

A Competency Based Curriculum for Specialist Training in Psychiatry

Specialists in Old Age Psychiatry



Royal College of Psychiatrists

February 2010 (update approved 2014)

© Royal College of Psychiatrists 2010

TABLE OF CONTENTS

This curriculum is divided into six Parts:

Parts	Contents	Page Nos
Part I	Curriculum Development & Responsibilities for Curriculum Delivery	6-18
Part II	The Advanced Curriculum for Old Age Psychiatry	19-55
Part III	The Methods of learning & teaching & delivery of the curriculum	56-65
Part IV	The Assessment System for advanced training	65-68
Part V	Guide to ARCP Panels for advanced training	69-82

Contents	Page Nos
Introduction	6
Rationale	6
Specific features of the curriculum	7-8
How the curriculum was developed	9-10
Training pathway	10-11
Acting Up	11
Responsibilities for Curriculum Delivery	12-18
• Deanery Schools of Psychiatry	12
• Training Programme Directors	12-13
• Educational Supervisors/Tutors	14
• Clinical Supervisors/Trainers	15-16
• Assessors	16
• Trainees	16-18
ADVANCED TRAINING IN OLD AGE PSYCHIATRY	19
THE INTENDED LEARNING OUTCOMES FOR SPECIALIST TRAINING IN OLD AGE PSYCHIATRY	20-22
ILO 1: Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:	22-24
• Presenting or main complaint	
• History of present illness	
• Past medical and psychiatric history	

<ul style="list-style-type: none"> • Systemic review • Family history • Socio-cultural history • Developmental history 	
ILO 2: The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses	24-26
ILO 3: The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains	26
ILO 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	27-29
ILO 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	29-30
ILO 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	31-32
ILO 8: Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances	33
ILO 9: To demonstrate the ability to work effectively with colleagues, including team working	33-36
ILO 10: Develop appropriate leadership skills	36-39
ILO 11: Demonstrate the knowledge, skills and behaviours to manage time and problems effectively	39-40
ILO 12: To develop the ability to conduct and complete audit in clinical practice	40-42
ILO 13: To develop an understanding of the implementation of clinical governance	42-44

ILO 15: To develop the ability to teach, assess and appraise	44-47
ILO 16: To develop an understanding of research methodology and critical appraisal of the research literature	47-51
ILO 17: Ensure that you act in a professional manner at all times	52-54
ILO 18: To develop the habits of lifelong learning	55
Methods of Learning and Teaching	56
Appropriately supervised clinical experience	56-57
General Psychiatry	57-58
General psychiatry sub-specialties	58
Psychiatry of old age	58-59
Forensic psychiatry	59
Psychiatry of learning disability	59
Child and adolescent psychiatry	59-60
The clinical experience in the Advanced Training Programme in Old Age Psychiatry	60-61
Psychotherapy training	61
The aim of psychotherapy training	61
Case based discussion groups	61-62
Undertaking specific training experiences	62
Emergency Psychiatry	62-63
Interview skills	63
63 Learning in formal situations	63-64

Experience of teaching	64
Management experience	64
ECT Training	64
Research	65
Special Interest Sessions	65
Assessment system for Advanced Training in Old Age Psychiatry	65-69
WPBA for Advanced Trainees	68
Decisions on progress, the ARCP	69
Guide for ARCP panels in Advanced Training in Old Age Psychiatry ST4-ST6	70-82

Specialists in the Old Age Psychiatry work with others to assess, manage and treat older people with mental health problems and contribute to the development and delivery of effective services for those patients.

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 Old Age 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 Old Age Psychiatry.

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

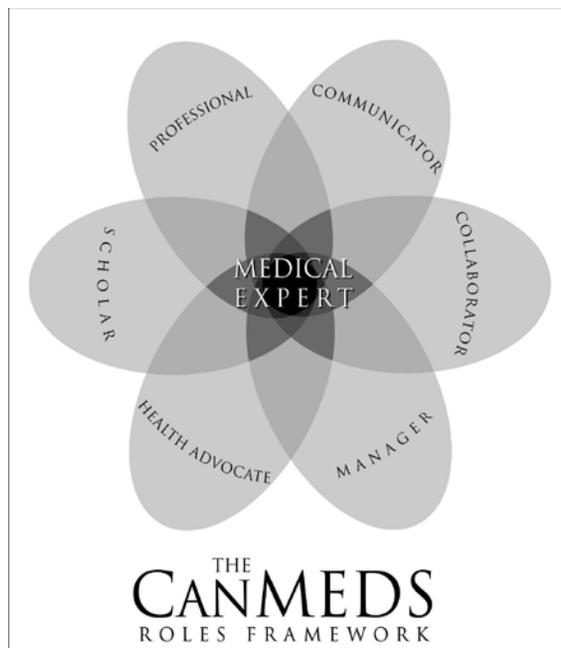
The curriculum is outcome-based and is learner-centred. Like the Foundation Programme Curriculum, it is a spiral curriculum in that learning experiences revisit learning outcomes. Each time a learning outcome is revisited in the curriculum, the purpose is to support the trainee's progress by encouraging 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.

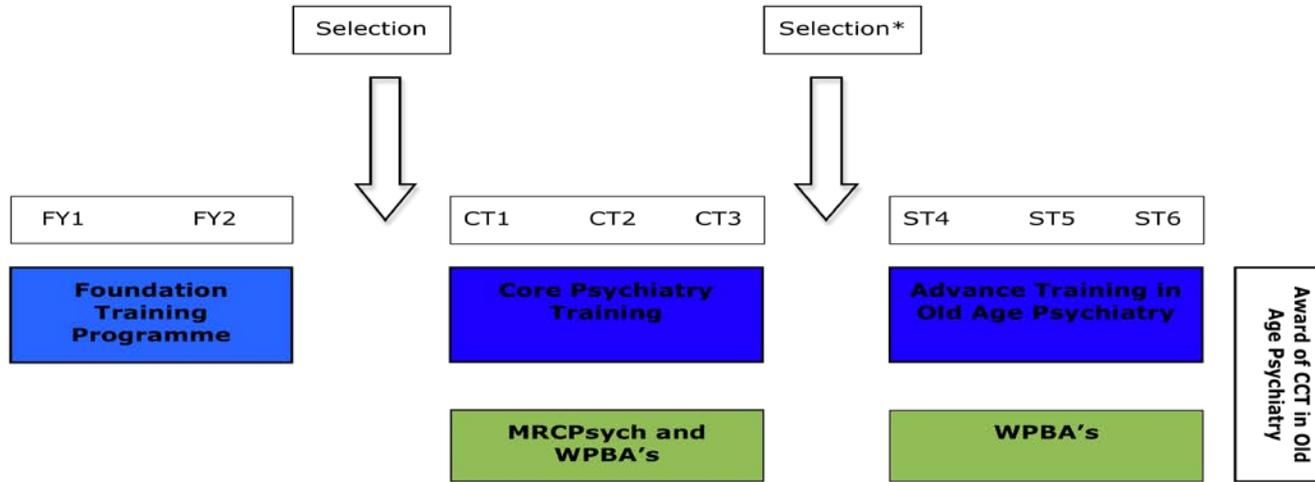
The development of the curriculum is a continuing process that involves a wide community including lay people, trainees, medical managers, psychiatry experts, and trainers. The College Education and Training Committee (ETC) delegated the governance of the curriculum to the Curriculum Committee, which 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 Old Age Psychiatry 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 Old Age Psychiatry is essentially the same as 'decoupled' trainees except that they do not apply to a post in Old Age Psychiatry 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, the 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 Old Age Psychiatry is therefore one of the options that a trainee may apply to do after completing Core Psychiatry Training.



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

Figure 1, Training pathway to obtain a CCT in Old Age Psychiatry

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 Old Age Psychiatry 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 Old Age Psychiatry:

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 OLD AGE PSYCHIATRY

Having completed Core Training, the practitioner may enter Advanced Training in their chosen psychiatric specialty. 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 Old Age 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 and will also apply to all specialties and sub-specialties.

The Advanced Training Curriculum builds on Core Psychiatry Training in two ways.

Firstly, Specialty Registrars in Psychiatry all continue to achieve the competencies set out in the Core Psychiatry Training throughout training, irrespective of their psychiatric specialty. This involves both 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 Advanced Curriculum set 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

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. Therefore, there are gaps in the sequence below.

THE INTENDED LEARNING OUTCOMES FOR SPECIALIST TRAINING IN OLD AGE 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 of individual and cultural group
- Developmental history

Intended learning outcome 2

The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses, liaising with other specialists and making appropriate referrals

Intended learning outcome 3

The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological, socio-cultural and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

Intended learning outcome 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

Intended learning outcome 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

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

Use effective communication with patients, relatives and colleagues. This includes the ability 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

Demonstrate the knowledge, skills and behaviours to manage time and problems effectively

Intended learning outcome 12

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

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

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

Knowledge

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)

Demonstrate an understanding of community assessment and management and work effectively in a variety of settings e.g. outpatient, day patient, residential and inpatient facilities with older patients

Assessment methods

Mini-PAT, CBD, DONCS

ACE, Mini-ACE, CBD, Mini-PAT

GMP Domains

1

<p>Skills</p> <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>By the completion of training, psychiatrists will be able to identify psychopathology in all clinical situations, including those that are urgent and/or complex</p> <p>Assess and diagnose patients with multiple and complicated pathologies Take a history from patients and others that include factors relevant for diagnosis and management of an older patient</p> <p>Make a mental state examination with detailed assessment of cognitive function</p> <p>Make a basic physical examination, be competent in the diagnosis and management of physical illness at a basic level and take this into account when planning individual management. Also recognise and manage the complex interaction of mental and physical problems in old age</p>	<p>Mini-PAT, CBD, DONCS</p> <p>ACE, Mini- ACE, CBD</p> <p>ACE, Mini- ACE, CBD</p> <p>ACE, Mini- ACE, CBD,</p> <p>ACE, Mini- ACE, CBD</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</p>	<p>CBD, DONCS,</p>	<p>1</p>

times (NB this competency applies across all the intended learning outcomes and subjects of this domain)	Mini-PAT	
Contribute to the delivery of services that respect diversity, taking account of issues of ageing in a multi-cultural society	CBD, DONCS, Mini-PAT, supervisors report	

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 ACE, Mini-ACE, CBD	1
Attitudes demonstrated through behaviours Display an awareness of complex needs	ACE, Mini-ACE, CBD, Mini-PAT	1

Intended learning outcome 2
 The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses, liaising with other specialists and making appropriate referrals

Intended learning outcome 2	Assessment methods	GMP Domains
------------------------------------	--------------------	-------------

<p>Knowledge</p> <p>Develop an awareness of interfaces between old age psychiatry and other psychiatric specialties, other branches of medicine and other service providers</p>	<p>ACE, Mini-ACE, CBD, Mini-PAT</p>	<p>1</p>
<p>Skills</p> <p>Demonstrates capability in taking decisions about access to medical care and pathways to recovery out of medical care</p> <p>Able to resolve management, treatment and interventions on the basis of a completed psychiatric assessment (history, examination and diagnosis)</p> <p>Demonstrates ability to manage referrals and to assess, prioritise and allocate according to need</p> <p>Develop and maintain effective relationships with primary care services and other care providers, for example the voluntary sector, leading to effective referral mechanisms and educational systems</p> <p>Manage a variety of complex cases which require distribution of clinical responsibility</p> <p>Work in a multi-disciplinary team where the process of referral from primary care can be described in detail</p> <p>Manage a variety of cases which require liaison with other psychiatric specialties,</p>	<p>ACE, Mini-ACE, CBD, CP</p> <p>ACE, Mini-ACE, CBD, CP</p> <p>ACE, Mini-ACE, CBD, CP, Mini-PAT</p> <p>CBD, Mini-PAT supervisors report</p> <p>CBD, CP, Mini-PAT, supervisors report</p> <p>CBD, CP, supervisors report</p> <p>CBD, CP, Mini-</p>	<p>1</p>

other branches of medicine and other service providers	PAT, supervisors report	
Attitudes demonstrated through behaviours		1
Liaise with and make appropriate and timely referral to other specialist services	CBD, CP, Mini-PAT, supervisors report	

Intended learning outcome 3
The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

Intended learning outcome 3	Assessment methods	GMP Domains
Knowledge		1
Skills Use appropriately investigations in old age psychiatry, including neuropsychology and neuroimaging Able to safely prescribe, monitor and, where appropriate, deliver the full range of physical treatments that are required to treat the psychiatric problems that are experienced by older adults	CBD, CP, Mini-PAT, supervisors report	1
Attitudes demonstrated through behaviours		1

Intended learning outcome 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

1-4b Psychiatric emergencies for all specialties	Assessment methods	GMP Domains
Knowledge		1
<p>Skills</p> <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>CBD, CP, Mini-PAT, supervisors report</p> <p>CBD, CP, Mini-PAT, supervisors report</p> <p>CBD, CP, Mini-PAT, supervisors report</p>	1
Attitudes demonstrated through behaviours		1
Maintain good professional attitudes and behaviour when responding to situations	CBD, CP,	

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

<p>Be prepared to give advice to others on the use of mental health and allied legislation</p>	<p>supervisors report</p> <p>CBD, CP, DONCS, Mini-PAT, supervisors report</p>	
--	---	--

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

Intended learning outcome 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

1-5a Psychological therapies	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Apply contemporary knowledge and principles in psychological therapies</p> <p>Demonstrate the acquisition of more advanced treatment skills</p>	<p>CBD, CP, SAPE</p> <p>CBD, CP, Mini-PAT, SAPE</p>	<p>1</p>
<p>Skills</p> <p>Evaluate the outcome of psychological treatments delivered either by self or others and organise subsequent management appropriately</p> <p>Explain, initiate, conduct and complete a range of psychological therapies, with appropriate supervision</p> <p>Display the ability to provide expert advice to other health and social care professionals on psychological treatment and care</p>	<p>CBD, CP, Mini-PAT, SAPE</p> <p>ACE, Mini-ACE, CBD, Mini-PAT, SAPE</p> <p>CBD, DONCS, Mini-PAT</p>	<p>1</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

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

1-7a Management of severe and enduring mental illness	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Describe and recognise in practice mental disorders and their presentations that affect older people. Be aware of differences in presentations arising de novo in old age and those carried into old age. Be aware of atypical presentations of mental disorders in old age</p> <p>Apply knowledge of developmental processes in late life in practice</p> <p>Develop and demonstrate in practice an understanding of the coping and defence mechanisms used by older people. Also the differing cognitions in older people and an awareness of the range and effectiveness of psychological treatment of older people</p>	<p>CBD, CP, supervisors report</p> <p>ACE, Mini-ACE, CBD, CP, supervisors report</p> <p>CBD, CP, supervisors report, SAPE</p>	<p>1</p>
<p>Skills</p> <p>Make accurate diagnoses of mental disorder in old age</p>	<p>CBD, CP, supervisors report</p>	<p>1</p>

Assess and manage risks for older patients with mental illness in collaboration with others	ACE, Mini-ACE, CBD, CP, Mini-PAT	
Develop professional alliances with older 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	
Make appropriate use of medication, ECT, psychological and social interventions and other treatment modalities with older people maintaining awareness of psychopharmacological problems of older people	CBD, CP, SAPE, supervisors report	
Attitudes demonstrated through behaviours		1
Taking account of the ethical and religious/spiritual issues that affect the management of the dying patient, ensure services are sensitive to the needs of patients and their carers	ACE, Mini-ACE, CBD, CP, SAPE, supervisors report	

Intended learning outcome 8
 Use effective communication with patients, relatives and colleagues. This includes the ability 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 Recognise communication problems and modify communication appropriately Establish and maintain working relationship with relatives and carers and take into account their needs	ACE, Mini-ACE, CBD ACE, Mini-ACE, CBD, Mini-PAT	1, 3
Attitudes demonstrated through behaviours		3

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 Maintain and apply a current working knowledge of the law as it applies to working relationships	DONCS, supervisors	3

<p>Demonstrate an understanding of the responsibility of the team with regard to patient safety</p> <p>Demonstrate an understanding of how a team works and develops effectively</p> <p>Demonstrate an understanding of time management, values based practice and information management</p>	<p>report</p> <p>CBD, Mini-PAT supervisors report</p> <p>CBD, Mini-PAT, DONCS</p> <p>CBD, Mini-PAT, DONCS</p>	
<p>Skills</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</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>3</p>

Use effective negotiation skills	CBD, Mini-PAT, DONCS, supervisors report	
Be able to work with service managers and commissioners and demonstrate management skills such as understanding the principles of developing a business plan	Mini-PAT, DONCS, supervisors report	
Manage change, with the involvement of service users and carers in teamwork.	Mini-PAT, DONCS, supervisors report	
Utilise team feedback	Mini-PAT, DONCS, supervisors report	
Manage complaints made about services	Mini-PAT, DONCS, supervisors report	
Competently participate in the NHS Appraisal Scheme	Mini-PAT, DONCS, supervisors report	
Contribute to the management of interfaces between old age psychiatry, geriatric medicine, social services, independent sector providers and primary care	Mini-PAT, DONCS,	

<p>Work with other disciplines working in the old age service to develop an integrated care plan for management of mental illness in old age that takes into account the needs of patient and carers</p>	<p>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>

Intended learning outcome 10
Develop appropriate leadership skills

Intended learning outcome 10	Assessment methods	GMP Domains
<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</p>	<p>Mini-PAT, DONCS, supervisors report</p> <p>Mini-PAT,</p>	<p>3</p>

the leader in a team	DONCS, supervisors report	
Understand and contribute to the organization of urgent care in the locality	Mini-PAT, DONCS, supervisors report	
Demonstrate an understanding of the structures of the NHS and social care organisations	Mini-PAT, DONCS, supervisors report	
Demonstrate an understanding of organisational policy and practice at a national and local level in the wider health and social care economy	Mini-PAT, DONCS, supervisors report	
Demonstrate an understanding of the principles of change management	Mini-PAT, DONCS, supervisors report	
Understand the principles of identifying and managing available financial and personnel resources effectively	Mini-PAT, DONCS, supervisors report	
Identify the social, epidemiological and demographic processes associated with an ageing population and apply this knowledge to service development and	Mini-PAT, DONCS,	

delivery	supervisors report	
<p>Skills</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 <ul style="list-style-type: none"> • Planning • Motivating • Delegating • Organising • Negotiating • Example setting • Mediating / conflict resolution • Monitoring performance <p>Demonstrate ability to design and implement programmes for change, including service innovation</p> <p>Displays expertise in employing skills of team members to greatest effect Acts as impartial mediator in conflicts over roles and responsibilities</p> <p>Take into account in service design and delivery the relationship between physical illness and disability in late life</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,</p>	<p>3</p>

	DONCS, supervisors report	
<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>	3

TIME MANAGEMENT AND DECISION MAKING

Intended learning outcome 11

Demonstrate the knowledge, skills and behaviours to manage time and problems effectively

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

<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>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
Develop the ability to conduct and complete audit in clinical practice

<p>4-12a Audit</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p> <p>Demonstrate a knowledge of different audit methods</p> <p>Demonstrate a knowledge of methods of sampling for audit</p>	<p>Supervisors report, DONCS</p> <p>Supervisors</p>	<p>2</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>report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p>	
<p>Skills</p> <p>Undertake an audit of at least one area of practice in old age psychiatry</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 in old age psychiatry</p>	<p>Supervisors report, DONCS</p>	<p>2</p>
<p>Attitudes demonstrated through behaviours</p>		<p>2</p>

Hold a positive attitude to the potential of audit in evaluating and improving the quality of care	Supervisors report, DONCS	
Show willingness to apply continuous improvement and audit principles to own work and practice	Supervisors report, DONCS	
Show willingness to support and encourage others to apply audit principles	Supervisors report, Mini-PAT, DONCS	

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
Knowledge		2
Demonstrate a knowledge of relevant risk management issues; including risks to patients, carers, staff and members of the public	CBD, CP, supervisors report,	
Demonstrate a knowledge of how healthcare governance influences patient care, research and educational activities at a local, regional and national level	Supervisors report, DONCS	
Demonstrate a knowledge of a variety of methodologies for developing creative solutions to improving services	Supervisors report, DONCS	

<p>Skills</p> <p>Develop and adopt clinical guidelines and integrated care pathways</p> <p>Report and take appropriate action following serious untoward incidents</p> <p>Assess and analyse situations, services and facilities in order to minimise risk to patients, carers, staff and the public</p> <p>Monitor the safety of services</p> <p>Demonstrate ability to deviate from care pathways when clinically indicated</p> <p>Question existing practice in order to improve service</p>	<p>Supervisors report, DONCS</p> <p>Supervisors report, CBD, CP, DONCS</p> <p>Supervisors report, CBD, CP, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, CBD, CP</p> <p>Supervisors report, CBD, CP, DONCS</p>	<p>2</p>
<p>Attitudes demonstrated through behaviours</p> <p>Actively participate in a programme of clinical governance related to older</p>	<p>Supervisors</p>	<p>2</p>

<p>people</p> <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>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>	
--	---	--

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> <p>Identify learning styles</p>	<p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p>	<p>1</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>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>Acquire and put into practise expertise in teaching about the mental health needs of older people to diverse groups</p>	<p>AoT, DONCS, supervisors report</p>	
<p>Attitudes demonstrated through behaviours Demonstrate a professional attitude to teaching</p>	<p>Supervisors report, AoT, DONCS, mini-PAT</p>	<p>1</p>

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 Demonstrates an understanding of the research governance framework including the implications for the local employer (NHS Trust or equivalent) of research. Demonstrates an understanding of the work of research ethics committees and is aware of any ethical implications of a proposed research study Demonstrate an understanding of how to design and conduct a research study Demonstrate an understanding of the use of appropriate statistical methods Describe how to write a scientific paper	Supervisors report, JCP, DONCS Supervisors report, DONCS Supervisors report, DONCS Supervisors report, DONCS	1

<p>Demonstrate a knowledge of sources of research funding</p> <p>Use research methods to enrich learning about aetiology and outcomes within old age psychiatry</p>	<p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</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>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.</p>	<p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors</p>	<p>1</p>

<p>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 old age psychiatry</p>	<p>report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, 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>Supervisors report, DONCS</p> <p>Supervisors</p>	<p>1</p>

<p>Work collaboratively in research supervision</p> <p>Demonstrate consistent compliance with the highest standards of ethical behaviour in research practice</p>	<p>report, DONCS</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p>	
---	--	--

6-16b Evaluation and critical appraisal of research	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate an understanding of the principles of critical appraisal</p> <p>Demonstrate an understanding of the principles of evidence-based medicine, including the educational prescription</p> <p>Demonstrate knowledge of how to search the literature using a variety of databases</p>	<p>Supervisors report, JCP</p> <p>Supervisors report, JCP</p> <p>Supervisors report, JCP</p>	<p>1</p>
<p>Skills</p> <p>Assess the importance of findings, using appropriate statistical analysis</p>	<p>Supervisors report, JCP</p>	<p>1</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, DONCS, JCP</p> <p>Supervisors report, CBD, JCP</p> <p>Supervisors report, CBD, JCP</p> <p>Supervisors report, CBD, DONCS</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>

MAINTAINING TRUST

Intended learning outcome 17

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

7-17a Doctor patient relationship	Assessment methods	GMP Domains
Knowledge		4
Skills Support and advise colleagues (both medical and non-medical) in dealing with complex professional interactions	Supervisors report, CBD, DONCS	4
Attitudes demonstrated through behaviours Foster positive attitudes to old people and act as an advocate for their needs in the health and social care system Obtain help in appropriate circumstances from consultants in other specialties and advise these consultants on the management of medically ill patients with psychiatric problems	CBD, CP, DONCS, Supervisors report CBD, CP, Supervisors report	4

7-17c Confidentiality	Assessment methods	GMP Domains
-----------------------	--------------------	-------------

<p>Knowledge</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>Supervisors report, CBD, DONCS</p> <p>Supervisors report, CBD, DONCS</p> <p>Supervisors report, CBD, DONCS</p>	<p>4</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>Attitudes demonstrated through behaviours</p> <p>Ensure that reports, evidence and documents you have a responsibility for are complete, honest and accurate</p>	<p>Supervisors report, CBD, DONCS</p>	<p>4</p>
<p>7-17e Risk management</p>	<p>Assessment methods</p>	<p>GMP Domains</p>

Knowledge		4
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		
Attitudes demonstrated through behaviours			4

Intended learning outcome 18
Develop the habits of lifelong learning

Intended learning outcome 18	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate a working knowledge of and the ability to apply, the law concerning capacity, competence and consent and mental health legislation in the care of older people</p> <p>Keep abreast of neuroscientific developments and basis for mental disorder in old age, especially dementia</p>	<p>CBD, CP, ACE, Mini-ACE supervisors report</p> <p>CBD, CP, ACE, Mini-ACE supervisors report</p>	<p>4</p>
<p>Skills</p>		<p>4</p>
<p>Attitudes demonstrated through behaviours</p> <p>Share evidence in a way to facilitate modifying practice based on new evidence</p> <p>Share evidence with the wider team to facilitate modification of practice</p>	<p>DONCS, AoT, supervisors report</p> <p>DONCS, AoT, supervisors report</p>	<p>4</p>

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 Old Age Psychiatry 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: -

- 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.
- 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.
- 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.
- 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.

Old Age Psychiatry 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 Old Age Psychiatry 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 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 Old Age Psychiatry will consist of the equivalent of three years full time experience of which two years must be spent in designated old age psychiatry. The three years will be made up as follows:

- Twelve months in an old age placement, i.e. a placement that can offer both inpatient and community experience or two six-month placements in inpatient and community settings. The inpatient experience must include managing detained patients under supervision.
- Twelve months in another old age psychiatry setting.
- A third twelve months may be spent in general psychiatry (or one of its sub-specialties) or in any other psychiatric specialty where the training is available, ie, forensic psychiatry, old age psychiatry, psychotherapy, learning disability psychiatry, child & adolescent psychiatry.

Trainees should get experience working with older adults in the following settings:

- In-patient wards for treatment of functional illness
- Assessment wards
- Continuing care and respite wards
- Joint psychiatric/geriatric wards
- Day hospitals
- Sheltered housing
- Residential care in various settings
- Home assessment and treatment
- Out-patients

Clinical placements in advanced training in Old Age 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 Old Age 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 Old Age Psychiatry to make the experience gained is relevant to the trainee's future practice as a consultant.

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 Old Age 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 Old Age 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 Old Age Psychiatry, trainees should have the opportunity to participate in original research.

10. Special interest sessions

It is educationally desirable that Advanced Trainees in Old Age Psychiatry have the ability to gain additional experiences that may not be available in their clinical placement. Two sessions every week must be devoted 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”. 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 OLD AGE 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 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 Advanced Training in Old Age Psychiatry ST4-ST6

If ST5 or ST6 years are spent in General Psychiatry, addiction psychiatry, rehabilitation psychiatry, psychotherapy, psychiatry of learning disability, liaison psychiatry or forensic psychiatry the trainee will follow the relevant assessment system for ST5. The trainee must complete ST4 and ST6 in Old Age Psychiatry and the Old Age Psychiatry requirements for ST5, before the completion of ST6.

Intended learning outcome	ST4	ST5	ST6
<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 			
	<p>By the end of ST4 the trainee will be able to independently assess older adult patients presenting with the following: behavioural and psychological symptoms of dementia (BPSD) in the community and complex problems in both inpatient and an outpatient service</p>	<p>By the end of ST5 the trainee will be able to independently assess a an older adult patient presenting with physical and psychiatric co-morbidities</p>	<p>By the end of ST6 the trainee will be able to supervise the assessment of a patient presenting to the older adult service conducted by a Foundation Programme Trainee or a Core Psychiatry Trainee</p>
<p>1b Patient examination, including mental state examination and physical examination</p>	<p>CBD of an OP case presentation of a patient the trainee has fully assessed, including a collateral history.</p>	<p>CBD or ACE of an assessment of an older adult patient with complex physical and psychiatric co-morbidities</p>	<p>DONCS or CBD of the trainee supervising a Foundation Programme Trainee or a Core Psychiatry Trainee</p>

	<p>CBD of an IP case presentation of a patient the trainee has fully assessed, including a collateral history.</p> <p>ACE conducted with an OP older adult patient not previously known to the trainee, to include mental state examination.</p> <p>ACE conducted with an IP older adult patient not previously known to the trainee, to include mental state examination.</p>		
2 Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses			
	<p>By the end of ST4 the trainee will be able to independently construct a formulation for an older adult patient presenting to an in-patient and out patient service with a complex problem</p>		<p>By the end of ST6 the trainee will be able to supervise a Foundation Programme Trainee or a Core Psychiatry Trainee constructing a formulation of a problem experienced by a patient presenting to the older adult service</p>
	<p>CBD of differential diagnosis in a complex in-patient case.</p> <p>CBD of differential diagnosis in a complex out-patient case.</p>		<p>DONCS or CBD of the trainee supervising a Foundation Programme Trainee or a Core Psychiatry Trainee (if not completed in ST5)</p>

3 Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains			
	By the end of ST4 the trainee will be able to independently construct a plan of investigations and treatment for a patient presenting to an older adult in-patient and out patient service with a complex problem		By the end of ST6 the trainee will be able to supervise the construction of a plan of investigations and treatment for a patient presenting to the older adult service conducted by a Foundation Programme Trainee or a Core Psychiatry Trainee
	CBD of investigations and management of a complex case		DONCS or CBD of the trainee supervising a Foundation Programme Trainee or a Core Psychiatry Trainee (if not completed in ST5)
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 be able to conduct a risk assessment, instigate a treatment plan and supervise the progress of older adult inpatients and outpatients presenting with self harm or at risk	By the end of ST5, the trainee will be able to describe the legal framework of protection for older adults	By the end of ST6 the trainee will be able to supervise a core trainee or foundation trainee in conducting a risk assessment, instigating a treatment plan and monitoring the progress of patients presenting

	of exploitation or neglect		with self harm and/or at risk of exploitation or neglect. The trainee will also be able to lead the MDT in managing a high-risk patient. The trainee will also be able to competently present evidence to a Mental Health Act Review Tribunal (or equivalent body)
4b Psychiatric emergencies	<p>CBD to discuss risks inherent in old age patients (especially suicide, exploitation, neglect etc)</p> <p>Mini-ACE of a Mental Health Act assessment.</p>	CBD to discuss risks inherent in old age patients (especially suicide, exploitation, neglect etc)	DONCS of trainee chairing a case conference / CPA review of a high risk patient
4c Mental health legislation	<p>CBD of an out of hours Mental Health Act assessment and subsequent case management.</p> <p>CBD of a Mental Health Act Tribunal Report (or equivalent) the Trainee has written.</p>	CBD of relevant mental health legislation	<p>CBD of relevant mental health legislation (if not completed in ST5)</p> <p>DONCS of trainee giving evidence in a Mental Health Act Tribunal (or equivalent) (if not completed in ST4 or 5)</p>
4d Broader legal framework	Evidence of satisfactory attendance at an appropriate course to gain approval to exercise		

	powers under the relevant mental health legislation		
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 ST5 the trainee will be familiar with the range of psychotherapies available to older adults in both inpatient and outpatient settings and be able to incorporate the principles of these techniques into their own clinical practice.	By the end of ST6, the trainee will have completed a second course of psychological treatment with an older adult using a different modality and a different duration from that used previously in advanced training
5a Psychological therapies		SAPE of the use of a psychological treatment appropriate to an older adult in patients or out patients. (if not completed in ST4)	SAPE of the use of a psychological treatment relevant to the management of an older adult (different modality, different duration from first case) (if not completed in ST5)
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			
	By the end of ST4 the trainee will be able to concisely summarise the previous case records of patients with severe and enduring mental illness presenting both de novo in old age and those		By the end of ST6 the trainee will be able supervise a core trainee or foundation doctor as they concisely summarise the previous case records of patients with severe and enduring mental

	carried into old age, and use this information to inform the assessment, treatment plan and subsequent monitoring of these patients.		illness and use this information to inform the assessment, treatment plan and subsequent monitoring of these patients.
7a Management of severe and enduring mental illness	CBD of the inpatient or community management of an older adult patient with severe and enduring mental illness	ACE/Mini-ACE of assessment of capacity, including financial capacity and completion of CP3 form	CBD or DONCS of trainee supervising a Foundation Programme Trainee or Core Psychiatry Trainee
8 Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances			
	By the end of ST4, the trainee will demonstrate the ability to modify their communication techniques in response to situations in which there are communication problems	By the end of ST5, the trainee will demonstrate the ability to chair a review meeting at which the patient and their relatives are present	By the end of ST6, the trainee will demonstrate the ability to skillfully impart a diagnosis of dementia to patients and relatives
	ACE or mini-ACE of consultation with an older patient who has communication problems	DONCS of chairing Care Programme Approach (CPA) meeting with patient/relatives	ACE/Mini-ACE of chairing (CPA) meeting with patient/relatives present to impart diagnosis of dementia to patient/relatives
9 Demonstrate the ability to work effectively with colleagues, including team working			
	By the end of ST4, the trainee will be able to describe the role of the old age psychiatrist in either an in-patient or a community team dealing with older adult patients and be able to work as a	By the end of ST5, the trainee will be able to describe the role of the old age psychiatrist in both an in-patient and a community team dealing with older adult patients and be able to work in	By the end of ST6, the trainee will be able to manage competing demands, support and facilitate the leadership of others and contribute to change management processes and if not

	member of such a team without the need for close personal supervision	such a team without the need for close personal supervision	completed by the end of ST5, they will have demonstrated the ability to resolve conflict within a team and to handle complaints
	One round of Mini-PAT Supervisors' reports	DONCS of ability to chair and manage an in-patient ward round. DONCS in acting up as consultant in an in-patient unit for a 2week period under close consultant supervision (if not completed in ST4) One round of Mini-PAT Supervisors' reports	DONCS chairing multidisciplinary meeting One round of Mini-PAT 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 in an older adults' psychiatry service and to lead the team for a short period of time under consultant supervision. 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 should have taken responsibility for organising part of the service, eg the on-call rota (if not completed in ST4)	By the end of ST6, the trainee should have taken a leading part in a change management project and should have demonstrated the ability to mentor a colleague. The trainee should also demonstrate the ability to handle conflict and/or team dysfunction
	One round of Mini-PAT DONCS of ability to chair	One round of Mini-PAT	One round of Mini-PAT DONCS or CBD of

	and manage an in-patient ward round. Supervisors' reports	Supervisors' reports	mediation in conflict situation Supervisors' reports
11 Demonstrate the knowledge, skills and behaviours to manage time and problems effectively			
	By the end of ST4 the trainee should demonstrate the ability to prepare and deliver a report for a Mental Health Tribunal and/or Managers' Hearing	By the end of ST5, the trainee should have demonstrated the ability to write reports for outside agencies (if not completed in ST4)	By the end of ST6, the trainee should demonstrate the ability to act as an expert witness, either in a real or 'shadow' situation (if not completed in ST5)
11b Communication with colleagues	One round of Mini-PAT Supervisors' reports	One round of Mini-PAT Supervisors' reports	One round of Mini-PAT 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 using a different methodology from that which they used in core training 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 results of an audit project have quality improvement	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 in ST5)
12a Audit	Completed audit report Supervisor's report	Completed audit cycle report Supervisor's report	DONCS of ability to supervise an audit conducted by a Core trainee Supervisor's 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 as applied to services for older people	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	Supervisors' reports DONCS of ability to manage a clinical complaint	Supervisors' reports DONCS of ability to manage a clinical complaint in the context of older peoples' services or ability to act upon an SUI in older peoples' services (if not completed in ST4)	Supervisors' reports DONCS of ability to report and act on a SUI either in a real or 'shadow' situation (if not completed in ST5)
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 and an ability to conduct workplace-based assessments (WPBA's) for foundation or core trainees	By the end of ST5, the trainee will demonstrate an understanding of the basic principles of adult learning and of different learning styles	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
15a The skills, attitudes, behaviours and practices of a competent teacher	AoT of ward based undergraduate teaching. AoT of clinic/domiciliary based teaching.	AoT of small group teaching (if not completed in ST4)	Record of an AoT performed on a junior colleague's teaching Supervisor's report

15b Assessment	<p>Log of shadow supervision sessions provided to core or foundation trainee (generally one hour per fortnight).</p> <p>Record of WPBA's conducted on others</p> <p>DONCS of trainee conducting a WPBA on a junior colleague or an in-course assessment of a medical student, including giving feedback</p>	<p>Log of shadow supervision sessions provided to core or foundation trainee, (generally one hour per fortnight) including helping the trainee develop an appropriate learning plan (if not completed in ST4)</p> <p>DONCS of shadow supervision session</p>	<p>Log of supervision or support to non-medical members of the team assessing core or foundation trainees</p>
15c Appraisal	Supervisor's report	<p>Supervisor's report</p> <p>Completed NHS appraisal</p>	<p>DONCS on completion of foundation or core trainee shadow ARCP appraisal form (if not completed in ST4)</p> <p>Supervisor's report</p> <p>Completed NHS appraisal</p>
16 To develop an understanding of research methodology and critical appraisal of the research literature			
	<p>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'</p>	<p>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</p>	<p>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</p>

	form)		
16a Research techniques	Special Interest/research supervisors reports or supervisor's report	Special Interest/research supervisors reports or supervisor's report	Copy of publications (if applicable) Special Interest/research supervisors reports or supervisor's report
16b Evaluation and critical appraisal of research	DONCS on the evaluation of an original research paper of relevance to old age psychiatry. Supervisor's report	Supervisor's report	Supervisor's report
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 issues surrounding confidentiality and the appropriate sharing of information and the need for safe and positive decision-making with respect to risk management in old age psychiatry services	By the end of ST5, the trainee will demonstrate an ability to advise consultants in other specialties on the management of medically ill patients with psychiatric problems and will demonstrate skills in providing clinical supervision	By the end of ST6 will not only exemplify the highest standards of 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 Mini-PAT	One round of Mini-PAT Mini-ACE or CBD on the assessment and/or managements of a complex case which involved liaison with a consultant from a different specialty	One round of Mini-PAT
17b Confidentiality	CBD on a case where confidentiality issues are		Supervisor's report

	salient.		
17d Risk management	Mini-ACE or CBD on assessment of risk in a complex case		
17e Recognise own limitations	Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.	DONCS of providing clinical supervision (if not completed in ST4) Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.	Log of cases where the trainee has provided clinical supervision
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 professional development and to professionally-led regulation	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation
18a Maintaining good medical practice	Supervisors' reports Reflective prose on issues raised in relation to clinical practice around GMC "good medical	Supervisors' reports Reflective prose on issues raised in clinical practice around GMC "good medical practice"	Supervisors' reports Reflective prose on issues raised in clinical practice around GMC "good medical practice"

	practice”		
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