

Medical psychotherapy

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Medical psychotherapy. You will also need to read the [Medical psychotherapy 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) and overall, 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. It should be made explicit to the evaluators from the outset, the time your evidence has been drawn over, 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**.

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)</p> <p>AND</p> <p>MRCPsych (or equivalent) passed</p>	<p>Met*</p> <p>* \geq 2 yrs Higher training in Medical psychotherapy in the UK or international equivalent</p> <p>OR</p> <ul style="list-style-type: none"> Consultant or international equivalent experience in psychiatry \geq2yrs (can include locum posts) <p>AND</p> <ul style="list-style-type: none"> Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body (BPC/ UKCP/BABCP) or international equivalent as described in the below supplementary guidance. 	Cohort 1A

<p>Outcome</p>	<p>Met*</p> <p>*Completed Core Psychiatry Training (or equivalent)</p> <p>BUT MRCPsych (or equivalent) NOT passed</p>	<p>Met*</p> <p>*Consultant or international equivalent experience in psychiatry \geq 5 yrs (can include locum posts)</p> <p>AND</p> <ul style="list-style-type: none"> • Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body (BPC/ UKCP/BABCP) or international equivalent as described in the below supplementary guidance. 	<p>Cohort 1A</p>
<p>Outcome</p>	<p>Met*</p> <p>* Completed all elements of Core Psychiatry Training (or equivalent) with or without MRCPsych (or equivalent)</p>	<p>Not Met*</p> <p>* Does NOT meet minimum criterion of Higher training and/or Consultant or equivalent experience required for Cohort 1A above.</p> <p>AND meets:</p> <p>Either</p> <ul style="list-style-type: none"> • Experience in psychiatry after completion of core training of \geq 5 yrs <p>AND</p> <ul style="list-style-type: none"> • Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body (BPC/UKCP/BABCP) or international equivalent as described in the below supplementary guidance. 	<p>Cohort 1B</p>

		<p>OR</p> <ul style="list-style-type: none"> • Completion of higher training (minimum 3 years) in another psychiatric specialty in UK (or international equivalent) <p>AND</p> <ul style="list-style-type: none"> • Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body (BPC/UKCP/BABCP) or international equivalent as described in the below supplementary guidance. 	
Outcome	<p>Not Met*</p> <p>*Cannot demonstrate completion of all elements of core psychiatry training</p>	<p>Not Met*</p> <p>*Specialist training/experience criterion doesn't apply as the core competency criterion is not met.</p>	Cohort 2

Supplementary guidance

Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body or international equivalent

- The applicant should demonstrate completed accredited training in one of the three principle evidence-based psychotherapy approaches: the psychodynamic approach, the cognitive-behavioural approach, and the family/systemic approach.
- The BPC (British Psychoanalytic Council), UKCP (UK Council for Psychotherapy) and BABCP (British Association for Behavioural and Cognitive Psychotherapies) are UK Professional Standards Authority accredited bodies.
- Applicants should demonstrate achievement of Column C accreditation/Level 7 minimum in the SCoPEd (Scope of Education and Practice) framework in their primary modality.
- For Psychodynamic Psychotherapies – accreditation with BPC or UKCP
- Family and Systemic Therapies – accreditation with UKCP
- Behavioural and Cognitive Therapies – accreditation with BABCP

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 	<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.
Skills	<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 	<ul style="list-style-type: none"> • Evidence of having obtained advanced professional skills in psychotherapy and 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).

	<ul style="list-style-type: none"> • 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 	<p>OR</p> <ul style="list-style-type: none"> • Evidence of Working at Consultant grade —Evidence to be provided of appointment at such post; and evidence of practicing psychotherapy to an advanced level as described in the supplementary guidance. • All of above required for Cohort 1A
Experience	<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 in Medical psychotherapy OR Consultant experience of at least two years—if completed Core psychiatry training (or equivalent) + MRCPsych (or equivalent) OR Consultant experience of at least five years—if completed Core psychiatry training (or equivalent) + MRCPsych (or equivalent) NOT passed AND evidence of practicing psychotherapy to an advanced level as described in the supplementary guidance. <p>For Cohort 1B</p> <ul style="list-style-type: none"> • Experience in psychiatry for at least five years, after completion of core training, with or without MRCPsych (or equivalent) and evidence of practicing psychotherapy to an advanced level as described in the supplementary guidance. <p>OR</p> <ul style="list-style-type: none"> • Completion of higher training of at least three years in another psychiatric specialty and evidence of practicing psychotherapy to an advanced level as described in the supplementary guidance.

Guidance for self-identifying your KSE cohort

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.

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 specialist training or Consultant experience? – Yes/No

This could be demonstrated either through a) **OR** by b) + c):

- a) Being in specialist training post in **Medical psychotherapy** for at least **two years** in the UK or international equivalent. 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.

OR

- b) Experience as a Consultant in psychiatry in the UK or international equivalent for at least **two years**. Please submit evidence to demonstrate that you have been appointed and are working at a 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.

AND

- c) Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body (BPC/UKCP/BABCP) or international equivalent as described in the supplementary guidance

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** – proceed to point 5.

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

This will be demonstrated by a) + b):

- a) Experience as a Consultant in psychiatry in the UK or international equivalent for at least **five years**. Please submit evidence to demonstrate that you have been appointed and are working at a 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.

AND

- b) Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body (BPC/UKCP/BABCP) or international equivalent as described in the supplementary guidance.

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** – proceed to point 5.

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

This will be demonstrated by a) + b) **OR** c) + d):

- a) Experience in psychiatry of at least **five years**, after completion of core training. Please submit evidence to demonstrate that you have been appointed to and are working in psychiatry, with evidence of periodic assessment and supervision.

AND

- b) Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body (BPC/UKCP/BABCP) or international equivalent as described in the supplementary guidance.

OR

- c) Completion of higher training (**minimum three years**) in another psychiatric specialty in the UK or international equivalent. 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.

AND

- d) Completion of accredited specialised psychotherapy training with registration with recognised UK psychotherapeutic body (BPC/UKCP/BABCP) or international equivalent as described in the supplementary guidance.

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

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

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 [Medical psychotherapy 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:</p> <ul style="list-style-type: none">● Feedback from colleagues and patients● Correspondence between you and your colleagues, demonstrating collaboration over patient care across multidisciplinary teams.● Reflective practice - demonstrate the ability to openly and non-defensively reflect on one's own responses, to reflect in complex situations and tolerate uncertainty/think under pressure.● Structured reports
HLO 1.2 Professional Standards	<p>Evidence can be demonstrated through:</p> <ul style="list-style-type: none">● Successful annual appraisal in the last 5 working years● In HLO2, relevant case histories should include reflection with regards to the emotional impact of the work on the applicant and their wider team, and the contribution of relational thinking to understanding patient predicaments and sustaining teams.● Throughout the application, evidence submitted should be clear, accurate and 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. ● The applicant must have undertaken personal psychotherapy as required in higher training in medical psychotherapy or accredited registering body (BPC, UKCP, BABCP or equivalent) as described in the supplementary guidance. ● The applicant specialises in psychodynamic, cognitive-behavioural or systemic therapy.
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 [Medical psychotherapy curriculum](#).

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication and HLO 2.2 Clinical Skills	<p>Evidence to be demonstrated by submission of a total of 4 general psychiatric cases that demonstrate proficiency in:</p> <ul style="list-style-type: none">● receiving a full psychiatric history and performing a Mental State Examination (MSE) for patients presenting from the whole spectrum of mental and neurodevelopmental disorders.● The above has to be demonstrated in more than one setting such as community/inpatients/acute hospitals in urgent, routine and emergency situations.● Biopsychosocial formulation of information presented.● Devising safe, effective, collaborative systemic treatment and management plans, depending upon the patient presentation, formulation, differential diagnoses, comorbidities, assessing, formulating, and managing the risk.● Safely prescribe evidence-based treatment considering recognised guidelines.● Evidence of psychotherapeutic understanding of human development across the lifespan and across different cultures should be demonstrated in day-to-day clinical practice throughout the case histories.● There should be at least 2 of the 4 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. These could also include referral letters to other colleagues, or transfer of care letters.● At least 1 case that demonstrates consideration of the contribution of organic factors to a patient's presentation e.g. cognitive impairment, and physical health issues which impact upon psychological functioning and to liaise with colleagues and to make referrals e.g. to specialist teams where necessary.

- **At least 1 of the histories** should include advanced communication skills through managing difficult conversations, trying to manage contradictory evidence, combining information from different sources and managing conflict. This may include a second opinion where there has been a dispute about a patient's diagnosis or managing clinical risk when more than one treatment team is involved.

Psychotherapy clinical competencies will be demonstrated by 1, 2 and 3 below and includes both patient assessment consultations leading to treatment recommendations AND completed treatment cases.

1. Triage and referrals

Evidence to demonstrate **leadership in triage and referral decisions for 10 referrals** for psychological therapy. Evidence should demonstrate your specific role in decisions about referrals and a clear rationale for this and may include clinic letters, emails and notes from discussions with colleagues/ referral meetings. These are **NOT full case summaries**.

2. Psychotherapy Assessment Consultation

Evidence to be submitted of a minimum of **10 specialist psychotherapy assessment consultations** demonstrating both psychiatric and psychotherapeutic assessment skills. Evidence may include assessment consultation reports, clinic letters, emails and notes from discussions with colleagues.

- This should include assessment of the psychological treatment needs of the patient, risk and institutional support needed, severity and complexity of the case and further treatment needs and identifying treatment alternatives.
- There should be a coverage of a range of presentations of varying complexity with a focus on personal narratives and formulation as well as diagnostic categories, including mood and anxiety disorders, complex trauma, disorders of personality, eating disorders, psychosomatic presentations, psychosis, addictions (past and current), neurodevelopmental disorders, and comorbidity.
- Within the history, co-morbidities and higher levels of complexity should be demonstrated.
- At least **3** assessment consultations should cover disorders of personality.
- Demonstrate consideration of suitability of a range of specialist psychotherapeutic interventions based upon the individual formulation.
- Demonstrate consideration of factors which may determine treatment indications and choice including patient's clinical needs, risk, patient's preference, evidence base, local resource.

- Demonstrate the ability to consider whether biological or social interventions and treatment e.g. medication, social prescribing may be appropriate either as standalone or concurrent treatments.

If the same case has been triaged, assessed, and treated by the applicant, these cases cover all three areas of competency.

Please do not duplicate evidence.

3. Specialist psychotherapeutic treatment case summaries

- **Completed therapy treatment cases** in your main psychotherapeutic modality (e.g. psychodynamic, cognitive-behavioral or systemic). These should vary in complexity, presentation and duration of treatment and may include cases seen in a specialist service setting.
- **If psychodynamic psychotherapy is the major modality - evidence of 8 cases** which may include cases from one group. **At least 6 cases** should have been seen individually for at least one year.
- **If CBT is the major modality - evidence of 12 cases.** At least one case should have been seen for at least one year.
- **If Systemic therapy is the major modality - evidence of 12 cases.** At least one case should have been seen for at least one year.
- **2 completed cases in each of the 2 additional modalities** usually Psychodynamic, CBT and Systemic therapies. The duration of these treatments should be in keeping with working with complexity and of varying durations as indicated by the therapeutic model e.g. a minimum of 12 sessions of CBT, 12 sessions of systemic therapy, one year of psychodynamic therapy.

HLO 2.3 Complexity and uncertainty

- All of cases towards this HLO would be within the above general psychiatry cases or psychotherapy case summaries.
- **At least 2 cases that demonstrate** where there has been variation from established care pathways where clinically indicated and justify these decisions as needed.
- **At least 3 cases that demonstrate** working across interfaces, between psychiatric specialties, other medical and non-medical specialties and services, demonstrating appropriate liaison, sharing of formulation and psychotherapeutic understanding, understanding the emotional impact of risk and suicidality upon teams, and collaboration to share dilemmas and support colleagues working with high-risk cases.
- **At least 5 cases that demonstrate** management of complex presentations of multimorbidity, combined psychotherapeutic and pharmacotherapeutic intervention, shared care with another clinician/team.
- Cases should demonstrate an understanding of unconscious processes including transference, countertransference, projection and splitting and the impact of these upon yourselves and others through your case presentations

- Cases should include psychotherapeutic consideration patient-specific factors which may influence the doctor-patient relationship (or wider clinical relationships)
- Cases should provide a psychotherapeutic perspective on risk, including individualised case formulation.
- Cases should include evidence of appropriate supervision and evidence of integrating learning from supervision into ongoing practice.
- Cases should demonstrate psychotherapeutic understanding of strategies and support for the impact of suicide and anxiety about risk upon teams and clinical management.
- **Cases should demonstrate** an understanding of individual variation and the impact of social, cultural, religious and spiritual factors. This should include understanding of the effects of deprivation, discrimination and racism. The requirement for clear cultural diversity within these case histories is to allow for cases that reflect your understanding and experience of working amongst communities and with individuals where there may be varying social, economic and cultural considerations and protected characteristics. Cultural diversity should be inclusive of the use of interpreters. Where an interpreter is used, specific attention should be given to the psychological complexities of the use of an interpreter in the consultation.

Uploading to your application

- 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 the general psychiatric cases 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.
- Psychotherapy treatment cases should be numbered and organised by modality (e.g. Psychotherapy Case 1 – Modality) and submitted within the relevant organisational PDF.
- Evidence for psychological triage/referral and for psychotherapy assessment consultations should be numbered (e.g. Triage 1 or Assessment Consultation 1) and submitted within the relevant organisational PDF.
- Where possible, documentation should be submitted in **one PDF bundle** by organisation.

Naming requirements

- 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 portfolio evidence e.g. WPBAs, reflection, to triangulate the evidence in your submissions though these wouldn't be sufficient in itself.
- The psychiatric and psychotherapy case histories have to be from real world settings rather than a review written retrospectively.
- The same case history can demonstrate evidence in more than one area.
- For assessment consultations - reports, clinic letters and notes from discussions with colleagues and for triage/referral leadership - clinic letters and notes from discussions with colleagues/ referral meetings, may be included.
- **All evidence generally has to be within the last 10 working years.**
- All evidence must be of high quality in being able to demonstrate contemporary standards of Consultant Practice in the UK.
- 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 [Medical psychotherapy 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	<p>Evidence could be demonstrated through any of the following 2 options:</p> <p>Option 1</p> <p>a) approval under the UK Mental Health Act as Approved Clinician in the last 5 working years or statutory approval under local legislative framework to diagnose and treat mental disorders.</p> <p>AND</p> <p>b) at least 1 WPBA/feedback/reflection demonstrating advanced awareness of legal and ethical limits to confidentiality for psychotherapy.</p> <p>AND</p> <p>c) Comprehensive risk assessment and management is required to demonstrate competency in this HLO which should be submitted within the relevant case histories in HLO2.</p> <p>Option 2</p> <p>a) A total of 2 cases which could be tribunal reports /court or MoJ reports/safeguarding reports / Section 12 assessment reports/ clinical letters or summaries that make reference to considerations of capacity, consent or the need for involuntary treatment.</p> <p>AND</p> <p>b) Evidence via appraisal of completion of CPD requirement in this area.</p> <p>AND</p> <p>c) at least 2 WPBA/feedback/reflections demonstrating advanced awareness of legal and ethical limits to confidentiality for psychotherapy.</p> <p>AND</p>

	<p>d) Comprehensive risk assessment and management is required to demonstrate competency in this HLO which should be submitted within the relevant case history in HLO2.</p> <ul style="list-style-type: none"> ● The cases must be part of the cases for HLO2. ● If applying internationally, please demonstrate your ability to work within your local legislative frameworks through the evidence piece in a and b through either option 1 or 2.
<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 ten 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. ● If applying internationally, please demonstrate your ability to work within your local legislative frameworks, statutory approvals required in applying the legislative powers in the evidence requirement in either Options 1 or 2. ● 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 [Medical psychotherapy curriculum](#).

Sub-Domains:

5.1 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 around understanding the factors contributing to health inequalities, social and cultural determinants of adult mental health as well as lifestyle interventions and social prescribing will be demonstrated through the relevant case histories and should be submitted under HLO2. ● Demonstrate evidence of a psychological understanding of wellbeing including an understanding of the interrelationship between body and mind ● Applicants are advised to consider these factors specifically as part of formulation and treatment plans for patients. ● Case histories should also include descriptions of psychoeducation about lifestyle, discussion of social factors and inequalities. ● 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 ● Case histories should show evidence of working with carers including the applicant responding to carer needs. ● Evidence in case histories (HLO2), letters to patients and correspondence with colleagues of the applicant engaging patients in self-care and self- management through psycho education, choice of treatment including medication, identification of early warning signs of relapse and working with MDT colleagues to coordinate development of Wellness recovery action plans. ● Evidence of taking an advocacy role in developing health and social care of a local population: for e.g. by engaging in joint work with other stakeholders responsible for health and social care (HLO6).
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 [Medical psychotherapy 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 any of the following 2 options:</p> <p>Option 1 Evidence could be:</p> <ol style="list-style-type: none"> Being in a role anytime in your career which has significant leadership/management commitment – provide a copy of the Job description and reflection on the role. Log activity of what that role covers. Appraisal of that role (at least annually). Duration of the role if it has ended now. <p>AND</p> <ul style="list-style-type: none"> Attendance at management and leadership related CPD events with reflective notes. EVIDENCE via appraisal in the last 5 working years. <p>AND</p> <ul style="list-style-type: none"> Evidence should demonstrate understanding of interpersonal, group and organisational dynamics and their contribution to interactions within and between teams. <p>Option 2</p> <ul style="list-style-type: none"> Attendance at management and leadership related CPD events with reflective notes EVIDENCE via appraisal in the last 5 working years.

	<p>AND At least 1 of the following:</p> <ul style="list-style-type: none"> ● Completion of at least 1 Work placed based assessment such as DONCS Chairing Meeting. <p>OR</p> <ul style="list-style-type: none"> ● Reflection on Change management that you led or contributed to significantly. <p>OR</p> <ul style="list-style-type: none"> ● Completion of Leadership effective analysis and its impact. <p>OR</p> <ul style="list-style-type: none"> ● Reflection on 1 Service development activity that you led or contributed to significantly (this could be QIP project in HLO6). <p>AND</p> <ul style="list-style-type: none"> ● Evidence should demonstrate understanding of interpersonal, group and organisational dynamics and their contribution to interactions within and between teams.
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 [Medical psychotherapy curriculum](#).

Sub-Domains:

6.1 Patient safety

6.2 Quality improvement

HLO	Evidence required
HLO 6.1 Patient safety	<p>Evidence can 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 Serious untoward incidents/ complaints and adverse events for each of the last 3 working years. <p>AND</p> <ul style="list-style-type: none">● Evidence should demonstrate application of a psychologically minded approach to risk assessment and management. <p>Option 2 (has to include at least 1 evidence piece from a, b, c, d)</p> <p>a) Knowledge:</p> <ul style="list-style-type: none">● Shadowing a Serious Incident review or After action review or PSIRF Investigation with relevant reflection. <p>OR</p> <ul style="list-style-type: none">● Involvement in resolution /Investigation of Complaint <p>OR</p> <ul style="list-style-type: none">● Involvement in adverse event investigation <p>AND</p>

	<p>b) CPD demonstrating knowledge of governance matters in the above area.</p> <p>AND</p> <p>c) Evidence should demonstrate application of a psychologically minded approach to risk assessment and management.</p> <p>AND</p> <p>d) Skills /Experience</p> <ul style="list-style-type: none"> ● Meeting minutes that clearly demonstrate your active participation in clinical governance matters. <p>OR</p> <ul style="list-style-type: none"> ● 1 Written report or presenting evidence at Coroner’s Inquest <p>OR</p> <ul style="list-style-type: none"> ● Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality.
<p>HLO 6.2 Quality improvement</p>	<ul style="list-style-type: none"> ● Provide evidence of active participation in a minimum of one quality improvement project that is relevant to your clinical practice, including supervisions 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.
<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: <p>HLO6/ [Organisation Name] /Serious Incident review/2022</p>

HLO 7 Safeguarding Vulnerable Groups

Please review the individual capabilities required to be demonstrated within this HLO as per the [Medical psychotherapy curriculum](#).

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
HLO 7.1 Safeguarding	<p>Evidence is required from all of 1, 2 and 3.</p> <p>1 Evidence of Knowledge:</p> <ul style="list-style-type: none">● Completion of child and /or Adult safeguarding training within the last three working years along with Reflection – Appraisal evidence sufficient. <p>AND</p> <p>2 Skills and Experience evidence:</p> <p>Either One of the following:</p> <ul style="list-style-type: none">● Summary of at least 2 patient cases from within the last five working years, involving an adult or child safeguarding concern along with a written reflective piece on what the applicant learnt from the case and the need to collaborate with Social Services.● The cases can be part of the cases within HLO2. <p>OR</p> <ul style="list-style-type: none">● Relevant medico legal reports such as, child protection reports provided for HLO3 are also suitable evidence for this HLO and do not need to be duplicated. <p>OR</p>

	<ul style="list-style-type: none"> ● Meeting minutes that evidence attendance and contribution to safeguarding and child protection meetings. WBPA DONCS would be sufficient to demonstrate this. <p>AND</p> <p>3:</p> <ul style="list-style-type: none"> ● At least 2 cases among the cases within HLO2 demonstrating the impact of trauma deriving from victimisation/exploitation in vulnerable groups. This can be triangulated with relevant reflection or CBDs. <p>Please do not duplicate this evidence.</p>
<p>Uploading to your application</p>	<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.
<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: <p>HLO7/ [Organisation Name] /UK prevent training/2020</p>

HLO 8 Education and Training

Please review the individual capabilities required to be demonstrated within this HLO as per the [Medical psychotherapy curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

HLO	Evidence required
HLO 8.1 Education & Training	<p>Evidence can be demonstrated through either of the following 2 options:</p> <p>A) GENERAL EDUCATIONAL ACTIVITY</p> <p>Option 1</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 the Job description and reflection on the role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually)d) 1 teaching activity on applications of psychotherapeutic approaches within psychiatry with actual material such as slides or similar with feedback and reflection on choice of methods.e) 1 teaching activity on your primary psychotherapeutic modality with actual material such as slides or similar with feedback and reflection on choice of methods.f) Duration of role if it has ended.

Option 2

If no roles held:

- a) 2 teaching activities on applications of psychotherapeutic approaches within psychiatry with actual material such as slides or similar with feedback and reflection on choice of methods.
- b) 2 teaching activities on your primary psychotherapeutic modality with actual material such as slides or similar with feedback and reflection on choice of methods.

Evidence could be demonstrated by either of the following 2 options:

Option 1

Evidence could be:

- a) Being in a role anytime in your career which has significant **Trainer** commitment – provide a copy of the Job description and reflection on the 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.
- e) Duration of the role if it has ended.

AND

A) SPECIALIST PSYCHOTHERAPY SUPERVISION

- Demonstrate selection of suitable patient presentations for trainees to undertake short and long cases.
- Psychotherapy supervision of junior colleagues within the last five years. This should be based within a specific psychotherapeutic modality, and it should be demonstrated to be a regular or ongoing process (a minimum of one year of supervisory experience with **3** or more trainees should be evidenced) including the clinical and interpersonal factors related to that modality.

HLO 8.2 Supervision

- Demonstrate awareness and consideration of factors affecting the supervisory relationship including power dynamics, which may include reflection on one's own family or cultural values, transference – countertransference factors and behavioral factors.
- Evidence of assessment of trainees should be provided in the form of an official letter or assessment which is part of the trainee's portfolio (WPBA) and feedback from trainees would enhance this.
- A reflection or peer discussion documentation should be included.
- In the last five years, facilitation of a regular group of doctors/medical students (such as a Balint group) to develop psychological formulating skills and reflect on the use of the doctor/patient relationship in their work. This should be provided via reflection and paperwork of group discussion. The experience demonstrated should be a minimum period of one year.
- Demonstrate understanding of the role of the psychotherapy tutor and TPD for psychotherapy through reflection on participation in medical education activities.
- For international applicants, include a description of supervisory roles, a reflection on specific training or mentoring received for psychotherapy supervision and teaching methods.

AND

B) EVIDENCE VIA APPRAISAL OF COMPLETION OF CPD

Option 2

If no roles held:

- Evidence of undertaking assessment and supervision of junior colleagues, trainees or students supported by 2 WBPA undertaken on these colleagues.

AND

A) SPECIALIST PSYCHOTHERAPY SUPERVISION

- Demonstrate selection of suitable patient presentations for trainees to undertake short and long cases.
- Psychotherapy supervision of junior colleagues within the last five years. This should be based within a specific psychotherapeutic modality, and it should be demonstrated to be a regular or ongoing process (a minimum of one year of supervisory experience with **3** or more trainees should be evidenced) including the clinical and interpersonal factors related to that modality.
- Demonstrate awareness and consideration of factors affecting the supervisory relationship including power dynamics, which may include reflection on one's own family or cultural values, transference – countertransference factors and behavioral factors.
- Evidence of assessment of trainees should be provided in the form of an official letter or assessment which is part of the trainee's portfolio (WPBA) and feedback from trainees would enhance this.
- A reflection or peer discussion documentation should be included.
- In the last five years, facilitation of a regular group of doctors/medical students (such as a Balint group) to develop psychological formulating skills and reflect on the use of the doctor/patient relationship in their work. This should be provided via reflection and paperwork of group discussion. The experience demonstrated should be a minimum period of one year.
- Demonstrate understanding of the role of the psychotherapy tutor and TPD for psychotherapy through reflection on participation in medical education activities.
- For international applicants, include a description of supervisory roles, a reflection on specific training or mentoring received for psychotherapy supervision and teaching methods.

AND

B) EVIDENCE VIA APPRAISAL OF COMPLETION OF CPD

Uploading to your application

- 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

- 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 [Medical psychotherapy 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 by either of the following 2 options:</p> <p>Option 1</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 the Job description and reflection on the 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. <p>OR</p> <ul style="list-style-type: none">● Applicants who have EVER completed a relevant research qualification are able to submit evidence of the certificate award and any dissertation as additional evidence. <p>AND</p> <ul style="list-style-type: none">● 1 critical appraisal reflecting on the research methodologies presented at Journal club, peer review or any similar forum along with slides and presentation.

	<p>Option 2</p> <ul style="list-style-type: none"> ● Attendance at CPD events for good clinical practice in research, critical appraisal and research methodology. <p>AND</p> <ul style="list-style-type: none"> ● 2 critical appraisals using different research methodologies presented at Journal club, peer review along with reflection – 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

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 [Medical psychotherapy 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:</p> <ul style="list-style-type: none">● Feedback from colleagues and patients.● Correspondence between you and your colleagues, demonstrating collaboration over patient care across multidisciplinary teams.● Reflective practice - demonstrate the ability to openly and non-defensively reflect on one's own responses, to reflect in complex situations and tolerate uncertainty/ think under pressure.● Structured reports
HLO 1.2 Professional Standards	<p>Evidence can be demonstrated through:</p> <ul style="list-style-type: none">● Successful annual appraisal in the last 5 working years● In HLO2, relevant case histories should include reflection with regards to the emotional impact of the work on the applicant and their wider team, and the contribution of relational thinking to understanding patient predicaments and sustaining teams.● Throughout the application, evidence submitted should be clear, accurate and 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. ● At some stage in their career, the applicant must have undertaken personal psychotherapy, typically over at least three years. This is in response to the recognition that to be able to help others who come with minds in distress, awareness of one's own state of mind is needed. Personal psychotherapy must have been in whichever major recognised modality of psychotherapy. ● The applicant specialises in (psychodynamic, cognitive-behavioural or systemic).
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 [Medical psychotherapy curriculum](#).

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication and HLO 2.2 Clinical Skills	<p>Evidence to be demonstrated by submission of a total of 5 general psychiatric cases that demonstrate proficiency in:</p> <ul style="list-style-type: none">● Receiving a full psychiatric history and performing a Mental State Examination (MSE) for patients presenting from the whole spectrum of mental and neurodevelopmental disorders.● The above has to be demonstrated in more than one setting such as community/inpatients/ acute hospitals in urgent, routine and emergency situations.● Biopsychosocial formulation of information presented.● Devising safe, effective, collaborative systemic treatment and management plans, depending upon the patient presentation, formulation, differential diagnoses, comorbidities, assessing, formulating, and managing the risk.● Safely prescribe evidence-based treatment considering recognised guidelines.● Evidence of psychotherapeutic understanding of human development across the lifespan and across different cultures should be demonstrated in day-to-day clinical practice throughout the case histories.● There should be at least 3 of the 5 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. These could also include referral letters to other colleagues, or transfer of care letters.

- **At least 2 of the cases** that demonstrate consideration of the contribution of organic factors to a patient's presentation e.g. cognitive impairment, and physical health issues which impact upon psychological functioning and to liaise with colleagues and to make referrals e.g. to specialist teams where necessary
- **At least 2 of the histories** should include advanced communication skills through managing difficult conversations, trying to manage contradictory evidence, combining information from different sources and managing conflict. This may include a second opinion where there has been a dispute about a patient's diagnosis or managing clinical risk when more than one treatment team is involved.

Psychotherapy clinical competencies will be demonstrated by 1, 2 and 3 below and includes both patient assessment consultations leading to treatment recommendations AND completed treatment cases.

1. Triage and Referrals

Evidence to demonstrate leadership in **triage and referral decisions for 10 referrals** for psychological therapy. Evidence should demonstrate your specific role in decisions about referrals and a clear rationale for this and may include clinic letters, emails and notes from discussions with colleagues. These are **NOT full case summaries**.

2. Psychotherapy Assessment Consultation

Evidence to be submitted of a minimum of **10 specialist psychotherapy assessment consultations**, demonstrating both psychiatric and psychotherapeutic assessment skills. Evidence may include assessment consultation reports, clinic letters, emails and notes from discussions with colleagues.

- This should include assessment of the psychological treatment needs of the patient, risk and institutional support needed, severity and complexity of the case and further treatment needs and identifying treatment alternatives.
- There should be a coverage of a range of presentations of varying complexity with a focus on personal narratives and formulation as well as diagnostic categories, including mood and anxiety disorders, complex trauma, disorders of personality, eating disorders, psychosomatic presentations, psychosis, addictions (past and current), neurodevelopmental disorders, and comorbidity.
- Within the histories, co-morbidities and higher levels of complexity should be demonstrated. At least **3** assessment consultations should cover disorders of personality.

- Demonstrate consideration of suitability of a range of specialist psychotherapeutic interventions based upon the individual formulation.
- Demonstrate the ability to engage in skilled, receptive and informed discussion with the patient including consideration of factors which may determine treatment indications and choice including patient’s clinical needs, risk, patient’s preference, evidence base, local resource.
- Demonstrate the ability to consider whether biological or social interventions and treatment e.g. medication, social prescribing may be appropriate either as standalone or concurrent treatments.

If the same case has been triaged, assessed, and treated by the applicant, these cases cover all three areas of competency.

Please do not duplicate evidence.

3. Specialist psychotherapeutic treatment cases

- **Completed therapy treatment cases** in your main psychotherapeutic modality (e.g. psychodynamic, cognitive-behavioral or systemic) – delivered in either an individual or group setting. These should vary in complexity, presentation and duration of treatment and may include cases seen in a specialist service setting.
- **If psychodynamic psychotherapy is the major modality - evidence of 10 cases** which may include cases from one group. **At least 8 cases should have been seen individually for at least one year.**
- **If CBT is the major modality - evidence of 14 cases.** At least two cases should have been seen for at least one year.
- **If Systemic therapy is the major modality - evidence of 14 cases.** At least two cases should have been seen for at least one year.
- **2 completed cases in each of the two additional modalities** usually psychodynamic, CBT and Systemic therapies. The duration of these treatments should be in keeping with working with complexity and of varying durations as indicated by the therapeutic model e.g. a minimum of 12 sessions of CBT, 12 sessions of systemic therapy, one year of psychodynamic therapy.

HLO 2.3 Complexity and uncertainty

- All of cases towards this HLO would be within the above general psychiatry cases or psychotherapy case summaries.
- **At least 2 cases that demonstrate where there has been** variation from established care pathways where clinically indicated and justify these decisions as needed.
- **At least 6 cases that demonstrate** working across interfaces, between psychiatric specialties, other medical and non-medical specialties and services, demonstrating appropriate liaison, sharing of formulation and psychotherapeutic understanding, understanding the emotional impact of risk and suicidality upon teams, and collaboration to share dilemmas and support colleagues working with high-risk cases.

- **At least 8 cases that demonstrate** management of complex presentations of multimorbidity, combined psychotherapeutic and pharmacotherapeutic intervention, shared care with another clinician/team.
- Cases should demonstrate an understanding of unconscious processes including transference, countertransference, projection and splitting and the impact of these upon yourselves and others through your case presentations.
- Cases should include psychotherapeutic consideration patient-specific factors which may influence the doctor-patient relationship (or wider clinical relationships).
- Cases should provide a psychotherapeutic perspective on risk, including individualised case formulation.
- Cases should include evidence of appropriate supervision. and evidence of integrating learning from supervision into ongoing practice.
- Cases should demonstrate psychotherapeutic understanding of strategies and support for the impact of suicide and anxiety about risk upon teams and clinical management.
- **Cases should demonstrate** an understanding of individual variation and the impact of social, cultural, religious and spiritual factors. This should include understanding of the effects of deprivation, discrimination and racism. The requirement for clear cultural diversity within these case histories is to allow for cases that reflect your understanding and experience of working amongst communities and with individuals where there may be varying social, economic and cultural considerations and protected characteristics. Cultural diversity should be inclusive of use of interpreters. Where an interpreter is used, specific attention should be given to the psychological complexities of the use of an interpreter in the consultation.

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- 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 the general psychiatric cases 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.
- Psychotherapy treatment cases should be numbered and organised by modality (e.g. Psychotherapy Case 1 - modality) and submitted within the relevant organisational PDF.
- Evidence for psychological triage/referral and for psychotherapy assessment consultations should be numbered (e.g. Triage 1 or Assessment Consultation 1) and submitted within the relevant organisation PDF
- Where possible, documentation should be submitted in **one PDF bundle** by organisation.

Naming requirements

- 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 portfolio evidence e.g. WBPA, Reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself
- The psychiatric and psychotherapeutic case histories have to be from real world settings rather than a review written retrospectively.
- The same case history can demonstrate evidence in more than one area.
- For assessment consultations – reports, clinic letters, and notes from discussions with colleagues, and for triage/referral leadership – clinic letters, and notes from discussions with colleagues/referral meetings, may be included.
- **All evidence generally has to be within the last 10 working years.**
- All evidence must be of high quality in being able to demonstrate contemporary standards of Consultant Practice in the UK
- 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 [Medical psychotherapy 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	<p>Evidence to be demonstrated by either of the following 2 options:</p> <p>Option 1</p> <p>a) approval under the UK Mental Health Act as Approved Clinician in the last 5 working years or statutory approval under local legislative framework to diagnose and treat mental disorders.</p> <p>AND</p> <p>b) at least 1 WPBA/feedback/reflection demonstrating advanced awareness of legal and ethical limits to confidentiality for psychotherapy.</p> <p>AND</p> <p>c) Comprehensive risk assessment and management is required to demonstrate competency in this HLO which should be submitted within the relevant case histories in HLO2.</p> <p>Option 2</p> <p>a) A total of 2 cases which could be tribunal reports /court or MoJ reports/safeguarding reports / Section 12 assessment reports/ clinical letters or summaries that make reference to considerations of capacity, consent or the need for involuntary treatment.</p> <p>AND</p> <p>b) Evidence via appraisal of completion of CPD requirement in this area.</p> <p>AND</p> <p>c) at least 2 WPBA/feedback/reflections demonstrating advanced awareness of legal and ethical limits to confidentiality for psychotherapy.</p> <p>AND</p>

	<p>d) Comprehensive risk assessment and management is required to demonstrate competency in this HLO which should be submitted within the relevant case history in HLO2.</p> <ul style="list-style-type: none"> ● The cases must be part of the cases for HLO2. ● If applying internationally, please demonstrate your ability to work within your local legislative frameworks through the evidence piece in a and b through either option 1 or 2.
<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. ● If applying internationally, please demonstrate your ability to work within your local legislative frameworks, statutory approvals required in applying the legislative powers in the evidence requirement in either Options 1 or 2. ● 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 [Medical psychotherapy 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 around understanding the factors contributing to health inequalities, social and cultural determinants of adult mental health as well as lifestyle interventions and social prescribing will be demonstrated through the relevant case histories and should be submitted under HLO2. ● Demonstrate evidence of a psychological understanding of wellbeing including an understanding of the interrelationship between body and mind. ● Applicants are advised to consider these factors specifically as part of formulation and management plans for patients. ● Case histories should also include descriptions of psychoeducation about lifestyle, discussion of social factors and inequalities. ● 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 ● Case histories should show evidence of working with carers including the applicant responding to carer needs. ● Evidence in case histories, letters to patients and correspondence with colleagues of the applicant engaging patients in self-care and self- management through psycho education, choice of treatment including medication, identification of early warning signs of relapse and working with MDT colleagues to coordinate development of Wellness recovery action plans. ● Evidence of taking an advocacy role in developing health and social care of a local population: for e.g. by engaging in joint work with other stakeholders responsible for health and social care (HLO6).
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 [Medical psychotherapy 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 2 options:</p> <p>Option 1 Evidence could be:</p> <ol style="list-style-type: none"> Being in a role anytime in your career which has significant leadership/management commitment – provide a copy of the Job description and reflection on the role. Log activity of what that role covers. Appraisal of that role (at least annually). Duration of the role if it has ended now. <p>AND</p> <ul style="list-style-type: none"> Attendance at management and leadership related CPD events with reflective notes EVIDENCE via appraisal in the last 5 working years. <p>AND</p> <ul style="list-style-type: none"> Evidence should demonstrate understanding of interpersonal, group and organisational dynamics and their contribution to interactions within and between teams. <p>Option 2</p> <ul style="list-style-type: none"> Attendance at management and leadership related CPD events with reflective notes EVIDENCE via appraisal in the last 5 working years.

	<p>AND</p> <p>At least 2 of the following:</p> <ul style="list-style-type: none"> ● Completion of at least 1 Work placed based assessment such as DONCS Chairing Meeting. <p>OR</p> <ul style="list-style-type: none"> ● Reflection on Change management that you led or contributed significantly. <p>OR</p> <ul style="list-style-type: none"> ● Completion of Leadership effective analysis and its impact. <p>OR</p> <ul style="list-style-type: none"> ● Reflection on 1 Service development activity that you led or contributed significantly (this could be QIP project in HLO6). <p>AND</p> <ul style="list-style-type: none"> ● Evidence should demonstrate understanding of interpersonal, group and organisational dynamics and their contribution to interactions within and between teams.
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 [Medical psychotherapy curriculum](#).

Sub-Domains:

6.1 Patient safety

6.2 Quality improvement

HLO	Evidence required
HLO 6.1 Patient safety	<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>AND</p> <ul style="list-style-type: none">● Evidence should demonstrate <i>application of a psychologically minded approach to risk assessment and management</i>. <p>Option 2 (has to include at least 1 evidence piece from a, b, c and d)</p> <p>Knowledge:</p> <p>a) Shadowing a Serious Incident review or After-action review or PSIRF Investigation with relevant reflection.</p> <p>OR</p> <ul style="list-style-type: none">● Involvement in resolution /Investigation of Complaint <p>OR</p> <ul style="list-style-type: none">● Involvement in adverse event investigation <p>AND</p>

	<p>b) CPD demonstrating knowledge of governance matters in the above areas.</p> <p>AND</p> <p>c) Evidence should demonstrate <i>application of a psychologically minded approach to risk assessment and management.</i></p> <p>AND</p> <p>d) Skills /Experience</p> <ul style="list-style-type: none"> ● Meeting minutes that clearly demonstrate your active participation in clinical governance matters. <p>OR</p> <ul style="list-style-type: none"> ● 1 Written report or presenting evidence at Coroner’s Inquest. <p>OR</p> <ul style="list-style-type: none"> ● Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality.
<p>HLO 6.2 Quality improvement</p>	<ul style="list-style-type: none"> ● Provide evidence of active participation in a minimum of one quality improvement project that is relevant to your clinical practice, including supervisions 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.
<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: <p>HLO6/ [Organisation Name] /Serious Incident review/2022</p>

HLO 7 Safeguarding Vulnerable Groups

Please review the individual capabilities required to be demonstrated within this HLO as per the [Medical psychotherapy curriculum](#).

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
HLO 7.1 Safeguarding	<p>Evidence is required from all 1, 2 and 3:</p> <p>1) Evidence of Knowledge:</p> <ul style="list-style-type: none">● Completion of child and /or adult safeguarding training within the last three working years along with reflection – Appraisal evidence sufficient <p>AND</p> <p>2) Skills and Experience Evidence</p> <p>Either One of the following:</p> <ul style="list-style-type: none">● Summary of at least 2 patient cases from within the last five working years, involving an adult or child safeguarding concern along with a written reflective piece on what the applicant learnt from the case and the need to collaborate with adult Social Services.● The case can be part of the cases within HLO2. <p>OR</p> <ul style="list-style-type: none">● Relevant medico legal reports such as, child protection reports provided for HLO3 are also suitable evidence for this HLO and do not need to be duplicated. <p>OR</p>

	<ul style="list-style-type: none"> ● Meeting minutes that evidence attendance and contribution to safeguarding and child protection meetings. WBPA DONCS would be sufficient to demonstrate this. <p>AND</p> <p>3)</p> <ul style="list-style-type: none"> ● At least 2 cases among the cases within HLO2 demonstrating the impact of <i>trauma deriving from</i> victimisation/exploitation and trauma in vulnerable groups. This can be triangulated with relevant reflection or CBDs. ● Please do not duplicate this evidence.
<p>Uploading to your application</p>	<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.
<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: 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 [Medical psychotherapy curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

HLO	Evidence required
HLO 8.1 Education & Training	<p>Evidence to be demonstrated through either of the following 2 options:</p> <p>A) GENERAL EDUCATIONAL ACTIVITY</p> <p>Option 1</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) 1 teaching activity on applications of psychotherapeutic approaches within psychiatry with actual material such as slides or similar with feedback and reflection on choice of methods.e) 1 teaching activity on your primary psychotherapeutic modality with actual material such as slides or similar with feedback and reflection on choice of methods.f) Duration of role if it has ended. <p>Option 2</p> <p>If no roles held:</p>

- a) 2 Teaching activities on applications of psychotherapeutic approaches within psychiatry with actual material such as slides or similar with feedback and reflection on choice of methods.
- b) 2 teaching activities on your primary psychotherapeutic modality with actual material such as slides or similar with feedback and reflection on choice of methods.

Evidence could be demonstrated by either of the following 2 options:

Option 1

Evidence could be:

- a) Being in a Role anytime in your career which has significant **Trainer** 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.
- e) Duration of the role if it has ended.

AND

B) SPECIALIST PSYCHOTHERAPY SUPERVISION

- Demonstrate selection of suitable patient presentations for trainees to undertake short and long cases.
- Psychotherapy supervision of junior colleagues within the last five years. This should be based within a specific psychotherapeutic modality, and it should be demonstrated to be a regular or ongoing process (a minimum of one year of supervisory experience with **3** or more trainees should be evidenced) including the clinical and interpersonal factors related to that modality.
- Demonstrate awareness and consideration of factors affecting the supervisory relationship including power dynamics, which may include reflection on one's own family or cultural values, transference – countertransference factors and behavioral factors.

**HLO 8.2
Supervision**

- Evidence of assessment of trainees should be provided in the form of an official letter or assessment which is part of the trainee's portfolio (WPBA) and feedback from trainees would enhance this.
- A reflection or peer discussion documentation should be included.
- In the last five years, facilitation of a regular group of doctors/medical students (such as a Balint group) to develop psychological formulating skills and reflect on the use of the doctor/patient relationship in their work. This should be provided via reflection and paperwork of group discussion. The experience demonstrated should be a minimum period of one year.
- Demonstrate understanding of the role of the psychotherapy tutor and TPD for psychotherapy through reflection on participation in medical education activities.
- For international applicants, include a description of supervisory roles, a reflection on specific training or mentoring received for psychotherapy supervision and teaching methods.

AND

C) EVIDENCE VIA APPRAISAL OF COMPLETION OF CPD

Option 2

If no roles held:

- Evidence of undertaking assessment and supervision of junior colleagues, trainees or students supported by 4 WBPA undertaken on these colleagues.

AND

B) SPECIALIST PSYCHOTHERAPY SUPERVISION

- Demonstrate selection of suitable patient presentations for trainees to undertake short and long cases.
- Psychotherapy supervision of junior colleagues within the last five years. This should be based within a specific psychotherapeutic modality, and it should be demonstrated to be a regular or ongoing process (a minimum of one year of supervisory experience with 3 or more trainees should be evidenced) including the clinical and interpersonal factors related to that modality.

	<ul style="list-style-type: none"> ● Demonstrate awareness and consideration of factors affecting the supervisory relationship including power dynamics, which may include reflection on one’s own family or cultural values, transference – countertransference factors and behavioral factors. ● Evidence of assessment of trainees should be provided in the form of an official letter or assessment which is part of the trainee’s portfolio (WPBA) and feedback from trainees would enhance this. ● A reflection or peer discussion documentation should be included. ● In the last five years, facilitation of a regular group of doctors/medical students (such as a Balint group) to develop psychological formulating skills and reflect on the use of the doctor/patient relationship in their work. This should be provided via reflection and paperwork of group discussion. The experience demonstrated should be a minimum period of one year. ● Demonstrate understanding of the role of the psychotherapy tutor and TPD for psychotherapy through reflection on participation in medical education activities. ● For international applicants, include a description of supervisory roles, a reflection on specific training or mentoring received for psychotherapy supervision and teaching methods. <p>AND</p> <p>C) EVIDENCE VIA APPRAISAL OF COMPLETION OF CPD</p>
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 [Medical psychotherapy 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 by either of the following 2 options:</p> <p>Option 1</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 the Job description and reflection on the 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. <p>OR</p> <ul style="list-style-type: none">● Applicants who have EVER completed a relevant research qualification are able to submit evidence of the certificate award and any dissertation as additional evidence. <p>AND</p> <ul style="list-style-type: none">● 1 critical appraisal reflecting on the research methodologies presented at Journal club, peer review or any similar forum along with slides and presentation. <p>Option 2</p> <ul style="list-style-type: none">● Attendance at CPD events for good clinical practice in Research, critical appraisal and research methodology.

	<p>AND</p> <ul style="list-style-type: none"> ● 2 critical appraisals using different research methodologies presented at Journal club, peer review along with reflection – 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

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 [Medical psychotherapy 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:</p> <ul style="list-style-type: none">● Feedback from colleagues and patients.● Correspondence between you and your colleagues, demonstrating collaboration over patient care across multidisciplinary teams.● Reflective practice - demonstrate the ability to openly and non-defensively reflect on one's own responses, to reflect in complex situations and tolerate uncertainty/ think under pressure.● Structured reports
HLO 1.2 Professional Standards	<p>Evidence can be demonstrated through:</p> <ul style="list-style-type: none">● Successful annual appraisal in the last 5 working years.● In HLO2, relevant case histories should include reflection with regards to the emotional impact of the work on the applicant and their wider team, and the contribution of relational thinking to understanding patient predicaments and sustaining teams.● Throughout the application, evidence submitted should be clear, accurate and 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. ● At some stage in their career, the applicant must have undertaken personal psychotherapy, typically over at least three years. This is in response to the recognition that to be able to help others who come with minds in distress, awareness of one's own state of mind is needed. Personal psychotherapy must have been in whichever major recognised modality of psychotherapy the applicant specialises in (psychodynamic, cognitive-behavioural or systemic).
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 [Medical psychotherapy curriculum](#).

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication and HLO 2.2 Clinical Skills	<p>Evidence to be demonstrated by submission of a total of 20 general psychiatric cases that demonstrate proficiency in:</p> <ul style="list-style-type: none">● Receiving a full psychiatric history and performing a Mental State Examination (MSE) for patients presenting from the whole spectrum of mental and neurodevelopmental disorders● The above has to be demonstrated in more than one setting such as community/inpatients/ acute hospitals in urgent, routine and emergency situations.● Biopsychosocial formulation of information presented.● Devising safe, effective, collaborative systemic treatment and management plans, depending upon the patient presentation, formulation, differential diagnoses, comorbidities, assessing, formulating, and managing the risk● Safely prescribe evidence-based treatment considering recognised guidelines● Evidence of psychotherapeutic understanding of human development across the lifespan and across different cultures should be demonstrated in day-to-day clinical practice throughout the case histories. <ul style="list-style-type: none">● There should be at least 10 of the 20 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. These could also include referral letters to other colleagues, or transfer of care letters.● At least 5 of these cases that demonstrate consideration of the contribution of organic factors to a patient's presentation e.g. cognitive impairment, and physical health issues which impact upon psychological functioning and to liaise with colleagues and to make referrals e.g. to specialist teams where necessary

- **At least 5 of the histories** should include advanced communication skills through managing difficult conversations, trying to manage contradictory evidence, combining information from different sources and managing conflict. This may include a second opinion where there has been a dispute about a patient's diagnosis or managing clinical risk when more than one treatment team is involved.

Psychotherapy clinical competencies will be demonstrated by 1, 2 and 3 below and includes both patient assessment consultations leading to treatment recommendations AND completed treatment cases.

1. Triage and referrals

Evidence to demonstrate **leadership in triage and referral decisions for 10 referrals** for psychological therapy. Evidence should demonstrate your specific role in decisions about referrals and a clear rationale for this and may include clinic letters, emails and notes from discussions with colleagues/referral meetings. These are **NOT full case summaries**.

2. Psychotherapy Assessment Consultation

Evidence to be submitted of a minimum of **10 specialist psychotherapy assessment consultations**, demonstrating both psychiatric and psychotherapeutic assessment skills, Evidence may include assessment consultation reports, clinic letters, emails and notes from discussions with colleagues.

- This should include assessment of the psychological treatment needs of the patient, risk and institutional support needed, severity and complexity of the case and further treatment needs and identifying treatment alternatives.
- There should be a coverage of a range of presentations of varying complexity with a focus on personal narratives and formulation as well as diagnostic categories, including mood and anxiety disorders, complex trauma, disorders of personality, eating disorders, psychosomatic presentations, psychosis, addictions (past and current), neurodevelopmental disorders, and comorbidity.
- Within the histories, co-morbidities and higher levels of complexity should be demonstrated. At least **5** assessment consultations should cover disorders of personality.
- Demonstrate consideration of suitability of a range of specialist psychotherapeutic interventions based upon the individual formulation.
- Demonstrate the ability to engage in skilled, receptive and informed discussion with the patient including consideration of factors which may determine treatment indications and choice including patient's clinical needs, risk, patient's preference, evidence base, local resource.

- Demonstrate the ability to consider whether biological or social interventions and treatment e.g. medication, social prescribing may be appropriate either as standalone or concurrent treatments.
- If the same case has been triaged, assessed and treated by the applicant these cases cover all three areas of competency. **Please do not duplicate evidence.**

3. Specialist psychotherapeutic treatment cases

- **Completed therapy treatment cases** in your main psychotherapeutic modality (e.g. psychodynamic, cognitive-behavioral or systemic) – delivered in either an individual or group setting. These should vary in complexity, presentation and duration of treatment and may include cases seen in a specialist service setting.
- **If psychodynamic psychotherapy is the major modality - evidence of 12 cases** which may include cases from one group. **At least 10 cases** should have been seen individually for at least one year.
- **If CBT is the major modality - evidence of 15 cases.** At least two cases should have been seen for at least one year.
- **If systemic therapy is the major modality - evidence of 15 cases.** At least two cases should have been seen for at least one year.
- **2 completed cases in each of the 2 additional modalities** - usually psychodynamic, CBT and Systemic therapies.

HLO 2.3 Complexity and uncertainty

- All of the cases towards this HLO would be within the above general psychiatry cases or psychotherapy case summaries.
- **At least 2 cases of the total that demonstrate** where there has been variation from established care pathways where clinically indicated and justify these decisions as needed.
- **At least 9 cases that demonstrate** working across interfaces, between psychiatric specialties, other medical and non-medical specialties and services, demonstrating appropriate liaison, sharing of formulation and psychotherapeutic understanding, understanding the emotional impact of risk and suicidality upon teams, and collaboration to share dilemmas and support colleagues working with high risk cases.
- **At least 12 cases that demonstrate** management of complex presentations of multimorbidity, combined psychotherapeutic and pharmacotherapeutic intervention, shared care with another clinician/team.
- Cases should demonstrate an understanding of unconscious processes including transference, countertransference, projection and splitting and the impact of these upon yourselves and others through your case presentations.
- Cases should include psychotherapeutic consideration patient-specific factors which may influence the doctor-patient relationship (or wider clinical relationships).

	<ul style="list-style-type: none"> ● Cases should provide a psychotherapeutic perspective on risk, including individualised case formulation. ● Cases should include evidence of appropriate supervision and evidence of integrating learning from supervision into ongoing practice. ● Cases should demonstrate psychotherapeutic understanding of strategies and support for the impact of suicide and anxiety about risk upon teams and clinical management. ● Cases should demonstrate an understanding of individual variation and the impact of social, cultural, religious and spiritual factors. This should include understanding of the effects of deprivation, discrimination and racism. The requirement for clear cultural diversity within these case histories is to allow for cases that reflect your understanding and experience of working amongst communities and with individuals where there may be varying social, economic and cultural considerations and protected characteristics. Cultural diversity should be inclusive of the use of interpreters. Where an interpreter is used, specific attention should be given to the psychological complexities of the use of an interpreter in the consultation.
<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 the general psychiatric cases 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 treatment cases should be numbered and organized by modality (e.g. Case 1 - Modality) and submitted within the relevant organisational PDF. ● Evidence for psychological triage/referral and for psychotherapy assessment consultations should be numbered (e.g. Triage 1 or Assessment Consultation 1) 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: <p>HLO2/ [Organisation Name] /C.H 6 – 18/02.02.2016 - 04.04.2018</p>

General points about HLO 2

- Please use portfolio evidence e.g. WBPA, Reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself
 - The psychiatric and psychotherapy case histories have to be from real world settings rather than a review written retrospectively.
 - The same case history can demonstrate evidence in more than one area.
 - For assessment consultations – reports, clinic letters and notes from discussions with colleagues and for triage/referral leadership – clinical letters and notes from discussions with colleagues/referral meetings, may be included.
 - **All evidence generally has to be within the last 10 working years.**
 - All evidence must be of high quality in being able to demonstrate contemporary standards of Consultant Practice in the UK.
 - 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 [Medical psychotherapy 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	<p>Evidence to be demonstrated by either of the following 2 options:</p> <p>Option 1</p> <p>a) approval under the UK Mental Health Act as Approved Clinician in the last 5 working years or statutory approval under local legislative framework to diagnose and treat mental disorders.</p> <p>AND</p> <p>b) at least 1 WPBA/feedback/reflection demonstrating advanced awareness of legal and ethical limits to confidentiality for psychotherapy.</p> <p>AND</p> <p>c) Comprehensive risk assessment and management is required to demonstrate competency in this HLO which should be submitted within the relevant case histories in HLO2.</p> <p>Option 2</p> <p>a) A total of 5 cases which could be tribunal reports /court or MoJ reports/safeguarding reports / Section 12 assessment reports/ clinical letters or summaries that make reference to considerations of capacity, consent or the need for involuntary treatment.</p> <p>AND</p> <p>b) Evidence via appraisal of completion of CPD requirement in this area</p> <p>AND</p> <p>c) at least 2 WPBA/feedback/reflections demonstrating advanced awareness of legal and ethical limits to confidentiality for psychotherapy.</p> <p>AND</p>

	<p>d) Comprehensive risk assessment and management is required to demonstrate competency in this HLO which should be submitted within the relevant case history in HLO2.</p> <ul style="list-style-type: none"> ● The cases must be part of the cases for HLO2. ● If applying internationally, please demonstrate your ability to work within your local legislative frameworks through the evidence piece in a and b through either option 1 or 2.
<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. ● If applying internationally, please demonstrate your ability to work within your local legislative frameworks, statutory approvals required in applying the legislative powers in the evidence requirement in either Options 1 or 2. ● 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 [Medical psychotherapy 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 around understanding the factors contributing to health inequalities, social and cultural determinants of adult mental health as well as lifestyle interventions and social prescribing will be demonstrated through the relevant case histories and should be submitted under HLO2. ● Demonstrate evidence of a psychological understanding of wellbeing including an understanding of the interrelationship between body and mind ● Applicants are advised to consider these factors specifically as part of formulation and management plans for patients. ● Case histories should also include descriptions of psychoeducation about lifestyle, discussion of social factors and inequalities. ● 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 ● Case histories should show evidence of working with carers including the applicant responding to carer needs. ● Evidence in case histories, letters to patients and correspondence with colleagues of the applicant engaging patients in self-care and self- management through psycho education, choice of treatment including medication, identification of early warning signs of relapse and working with MDT colleagues to coordinate development of Wellness recovery action plans. ● Evidence of taking an advocacy role in developing health and social care of a local population: for e.g. by engaging in joint work with other stakeholders responsible for health and social care (HLO6)
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 [Medical psychotherapy 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 2 options:</p> <p>Option 1 Evidence could be:</p> <ol style="list-style-type: none"> Being in a role anytime in your career which has significant leadership/management commitment – provide a copy of the Job description and reflection on the role. Log activity of what that role covers. Appraisal of that role (at least annually). Duration of the role if it has ended now. <p>AND Attendance at management and leadership related CPD events with reflective notes. EVIDENCE via appraisal in the last 5 working years.</p> <p>AND Evidence should demonstrate understanding of interpersonal, group and organizational dynamics and their contribution to interactions within and between teams.</p> <p>Option 2 <ul style="list-style-type: none"> Attendance at management and leadership related CPD events with reflective notes. EVIDENCE via appraisal in the last 5 working years. </p>

	<p>AND At least 2 of the following:</p> <ul style="list-style-type: none"> ● Completion of at least 1 Work placed based assessment such as DONCS Chairing Meeting. <p>OR</p> <ul style="list-style-type: none"> ● Reflection on Change management that you led or contributed significantly. <p>OR</p> <ul style="list-style-type: none"> ● Completion of Leadership effective analysis and its impact <p>OR</p> <ul style="list-style-type: none"> ● Reflection on 1 Service development activity that you led or contributed significantly (this could be QIP project in HLO6) <p>AND</p> <ul style="list-style-type: none"> ● Evidence should demonstrate understanding of interpersonal, group and organizational dynamics and their contribution to interactions within and between teams.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Evidence for HLO5 should be grouped by activity.
<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: 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 [Medical psychotherapy curriculum](#).

Sub-Domains:

6.1 Patient safety

6.2 Quality improvement

HLO	Evidence required
HLO 6.1 Patient safety	<p>Evidence can be demonstrated through:</p> <ul style="list-style-type: none">a) Knowledge: at least 1 of the following:<ul style="list-style-type: none">● Shadowing a Serious Incident review or After-action review or PSIRF Investigation with relevant reflection. <p>OR</p> <ul style="list-style-type: none">● Involvement in resolution /Investigation of Complaint <p>OR</p> <ul style="list-style-type: none">● Involvement in adverse event investigation <p>AND</p> <ul style="list-style-type: none">b) CPD demonstrating knowledge of governance matters in the above areas. <p>AND</p> <ul style="list-style-type: none">c) Evidence should demonstrate <i>application of a psychologically minded approach to risk assessment and management.</i> <p>AND</p> <ul style="list-style-type: none">d) Skills /Experience<ul style="list-style-type: none">● Meeting minutes that clearly demonstrate your active participation in clinical governance matters.

	<p>AND</p> <p>EITHER</p> <ul style="list-style-type: none"> ● 1 Written report or presenting evidence at Coroner’s Inquest. <p>OR</p> <ul style="list-style-type: none"> ● Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality. <p>The above evidence can be strengthened by secondary evidence from detailed appraisals if these above points are mentioned specifically.</p>
<p>HLO 6.2 Quality improvement</p>	<ul style="list-style-type: none"> ● Provide evidence of active participation in a minimum of one quality improvement project that is relevant to your clinical practice, including supervisions 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.
<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: <p>HLO6/ [Organisation Name] /Serious Incident review/2022</p>

HLO 7 Safeguarding Vulnerable Groups

Please review the individual capabilities required to be demonstrated within this HLO as per the [Medical psychotherapy curriculum](#).

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
HLO 7.1 Safeguarding	<p>Evidence is required from all 1, 2 and 3.</p> <p>1 Evidence of Knowledge:</p> <ul style="list-style-type: none">● Completion of child and /or adult safeguarding training within the last three working years along with reflection – Appraisal evidence sufficient. <p>AND</p> <p>2 Skills and Experience evidence:</p> <p>Either One of the following:</p> <ul style="list-style-type: none">● Summary of at least 2 patient cases from within the last five working years, involving an adult or child safeguarding concern along with a written reflective piece on what the applicant learnt from the case and the need to collaborate with adult Social Services.● The cases must be part of the cases within HLO2. <p>OR</p> <ul style="list-style-type: none">● Relevant medico legal reports such as, child protection reports provided for HLO3 are also suitable evidence for this HLO and do not need to be duplicated. <p>OR</p>

	<ul style="list-style-type: none"> ● Meeting minutes that evidence attendance and contribution to safeguarding and child protection meetings. WBPA DONCS would be sufficient to demonstrate this. <p>AND</p> <p>3:</p> <ul style="list-style-type: none"> ● At least 3 cases among the cases within HLO2 demonstrating the impact of <i>trauma deriving from</i> victimisation/exploitation and trauma in vulnerable groups. This can be triangulated with relevant reflection or CBDs. Please do not duplicate this evidence.
<p>Uploading to your application</p>	<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.
<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: 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 [Medical psychotherapy curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

HLO	Evidence required
HLO 8.1 Education & Training	<p>Evidence to be provided from either of the following 2 options:</p> <p>GENERAL EDUCATIONAL ACTIVITY</p> <p>Option 1</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 the Job description and reflection on the role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually).d) 1 teaching activity on applications of psychotherapeutic approaches within psychiatry with actual material such as slides or similar with feedback and reflection on choice of methods.e) 1 teaching activity on your primary psychotherapeutic modality with actual material such as slides or similar with feedback and reflection on choice of methods.f) Duration of role if it has ended. <p>Option 2</p> <p>If no roles held:</p>

- a) 2 teaching activities on applications of psychotherapeutic approaches within psychiatry with actual material such as slides or similar with feedback and reflection on choice of methods.
- b) 2 Teaching activities on your primary psychotherapeutic modality with actual material such as slides or similar with feedback and reflection on choice of methods.

Evidence to be provided from either of the following 2 options:

Option 1

A) GENERAL EDUCATIONAL ACTIVITY

Evidence could be:

- a) Being in a role anytime in your career which has significant **Trainer** commitment – provide a copy of the Job description and reflection on the 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 WBPA undertaken on these colleagues.
- e) Duration of the role if it has ended.

AND

B) SPECIALIST PSYCHOTHERAPY SUPERVISION

- Demonstrate selection of suitable patient presentations for trainees to undertake short and long cases.
- Psychotherapy supervision of junior colleagues within the last five years. This should be based within a specific psychotherapeutic modality, and it should be demonstrated to be a regular or ongoing process (a minimum of one year of supervisory experience with **3** or more trainees should be evidenced) including the clinical and interpersonal factors related to that modality.

**HLO 8.2
Supervision**

- Demonstrate awareness and consideration of factors affecting the supervisory relationship including power dynamics, which may include reflection on one's own family or cultural values, transference – countertransference factors and behavioral factors.
- Evidence of assessment of trainees should be provided in the form of an official letter or assessment which is part of the trainee's portfolio (WPBA) and feedback from trainees would enhance this.
- A reflection or peer discussion documentation should be included.
- In the last five years, facilitation of a regular group of doctors/medical students (such as a Balint group) to develop psychological formulating skills and reflect on the use of the doctor/patient relationship in their work. This should be provided via reflection and paperwork of group discussion. The experience demonstrated should be a minimum period of one year.
- Demonstrate understanding of the role of the psychotherapy tutor and TPD for psychotherapy through reflection on participation in medical education activities.
- For international applicants, include a description of supervisory roles, a reflection on specific training or mentoring received for psychotherapy supervision and teaching methods.

AND

C) EVIDENCE VIA APPRAISAL OF COMPLETION OF CPD

Option 2

A) GENERAL EDUCATIONAL ACTIVITY

If no roles held:

- Evidence of undertaking assessment and supervision of junior colleagues, trainees or students supported by 6 WBPA undertaken on these colleagues.

AND

B) SPECIALIST PSYCHOTHERAPY SUPERVISION

- Demonstrate selection of suitable patient presentations for trainees to undertake short and long cases.

- Psychotherapy supervision of junior colleagues within the last five years. This should be based within a specific psychotherapeutic modality, and it should be demonstrated to be a regular or ongoing process (a minimum of one year of supervisory experience with **3** or more trainees should be evidenced) including the clinical and interpersonal factors related to that modality.
- Demonstrate awareness and consideration of factors affecting the supervisory relationship including power dynamics, which may include reflection on one’s own family or cultural values, transference – countertransference factors and behavioral factors.
- Evidence of assessment of trainees should be provided in the form of an official letter or assessment which is part of the trainee’s portfolio (WPBA) and feedback from trainees would enhance this.
- A reflection or peer discussion documentation should be included.
- In the last five years, facilitation of a regular group of doctors/medical students (such as a Balint group) to develop psychological formulating skills and reflect on the use of the doctor/patient relationship in their work. This should be provided via reflection and paperwork of group discussion. The experience demonstrated should be a minimum period of one year.
- Demonstrate understanding of the role of the psychotherapy tutor and TPD for psychotherapy through reflection on participation in medical education activities.
- For international applicants, include a description of supervisory roles, a reflection on specific training or mentoring received for psychotherapy supervision and teaching methods.

AND

C) EVIDENCE VIA APPRAISAL OF COMPLETION OF CPD

Uploading to your application

- 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

- 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 [Medical psychotherapy 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 by either of the following 2 options:</p> <p>Option 1</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 the Job description and reflection on the 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. <p>OR</p> <ul style="list-style-type: none">● Applicants who have EVER completed a relevant research qualification are able to submit evidence of the certificate award and any dissertation as additional evidence. <p>AND</p> <ul style="list-style-type: none">● 1 critical appraisal reflecting on the research methodologies presented at a Journal club, peer review or any similar forum along with slides and presentation. <p>Option 2</p> <ul style="list-style-type: none">● Attendance at CPD events for good clinical practice in research, critical appraisal and research methodology.

	<p>AND</p> <ul style="list-style-type: none"> ● 4 critical appraisals using different research methodologies presented at a Journal club, peer review along with reflection – 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