

A Competency Based Curriculum for Specialist Training in Psychiatry

Specialists in the Psychiatry of Learning Disability



Royal College of Psychiatrists

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Specialists in the Psychiatry of Learning Disability work with others to assess, manage and treat people with mental health problems together with learning disabilities. They contribute to the development and delivery of effective services for people with these co-existing conditions.

1. Introduction

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

What is set out in this document is the generic knowledge, skills and attitudes, or more readily assessed behaviour, that we believe is common to all psychiatric specialties, together with those that are specific to specialists in Learning Disability Psychiatry. This document should be read in conjunction with *Good Medical Practice* and *Good Psychiatric Practice*, which describe what is expected of all doctors and psychiatrists. Failure to achieve satisfactory progress in meeting many of these objectives at the appropriate stage would constitute cause for concern about the doctor's ability to be adequately trained.

Achieving competency in core and generic skills is essential for all specialty and subspecialty training. Maintaining competency in these will be necessary for revalidation, linking closely to the details in *Good Medical Practice* and *Good Psychiatric Practice*. The Core competencies are those that should be acquired by all trainees during their training period starting within their undergraduate career and developed throughout their postgraduate career. The Core competencies need to be evidenced on an ongoing basis throughout training. It is expected that trainees will progressively acquire higher levels of competence during training.

2. Rationale

The purposes of the curriculum are to outline the competencies that trainees must demonstrate and the learning and assessment processes that must be undertaken:

- For an award of a certificate of completion of training (CCT) in Psychiatry of Learning Disability. The curriculum builds upon competencies gained in Foundation Programme training and Core Psychiatry Training and guides the

doctor to continuing professional development based on *Good Psychiatric Practice* after they have gained their CCT.

3. Specific features of the curriculum

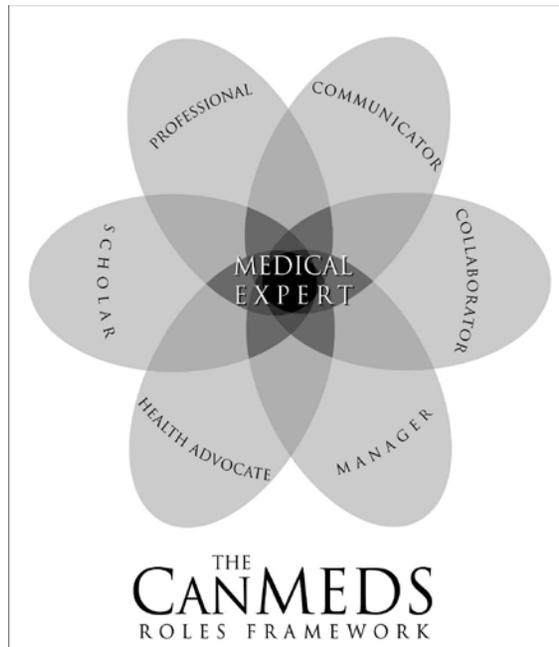
The curriculum is outcome-based and is learner-centred. Like the Foundation Programme Curriculum, it is a spiral curriculum in that learning experiences revisit learning outcomes. Each time a learning outcome is visited in the curriculum, the purpose is to support the trainee's progress by encouraging performance in situations the trainee may not have previously encountered, in more complex and demanding situations and with increasing levels of autonomy. The details of how the Curriculum supports progress is described in more detail in the two Guides to ARCP panels that is set out later. The intended learning outcomes of the curriculum are structured under the CanMEDS (2005) headings that set out a framework of professional competencies. These can be mapped to the headings of *Good Medical Practice*, which were used in the first edition of this curriculum, but CanMEDS has been found to form a more practical structure.

The curriculum is learner-centred in the sense that it seeks to allow trainees to explore their interests within the outcome framework, guided and supported by an educational supervisor. The Royal College of Psychiatrists has long recognised the importance of educational supervision in postgraduate training. For many years, the College recommended that all trainees should have an hour per week of protected time with their educational supervisor to set goals for training, develop individual learning plans, provide feedback and validate their learning.

The competencies in the curriculum are arranged under the CanMEDS headings as follows: -

1. MEDICAL EXPERT
2. COMMUNICATOR
3. COLLABORATOR
4. MANAGER
5. HEALTH ADVOCATE
6. SCHOLAR
7. PROFESSIONAL

They are, of course, not discrete and free-standing, but overlap and inter-relate to produce an overall picture of the Psychiatrist as a medical expert.



It is important to recognise that these headings are used for structural organization only. The complexity of medical education and practice means that a considerable number of the competencies set out below will cross the boundaries between different categories, as the diagram above illustrates. Moreover, depending on circumstances, many competencies will have additional components or facets that are not defined here. This curriculum is based on meta-competencies and does not set out to define the psychiatrist's progress and attainment at a micro-competency level. To do so would result in a document of quite impracticable length and detail which would almost inevitably require constant revision.

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

4. How the curriculum was developed

The Royal College of Psychiatrists commenced work on a revision of the curriculum almost immediately upon completion of first approved document. This was because the College felt that the first document was uneven in its coverage of clinical and non-clinical domains and that the structure did not easily lend itself to the psychosocial aspects of the specialty. Feedback from trainers and trainees confirmed this impression, as well as giving a message about difficulties with navigation and an overall problem with “user friendliness”.

The College Curriculum Committee, which includes lay membership, had a small working group led by one of the Associate Deans; this working group involved the Dean, Chief Examiner, Chair of the Trainees Committee and College Educational Advisor. The group worked at all times closely with faculties with whom it held individual meetings to explore reception of the current curriculum, suggestions for improvement, and thoughts on progress with regard to in-service assessment. These meetings were held individually, faculty by faculty, and special interest group by special interest group. The group’s work was also discussed within the regular meeting of the Heads of Postgraduate School’s of Psychiatry, a group that facilitates communication between the College and the national faculty of psychiatric educators. The group consulted with the College Education and Training Committee, which is the central committee within the Royal College of Psychiatrists for all matters in post-graduate medical education, as well as the College Modernising Medical Careers Working Group. This was to ensure that developments were in-line with any other structural changes in training and career pathways.

The group proposed a number of different models for the curriculum and felt that the CanMED’s model afforded the right way ahead for psychiatry at this point in time. However, the approach of a mixed economy was taken as the views and arguments of some individuals and specialties around the fact that they felt that changing the format may initially lose some important changes to content and thus the presentation of specialties in slightly different formats and varying degrees of detail in terms of content.

The work has proceeded in consultation with the above mentioned groups, as well as those involved intimately in the day to day delivery of teaching and training, including the college tutors and training programme directors, and, most importantly, those involved in learning, the trainees. Presentations have been made at key meetings, for example, the College Annual Medical Education Conference and discussions and feedback received.

The next stage, in terms of communication, will be a strategy for implementation. The College has learned from its successful approach to the implementation of workplace based assessments and will be undertaking a UK wide exercise communicating the content and use of the curriculum, including up-dated information on the assessment programme to fit with examinations and the ARCP and quality management.

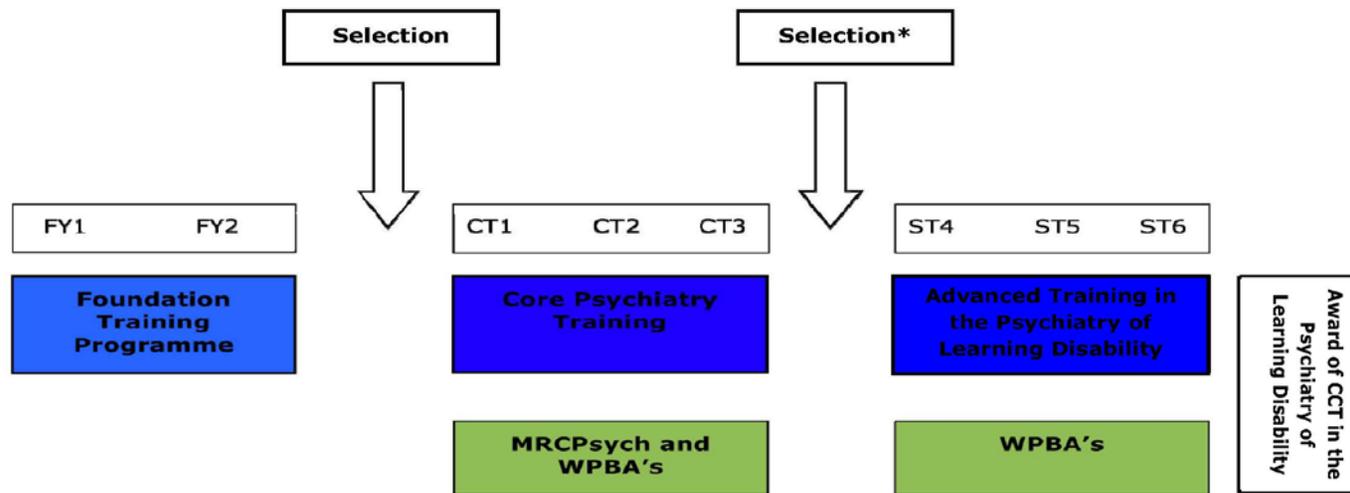
The development of the curriculum is a continuing process that involves a wide community including lay people, trainees, medical managers, psychiatry experts, and trainers. The College Education and Training Committee (ETC) delegated the governance of the curriculum to the Curriculum Committee, which will coordinate the input of all these groups. Each College Faculty has an Education and Curriculum Committee (FECC), which is charged with monitoring its Specialty or Sub-specialty Curriculum. From 2009 onwards, every FECC hosted an annual meeting consulting with their Training Programme Directors to review the implementation of its Curriculum. The FECCs report to the Curriculum Committee. The Curriculum Committee also receives input from the College Quality Assurance Committee, which provides the College Annual Specialty Report, from the College Psychiatry Trainees' Committee and from the College Medical Managers' Group. In 2011, after two cycles of annual review, the Curriculum Committee will host a symposium at the autumn College Medical Education Conference to consolidate our learning about the curriculum and to launch the next phase in its evolution.

5. Training pathway

Trainees enter Psychiatry of Learning Disability Specialty Training after successfully completing both the Foundation Training Programme (or having evidence of equivalence) and the Core Psychiatry Training programme. The progression is shown in Figure 1.

Psychiatry training was 'decoupled' in August 2008. Since that date, trainees have had to successfully complete the three-year Core Psychiatry Training programme before applying in open competition for a place in a programme leading to a certificate of completion of training (CCT) in one of the six psychiatry specialties. Trainees who were appointed to Psychiatry Specialty Training prior to August 2008 were generally appointed to 'run-through' training posts. The content of their learning and assessment in Psychiatry of Learning Disability is essentially the same as 'decoupled' trainees except that they do not apply to a post in Psychiatry of Learning Disability in open competition. Instead, Schools of Psychiatry will have internal systems for selecting into advanced training programmes.

At the present time, the six psychiatry specialties are Child and Adolescent Psychiatry, Forensic Psychiatry, General Psychiatry, Old Age Psychiatry, Psychiatry of Learning Disability and Medical Psychotherapy. In addition, there are three sub-specialties of General Psychiatry: Substance Misuse Psychiatry, Liaison Psychiatry and Rehabilitation Psychiatry. Specialty training in Psychiatry of Learning Disability is therefore one of the options that a trainee may apply to do after completing Core Psychiatry Training.



*Selection at this point may be open or by internal competition. See text for explanation

Figure 1, Training pathway to obtain a CCT in the Psychiatry of Learning Disability

6. Acting Up

Up to a maximum of three months whole time equivalent (or three months on a pro-rata basis for less than full time trainees) spent in an 'acting up' consultant post may count towards a trainees CCT as part of the GMC approved specialty training programme, provided the post meets the following criteria:

- The trainee is in their final year of training (or possibly penultimate year if in dual training)
- The post is undertaken in the appropriate CCT specialty
- It is on secondment from a higher training programme
- The approval of the Training Programme Director and Postgraduate Dean is sought
- The trainee still receives one hour per week education supervision either face to face or over the phone by an appropriately accredited trainer
- All clinical sessions are devoted to the 'acting up' consultant post (i.e., there must be no split between training and 'acting up' consultant work). Full-time trainees cannot 'act up' in a part-time consultant post.

RESPONSIBILITIES FOR CURRICULUM DELIVERY

It is recognised that delivering the curriculum requires the coordinated efforts of a number of parties. Postgraduate Schools of Psychiatry, Training Programme Directors, Educational and Clinical Supervisors and trainees all have responsible for ensuring that the curriculum is delivered as intended.

1. Deanery Schools of Psychiatry

Schools of Psychiatry have been created to deliver postgraduate medical training in England, Wales and Northern Ireland. The Postgraduate Deanery manages the schools with advice from the Royal College. There are no Schools of Psychiatry in Scotland. Scotland has four Deanery Specialty Training Committees for mental health that fulfil a similar role.

The main roles of the schools are:

1. To ensure all education, training and assessment processes for the psychiatry specialties and sub-specialties meet General Medical Council (GMC) approved curricula requirements
2. To monitor the quality of training, ensuring it enhances the standard of patient care and produces competent and capable specialists
3. To ensure that each Core Psychiatry Training Programme has an appropriately qualified psychotherapy tutor who should be a consultant psychotherapist or a consultant psychiatrist with a special interest in psychotherapy.
4. To encourage and develop educational research
5. To promote diversity and equality of opportunity
6. To work with the Postgraduate Deanery to identify, assess and support trainees in difficulty
7. To ensure that clear, effective processes are in place for trainees to raise concerns regarding their training and personal development and that these processes are communicated to trainees

2. Training Programme Directors

The Coordinating/Programme Tutor or Programme Director is responsible for the overall strategic management and quality control of the Psychiatry of Learning Disability programme within the Training School/Deanery. The Deanery (Training School) and the relevant Service Provider (s) should appoint them jointly. They are directly responsible to the Deanery (School) but also have levels of accountability to the relevant service providers(s). With the increasing complexity of training and the more formal monitoring procedures that are in place, the role of the Programme Director/Tutor must be recognized in their job plan, with time allocated to carry out the duties adequately. One programmed activity (PA) per week is generally recommended for 25 trainees. In a large scheme 2 PA's per week will be required. The Training Programme Director for Psychiatry of Learning Disability:

1. Should inform and support College and Specialty tutors to ensure that all aspects of clinical placements fulfil the

specific programme requirements.

2. Oversees the progression of trainees through the programme and devises mechanisms for the delivery of co-ordinated educational supervision, pastoral support and career guidance.
3. Manages trainee performance issues in line with the policies of the Training School/Deanery and Trust and support trainers and tutors in dealing with any trainee in difficulty.
4. Ensures that those involved in supervision and assessment are familiar with programme requirements.
5. Will provide clear evidence of the delivery, uptake and effectiveness of learning for trainees in all aspects of the curriculum.
6. Should organise and ensure delivery of a teaching programme based on the curriculum covering clinical, specialty and generic topics.
7. Will attend local and deanery education meetings as appropriate.
8. Will be involved in recruitment of trainees.
9. Ensures that procedures for consideration and approval of LTFT (Less Than Full Time Trainees), OOPT (Out of Programme Training) and OOPR (Out of Programme Research) are fair, timely and efficient.
10. Records information required by local, regional and national quality control processes and provides necessary reports.
11. Takes a lead in all aspects of assessment and appraisal for trainees. This incorporates a lead role in organisation and delivery of ARCP. The Tutor/Training Programme Director will provide expert support, leadership and training for assessors (including in WPBA) and ARCP panel members.

There should be a Training Programme Director for the School/Deanery Core Psychiatry Training Programme who will undertake the above responsibilities with respect to the Core Psychiatry Programme and in addition:

1. Will implement, monitor and improve the core training programmes in the Trust(s) in conjunction with the Directors of Medical Education and the Deanery and ensure that the programme meets the requirements of the curriculum and the Trust and complies with contemporary College Guidance & Standards (see College QA Matrix) and GMC Generic Standards for Training.
2. Will take responsibility with the Psychotherapy Tutor (where one is available) for the provision of appropriate psychotherapy training experiences for trainees. This will include:
 - Ensuring that educational supervisors are reminded about and supported in their task of developing the trainee's competencies in a psychotherapeutic approach to routine clinical practice.
 - Advising and supporting trainees in their learning by reviewing progress in psychotherapy
 - Ensuring that there are appropriate opportunities for supervised case work in psychotherapy.

3. Educational Supervisors/Tutors

An Educational Supervisor/tutor is a Consultant, Senior Lecturer or Professor who has been appointed to a substantive consultant position. They are responsible for the educational supervision of one or more doctors in training who are employed in an approved training programme. The Educational Supervisor will require specific experience and training for the role. Educational Supervisors will work with a small (no more than five) number of trainees. Sometimes the Educational Supervisor will also be the clinical supervisor/trainer, as determined by explicit local arrangements.

All trainees will have an Educational Supervisor whose name will be notified to the trainee. The precise method of allocating Educational Supervisors to trainees, i.e. by placement, year of training etc, will be determined locally and will be made explicit to all concerned.

The educational supervisor/tutor:

1. Works with individual trainees to develop and facilitate an individual learning plan that addresses their educational needs. The learning plan will guide learning that incorporates the domains of knowledge, skills and attitudes.
2. Will act as a resource for trainees who seek specialty information and guidance.
3. Will liaise with the Specialty/Programme tutor and other members of the department to ensure that all are aware of the learning needs of the trainee.
4. Will oversee and on occasions, perform, the trainee's workplace-based assessments.
5. Will monitor the trainee's attendance at formal education sessions, their completion of audit projects and other requirements of the Programme.
6. Should contribute as appropriate to the formal education programme.
7. Will produce structured reports as required by the School/Deanery.
8. In order to support trainees, will: -
 - a) Oversee the education of the trainee, act as their mentor and ensure that they are making the necessary clinical and educational progress.
 - b) Meet the trainee at the earliest opportunity (preferably in the first week of the programme), to ensure that the trainee understands the structure of the programme, the curriculum, portfolio and system of assessment and to establish a supportive relationship. At this first meeting the educational agreement should be discussed with the trainee and the necessary paperwork signed and a copy kept by both parties.
 - c) Ensure that the trainee receives appropriate career guidance and planning.
 - d) Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified.

4. Clinical Supervisors/Trainers

A clinical supervisor/trainer is a consultant, senior lecturer or professor who has been appointed to a substantive consultant position.

Clinical supervision must be provided at a level appropriate to the needs of the individual trainee. **No trainee should be expected to work to a level beyond their competence and experience.**

The clinical supervisor/trainer works with the trainee not solely for the benefit of patients for whom they are jointly responsible but also works with the trainee to foster the professional development (e.g. clinical and personal skills) of the individual doctor in training. **Clinical supervisors work in close collaboration with the nominated Educational Supervisor (if they are not the same person)**

Supervision of clinical activity must be appropriate to the competence and experience of the individual trainee; no trainee should be required to assume responsibility for or perform clinical techniques in which they have insufficient experience and expertise; trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence so to do; **both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.**

The clinical supervisor:

1. Ensures that specialty and departmental induction occurs
2. Should be involved with teaching and training the trainee in the workplace and should help with both professional and personal development.
3. Must support the trainee in various ways:
 - a) direct supervision, in the ward, the community or the consulting room
 - b) close but not direct supervision, e.g. in the next door room, reviewing cases and process during and/or after a session
 - c) regular discussions, review of cases and feedback
4. May delegate some clinical supervision to other members of clinical team as long as the team member clearly understands the role and the trainee is informed. The trainee must know who is providing clinical supervision at all times.
5. Will perform workplace-based assessments for the trainee and will delegate performance of WPBA's to appropriate members of the multi-disciplinary team
6. Will provide regular review during the placement, both formally and informally to ensure that the trainee is obtaining the necessary experience. This will include ensuring that the trainee obtains the required supervised

- experience in practical procedures and receives regular constructive feedback on performance.
7. Will produce structured reports as required by the School/Deanery
 8. Will hold a documented one-hour meeting with the trainee per week. This is regarded as a minimum; there can be other ad hoc meetings. As described above the fixed "one-hour per week" meeting is focussed on the trainee doctor's personal learning and development needs.
 9. Make clear arrangements for cover in the event of planned absence.

The time required to discharge these responsibilities is estimated as 0.25PA's per week per trainee. This time must be identified in the supervisor/trainer's job plan and should be allocated from within the 'Direct Clinical Care' category.

5. Assessors

Assessors are members of the healthcare team, who need not be educational or clinical supervisors, who perform workplace-based assessments (WPBA's) for trainee psychiatrists. In order to perform this role, assessors must be competent in the area of practice that they have been asked to assess and they should have received training in assessment methods. The training will include standard setting, a calibration exercise and observer training. Assessors should also have up to date training in equality and diversity awareness. While it is desirable that all involved in the training of doctors should have these elements of training, these stipulations do not apply to those members of the healthcare team that only complete multi-source feedback forms (mini-PAT) for trainees.

6. Trainees

1. Must at all times act professionally and take appropriate responsibility for patients under their care and for their training and development.
2. Must ensure they attend the one hour of personal supervision per week, which is focused on discussion of individual training matters and not immediate clinical care. If this personal supervision is not occurring the trainee should discuss the matter with their educational supervisor/tutor or training programme director.
3. Must receive clinical supervision and support with their clinical caseload appropriate to their level of experience and training.
4. Should be aware of and ensure that they have access to a range of learning resources including:
 - a) a local training course (e.g. MRCPsych course, for Core Psychiatry trainees)
 - b) a local postgraduate academic programme
 - c) the opportunity (and funding) to attend courses, conferences and meetings relevant to their level of training and experience
 - d) appropriate library facilities
 - e) the advice and support of an audit officer or similar

- f) supervision and practical support for research with protected research time appropriate to grade
5. Must make themselves familiar with all aspects of the curriculum and assessment programme and keep a portfolio of evidence of training.
 6. Must ensure that they make it a priority to obtain and profit from relevant experience in psychotherapy.
 7. Must collaborate with their personal clinical supervisor/trainer to:
 - a) work to a signed educational contract
 - b) maximize the educational benefit of weekly educational supervision sessions
 - c) undertake workplace-based assessments, both assessed by their clinical supervisor and other members of the multidisciplinary team
 - d) use constructive criticism to improve performance
 - e) regularly review the placement to ensure that the necessary experience is being obtained
 - f) discuss pastoral issues if necessary
 8. Must have regular contact with their Educational Supervisor/tutor to:
 - a) agree educational objectives for each post
 - b) develop a personal learning and development plan with a signed educational contract
 - c) ensure that workplace-based assessments and other means of demonstrating developing competence are appropriately undertaken
 - d) review examination and assessment progress
 - e) regularly refer to their portfolio to inform discussions about their achievements and training needs
 - f) receive advice about wider training issues
 - g) have access to long-term career guidance and support
 9. Will participate in an Annual Review of Competence Progression (ARCP) to determine their achievement of competencies and progression to the next phase of training.
 10. Should ensure adequate representation on management bodies and committees relevant to their training. This would include Trust clinical management forums, such as Clinical Governance Groups, as well as mainstream training management groups at Trust, Deanery and National (e.g. Royal College) levels.
 11. On appointment to a specialty training programme the trainee must fully and accurately complete Form R and return it to the Deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis to ensure that the trainee re-affirms his/her commitment to the training and thereby remains registered for their training programme.
 12. Must send to the postgraduate dean a signed copy of the Conditions of Taking up a training post, which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. The return of the Form R initiates the annual assessment outcome process.

13. Must inform the postgraduate dean and the Royal College of Psychiatrists of any changes to the information recorded.
14. Trainees must ensure they keep the following records of their training:
 - Copies of all Form Rs for each year of registering with the deanery.
 - Copies of ARCP forms for each year of assessment.
 - Any correspondence with the postgraduate deanery in relation to their training.
 - Any correspondence with the Royal College in relation to their training.
15. Must make themselves aware of local procedures for reporting concerns about their training and personal development and when such concerns arise, they should report them in a timely manner.

ADVANCED TRAINING IN LEARNING DISABILITY PSYCHIATRY

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

This part of the curriculum in Psychiatry of Learning Disability psychiatry builds on Core Psychiatry training in two ways:

Firstly, Specialty Registrars in Psychiatry of Learning Disability Psychiatry continue to exercise the competencies set out in Core Psychiatry training throughout training. This involves acquiring new competencies, particularly in aspects such as leadership, management, teaching, appraising and developing core competencies such as examination and diagnosis to a high level and, as an expert, serving as a teacher and role model.

Secondly, the Psychiatry of Learning Disability Psychiatry curriculum sets out those competencies that are a particular feature of this specialty. These include competencies that are specific to the specialty, or that feature more prominently in the specialty than they do elsewhere, or that need to be developed to a particularly high level (mastery level) in specialty practice. **Overall a trainee is expected to progress through the three years gaining mastery in more independent management of complex LD cases, gaining a deeper understanding of the services and legal context with in which the Psychiatry of Learning Disability consultant operates, and the complexities of working in a multi-agency LD team.**

THE INTENDED LEARNING OUTCOMES FOR SPECIALIST TRAINING IN THE PSYCHIATRY OF LEARNING DISABILITY PSYCHIATRY

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

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- **Presenting or main complaint**
- **History of present illness**
- **Past medical and psychiatric history**
- **Systemic review**
- **Family history**
- **Socio-cultural history**
- **Developmental history**

Intended learning outcome 4

Based on a comprehensive psychiatric assessment, the doctor will demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

Intended learning outcome 5

Based on the full psychiatric assessment, the doctor will demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard

accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

Intended learning outcome 7

Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

Intended learning outcome 8

Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

Intended learning outcome 9

To demonstrate the ability to work effectively with colleagues, including team working

Intended learning outcome 10

Develop appropriate leadership skills

Intended learning outcome 11

To demonstrate that the doctor has the knowledge, skills and behaviours to manage time and problems effectively and to successfully undertake other appropriate management functions

Intended learning outcome 12

To develop the ability to conduct and complete audit in clinical practice

Intended learning outcome 13

To develop an understanding of the implementation of clinical governance

Intended learning outcome 15

To develop the ability to teach, assess and appraise

Intended learning outcome 16

To develop an understanding of research methodology and critical appraisal of the research literature

Intended learning outcome 17

To ensure that the doctor acts in a professional manner at all times

Competencies for specialists in Psychiatry of Learning Disability Psychiatry

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- Presenting or main complaint
- History of present illness
- Past medical and psychiatric history
- Systemic review
- Family history
- Socio-cultural history
- Developmental history

Intended learning outcome 1

Intended learning outcome 1	Assessment methods	GMP Domains
Knowledge Demonstrate an understanding of the multidisciplinary and holistic approach to the psychiatric care of people with LD	CBD, CP, supervisors reports	1

<p>Understand the principles of life span issues that affect people with LD and how that influences the management of transitions</p> <p>Demonstrate a knowledge of the principles of clinical supervision and their practical application (NB this competency applies across all the intended learning outcomes and subjects of this domain)</p>	<p>CBD, CP, DONCS, supervisors reports</p> <p>CBD, DONCS</p>	
<p>Skills</p> <p>Competently make diagnoses of both organic and functional illnesses and the assessment of complex needs, leading to the formulation and implementation of appropriate management plans in LD</p> <p>Competently assess and manage:</p> <ul style="list-style-type: none"> • patients with epilepsy • patients with ASD • patients needing secure care • patients with dementia associated with LD • challenging behaviours associated with LD <p>Offer psychiatric expertise to other practitioners to enhance the value of clinical assessments (e.g. through clinical supervision) to which the psychiatrist has not directly contributed</p> <p>Elicit information required for each component of a psychiatric history; in situations of urgency, prioritise what is immediately needed; and gather this information in difficult or complicated situations</p>	<p>ACE, Mini-ACE, CBD, CP</p> <p>CBD, DONCS, Mini-PAT</p> <p>ACE, Mini-ACE, CBD</p>	<p>1</p>
<p>Attitudes demonstrated through behaviours</p> <p>Display willingness and availability to give clinical supervision to colleagues at all times (NB this competency applies across all the intended learning</p>	<p>DONCS, Mini-PAT, supervisors report</p>	<p>1</p>

outcomes and subjects of this domain)		
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1-1b Patient examination, including mental state examination and physical examination	Assessment methods	GMP Domains
Knowledge		1
Skills By the completion of training, psychiatrists will be able to identify psychopathology in all clinical situations, including those that are urgent and/or complex Assess and diagnose patients with multiple and complicated pathologies	ACE, Mini-ACE, CBD, CP ACE, Mini-ACE, CBD, CP	1
Attitudes demonstrated through behaviours Display an awareness of complex needs	ACE, CBD, CP	1

Intended learning outcome 4
 Based on a comprehensive psychiatric assessment, the doctor will demonstrate the ability to comprehensively assess and document patient’s potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

Intended learning outcome 4	Assessment methods	GMP Domains
Knowledge		1
Skills		1

<p>Independently assess and manage patients with mental illnesses including uncommon conditions, in emergencies</p> <p>Demonstrate expertise in applying the principles of crisis intervention in emergency situations</p> <p>Make care plans in urgent situations where information may be incomplete</p> <p>Make an assessment of risk, capacity to consent and the need for detention in complex cases in LD</p>	<p>CBD, CP, Mini-PAT, supervisors report</p> <p>CBD, CP, Mini-PAT, supervisors report</p> <p>CBD, CP, Mini-PAT, supervisors report</p>	
<p>Attitudes demonstrated through behaviours</p> <p>Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty</p>	<p>CBD, CP, Mini-PAT, supervisors report</p>	<p>1</p>

1-4c Mental health legislation	Assessment methods	GMP Domains
<p>Knowledge Demonstrate practical knowledge of the relevant mental health legislation. Including the use of emergency powers and compulsory treatment aspects.</p>	CBD, CP, DONCS, supervisors report	1
<p>Skills Demonstrate the competent assessment of a patient using relevant mental health legislation both in emergency and routine practice</p> <p>Be able to give testimony at an appropriately convened tribunal to review the detention of a compulsory patient</p> <p>Be able to manage a detained patient within the relevant mental health legislation</p>	CBD, ACE, Mini-ACE, CBD, DONCS CBD, DONCS, ACE, Mini-ACE, supervisors report	1
<p>Attitudes demonstrated through behaviours</p> <p>Always work within appropriate practice guidelines for the use of mental health legislation</p> <p>Be prepared to give advice to others on the use of mental health and allied legislation</p>	CBD, CP, DONCS, Mini-PAT, supervisors report CBD, CP, DONCS, Mini-PAT, supervisors report	1

1-4d Broader legal framework	Assessment methods	GMP Domains
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Knowledge	CBD, CP, DONCS, Mini-PAT, supervisors report	1
Demonstrate awareness of specialist aspects of the law		
Skills		1
Attitudes demonstrated through behaviours		1

Intended learning outcome 5
Based on the full psychiatric assessment, the doctor will demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

1-5a Psychological therapies	Assessment methods	GMP Domains
Knowledge		1
Apply contemporary knowledge and principles in psychological therapies	CBD, CP, SAPE	
Demonstrate the acquisition of more advanced treatment skills appropriate to LD settings	CBD, CP, Mini-PAT, SAPE	
Skills		1
Evaluate the outcome of psychological treatments on patients with LD, delivered either by self or others and organise subsequent management appropriately	CBD, CP, Mini-PAT, SAPE	

<p>Explain, initiate, conduct and complete a range of psychological therapies in patients who have LD, with appropriate supervision</p> <p>Display the ability to provide expert advice to other health and social care professionals on psychological treatment and care in patients who have LD</p> <p>Assess and manage carers' needs and stress including the provision of psycho-education</p>	<p>ACE, Mini-ACE, CBD, Mini-PAT, SAPE</p> <p>CBD, DONCS, Mini-PAT</p> <p>ACE, Mini-ACE, CBD, CP</p>	
<p>Attitudes demonstrated through behaviours</p> <p>Continue to practice and develop a range of treatment skills</p>	<p>Supervisors report, SAPE</p>	<p>1</p>

MANAGING LONG-TERM PSYCHIATRIC ILLNESS

<p><i>Intended learning outcome 7</i></p>		
<p>Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states</p>		
<p>1-7a Management of severe and enduring mental illness</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p>		<p>1</p>

Skills		1
Develop professional alliances with patients over the long-term	CBD, Mini-PAT, SAPE	
Develop therapeutic optimism and hope	CBD, Mini-PAT, SAPE	
Assist and guide trainees in assessing and managing patients with severe and enduring mental illness	CBD, DONCS	
Attitudes demonstrated through behaviours		1

Intended learning outcome 8
Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

Intended learning outcome 8	Assessment methods	GMP Domains
Knowledge		3
Skills		3
Competently assess patients with LD who may have significant communication problems	ACE, Mini-ACE, CBD	
Communicate with people with LD and their families and other professionals	ACE, Mini-ACE, DONCS	
Prepare legal reports in LD	CBD, DONCS	
Attitudes demonstrated through behaviours		3

Demonstrate respect, empathy, responsiveness, and concern for patients, their problems and personal characteristics	ACE, Mini-ACE, CBD	
Demonstrate an understanding of the need for involving patients in decisions, offering choices, respecting patients' views	ACE, Mini-ACE, CP, CBD	
Ensure that dress and appearance are appropriate to the clinical situation and patients' sensitivity	ACE, Mini-ACE, supervisors report	

Intended learning outcome 9
To demonstrate the ability to work effectively with colleagues, including team working

Intended learning outcome 9	Assessment methods	GMP Domains
Knowledge		3
Liaise with other medical/psychiatric specialties with particular emphasis in gaining competence in specialties with specific relevance to LD; such as neurology, neurophysiology, paediatrics, clinical genetics for example	CBD, DONCS	
Maintain and apply a current working knowledge of the law as it applies to working relationships	DONCS, supervisors report	
Demonstrate an understanding of the responsibility of the team with regard to patient safety	CBD, Mini-PAT supervisors report	
Demonstrate an understanding of how a team works and develops effectively	CBD, Mini-PAT, DONCS	

<p>Demonstrate an understanding of time management, values based practice and information management</p>	<p>CBD, Mini-PAT, DONCS</p>	
<p>Skills</p> <p>Skillfully participate in inter-agency working, for example, with education and social services, and including the ability to work in schools and residential settings</p> <p>Facilitate the leadership and working of other members of the team</p> <p>Recognise and resolve dysfunction and conflict within teams when it arises</p> <p>Competently manage a service, or a part of the service, alongside consultant trainer</p> <p>Show competence in supervised autonomous working Use effective negotiation skills</p> <p>Be able to work with service managers and commissioners and demonstrate management skills such as understanding the principles of developing a business plan</p> <p>Manage change, with the involvement of service users and carers in teamwork.</p> <p>Utilise team feedback</p>	<p>CBD, DONCS, supervisors report</p> <p>CBD, Mini-PAT, DONCS</p> <p>CBD, Mini-PAT, DONCS</p> <p>CBD, Mini-PAT, DONCS, supervisors report</p> <p>CBD, Mini-PAT, DONCS, supervisors report</p> <p>CBD, Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS,</p>	<p>3</p>

<p>Manage complaints made about services</p> <p>Competently participate in the NHS Appraisal Scheme</p>	<p>supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p>	
<p>Attitudes demonstrated through behaviours</p> <p>Be prepared to question and challenge the performance of other team members when standards appear to be compromised</p>	<p>Mini-PAT, CBD, DONCS, supervisors report</p>	<p>3</p>

<p>Intended learning outcome 10</p>
<p>Develop appropriate leadership skills</p>

<p>Intended learning outcome 10</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p> <p>Demonstrate an understanding of the differing approaches and styles of leadership</p> <p>Demonstrate an understanding of the role, responsibility and accountability of the leader in a team</p>	<p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors</p>	<p>3</p>

<p>Understand and contribute to the organization of urgent care in the locality</p> <p>Demonstrate an understanding of the structures of the NHS and social care organisations</p> <p>Demonstrate an understanding of organisational policy and practice at a national and local level in the wider health and social care economy</p> <p>Demonstrate an understanding of the principles of change management</p> <p>Understand the principles of identifying and managing available financial and personnel resources effectively</p>	<p>report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT, DONCS, supervisors report</p>	
<p>Skills</p>		<p>3</p>

<p>Demonstrate a range of appropriate leadership and supervision skills including:</p> <ul style="list-style-type: none"> • Coordinating, observing and being assured of effective team working • Setting intended learning outcomes • Planning • Motivating • Delegating • Organising • Negotiating • Example setting • Mediating / conflict resolution • Monitoring performance 	<p>Mini-PAT, DONCS, supervisors report</p>	
<p>Demonstrate ability to design and implement programmes for change, including service innovation</p>	<p>Mini-PAT, DONCS, supervisors report</p>	
<p>Displays expertise in employing skills of team members to greatest effect</p>	<p>Mini-PAT, DONCS, supervisors report</p>	
<p>Acts as impartial mediator in conflicts over roles and responsibilities</p>	<p>Mini-PAT, DONCS, supervisors report</p>	
<p>Competently manage a clinical service (or a part of it) under Consultant supervision across a range of settings that might include community and inpatient care (the trainee taking on the role and duties of the Responsible Clinician, or equivalent)</p>	<p>Mini-PAT, DONCS, supervisors report</p>	

<p>Attitudes demonstrated through behaviours</p> <p>Work collaboratively with colleagues from a variety of backgrounds and organisations</p> <p>Be prepared to question and challenge the performance of other team members when standards appear to be compromised</p>	<p>Mini-PAT, DONCS, supervisors report</p> <p>CBD, DONCS, Mini-PAT, supervisors report</p>	<p>3</p>

Intended learning outcome 11
To demonstrate that the doctor has the knowledge, skills and behaviours to manage time and problems effectively and to successfully undertake other appropriate management functions

<p>4-11b Communication with colleagues</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p> <p>Demonstrate an understanding of the requirements of outside agencies for reports that are timely, accurate and appropriate</p> <p>Develop an understanding of the principles behind the management of LD services and service delivery</p>	<p>Mini-PAT, CBD, DONCS, supervisors report</p> <p>Mini-PAT, CBD, DONCS, supervisors</p>	<p>3</p>

<p>Demonstrate an understanding of the different service models and their implications for health services for people with LD</p>	<p>Report Mini-PAT, CBD, DONCS, supervisors report</p>	
<p>Skills</p> <p>Prepare and deliver reports for Mental Health Tribunals, Managers' Hearings, Coroners Courts and Courts of Law</p> <p>Understand the roles and responsibilities of an expert witness</p> <p>Competence to work with managers and in abilities such as preparing a business case, policy development, project management for example</p>	<p>Mini-PAT, CBD, DONCS, supervisors report</p> <p>Mini-PAT, CBD, DONCS, supervisors report</p> <p>Mini-PAT, CBD, DONCS, supervisors report</p>	<p>3</p>
<p>Attitudes demonstrated through behaviours</p> <p>Produce reports that are comprehensive, timely, accurate, appropriate and within limits of expertise</p>	<p>Mini-PAT, CBD, DONCS, supervisors report</p>	<p>3</p>

Intended learning outcome 12**To develop the ability to conduct and complete audit in clinical practice**

4-12a Audit	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate a knowledge of different audit methods</p> <p>Demonstrate a knowledge of methods of sampling for audit</p> <p>Demonstrate a knowledge of obtaining feedback from patients, the public, staff and other interested groups</p> <p>Demonstrate an understanding of the structures of the NHS and social care organisations (or equivalents)</p> <p>Demonstrate an understanding of quality improvement methodologies</p> <p>Demonstrate an understanding of the principles of change management</p>	<p>Supervisors report, DONCS</p>	<p>2</p>

<p>Skills</p> <p>Carry out audit projects under supervision in LD</p> <p>Be able to set standards that can be audited</p> <p>Be able to measure changes in practice</p> <p>Be able to effectively apply audit principles to own work, to team practice and in a service wide context, including to relevant organisational and management systems</p> <p>Be able to supervise a colleague's audit project</p>	<p>Supervisors report, DONCS</p>	<p>2</p>
<p>Attitudes demonstrated through behaviours</p> <p>Hold a positive attitude to the potential of audit in evaluating and improving the quality of care</p> <p>Show willingness to apply continuous improvement and audit principles to own work and practice</p>	<p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p>	<p>2</p>

Show willingness to support and encourage others to apply audit principles	Supervisors report, Mini-PAT, DONCS	
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CLINICAL GOVERNANCE

Intended learning outcome 13
To develop an understanding of the implementation of clinical governance

4-13a Organisational framework for clinical governance and the benefits that patients may expect	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate a knowledge of relevant risk management issues; including risks to patients, carers, staff and members of the public</p> <p>Demonstrate a knowledge of how healthcare governance influences patient care, research and educational activities at a local, regional and national level</p> <p>Demonstrate a knowledge of a variety of methodologies for developing creative solutions to improving services</p>	<p>CBD, CP, supervisors report,</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p>	<p>2</p>
Skills		2

Participate in audit and other clinical governance processes in LD	Supervisors report DONCS	
Develop and adopt clinical guidelines and integrated care pathways	Supervisors report, DONCS	
Report and take appropriate action following serious untoward incidents	Supervisors report, CBD, CP, DONCS	
Assess and analyse situations, services and facilities in order to minimise risk to patients, carers, staff and the public	Supervisors report, CBD, CP, DONCS	
Monitor the safety of services	Supervisors report, DONCS	
Demonstrate ability to deviate from care pathways when clinically indicated	Supervisors report, CBD, CP	
Question existing practice in order to improve service	Supervisors report, CBD, CP, DONCS	
Attitudes demonstrated through behaviours		2
Demonstrate ability to consciously deviate from pathways when clinically indicated	Supervisors report, CBD,	

<p>Demonstrate willingness to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service</p> <p>Be open minded to new ideas</p> <p>Support colleagues to voice ideas</p>	<p>CP</p> <p>Supervisors report, CBD, CP, DONCS</p> <p>Supervisors report, CBD, CP, DONCS</p> <p>Supervisors report, CBD, CP,</p> <p>Supervisors report, CBD, CP, DONCS</p>	
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TEACHING AND EDUCATIONAL SUPERVISION

Intended learning outcome 15		
To develop the ability to teach, assess and appraise		
Intended learning outcome 15	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate an understanding of the basic principles of adult learning</p>	Supervisors	1

<p>Identify learning styles</p> <p>Develop a knowledge of different teaching techniques and demonstrate how these can be used effectively in different teaching settings relevant to general psychiatry, in a hospital or community based clinical setting</p>	<p>report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, AoT, DONCS</p>	
<p>Use a variety of teaching methods</p> <p>Evaluate learning and teaching events</p> <p>Facilitate the learning process and assess performance</p> <p>Organise educational events</p>	<p>AoT, DONCS, supervisors report</p> <p>AoT, DONCS, supervisors report</p> <p>AoT, DONCS, supervisors report</p> <p>AoT, DONCS, supervisors report</p>	
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate a professional attitude to teaching</p>	<p>Supervisors report, AoT, DONCS, mini-</p>	<p>1</p>

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6-15b Assessment	Assessment methods	GMP Domains
Knowledge		1
Skills Use appropriate, approved assessment methods Give feedback in a timely and constructive manner Provide supervision to others undertaking these tasks	Supervisors report, DONCS Supervisors report, DONCS Supervisors report, DONCS	
Attitudes demonstrated through behaviours Be at all times honest when assessing performance	Supervisors report, Mini-PAT, DONCS	4

6-15c Appraisal	Assessment methods	GMP Domains
Knowledge Demonstrate an understanding of the principles of appraisal (including the difference between appraisal and assessment) Demonstrate an understanding of the structure of appraisal interviews	Supervisors report, DONCS Supervisors report, DONCS	1
Skills Conduct appraisal effectively and at the appropriate time	Supervisors report, DONCS	
Attitudes demonstrated through behaviours Show respect and confidentiality for the appraisee	Supervisors report, DONCS	1

Intended learning outcome 16
To develop an understanding of research methodology and critical appraisal of the research literature

6-16a Research techniques	Assessment methods	GMP Domains
Knowledge Demonstrate an understanding of basic research methodology including both quantitative and qualitative techniques	Supervisors report, JCP, DONCS	1

<p>Demonstrates an understanding of the research governance framework including the implications for the local employer (NHS Trust or equivalent) of research.</p> <p>Demonstrates an understanding of the work of research ethics committees and is aware of any ethical implications of a proposed research study</p> <p>Demonstrate an understanding of how to design and conduct a research study</p> <p>Demonstrate an understanding of the use of appropriate statistical methods</p> <p>Describe how to write a scientific paper</p> <p>Demonstrate a knowledge of sources of research funding</p> <p>Use research methods to enrich learning about aetiology and outcomes within general psychiatry</p>	<p>Supervisors report, DONCS</p>	
<p>Skills</p> <p>Frame appropriate research questions</p> <p>Able to write a research protocol and draw up a realistic time line for the proposed study</p> <p>Able to apply successfully for R & D approval (if relevant)</p>	<p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report,</p>	<p>1</p>

<p>Able to apply successfully to an ethics committee (if relevant)</p> <p>Carry out a research project and able to modify protocol to overcome difficulties. Can adhere to time lines. Enters data onto standard computer software, eg EXCEL, STATA, SPSS etc</p> <p>Able to compare own findings with others</p> <p>Able to prepare research for written publication and follow submission instructions for most appropriate journal</p> <p>Able to present own research at meetings and conferences</p> <p>Apply research methods, including critical appraisal, in general psychiatry</p>	<p>DONCS</p> <p>Supervisors report, DONCS</p>	
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate a critical spirit of enquiry</p> <p>Ensure subject confidentiality</p> <p>Work collaboratively in research supervision</p>	<p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p>	<p>1</p>

Demonstrate consistent compliance with the highest standards of ethical behaviour in research practice	Supervisors report, DONCS	
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6-16b Evaluation and critical appraisal of research	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate an understanding of basic research methodology including both quantitative and qualitative techniques</p> <p>Demonstrates an understanding of the research governance framework including the implications for the local employer (NHS Trust or equivalent) of research.</p> <p>Demonstrates an understanding of the work of research ethics committees and is aware of any ethical implications of a proposed research study</p> <p>Demonstrate an understanding of how to design and conduct a research study</p> <p>Demonstrate an understanding of the use of appropriate statistical methods</p> <p>Describe how to write a scientific paper</p> <p>Demonstrate a knowledge of sources of research funding</p> <p>Use research methods to enrich learning about aetiology and outcomes within general psychiatry</p>	<p>Supervisors report, JCP, DONCS</p> <p>Supervisors report, DONCS</p>	<p>1</p>

	Supervisors report, DONCS	
<p>Skills</p> <p>Able to carry out a thorough literature search, critically analyse existing knowledge, synthesise information and summarise the relevant findings coherently.</p> <p>Able to write a comprehensive literature review of a proposed topic of study</p> <p>Able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies, regarding the importance of applying research findings in everyday practice.</p> <p>Able to translate research findings to everyday clinical practice. Inclusion of research findings in case summaries and formulations and in letters to medical colleagues.</p> <p>Able to appreciate the 'scientific unknowns' in the relevant field psychiatric practice</p> <p>Adopt the principles of evidence based practice at a service level</p>	<p>Supervisors report, JCP</p> <p>Supervisors report, JCP</p> <p>Supervisors report, JCP</p> <p>CBD, DONCS, mini-PAT, supervisors report</p> <p>Supervisors report, CBD, JCP</p> <p>Supervisors report, CBD, DONCS</p>	<p>1</p>

<p>Attitudes demonstrated through behaviours</p> <p>Be able to appreciate the limitations and controversies within the relevant area of scientific literature</p>	<p>Supervisors report, CBD, DONCS</p>	<p>1</p>
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Intended learning outcome 17
To ensure that the doctor acts in a professional manner at all times

<p>7-17a Doctor patient relationship</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p> <p>Demonstrate an understanding of complex ethical and legislative issues relevant to LD</p>	<p>Supervisors report, CBD, DONCS</p>	<p>4</p>
<p>Skills</p> <p>Support and advise colleagues (both medical and non-medical) in dealing with complex professional interactions</p>	<p>Supervisors report, CBD, DONCS</p>	<p>4</p>
<p>Attitudes demonstrated through behaviours</p>		<p>4</p>

<p>7-17c Confidentiality</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p>		<p>4</p>

<p>Develop a good understanding of the needs for information of a range of agencies</p> <p>Appreciate the different sensitivities of patients to a range of information held about them particularly in relation to psychological material</p> <p>Be aware of the principles and legal framework of disclosure</p> <p>Demonstrate an understanding of the issues around confidentiality in LD and in particular, the implications of disclosing information about diagnoses, degrees of risk and any sharing of information about the patient</p> <p>Develop a clear understanding of local complaints procedures</p>	<p>Supervisors report, CBD, DONCS</p>	
<p>Skills</p> <p>Advise others (including non-healthcare professionals) on the safe and appropriate sharing of information</p>	<p>Supervisors report, CBD, DONCS</p>	<p>4</p>

<p>7-17e Risk management</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p>		<p>4</p>

Demonstrate a knowledge of matters such as health and safety policy	Supervisors report, CBD, DONCS	
Skills		4
Attitudes demonstrated through behaviours		4
Work in collaboration with patients and the multi-disciplinary team to enable safe and positive decision-making	Supervisors report, CBD, DONCS	

7-17f Recognise own limitations	Assessment methods	GMP Domains
Knowledge		4
Skills		4
Provide clinical supervision	Supervisors report, CBD, DONCS	
Competence to work autonomously as well as within a framework of supervision		
Attitudes demonstrated by behaviours		4

METHODS OF LEARNING AND TEACHING

The curriculum is delivered through a number of different learning experiences, of which experiential workplace learning with supervision appropriate to the trainee's level of competence is the key. This will be supported by other learning methods as outlined below: -

1. Appropriately supervised clinical experience
2. Psychotherapy training
3. Emergency psychiatry experience
4. Interview skills
5. Learning in formal situations
6. Teaching
7. Management experience
8. Research
9. ECT Training
10. Special interest sessions

1. Appropriately supervised clinical experience

Trainees must at all times participate in clinical placements that offer appropriate experience i.e. direct contact with and supervised responsibility for patients. **All training placements must include direct clinical care of patients.** Placements based on observation of the work of other professionals are not satisfactory. **Each placement must have a job description and timetable. There should be a description of potential learning objectives in post.** Training placements should not include inappropriate duties (e.g. routine phlebotomy, filing of case notes, escorting patients, finding beds, etc) and must provide a suitable balance between service commitment and training.

In Core Psychiatry Training the Curriculum Outcomes are met by way of a trainee working in a purpose-designed programme. Within the programme each placement should be clearly designated as providing experience in general psychiatry, one of its three recognised sub specialties, or one of the five other recognised specialties. Placements may be of four or six months' duration. Where placements offer a mixture of experience between specialities/sub specialties, the proportion of time spent in each clinical area should be clearly stated. Posts should provide the trainee with the experience and assessments necessary to achieve full coverage of the curriculum. Individual programmes of training provided by Deaneries must be able to meet

contemporary requirements with regard to examination eligibility. Trainees are required to complete the required numbers and types of workplace-based assessment (WPBA) appropriate to their level of training and opportunities for this must be made available within the placements.

The first twelve months of Core Psychiatry Training should normally be in General Psychiatry, or a combination of psychiatry of old age and General Psychiatry. Each individual placement does not necessarily have to include both hospital and community experience but each training scheme must provide an overall balance of hospital and community experience. So that the programme must ensure that the rotation plan for an individual trainee enables them to gain the breadth of experience required. This will require monitoring by the trainee through their portfolio and by the scheme through its operational management processes.

The contribution of specialty/sub-specialty placements to Core Psychiatry Training programmes is as follows: -

General Psychiatry Experience gained in General Psychiatry must include properly supervised in-patient and out-patient management, with both new patients and follow-up cases, and supervised experience of emergencies and 'on call' duties. Training placements will afford experience in hospital and/or community settings. Increasingly training in General Psychiatry will be delivered in functional services that specialise a single area of work such as, crisis, home treatment, early interventions, assertive interventions or recovery models. Thus not all posts will provide all experiences as detailed below. During their rotation a trainee must document experience in all of the below; a trainee may need two or more complimentary placements (e.g. an in-patient placement and a home treatment team placement) to achieve the required breadth of experience: -

- Assessment of psychiatric emergencies referred for admission.
- Assessment and initial treatment of emergency admissions.
- Day to day management of psychiatric inpatients.
- Participation in regular multi-disciplinary case meetings.
- Prescribing of medication and monitoring of side-effects.
- Administration of ECT.
- Use of basic psychological treatments.
- Use of appropriate mental health legislation.
- Assessment of new outpatients.

- Continuing care of longer-term outpatients.
- Psychiatric day hospital.
- CMHT- joint assessments in the community with other professionals.
- Crisis intervention.
- Home treatment.

General psychiatry sub-specialties may offer experience as follows: -

- a) **Substance misuse:** trainees in General Psychiatry should receive appropriate experience in this area. Where a specific service exists for the treatment of alcohol and/or drug dependence it should be possible to offer a whole time or part time placement. For this to be regarded as sub-specialty experience, the trainee must spend at least half their time in the service.
- b) **Liaison psychiatry:** experience in liaison psychiatry may be gained during General Psychiatry training or via a specialist training post. All trainees should receive adequate supervised experience in the assessment and management of deliberate self-harm, psychiatric emergencies in general and surgical wards and the accident and emergency department. Other valuable experience might include training in renal units, pain clinics and intensive care units.
- c) **Rehabilitation:** attachment to a rehabilitation team with particular emphasis on the care of patients with severe chronic disability is recommended. Such experience should involve not only inpatient care but also community facilities including day centres, hostels, supervised lodgings and sheltered workshops.
- d) **Eating disorders, neuropsychiatry and perinatal psychiatry:** as these potential sub-specialties become established, it will be possible to offer whole or part time specialist training posts.

Psychiatry of old age Particular importance is attached to experience in this area because of the increasing numbers of elderly people in the population and the special considerations needed in diagnosis and treatment. The psychiatry of old age should constitute a separate attachment within the rotational training scheme. It is important that trainees gain experience in the acute and chronic functional disorders of older people, in addition to the assessment and management of organic illnesses. This should include both hospital and community experience and an opportunity to work as part of the multidisciplinary team. Experience of pharmacological and non-pharmacological strategies and treatments should be gained, including the drugs used to treat cognitive and behavioural symptoms in dementia.

Forensic psychiatry Some experience may be gained in General Psychiatry but a specialist attachment in forensic psychiatry is recommended. Apart from the experience of the provision of psychiatric care in secure settings it is valuable for trainees to accompany consultants when patients are seen at prisons, hospitals, secure units, remand centres and other establishments. It may be helpful for trainees to prepare shadow court reports for discussion with their consultants. Specific instruction is needed in the principles of forensic psychiatry, detailed risk assessment and management and medico-legal work.

Psychiatry of Learning Disability Psychiatry There should be sufficient exposure to give the trainee an awareness of the nature and scope of the problems with an emphasis on integrated psychiatric and psychological treatment rather than basic physical care. Trainees must get experience of community facilities as well as hospital care.

Child and adolescent psychiatry Trainees should play an active part in patient care and not be expected to adopt a passive observer role. The experience should include extensive community experience and include both medical and psychological approaches to treatment.

Not all trainees will have the opportunity to have a post in child and adolescent psychiatry during Core Psychiatry Training. Aspects of developmental psychiatry are important for all psychiatric trainees whatever specialty within psychiatry they subsequently choose. Trainees need to understand child development and the influences that can foster this or interfere with it. To do this they need to understand the bio-psycho-social approach and the varying balance of influences at different stages of development. They need to understand both aberrant development and also how normal development can be disrupted. Whilst this is best learned through clinical experience in a developmental psychiatry post (child and adolescent psychiatry or adult learning difficulties), there will be a few trainees who have to gain these skills through in other ways. The knowledge base will come from clinical experience coupled with lectures, seminars and private study including study for examinations. Those who do not get a post in developmental psychiatry are strongly advised to negotiate a clinical attachment during another placement to best prepare them to undertake the child and adolescent WPBA's that they will be expected to achieve during this stage of their training.

The clinical experience in the Advanced Training Programme in Psychiatry of Learning Disability Psychiatry will consist of the equivalent of three years full time experience at least two years of which are within designated Psychiatry of Learning Disability posts. This would comprise experience of:

- In-patients; acute treatment and management of People with Learning Disabilities (PWLD) and their mental health and behavioural problems;
- Working in multidisciplinary community teams;
- Seeing patients and their carers in a variety of out patient and community settings.

One year of this could be within designated Psychiatry of Learning Disability services for children.

The third year could comprise either further community-based experience as above, perhaps with an emphasis on:

- Neuropsychiatry,
- Neurodevelopmental disorders,
- Brain injury;
- Experience within designated Psychiatry of Learning Disability posts in Forensic Psychiatry;
- Experience within designated posts in a relevant psychiatric speciality: e.g. General Psychiatry or one of its subspecialties;
- Old age psychiatry.

A year's experience in either Child LD or Forensic LD would not provide dual accreditation. Shorter periods e.g. 6 months in a medium or high secure LD setting, with six months of low secure LD would also be acceptable for a year's programme. This is determined by the local LD Training Programme Director according to the individual trainee's needs.

ST4-6 years are interchangeable dependent on rotation order. Community oriented experience should precede more specialist Psychiatry of Learning Disability experience such as Forensic Learning Disability.

Clinical placements in advanced training in Psychiatry of Learning Disability Psychiatry should last 12 months for a full-time trainee. This gives sufficient time for a realistic clinical experience and allows the completion of treatment programmes and time to build up and close down a clinical service. However, placements of up to

15 months may be acceptable if there are problems with rotational dates. It must be emphasised that advanced training in Psychiatry of Learning Disability Psychiatry is not simply an extension of Core Psychiatry Training and the duties performed by advanced trainees must reflect this. There should not be a routine expectation that the higher trainee continues to work at a level appropriate for Core Psychiatry training. The specialty registrar (ST4-6) works more independently and has a greater supervisory, leadership and managerial role. There must be opportunity for the specialty registrar to develop supervisory skills. The clinical load should not be so heavy so as to jeopardise the research, teaching and managerial functions.

2. Psychotherapy training

The aim of psychotherapy training is to contribute to the training of future consultant psychiatrists in all branches of psychiatry who are psychotherapeutically informed, display advanced emotional literacy and can deliver some psychological treatments and interventions. Such psychiatrists will be able to:

- Account for clinical phenomena in psychological terms
- Deploy advanced communication skills
- Display advanced emotional intelligence in dealings with patients and colleagues and yourself.
- Refer patients appropriately for formal psychotherapies
- Jointly manage patients receiving psychotherapy
- Deliver basic psychotherapeutic treatments and strategies where appropriate

A senior clinician with appropriate training (preferably a consultant psychotherapist) should be responsible for organising psychotherapy training within a School in line with current curriculum requirements. There are two basic requirements: -

Case based discussion groups (CBDG) are a core feature of early training in psychotherapeutic approach to psychiatry. They involve regular weekly meetings of a group of trainees and should last around one and one and a half hours. The task of the meeting is to discuss the clinical work of the trainees from a psychotherapeutic perspective paying particular attention to the emotional and cognitive aspects of assessment and management of psychiatric patients in whatever setting the trainee comes from. Trainees should be encouraged to share their feelings and thoughts openly and not to present their cases in a formal or stilted manner. Most trainees should attend the group for about one year. Attendance and participation in the CBDG will be assessed.

Undertaking specific training experiences treating patients is the only reliable way to acquire skills in delivering psychotherapies. The long case also helps in learning how to deal with difficult or complicated emotional entanglements that grow up between patients and doctors over the longer term. Patients allocated to trainees should be appropriate in terms of level of difficulty and should have been properly assessed. Trainees should be encouraged to treat a number of psychotherapy cases during their training using at least two modalities of treatment and at least two durations of input. This experience must be started in Core training and continued in Advanced Training, so that by the end of Core Training the trainee must have competently completed at least two cases of different durations. The psychotherapy supervisor will assess the trainee's performance by using the SAPE.

Care should be given in the selection of psychological therapy cases in Advanced Training in Psychiatry of Learning Disability Psychiatry to make the experience gained is relevant to the trainee's future practice as a consultant. For example trainees may wish to develop skills in behavior modification or in the use of cognitive approaches with people who have learning disabilities.

The psychotherapy tutor should have selected supervisors. Psychotherapy supervisors need not be medically qualified but they should possess appropriate skills and qualifications both in the modality of therapy supervised and in teaching and supervision.

3. Emergency Psychiatry

Trainees must gain experience in the assessment and clinical management of psychiatric emergencies and trainees must document both time spent on-call and experience gained (cases seen and managed) and this should be "signed off" by their Clinical Supervisor/Trainer.

A number and range of emergencies will constitute relevant experience. During Core Psychiatry training, trainees must have experience equivalent to participation in a first on call rota with a minimum of 55 nights on call during the period of core specialty training (i.e. at least 50 cases with a range of diagnosed conditions and with first line management plans conceived and implemented.) (Trainees working part time or on partial shift systems must have equivalent experience.)

Where a training scheme has staffing arrangements, such as a liaison psychiatric nursing service, which largely excludes Core Psychiatry trainees from the initial assessment of deliberate self-harm patients or DGH liaison psychiatry consultations, the scheme must make alternative arrangements such that trainees are regularly rostered to obtain this clinical experience under supervision. Such supervised clinical experience should take place at least monthly.

Psychiatric trainees should not provide cross specialty cover for other medical specialties except in exceptional circumstances where otherwise duty rotas would not conform to the European Working Time Directive. No trainee should be expected to work to a level beyond their clinical competence and experience.

Where daytime on call rotas are necessary, participation must not prevent trainees attending fixed training events.

Advanced trainees in General Psychiatry must have opportunities to supervise others as part of their experience of emergency psychiatry. They should not routinely perform duties (such as clerking emergency admissions) that would normally be performed by less experienced practitioners.

4. Interview skills

All trainees must receive teaching in interviewing skills in the first year Core Psychiatry Training (CT1). The use of feedback through role-play and/or video is recommended. Soliciting (where appropriate) the views of patients and carers on performance is also a powerful tool for feedback.

5. Learning in formal situations

Learning in formal situations will include attending a number of courses for which the trainee should be allowed study leave: -

- It is essential that trainees in Core Psychiatry Training attend an MRCPsych course that comprises a systematic course of lectures and /or seminars covering basic sciences and clinical topics, communication and interviewing skills.
- Local postgraduate meetings where trainees can present cases for discussion with other psychiatrists, utilising information technology such as slide presentations and video recordings.

- Journal clubs, where trainees have the opportunity to review a piece of published research, with discussion chaired by a consultant or specialty registrar (ST4-ST6), Postgraduate meetings where trainees can present and discuss audit.
- Multi-disciplinary/multi-professional study groups.
- Learning sets which can stimulate discussion and further learning.
- Trainees must also exercise personal responsibility towards their training and education and are encouraged to attend educational courses run by the College's divisional offices.

6. Experience of teaching

It is important that all trainee psychiatrists have experience in delivering education. In Core Psychiatry training, trainees should have opportunities to assist in 'bedside' teaching of medical students and delivering small group teaching under supervision. Advanced trainees in Psychiatry of Learning Disability Psychiatry should be encouraged to be involved in teaching CT1-3 trainees on the MRCPsych course and to be involved in the design, delivery and evaluation of teaching events and programmes.

7. Management experience

Opportunity for management experience should be available in all training programmes and should begin with simple tasks in the clinical, teaching and committee work of the hospital or service.

Attending courses and by shadowing a medical manager to get insight into management. For example, the final month of a ST4 placement could be spent working with a manager.

"Hands on" experience is especially effective, e.g. convening a working group, and it may be possible for a trainee to be given a relevant management task to complete.

Opportunity for involvement in administration and collaboration with non medical staff at local level on the ward or unit, at Trust level or on the training scheme itself to gain familiarity with and an understanding of management structure and process as part of a trainee's professional development as a psychiatrist.

8. ECT Training

All Core Psychiatry training programmes must ensure that there is training and supervision in the use of ECT so that trainees become proficient in the prescribing, administration and monitoring of this treatment.

9. Research

Opportunities must be made available for trainees to experience supervised quantitative or qualitative research and a nominated research tutor should be available within the programme to advise trainees on the suitability of projects. In Core Psychiatry training, research may be limited to case reports or a small literature review. In advanced training in Psychiatry of Learning Disability Psychiatry, trainees should have the opportunity to participate in original research

10. Special interest sessions

It is educationally desirable that Advanced Trainees in Psychiatry of Learning Disability Psychiatry have the ability to gain additional experiences that may not be available in their clinical placement. Two sessions every week must be set aside during each year from St4-6 for such personal development, which may be taken in research or to pursue special clinical interests. Special interest sessions are defined as "a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee". For instance, a special interest session in autism and ADHD diagnosis would be of direct relevance to a trainee wishing to subsequently work in a neurodevelopmental post. Special interest sessions may also be used for gaining psychotherapy experience that builds upon the experience the trainee had in Core Training. This experience must be appropriately managed, supervised and assessed. The Training Programme Director must prospectively approve the use of special interest time. Special interest and research supervisors must provide reports for the trainee's ARCP as required by the School of Psychiatry.

THE ASSESSMENT SYSTEM FOR ADVANCED TRAINING IN PSYCHIATRY OF LEARNING DISABILITY PSYCHIATRY

Purpose

The Royal College of Psychiatrists Assessment System has been designed to fulfill several purposes:

- Providing evidence that a trainee is a competent and safe practitioner and that they are meeting the standards required by Good Medical Practice
- Creating opportunities for giving formative feedback that a trainee may use to inform their further learning and professional development
- Drive learning in important areas of competency
- Help identify areas in which trainees require additional or targeted training
- Providing evidence that a trainee is progressing satisfactorily by attaining the Curriculum learning outcomes
- Contribute evidence to the Annual Review of Competence Progression (ARCP) at which the summative decisions regarding progress and ultimately the award of the Certificate of Completion of Training (CCT) are made.

Assessment blueprint

The Assessment Blueprint supplement to this Curriculum shows the assessment methods that can possibly be used for each competency. It is not expected that all trainees will be assessed by all possible methods in each competency. The learning needs of individual trainees will determine which competencies they should be assessed in and the number of assessments that need to be performed. The trainee's Educational Supervisor has a vital role in guiding the trainee and ensuring that the trainee's assessments constitute sufficient curriculum coverage.

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

Workplace Based Assessment (WPBA) is the assessment of a doctor's performance in those areas of professional practice best tested in the workplace. The assessment of performance by WPBA will continue the process established in the Foundation Programme and will extend throughout Core Psychiatry Training and

Advanced Training in General Psychiatry. It must be understood that WPBA's are primarily tools for giving formative feedback and in order to gain the full benefit of this form of assessment, trainees should ensure that their assessments take place at regular intervals throughout the period of training. All trainees must complete at least one case-focused assessment in the first month of each placement in their training programme. A completed WPBA accompanied by an appropriate reflective note written by the trainee and evidence of further development may be taken as evidence that a trainee demonstrates critical self-reflection. Educational supervisors will draw attention to trainees who leave all their assessments to the 'last minute' or who appear satisfied that they have completed the minimum necessary.

An individual WPBA is not a summative assessment, but outcomes from a number of WPBA's will contribute evidence to inform summative decisions.

The WPBA tools currently consist of:

Assessment of Clinical Expertise (ACE) modified from the Clinical Evaluation Exercise (CEX), in which an entire clinical encounter is observed and rated thus providing an assessment of a doctor's ability to assess a complete case

Mini-Assessed Clinical Encounter (mini-ACE) modified from the mini-Clinical Evaluation Exercise (mini-CEX) used in the Foundation Programme, part of a clinical encounter, such as history-taking, is observed and rated.

Case Based Discussion (CBD) is also used in the Foundation Programme and is an assessment made on the basis of a structured discussion of a patient whom the Trainee has recently been involved with and has written in their notes.

Direct Observation of Procedural Skills (DOPS) is also used in the Foundation Programme and is similar to mini-ACE except that the focus is on technical and procedural skills.

Multi-Source Feedback (MSF) is obtained using the Mini Peer **Assessment Tool (mini-PAT)**, which is an assessment made by a cohort of co-workers across the domains of *Good Medical Practice*.

Case Based Discussion Group Assessment (CBDGA) has been developed by the College to provide structured feedback on a trainee's attendance and contribution to case discussion groups (also known as Balint-type groups) in Core Psychiatry Training.

Structured Assessment of Psychotherapy Expertise (SAPE) has been developed by the College to provide evidence of satisfactory completion of a psychotherapy case.

Case Presentation (CP) developed at the College; this is an assessment of a major case presentation, such as a Grand Round, by the Trainee.

Journal Club Presentation (JCP) similar to CP, and also developed at the College, this enables an assessment to be made of a Journal Club presented by the Trainee.

Assessment of Teaching (AoT) has been developed at the College to enable an assessment to be made of planned teaching carried out by the Trainee, which is a requirement of this curriculum.

Direct Observation of non-Clinical Skills (DONCS) has been developed by the College from the Direct Observation of Procedural Skills (DOPS). The DONCS is designed to provide feedback on a doctor's performance of non-clinical skills by observing them chairing a meeting, teaching, supervising others or engaging in another non-clinical procedure.

WPBA for Advanced Trainees

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

introduce novel WPBA tools for specialised areas of work. Detailed information is contained in the Guide to ARCP panels.

Decisions on progress, the ARCP

Section 7 of the **Guide to Postgraduate Specialty Training in the UK** ("**Gold Guide**" available from www.mmc.nhs.uk) describes the **Annual Review of Competence Progression (ARCP)**. The ARCP is a formal process that applies to all Specialty Trainees. In the ARCP a properly constituted panel reviews the evidence of progress to enable the trainee, the postgraduate dean, and employers to document that the competencies required are being gained at an appropriate rate and through appropriate experience.

The panel has two functions: -

1. To consider and prove the adequacy of the trainee's evidence.
2. Provided the documentation is adequate, to make a judgment about the trainee's suitability to progress to the next stage of training or to confirm that training has been satisfactorily completed

The next section is a guide for ARCP panels regarding the evidence that trainees should submit at each year of Core Psychiatry and Advanced Specialty training in General Psychiatry. There are several different types of evidence including WPBA's, supervisor reports, the trainee's learning plan, evidence of reflection, course attendance certificates etc. The evidence may be submitted in a portfolio and in time, this will be done using the College e-portfolio.

Trainees may submit WPBA's that have been completed by any competent healthcare professional who has undergone training in assessment. In a number of cases, we have stipulated that a consultant should complete the assessment. WPBA's in developmental psychiatry (i.e. in children and patients with learning disability) should be performed by a specialist child psychiatrist or Psychiatry of Learning Disability psychiatrist.

The trainee should indicate the evidence that they wish to be considered for each competency. A single piece of evidence may be used to support more than one competency.

Guide for ARCP panels in LD Psychiatry

This guide will assist trainer and trainees to decide what is appropriate evidence for the portfolio and the content of supervisors' reports. Evidence may be suitable for more than one Intended Learning Outcome.

It is anticipated that trainee will have a minimum of 12 WBPAs per year, to include one round of Mini-PAT, at least one ACE, one mini ACE, one JCP, several CBDs and one audit.

Training of LD psychiatrists occurs in a wide variety of services with different configurations and opportunities. This variation can be, for example, varied access to LD inpatient facilities- some services are 'mainstreamed' and LD psychiatrists provide support, rather than direct care. Therefore experience of the use of the MHAct may be primarily consultative. Other variations may include a lack of Core trainees so that teaching/supervision may be of other disciplines or more junior trainees.

Intended learning outcome	ST4 Community Orientated LD	ST5 (Community but could be specialty)	ST6 (Specialty but could be community)
<p>Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:</p> <ul style="list-style-type: none"> • Presenting or main complaint • History of present illness • Past medical and psychiatric history • Systemic review • Family history • Socio-cultural history • Developmental history 			
	By the end of ST4, the trainee will be able to assess and manage	By the end of ST5, the trainee will be able to assess and manage more	By the end of ST6, the trainee will be able to assess and manage

	<p>routine LD cases of mental illness, challenging behaviour, ongoing epilepsy, autistic disorder</p>	<p>complex cases of people who have a range of levels of LD</p>	<p>complex cases across the ability range of LD including cases of mental illness, challenging behaviour, autistic spectrum disorder, dementia, those in need of secure care and including transition to adulthood. The trainee will be able to offer psychiatric expertise and consultation to others in the management of the above</p>
<p>1b Patient examination, including mental state examination and physical examination</p>	<p>CBD of an OP case: a patient the trainee has fully assessed, including a developmental, seizure and behavioural history with collateral history as appropriate.</p> <p>CBD of an IP case: a patient the trainee has fully assessed, including a including a developmental history seizure and behavioural history with collateral history, as appropriate.</p> <p>ACE conducted with an OP LD patient (and their carers) not previously known to the trainee, to include mental state examination.</p>	<p>CBD of a case: a complex patient the trainee has fully assessed including a developmental, seizure and behavioural history with collateral history as appropriate.</p> <p>ACE of the trainee performing an assessment of a complex patient the trainee has fully assessed including a developmental, seizure and behavioural history with collateral history as appropriate.</p>	<p>CBD of a case: a typical patient the trainee has fully assessed within this specialist area (e.g forensic, child LD neuropsychiatry etc) including a collateral history and detailed developmental or forensic history, depending on area</p> <p>ACE of a case: a typical patient the trainee has fully assessed within this specialist (e.g. forensic, child LD neuropsychiatry etc) including a collateral history and detailed developmental or forensic history, depending on area. (over three years ACE/</p>

	ACE conducted with an IP LD patient not previously known to the trainee, to include mental state examination (may be on an AMH ward)		CBD to include: examples of epilepsy, dementia, autistic spectrum disorder, challenging behaviour, mental illness, transition to adulthood; case log to include also case mix of levels of learning disability)
4 Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies			
	By the end of ST4, the trainee will demonstrate competence in urgent assessment of routine cases, risk assessment and appropriate understanding of use of mental health legislation in LD, including incapacity.	By the end of ST5, the trainee will demonstrate competence in utilising mental health legislation appropriate to LD and demonstrate associated report writing skills	By the end of ST6, the trainee will be able to appropriately use incapacity and mental health legislation in LD, and including safeguarding of vulnerable adults, across a range of cases. The trainee will be able to advise others about the use of the above legislation, and chair multidisciplinary reviews involving the above. The trainee will be able to undertake complex multidisciplinary risk assessment
	CBD of urgent assessment in LD	CBD of urgent assessment of complex LD case	CBD of urgent assessment of complex LD case

4c Mental health legislation	CBD of a Mental Health Act Tribunal Report (or equivalent) the Trainee has written.	CBD of relevant mental health legislation and the management of a complex patient	Case Log over three years to include examples of use of Mental Health Act for assessment, treatment and community sections in LD(or opinions on the above for 'mainstreamed' LD patients)
4d Broader legal framework	Evidence of satisfactory completion of an appropriate course to gain approval to exercise powers under the relevant mental health legislation CBD of a case involving consent and issues of capacity/incapacity	DONC of trainee participation in a case review involving the safeguarding of vulnerable adults or children.	Over three years case log and written reflective pieces to evidence use consent/capacity/incapacity legislation; safeguarding; potential restriction of liberty to inform supervisors' reports
5 Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions			
	By the end of ST4, the trainee will be able to demonstrate psychological understanding of cases and therapeutic engagement with patients who have LD, their families and carers	By the end of ST5 the trainee will demonstrate the ability to manage aspects of LD cases using significant psychological management.	BY the end of ST6, the trainee will demonstrate ability to work psychologically with individuals, families and carers and with other disciplines in integrated psychological management of cases.
5a Psychological therapies	ACE on a case previously unknown to the trainee	Written reflective work on complex psychological	Written reflection of a range of individual and

	<p>requiring initial therapeutic engagement eg transition to adult services</p> <p>CBD on a case requiring predominantly psychological management</p> <p>Supervisors' report</p>	<p>issues and management around individual or carer as basis for CBD (SAPE if applicable) and supervisors' report</p>	<p>carer/ family interventions; as well as portfolio evidence of integrated work with other disciplines on psychological management; for CBD (SAPE if applicable) and supervisors' report.</p>
<p>7 Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states</p>			
<p>7a Management of severe and enduring mental illness</p>	<p>One round of Mini-PAT</p> <p>Supervisors' reports</p>	<p>One round of Mini-PAT</p> <p>Supervisors' reports</p>	<p>One round of Mini-PAT</p> <p>Supervisors' reports</p>
<p>8 Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances</p>			
	<p>By the end of ST4, the trainee will be able to actively contribute to multidisciplinary meetings/ reviews in LD services; develop a therapeutic alliance with people with LD and their carers; where appropriate undertake and collate long term histories and information from a variety of informants, and utilise</p>	<p>By the end of ST5, the trainee will be able to chair a multidisciplinary review of a patient who presents to an LD service with a common problem</p>	<p>BY the end of ST6, the trainee will be able to chair multidisciplinary reviews, including presence of patients and carers. Able to integrate information and contributions as appropriate towards formulation and care plans</p>

	within case management		
	<p>Appropriate contribution to Multidisciplinary Reviews evidenced in minutes;</p> <p>CBD of a Mental Health Act Tribunal Report (or equivalent) the Trainee has written</p>	DONCS of chairing a multidisciplinary review	DONC of chairing a multidisciplinary review in a subspecialty
9 Demonstrate the ability to work effectively with colleagues, including team working			
	By the end of ST4, the trainee will demonstrate effective verbal and written communication skills with multidisciplinary and multiagency teams and demonstrate awareness of team dynamics	By the end of ST5, the trainee will demonstrate how to recognise dysfunctional teams and dynamics and demonstrate skills to minimise the impact of this on the patient	By the end of ST6, the trainee will demonstrate ability to work within a variety of multidisciplinary teams, including multi-agency working. They will demonstrate skills in advocacy for patients' needs and services and ability to challenge other professionals if required
	<p>CBD of case with evidence of appropriate multidisciplinary management;</p> <p>Written reflections of interagency team dynamics and interaction with them</p> <p>One round of Mini-PAT</p>	<p>CBD of complex case with evidence of appropriate multidisciplinary management</p> <p>Written reflections of dysfunctional team dynamics and management of them.</p> <p>One round of Mini-PAT</p>	<p>CBD of case with evidence of appropriate multidisciplinary management in a sub specialist area eg epilepsy, offending; childhood;</p> <p>One round of Mini-PAT</p> <p>Supervisors' reports</p>

	Supervisors' reports	Supervisors' reports	
10 Develop appropriate leadership skills			
	By the end of ST4 the trainee should be able to demonstrate the ability to effectively chair a multi-disciplinary team meeting The trainee should be able to describe the role of a leader and different approaches and styles of leadership	By the end of ST5 the trainee should be able to demonstrate the ability to manage a discrete area of the service under consultant supervision.	By the end of ST6, the trainee should be able to manage a discrete area of service in a sub-specialty area, under consultant supervision
	One round of Mini-PAT Supervisors' reports	One round of Mini-PAT Supervisors' reports	One round of Mini-PAT Supervisors' reports
11 To demonstrate that the doctor has the knowledge, skills and behaviours to manage time and problems effectively			
	By the end of ST4 the trainee should demonstrate the ability to participate in a management meeting or to shadow a senior colleague	By the end of ST5, the trainee should demonstrate the ability to participate in a project group or similar	By the end of ST6, the trainee should have taken a leading part in a change management project
11b Communication with colleagues	Supervisors' reports	Supervisors' reports	Supervisors' reports
12 Demonstrate the ability to conduct and complete audit in clinical practice			
	By the end of ST4, the trainee will have completed an audit project in LD and will be able to demonstrate the application of audit principles to their own work.	By the end of ST5 the trainee will be able to demonstrate the ability to conduct an audit project without direct supervision, be able to set standards and be able to demonstrate how the	By the end of ST6, the trainee will demonstrate the ability to supervise a colleague's audit project and will have been involved in a service-wide quality improvement project) if not completed

		results of an audit project have contributed to quality improvement	in ST5)
12a Audit	Completed audit report Supervisor's report	Completed audit cycle report	Evidence in portfolio of supervision of more junior staff in Audit project or lead multidisciplinary audit project Supervisors report
13 to develop an understanding of the implementation of clinical governance			
	By the end of ST4, the trainee will demonstrate an awareness of risk management issues and healthcare governance issues	By the end of ST5, the trainee will demonstrate an understanding of risk management issues and healthcare governance issues	By the end of ST6, the trainee will demonstrate an ability to handle a Singular Untoward Incident (SUI) and ability to work nationally, regionally or locally to develop and implement clinical guidelines and care pathways (if not completed in ST5)
13a Organisational framework for clinical governance and the benefits that patients may expect	CBD on risk management of simple cases; Review of SUI cases Supervisors' reports	CBD on risk aspects of complex case; Learning from SUI Supervisors' reports	Supervisors' reports
15 To develop the ability to teach, assess and appraise			
	By the end of ST4, the trainee will demonstrate an ability to use a number of different teaching methods	By the end of ST5, the trainee will demonstrate an understanding of the basic principles of adult learning and of different learning styles and an ability to conduct workplace-based assessments (WPBA's) for foundation or core	By the end of ST6, the trainee will demonstrate an ability to organise (including evaluate) educational events (if not completed in ST5) and an ability to conduct an appraisal of a colleague

		trainees	
15a The skills, attitudes, behaviours and practices of a competent teacher	Evidence of teaching /presentation JCP assessment	Evidence of attending train the trainer courses JCP assessment	DONC of appraising / supervising / giving feed back to a junior colleague
15b Assessment		Assesses junior colleagues using WPA tools evidence in portfolio (if not completed in ST4)	
15c Appraisal	Completed NHS appraisal	Completed NHS appraisal	Completed NHS appraisal
16 To develop an understanding of research methodology and critical appraisal of research literature			
	By the end of ST4, the trainee should be able to frame an appropriate research question, conduct a relevant literature search, write a comprehensive review of this literature and write a research protocol (this may be for a project that the trainee will conduct or it may be in 'shadow' form)	By the end of ST5, the trainee should demonstrate the ability to collect data and enter it into standard computer software (this may be from the trainee's own research or audit) and be able to demonstrate the incorporation of research findings in their everyday practice	By the end of ST6 should demonstrate the ability to prepare findings of research, audit or similar work for dissemination beyond the trainee's workplace and be able to communicate the importance of applying research findings to colleagues
16a Research techniques	Special Interest supervisors' reports	Special Interest supervisors' reports	Special Interest supervisors' reports Poster presentation of audit/research at regional/national meeting
16b Evaluation and critical appraisal of research	JCP of LD research paper	JCP of LD research paper or from a related specialty	JCP of LD research paper or from a related specialty
17 To ensure that the doctor acts in a professional manner at all times			
	By the end of ST4 the trainee will demonstrate an understanding of the	By the end of ST5, the trainee will demonstrate an understanding of the	By the end of ST6 will not only exemplify the highest standards of

	issues surrounding confidentiality and the appropriate sharing of information and the need for safe and positive decision-making with respect to risk management in LD services	need for safe and positive decision-making with respect to risk management around more complex cases	professionalism in their own practice but will also demonstrate an ability to support and advise colleagues in dealing with complex professional interactions, including the safe and appropriate sharing of information
17a Doctor patient relationship	One round of miniPAT	One round of miniPAT	One round of miniPAT
17b Confidentiality	CBD of case with information sharing with other agencies	Written reflection of case with difficult issues of consent and confidentiality	
17d Risk management	Evidence of formulating risk assessment and management plans Supervisors' reports	Evidence of formulating risk assessment and management plans Supervisors' reports	Evidence of chairing multidisciplinary risk management meeting Supervisors' reports
17e Recognise own limitations	Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.	Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.	Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.
17f Probity	Supervisors' reports	Supervisors' reports	Supervisors' reports
17g Personal health	Supervisors' reports	Supervisors' reports	Supervisors' reports
18 To develop the habits of lifelong learning			
	In this stage of training, the trainee will continue to demonstrate commitment to their	In this stage of training, the trainee will continue to demonstrate commitment to their	In this stage of training, the trainee will continue to demonstrate commitment to their

	professional development and to professionally-led regulation	professional development and to professionally-led regulation	professional development and to professionally-led regulation
18a Maintaining good medical practice		Supervisors' reports	Supervisors' reports
18b Lifelong learning	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self reflection	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-refection	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-reflection
18c Relevance of outside bodies	Evidence of continued GMC registration	Evidence of continued GMC registration	Evidence of continued GMC registration