREATMENT OF CHILD AND ADOLESCENT NEUROPSYCHIATRY

7.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder

7.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders, Tourette Syndrome, and OCD

7.3 To be able to carry out an assessment of an individual with autism spectrum disorder

7.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions

7.5 To be able to contribute to the management of neuroepileptic conditions

(See also competency for history taking and assessment)

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<tbody>
<tr>
<td>7.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder</td>
<td>Contribute to the assessment of the child and family and add information to the multidisciplinary formulation</td>
</tr>
</tbody>
</table>

7.1 Knowledge – Neuropsychiatry assessment

- The behavioural and psychiatric presentation of progressive neurological disorder including impact upon cognition and development
- The psychiatric consequences, associations and impact on brain function of acquired brain injury
- Understanding of the neurological basis of psychopathology including neuroanatomy, neurophysiology and neuropsychology
### 7.1 Skills – Neuropsychiatry assessment

- Ability to carry out a psychiatric assessment of child in the context of brain injury or neurological disorder
- Ability to liaise with the wider care system including child health colleagues, families, education and social services about psychiatric sequelae of brain disorder

### 7.1 Behaviours – Neuropsychiatry assessment

- Respectful behaviour to young people with neuropsychiatric disorders and their carers
- Being aware of the limits of one’s competence and being ready to seek advice.
- Being supportive to parents in coming to terms with a diagnosis for their child in this domain
- Willing and able to act as an advocate for a young person whose developmental needs are not being met.

(See also competency for history taking and assessment)

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<tbody>
<tr>
<td><strong>7.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders and Tourette Syndrome, and OCD</strong></td>
<td><strong>Under Supervision</strong></td>
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<tr>
<td></td>
<td>Carry out assessment of child including taking history from multiple sources and observing the child in different settings</td>
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</tbody>
</table>

### 7.2 Knowledge – Understands range of neuropsychiatric disorders in childhood

- Understanding the clinical features associated with neuropsychiatric conditions
- Understanding the neurobiological basis for neuropsychiatric disorder including neuroanatomy, neurophysiology and neuropsychology
- Knowledge of the differential diagnoses and comorbidities associated with neuropsychiatric disorder
- Understanding of the impact of neuropsychiatric disorder on individual and family development
- Knowledge of the current evidence base for interventions.
### 7.2 Skills – Understands range of neuropsychiatric disorders in childhood

- Ability to carry out a comprehensive assessment of the child including parental accounts and information from educational professionals as well as direct observation of the patient.
- Ability to liaise with educational professional about the management of the patient in an educational setting
- Ability to assess and diagnose children presenting with a complex picture with comorbid conditions such as autism spectrum disorder, Tourette Disorder, Obsessive Compulsive Disorder and develop a management plan
- Ability to discuss and recommend appropriate psychological and pharmacological interventions

### 7.2 Behaviours – Understands range of neuropsychiatric disorders in childhood

- As above

(See also competency for Learning Disability)

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<tbody>
<tr>
<td>7.3 To be able to carry out an assessment of an individual with autism spectrum disorder</td>
<td>Contribute to the assessment of a child with autism through history taking and direct observation</td>
<td>Carry out assessment and diagnose autism in non complex cases using standard diagnostic criteria. Recognise the presence and implications of common comorbid conditions.</td>
<td>Carry out assessment of child presenting with complex symptomatology or with significant comorbidities.</td>
</tr>
</tbody>
</table>

### 7.3 Knowledge – Assesses autism and related disorders

- Understanding of the clinical features of autism
- Understanding of the core deficits in autism and how they impact upon the development of the child and their family
- Knowledge of the causes and development of autism including current and past theories and the evidence base for them

### 7.3 Skills – Assesses autism and related disorders

- Ability to take a developmental history and identify and follow up on features of autism spectrum disorder
- Ability to diagnose autism using standard diagnostic criteria
- Ability to modulate own behaviour to facilitate interaction with autistic individual
- Ability to recognise and diagnose conditions often comorbid such as learning disability, ADHD, Tourette Syndrome, epilepsy, dyspraxia and mental illness
- Ability to carry out a comprehensive assessment of the child using detailed assessments such as DISCO, ADI, 3Di, ADOS
7.3 Behaviours – Assesses autism and related disorders

- As above

(See also competency for psychopharmacology, working with networks, learning disability)

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<tr>
<td>7.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions</td>
<td>Commence and monitor medication as part of a comprehensive treatment plan</td>
<td>Contribute to development and initiation of a multiagency intervention</td>
<td>Develop and recommend a multiagency management plan.</td>
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<td></td>
<td>Liaise with legal services in relation to child care or forensic issues.</td>
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<td>Play a lead role in service development</td>
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</table>

7.4 Knowledge – Develops management plan for autism spectrum

- Understanding of the range of therapeutic interventions available for children with autism and the evidence base for these
- Understanding of the role of psychopharmacological interventions for children with autism
- Knowledge of the national and local policies in relation to prescribing medications off label or out of their licensed indications

7.4 Skills – Develops management plan for autism spectrum

- Ability to discuss use of psychotropic medications including the full range of side effects in young person with autism
- Ability to work psychotherapeutically with the family to assist them with creating an environment conducive to the child’s development
- Ability to liaise with other agencies in the management of individual cases as well as development of appropriate services to meet the child’s developmental needs

7.4 Behaviours – Develops management plan for autism spectrum

- As above
(See also Paediatric Liaison)

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<tbody>
<tr>
<td><strong>7.5 To be able to contribute to the management of neuroepileptic conditions</strong></td>
<td><strong>Under Supervision</strong>&lt;br&gt;Awareness of the presentation of seizure disorder as part of the differential diagnosis</td>
</tr>
</tbody>
</table>

### 7.5 Knowledge – Neuropsychiatric aspects of epilepsy

- The classification of epilepsy and its clinical presentation
- Knowledge of the range of antiepileptic medication in children
- The role of the EEG in children presenting with suspected seizures
- The range of behavioural syndromes associated with epilepsy
- The psychopharmacology of psychiatric disorder and its relationship to seizure disorder

### 7.5 Skills – Neuropsychiatric aspects of epilepsy

- Ability to carry out a detailed assessment of the child presenting with seizure disorder including interpretation of clinical observation of seizures
- Ability to formulate child’s presentation of non epileptic seizures with families and other professionals with a view to developing a management plan
- Ability to work psychotherapeutically with child and family in cases of seizure disorder and child with non epileptic seizures.

### 7.5 Behaviours – Neuropsychiatric aspects of epilepsy

- As above
8. MAJOR COMPETENCY: PSYCHIATRIC MANAGEMENT OF CHILDREN AND ADOLESCENTS WITH LEARNING DISABILITIES

8.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions
8.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan.
8.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems.
8.4 To be able to advise the courts/legal process in relation to children with learning disability
8.5 To be able to play a role in the development of mental health services for children and adolescents with learning disability

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<tr>
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<td>Under Supervision</td>
</tr>
<tr>
<td>8.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions</td>
<td>Contribute to the assessment and diagnostic process</td>
</tr>
</tbody>
</table>

8.1 Knowledge – Neuropsychiatric assessment of learning disability
- Normal and abnormal child development
- Neurobiology of brain development and the effects of genetic and environmental factors on this
- Aetiology of learning disability
- Concepts of clinical genetics and behavioural phenotypes
- Knowledge of the approaches to assessment of learning disability and of social competence
- Knowledge of psychometric assessments and the implications of these in terms of presentation and adaptive function.
8.1 Skills – Neuropsychiatric assessment of learning disability

- Able to communicate with children, adolescents and their carers with learning disability at the appropriate developmental level
- Able to take a developmental, medical and educational history
- Able to perform developmental assessments
- Able to interpret psychometric assessments (e.g., tests of IQ, global and social functioning) and the implications of these for the individuals’ development

8.1 Behaviours – Neuropsychiatric assessment of learning disability

- Behaves in a non-judgemental, respectful and supportive manner

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<tr>
<td>8.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan.</td>
<td>Under Supervision</td>
</tr>
<tr>
<td></td>
<td>Contribute to the assessment of the child and family and add information to the multidisciplinary formulation</td>
</tr>
<tr>
<td></td>
<td>Work psychotherapeutically with child or family or other carers</td>
</tr>
<tr>
<td></td>
<td>Initiate and monitor psychopharmacological interventions</td>
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</tbody>
</table>
### 8.2 Knowledge – Multi-disciplinary approach to learning disability

- Thorough knowledge of potential comorbid developmental disorders such as autism, ADHD, or tic disorders
- Knowledge of the range of psychiatric disorders and their differing presentation in individuals with learning disability
- Knowledge of family function, family systems and the impact of LD on these
- Knowledge of the presentation of physical disorder in children with LD
- Knowledge of the presentations of epilepsy and impact of its management

### 8.2 Skills – Multi-disciplinary approach to learning disability

- Able to take a developmental, medical and educational history and conduct a mental state examination in a person with LD
- Ability to undertake a physical examination and organic basic investigations to identify common causes of disturbance and coexistent medical conditions
- Ability to understand when more specialist assessment or physical investigations are required and organize these
- Ability to diagnose common comorbid conditions such as autism, epilepsy, ADHD and childhood onset mental illness
- Ability to contribute significantly to the multidisciplinary management plan especially with regard to pharmacology
- Able to work psychotherapeutically with children, families and other carers as well as other professionals in complex and challenging cases

### 8.2 Behaviours – Multi-disciplinary approach to learning disability

- Know the limitations of your clinical skills especially with regard to physical examinations and investigations
- Behaves sensitively when carrying out examination and investigations in vulnerable individuals
(Also refer to working with networks)

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<tbody>
<tr>
<td>8.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems.</td>
<td>Participate in multidisciplinary and multi-agency meetings assisting in understanding mental health formulation.</td>
<td>Work with other agencies to develop management plans to help individuals meet their developmental goals.</td>
<td>Work with other agencies to develop comprehensive management plans for children with complex needs to meet their psychological, educational and social developmental goals.</td>
</tr>
</tbody>
</table>

### 8.3 Knowledge – Multi-agency liaison for psychiatry of learning disability

- Understand the influence of social factors on intellectual and emotional development
- Understand the impact of disability on individuals, on families and on wider social systems
- Understand the roles of other disciplines involved in the multi-agency network
- Understand concepts of vulnerability and resilience in the field of disability
- Understand how environment influences the development of appropriate and maladaptive behaviours including the influence of educational strategy and policy
- Knowledge of the psychological approaches to increasing adaptive and reducing maladaptive behaviours

### 8.3 Skills – Multi-agency liaison for psychiatry of learning disability

- Ability to contribute to a multi-agency intervention plan
- Ability to work with a network of carers and professionals to resolve conflicts, manage anxiety and to assist in the development of appropriate therapeutic strategies
- Ability to contribute to early intervention programmes and support groups providing appropriate psychoeducation for families, carers and other professionals.

### 8.3 Behaviours – Multi-agency liaison for psychiatry of learning disability

- Shows respect for the differing views and meanings of disability in other agencies e.g. with regard to educational policies such as inclusion.
- Recognises and behaves respectfully towards the differing priorities and agendas of other agencies.
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<td>Under Supervision</td>
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<tr>
<td>8.4 To be able to advise the courts/legal process in relation to children with learning disability</td>
<td>Consider the role of the legal framework relating to the assessment of individuals with LD and offending or challenging behaviour</td>
</tr>
</tbody>
</table>

8.4 Knowledge – Advises courts on child psychiatry of learning disability

- Medico-legal framework relating to care and treatment of children and adolescents with LD and mental health difficulties (Mental Health Act, Children Act, Adults with Incapacity etc)
- Understanding of the principles of child protection in relation to LD
- Recognition of other factors that can underlie offending behaviour in young people e.g. autism, epilepsy, ADHD
- Concepts of fitness to be interviewed by police and fitness to plead
- Knowledge of networks available for assessment and management of young people with offending behaviour

8.4 Skills – Advises courts on child psychiatry of learning disability

- Ability to manage psychiatric component of a criminal case, liaising with other agencies
- Ability to assess fitness to plead in young person with LD

8.4 Behaviours – Advises courts on child psychiatry of learning disability

- As for 1 & 2 above.
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<tbody>
<tr>
<td><strong>8.5 To be able to play a role in the development of mental health services for children and adolescents with learning disability</strong></td>
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<tr>
<td><strong>Under Supervision</strong></td>
<td><strong>Competent</strong></td>
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<tr>
<td>Describe and document services for children with LD providing information for service mapping and development</td>
<td>Carry out needs assessment and describe gaps in service provision Assess the service needs of children in other settings such as local authority care or specialist residential schools</td>
</tr>
</tbody>
</table>

8.5 Knowledge – Develops LD child psychiatry service
- As for 1 2 3 4
- Understanding National framework documents and policies

8.5 Skills – Develops LD child psychiatry service
- Ability to negotiate at high level with managers from a wide variety of organisations including CAMHS, Adult LD Services, Social Service and Education

8.5 Behaviours – Develops LD child psychiatry service
- As for 1 and 2
- Shows appropriate assertiveness in advocating for patients
9. MAJOR COMPETENCY: PAEDIATRIC LIAISON

9.1 To be able to advise on the presentation of psychiatric disorder in the context of physical illness.
9.2 To be able to assess and manage cases of deliberate self-harm and other psychiatric emergencies that present in the A & E department or on the ward.
9.3 To be able to assess and manage somatisation disorders, abnormal illness behaviour, and cases of unexplained physical symptoms.
9.4 To be able to provide a liaison/consultation service to the paediatric team.

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<tbody>
<tr>
<td>9.1 To be able to advise on the presentation of psychiatric disorder in the context of physical illness.</td>
<td>Carry out a mental health assessment of child in the context of their physical presentation.</td>
<td>Ability to diagnose and formulate psychiatric presentation</td>
<td>Able to provide therapeutic interventions to assist in the management</td>
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</table>

9.1 Knowledge – Physical presentation of child psychiatric disorder

- Knowledge of the ways in which emotional, behavioural and developmental problems can be related to physical disorders and the physical presentation of the disorder.
- Knowledge of the presentation of organically based psychiatric disorders
- Understanding of common psychiatric sequelae of medications used to treat medical disorders
- Understanding of the psychiatric aspects of acute and chronic illness, life-threatening disease, physical disability, trauma (e.g. road traffic accidents)

9.1 Skills – Physical presentation of child psychiatric disorder

- Ability to adapt the assessment of the child to the context of their environment (e.g. busy paediatric ward)
- Ability to engage with the child and family during periods of increased levels of anxiety or distress
- Ability to describe the relationship between psychiatric disorder and physical disorder to both families and colleagues in a clear and understandable way.

9.1 Behaviours – Physical presentation of child psychiatric disorder

- To be flexible in responding to the requests from paediatric colleagues
- To be sensitive to the distress in families
- Shows respect for and a willingness to learn from child health colleagues
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<tr>
<td><strong>9.2 To be able to assess and manage cases of deliberate self-harm and other psychiatric emergencies that present in the A&amp;E department or on the ward.</strong></td>
<td>Ability to undertake a detailed psychiatric assessment.</td>
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<td>Ability to communicate findings to families, paediatric staff and the wider multidisciplinary team.</td>
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<td>Advocating for appropriate emergency admission of all self harm cases in children and adolescents.</td>
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**9.2 Knowledge – Assess self harm and other emergencies**
- Refer to assessment and formulation competencies
- An understanding of the specific issues in relation to impact of DSH on the child, the family and the wider child health system

**9.2 Skills – Assess self harm and other emergencies**
- Refer to assessment and formulation competencies

**9.2 Behaviours – Assess self harm and other emergencies**
- Acknowledgement though their attitude and behaviour the specific issues in relation to assessing a child who has self harmed and the impact of this on the family
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<tbody>
<tr>
<td><strong>9.3</strong> To be able to assess and manage somatisation disorders, abnormal illness behaviour, and cases of unexplained physical symptoms.</td>
<td><strong>Under Supervision</strong></td>
</tr>
<tr>
<td>Undertake a comprehensive psychiatric assessment of child and family</td>
<td><strong>Competent</strong></td>
</tr>
<tr>
<td>Develop a management plan based upon assessment and formulation</td>
<td><strong>Mastery</strong></td>
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<tr>
<td>Be able to communicate relationship between psychological mechanisms and presentation with physical disorder</td>
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<tr>
<td>Provide supervision to other team members.</td>
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**9.3 Knowledge – Assess and manage somatising disorders**
- An understanding of the potential psychological and systemic mechanisms that lead to physical presentation (predisposing, precipitating and perpetuating factors).

**9.3 Skills – Assess and manage somatising disorders**
- Ability to apply and explain the bio-psycho-social model in helping child, family and wider network to understand the nature of their difficulties.

**9.3 Behaviours – Assess and manage somatising disorders**
- Behaviour shows an understanding of the potential difficulties for a child and family in developing a mental health formulation for children presenting with physical disorder
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<tbody>
<tr>
<td>9.4 To be able to provide a liaison/consultation service to the paediatric team.</td>
<td>Participate in paediatric case discussions providing a limited child psychiatric perspective</td>
<td>In the context of paediatric service provide a psychiatric opinion on complex cases</td>
<td>Provide ongoing consultation and supervision of other professionals in dealing with complex cases.</td>
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</tbody>
</table>

### 9.4 Knowledge – Can provide paediatric liaison service

- See also competencies for working with networks
- Knowledge of the way in which paediatric services (hospital and Community) are organised, both for acute and chronic illnesses.
- An understanding of group and organisational behaviour, including a systemic perspective and an understanding of issues of role clarity and specificity

### 9.4 Skills – Can provide paediatric liaison service

- Ability to communicate with paediatric staff and families.
- Ability to apply consultation models with paediatric colleagues.
- Ability to present a child psychiatric perspective to other professionals and disciplines and in integrating this perspective with other ones.
- Ability to work within the framework imposed by paediatric constraints. These include the brevity of admissions and the need to constantly adapt to new techniques, treatments and protocols.

### 9.4 Behaviours – Can provide paediatric liaison service

- Willingness to learn from experienced professionals in other branches of health care
- Timely and appropriate recording of consultation in paediatric notes.
- Developing the flexibility to work within the constraints of the paediatric framework, and to adapt to the increasing shift from hospital to community working.
- Develops the ability to respond appropriately to paediatric requests for CAMHS input.
- Prioritises the child’s needs in a non judgemental manner when dealing with parental distress
- Ensures that an acknowledgement of the impact of mental illness on a young person is maintained.
## 10. MAJOR COMPETENCY: WORKING WITH NETWORKS

10.1 Work with key agencies - e.g. other health workers, social services, educational agencies, YOT, and other Tier 1 services and others

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<thead>
<tr>
<th>Aspects</th>
<th>Under supervision</th>
<th>Competent</th>
<th>Mastery</th>
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</thead>
<tbody>
<tr>
<td>10.1 Ability to work with key agencies. E.g. other health workers, social services, educational agencies, YOT, and other Tier 1 services and others</td>
<td>Appropriately refer individuals to other specialities or discipline</td>
<td>Describe the roles and responsibilities of other disciplines</td>
<td>Influencing at planning level</td>
</tr>
<tr>
<td></td>
<td>Written communication involving other agencies</td>
<td>Joint working with other disciplines</td>
<td>Work with other agencies to agree an integrated care plan for management of mental health problems</td>
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<tr>
<td></td>
<td>Attend case specific meetings with Consultant</td>
<td>Act as advocate for the needs of young people with mental health problems in the health and social care systems.</td>
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<td>Balance sharing of information vs confidentiality (need to know basis)</td>
<td>Develop joint protocol (eg with Paediatricians, ESW etc)</td>
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<tr>
<td></td>
<td>Provide a well co-ordinated multi-agency response to risk within the frameworks of the Children Act, mental health law, common law, human rights and criminal justice system</td>
<td>Provide a well co-ordinated multi-agency response to risk within the frameworks of the Children Act, mental health law, common law, human rights and criminal justice system</td>
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<tr>
<td></td>
<td>Develop and maintain effective relationships with primary care services leading to effective referral mechanisms and sharing of knowledge with the wider system</td>
<td>Consult to staff from other agencies</td>
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<tr>
<td></td>
<td>Manage conflict in multidisciplinary and multi-agency meetings</td>
<td>Contribution to multidisciplinary &amp; multi-agency working groups.</td>
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</tbody>
</table>
### 10.1 Knowledge – Can work across agencies

- Knowledge of both statutory & voluntary agencies
- Knowledge of the roles & responsibilities and limitations of members of the multidisciplinary staff in each of the agencies
- Theoretical understanding of systems & group dynamics
- Issues around confidentiality and protocols for joint sharing of information.
- Knowledge of key legislature in relation to interagency cooperation
- Knowledge of legislature affecting children eg SEN provision, Children Act, criminal Justice, etc
- In depth knowledge of National agendas & changes having an impact on multidisciplinary & multiagency working in relation to children & generally

### 10.1 Skills – Can work across agencies

- Ability to find out and arrange to meet with key individuals in general & around a particular case
- Developing an awareness of both overt & covert problems that can arise
- Effective representation of health/CAMHS perspective at multi-agency meetings;
- Recognition of issues of competence of staff and limitations to delegation
- Contribution to training of other disciplines & agencies
- Excellent leadership skills;
- Lead MDT-multi-agency discussion without support from trainer
- Excellent negotiating skills; In the interest of child able to negotiate disagreements whilst maintaining good working relationships
- Chairing multi-disciplinary working groups;
10.1 Behaviours – Can work across agencies

- Self-presentation – appropriate dress.
- Shows appropriate respect for other staff
- Remains available/accessible & not insular
- Acting in professional manner at all times to patients, parents and staff.
- Shows discretion.
- Shows an openness to considering own role in team dynamics.
- Prepared to be appropriately assertive and flexible according to the demands of individual situations
# 11. Major Competency: Medico-Legal Aspect of Child & Adolescent Psychiatry

## Major Competencies

11.1 Advise on young people’s competence (capacity) to make treatment decisions, consent and refuse treatment and confidentiality.

11.2 Prepare reports for the Family Courts.

11.3 Prepare reports for the Criminal Courts in child & adolescent mental health cases.

11.4 Attend court and presenting evidence.

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<th>Aspect</th>
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<th>Mastery</th>
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</thead>
<tbody>
<tr>
<td><strong>11.1 Advise on young people’s confidentiality, competence (capacity) to make treatment decisions, and consent and refuse treatment</strong></td>
<td>Warn young people about circumstances where it may be in their best interests that confidentiality is breached</td>
<td>Manage competent young people who don’t want their parents involved in treatment decisions</td>
<td>Provide second opinions in complex treatment cases</td>
</tr>
<tr>
<td></td>
<td>Assess competence to consent</td>
<td>Be approved under Section 12 of the Mental Health Act (or equivalent)</td>
<td>Advise organisations and train staff on emerging legal and ethical issues</td>
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<tr>
<td></td>
<td>Advising on the advantages and disadvantages of the different legal frameworks under which young people can be treated against their wishes</td>
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<td>Advise the Court on capacity to instruct or plead</td>
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</tbody>
</table>

## 11.1 Knowledge – Advises on competency, consent and refusal

- How to access legal advice.
- The relevant guidelines, case law and legislation.
- Who can give consent?
- What makes consent valid?
- What to do when there is no one who can give a valid consent.
- The evidence base for treatments recommended.
- Circumstance where there is a relative or absolute obligation to disclose confidential information about risks.
11.1 Skills – Advises on competency, consent and refusal

- Providing a full record of treatment discussions and decisions in the clinical notes.
- Informing young people and families about treatment choices.
- Supporting young people’s capacity for well-informed thoughtful decision-making.
- Managing uncertainty and disagreements over treatment decisions.
- Achieving the most appropriate balance between autonomy and protection.
- Judging when it is appropriate to treat against the wishes of the young person or someone with parental responsibility.
- Choosing the most appropriate legal framework.
- Judging when it may be clinically or ethically inappropriate to use an intervention sanctioned by law.
- Managing the tensions between good clinical practice, ethical practice and the law.

11.1 Behaviours – Advises on competency, consent and refusal

- Shows awareness of the limits of own competence and shows readiness to seek advice.
- Is not intimidated by the law and shows understanding of how it can be used to enhance young people’s autonomy and protection.

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<tbody>
<tr>
<td>11.2 Prepare reports for the family courts.</td>
<td>Contributing to a multi-disciplinary assessment and drafting parts of the report</td>
<td>Prepare a report independently or be principal author as part of a multi-disciplinary team assessment</td>
<td>Supervising others preparing reports for the court</td>
</tr>
</tbody>
</table>

11.2 Knowledge – Prepares family law reports

- Normal child and adolescent development and the impact of maltreatment on young people’s health and development.
- The scientific basis for possible conclusions and recommendations.
- The relevant guidelines, case law and legislation.
- Child protection services.
- The tasks of the Court.
- The role and duties of the expert witness.
11.2 Skills – Prepares family law reports

- In relations to duties to the court:
  - To have up-to-date, knowledge, skills and experience, in the area of expertise required by the court.
  - Only to comment within your area of clinical expertise
  - Stay independent and unbiased.
  - State any assumptions.
  - Not omit to consider material facts, which could detract from your concluded opinion.
  - Include any caveats or qualifications to the conclusions.

- Analysis of the evidence:
  - Provide a succinct well-argued opinion.
  - Include alternative conclusions or recommendations where the facts are still to be determined.
  - Consider the impact maltreatment has had or is likely to have on the child’s health and development.
  - Describe the child’s needs.
  - Estimate the parent’s ability to meet those needs.
  - Analyse the risks including long-term outcomes for the child.
  - Consider the potential for change.
  - Take account of the family culture and history.
  - Reference relevant best-practice standards and scientific evidence.
  - Set out areas agreement/disagreement with other experts.

- Make clear recommendations as appropriate on the:
  - Child’s placement, contact, treatment, education, safeguarding and prognosis.
  - Family’s, monitoring and confronting maltreatment, practical and emotional support, facilitating change, and prognosis.

11.2 Behaviours – Prepares family law reports

- Writes respectfully for the gravity of the decisions being made, the parties and the potential impact on children’s outcomes.
### 11.3 Preparing reports for the criminal courts in child and adolescent mental health cases

- As for 2 above.

### 11.3 Knowledge - Prepares criminal reports

- As for 2 above plus
- Assessment and treatment of adolescent mental health problems including substance-misuse.
- Origins of aggressive and other anti-social behaviour.
- Services for young offenders.

### 11.3 Skills & Behaviours - Prepares criminal reports

- As for 2 above, plus assessment of dangerousness.

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<tr>
<td><strong>11.4 Attend court and present evidence</strong></td>
<td>Under Supervision</td>
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<td>Observing court etiquette</td>
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<td>Participating in discussions with the parties outside of the court</td>
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### 11.4 Knowledge – Attends court and gives evidence

- As for 2 & 3 above.
- Court etiquette.
- The roles and duties of the other participants (judge, advocates etc).
- Burden of proof.

### 11.4 Skills & Behaviours – Attends court and gives evidence

- As for 2 & 3 above plus assists the court with a succinct, well-argued opinion under cross-examination delivered without fear or favour but maintaining human respect for the parties.
## 12. Major Competency: Inpatient and Day-patient Child and Adolescent Psychiatry

12.1 Manages complex clinical comorbidity in inpatient or day-patient setting
12.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team
12.3 Clinical care planning for child or adolescent patients
12.4 Working with families facing complex issues in an inpatient or day-patient setting
12.5 General medical skills for children / adolescents

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<tbody>
<tr>
<td>12.1</td>
<td>Take a detailed history involving complex comorbidity in an inpatient or an outpatient setting</td>
<td>Can treat straightforward cases in an inpatient or day-patient setting balancing psychological and psychopharmacological approaches</td>
<td>Can develop novel treatment packages appropriately using the resources of an inpatient or day-patient setting</td>
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<td>Can design an appropriate package of care for complex cases in an inpatient or day-patient setting</td>
<td>Can develop outreach work from an inpatient or day-patient setting</td>
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### 12.1 Knowledge – Manages complex comorbidity in intensive setting

- Knowledge of the patterns of comorbidity that are commonly seen in inpatient or day-patient children’s services and those seen in inpatient or day-patient adolescent services
- Good working knowledge of mental capacity as it applies to adolescent patients aged over 16 and how this is dealt with amongst younger children and adolescents
- Knowledge of uncommon patterns of comorbidity and their underlying causes
- Knowledge of the use of psychological approaches appropriate to treatment in an inpatient setting and the adaptations from outpatient treatment
### 12.1 Skills – Manages complex comorbidity in intensive setting
- Able to take a detailed accurate history from parents who may have been under considerable stress with sensitivity
- Can formulate inpatient cases and design a straightforward treatment plan
- Can integrate information from several sources to produce a working formulation leading to treatment plans involving several strands of intervention
- Knows which treatment strands to promote at different stages of a complex treatment regime.

### 12.1 Behaviours – Manages complex comorbidity in intensive setting
- Shows respect for patients, their parents and their team colleagues in stressful situations
- Shows attention to detail

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<tbody>
<tr>
<td>12.2 Provides day to day medical leadership for an inpatient or day-patient multidisciplinary team</td>
<td>Skills listed as competent for ST6</td>
<td>Is able to work with multidisciplinary team to make management plans for a range of patients on an inpatient or day-patient service</td>
<td>Is able to lead a large multi-disciplinary team through service developments</td>
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<td>Can weigh up with other team members the appropriateness of admissions and their timing in the light of current patient mix</td>
<td>Is able to demonstrate and encourage reflective practice throughout the team</td>
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<td>Liaises carefully with complex arrays of outside agencies</td>
<td>Shows excellence in liaising with other team members</td>
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<td>Advocates for their child patients in a balanced and respectful way</td>
<td>Develops a high regard for the team from others through the team’s approach to the care of their patients and their interactions with other agencies</td>
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<td>Consults other experts in an appropriate way so as to value both the internal skills and experience in the team whilst recognising the limits of their own skills and that of others</td>
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</table>
12.2 Knowledge – Provides day-to-day leadership in intensive setting
- Knowledge of complex task-based systems
- Knowledge of how people react to stressful situations
- Knowledge of the skills that make a good leader

12.2 Skills – Provides day-to-day leadership in intensive setting
- Demonstrates emotional intelligence
- Provides and accepts appropriate support to and from colleagues in team in difficult clinical situations

12.2 Behaviours – Provides day-to-day leadership in intensive setting
- Behaves with emotional intelligence

### Developing Performance

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</table>
| 12.3 Clinical care Planning for child or adolescent patients | Understands and contributes to Clinical care planning process in Child and Adolescent Psychiatry  
Able to carry out a detailed risk assessment for child and adolescent patients | Can gather the information to develop a safe clinical care plan document  
Can arrange and convene a clinical care planning meeting with the necessary external professionals  
Can lead a clinical care planning meeting | Contributes to or leads the development of Clinical care planning procedures for children and adolescents |

12.3 Knowledge – Clinical care planning in intensive setting
- Understands the risks appropriate for child and adolescent practice including safeguarding issues
- Knows the local procedures to follow if there are safeguarding issues
- Knows the issues that may arise from a mentally ill parent
- Knowledge of other agency services and what services may be mobilised to support a child or adolescent patient

12.3 Skills & Behaviours – Clinical care planning in intensive setting
- As with clinical skills in aspect 1
### 12.4 Working with families facing complex situations in an inpatient or day-patient setting

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<tbody>
<tr>
<td><strong>Under Supervision</strong></td>
<td><strong>Competent</strong></td>
</tr>
<tr>
<td>Can co-work a family with a more experienced colleague</td>
<td>Can lead psycho-education work with families</td>
</tr>
<tr>
<td>Can lead family work with more complex families</td>
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</table>

#### 12.4 Knowledge – Family work in intensive setting
- Understands the principles of family therapy and how these apply in an inpatient or day-patient setting
- Knowledge of resources for psycho-education for parents and siblings in relation to complex and serious psychopathology of children and adolescence

#### 12.4 Skills – Family work in intensive setting
- Skills to engage families
- Sensitivity to allow discussion of other aspects of family relationships within the context of psycho-education
- Skills to work sensitively with complex families with a very unwell child

#### 12.4 Behaviours – Family work in intensive setting
- As with clinical attitudes in aspect 1

### 12.5 General medical skills for children / adolescents

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<td><strong>Under Supervision</strong></td>
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<tr>
<td>Can carry out physical examination of child or adolescent</td>
<td>Can examine a child or adolescent for neurological soft signs</td>
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<tr>
<td>Recognises psychiatric presentations of physical illness in children and adolescents</td>
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June 2008
### 12.5 Knowledge – General paediatric skills in intensive setting

- Normal physical and investigation findings for children and adolescents
- Detailed neurological examination of children and adolescents and the meaning of abnormal findings
- Recognises stigmata of common patterns of genetic disorders
- Working knowledge of paediatrics and aware of own limitations

### 12.5 Skills – General paediatric skills in intensive setting

- Physical examination
- Venepuncture for children and adolescents
- Can carry out ECG examination (but may seek specialist advice on interpretation)
- Working knowledge of the basic management of paediatric conditions such as asthma, diabetes, thalassaemia, sickle cell disease etc, that may appear on a CAMHS inpatient or day-patient unit.

### 12.5 Behaviours – General paediatric skills in intensive setting

- Knows when they should be seeking specialist advice
### 13. MAJOR COMPETENCY - ADOLESCENT PSYCHIATRY

13.1 To be able to assess and manage psychiatric disorders commencing in adolescence or continuing from childhood
13.2 Is able to assess and manage early onset psychotic disorders in adolescence
13.3 Is able to assess and manage eating disorders in adolescence
13.4 Is able to assess and manage depressive disorders in adolescence
13.5 Is able to assess and manage cases of psychiatric emergencies that present in the community
13.6 Is able to undertake risk assessment of dangerous behaviour in adolescents with psychiatric disorder or suspected psychiatric disorder
13.7 Can assess and manage adolescents with conduct disorder, antisocial behaviour and risk taking behaviour including sexually harmful behaviour
13.8 Consultation to other agencies

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<td><strong>Competent</strong></td>
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</table>
| **13.1 To be able to assess and manage psychiatric disorders commencing in adolescence or continuing from childhood** | Participate in multidisciplinary and multi-agency meetings assisting in understanding mental health formulation and management. | Ability to supervise junior psychiatric staff  
Work with other agencies to develop management plans.  
Ability to independently diagnose and manage psychiatric presentation  
Implement care plans that are tailored to specific patient needs  
Ensure that treatments follow current guidelines available from scientific literature | Work with other agencies to develop comprehensive management plans for adolescents with complex needs to meet their psychological, educational and social developmental goals.  
Supervise junior CAMHS staff and other professionals in the assessment and management of disorders |
13.1 Knowledge – Can assess and manage adolescent psychiatric disorder

- Knowledge of normal adolescent development
- Understand the influence of social and family factors on adolescent development
- Knowledge of adolescent psychiatric disorders, comorbidity and prognostic indicators
- Understand the impact of psychiatric disorders on individuals, on families and on wider social systems
- Understand the roles of other disciplines involved in the multi-agency network
- Understand concepts of vulnerability, resilience and protective factors in the field of adolescent mental health
- Ongoing risk assessment
- Use a range of assessment tools
- Knowledge of appropriate psychological and pharmacological treatments for psychiatric disorders in adolescence
- Effective working knowledge of current legislation as it applies to adolescent psychiatric practise
- Effective working knowledge about informed consent as applied to an adolescent population
- Understand how environment influences the development of appropriate and maladaptive behaviours including the influence of educational strategy and policy
- Knowledge of the psychological approaches to increasing adaptive and reducing maladaptive behaviours

13.1 Skills – Can assess and manage adolescent psychiatric disorder

- Keep full and contemporary records of the assessment and management of patients.
- Listen actively, ask questions, clarify points and rephrase other statements to check mutual understanding of clinical issues.
- Appropriately obtain and document informed consent for treatment whenever possible.
- Use professional interpreters appropriately and be guided by their advice concerning cultural issues.
- Monitor patients’ clinical progress
- Ability to contribute to a multi-agency intervention plan
- Ability to reach diagnostic conclusion
- Develop and implement clear, competent care plan informed by research and current best practice, integrating biological, psychological, and socio-cultural interventions, according to the needs of each individual.
- Maintain clarity of risk assessment
- Wherever and whenever possible, work with patients and carers to develop collaborative management plans.
- Take decisions that are realistic for the situation.
- Use knowledge of current legislation to manage patients and ensure their access to appropriate care in the least restrictive fashion.
13.1 Behaviours – Can assess and manage adolescent psychiatric disorder

- Open collaborative behaviour
- Behaves sensitively to patients from varied ethnic and economic backgrounds.
- Develops skills in establishing and maintaining a therapeutic alliance.
- Routinely re-evaluate diagnostic and management decisions to monitor appropriateness and optimise care.
- Tests out feasibility and acceptability of decisions.
- Maintains a non-judgemental, empathic manner
- Maintains appropriate vigilance about risk
- Utilises the contributions of other professionals, particularly non-medical professionals, in the care of people with mental health problems and mental disorders, and collaborates effectively with those professionals to provide optimal care.
- Demonstrates a well-developed ability to communicate clearly, considerately and sensitively with people with mental health disorders, as well as carers, other health professionals and members of the general public, in a wide variety of settings.
- Use humanely and appropriately the provisions for involuntary hospitalization and treatment

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<tbody>
<tr>
<td>13.2 To be able to assess and manage early onset psychotic disorders in adolescence</td>
<td>Can make a diagnosis of psychosis in an adolescent with a typical adult presentation</td>
<td>Can make a diagnosis of psychosis in atypical situations and with comorbidity e.g. PDD or learning disability</td>
<td>Can consult to other professionals and offer second opinions to early intervention adult psychosis service in adolescent cases</td>
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<td>Can carry out psycho-education programme in family or group setting</td>
<td>Can develop a dedicated service for psychotic adolescents</td>
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<td></td>
<td>Can manage treatment with typical and atypical antipsychotic medication and mood stabilisers</td>
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### 13.2 Knowledge – Assess and manage early onset psychosis

- Range of appropriate physical investigations in typical cases
- Physical investigations for atypical cases
- Knowledge of appropriate questionnaire and structured and semi-structured interviews
- Knowledge of prodromal syndromes and their management
- Current treatment guidelines and their research evidence base
- Knowledge of presentation and management of comorbid disorders especially substance misuse
- Impact of psychotic illness on other family members
- Knowledge of appropriate family work

### 13.2 Skills – Assess and manage early onset psychosis

- Can elicit mental state from a psychotic adolescent
- Can assess risk in psychotic adolescent
- Can elicit mental state in the presence of comorbid disorders
- Can talk with young person about their illness and with other family members in the face of anxiety
- Can help to reduce high expressed emotion in the family
- Works collaboratively with other agencies

### 13.2 Behaviours – Assess and manage early onset psychosis

- All behavioural competencies from Competency 1
- At all stages:
  - Collaborative non-judgemental behaviour
  - Sensitivity to cultural, religious and ethnic issues
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<tr>
<td>13.3 To be able to assess and manage eating disorders in adolescence</td>
<td>Under Supervision</td>
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<tr>
<td></td>
<td>Can make a diagnosis of an eating disorder in an adolescent with a typical adult presentation</td>
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<td></td>
<td>Can diagnose and manage typical cases of eating disorders in childhood and in adolescence</td>
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<td>Can decide appropriateness of inpatient admission</td>
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</table>

13.3 Knowledge – Assess and manage eating disorders in adolescence

- Effects of eating disorders on disturbing physiology and of starvation
- Appropriate physical investigations
- Management strategies for cases of eating disorder and possible treatment interventions
- Current knowledge of evidence base for treatment of eating disorders in children and young people and their comorbidity

13.3 Skills – Assess and manage eating disorders in adolescence

- Ability to monitor physical risk
- Can apply psychological therapies under supervision

13.3 Behaviours – Assess and manage eating disorders in adolescence

- As in competency 1
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<tr>
<td>13.4 To be able to assess and manage depressive disorders in adolescence</td>
<td>Can assess and manage typical cases of adolescent depression</td>
<td>Can manage appropriate psychopharmacology interventions</td>
<td>Can develop and maintain service for affective disorders in adolescence</td>
</tr>
<tr>
<td></td>
<td>Can apply psychological treatments under supervision</td>
<td>Can offer psycho-education to families and to groups</td>
<td>Can manage mixed affective disorders</td>
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</table>

### 13.4 Knowledge – Assess and manage depression in adolescence
- Knowledge of differential diagnosis from physical disorders
- Knowledge of treatment options for depressive and mixed affective disorders in adolescence
- The impact of psychosocial factors on adolescent depression including child abuse
- Knowledge of comorbidity of depressive disorders including anxiety disorders and conduct disorders
- Knowledge of rating scales and questionnaires used to assess depression and change over time
- Psychopharmacology of treatments options for depression
- Treatment options for comorbid disorders
- Prognostic indicators
- Knowledge of link of self-harm with depression

### 13.4 Skills – Assess and manage depression in adolescence
- Can assess suicidality in adolescent patients
- Can apply appropriate psychological interventions
- Can engage families and young people
- Can communicate with schools and other agencies

### 13.4 Behaviours – Assess and manage depression in adolescence
As competency 1
### 13.5 Is able to assess and manage cases of psychiatric emergencies that present in the community

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<td></td>
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<td>Can formulate appropriate differential diagnosis and management plan</td>
<td>Can ensure a safe service for emergency presentations in the community</td>
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<td>Liaise with other agencies and communicate management plan</td>
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<td>Can supervise junior psychiatric staff in emergency situations in the community</td>
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**13.5 Knowledge – Assess and manage emergencies**
See Competency 13.1

**13.5 Skills – Assess and manage emergencies**
See Competency 13.1

**13.5 Behaviours – Assess and manage emergencies**
See Competency 13.1
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<tbody>
<tr>
<td><strong>13.6 To be able to undertake risk assessment of dangerous behaviour in adolescents with psychiatric disorder or suspected psychiatric disorder</strong></td>
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</tr>
<tr>
<td>Under Supervision</td>
<td>Competent</td>
</tr>
<tr>
<td>Applies knowledge of risk assessment of dangerousness towards others in adolescent context</td>
<td>Able to formulate the level of risk and take appropriate action in all circumstances Communicates with other professionals and other agencies about risks in adolescent patients</td>
</tr>
</tbody>
</table>

**13.6 Knowledge – Risk assess dangerousness in mentally ill adolescent**
- Knowledge of structured and semi-structured assessment tools for risk
- Knowledge of protective and vulnerability factors for risk in adolescence

**13.6 Skills – Risk assess dangerousness in mentally ill adolescent**
- Can collect information from documents, interviewing patient, parents and carers to provide a realistic assessment of risk
- Provide a clear risk assessment

**13.6 Behaviours – Risk assess dangerousness in mentally ill adolescent**
As in competency 13.1
<table>
<thead>
<tr>
<th>Aspect</th>
<th>Developing Performance</th>
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<tbody>
<tr>
<td><strong>13.7 Assesses and manage adolescents with conduct disorder, antisocial behaviour and risk taking behaviour including sexually harmful behaviour</strong></td>
<td><strong>Under Supervision</strong></td>
</tr>
<tr>
<td></td>
<td>Participate in multidisciplinary and multi-agency assessment and management of adolescents with conduct disorder and antisocial behaviour</td>
</tr>
<tr>
<td></td>
<td>Communicate with other professionals and other agencies about identified risks and their management</td>
</tr>
</tbody>
</table>

**13.7 Knowledge – Assess and manage antisocial behaviour when psychiatric basis**

- Aetiology of conduct disorder
- Treatment options for conduct disorders
- Prognostic indicators
- Knowledge of structured and semi-structured risk assessment tools including assessment of sexually harmful behaviour
- Knowledge of biological and psychosocial/family factors that influence antisocial behaviour including sexually harmful behaviour
- Knowledge of protective and vulnerability factors for conduct disorder, delinquency and sexually harmful behaviour
- Knowledge of multimodal treatment interventions for antisocial behaviour and sexually harmful behaviour
- Knowledge of legislation that applies to youth offending population
- Knowledge of YOT provisions
- Knowledge of secure units and specialist forensic services for adolescents with severe antisocial and risk taking behaviour
13.7 Skills – Assess and manage antisocial behaviour when psychiatric basis

- Can collect information from documents, interviewing patient, parents and carers to provide a realistic assessment of risks
- Provide a clear risk assessment and management plans
- Collaborative working with cross-agency networks
- Ability to contribute to a multi-agency intervention plan
- Ability to engage and contract patients and families for therapeutic work

13.7 Behaviours – Assess and manage antisocial behaviour when psychiatric basis

As in competency 13.1
(Also refer to working with networks)

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<th>Aspect</th>
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<tbody>
<tr>
<td>13.8 To be able to liaise with professionals in associated agencies to provide advice about assessment, diagnosis and management of adolescents with mental health problems and/or dangerous behaviour</td>
<td>Participate in multidisciplinary and multi-agency meetings assisting in understanding mental health formulation.</td>
<td>Work with other agencies to develop management plans.</td>
<td>Work with other agencies to develop comprehensive management plans for adolescents with complex needs to meet their psychological, educational and social developmental goals.</td>
</tr>
</tbody>
</table>

**13.8 Knowledge – Offer multi-agency advice for adolescent mental health**

- Understand the influence of social and family factors on adolescent development
- Knowledge of adolescent psychiatric disorders, comorbidity and prognostic factors
- Understand the impact of psychiatric disorders on individuals, on families and on wider social systems
- Understand the roles of other disciplines involved in the multi-agency network
- Understand concepts of vulnerability, resilience and protective factors in the field of adolescent mental health
- Effective working knowledge of current legislation as it applies to adolescent psychiatric practise
- Effective working knowledge about informed consent
- Understand how environment influences the development of appropriate and maladaptive behaviours including the influence of educational strategy and policy
- Knowledge of the psychological approaches to increasing adaptive and reducing maladaptive behaviours

**13.8 Skills – Offer multi-agency advice for adolescent mental health**

- Ability to contribute to a multi-agency intervention plan
- Ability to work with a network of carers and professionals to resolve conflicts, manage anxiety and to assist in the development of appropriate therapeutic strategies
- Ability to contribute to early intervention programmes and support groups providing appropriate psychoeducation for families, carers and other professionals.
### 13.8 Behaviours – Offer multi-agency advice for adolescent mental health

- Open collaborative behaviour
- Shows sensitive behaviour to differences of culture of other agencies
- Shows respect for other agencies and the constrains under which they operate
- Appreciates the differing priorities and agendas of other agencies
14. **MAJOR COMPETENCY: SUBSTANCE MISUSE**

14.1 Carries out a detailed developmental assessment of drug/alcohol use in young people and their parents to determine substance misuse to assess its impact.

14.2 Takes part in a multidisciplinary/ multi-agency assessment of child/adolescent with both substance misuse and psychiatric disorder to formulate, implement and coordinate a multi-agency intervention plan.

14.3 Delivers specific treatments for young people and their families with substance abuse or dependence.

14.4 Plays a key role in the development of specialist psychiatric substance misuse services for children/adolescents.

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<tbody>
<tr>
<td><strong>14.1 Carries out a detailed developmental assessment of drug/alcohol use in young people and their parents to determine substance misuse to assess its impact</strong></td>
<td>Can assess substance use. Can screen with questionnaires and appropriate investigations Can assess the impact of substances both on Child &amp; Adolescent psychiatric disorder and on the young person’s life</td>
<td>Can engage the most “difficult to reach” young people to fully assess the impact of substances both on Child &amp; Adolescent psychiatric disorder and on the young person’s life Can do a full assessment of impact on parenting where parents are misusing substances</td>
<td>Uses Motivational Interviewing or other therapy principles to engage change from the first contact. Can undertake expert assessment of the impact of parental substance misuse for medico-legal reasons.</td>
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</tbody>
</table>

**14.1 Knowledge – Assesses drug and alcohol misuse in adolescence**

- Developmental perspectives on the definitions of substance use, misuse and dependence and limitations of the adult criteria for diagnosis.
- Knows the natural history of substance misuse in young people, risks and protective factors.
- Knows the direct and indirect effects of various classes of drugs in young people in the domains of family, school/work place, physical health, psychological functioning and psychiatric disorders.
- Knows the impact of parental substance misuse on children and the family.
- Knows age appropriate assessment tools for screening and detailed interviewing
- Knows the importance of assessing motivation, including the cycle of change.
- Knows biochemical and other special investigations
- Understands child protection issues in relation to substance misuse
- Appreciates the historical and political context of discourses about the definition of substance misuse in adolescence

### 14.1 Skills – Assesses drug and alcohol misuse in adolescence

- Uses instruments to assess physical / psychological effects of and dependence on each substance.
- Recognises physical complications relating to intoxication, excessive use, withdrawal, dependence and secondary infections such as HIV infections etc.
- Can encourage young person’s motivation to change & access appropriate specialist services

### 14.1 Behaviours – Assesses drug and alcohol misuse in adolescence

- Non Judgemental, empathic, supportive behaviour
- Acknowledges the “scientific unknowns” in the field of substance misuse in adolescence.

### Aspects and Developing performance

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<tr>
<th>Under Supervision</th>
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<tbody>
<tr>
<td>14.2 To take part in a multidisciplinary/ multi-agency assessment of child/adolescent with both substance misuse and psychiatric disorder to formulate, implement and coordinate a multi-agency intervention plan</td>
<td>Initiates and conducts multi-agency assessments of young people with multiple complex needs using an assertive outreach approach, Formulates a co-ordinated plan of treatment tailored to meet the needs of individual clients</td>
<td>Offers second opinion and consultation to senior colleagues. Advise media and policy makers</td>
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</table>
### 14.2 Knowledge – Multi-agency assessment of drug & alcohol in adolescent mental health

- Knows roles and responsibilities of CAMHS for young people with substance related problems and co-existing psychiatric disorders and environmental difficulties.
- Knows the systemic issues leading to development and maintenance of substance misuse and the role of various statutory and voluntary agencies to address the risk and protective factors.

### 14.2 Skills – Multi-agency assessment of drug & alcohol in adolescent mental health

**Above plus**

- Can communicate clearly and concisely with other multidisciplinary team members and staff from other agencies regarding the role of CAMHS to arrive at an integrated treatment plan.
- Listens to, respects and appreciates staff from other agencies, (with which you may not agree) and work towards developing consensus regarding intervention plans.

### 14.2 Behaviours – Multi-agency assessment of drug & alcohol in adolescent mental health

**Above plus**

- Explores views of young people and their families about treatment plans, paying special attention to and respect for social, cultural and ethnic differences.
- Establishes a strong therapeutic alliance that encourages ‘opting into’ treatment rather than being the passive recipients of interventions.
- Demonstrates acute awareness of the “demonising” discourses in the society against young people involved in substance misuse and shows ability and willingness to advocate on behalf of their clients.
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<tr>
<td>14.3 To be able to deliver specific psychological and pharmacological interventions for young people and their families with substance abuse or dependence</td>
<td>Can engage young people in specific psychological therapies with the help of a manual or under live supervision of a trainer in workshops (e.g. family therapy workshops). Can treat co-morbid psychiatric disorders in young people with substance misuse, taking special precautions. Can initiate pre-meditation work ups and provide specific pharmacological treatment for young people with substance dependence under supervision</td>
</tr>
</tbody>
</table>

**14.3 Knowledge – Treatment for mental illness combined with substance abuse in adolescents**

Above plus
- Knowledge of the theoretical basis and principles of major models of therapy as these apply to young people with substance misuse.
- Knowledge of specific pharmacological interventions related to detoxification of alcohol and Benzodiazepine dependence, detoxification, stabilisation and maintenance from opiate dependence and tobacco cessation programmes.
- Knowledge of the indications, evidence base and costs of psychological interventions such as motivational enhancement therapy, CBT, and Family /systemic therapies such as Functional Family therapy, Multisystemic therapy and Multi dimensional Family therapy.
- Knowledge of the therapeutic indications, evidence-base, pharmacokinetics, pharmacodynamics, interactions and side effects of medications commonly used for the specific management of a relatively small group of young people with substance dependence.
### 14.3 Skills – Treatment for mental illness combined with substance abuse in adolescents

Above plus

- The ability to assess the understanding of the treatment offered and assess competency to give consent at an appropriate developmental level
- Auditing one’s own practice
- Recognition and notification of untoward effects to the relevant authorities
- Skills to engage young people and their carers in a therapeutic alliance and deliver psychological therapies such as Motivational Enhancement therapy, CBT, group therapies and Family/Systemic therapies.
- To be able to identify which modality of psychological intervention is appropriate for a given individual at a given time.
- Skills to engage young people in treatment decisions for which there is limited evidence base – for example translating evidence from adult practice for pharmacological interventions in young people.

### 14.3 Behaviours – Treatment for mental illness combined with substance abuse in adolescents

Above plus

- Respectful listening and empathic stance
- An alertness to previously unrecognised effects
- Openness and sensitivity to the patient’s attitude to risk and benefit
- Shows awareness of the limitations of the evidence basis
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</table>
| 14.4 To play a key role in the development of specialist services for children and young people with substance misuse and co-morbid mental health problems | Ability to engage in mapping of services for young people with Substance misuse in the statutory and voluntary sector.  
Ability to recognise the specific role of CAMHS in substance misuse, both in relation to direct clinical work and systemic consultation to other agencies and services  
Carry out needs assessment of young people and their carers and describe gaps in service provision  
Assess the service needs of young people in other settings such as youth offending services or residential care centres for young people in local authority care | Initiate development of multi-agency structures to facilitate referrals across multiple agencies  
Formulate strategic plan for health service involvement with young people with complex needs in association with substance misuse  
Develop business case for service development in collaboration with service managers  
Work with national agencies such as NTA to develop innovative services for young people with multiple complex needs |

<table>
<thead>
<tr>
<th>14.4 Knowledge – Development of services for adolescent mental illness and substance misuse</th>
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</table>
| • Above plus  
• Knowledge of range of services and networks available for young people in the statutory and voluntary sectors in relation to treatment and prevention of substance misuse  
• Knowledge of the funding structures and local commissioning policies and protocols.  
• Knowledge of the standards set by national agencies such as National Treatment Agency, National Institute of Clinical Excellence in relation to development and provision of services. |
### 14.4 Skills – Development of services for adolescent mental illness and substance misuse

Above plus
- Reporting comprehensive details of service delivery to national monitoring frameworks to ensure continued funding streams.
- Assertive advocacy on behalf of the patients and their families
- Ability to negotiate at high level with managers from a wide variety of organisations including Youth offending services, Adult addiction Services, Social Service and Education to develop integrated well-resourced substance misuse services for young people.

### 14.4 Behaviours – Development of services for adolescent mental illness and substance misuse

Above plus
- Ability to survive the impact of unexpected changes to the funding streams.
- Ability to seek help from the peer group during difficult times
15. MAJOR COMPETENCY: TRANSITION TO ADULT MENTAL HEALTH CARE

15.1 To assist young people with enduring mental health problems engage with adult mental health services.

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<tbody>
<tr>
<td><strong>15.1 To assist young people with enduring mental health problems engage with adult mental health services.</strong></td>
<td><strong>Under Supervision</strong></td>
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<tr>
<td></td>
<td>Identify young people who would benefit from a managed transition from CAHMS to adult mental health services.</td>
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<tr>
<td></td>
<td>Provide appropriate and timely information to young people and their families.</td>
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<td></td>
<td>With due respect to confidentiality and consent provide adult services with the information that will enable them to take over the patient’s care.</td>
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</table>

**15.1 Knowledge – Transition to adult services**

- The natural history of lifetime and persistent mental health conditions.
- The differences between CAMHS and adult services.
- The appropriate local adult services.
- The obstacles to access of good quality adult services.
- The gaps in existing local adult services from a lifetime developmental mental health perspective.

**15.1 Skills – Transition to adult services**

- Sensitivity to the emotional challenges facing young people and families bringing their relationships with CAMHS to a close and building new relationships with adult services.
- Achieving a balance between clear institutional boundaries and supporting adult services working with young people in transition.
- Interagency consultation and liaison.

**15.1 Behaviours – Transition to adult services**

- Puts transition in the wider perspective of lifetime development and challenges to development.
16. MAJOR COMPETENCY: RESEARCH AND SCHOLARSHIP

16.1 Is able to find and analyse research carried out by others

16.2 Can generate original research

16.3 Disseminates findings

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<tr>
<td><strong>Under Supervision</strong></td>
<td><strong>Competent</strong></td>
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<tr>
<td>16.1 Able to find and analyse research carried out by others</td>
<td>To be able to do an independent search of scientific data bases</td>
</tr>
<tr>
<td></td>
<td>To analyse research</td>
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<tr>
<td></td>
<td>Appreciate the biases</td>
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</table>

16.1 Knowledge – Finds and analyses others’ research papers

- Knows the theoretical, historical, and philosophical underpinnings of research in basic sciences and child and adolescent psychiatry.
- Knows the basic principles of different paradigms in research such as Quantitative research, qualitative research, Action research etc.
- Understands the ethical and moral issues related to conduct of research, sponsorship of research and scholarly activities, including controversies.

16.1 Skills – Finds and analyses others’ research papers

- Able to appraise the strengths and weakness of research conducted by others.
- Able to carry out a thorough literature search, critically analyse existing knowledge, synthesise information and summarise the relevant findings coherently.
- Able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies (teachers, social workers), regarding the importance of applying research findings in everyday practice.
- Able to translate research findings to everyday clinical practice. Inclusion of research findings in case summaries and formulations and in letters to medical colleagues.
- Able to appreciate the ‘scientific unknowns’ in the field of child and adolescent psychiatry.
### 16.1 Behaviours – Finds and analyses others’ research papers

- Shows curiosity, open minded, critical thinking without being nihilistic
- Behaviour indicates consideration of the way culture, values and prejudices influence the interpretation of research evidence
- Understands the individual and institutional probity issues.

### Developing Performance

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<tbody>
<tr>
<td>16.2 Can generate original research</td>
<td>Generating research questions</td>
<td>To carry out a research project</td>
<td>Carry out Independent research Supervise research Advising policy makers and funding bodies</td>
</tr>
</tbody>
</table>

### 16.2 Knowledge – Can generate original research

- As above
- Know how to obtain valid and informed consent from children, adolescents, parents or guardians.
- Knowledge of rating scales and at least one research interview relevant to child and adolescent psychiatry
- Have a detailed knowledge of at least one research methodology in relation to child and adolescent psychiatry
- Know how to submit ethics committee applications and write grant applications
- Know the research advances in subjects of relevance to child psychiatry such as genetics, structural and functional imaging, neuropsychology, and cognitive psychology.
- In depth knowledge of statistical packages and methods
- Know quantitative research methods (how to pose a research question, develop this into a hypothesis, design a research protocol capable of testing this hypothesis, sampling, randomisation, statistical evaluation and how to draw valid conclusions from the research).
### 16.2 Skills – Can generate original research

- As above
- Be able to reflect on research questions raised by current clinical practice
- Be able to use research interviews and rating scales
- Be able to pose a research question, develop the question into a hypothesis, design a protocol to test the hypothesis
- Be able to obtain statistical advice regarding design of the study and data analysis.
- Identification of an academically active research supervisor appropriate for their area of interest
- Be able to conduct simple statistical tests under supervision and draw valid conclusions from research
- Be able to develop at least one area of research methodology in posing scientific questions
- Be able to apply for research grants / other sources of research funds
- Ability to write a data analysis section in grant applications and to undertake data analysis
- Publication of research findings in peer reviewed journals
- Experience of teaching research methodology to undergraduate and Postgraduate students

### 16.2 Behaviours – Can generate original research

- Is perpetually curious and challenges beliefs and dogmas
- Is conscientious, and systematic while being creative and flexible at the same time

### 16.3 To disseminate findings

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<th>Competent</th>
<th>Mastery</th>
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<tbody>
<tr>
<td>16.3 To disseminate findings</td>
<td>Present to colleagues</td>
<td>Write up research Present at scientific meeting</td>
<td>Publication and presenting at a national and international level Advising policy makers Teaching and supervision</td>
</tr>
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</table>

### 16.3 Knowledge – Can disseminate findings

- Knowledge of the citation index of the journal and knowing where to publish your own research findings
<table>
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<tr>
<th>16. 3 Skills – Can disseminate findings</th>
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<tbody>
<tr>
<td>• Be able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies (teachers, social workers), regarding the importance of applying research findings in everyday practice.</td>
</tr>
<tr>
<td>Be able to show effective Interpersonal skills - negotiating, exercising leadership, working with diversity, teaching others new skills, and participating as a team member in the research team</td>
</tr>
<tr>
<td>• Independent experience of refereeing articles / academic journals</td>
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<table>
<thead>
<tr>
<th>16. Behaviours – Can disseminate findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has a genuine capacity for collaborating with colleagues and sharing new ideas</td>
</tr>
<tr>
<td>• Maintains a sense of optimism when faced with potential difficulties in conducting a research and disseminating the findings.</td>
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</tbody>
</table>
17. MAJOR COMPETENCY: MANAGEMENT

17.1 Managing a budget
17.2 Managing risk
17.3 Handling complaints
17.4 Involving service users
17.5 Evidence based practice
17.6 Applying good practice standard
17.7 Monitoring and analysing outcomes
17.8 Audit
17.9 Influencing organisations

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<tbody>
<tr>
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<td>Under supervision</td>
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<tr>
<td>17.1 Managing a budget</td>
<td>Draw up and maintain a draft budget for a clinical team</td>
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<td>Prepare a draft tender for the provision of a new service</td>
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</table>

17.1 Knowledge – Managing a budget
- Understand how the cost of employing staff is calculated
- Understand how the cost of running an organisation is calculated
- Understand commissioning

17.1 Skills – Managing a budget
- Preparing the business case for the deployment of resources
- Negotiate with commissioners

17.1 Behaviours – Managing a budget
- Fighting your corner while having a realistic grasp of the priorities of the organisation and pressures in the health economy
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<tr>
<td></td>
<td>Under supervision</td>
</tr>
<tr>
<td>17.2 Managing risk</td>
<td>Identifying and monitoring risk</td>
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<td></td>
<td>Communicating with patients and colleagues about risk</td>
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### 17.2 Knowledge – Managing risk
- Understanding how risks impact on the patient the clinician and the organisation
- Appropriate risk monitoring tools
- Pathways for communicating about risk
- Pathways for communicating about adverse outcomes

### 17.2 Skills – Managing risk
- Differentiating and prioritising different risks
- Discussing anxiety provoking information in a sensitive manner
- Contextualising risk in terms of the public perception, risk-benefit and cost

### 17.2 Behaviours – Managing risk
- Shows a measured proportional response

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<td>Under supervision</td>
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<tr>
<td>17.3 Handling complaints</td>
<td>Advise patients on how to make a complaint</td>
</tr>
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<td></td>
<td>Supporting colleagues and patients during through the complaint process</td>
</tr>
<tr>
<td></td>
<td>Investigating a complaint</td>
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</table>
### 17.3 Knowledge – Handling complaints
- The local complaints procedure
- Procedure for complaints to a professional body
- Indemnity
- Support available to staff subject to complaints
- Employment law
- Role of Human Resources

### 17.3 Skills – Handling complaints
- Dealing sensitively with patients who are feeling hurt and angry with you or your department
- Facilitating the swift resolution of conflicts

### 17.3 Behaviours – Handling complaints
- Honestly
- A thoughtful response to criticism

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<th>Mastery</th>
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<tbody>
<tr>
<td><strong>17.4 Involving services users</strong></td>
<td>Informing and involving service users in decisions about their own treatment</td>
<td>Informing and involving service users in decisions about service development</td>
<td>Developing service where service users play key roles in the delivery of services</td>
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<td></td>
<td>Collecting feedback from service users</td>
<td>Involving service users in staff training</td>
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</table>

### 17.4 Knowledge – Involving service users
- The law and ethics governing competence and consent
- Patient feedback tools
- The value and limits of service user involvement
### 17.4 Skills – Involving service users

- Communicating information about service options
- Supporting service users in making their own value judgements about service options

### 17.4 Behaviours – Involving service users

- The patient’s needs and experience are paramount in the provision of health care

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<tr>
<td><strong>17.5 Evidence based practice (EBP)</strong></td>
<td>Under supervision</td>
</tr>
<tr>
<td>Framing an evidence based question</td>
<td>Applying the best available evidence to in the context of clinical judgement, service user preferences and economic constraints</td>
</tr>
<tr>
<td>Carrying out a literature search</td>
<td>Critically appraising the best available evidence</td>
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<tr>
<td>Critically appraising the best available evidence</td>
<td>Debating the evidence</td>
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</table>

### 17.5 Knowledge – Evidence based practice

- Electronic search engines and data bases
- Basic concepts such as framing a question, bias, Odds Ratios, Numbers Needed to Treat/Harm
- The limits of scientific evidence
- The role of culture and value judgement in health care decision making

### 17.5 Skills – Evidence based practice

- Critical appraisal skills for a range methodologies (Randomised Controlled Trials, Guidelines, Qualitative etc)
- Cost benefit analysis
- Providing an informed basis on which service users, clinicians and commissioners can make decisions about the best practice
17.5 Behaviours – Evidence based practice

- Curiosity
- Scepticism
- Willingness to challenge orthodoxy

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<tr>
<td>17.6 Applying good practice standards</td>
<td>Identifying good practice standards</td>
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<td></td>
<td>Debating good practice standards</td>
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17.6 Knowledge – Applying good practice standards

- The methods used to generate good practice standards
- The statutory and ethical obligations imposed on service providers by good practice standards
- The limitations of good practice standards
- Opportunity costs of good practice standards

17.6 Skills – Applying good practice standards

- To apply good practice standards discerningly and defend deviations and departures

17.6 Behaviours – Applying good practice standards

- As above
### 17.7 Monitoring and analysing outcomes

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<tr>
<td></td>
<td>Framing questions about outcome</td>
<td>Discussing outcomes with service users, colleagues and commissioners</td>
<td>Collecting and analysing long term outcomes</td>
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<td></td>
<td>Choosing reliable relevant outcome measures</td>
<td>Using outcome findings to improve services</td>
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</tbody>
</table>

#### 17.5 Knowledge – Monitoring and analysing outcomes

- A range of reliable outcome measures

#### 17.5 Skills – Monitoring and analysing outcomes

- Choosing the most relevant reliable outcome measures

#### 17.5 Behaviours – Monitoring and analysing outcomes

- As above

### 17.8 Audit

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Under supervision</th>
<th>Competent</th>
<th>Mastery</th>
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<td>Setting standards that can be audited</td>
<td>Measuring changes in practice</td>
<td>Performance managing organisations</td>
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<td>Identifying discrepancies between best practice and actual practice</td>
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<td></td>
<td>Dissemination and discussion of audit findings</td>
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#### 17.8 Knowledge - Audit

- Sampling and sample size
- Reliable audit methods
### 17.8 Skills - Audit

- Trend analysis

### 17.8 Behaviours - Audit

- As above

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<tr>
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<td>17.9 Influencing organisations</td>
<td>Persuading decision makers</td>
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<td>Group dynamics</td>
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<tr>
<td>17.9 Skills – Influencing organisations</td>
<td>Consultation</td>
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<tr>
<td>17.9 Behaviours – Influencing organisations</td>
<td>As above</td>
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Appendix 1

Competencies for Child & Adolescent Psychiatry

1. **Major Competency: Establishing and Maintaining Therapeutic Relationships with Children, Adolescents and Families**

   1.1 Builds trust and respect  6

2. **Major Competency: Safeguarding Children**

   2.1 Detects alterations in children’s development that might suggest the child has been maltreated or neglected  8
   2.2 Works with the family and professional network to clarify and manage safeguarding  9
   2.3 Rehabilitating children who have been abused and/or neglected  10

3. **Major Competency: Undertake Clinical Assessment of Children and Young People with Mental Health Problems**

   3.1 History taking using developmental approach (from parents and child/adolescent) where appropriate  11
   3.2 Physical examination  12
   3.3 Use rating scales/questionnaires/structured assessment instruments  13
   3.4 Seeking information from other sources  14
   3.5 Formulation and feedback of assessment and management plan to parents and child/adolescent  15
   3.6 Note-keeping and clinical correspondence  16
4. MAJOR COMPETENCY: MANAGING EMERGENCIES

4.1 Assessment and management of psychiatric emergencies, including minimising risk to patients, parents and carers, yourself and others

5. MAJOR COMPETENCY: PAEDIATRIC PSYCHOPHARMACOLOGY

5.1 To recognise the indications for drug treatment in children and young people.
5.2 To be able to explain the risks and benefits and develop treatment decisions collaboratively.
5.3 To be able to prescribe safely.

6. MAJOR COMPETENCY: PSYCHOLOGICAL THERAPIES IN CHILD AND ADOLESCENT PSYCHIATRY

6.1 Ability to assess suitability of child and adolescent patients for specific therapy
6.2 Ability to refer appropriately and monitor progress of child and adolescent patients in therapy
6.3 Ability to engage and deliver therapy to child and adolescent patients and families

7. MAJOR COMPETENCY: ASSESSMENT AND TREATMENT OF CHILD AND ADOLESCENT NEUROPSYCHIATRY

7.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder
7.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders and Tourette Syndrome, and OCD
7.3 To be able to carry out an assessment of an individual with autism spectrum disorder  
7.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions  
7.5 To be able to contribute to the management of neuroepileptic conditions  

8. MAJOR COMPETENCY: PSYCHIATRIC MANAGEMENT OF CHILDREN AND ADOLESCENTS WITH LEARNING DISABILITIES  
   8.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions  
   8.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan.  
   8.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems.  
   8.4 To be able to advise the courts/legal process in relation to children with learning disability  
   8.5 To be able to play a role in the development of mental health services for children and adolescents with learning disability  

9. MAJOR COMPETENCY: PAEDIATRIC LIAISON  
   9.1 To be able to advise on the presentation of psychiatric disorder in the context of physical illness.  
   9.2 To be able to assess and manage cases of deliberate self-harm and other psychiatric emergencies that present in the A & E department or on the ward.
9.3 To be able to assess and manage somatisation disorders, abnormal illness behaviour, and cases of unexplained physical symptoms.

9.4 To be able to provide a liaison/consultation service to the paediatric team.

10. MAJOR COMPETENCY: WORKING WITH NETWORKS

10.1 Ability to work with key agencies - e.g. other health workers, social services, educational agencies, YOT, and other Tier 1 services and others

11. COMPETENCY FOR MEDICO-LEGAL ASPECT OF CHILD & ADOLESCENT PSYCHIATRY

11.1 Advise on young people’s competence (capacity) to make treatment decisions, consent and refuse treatment and confidentiality

11.2 Prepare reports for the Family Courts

11.3 Prepare reports for the Criminal Courts in child & adolescent mental health cases

11.4 Attend court and presenting evidence

12. MAJOR COMPETENCY: INPATIENT AND DAY-PATIENT CHILD AND ADOLESCENT PSYCHIATRY

12.1 Manages complex clinical comorbidity in inpatient or day-patient setting

12.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team

12.3 Clinical care planning for child or adolescent patients

12.4 Working with families facing complex issues in an inpatient or day-patient Setting

12.5 General medical skills for children / adolescents
13. MAJOR COMPETENCY - ADOLESCENT PSYCHIATRY

13.1 To be able to assess and manage psychiatric disorders commencing in adolescence or continuing from childhood .......................... 56
13.2 Is able to assess and manage early onset psychotic disorders in adolescence ................................................................. 58
13.3 Is able to assess and manage eating disorders in adolescence ...................................................................................... 60
13.4 Is able to assess and manage depressive disorders in adolescence ............................................................ 61
13.5 Is able to assess and manage cases of psychiatric emergencies that present in the community .................... 62
13.6 Is able to undertake risk assessment of dangerous behaviour in adolescents with psychiatric disorder or suspected psychiatric disorder .......................................................... 63
13.7 Can assess and manage adolescents with conduct disorder, antisocial behaviour and risk taking behaviour including sexually harmful behaviour ......................................................... 64
13.8 Consultation to other agencies ................................................................. 66

14. Major Competency: COMPETENCIES IN SUBSTANCE MISUSE

14.1 Carries out a detailed developmental assessment of drug/alcohol use in young people and their parents to determine substance misuse to assess its impact .......................................................... 68
14.2 Takes part in a multidisciplinary/ multi-agency assessment of child / adolescent with both substance misuse and psychiatric disorder to formulate, implement and coordinate a multi-agency intervention plan. 69
14.3 Delivers specific treatments for young people and their families with substance abuse or dependence .................. 71
14.4 Plays a key role in the development of specialist psychiatric substance misuse services for children/adolescents. 73
15. Major Competency: Transition to Adult Mental Health Care

15.1 To assist young people with enduring mental health problems engage with adult mental health services.

16. Major Competency: Research and Scholarship

16.1 Is able to find and analyse research carried out by others
16.2 Can generate original research
16.3 Disseminates findings

Major Competency 17: Management

17.1 Managing a budget
17.2 Managing risk
17.3 Handling complaints
17.4 Involving service users
17.5 Evidence based practice
17.6 Applying good practice standard
17.7 Monitoring and analysing outcomes
17.8 Audit
17.9 Influencing organisations
Appendix II

Professional Attributes of the Consultant Child & Adolescent Psychiatrist

Higher specialist training aims to nurture and develop a commitment to the highest standard of care and ethical behaviour to function as a competent consultant in child and adolescent psychiatry. This is a complex task involving acquisition of specialist knowledge and skills and demonstration of clinical practice as described in A Guide to Postgraduate Specialty Training ("The Gold Guide") and in the GMC ‘Good Medical Practice’ guidelines. The learning objectives described in these advisory papers should produce individuals who can demonstrate high level ability in the following areas:

1. Good Clinical care

Consultant child and adolescent psychiatrists, by virtue of their training will have an expertise in child development, developmental psychopathology and diagnosis, assessment and treatment of clinical problems that will enable them to deal with a range of very complex presentations. This ability to apply multiple perspectives: biological, psychological and social, is a key feature of the consultant child and adolescent psychiatrists’ contribution to child and adolescent mental health services. They will set high standards in clinical practice and will be able to demonstrate strong analytic skills and insight in the clinical decisions they make about the treatment and care of their own patients and those of other colleagues. They will know the limitations of their competence and when they need to seek advice from other specialists. They will ensure that they and their colleagues work within the current legislation and ethical guidelines in the best interests of the child or young person.

2. Relationships with patients

Consultant child & adolescent psychiatrists will demonstrate the capacity to build trust and to develop and maintain effective relationships with patients and their families. They will be good listeners and show respect and understanding for the family’s perspective on their problems or conditions. They will have the qualities to respond positively to feedback and to manage complaints from families in a professional manner. They must demonstrate a commitment to the principles and practice of diversity, consent and confidentiality. The very nature of work entails managing difficult and problematic relationships between patients and their carers where conflict is common. Hence personal attributes of tact and sensitivity, and skills in negotiation /mediation are critical to our professional role.
3. Maintaining Good Medical Practice

Consultant child & adolescent psychiatrists must be life long learners. Award of CCT represents the completion of one stage of training but the beginning of another. They must ensure that they remain fully competent to practise through their commitment to continuing professional development and the process of revalidation. They should be able to identify their own learning needs and pursue these vigorously. They foster the skills and abilities of colleagues and encourage their professional development by identifying and ensuring their participation in further training and research opportunities.

4. Teaching and training, Appraising and Assessing

Consultant child & adolescent psychiatrists are expected to teach and train students, trainees and colleagues and to appraise colleagues and assess their work. They will need to demonstrate effective communication skills in all of these activities, in the presentation and discussion of topics and in their personal interactions. They will be able to demonstrate an understanding of and a commitment to the principles and practice of effective teaching and learning in clinical contexts. They must be able to take responsibility for the supervision of trainees and ensure that effective arrangements are in place. They must demonstrate the ability to be open, honest and objective in appraisals and in written references for colleagues.

5. Working with colleagues

Consultant child and adolescent psychiatrists work as members of a number of teams and within organisations. They must be able to demonstrate an understanding of the roles of others and a respect for the knowledge, skills and experience they bring to a team and to an organisation. They will need to demonstrate strong interpersonal and leadership skills and an open and non-discriminatory approach to professional working relationships with colleagues. They must demonstrate the ability to work with colleagues from a range of partner organizations and the skills to contain and manage anxiety in colleagues and other professionals when confronted with complex and challenging situations.

6. Probity and Health

Consultant child & adolescent psychiatrists, in line with their medical profession are expected to be honest and trustworthy, recognising the privileges and responsibilities of their position. They will always act in their personal and professional lives to maintain public trust and will act quickly and effectively if they have reason to believe that their own or a colleague's
conduct, performance or health may put patients at risk. They will undertake their duties in a timely, honest and conscientious way and encourage the practice and development of these qualities in their colleagues.

And finally, Consultant child and adolescent psychiatrists must also be prepared for an unknown future. They must be able to provide leadership for their discipline, be able to teach the next generation of trainees, and engage in research and audit to ensure that best practice continues to be developed. They must be able to contribute to the development of services and act as an advocate for their client group.
## Appendix III

### MAPPING CANMEDS & GOOD MEDICAL PRACTICE ONTO THE CAPFECC CURRICULUM

Each of the 28 competencies in the CANMEDS 2005 Framework and every one of the General Medical Council’s 79 expectations for doctors as set out in Good Medical Practice 2006 can be mapped onto the Royal College of Psychiatrists CAPFECC Child & Adolescent Psychiatry Curriculum 2008.

<table>
<thead>
<tr>
<th>CAPFECC</th>
<th>CanMEDS</th>
<th>Good Medical Practice</th>
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<tbody>
<tr>
<td>1. Establishing and maintaining therapeutic relationships</td>
<td>COMMUNICATOR 1. Develop rapport, trust and ethical therapeutic relationships</td>
<td>RELATIONSHIPS WITH PATIENT 20-21 The doctor-patient partnership</td>
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<tr>
<td></td>
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<td>22 &amp; 23 Good communication</td>
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<td></td>
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<td>24-28 Children and young people</td>
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<td>29 Relatives, carers and partners</td>
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<td>36 Consent</td>
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<td>37 Confidentiality</td>
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<tr>
<td>2. Safeguarding children</td>
<td>EXPERT 3. Perform a complete and appropriate assessment; COMMUNICATOR 2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals; 3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;</td>
<td>GOOD DOCTORS 1 GOOD CLINICAL CARE 2 &amp; 3 Providing good clinical care</td>
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<td>3. Undertake clinical assessment</td>
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<td>4 Supporting self-care</td>
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<td>7-10 Decisions about access to medical care</td>
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<td>11 Treatment in emergencies</td>
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<tr>
<td>CAPFECC</td>
<td>CanMEDS</td>
<td>Good Medical Practice</td>
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| 4. Managing emergencies | **EXPERT**  
1. Integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care;  
2. Establish and maintain clinical knowledge, skills and attitudes;  
3. Use preventive and therapeutic interventions effectively;  
4. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic;  
5. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise. | **WORKING WITH COLLEAGUES**  
41 & 42 Working in teams  
50-53 Sharing information with colleagues |
| 5. Psycho-pharmacology |  
6. Psychological therapies |  
7. Neuropsychiatry |  
8. Learning disability |  
9. Paediatric liaison |  
10. Working with networks |  
11. Medic-legal |  
12. In-patient & day-patient |  
13. Adolescent |  
14. Substance misuse |  
15. Transition to adult care |  
16. Research and scholarship |  
| **SCHOLAR**  
1. Maintain and enhance professional |  
2. Managing emergencies |  
5. Convey effective oral and written information about a medical encounter. |  
12 & 13 Keeping up to date  
14 Maintaining and improving your |
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<th>CAPFEC</th>
<th>CanMEDS</th>
<th>Good Medical Practice</th>
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<tr>
<td><strong>16. Research and scholarship (cont’d)</strong></td>
<td><strong>SCHOLAR</strong>&lt;br&gt;2. Critically evaluate information and its sources, and apply this appropriately to practice decisions;&lt;br&gt;3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;&lt;br&gt;4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.</td>
<td><strong>PROBITY</strong>&lt;br&gt;70 &amp; 71 Research</td>
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<tr>
<td><strong>17. Management</strong></td>
<td><strong>MANAGER</strong>&lt;br&gt;1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;&lt;br&gt;2. Manage their practice and career effectively;&lt;br&gt;3. Allocate finite healthcare resources appropriately;&lt;br&gt;4. Serve in administration and leadership roles, as appropriate.&lt;br&gt;&lt;br&gt;<strong>HEALTH ADVOCATE</strong>&lt;br&gt;1. Respond to individual patient health needs and issues as part of patient care;&lt;br&gt;2. Respond to the health needs of the communities that they serve;&lt;br&gt;3. Identify the determinants of health of the populations that they serve.</td>
<td><strong>GOOD CLINICAL CARE</strong>&lt;br&gt;6 Raising concerns about patient safety&lt;br&gt;&lt;br&gt;<strong>RELATIONSHIPS WITH PATIENTS</strong>&lt;br&gt;30 &amp; 31 Being open and honest with patients if things go wrong&lt;br&gt;32-35 Maintaining trust in the profession&lt;br&gt;&lt;br&gt;<strong>WORKING WITH COLLEAGUES</strong>&lt;br&gt;43-45 Conduct and performance of colleagues&lt;br&gt;48 Arrange cover&lt;br&gt;49 Taking up and ending appointments&lt;br&gt;54 &amp; 55 Delegation and referral</td>
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<td>Appendix 2</td>
<td>PROFESSIONAL</td>
<td>GOOD CLINICAL CARE</td>
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<td>1. Demonstrate a commitment to their patients, profession, and society through ethical practice;</td>
<td>5 Avoid treating those close to you</td>
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<td>2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;</td>
<td>TEACHING AND TRAINING, APPRAISING AND ASSESSING 15-19</td>
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<td>3. Demonstrate a commitment to physician health and sustainable practice.</td>
<td>RELATIONSHIPS WITH PATIENTS 38-40 Ending your relationship with a patient</td>
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<td>PROBITY 56-59 Being honest and trustworthy</td>
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<td>60-62 Providing and publishing information about your service</td>
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<td>72 &amp; 73 Financial and commercial dealings</td>
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<td>74-76 Conflict of interest</td>
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