

Child and adolescent psychiatry

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Child and adolescent psychiatry. You will also need to read the [Child and Adolescent Psychiatry Curriculum](#).

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Introduction

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Psychiatrists (RCPsych) for guidance **before** you submit your application.

Standard of assessment

The standard of which Portfolio Pathway applicants are assessed against are Knowledge, Skills and Experience (KSE) for specialist practice in the UK. The framework for assessing KSE reflects the High Level Outcomes (HLOs) in psychiatry.

The Psychiatry higher specialty curricula are all mapped directly to the [GMC's Generic Profession Capabilities \(GPC\) framework](#) with corresponding psychiatry specific **High Level Outcomes (HLOs)** for each relevant specialty. Each HLO is then broken down into relevant sub-domains and the key capabilities required therein.

Currency of evidence

Your evidence is expected to be submitted from the timeframe as described within each HLO (the time frame is all in WTE and doesn't need to be consecutive) although overall it must be within the last ten years.

If you have worked less than full time (LTFT), or have had a break in practice in the last five years, evidence can be provided from additional years or whole-time equivalence (WTE). In this situation, you must clearly explain any gaps, such as a career break/maternity leave/long-term sick leave, as part of your application. The period from which your evidence has been drawn should be made explicit to the evaluators from the outset through a statement accompanying your CV.

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

How much evidence to submit

As a general guide, we would want **no more than 1500 pages of evidence, and ideally no more than 1,200 pages.**

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated descriptors. If you do not have all the evidence listed here, we recommend that you delay applying until you are able to gather it.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

You must ensure you follow our [guidance](#) on how to present and group your evidence in the online application

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.

HLOs 1, 2, 3, 5, 6 and 8 have multiple sub-domains whereas HLOs 4, 7 and 9 contain only one sub-domain. Evidence should be gathered as per the overarching HLO requirements.

We recommend that you do not submit more than one PDF document for each organisation per HLO, so your application is divided into fewer sections and individual uploads to enable your application to have a clearer narrative. There is an explanation as to how evidence for each area should be organised within the HLO evidencing requirements below.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#). You will also be asked to nominate referees to provide structured reports.

You should provide sufficient evidence in respect of each HLO, or the application may fail. **If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence.** Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

Your KSE cohort

Firstly, you must self-identify your KSE cohort – this will inform your evidence submission. Once you have identified your KSE cohort from the below criteria, you make an application based on the **specific evidence requirements for that KSE cohort**. The type and quantity of evidence requirement is a ‘Tiered’ approach based on the KSE cohort criteria. These evidential requirements are outlined in detail further on in this guidance.

Outcome criteria

Assessment Criterion	Core competencies	Specialist training and/or experience	KSE cohort
Outcome	<p>Met*</p> <p>*Completed Core Psychiatry Training (or equivalent) AND MRCPsych (or equivalent) passed</p>	<p>Met*</p> <p>* This can be Met through:</p> <p>Either</p> <ul style="list-style-type: none"> • Completion of a minimum of two years Higher Training in application speciality <p>Or</p> <ul style="list-style-type: none"> • Consultant/Specialist experience in application specialty of minimum of 2 years + Approved Clinician (Under the Mental Health Act England, Or equivalent) 	Cohort 1A
Outcome	<p>Met*</p> <p>* Completed all elements of Core Psychiatry Training (Or equivalent) BUT MRCPsych (or equivalent) NOT passed</p>	<p>Met*</p> <p>* Consultant/Specialist experience in application specialty of a minimum of five years + Approved Clinician (Under the Mental Health Act England, Or equivalent)</p>	Cohort 1A

Outcome	Met* * Completed all elements of Core Psychiatry Training (Or equivalent) with/without MRCPsych (or equivalent)	Not Met* *Does NOT meet minimum criterion of Higher training and/or Consultant/Specialist experience in application specialty as required for Cohort 1A	Cohort 1B
Outcome	Not Met* *Cannot demonstrate completion of all elements of core psychiatry training	Not Met* *Specialist training/experience criterion doesn't apply as the core competency criterion is not met.	Cohort 2

Criteria for Core and Specialty training/Experience – KSE cohort matrix

Competences	Core – as per Curriculum	Specialty – as per HLOs
Knowledge	<ul style="list-style-type: none"> Evidence of Completion of Learning as prescribed in the curriculum – copy of published curriculum & Certificate of completion of Learning satisfactorily (For Cohort 1A and Cohort 1B) If there is test of knowledge (such as Paper A/B of MRCPsych or Equivalent) – evidence whether this has been completed or Not (For Cohort 1A) 	<ul style="list-style-type: none"> Evidence of advanced professional knowledge in the speciality i.e. in assessment of comorbidity, complexity, knowledge of evidence based treatment, prescribing, non-pharmacological interventions, knowledge of governance and framework of care. Advanced knowledge of methods of quality improvement, teaching and critical appraisal. -Copy of published curriculum Evidence of advanced knowledge of mental health act and broader legislative framework - evidence through completion of appropriate statutory requirement. Knowledge of preventative aspects of Psychiatry, wider contextual factors in which care is delivered.

<p>Skills</p>	<ul style="list-style-type: none"> • Evidence of having obtained core professional skills (such as history, mental state examination, formulation, and management as in GMC GPC framework) in disorders across the life span, at least the following areas: <ul style="list-style-type: none"> - Psychiatric disorders in adults of working age - Psychiatric disorders in Old Age including dementia / neurodegenerative disorders - Psychiatric disorders in children or Psychiatric disorders of Learning disability - Neurodevelopmental disorders across the life span • Evidence of periodic assessment and receiving supervision and • Evidence of having obtained professional skills in Psychotherapy – generally two cases in two different modalities, direct delivery assessed and supervised • All the above for Cohort 1A and Cohort 1B • If there is a test of clinical skills such as CASC MRCPsych – evidence whether his has been completed or NOT (for Cohort 1A) 	<ul style="list-style-type: none"> • Evidence of having obtained advanced professional skills in biopsychosocial assessment, treatment and management, issues of consent, capacity, shared decision making and advanced level communication. Working within a team to demonstrate high level of clinical leadership, supervision skills and skills in learning and improvement from patient safety matters such as safety incidents and complaints. • Such a training may or may not be followed by an exit exam and • During training period there has been Periodic assessment and supervision of the skills through Work placed assessments (Or similar) and Appraisal of practice (at least annually). OR • Evidence of Working at Consultant or Specialist grade —Evidence to be provided of appointment at such post; that the grade of post is recognised as specialist in the specialty (by appropriate regulatory bodies) and • Independent in Mental health act application (e.g. Approved Clinician in England or equivalent in other countries of the UK and overseas). • All of above required for Cohort 1A
<p>Experience</p>	<p>For Cohort 1A or 1B</p> <ul style="list-style-type: none"> • Generally, a duration of three years’ experience • Variety of experience • Supervised and assessed • Range of practice settings 	<p>For Cohort 1A</p> <ul style="list-style-type: none"> • Either a minimum of two years in Specialty Training OR Consultant/Specialist grade experience of at least two years—if completed Core psychiatry training (or equivalent) + MRCPsych (or equivalent) <p>OR</p>

- | | | |
|--|--|--|
| | | <ul style="list-style-type: none">• Working at Consultant/Specialist grade for at least five years (if completed core psychiatry training but no MRCPsych (or equivalent)) |
|--|--|--|

Guidance for self-identifying your KSE cohort

1 Have you completed core training competencies (as per the [Core psychiatry curriculum](#))? - Yes /No

If yes – you will have to submit evidence of being in a training scheme (can be from anytime in your career), completion of around three years in duration (Whole Time Equivalent). The training scheme must have a published curriculum which demonstrates a requirement of experience and training in various specialities of Psychiatry which must include Adult, Old age and either Child and Adolescent Psychiatry or Psychiatry of Intellectual disability. The training and experience must have been supervised and periodically assessed and may have included a theory and clinical exam. The training and experience must have included supervised delivery of Psychotherapy cases in two modalities.

If the answer to above is **Yes** – proceed to point 2.

If the answer to above is **No** – You are suitable for **KSE cohort 2** - please submit evidence as per KSE cohort 2.

2 Can you demonstrate passing of MRCPsych or an equivalent examination? – Yes/No

To demonstrate this, you must have either taken and passed all parts of MRCPsych, OR you have taken an exam attached to your training scheme that has clinical and theory parts to it. Please submit the details of the exam with a copy of the published curriculum.

If the answer to above is **Yes** - proceed to point 3.

If the answer to above is **No** - proceed to point 4.

3 Do you have sufficient specialty training or specialist experience? – Yes/No

This could be demonstrated either through a) or b) + c):

- a) Being in specialist training post in your application speciality for at least two years. Please submit the published curriculum for the training scheme this post is attached to, with evidence of periodic assessment and supervision. The scheme may have an exit exam. If so, please submit details of the exam.

- b) Experience as a Specialist/Consultant for at least **two years**. Please submit evidence to demonstrate that you have been appointed and are working at a Specialist/Consultant grade. This must be a grade which is well recognised and acceptable for specialist practice (independent, achieved after full qualifications in the speciality) within the health system/medical council (or equivalent regulator) where you are working.

- c) Approved through the local legislative framework to independently assess and treat mental disorders, e.g. as an Approved Clinician under the Mental Health Act in England.

If the answer to above is **Yes** – You are suitable for **KSE cohort 1A** - please submit evidence as per KSE cohort 1A.

If the answer to above is **No** - You are suitable for **KSE cohort 1B** - please submit evidence as per KSE cohort 1B.

4 Do you have sufficient specialist experience? – Yes/No

This will be demonstrated by a) + b):

- a) Experience as a Specialist/Consultant for at least **five years**. Please submit evidence to demonstrate that you have been appointed and are working at a Specialist/Consultant grade. This must be a grade which is well recognised and acceptable for specialist practice (independent, achieved after full qualifications in the speciality) within the health system/ medical council (or equivalent regulator) where you are working.

b) Approved through the local legislative framework to independently assess and treat mental disorders, e.g. as an Approved Clinician under the Mental Health Act in England.

If the answer is **Yes** – You are suitable for **KSE cohort 1A** - please submit evidence as per KSE cohort 1A.

If the answer is **No** - You are suitable for **KSE cohort 1B** - please submit evidence as per KSE cohort 1B.

Important

- **It is your responsibility to ensure you choose the correct KSE cohort based on your knowledge, skills and experience.**
- **Please do not apply under a cohort that you do not meet the criteria for.**

Evidence of training, qualifications, and employment

- Within these general areas, you need to include evidence to demonstrate how you meet your self-identified KSE cohort, as per the above outcome and KSE cohort matrix, including evidence of your core competencies and specialist training and/or experience.

Evidence of training and qualifications	
KSE cohort statement	<ul style="list-style-type: none"> ● Please provide a statement clearly indicating which KSE cohort you have self-identified with and providing an overview of how you meet the KSE criteria for that cohort.
CV	<ul style="list-style-type: none"> ● You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.
Primary medical qualification (PMQ)	<ul style="list-style-type: none"> ● If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration. ● If you do not hold registration, you will need to have your PMQ independently verified by our provider before we can grant you full registration with a licence to practise. ● You can find out more about primary source verification on our website. ● You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.
Specialist medical qualification(s)	<ul style="list-style-type: none"> ● Please provide a copy of all specialist medical qualifications you hold. ● If you have passed MRCPsych please provide a copy of your certificate. ● Qualifications from outside the UK, must be authenticated.
Specialist training	<ul style="list-style-type: none"> ● If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK, please provide an authenticated copy of the curriculum or syllabus that was in place when you undertook your training. ● If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body outlining the content of the training programme or examination. ● You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the

information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

- If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.
- If you have undertaken approved specialty training in psychiatry in the UK, you should provide a copy of your ARCPs. Should you wish to provide evidence obtained within your UK specialty training, this evidence should have **been reviewed and signed off through an ARCP from completed years in training.**

Evidence of employment in posts and duties (including training posts)

Employment letters

The information in these letters **must** match your CV. They should confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

Usually this will be set out in the letters offering you the post and renewing your contracts. **We do not need to see contracts and terms and conditions of employment.**

Job descriptions

These **must** match the information in your CV. They will usually confirm the following:

- your position within the structure of your department
- your post title
- your clinical and non-clinical commitment
- your involvement in teaching or training.

Evidence requirements for High Level Outcomes (HLOs) – refer to your KSE cohort:

[KSE cohort 1A](#)

[KSE cohort 1B](#)

[KSE cohort 2](#)

KSE cohort 1A – evidence requirements for High Level Outcomes (HLOs)

HLO 1 Professional Values and Behaviours

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

1.1 Professional Relationships

1.2 Professional Standards

HLO	Evidence required
HLO 1.1 Professional Relationships	<p>Evidence from the last five working years (WTE - does not have to be consecutive, although overall within last ten years) of:</p> <ul style="list-style-type: none">● Feedback from colleagues and patients. May be evident in annual appraisal, including 360 feedback.● Correspondence between you and your colleagues, demonstrating collaboration over patient care across multidisciplinary teams.● Reflective practice● Structured reports that reflect on professional relationships can also evidence aspects of this HLO.● Referees and appraisers should be guided to comment on the key professional capabilities of the applicant as set out in HLO 1.1 and also for HLO 1.2 of the curriculum.
HLO 1.2 Professional Standards	<p>Evidence can be demonstrated through:</p> <ul style="list-style-type: none">● Successful annual appraisal for each of the last three working years. This will include evidence of the use of supervision, and of reflective practice of clinical work.● In HLO 2, relevant case histories should include reflection with regards to the emotional impact of the work on the applicant and their wider team. Such evidence of reflective practice will aid the evaluation for this HLO; however, it should be linked with the case histories and is not sufficient to meet this capability on its own.● Throughout the application, evidence submitted should be clear, accurate, contemporaneous, and redacted.● Throughout the application, the use of and proficiency in relevant technologies should be clearly referenced to where appropriate.

	<ul style="list-style-type: none"> ● Throughout the application, you can evidence any impact on your own wellbeing and strategies used to take care of that through relevant reflective practice. ● Throughout the application, appropriate use of referrals within the MDT and other agencies can be used to evidence your understanding of the limitations of your own practice.
Uploading to your application	<ul style="list-style-type: none"> ● All evidence for HLO1.1 should be grouped by the type of evidence. E.g., all patient feedback should be grouped together, and all colleague feedback should be grouped together. ● Where possible, documentation should be submitted in one PDF bundle by organisation.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● Relevant HLO with sub-domain/Organisation the evidence is collated from/ dates of the period the evidence covers ● For example: HLO1.1/ [Organisation Name] / Patient feedback/01.01.2021 - 01.12.2022
Other	<ul style="list-style-type: none"> ● Evidence submitted for HLO2, such as certain case histories will also be considered towards HLO1. Please do not duplicate this evidence.

HLO 2 Professional Skills

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication	<ul style="list-style-type: none">● At least two of the case histories should demonstrate advanced communication skills through; managing difficult conversations, or trying to manage contradictory evidence, or combining information from different sources and managing conflict. This may include a second opinion where there has been a dispute about diagnosis or management.
HLO 2.2 Clinical skills	<p>Submit 12 case histories written in a detailed format including:</p> <ul style="list-style-type: none">● Main complaints● History of present illness● Past psychiatric and medical history● Social and developmental history● Drug and alcohol history● Premorbid personality● Family history● Mental state examinations - should show detail, and not simply list symptoms without explanation of how conclusions were reached.● Biopsychosocial psychiatric formulation - inclusive of differential diagnosis, aetiology, psychological theories, prognosis, management (including risk assessment and management). A clear rationale and justification of differential diagnosis should be included.

The 12 case histories should cover a spread across the full child and adolescent age range and be allocated as follows:

- 2 cases: ages 0 – 5 (pre-school)
- 5 cases: ages 6 – 11 (school-age children)
- 5 cases: ages 12 – 17 (adolescents)

All clinical settings: outpatient/community, emergency, and inpatient, need to be covered.

The case histories should be evidence of clinical work done in a real-world clinical setting, and not a review or reflection of a clinical case. There should be a mix of letters to GPs and other referrers (assessment, changes in clinical management, discharge), tribunal and managers' panel reports, and medico-legal reports.

Discharge summaries should only be included if they clearly demonstrate you leading on the patient journey and clinical decisions taken.

You should ensure that **for areas not covered by detailed case histories** there is evidence of work carried out, such as in logs, WPBAs, or other secondary evidence.

There should be a coverage of the wide range of clinical presentations and disorders which occur within the child and adolescent age group:

- Anxiety disorders
- Mood disorders
- Conduct and Impulse control disorders
- Attachment disorders
- Eating disorders
- OCD
- Neurodevelopmental disorders such as Intellectual Disability, ADHD, ASD, Tics, and Tourette's
- Psychosis (First episode psychosis and chronic relapsing, remitting illness must both be included, the latter probably linked with an inpatient or specialised community service)
- PTSD and other trauma-based disorders
- Self-harming behaviours
- Substance misuse
- Psychiatric disorders associated with physical disorders and medically unexplained symptoms/somatization.

At least two case histories should include a full physical examination carried out by yourself, with all others mentioning relevant physical examination and physical issues.

The treatment plans should consider the risk assessment and include a range of psychological and medication interventions representative of mainstream practice. Explanation of medication effects, and potential side effects, with patient and parent, with subsequent monitoring should be recorded to evidence safe prescribing as required by local and national guidelines as appropriate.

Multidisciplinary working should be demonstrated through:

- Referral letters
- Holistic treatment plans
- email, letter, or report documentation which show working with other disciplines.

Demonstrate your ability to manage patient transition into adult mental health care and primary care services using documentation such as letters or multidisciplinary meetings around the anticipation and management of such patient transfers. The documentation should involve clear evidence of discussion and collaboration with both the patient and the family.

There should be **at least two examples** of continued work with a patient i.e., a full initial patient history followed by subsequent reviews which show management of complex clinical journeys.

At least 1 case of the total 12 should demonstrate **working across interfaces**, between psychiatric specialties, other medical and non-medical specialties and services, to demonstrate appropriate liaison and collaboration to manage risks.

At least one case should demonstrate the safeguarding capabilities as set out in HLO 7 below.

In addition to the 12 cases, you should demonstrate undertaking **at least two different models of evidence-based psychotherapy** such as cognitive behaviour therapy, behaviour therapy, systemic/family therapy and/or psychodynamic child psychotherapy. Applicants should demonstrate their ability to adjust therapy to the progress and needs of the patient and/or family, and their ability to deliver psychological treatment to young people and/or families with complex problems and needs.

Evidence should be provided through case summaries, patient letters, session notes and descriptive write-up which include assessment, formulation, the sessions delivered, conclusion and follow up. The therapy can be delivered individually, within a group or with a family, and evidence should be provided of appropriate supervision.

	<p>Applicants are advised to remember the need for evidence of therapy being delivered by the applicant personally.</p> <p>Providing only WPBAs, supervisor reports, training in psychotherapy or references stating the applicant has delivered psychotherapy will not be sufficient.</p> <p>Evidence of your ability to utilise psychological treatments as part of a multidisciplinary treatment package should be provided within the relevant case histories outside of the delivery of the applicant's psychotherapy cases.</p> <p>There may be exemption from the psychotherapy requirements for a specific modality if there is a certificate of completion of a recognised course at the required level that includes; teaching, seminars, working with a case and supervision. For example, a training course in 1; CBT, or 2; Family Therapy, would exempt the need to provide all of the documents listed above for that modality.</p> <p>If this exemption is claimed, at least 1 case of the total 12 needs to demonstrate application of contemporary knowledge and principles of psychological therapies to make a suitable recommendation for psychotherapeutic/psychological treatment. This would not involve direct delivery of the therapy and is mainly a suitable referral. Biopsychosocial formulation of the case should demonstrate application of this knowledge.</p>
<p>HLO 2.3 Complexity and uncertainty</p>	<p>Amongst the 12 cases, in at least 1 case you should demonstrate the management of complex cases with an active awareness of; how unconscious processes may impact on the presentation of disorders and upon yourself in your work, clinical uncertainty, ambiguity, and complexity, such as multi-morbidity, with safe management when the above is present. And an understanding of individual variation with consideration of social, cultural, spiritual, and religious factors, including the effects of deprivation, discrimination, and racism. Please identify these as ‘complex cases’.</p>
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Creating a cohesive narrative within your case histories enables the evaluators to get a better understanding of your capabilities. Therefore, all case history evidence should be organised by case and coordinated to tell the story of the patient and the work of the applicant. ● The organisation the case originates from and then within that they should be organised by diagnosis. If numbered the cases should continue to ascent even when the organisation changes. E.g., XXXX Mental Health Trust Case 1 Mood disorder ● Relevant reflective notes and CBDs should be collated within the relevant case history.

	<ul style="list-style-type: none"> ● Psychotherapy evidence should be clearly highlighted (e.g., Case 10 Psychotherapy) and submitted within the relevant organisational PDF. ● Where possible, documentation should be submitted in one PDF bundle by organisation.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collated ● For example: HLO2/ [Organisation Name] /C.H 6 – 18/02.02.2016 - 04.04.2018
General points about HLO 2	<ul style="list-style-type: none"> ● Please use WBPA, and reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself. ● The case histories have to be from real world settings rather than a review written retrospectively. ● These would normally be a mix of GP letters, tribunal and managers' panel reports and medicolegal reports. Patient notes showing your assessment, formulation, treatment, management plans as well risk assessment and management plans ● Discharge summaries can be used when they are triangulated with evidence that the applicant led the patient's treatment. ● The same case history can demonstrate evidence in more than one area ● It would be expected that most case histories are from your recent practice settings (such as Community /Inpatient). ● Cases generally have to be within the last 10 working years. ● All cases must be of high quality in being able to demonstrate contemporary standards of consultant practice in UK. ● Cases must demonstrate shared decision making, issues of consent and capacity as relevant. ● The case histories should demonstrate an understanding of cultural diversity in its broader sense i.e. not only encompassing ethnicity but also including the experience of working amongst different communities. ● Please also see how HLO 2 cases will be linked to evidence required for HLO3, HLO4, HLO5, HLO 6 and HLO 7.

HLO 3 Professional Knowledge

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction

3.2 Working within NHS organisational structures

HLO	Evidence required
HLO 3.1 and 3.2 Advanced knowledge of Legislative framework	<ul style="list-style-type: none"> ● As you are an Approved Clinician, provide evidence of your work in this role to demonstrate knowledge of the Mental Health Act and its use in young people, with consideration of the age of the young person and the role of parents. ● The evidence for this should be within a case history submitted for HLO 2 which will include use of the relevant Mental Health Act (requiring Section 12 Approval under the Mental Health Act, or an equivalent if not working in the UK) to commence involuntary treatment. The case history should include a comprehensive risk assessment and management. ● Submit relevant reflection on the use of involuntary treatment and knowledge of broader legal frameworks. <p>OR</p> <ul style="list-style-type: none"> ● Demonstrate the ability to use relevant Mental Health Act and/or Children’s legislation by presenting one substantial report such as a; <ul style="list-style-type: none"> ○ Tribunal report ○ Report for the Family Court ○ Report for Child Protection processes, such as for Case Conference ○ Ministry of Justice report ● Accompany the report with evidence of attendance at the Tribunal/Court and a supervisor’s report, or WpBA. <p>AND</p> <ul style="list-style-type: none"> ● One of the case histories submitted for HLO 2 (which will be used to evidence both HLOs) should overall demonstrate the ability to understand legislative frameworks (The Children Act and The Mental Capacity Act) across the age range inclusive

of; Gillick competence, capacity assessment, assessment of ability to consent to and participate in treatment decisions, alongside the role of parental responsibility, and the utilization of these frameworks to manage risk.

General points about HLO 3

- Please use Workplace Assessments (WpBA) or Reflections to triangulate the evidence in your case histories though these will not be sufficient in themselves.
- It would be expected that most case histories are from your recent practice settings (such as Community /Inpatient) and **generally from within the last five working years.**

Uploading to your application

- **No additional evidence is required to be uploaded into this section.**
- **All evidencing requirements for HLO3 will be submitted under other HLOs.**

HLO 4 Health Promotion and Illness Prevention

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

4.1 Health promotion and illness prevention in community settings

HLO	Evidence required
HLO 4.1 Health promotion and illness prevention in community settings	<ul style="list-style-type: none">● Evidence of understanding the factors contributing to health inequalities, social and cultural determinants of mental health, stigma and how to challenge it, and lifestyle interventions will be demonstrated through the relevant case histories and should be submitted under HLO2.● Applicants are advised to consider these factors specifically as part of formulation and management plans for patients.● Case histories and/or clinical letters should also include descriptions of psychoeducation about lifestyle to parents, children and adolescents.● Minutes of professional meetings that demonstrate multidisciplinary working for patients should also be included with the relevant case history.● Evidence around the design, delivery and improvement of services is to be submitted under HLO 6.
Uploading to your application	<ul style="list-style-type: none">● No additional evidence is required to be uploaded into this section.● All evidencing requirements for HLO4 will be submitted under other HLOs.

HLO 5 Leadership and Teamworking

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

5.1 Teamworking

5.2 Leadership

HLO	Evidence required
HLO 5.1 Teamworking	<ul style="list-style-type: none"> Certain elements of HLO5 will be demonstrated through evidence submitted for HLO1 and HLO2, such as 360-degree appraisal evidence, annual appraisal evidence, communication with colleagues and team working on specific cases. Please do not duplicate this evidence.
HLO 5.2 Leadership	<p>Evidence could be demonstrated through either of the following two options:</p> <p>Option 1 (a+b)</p> <p>a) Attendance at management and leadership related Continuing Professional Development events with reflective notes evidence via certificate or annual appraisal in the last 5 working years.</p> <p>b) At least one other leadership activity, such as the following:</p> <ul style="list-style-type: none"> Completion of at least 1 assessment of your chairing a clinical meeting (with WpBA such as DONCS). Participation in ward rounds, MDT meetings and management meetings are good examples for this. Reflection on Change Management that you led or contributed to significantly. Completion of Leadership Effective Analysis and its impact Reflection on 1 Service Development activity that you led or contributed significantly to (this could be QI project in HLO6).

This is not an exhaustive list of evidence, and we appreciate there may be other ways to evidence this HLO and welcome creativity.

Option 2 (a+b+c+d+e)

- a) Being in a role anytime in your career which has significant leadership/management commitment – provide a copy of Job description and reflection on role
- b) Log activity of what that role covers
- c) Appraisal of that role (at least annually)
- d) Duration of the role if it has ended now
- e) Attendance at management and leadership related Continuing Professional Development events with reflective notes EVIDENCE via annual appraisal **in the last 5 working years.**

Uploading to your application

- Evidence for HLO5 should be grouped by activity.

Naming requirements

- Documents should be named as such:
- HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected
- For example:

HLO5/[Organisation Name] /CPD/2021-2022

HLO 6 Patient Safety and Quality Improvement

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

6.1 Patient safety

6.2 Quality improvement

HLO	Evidence required
HLO 6.1 Patient safety	<p>You should provide evidence of partaking in clinical governance with regards to mental health organisations.</p> <p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1</p> <ul style="list-style-type: none">● Appraisal evidence demonstrating discussion/reflection and learning from the Serious un-towards incidents/ complaints and adverse events for each of the last 3 working years. <p>Option 2 (has to include at least 1 evidence piece from A, B, C)</p> <p>A) Knowledge evidence can be demonstrated through at least 1 of the following:</p> <ul style="list-style-type: none">● Shadowing a Serious Incident review or After-action review or Patient safety PSIRF Investigation with relevant reflection.● Involvement in resolution /Investigation of Complaint● Involvement in patient safety adverse event investigation <p>B) Skills /Experience evidence can be demonstrated through at least 1 of the following:</p> <ul style="list-style-type: none">● Meeting minutes that clearly demonstrate your active participation in clinical governance matters● Written report on serious incident resolution.● Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality.● Significant Involvement or leading Audit or service evaluation projects in the last 5 working years that demonstrate safety benchmarking, review and improvements.

	<p>C) Continuing Professional Development activities demonstrating knowledge of governance matters in the above areas evidence via annual appraisal.</p>
HLO 6.2 Quality improvement	<ul style="list-style-type: none"> ● Demonstrate understanding of the voice of the child and/or parent in improving patient care. ● Provide evidence of active participation in a minimum of one quality improvement project that is relevant to your clinical practice, including supervision of others as part of this project. The evidence should demonstrate your role in planning and managing the project and its recommendations, not simply data collection. ● The quality improvement project should be an audit carried out with the Trust audit/quality improvement department, with defined standards and a final report. There should be a re-audit of this, or a re-audit of another project, to allow comparison with a first audit.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO6 should be grouped by activity/event. ● Quality improvement projects should be bundled together with all relevant evidence, and you should aim for a coherent narrative within the evidence that is indicative of the timeframe of the project. ● Meeting minutes should be grouped by type of meeting. ● Complaint response, incident reviews and adverse event investigations should be collated by each individual event.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected ● For example: HLO6/ [Organisation Name] /Serious Incident review/2022

HLO 7 Safeguarding Vulnerable Groups

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
HLO 7.1 Safeguarding	<ul style="list-style-type: none"> ● Demonstrate knowledge by completion of both Child Safeguarding and Adult Safeguarding, as mandatory training. <ul style="list-style-type: none"> ○ Provide a certificate, or evidence in appraisal document, and present a reflection. ● Demonstrate Skills and Experience by presenting at least two of the following in a case history presented for HLO 2: <ol style="list-style-type: none"> a) Contributing to recognising and reporting safeguarding concerns. b) Understanding the impact of victimisation/exploitation and trauma in vulnerable groups. <p>These may be supported with relevant reflection or CbDs.</p> <p>Please do not duplicate this evidence, although it would be helpful to indicate which case histories are relevant.</p> <ol style="list-style-type: none"> c) Minutes of meetings that evidence attendance and contribution to safeguarding and child protection meetings are suitable evidence that can contribute for this HLO. d) Relevant medico legal reports such as, child protection reports provided for HLO 3, are also suitable evidence for this HLO and do not need to be duplicated. e) Awareness of UK Prevent training (safeguarding vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves) and its application in clinical settings would also be suitable evidence. For example, a reflection or CbD.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO7 should be grouped by activity. ● Information about UK Prevent training or similar radicalisation training with reflection on application in clinical settings should be submitted together. ● Safeguarding and/or child protection meetings should be submitted together.

Naming requirements

- Documents should be named as such:
 - HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected
 - For example:
HLO7/ [Organisation Name] /UK prevent training/2020
-

HLO 8 Education and Training

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

HLO	Evidence required
HLO 8.1 Education & Training	<p>Evidence could be demonstrated through either of the following two options:</p> <p>Option 1 (a+b+c+d+e+f)</p> <ul style="list-style-type: none">a) Being in a role anytime in your career which has significant teaching commitment – provide a copy of Job Description and reflection on role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually)d) Duration of role if it has ended.e) 1 teaching activity (not necessarily attached to the above role) with actual material such as slides, or similar, with feedback and reflection on choice of methods.f) Evidence via appraisal of completion of annual Continuing Professional Developmental activity in the last 3 working years <p>Option 2 (a + b) (If no roles held)</p> <ul style="list-style-type: none">a) 2 teaching activities within the last 10 working years using two formats to 2 different learner groups. Provide actual material such as slides, or similar, with feedback and reflection on choice of methods.

	<p>b) Evidence via appraisal of completion of your annual Continuing Professional Developmental activity in the last 3 working years</p> <p>Standalone presentation slides alone, or feedback forms alone, are not sufficient.</p>
<p>HLO 8.2 Supervision</p>	<p>Evidence could be demonstrated through either of the following two options:</p> <p>Option 1 (a+b+c+d+e)</p> <ul style="list-style-type: none"> a) Being in a role anytime in your career which has significant Trainer or Supervisory commitment – provide a copy of Job description and reflection on role. b) Log activity of what that role covers. c) Appraisal of that role (at least annually) d) Evidence of undertaking assessment and supervision of junior colleagues, trainees, or students supported by at least 2 WPBA undertaken on these colleagues. e) Duration of the role if it has ended. <p>Option 2</p> <p>If no roles held:</p> <ul style="list-style-type: none"> ● Evidence of undertaking assessment and supervision of junior colleagues, trainees, or students. The submission should include the supervision records and be supported by 2 WPBA undertaken on these colleagues.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Evidence for HLO8 should be grouped by activity. ● Teaching evidence should be collated by session, assessment, and supervision. Evidence should all be submitted together as much as possible and CPD evidence collated together.
<p>Naming requirements</p>	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected ● For example, in this section: HLO8/[Organisation Name]/Teaching role/ 2017-2020

HLO 9 Research and Scholarship

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

9.1 Undertaking research and critical appraisal

HLO	Evidence required
<p>HLO 9.1 Undertaking research and critical appraisal</p>	<p>Evidence could be demonstrated through one of the following three options:</p> <p>Option 1 (a+b+c)</p> <ul style="list-style-type: none"> a) Attendance at Continuing Professional Development events for good clinical practice in Research (including research methodology) and Critical Appraisal. Evidence via certificates or annual appraisal. b) Two Critical Appraisals which use different research methodologies presented at Journal Club, or peer review, with slides and presentation, and a reflective note. c) Please provide evidence of having completed a Literature Review, either on its own, or as part of active participation in a research project. The literature review should be of a high standard (at the level suitable for submission to a peer reviewed journal) so it should have been reviewed by an academic with feedback provided. Note that it does not need to be published. <p>Option 2 (a+b)</p> <ul style="list-style-type: none"> a) Applicants who have EVER completed a relevant Research Qualification (such as MSc, M Phil, PhD, or MD) are able to submit evidence of the certificate awarded and may wish to provide a summary as additional evidence. b) One Critical Appraisal reflecting on the research methodologies presented at Journal Club, peer review or any similar forum along with slides and presentation. <p>Option 3 (a+b+c+d+e)</p> <ul style="list-style-type: none"> a) Being in a role anytime in your career which has significant research commitment – provide a copy of Job Description and reflection on role.

- b) Log activity of what that role covers.
- c) Appraisal of that role (at least annually).
- d) Duration if that role has ended now.
- e) One critical appraisal reflecting on the research methodologies presented at Journal Club, peer review, or any similar forum along with slides and presentation.

General point

- Publications and posters should have clarification of your role. If the research is not published - please provide a summary or abstract of the research.

Uploading to your application

- Evidence for HLO9 should be **grouped by activity**.
- Each critical appraisal with corresponding triangulated evidence should be submitted separately.

Naming requirements

- Documents should be named as such:
- HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected
- For example, in this section:

HLO9/ [Organisation Name] /Critical Appraisal/ 2017-2020

KSE cohort 1B – evidence requirements for High Level Outcomes (HLOs)

HLO 1 Professional Values and Behaviours

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and adolescent psychiatry curriculum](#).

Sub-Domains:

1.1 Professional Relationships

1.2 Professional Standards

HLO	Evidence required
HLO 1.1 Professional Relationships	<p>Evidence from the last five working years (WTE - does not have to be consecutive, although overall within last ten years) of:</p> <ul style="list-style-type: none">● Feedback from colleagues and patients. May be evident in annual appraisal, including 360 feedback.● Correspondence between you and your colleagues, demonstrating collaboration over patient care across multidisciplinary teams.● Reflective practice● Structured reports that reflect on professional relationships can also evidence aspects of this HLO.● Referees and appraisers should be guided to comment on the key professional capabilities of the applicant as set out in HLO 1.1 and also for HLO 1.2 of the curriculum.
HLO 1.2 Professional Standards	<p>Evidence can be demonstrated through:</p> <ul style="list-style-type: none">● Successful annual appraisal for each of the last five working years. This will include evidence of the use of supervision, and of reflective practice of clinical work.● In HLO 2, relevant case histories should include reflection with regards to the emotional impact of the work on the applicant and their wider team. Such evidence of reflective practice will aid the evaluation for this HLO; however, it should be linked with the case histories and is not sufficient to meet this capability on its own.● Throughout the application, evidence submitted should be clear, accurate, contemporaneous, and redacted.

	<ul style="list-style-type: none"> ● Throughout the application, the use of and proficiency in relevant technologies should be clearly referenced to where appropriate. ● Throughout the application, you can evidence any impact on your own wellbeing and strategies used to take care of that through relevant reflective practice. ● Throughout the application, appropriate use of referrals within the MDT and other agencies can be used to evidence your understanding of the limitations of your own practice.
Uploading to your application	<ul style="list-style-type: none"> ● All evidence for HLO1.1 should be grouped by the type of evidence. E.g., all patient feedback should be grouped together, and all colleague feedback should be grouped together. ● Where possible, documentation should be submitted in one PDF bundle by organisation.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● Relevant HLO with sub-domain/Organisation the evidence is collated from/ dates of the period the evidence covers ● For example: HLO1.1/ [Organisation Name] / Patient feedback/01.01.2021 - 01.12.2022
Other	<ul style="list-style-type: none"> ● Evidence submitted for HLO2, such as certain case histories will also be considered towards HLO1. Please do not duplicate this evidence.

HLO 2 Professional Skills

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication	<ul style="list-style-type: none">● At least two of the case histories should demonstrate advanced communication skills through; managing difficult conversations or, trying to manage contradictory evidence, or combining information from different sources and managing conflict. This may include a second opinion where there has been a dispute about diagnosis or management.
HLO 2.2 Clinical skills	<p>Submit 17 case histories written in a detailed format including:</p> <ul style="list-style-type: none">● Main complaints● History of present illness● Past psychiatric and medical history● Social and developmental history● Drug and alcohol history● Premorbid personality● Family history● Mental state examinations - should show detail, and not simply list symptoms without explanation of how conclusions were reached.● Biopsychosocial psychiatric formulation - inclusive of differential diagnosis, aetiology, psychological theories, prognosis, management (including risk assessment and management). A clear rationale and justification of differential diagnosis should be included.

The 17 case histories should cover a spread across the full child and adolescent age range and be allocated as follows:

- 3 cases: ages 0 – 5 (pre-school)
- 7 cases: ages 6 – 11 (school-age children)
- 7 cases: ages 12 – 17 (adolescents)

All clinical settings: outpatient/community, emergency, and inpatient, need to be covered.

The case histories should be evidence of clinical work done in a real-world clinical setting, and not a review or reflection of a clinical case. There should be a mix of letters to GPs and other referrers (assessment, changes in clinical management, discharge), tribunal and managers' panel reports, and medico-legal reports.

Discharge summaries should only be included if they clearly demonstrate you leading on the patient journey and clinical decisions taken.

You should ensure that **for areas not covered by detailed case histories** there is evidence of work carried out, such as in logs, WPBAs, or other secondary evidence.

There should be a coverage of the wide range of clinical presentations and disorders which occur within the child and adolescent age group:

- Anxiety disorders
- Mood disorders
- Conduct and Impulse control disorders
- Attachment disorders
- Eating disorders
- OCD
- Neurodevelopmental disorders such as Intellectual Disability, ADHD, ASD, Tics, and Tourette's
- Psychosis (First episode psychosis and chronic relapsing, remitting illness must both be included, the latter probably linked with an inpatient or specialized community service)
- PTSD and other trauma-based disorders
- Self-harming behaviours
- Substance misuse

- Psychiatric disorders associated with physical disorders and medically unexplained symptoms/somatization.

At least two case histories should include a full physical examination carried out by yourself, with all others mentioning relevant physical examination and physical issues.

The treatment plans should consider the risk assessment and include a range of psychological and medication interventions representative of mainstream practice. Explanation of medication effects, and potential side effects, with patient and parent, with subsequent monitoring should be recorded to evidence safe prescribing as required by local and national guidelines as appropriate.

Multidisciplinary working should be demonstrated through:

- Referral letters
- Holistic treatment plans
- email, letter, or report documentation which show working with other disciplines.

Demonstrate your ability to manage patient transition into adult mental health care and primary care services using documentation such as letters or multidisciplinary meetings around the anticipation and management of such patient transfers. The documentation should involve clear evidence of discussion and collaboration with both the patient and the family.

There should be **at least two examples** of continued work with a patient i.e., a full initial patient history followed by subsequent reviews which show management of complex clinical journeys.

At least one case should demonstrate **working across interfaces**, between psychiatric specialties, other medical and non-medical specialties and services, to demonstrate appropriate liaison and collaboration to manage risks.

At least one case should demonstrate the safeguarding capabilities as set out in HLO 7 below.

In addition to the 17 cases, you should demonstrate **undertaking at least two different models of evidence-based psychotherapy** such as cognitive behaviour therapy, behaviour therapy, systemic/family therapy and/or psychodynamic child psychotherapy. Applicants should demonstrate their ability to adjust therapy to the progress and needs of the patient and/or family, and their ability to deliver psychological treatment to young people and/or families with complex problems and needs.

	<p>Evidence should be provided through case summaries, patient letters, session notes and descriptive write-up which include assessment, formulation, the sessions delivered, conclusion and follow up. The therapy can be delivered individually, within a group or with a family, and evidence should be provided of appropriate supervision.</p> <p>Applicants are advised to remember the need for evidence of therapy being delivered by the applicant personally.</p> <p>Providing only WPBAs, supervisor reports, training in psychotherapy or references stating the applicant has delivered psychotherapy will not be sufficient.</p> <p>Evidence of your ability to utilise psychological treatments as part of a multidisciplinary treatment package should be provided within the relevant case histories outside of the delivery of the applicant's psychotherapy cases.</p> <p>There may be exemption from the psychotherapy requirements for a specific modality if there is a certificate of completion of a recognised course at the required level that includes; teaching, seminars, working with a case and supervision. For example, a training course in 1; CBT, or 2; Family Therapy, would exempt the need to provide all of the documents listed above for that modality.</p> <p>If this exemption is claimed, at least 1 case of the 17 needs to demonstrate application of contemporary knowledge and principles of psychological therapies to make a suitable recommendation for psychotherapeutic/psychological treatment. This would not involve direct delivery of the therapy and is mainly a suitable referral. Biopsychosocial formulation of the case should demonstrate application of this knowledge.</p>
<p>HLO 2.3 Complexity and uncertainty</p>	<ul style="list-style-type: none"> ● At least 3 of the 17 cases should demonstrate the management of complex cases with an active awareness of; how unconscious processes may impact on the presentation of disorders and upon yourself in your work, clinical uncertainty, ambiguity, and complexity, such as multi-morbidity, with safe management when the above is present. And an understanding of individual variation with consideration of social, cultural, spiritual and religious factors, including the effects of deprivation, discrimination and racism. Please identify these as “complex cases”.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Creating a cohesive narrative within your case histories enables the evaluators to get a better understanding of your capabilities. Therefore, all case history evidence should be organised by case and coordinated to tell the story of the patient and the work of the applicant. ● The organisation the case originates from and then within that they should be organised by diagnosis. If numbered the cases should continue to ascent even when the organisation changes. <p>E.g. XXXX Mental Health Trust</p>

	<p>Case 1 Mood disorder</p> <ul style="list-style-type: none"> ● Relevant reflective notes and CBDs should be collated within the relevant case history. ● Psychotherapy evidence should be clearly highlighted (e.g. Case 31 Psychotherapy) and submitted within the relevant organisational PDF. ● Where possible, documentation should be submitted in one PDF bundle by organisation.
<p>Naming requirements</p>	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collated ● For example: HLO2/ [Organisation Name] /C.H 6 – 18/02.02.2016 - 04.04.2018
<p>General points about HLO 2</p>	<ul style="list-style-type: none"> ● Please use WBPA, Reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself. ● The case histories have to be from real world settings rather than a review written retrospectively. ● These would normally be a mix of GP letters, tribunal and managers' panel reports and medicolegal reports. Patient notes showing your assessment, formulation, treatment, management plans as well risk assessment and management plans. ● Discharge summaries can be used when they are triangulated with evidence that the applicant led the patient's treatment. ● The same case history can demonstrate evidence in more than one area. ● It would be expected that most case histories are from your recent practice settings (such as Community /Inpatient). ● Cases generally have to be within the last 10 working years. ● All cases must be of high quality in being able to demonstrate contemporary standards of consultant practice in UK. ● Cases must demonstrate shared decision making, issues of consent and capacity as relevant. ● The case histories should demonstrate an understanding of cultural diversity in its broader sense i.e. not only encompassing ethnicity but also including the experience of working amongst different communities. ● Please also see how HLO 2 cases will be linked to evidence required for HLO3, HLO4, HLO5, HLO 6 and HLO 7.

HLO 3 Professional Knowledge

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction

3.2 Working within NHS organisational structures

HLO	Evidence required
<p>HLO 3.1 and 3.2</p> <p>Advanced knowledge of Legislative framework</p>	<ul style="list-style-type: none"> ● Demonstrate knowledge of the Mental Health Act and its use in young people, with consideration of the age of the young person and the role of parents. ● The evidence for this should be within two case histories submitted for HLO 2 which will include use of the relevant Mental Health Act (requiring Section 12 Approval under the Mental Health Act, or an equivalent if working in the rest of the UK, or not working in the UK) to commence involuntary treatment. The case history should include a comprehensive risk assessment and management. ● Submit relevant reflection on the use of involuntary treatment and knowledge of broader legal frameworks. <p>AND</p> <ul style="list-style-type: none"> ● Demonstrate the ability to use relevant Mental Health Act and/or Children’s legislation by presenting at least one substantial report such as a; <ul style="list-style-type: none"> ○ Tribunal report ○ Report for the Family Court ○ Report for Child Protection processes, such as for Case Conference ○ Ministry of Justice report ● Accompany the report with evidence of attendance at the Tribunal/Court and a supervisor’s report, or WpBA.

	<ul style="list-style-type: none"> ● If applying internationally, a reflective essay alongside evidence of attending a relevant course could be used to demonstrate your understanding of UK legislation. In which case please also provide evidence of demonstrate your ability to work within your local legislative frameworks. <p>AND</p> <ul style="list-style-type: none"> ● Two of the case histories submitted for HLO 2 (which will be used to evidence both HLOs) should overall demonstrate the ability to apply legislative frameworks (such as The Children Act and The Mental Capacity Act) across the age range inclusive of; Gillick competence, capacity assessment, assessment of ability to consent to and participate in treatment decisions, alongside the role of parental responsibility, and the utilization of these frameworks to manage risk.
<p>General points about HLO 3</p>	<ul style="list-style-type: none"> ● Please use Workplace assessments (WBPA) or Reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself. ● It would be expected that most case histories are from your recent practice settings (such as Community /Inpatient). ● Cases generally have to be within the last 10 working years. ● All cases must be of high quality in being able to demonstrate contemporary standards of consultant practice in UK. ● Comprehensive risk assessment and management is required to demonstrate competency in this HLO which should be submitted within the relevant case history in HLO2. ● You must include a developmental activity that demonstrates acquiring knowledge in the principles of UK legislative frameworks and the Mental Health Act.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● No evidence is required to be uploaded into this section. ● All evidencing requirements for HLO3 will be submitted under other HLOs.

HLO 4 Health Promotion and Illness Prevention

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

4.1 Health promotion and illness prevention in community settings

HLO	Evidence required
HLO 4.1 Health promotion and illness prevention in community settings	<ul style="list-style-type: none">● Evidence of understanding the factors contributing to health inequalities, the social and cultural determinants of mental health, stigma and how to challenge it, as well as lifestyle interventions and social prescribing, will be demonstrated through the relevant case histories and should be submitted under HLO 2.● Applicants are advised to consider these factors specifically as part of formulation and management plans for patients.● Case histories and/or clinical letters should also include descriptions of psychoeducation about lifestyle to parents, children and adolescents.● Evidence in case histories, letters to patients, notes of professional meetings that demonstrate multidisciplinary working for the benefit of patients should also be included with the relevant case history.● Evidence around the design, delivery and improvement of services to a local population, including an advocacy role, is to be submitted under HLO 6.
Uploading to your application	<ul style="list-style-type: none">● No evidence is required to be uploaded into this section.● All evidencing requirements for HLO4 will be submitted under other HLOs.

HLO 5 Leadership and Teamworking

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

5.1 Teamworking

5.2 Leadership

HLO	Evidence required
HLO 5.1 Teamworking	<ul style="list-style-type: none"> Certain elements of HLO 5 will be demonstrated through evidence submitted for HLO1 and HLO2, such as 360-degree appraisal evidence, annual appraisal evidence, communication with colleagues and team working on specific cases. Please do not duplicate this evidence.
HLO 5.2 Leadership	<p>Evidence could be demonstrated through either of the following two options:</p> <p>Option 1 (a+b)</p> <p>a) Attendance at management and leadership related Continuing Professional Development events with reflective notes evidence via certificate or annual appraisal in the last 5 working years.</p> <p>b) At least one other leadership activity, such as the following:</p> <ul style="list-style-type: none"> Completion of at least 1 assessment of your chairing a clinical meeting (with WpBA such as DONCS). Participation in ward rounds, MDT meetings and management meetings are good examples for this. Reflection on Change Management that you led or contributed to significantly. Completion of Leadership Effective Analysis and its impact Reflection on 1 Service Development activity that you led or contributed significantly to (this could be QI project in HLO6). <p>Option 2 (a+b+c+d+e)</p>

	<ul style="list-style-type: none"> a) Being in a Role anytime in your career which has significant leadership/management commitment – provide a copy of Job description and reflection on role. b) Log activity of what that role covers. c) Appraisal of that role (at least annually) d) Duration of the role if it has ended now. e) Attendance at management and leadership related Continuing Professional Development events with reflective notes EVIDENCE via annual appraisal in the last 5 working years.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO5 should be grouped by activity.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected. ● For example: HLO5/[Organisation Name] /CPD/2021-2022

HLO 6 Patient Safety and Quality Improvement

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

6.1 Patient safety

6.2 Quality improvement

HLO	Evidence required
HLO 6.1 Patient safety	<p>You should provide evidence of partaking in clinical governance with regards to mental health organisations.</p> <p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1</p> <ul style="list-style-type: none">● Appraisal evidence demonstrating discussion/reflection and learning from the Serious un-towards incidents/ complaints and adverse events for each of the last 3 working years. <p>Option 2 (has to include at least 1 evidence piece from A, B, C)</p> <p>A) Knowledge evidence can be demonstrated through at least 1 of the following:</p> <ul style="list-style-type: none">● Shadowing a Serious Incident review or After-action review or Patient safety PSIRF Investigation with relevant reflection.● Involvement in resolution /Investigation of Complaint● Involvement in patient safety adverse event investigation <p>B) Skills /Experience Evidence can be demonstrated through at least 1 of the following:</p> <ul style="list-style-type: none">● Meeting minutes that clearly demonstrate your active participation in clinical governance matters● Written report on serious incident resolution.● Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality.● Significant Involvement or leading Audit or service evaluation projects in the last 5 working years that demonstrate safety benchmarking, review and improvements.

	<p>C) Continuing Professional Development activities demonstrating knowledge of governance matters in the above areas evidence via annual appraisal.</p>
HLO 6.2 Quality improvement	<ul style="list-style-type: none"> ● Demonstrate understanding of the voice of the child and/or parent in improving patient care. ● Provide evidence of active participation in a minimum of one Quality Improvement project that is relevant to your clinical practice, including supervision of others as part of this project. The evidence should demonstrate your role in planning and managing the project, and its recommendations, not simply data collection. ● The quality improvement project should be an audit carried out with the Trust audit/quality improvement department, with defined standards and a final report. There should be a re-audit of this, or a re-audit of another project, to allow comparison with a first audit.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO6 should be grouped by activity/event. ● Quality improvement projects should be bundled together with all relevant evidence, and you should aim for a coherent narrative within the evidence that is indicative of the timeframe of the project. ● Meeting minutes should be grouped by type of meeting. ● Complaint response, incident reviews and adverse event investigations should be collated by each individual event.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected. ● For example: HLO6/ [Organisation Name] /Serious Incident review/2022

HLO 7 Safeguarding Vulnerable Groups

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
HLO 7.1 Safeguarding	<ul style="list-style-type: none"> ● Demonstrate Knowledge by completion of both Child Safeguarding and Adult Safeguarding, as mandatory training. <ul style="list-style-type: none"> ○ Provide a certificate, or evidence in appraisal document, and present a reflection. ● Demonstrate Skills and Experience by presenting at least two of the following in a case history submitted for HLO 2: <ol style="list-style-type: none"> a) Contributing to recognising and reporting safeguarding concerns. b) Understanding the impact of victimisation/exploitation and trauma in vulnerable groups. <p>These may be supported with relevant reflection or CBDs.</p> <p>Please do not duplicate this evidence, although it would be helpful to indicate which case histories are relevant.</p> <ol style="list-style-type: none"> c) Minutes of meetings that evidence attendance and contribution to safeguarding and child protection meetings are suitable evidence that can contribute for this HLO. d) Relevant medico legal reports such as, child protection reports provided for HLO 3, are also suitable evidence for this HLO and do not need to be duplicated. Please indicate here if you have provided one elsewhere. e) Awareness of UK Prevent training (safeguarding vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves) and its application in clinical settings would also be suitable evidence. For example, a reflection or CbD.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO7 should be grouped by activity. ● Information about UK Prevent training or similar radicalisation training with reflection on application in clinical settings should be submitted together. ● Safeguarding and/or child protection meetings should be submitted together.

Naming requirements

- Documents should be named as such:
- HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected
- For example:
HLO7/ [Organisation Name] /UK prevent training/2020

HLO 8 Education and Training

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

HLO	Evidence required
HLO 8.1 Education & Training	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e+f)</p> <ul style="list-style-type: none">a) Being in a role anytime in your career which has significant teaching commitment – provide a copy of Job Description and reflection on role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually).d) Duration of role if it has ended.e) 2 Teaching activities (not necessarily attached to the above role) using 2 formats to 2 different learner groups. Provide actual material such as slides, or similar, with feedback and reflection on choice of methods.f) Evidence via appraisal of completion of annual Continuing Professional Developmental activity in the last 3 working years. <p>Option 2 (a + b) If no roles held:</p> <ul style="list-style-type: none">a) 4 teaching activities within the last 10 working years using two formats to 2 different learner groups. Provide actual material such as slides, or similar, with feedback and reflection on choice of methods.b) Evidence via appraisal of completion of your annual Continuing Professional Developmental activity in the last 3 working years.

	Standalone presentation slides alone, or feedback forms alone, are not sufficient.
HLO 8.2 Supervision	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e)</p> <ul style="list-style-type: none"> a) Being in a role anytime in your career which has significant Trainer or Supervisory commitment – provide a copy of Job description and reflection on role. b) Log activity of what that role covers. c) Appraisal of that role (at least annually) d) Evidence of undertaking assessment and supervision of junior colleagues, trainees, or students supported by at least 2 WPBA undertaken on these colleagues. e) Duration of the role if it has ended. <p>Option 2 If no roles held:</p> <ul style="list-style-type: none"> ● Evidence of undertaking assessment and supervision of junior colleagues, trainees, or students. The submission should include the supervision records and be supported by 4 WPBA undertaken on these colleagues. ● Evidence of assessment or supervision of two different junior colleagues/ trainees supported by 4 WPBAs would be sufficient to meet this aspect of the HLO.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO8 should be grouped by activity. ● Teaching evidence should be collated by session, assessment and supervision. Evidence should all be submitted together as much as possible and CPD evidence collated together.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected. ● For example, in this section: HLO8/[Organisation Name]/Teaching role/ 2017-2020

HLO 9 Research and Scholarship

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

9.1 Undertaking research and critical appraisal

HLO	Evidence required
HLO 9.1 Undertaking research and critical appraisal	<p>Evidence could be demonstrated through one of the following 3 options:</p> <p>Option 1 (a+b+c)</p> <ul style="list-style-type: none">a) Attendance at Continuing Professional Development events for good clinical practice in Research (including research methodology) and Critical Appraisal. Evidence via certificates or annual appraisal.b) 3 Critical Appraisals which use different research methodologies presented at Journal Club, or peer review, with slides and presentation, and a reflective note.c) Please provide evidence of having completed a Literature Review, either on its own, or as part of active participation in a research project. The literature review should be of a high standard (at the level suitable for submission to a peer reviewed journal) so it should have been reviewed by an academic with feedback provided. Note that it does not need to be published. <p>Option 2 (a+b)</p> <ul style="list-style-type: none">a) Applicants who have EVER completed a relevant Research Qualification (such as MSc, M Phil, PhD, or MD) are able to submit evidence of the certificate awarded and may wish to provide a summary as additional evidence.b) One Critical Appraisal reflecting on the research methodologies presented at Journal Club, peer review or any similar forum along with slides and presentation. <p>Option 3 (a+b+c+d+e)</p> <ul style="list-style-type: none">a) Being in a role anytime in your career which has significant research commitment – provide a copy of Job Description and reflection on role.

	<p>b) Log activity of what that role covers.</p> <p>c) Appraisal of that role (at least annually).</p> <p>d) Duration if that role has ended now.</p> <p>e) One critical appraisal reflecting on the research methodologies presented at Journal club, peer review or any similar forum along with slides and presentation.</p> <p>General point</p> <ul style="list-style-type: none"> ● Publications and posters should have clarification of your role. ● If the research is not published - please provide a summary or abstract of the research.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO9 should be grouped by activity. ● Each critical appraisal with corresponding triangulated evidence should be submitted separately.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected ● For example, in this section: HLO9/ [Organisation Name] /Critical Appraisal/ 2017-2020

KSE cohort 2 – evidence requirements for High Level Outcomes (HLOs)

HLO 1 Professional Values and Behaviours

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

1.1 Professional Relationships

1.2 Professional Standards

HLO	Evidence required
HLO 1.1 Professional Relationships	<p>Evidence from the last 5 working years of (WTE - does not have to be consecutive, although overall within last ten years):</p> <ul style="list-style-type: none">● Relevant feedback from colleagues and patients. May be evident in annual appraisal, including 360 feedback.● Correspondence between you and your colleagues, demonstrating collaboration over patient care across multidisciplinary teams.● Reflective practice.● Structured reports that reflect on professional relationships can also evidence aspects of this HLO.● Referees and appraisers should be guided to comment on the key professional capabilities of the applicant as set out in HLO 1.1 and HLO 1.2 of the curriculum.
HLO 1.2 Professional Standards	<p>Evidence can be demonstrated through:</p> <ul style="list-style-type: none">● Successful annual appraisal for each of the last 5 working years. This will include evidence of the use of supervision, and of reflective practice in clinical work.

	<ul style="list-style-type: none"> ● In HLO2, relevant case histories should include reflection with regards to the emotional impact of the work on the applicant and their wider team. Such evidence of reflective practice will aid the evaluation for this HLO, however, it should be linked with the case histories and is not sufficient to meet this capability on its own. ● Throughout the application, evidence submitted should be clear, accurate, contemporaneous, and redacted. ● Throughout the application, the use of and proficiency in relevant technologies should be clearly referenced to where appropriate. ● Throughout the application, you can evidence any impact on your own wellbeing and strategies used to take care of that through relevant reflective practice. ● Throughout the application, appropriate use of referrals within the MDT and other agencies can be used to evidence your understanding of the limitations of your own practice.
Uploading to your application	<ul style="list-style-type: none"> ● All evidence for HLO 1.1 should be grouped by the type of evidence. E.g., all patient feedback should be grouped together, and all colleague feedback should be grouped together. ● Where possible, documentation should be submitted in one PDF bundle by organisation.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● Relevant HLO with sub-domain/Organisation the evidence is collated from/ dates of the period the evidence covers ● For example: HLO1.1/ [Organisation Name] / Patient feedback/01.01.2021 - 01.12.2022
Other	<ul style="list-style-type: none"> ● Evidence submitted for HLO2, such as certain case histories will also be considered towards HLO1. Please do not duplicate this evidence.

HLO 2 Professional Skills

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication	<ul style="list-style-type: none">● At least two of the case histories should demonstrate advanced communication skills through; managing difficult conversations or, trying to manage contradictory evidence or combining information from different sources and managing conflict. This may include a second opinion where there has been a dispute about diagnosis or management.
HLO 2.2 Clinical skills	<p>Submit 25 case histories written in a detailed format including:</p> <ul style="list-style-type: none">● Main complaints● History of present illness● Past psychiatric and medical history● Social and developmental history● Drug and alcohol history● Premorbid personality● Family history● Mental state examinations - should show detail, and not simply list symptoms without explanation of how conclusions were reached.● Biopsychosocial psychiatric formulation - inclusive of differential diagnosis, aetiology, psychological theories, prognosis, management (including risk assessment and management). A clear rationale and justification of differential diagnosis should be included.

The **25 case histories** should cover a spread across the full child and adolescent age range and be allocated as follows:

- 5 cases: ages 0 – 5 (pre-school)
- 10 cases: ages 6 – 11 (school-age children)
- 10 cases: ages 12 – 17 (adolescents)

All clinical settings: outpatient/community, emergency, and inpatient, need to be covered.

The case histories should be evidence of clinical work done in a real-world clinical setting, and not a review or reflection of a clinical case. There should be a mix of letters to GPs and other referrers (assessment, changes in clinical management, discharge), tribunal and managers' panel reports, and medico-legal reports.

Discharge summaries should only be included if they clearly demonstrate you leading on the patient journey and clinical decisions taken.

You should ensure that **for areas not covered by detailed case histories** there is evidence of work carried out, such as in logs, WPBAs, or other secondary evidence.

There should be a coverage of the wide range of clinical presentations and disorders which occur within the child and adolescent age group:

- Anxiety disorders
- Mood disorders
- Conduct and Impulse Control disorders
- Attachment disorders
- Eating disorders
- OCD
- Neurodevelopmental disorders such as Intellectual Disability, ADHD, ASD, Tics, and Tourette's
- Psychosis (First episode psychosis and chronic relapsing, remitting illness must both be included, the latter probably linked with an inpatient or specialized community service)
- PTSD and other trauma-based disorders
- Self-harming behaviours
- Substance misuse

- Psychiatric disorders associated with physical disorders and medically unexplained symptoms/somatization.

At least two case histories should include a full physical examination carried out by yourself, with all others mentioning relevant physical examination and physical issues.

The treatment plans should consider the risk assessment and include a range of psychological and medication interventions representative of mainstream practice. Explanation of medication effects, and potential side effects, with patient and parent, with subsequent monitoring should be recorded to evidence safe prescribing as required by local and national guidelines as appropriate.

Multidisciplinary working should be demonstrated through:

- Referral letters
- Holistic treatment plans
- email, letter, or report documentation which show working with other disciplines.

Demonstrate your ability to manage patient transition into adult mental health care and primary care services using documentation such as letters or multidisciplinary meetings around the anticipation and management of such patient transfers. The documentation should involve clear evidence of discussion and collaboration with both the patient and the family.

There should be **at least two examples of continued work with a patient** i.e., a full initial patient history followed by subsequent reviews which show management of complex clinical journeys. At least 1 case of the total 12 should demonstrate working across interfaces, between psychiatric specialties, other medical and non-medical specialties and services, to demonstrate appropriate liaison and collaboration to manage risks.

At least one case should demonstrate the safeguarding capabilities as set out in HLO 7 below.

Amongst the 25 cases, you should demonstrate undertaking at least two different models of evidence-based psychotherapy such as cognitive behaviour therapy, behaviour therapy, systemic/family therapy and/or psychodynamic child psychotherapy. Applicants should demonstrate their ability to adjust therapy to the progress and needs of the patient and/or family, and their ability to deliver psychological treatment to young people and/or families with complex problems and needs.

Evidence should be provided through case summaries, patient letters, session notes and descriptive write-up which include assessment, formulation, the sessions delivered, conclusion and follow up. The therapy can be delivered individually, within a group or with a family, and evidence should be provided of appropriate supervision.

	<p>Applicants are advised to remember the need for evidence of therapy being delivered by the applicant personally.</p> <p>Providing only WPBAs, supervisor reports, training in psychotherapy or references stating the applicant has delivered psychotherapy will not be sufficient.</p> <p>Evidence of your ability to utilise psychological treatments as part of a multidisciplinary treatment package should be provided within the relevant case histories outside of the delivery of the applicant's psychotherapy cases.</p> <p>In addition, submit 6 case histories of adult (4) and elderly (2) people to demonstrate the range of core skills in assessment, diagnosis, formulation and management. The histories will cover the main diagnoses and at least one will include cognitive impairment. Accompany with at least 2 WPBAs.</p>
<p>HLO 2.3 Complexity and uncertainty</p>	<ul style="list-style-type: none"> ● Amongst the 25 cases, in at least 3 you should demonstrate the management of complex cases with an active awareness of; how unconscious processes may impact on the presentation of disorders and upon yourself in your work, clinical uncertainty, ambiguity, and complexity, such as multi-morbidity, with safe management when the above is present. And an understanding of individual variation with consideration of social, cultural, spiritual, and religious factors, including the effects of deprivation, discrimination, and racism. Please identify these as “complex cases”.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Creating a cohesive narrative within your case histories enables the evaluators to get a better understanding of your capabilities. Therefore, all case history evidence should be organised by case and coordinated to tell the story of the patient and the work of the applicant. ● State the organisation the case originates from, and then within that they should be organised by diagnosis. If numbered the cases should continue to ascent even when the organisation changes. E.g. XXXX Mental Health Trust, Case 1 Mood disorder <ul style="list-style-type: none"> ● Relevant reflective notes and CbDs should be collated within the relevant case history. ● Psychotherapy evidence should be clearly highlighted (e.g. Case 25 Psychotherapy) and submitted within the relevant organisational PDF. Where possible, documentation should be submitted in one PDF bundle by organisation.
<p>Naming requirements</p>	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collated. ● For example: HLO2/ [Organisation Name] /C.H 6 – 18/02.02.2016 - 04.04.2018

**General points
about HLO 2**

- Please use WpBA and Reflections to triangulate the evidence in your case histories though these would not be sufficient in itself.
- The same case history can demonstrate evidence in more than one area.
- Cases generally have to be within the last 10 working years.
- Please also see how HLO 2 cases will be linked to evidence required for HLO3, HLO4, HLO5, HLO 6 and HLO7.

HLO 3 Professional Knowledge

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction

3.2 Working within NHS organisational structures

HLO	Evidence required
<p>HLO 3.1 and 3.2</p> <p>Advanced knowledge of Legislative framework</p>	<ul style="list-style-type: none"> ● Demonstrate knowledge of the Mental Health Act and its use in young people, with consideration of the age of the young person and the role of parents. ● The evidence for this should be within two case histories submitted for HLO 2 which will include use of the relevant Mental Health Act (requiring Section 12 Approval under the Mental Health Act, or an equivalent if working in other parts of the UK, or if not working in the UK) to commence involuntary treatment. The case history should include a comprehensive risk assessment and management. ● Submit relevant reflection on the use of involuntary treatment and knowledge of broader legal frameworks. <p>AND</p> <ul style="list-style-type: none"> ● Demonstrate the ability to use relevant Mental Health Act and/or Children’s legislation by presenting at least one substantial report such as a; <ul style="list-style-type: none"> ○ Tribunal report ○ Report for the Family Court/ Children’s Hearings if in Scotland ○ Report for Child Protection processes, such as for Case Conference ○ Ministry of Justice report ● Accompany the report with evidence of attendance at the Tribunal/Court and a supervisor’s report, or WpBA.

	<ul style="list-style-type: none"> ● If applying internationally, a reflective essay alongside evidence of attending a relevant course could be used to demonstrate your understanding of UK legislation. In which case please also provide evidence of demonstrate your ability to work within your local legislative frameworks. <p>AND</p> <ul style="list-style-type: none"> ● Two of the case histories submitted for HLO 2 (which will be used to evidence both HLOs) should overall demonstrate the ability to apply legislative frameworks (such as The Children Act and The Mental Capacity Act) across the age range inclusive of; Gillick competence, capacity assessment, assessment of ability to consent to and participate in treatment decisions, alongside the role of parental responsibility, and the utilization of these frameworks to manage risk.
<p>General points about HLO 3</p>	<ul style="list-style-type: none"> ● Please use Workplace assessments (WpBA) or Reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself. ● It would be expected that most case histories are from your recent practice settings (such as Community /Inpatient). ● Cases generally have to be within the last 10 working years. ● You must include a developmental activity that demonstrates acquiring knowledge in the principles of UK legislative frameworks and the Mental Health Act.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● No additional evidence is required to be uploaded into this section. ● All evidencing requirements for HLO3 will be submitted under other HLOs.

HLO 4 Health Promotion and Illness Prevention

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

4.1 Health promotion and illness prevention in community settings

HLO	Evidence required
HLO 4.1 Health promotion and illness prevention in community settings	<ul style="list-style-type: none">● Evidence of understanding the factors contributing to health inequalities, the social and cultural determinants of mental health, stigma and how to challenge it, as well as lifestyle interventions and social prescribing, will be demonstrated through the relevant case histories and should be submitted under HLO 2.● Applicants are advised to consider these factors specifically as part of formulation and management plans for patients.● Case histories and/or clinical letters should also include descriptions of psychoeducation about lifestyle to parents, children, and adolescents.● Evidence in case histories, letters to patients, notes of professional meetings that demonstrate multidisciplinary working for the benefit of patients should also be included with the relevant case history.● Evidence around the design, delivery, and improvement of services to a local population, including an advocacy role, is to be submitted under HLO 6.
Uploading to your application	<ul style="list-style-type: none">● No additional evidence is required to be uploaded into this section.● All evidencing requirements for HLO 4 will be submitted under other HLOs.

HLO 5 Leadership and Teamworking

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

5.1 Teamworking

5.2 Leadership

HLO	Evidence required
HLO 5.1 Teamworking	<ul style="list-style-type: none"> Certain elements of HLO5 will be demonstrated through evidence submitted for HLO1 and HLO2, such as 360-degree appraisal evidence, annual appraisal evidence, communication with colleagues and team working on specific cases. Please do not duplicate this evidence.
HLO 5.2 Leadership	<p>Evidence to be demonstrated through completing a) and b):</p> <p>a) Attendance at management and leadership related Continuing Professional Development events with reflective notes evidence via certificate or annual appraisal in the last 5 working years.</p> <p>b) At least one other leadership activity, such as the following:</p> <ul style="list-style-type: none"> Completion of at least 1 assessment of your chairing a clinical meeting (with WpBA such as DONCS). Participation in ward rounds, MDT meetings and management meetings are good examples for this. Reflection on Change Management that you led or contributed to significantly. Completion of Leadership Effective Analysis and its impact Reflection on 1 Service Development activity that you led or contributed significantly to (this could be QI project in HLO6). <p>This is not an exhaustive list of evidence, and we appreciate there may be other ways to evidence this HLO and welcome creativity.</p>
Uploading to your application	<ul style="list-style-type: none"> Evidence for HLO5 should be grouped by activity.

Naming requirements

- Documents should be named as such:
- HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected
- For example:

HLO5/[Organisation Name] /CPD/2021-2022

HLO 6 Patient Safety and Quality Improvement

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

6.1 Patient safety

6.2 Quality improvement

HLO	Evidence required
<p>HLO 6.1 Patient safety</p>	<ul style="list-style-type: none"> ● You should provide evidence of partaking in clinical governance with regards to mental health organisations. ● Evidence to be demonstrated for both knowledge and skills /experience (has to include at least 1 evidence piece from A, B and C) <p>A) Knowledge evidence can be demonstrated through at least 1 of the following:</p> <ul style="list-style-type: none"> ● Shadowing a Serious Incident review or After-action review or Patient Safety Incident (PSIRF) Investigation with relevant reflection. ● Involvement in resolution /Investigation of Complaint ● Involvement in patient safety adverse event investigation <p>B) Skills /Experience Evidence can be demonstrated through:</p> <ul style="list-style-type: none"> ● Meeting minutes that clearly demonstrate your active participation in clinical governance matters <p>AND</p> <p>At least 1 of the following:</p> <ul style="list-style-type: none"> ● 1 Written report on serious incident resolution ● Significant Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality. ● Significant Involvement or leading Audit or service evaluation projects in the last 5 working years that demonstrate safety benchmarking, review and improvements. <p>The above evidence can be strengthened by secondary evidence from detailed appraisals if these above points are mentioned specifically.</p>

	<p>C) Continuing Professional Development activities demonstrating knowledge of governance matters in the above areas evidence via annual appraisal</p>
<p>HLO 6.2 Quality improvement</p>	<ul style="list-style-type: none"> ● Demonstrate understanding of the voice of the child and/or parent in improving patient care. ● Provide evidence of active participation in a minimum of one Quality Improvement project that is relevant to your clinical practice, including supervision of others as part of this project. The evidence should demonstrate your role in planning and managing the project, and its recommendations, not simply data collection. ● For this pathway the quality improvement project should be an audit carried out with the Trust audit/quality improvement department, with defined standards and a final report. There should be a re-audit of this, or a re-audit of another project, to allow comparison with a first audit.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Evidence for HLO6 should be grouped by activity/event. ● Quality improvement projects should be bundled together with all relevant evidence, and you should aim for a coherent narrative within the evidence that is indicative of the timeframe of the project. ● Meeting minutes should be grouped by type of meeting. ● Complaint response, incident reviews and adverse event investigations should be collated by each individual event.
<p>Naming requirements</p>	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected ● For example: HLO6/ [Organisation Name] /Serious Incident review/2022

HLO 7 Safeguarding Vulnerable Groups

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
HLO 7.1 Safeguarding	<ul style="list-style-type: none"> ● Demonstrate Knowledge by completion of both Child Safeguarding and Adult Safeguarding, as mandatory training. <ul style="list-style-type: none"> ○ Provide a certificate, or evidence in appraisal document, and reflection. ● Demonstrate Skills and Experience by presenting at least two of the following in a case history submitted for HLO 2: <ol style="list-style-type: none"> a) Contributing to recognising and reporting safeguarding concerns. b) Understanding the impact of victimisation/exploitation and trauma in vulnerable groups. <p>These may be supported with relevant reflection or CbDs.</p> <p>Please do not duplicate this evidence, although it would be helpful to indicate which case histories are relevant.</p> <ol style="list-style-type: none"> c) Minutes of meetings that evidence attendance and contribution to safeguarding and child protection meetings are suitable evidence that can contribute for this HLO. d) Relevant medico-legal reports such as, child protection reports provided for HLO 3, are also suitable evidence for this HLO and do not need to be duplicated. Please indicate here that you have provided one elsewhere. e) Awareness of UK Prevent training (safeguarding vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves) and its application in clinical settings would also be suitable evidence. For example, a reflection or CbD.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO7 should be grouped by activity. ● Information about UK Prevent training, or similar radicalisation training, with reflection on application in clinical settings should be submitted together. ● Safeguarding and/or child protection meetings should be submitted together.

Naming requirements

- Documents should be named as such:
- HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected
- For example:
HLO7/ [Organisation Name] /UK prevent training/2020

HLO 8 Education and Training

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

HLO	Evidence required
HLO 8.1 Education & Training	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e+f)</p> <ul style="list-style-type: none">a) Being in a role anytime in your career which has significant teaching commitment – provide a copy of Job Description and reflection on role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually).d) Duration of role if it has ended.e) Teaching activities (not necessarily attached to the above role) using 2 formats to 2 different learner groups. Provide actual material such as slides, or similar, with feedback and reflection on choice of methods.f) Evidence via appraisal of completion of annual Continuing Professional Developmental activity in the last 3 working years. <p>Option 2 (a + b) If no roles held:</p> <ul style="list-style-type: none">a) 4 Teaching activities within the last 10 working years using two formats to 2 different learner groups. Provide actual material such as slides, or similar, with feedback and reflection on choice of methods.b) Evidence via appraisal of completion of your annual Continuing Professional Developmental activity in the last 3 working years. <p>Standalone presentation slides alone, or feedback forms alone, are not sufficient.</p>

<p>HLO 8.2 Supervision</p>	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e)</p> <ul style="list-style-type: none"> a) Being in a role anytime in your career which has significant Trainer or Supervisory commitment – provide a copy of Job description and reflection on role. b) Log activity of what that role covers. c) Appraisal of that role (at least annually). d) Evidence of undertaking assessment and supervision of junior colleagues, trainees, or students supported by at least 2 WPBA undertaken on these colleagues. e) Duration of the role if it has ended. <p>Option 2 If no roles held:</p> <ul style="list-style-type: none"> ● Evidence of undertaking assessment and supervision of junior colleagues, trainees, or students. The submission should include the supervision records and be supported by 6 WPBA undertaken on these colleagues. ● Evidence of assessment or supervision of two different junior colleagues/ trainees supported by 6 WPBAs would be sufficient to meet this aspect of the HLO.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Evidence for HLO8 should be grouped by activity. ● Teaching evidence should be collated by session, assessment and supervision. Evidence should all be submitted together as much as possible and CPD evidence collated together.
<p>Naming requirements</p>	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected. ● For example, in this section: HLO8/[Organisation Name]/Teaching role/ 2017-2020

HLO 9 Research and Scholarship

Please review the individual capabilities required to be demonstrated within this HLO as per the [Child and Adolescent Psychiatry Curriculum](#).

Sub-Domains:

9.1 Undertaking research and critical appraisal

HLO	Evidence required
<p>HLO 9.1 Undertaking research and critical appraisal</p>	<p>Evidence could be demonstrated through one of the following 3 options:</p> <p>Option 1 (a+b+c)</p> <ul style="list-style-type: none"> a) Attendance at Continuing Professional Development events for good clinical practice in Research (including research methodology) and Critical Appraisal. Evidence via certificates or annual appraisal. b) 4 Critical Appraisals which use different research methodologies presented at Journal Club, or peer review, with slides and presentation, and a reflective note. c) Please provide evidence of having completed a Literature Review, either on its own, or as part of active participation in a research project. The literature review should be of a high standard (at the level suitable for submission to a peer reviewed journal) so it should have been reviewed by an academic with feedback provided. Note that it does not need to be published. <p>Option 2 (a+b)</p> <ul style="list-style-type: none"> a) Applicants who have EVER completed a relevant Research Qualification (such as MSc, M Phil, PhD, or MD) are able to submit evidence of the certificate awarded and may wish to provide a summary as additional evidence. b) One Critical Appraisal reflecting on the research methodologies presented at Journal Club, peer review or any similar forum along with slides and presentation. <p>Option 3 (a+b+c+d+e)</p> <ul style="list-style-type: none"> a) Being in a role anytime in your career which has significant research commitment – provide a copy of Job Description and reflection on role.

	<ul style="list-style-type: none"> b) Log activity of what that role covers. c) Appraisal of that role (at least annually). d) Duration if that role has ended now. e) One critical appraisal reflecting on the research methodologies presented at Journal club, peer review or any similar forum along with slides and presentation. <p>General point</p> <ul style="list-style-type: none"> ● Publications and posters should have clarification of your role. ● If the research is not published - please provide a summary or abstract of the research.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Evidence for HLO9 should be grouped by activity. ● Each critical appraisal with corresponding triangulated evidence should be submitted separately.
<p>Naming requirements</p>	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected ● For example, in this section: HLO9/ [Organisation Name] /Critical Appraisal/ 2017-2020

