

Old age psychiatry

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Old age psychiatry. You will also need to read the [Old age psychiatry curriculum](#).

This document was last updated on 30/11/2023

Contents

Introduction	3
Standard of assessment	3
Currency of evidence	3
Submitting your evidence	4
How much evidence to submit.....	4
Organising your evidence.....	5
Your KSE cohort.....	6
Guidance for self-identifying your KSE cohort.....	10
Evidence of training, qualifications, and employment	13
KSE cohort 1A – evidence requirements for High Level Outcomes (HLOs).....	17
KSE cohort 1B – evidence requirements for High Level Outcomes (HLOs).....	37
KSE cohort 2 – evidence requirements for High Level Outcomes (HLOs).....	57

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 the evidence you need to submit in your application. 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

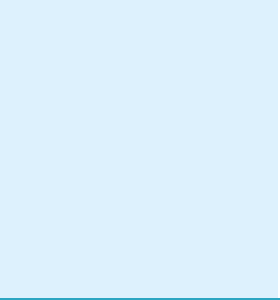
Outcome criteria			
Assessment criterion	Core competencies	Specialist training and/or experience	KSE cohort
Outcome	<p>Met*</p> <p>*Completed Core Psychiatry Training (or equivalent) AND MRCPsych (or equivalent) passed</p>	<p>Met*</p> <p>* This can be Met through:</p> <p>Either</p> <ul style="list-style-type: none"> • Completion of a minimum of two years Higher Training in application speciality <p>Or</p> <ul style="list-style-type: none"> • Consultant/Specialist experience in application specialty of minimum of 2 years + Approved Clinician (Under the Mental Health Act England, Or equivalent) 	Cohort 1A
Outcome	Met*	Met*	Cohort 1A

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

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

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

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 ● Evidence of having obtained professional skills in Psychotherapy – generally two cases in two different modalities, direct delivery assessed and supervised ● All the above for Cohort 1A and Cohort 1B ● If there is a test of clinical skills such as CASC MRCPsych – evidence whether his has been completed or NOT (for Cohort 1A) 	<ul style="list-style-type: none"> ● Evidence of having obtained advanced professional skills in biopsychosocial assessment, treatment and management, issues of consent, capacity, shared decision making and advanced level communication. Working within a team to demonstrate high level of clinical leadership, supervision skills and skills in learning and improvement from patient safety matters such as safety incidents and complaints. ● Such a training may or may not be followed by an exit exam and ● During training period there has been Periodic assessment and supervision of the skills through Work placed assessments (Or similar) and Appraisal of practice (at least annually). <li style="text-align: center;">OR ● Evidence of Working at Consultant or Specialist grade —Evidence to be provided of appointment at such post; that the grade of post is recognised as specialist in the specialty (by appropriate regulatory bodies) and ● Independent in Mental health act application (e.g. Approved Clinician in England or equivalent in other countries of the UK and overseas). ● All of above required for Cohort 1A
Experience	For Cohort 1A or 1B <ul style="list-style-type: none"> ● Generally, a duration of three years' experience ● Variety of experience 	For Cohort 1A <ul style="list-style-type: none"> ● Either a minimum of two years in Specialty Training OR Consultant/Specialist grade experience of at least two

- 
- Supervised and assessed
 - Range of practice settings

years—if completed Core psychiatry training (or equivalent) + MRCPsych (or equivalent)

OR

- Working at Consultant/Specialist grade for at least five years (if completed core psychiatry training but no MRCPsych (or equivalent))

Guidance for self-identifying your KSE cohort

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

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

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

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

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

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

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

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

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

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

- a) Being in specialist training post in your application speciality for at least two years. Please submit the published curriculum for the training scheme this post is attached to, with evidence of periodic assessment and supervision. The scheme may have an exit exam. If so, please submit details of the exam.
- b) Experience as a Specialist/Consultant for at least **two years**. Please submit evidence to demonstrate that you have been appointed and are working at a Specialist/Consultant grade. This must be a grade which is well recognised and acceptable for specialist practice (independent, achieved after full qualifications in the speciality) within the health system/medical council (or equivalent regulator) where you are working.
- c) Approved through the local legislative framework to independently assess and treat mental disorders, e.g. as an Approved Clinician under the Mental Health Act in England.

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

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

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

This will be demonstrated by a) + b):

- a) Experience as a Specialist/Consultant for at least **five years**. Please submit evidence to demonstrate that you have been appointed and are working at a Specialist/Consultant grade. This must be a grade which is well recognised and acceptable for specialist practice (independent, achieved after full qualifications in the speciality) within the health system/ medical council (or equivalent regulator) where you are working.
- b) Approved through the local legislative framework to independently assess and treat mental disorders, e.g. as an Approved Clinician under the Mental Health Act in England.

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

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

Important

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

Evidence of training, qualifications, and employment

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

Evidence of training and qualifications	
KSE cohort statement	<ul style="list-style-type: none"> Please provide a statement clearly indicating which KSE cohort you have self-identified with and providing an overview of how you meet the KSE criteria for that cohort.
CV	<ul style="list-style-type: none"> You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.
Primary medical qualification (PMQ)	<ul style="list-style-type: none"> If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration. If you do not hold registration, you will need to have your PMQ independently verified 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 [Old age psychiatry curriculum](#).

Sub-Domains:

1.1 Professional Relationships

1.2 Professional Standards

HLO	Evidence required
HLO 1.1 Professional Relationships	<p>Evidence from the last five working years (WTE, does not have to be consecutive but overall within last ten 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● 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.● Throughout the application, evidence submitted should be clear, accurate and contemporaneous and redacted.● Throughout the application, the use of and proficiency in relevant technologies should be clearly referenced to where appropriate.

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

HLO 2 Professional Skills

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

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication	<ul style="list-style-type: none">At least one of the case 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.
HLO 2.2 Clinical skills	<p>Evidence to be demonstrated by submission of A total of 10 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 in older adults.The above must 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 differential diagnoses, comorbidities,assessing, formulating, and managing the riskSafely prescribe evidence-based treatment considering recognised guidelines

- **At least 5** of the case histories should demonstrate the applicant's ability to conduct and interpret detailed cognitive assessments, including the use of relevant, standardised, neuropsychological tools beyond MMSE such as, ACE3 with assessment of capacity included.
 - There should be **at least two examples of continued work with a patient** i.e., a full initial patient history followed by subsequent reviews which show management of complex clinical journeys. These could also include referral letters to other colleagues, or transfer of care letters.
 - **All the cases MUST** include any physical health issues that are relevant such as may be relevant to differential diagnosis, treatment such as side effects, medication interactions, any specialist liaison or referrals.
 - **At least 2** case histories should contain a full physical examination including neurological with others monitoring relevant physical details as required by local and national guidelines as appropriate such as metabolic monitoring and side effects.
 - **At least 1 case of the total 10 that demonstrates** working across interfaces, between psychiatric specialties, other medical and non-medical specialties and services, demonstrating appropriate liaison and collaboration to manage risks.
 - **At least 1 case of the total 10 that demonstrates application of** contemporary knowledge and principles of psychological therapies to make a suitable recommendation for psychotherapeutic/psychological treatment.
 - **At least one** evidence of referral or participation on older adult specific interventions like Cognitive Stimulation Therapy.
-
- | | |
|---|--|
| HLO 2.3
Complexity and
uncertainty | <ul style="list-style-type: none"> ● At least 1 case of the total 10 that demonstrates where there has been variation from established care pathways where clinically indicated and justify these decisions as needed. ● At least 2 cases of the total 10 that demonstrate management of complex presentations of multimorbidity and polypharmacy. |
|---|--|

	<ul style="list-style-type: none"> ● At least 1 case of the 10 cases that demonstrates an understanding of individual variation and the impact of social, cultural, religious and spiritual factors, including effects of deprivation, discrimination and racism.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Creating a cohesive narrative within your case histories enables the evaluators to get a better understanding of your capabilities. Therefore, all case history evidence should be organised by case and coordinated to tell the story of the patient and the work of the applicant. ● The organisation the case originates from and then within that they should be organised by diagnosis. If numbered the cases should continue to ascent even when the organisation changes. E.g. XXXX Mental Health Trust Case 1 Mood disorder ● Relevant reflective notes and CBDs should be collated within the relevant case history. ● Psychotherapy evidence should be clearly highlighted (e.g. Case 31 Psychotherapy) and submitted within the relevant organisational PDF. ● Where possible, documentation should be submitted in one PDF bundle by organisation.
<p>Naming requirements</p>	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collated ● For example: HLO2/ [Organisation Name] /C.H 6 – 18/02.02.2016 - 04.04.2018
<p>General points about HLO 2</p>	<ul style="list-style-type: none"> ● Please use WBPA, Reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself. ● The case histories have to be from real world settings rather than a review written retrospectively. ● These would normally be a mix of GP letters, tribunal and managers' panel reports and medicolegal reports. Patient notes showing your assessment, formulation, treatment, management plans as well risk assessment and management plans. ● Discharge summaries can be used when they are triangulated with evidence that the applicant led the patient's treatment. ● The same case history can demonstrate evidence in more than one area. ● It would be expected that most case histories are from your recent practice settings (such as Community /Inpatient). Cases generally have to be within the last 10 working years. ● All cases must be of high quality in being able to demonstrate contemporary standards of consultant practice in UK.

- Cases must demonstrate shared decision making, issues of consent and capacity as relevant.
- The case histories should demonstrate an understanding of cultural diversity in its broader sense i.e. not only encompassing ethnicity but also including the experience of working amongst different communities.
- Please also see how HLO 2 cases will be linked to evidence required for HLO3, HLO4, HLO5, HLO 6 and HLO 7.

HLO 3 Professional Knowledge

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

Sub-Domains:

3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction

3.2 Working within NHS organisational structures

HLO	Evidence required
HLO 3.1 and 3.2 Advanced knowledge of Legislative framework	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a + b + c)</p> <p>a) Documentation of approval under the Mental Health Act England as Approved Clinician in the last 5 working years or statutory approval under local legislative framework to diagnose and treat mental disorders</p> <p>b) At least 1 case report of a patient of whom you are lead clinician. This could be Tribunal report/ Court report or Ministry Of justice (MOJ) report.</p> <p>Please submit a copy of redacted legal forms that have been completed to treat the patient under the Mental Health Act (detention papers).</p>

The report must demonstrate proficiency in application of Mental health act legislation to care and treatment of Mental disorders; application of broader legislative frameworks such as Capacity, Health and social care act assessment.

- c) Evidence via appraisal of completion of continuing Professional Development requirement in this area including if any evidence of Feedback/Reflection of presenting evidence to the Tribunal.

The cases can be part of the 10 cases for HLO2.

Option 2 (a + b)

- a) **A total of 3 case reports** which could be either mix of Tribunal reports/ Court or MOJ reports /Safeguarding reports/ reports relating to Mental Capacity Act including best interest assessments

Please submit a copy of redacted legal forms that have been completed to treat the patient under the Mental Health Act (detention papers).

The report must demonstrate proficiency in application of Mental Health Act legislation to care and treatment of Mental disorders; application of broader legislative frameworks such as Capacity, Health and social care act assessment.

- b) Evidence via annual appraisal of completion of continuing Professional Development requirement in this area including if any evidence of Feedback/Reflection of presenting evidence to the Tribunal.

The cases can be part of the 10 cases for HLO2.

General points about HLO 3

- 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.

**Uploading to
your application**

- **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 [Old age psychiatry curriculum](#).

Sub-Domains:

1.1 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. ● Applicants are advised to consider these factors specifically as part of formulation and management plans for patients within HLO2. ● Case histories should also include descriptions of psychoeducation about lifestyle, discussion of social factors and inequalities within HLO2. ● 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 within HLO2. ● 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 within HLO2. ● 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 [Old age psychiatry curriculum](#).

Sub-Domains:

5.1 Teamworking

5.2 Leadership

HLO	Evidence required
HLO 5.1 Teamworking	<ul style="list-style-type: none"> Certain elements of HLO5 will be demonstrated through evidence submitted for HLO1 and HLO2, such as 360-degree feedback, 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 (a+b+c+d+e)</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 Job description and reflection on role. Log activity of what that role covers. Appraisal of that role (at least annually) Duration of the role if it has ended now. Attendance at management and leadership related Continuing Professional Development events with reflective notes evidence via annual appraisal in the last 5 working years. <p>Option 2 (a+b)</p> <ol style="list-style-type: none"> Attendance at management and leadership related Continuing Professional Development events with reflective notes EVIDENCE via annual appraisal in the last 5 working years. At least 1 of the following: <ul style="list-style-type: none"> Completion of at least 1 assessment of your chairing a clinical meeting (Work placed based assessments such as DONCS).

	<ul style="list-style-type: none">● Reflection on Change management that you led or contributed significantly to● Completion of Leadership effective analysis and its impact● Reflection on 1 Service development activity that you led or contributed significantly to (this could be QIP project in HLO6)
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 [Old age psychiatry 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>Option 2 (must include at least 1 evidence piece from A, B, C)</p> <p>A) Knowledge evidence can be demonstrated through at least 1 of the following:</p> <ul style="list-style-type: none">● Shadowing a Serious Incident review or After-action review or Patient safety PSIRF Investigation with relevant reflection.● Involvement in resolution /Investigation of Complaint● Involvement in patient safety adverse event investigation <p>B) Skills /Experience Evidence can be demonstrated through at least 1 of the following:</p> <ul style="list-style-type: none">● Meeting minutes that clearly demonstrate your active participation in clinical governance matters.● Written report or presenting evidence at Coroner’s Inquest.● Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality.

	<ul style="list-style-type: none"> ● Significant Involvement or leading Audit or service evaluation projects in the last 5 working years that demonstrate safety benchmarking, review and improvements. <p>C) Continuing Professional Development activities demonstrating knowledge of governance matters in the above areas evidence via annual appraisal</p>
HLO 6.2 Quality improvement	<ul style="list-style-type: none"> ● 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.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO6 should be grouped by activity/event. ● Quality improvement projects should be bundled together with all relevant evidence, and you should aim for a coherent narrative within the evidence that is indicative of the timeframe of the project. ● Meeting minutes should be grouped by type of meeting. ● Complaint response, incident reviews and adverse event investigations should be collated by each individual event.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected ● For example: HLO6/ [Organisation Name] /Serious Incident review/2022

HLO 7 Safeguarding Vulnerable Groups

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

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
HLO 7.1 Safeguarding	<p>At least 1 Evidence piece is required from A + B+C</p> <p>A) 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>B) Skills and Experience:</p> <p>At least 1 of the following:</p> <ul style="list-style-type: none">● Summary of at least one patient case 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 10 cases within HLO2.● 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.● Meeting minutes that evidence attendance and contribution to safeguarding and child protection meetings. Workplace assessment (WBPA DONCS) Would be sufficient to demonstrate this. <p>C) At least 1 case among the 10 cases within HLO2 demonstrating the impact of victimisation/exploitation and trauma in vulnerable groups.</p> <p>Please do not duplicate this evidence.</p>

Uploading to your application	<ul style="list-style-type: none">● Evidence for HLO7 should be grouped by activity.● Information about UK Prevent training or similar radicalisation training with reflection on application in clinical settings should be submitted together.● Safeguarding and/or child protection meetings should be submitted together.
Naming requirements	<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 [Old age psychiatry curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

HLO	Evidence required
HLO 8.1 Education & Training	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e+f)</p> <ul style="list-style-type: none">a) Being in a role anytime in your career which has significant teaching commitment – provide a copy of Job description and reflection on role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually)d) Duration of role if it has ended.e) 1 Teaching activity (not necessarily attached to above role) with actual material such as slides or similar with feedback and reflection on choice of methods.f) Evidence via appraisal of completion of annual Continuing Professional Developmental activity in the last 3 working years <p>Option 2 (a+b)</p>

	<p>a) If no roles held: 2 Teaching activities within the last 10 working years with actual material such as slides or similar with feedback and reflection on choice of methods.</p> <p>b) Evidence via appraisal of completion of your annual Continuing Professional Developmental activity in the last 3 working years</p>
<p>HLO 8.2 Supervision</p>	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e)</p> <p>a) Being in a role anytime in your career which has significant Trainer or Supervisory commitment – provide a copy of Job description and reflection on role.</p> <p>b) Log activity of what that role covers.</p> <p>c) Appraisal of that role (at least annually).</p> <p>d) Evidence of undertaking assessment and supervision of junior colleagues, trainees or students supported by WBPA undertaken on these colleagues.</p> <p>e) Duration of the role if it has ended.</p> <p>Option 2</p> <p>If no roles held:</p> <ul style="list-style-type: none"> ● Evidence of undertaking assessment and supervision of junior colleagues, trainees or students. This should include evidence of supervision record and supported by 2 WBPA undertaken on these colleagues.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Evidence for HLO8 should be grouped by activity. ● Teaching evidence should be collated by session, assessment and supervision. Evidence should all be submitted together as much as possible and CPD evidence collated together.

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 [Old age psychiatry curriculum](#).

Sub-Domains:

9.1 Undertaking research and critical appraisal

HLO	Evidence required
HLO 9.1 Undertaking research and critical appraisal	<p>Evidence could be demonstrated through either of the following 3 options:</p> <p>Option 1 (a+b+c+d+e)</p> <ul style="list-style-type: none">a) Being in a Role anytime in your career which has significant research commitment – provide a copy of Job description and reflection on role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually).d) Duration if that role has ended now.e) 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 (a+b)</p> <ul style="list-style-type: none">a) Applicants who have EVER completed a relevant research qualification are able to submit evidence of the certificate award and any dissertation as additional evidenceb) 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 3 (a+b)</p> <p>a) Attendance at Continuing professional development activity events for good clinical practice in Research, critical appraisal and research methodology. Evidence via annual appraisal.</p> <p>b) 2 critical appraisals using different research methodologies presented at Journal club, peer review, posters along with reflection along with slides and presentation.</p> <p>General point</p> <ul style="list-style-type: none"> ● Publications and posters should have clarification of your role. If the research is not published - please provide a summary or abstract of the research
<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 [Old age psychiatry curriculum](#).

Sub-Domains:

1.1 Professional Relationships

1.2 Professional Standards

HLO	Evidence required
HLO 1.1 Professional Relationships	<p>Evidence from the last 5 working years (overall within last 10 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.● 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.● 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.
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 [Old age psychiatry curriculum](#).

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication	<ul style="list-style-type: none">● At least two of the case histories should 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.
HLO 2.2 Clinical skills	<p>Evidence to be demonstrated by submission of a total of 20 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 in older adults.● The above must 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 differential diagnoses, comorbidities, assessing, formulating, and managing the risk● Safely prescribe evidence-based treatment considering recognised guidelines.● There should be a coverage of diagnostic categories, Functional mental disorders and how these present differently in older adults:

- Disorders of personality
 - Delirium
 - Cognitive impairment, dementias and other organic health disorders
 - Substance use disorders
 - The interplay between physical health disorders and mental health
- **At least 7** of the case histories should demonstrate the applicant's ability to conduct and interpret detailed cognitive assessments, including the use of relevant, standardised, neuropsychological tools beyond MMSE such as, ACE3 with assessment of capacity included.
 - There should be **at least two examples of continued work with a patient** i.e., a full initial patient history followed by subsequent reviews which show management of complex clinical journeys. These could also include referral letters to other colleagues or transfer of care letters.
 - **All the cases MUST** include any physical health issues that are relevant such as may be relevant to differential diagnosis, treatment such as side effects, medication interactions, any specialist liaison or referrals.
 - **At least 3** case histories should contain a full physical examination including neurological with others monitoring relevant physical details as required by local and national guidelines as appropriate such as metabolic monitoring and side effects.
 - **At least 2 cases of the total 20 that demonstrates** working across interfaces, between psychiatric specialties, other medical and non-medical specialties and services, demonstrating appropriate liaison and collaboration to manage risks.
 - **At least 1 case of the total 20 that demonstrates application of** contemporary knowledge and principles of psychological therapies to make a suitable recommendation for psychotherapeutic/psychological treatment.
 - **At least one evidence** of referral or participation on older adult specific interventions like Cognitive Stimulation Therapy.

**HLO 2.3
Complexity and
uncertainty**

- **At least 2 cases of the total 20** that demonstrate where there has been **variation from established care pathways** where clinically indicated and justify these decisions as needed.
- **At least 4 cases of the total 20** that demonstrate management of complex presentations of **multimorbidity and polypharmacy**.
- **At least 1 case of the 20 cases** that demonstrates an understanding of individual variation and the impact of social, cultural, religious and spiritual factors, including effects of deprivation, discrimination and racism.

**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 they should be organised by diagnosis. If numbered the cases should continue to ascent even when the organisation changes.
E.g. XXXX Mental Health Trust
Case 1 Mood disorder
- Relevant reflective notes and CBDs should be collated within the relevant case history.
- Psychotherapy evidence should be clearly highlighted (e.g. Case 31 Psychotherapy) and submitted within the relevant organisational PDF.
- Where possible, documentation should be submitted in **one PDF bundle** by organisation.

**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**

Other

- General points about HLO 2**
- Please use WBPA, Reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself.
 - The case histories must be from real world settings rather than a review written retrospectively.
 - These would normally be a mix of GP letters, tribunal and managers' panel reports and medicolegal reports. Patient notes showing your assessment, formulation, treatment, management plans as well risk assessment and management plans.

- Discharge summaries can be used when they are triangulated with evidence that the applicant led the patient's treatment.
- The same case history can demonstrate evidence in more than one area.
- It would be expected that most case histories are from your recent practice settings (such as Community /Inpatient). Cases generally **must be within the last 10 working years.**
- All cases must be of high quality in being able to demonstrate contemporary standards of consultant practice in UK.
- Cases must demonstrate shared decision making, issues of consent and capacity as relevant.
- The case histories should demonstrate an understanding of cultural diversity in its broader sense i.e. not only encompassing ethnicity but also including the experience of working amongst different communities.
- Please also see how HLO 2 cases will be linked to evidence required for HLO3, HLO4, HLO5, HLO 6 and HLO 7.

HLO 3 Professional Knowledge

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

Sub-Domains:

3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction

3.2 Working within NHS organisational structures

HLO	Evidence required
<p>HLO 3.1 and 3.2</p> <p>Advanced knowledge of Legislative framework</p>	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a + b + c)</p> <ul style="list-style-type: none"> a) Documentation of approval under Mental Health Act England as Approved Clinician in the last 5 working years or statutory approval under local legislative framework to diagnose and treat mental disorders. b) At least 2 case reports of patients in your care. This could be Tribunal report/ Court report or Ministry Of justice (MOJ) report. <p>Please submit a copy of redacted legal forms that have been completed to treat the patient under the Mental Health Act (detention papers).</p> <p>The case report must demonstrate proficiency in application of Mental Health Act legislation to care and treatment of Mental disorders; application of broader legislative frameworks such as Capacity, Health and social care act assessment.</p> <ul style="list-style-type: none"> c) Evidence via appraisal of completion of continuing Professional Development requirement in this area including if any evidence of Feedback/Reflection of presenting evidence to the Tribunal. <p>The cases must be part of the 20 cases for HLO2.</p> <p>Option 2 (a + b)</p>

- a) **A total of 5 case reports** which could be a mix of Tribunal reports/ Court or MOJ reports /Safeguarding reports, reports relating to Mental capacity act including best interest assessments.

Please submit a copy of the redacted legal forms that have been completed to treat the patient under the Mental Health Act (detention papers).

The report must demonstrate proficiency in application of the Mental Health Act legislation to care and treatment of Mental disorders; application of broader legislative frameworks such as Capacity, Health and social care act assessment.

- b) Evidence via annual appraisal of completion of Continuing Professional Development requirement in this area including if any evidence of Feedback/Reflection of presenting evidence to the Tribunal.

The cases **must** be part of the 20 cases for HLO2.

General points about HLO 3

- 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 must 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.

**Uploading to
your application**

- **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 [Old age psychiatry curriculum](#).

Sub-Domains:

4.1 Health promotion and illness prevention in community settings

HLO	Evidence required
HLO 4.1 Health promotion and illness prevention in community settings	<ul style="list-style-type: none"> ● Evidence 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. ● Applicants are advised to consider these factors specifically as part of formulation and management plans for patients under HLO2. ● Case histories should also include descriptions of psychoeducation about lifestyle, discussion of social factors and inequalities within HLO2. ● 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 within HLO2. ● 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 within HLO2. ● 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 [General psychiatry curriculum](#).

Sub-Domains:

5.1 Teamworking

5.2 Leadership

HLO	Evidence required
HLO 5.1 Teamworking	<ul style="list-style-type: none"> Certain elements of HLO5 will be demonstrated through evidence submitted for HLO1 and HLO2, such as 360-degree feedback, 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 (a+b+c+d+e)</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 Job description and reflection on role. Log activity of what that role covers. Appraisal of that role (at least annually) Duration of the role if it has ended now. Attendance at management and leadership related Continuing Professional Development events CPD events with reflective notes EVIDENCE via annual appraisal in the last 5 working years. <p>Option 2 (a+b)</p> <ol style="list-style-type: none"> Attendance at management and leadership related Continuing Professional Development events CPD with reflective notes EVIDENCE via annual appraisal in the last 5 working years. At least 2 of the following: <ul style="list-style-type: none"> Completion of at least 1 assessment of your chairing a clinical meeting (Work placed based assessments such as DONCS).

	<ul style="list-style-type: none"> ● Reflection on Change management that you led or contributed significantly to ● Completion of Leadership effective analysis and its impact to ● Reflection on 1 Service development activity that you led or contributed significantly to (this could be QIP project in HLO6)
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 [Old age psychiatry curriculum](#).

Sub-Domains:

6.1 Patient safety

6.2 Quality improvement

HLO	Evidence required
HLO 6.1 Patient safety	<p>Evidence to be demonstrated through either of the following 2 options:</p> <p>Option 1</p> <ul style="list-style-type: none">● Appraisal evidence demonstrating discussion/reflection and learning from the Serious un-towards incidents/ complaints and adverse events for each of the last 3 working years. <p>Option 2 (has to include at least 1 evidence piece from A, B, C)</p> <p>A) Knowledge evidence can be demonstrated through at least 1 of the following:</p> <ul style="list-style-type: none">● Shadowing a Serious Incident review or After-action review or Patient safety PSIRF Investigation with relevant reflection.● Involvement in resolution /Investigation of Complaint.● Involvement in patient safety adverse event investigation. <p>B) Skills /Experience Evidence can be demonstrated through:</p> <ul style="list-style-type: none">● Meeting minutes that clearly demonstrate your active participation in clinical governance matters <p>AND</p>

	<p>At least 1 of the following:</p> <ul style="list-style-type: none"> ● Either 1 Written report or presenting evidence at Coroner’s Inquest. ● Significant Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality. ● Significant Involvement or leading Audit or service evaluation projects in the last 5 working years that demonstrate safety benchmarking, review and improvements. ● The above evidence can be strengthened by secondary evidence from detailed appraisals if these above points are mentioned specifically. <p>C) Continuing Professional Development activities demonstrating knowledge of governance matters in the above areas evidence via annual appraisal</p>
<p>HLO 6.2 Quality improvement</p>	<ul style="list-style-type: none"> ● 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: HLO6/ [Organisation Name] /Serious Incident review/2022

HLO 7 Safeguarding Vulnerable Groups

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

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
<p>HLO 7.1 Safeguarding</p>	<p>At least 1 Evidence piece is required from A + B+ C</p> <p>A) 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>B) Skills and Experience</p> <p>At least 1 of the following:</p> <ul style="list-style-type: none"> ● Summary of at least one patient case 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 10 cases within HLO2. ● 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. ● Meeting minutes that evidence attendance and contribution to safeguarding and child protection meetings. Workplace assessment (WBPA DONCS) Would be sufficient to demonstrate this. <p>C) At least 1 case among the 20 cases within HLO2 demonstrating the impact of victimisation/exploitation and trauma in vulnerable groups.</p> <p>Please do not duplicate this evidence.</p>

Uploading to your application	<ul style="list-style-type: none">● Evidence for HLO7 should be grouped by activity.● Information about UK Prevent training or similar radicalisation training with reflection on application in clinical settings should be submitted together.● Safeguarding and/or child protection meetings should be submitted together.
Naming requirements	<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 [Old age psychiatry curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

HLO	Evidence required
HLO 8.1 Education & Training	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e+f)</p> <ul style="list-style-type: none">a) Being in a role anytime in your career which has significant teaching commitment – provide a copy of Job description and reflection on role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually).d) Duration of role if it has ended.e) 2 Teaching activities (not necessarily attached to the above role) with actual material such as slides or similar with feedback and reflection on choice of methods.f) Evidence via appraisal of completion of annual Continuing Professional Developmental activity in the last 3 working years. <p>Option 2</p>

	<ul style="list-style-type: none"> a) If no roles held: 3 teaching activities within the last 10 working years with actual material such as slides or similar with feedback and reflection on choice of methods. b) Evidence via appraisal of completion of your annual Continuing Professional Developmental activity in the last 3 working years.
<p>HLO 8.2 Supervision</p>	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e)</p> <ul style="list-style-type: none"> a) Being in a role anytime in your career which has significant Trainer or Supervisory commitment – provide a copy of Job description and reflection on role. b) Log activity of what that role covers. c) Appraisal of that role (at least annually) d) Evidence of undertaking assessment and supervision of junior colleagues, trainees or students supported by WBPA undertaken on these colleagues. e) Duration of the role if it has ended. <p>Option 2</p> <p>If no roles held:</p> <ul style="list-style-type: none"> ● Evidence of undertaking assessment and supervision of junior colleagues, trainees or students. This should include evidence of supervision record and supported by 4 WBPA undertaken on these colleagues.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Evidence for HLO8 should be grouped by activity. ● Teaching evidence should be collated by session, assessment and supervision. Evidence should all be submitted together as much as possible and CPD evidence collated together.

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 [Old age psychiatry curriculum](#).

Sub-Domains:

9.1 Undertaking research and critical appraisal

HLO	Evidence required
HLO 9.1 Undertaking research and critical appraisal	<p>Evidence could be demonstrated through either of the following 3 options:</p> <p>Option 1 (a+b+c+d+e)</p> <ul style="list-style-type: none">a) Being in a role anytime in your career which has significant research commitment – provide a copy of Job description and reflection on role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually).d) Duration if that role has ended now.e) 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 (A+B)</p>

- A) Applicants who have **EVER** completed a relevant research qualification are able to submit evidence of the certificate award and any dissertation as additional evidence.
- B) 1 critical appraisal reflecting on the research methodologies presented at Journal club, peer review or any similar forum along with slides and presentation.

Option 3 (A+B)

- A) Attendance at Continuing professional development CPD events for good clinical practice in Research, critical appraisal and research methodology. Evidence via annual appraisal.
- B) 3 critical appraisals using different research methodologies presented at Journal club, peer review along with reflection – along with slides and presentation

General point

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

Uploading to your application

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

Naming requirements

- Documents should be named as such:
- HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected
- For example, in this section: **HLO9/ [Organisation Name] /Critical Appraisal/ 2017-2020**

KSE cohort 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 [Old age psychiatry curriculum](#).

Sub-Domains:

1.1 Professional Relationships

1.2 Professional Standards

HLO	Evidence required
HLO 1.1 Professional Relationships	<p>Evidence from the last 5 working years (overall within last 10 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.● 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.● 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.
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 [Old age psychiatry curriculum](#).

Sub-Domains:

2.1 Communication

2.2 Clinical skills

2.3 Complexity and uncertainty

HLO	Evidence required
HLO 2.1 Communication	<ul style="list-style-type: none">● At least two of the case histories should 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.
HLO 2.2 Clinical skills	<p>Evidence to be demonstrated by submission of a total of 30 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 in older adults.● 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 differential diagnoses, comorbidities, assessing, formulating, and managing the risk● Safely prescribe evidence-based treatment considering recognised guidelines● There should be a coverage of diagnostic categories, such as:<ul style="list-style-type: none">● Functional mental disorders and how these present differently in older adults

- Disorders of personality
 - Delirium
 - Cognitive impairment, dementias and other organic health disorders
 - Substance use disorders
 - The interplay between physical health disorders and mental health.
- **At least 7** of the case histories should demonstrate your ability to conduct and interpret detailed cognitive assessments, including the use of relevant, standardised, neuropsychological tools beyond MMSE such as, ACE3 with assessment of capacity included.
 - **At least 2 of the cases should cover adult general psychiatry and 2 cases should cover either Child and Adolescent Psychiatry or Psychiatry of Learning disability.**
 - There should be **at least two examples of continued work with a patient** i.e., a full initial patient history followed by subsequent reviews which show management of complex clinical journeys. These could also include referral letters to other colleagues, or transfer of care letters.
 - **Most cases MUST** include any physical health issues that are relevant such as may be relevant to differential diagnosis, treatment such as side effects, medication interactions, any specialist liaison or referrals.
 - **At least 5 cases of the total 30 MUST** demonstrate **completion of Full physical examination**, investigations and appropriate follow up including further referrals e.g., to specialist teams where necessary.
 - **At least 3 cases of the total 30** that demonstrates **working across interfaces**, between psychiatric specialties, other medical and non-medical specialties and services, demonstrating appropriate liaison and collaboration to manage risks.
 - Demonstrate undertaking **at least two different models of psychotherapeutic interventions** which should be demonstrated through case summaries, patient letters and descriptive write up which includes assessment, formulation, the **actual sessions delivered, conclusion and follow up.**

	<ul style="list-style-type: none"> ● At least one case should be re. a person who is within an older adult service, such as Cognitive Stimulation Therapy. ● The therapy can be delivered individually, within a group or a family and evidence should be provided of appropriate supervision. ● You are advised to remember the need for evidence of therapy being delivered by yourself (the suggested evidence above). Providing only WPBAs or supervisor reports, or references stating you have delivered psychotherapy will not be sufficient.
HLO 2.3 Complexity and uncertainty	<ul style="list-style-type: none"> ● At least 2 cases of the total 30 that demonstrates where there has been variation from established care pathways where clinically indicated and justify these decisions as needed. ● At least 4 cases of the total 30 that demonstrate management of complex presentations of multimorbidity and polypharmacy. ● At least 2 cases of the 30 cases that demonstrate an understanding of individual variation and the impact of social, cultural, religious and spiritual factors, including effects of deprivation, discrimination and racism.
Uploading to your application	<ul style="list-style-type: none"> ● Creating a cohesive narrative within your case histories enables the evaluators to get a better understanding of your capabilities. Therefore, all case history evidence should be organised by case and coordinated to tell the story of the patient and the work of the applicant. ● The organisation the case originates from and then within that they should be organised by diagnosis. If numbered the cases should continue to ascent even when the organisation changes. E.g. XXXX Mental Health Trust Case 1 Mood disorder ● Relevant reflective notes and CBDs should be collated within the relevant case history. ● Psychotherapy evidence should be clearly highlighted (e.g. Case 31 Psychotherapy) and submitted within the relevant organisational PDF. ● Where possible, documentation should be submitted in one PDF bundle by organisation.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collated ● For example: HLO2/ [Organisation Name] /C.H 6 – 18/02.02.2016 - 04.04.2018

General points about HLO 2

- Please use WBPA, Reflections to triangulate the evidence in your case histories though these wouldn't be sufficient in itself.
- The case histories have to be from real world settings rather than a review written retrospectively.
- These would normally be a mix of GP letters, tribunal and managers' panel reports and medicolegal reports. Patient notes showing your assessment, formulation, treatment, management plans as well risk assessment and management plans.
- Discharge summaries can be used when they are triangulated with evidence that the applicant led the patient's treatment.
- The same case history can demonstrate evidence in more than one area.
- It would be expected that most case histories are from your recent practice settings (such as Community /Inpatient). Cases generally have to be within the **last 10 working years**.
- All cases must be of high quality in being able to demonstrate contemporary standards of consultant practice in UK.
- Cases must demonstrate shared decision making, issues of consent and capacity as relevant.
- The case histories should demonstrate an understanding of cultural diversity in its broader sense i.e. not only encompassing ethnicity but also including the experience of working amongst different communities.
- Please also see how HLO 2 cases will be linked to evidence required for HLO3, HLO4, HLO5, HLO 6 and HLO 7.

HLO 3 Professional Knowledge

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

Sub-Domains:

3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction

3.2 Working within NHS organisational structures

HLO	Evidence required
HLO 3.1 and 3.2 Advanced knowledge of Legislative framework	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c)</p> <ul style="list-style-type: none"> a) Documentation of approval under mental Health Act England as Approved Clinician in the last 5 working years or statutory approval under local legislative framework to diagnose and treat mental disorders. b) At least 2 case reports of patients in your care. This could be Tribunal report/ Court report or Ministry Of justice (MOJ) report. <p>Please submit a copy of redacted legal forms that have been completed to treat the patient under the Mental Health Act (detention papers).</p> <p>The case report must demonstrate proficiency in application of Mental Health Act legislation to care and treatment of Mental disorders; application of broader legislative frameworks such as Capacity, Health and social care act assessment.</p> <ul style="list-style-type: none"> c) Evidence via appraisal of completion of continuing Professional Development requirement in this area including if any evidence of Feedback/Reflection of presenting evidence to the Tribunal. <p>The cases must be part of the 30 cases for HLO2.</p> <p>Option 2 (a+ b)</p>

a) **A total of 5 case reports** which could be a mix of Tribunal reports/ Court or MOJ reports /Safeguarding reports, reports relating to Mental capacity act including best interest assessments

Please submit a copy of the redacted legal forms that have been completed to treat the patient under the Mental Health Act (detention papers).

The report must demonstrate proficiency in application of Mental Health Act legislation to care and treatment of Mental disorders; application of broader legislative frameworks such as Capacity, Health and social care act assessment.

b) Evidence via annual appraisal of completion of continuing Professional Development requirement in this area including if any evidence of Feedback/Reflection of presenting evidence to the Tribunal.

The cases **must** be part of the 30 cases for HLO2.

General points about HLO 3

- 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.

**Uploading to
your application**

- **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 [Old age psychiatry curriculum](#).

Sub-Domains:

4.1 Health promotion and illness prevention in community settings

HLO	Evidence required
HLO 4.1 Health promotion and illness prevention in community settings	<ul style="list-style-type: none"> ● Evidence 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. ● 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 within HLO2. ● 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 [Old age psychiatry curriculum](#).

Sub-Domains:

5.1 Teamworking

5.2 Leadership

HLO	Evidence required
HLO 5.1 Teamworking	<ul style="list-style-type: none"> Certain elements of HLO5 will be demonstrated through evidence submitted for HLO1 and HLO2, such as 360-degree feedback, 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 (a+b+c+d+e+f)</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 Job description and reflection on role. Log activity of what that role covers. Appraisal of that role (at least annually) Duration of the role if it has ended now. Attendance at management and leadership related continuing Professional Development events with reflective notes EVIDENCE via annual appraisal in the last 5 working years. <p>f) At least 1 of the following</p> <ul style="list-style-type: none"> Completion of at least 1 assessment of your chairing a clinical meeting (Work placed based assessments such as DONCS). Reflection on Change management that you led or contributed significantly Completion of Leadership effective analysis and its impact

- Reflection on 1 Service development activity that you led or contributed significantly (this could be QIP project in HLO6)

Option 2 (a+b)

a) Attendance at management and leadership related Continuing Professional Development events with reflective notes EVIDENCE via annual appraisal in the **last 5 working years.**

b) **At least 2 of the following**

- Completion of at least 1 Work placed based assessments such as DONCS Chairing Meeting s

- Reflection on Change management that you led or contributed significantly.

- Completion of Leadership effective analysis and its impact

- Reflection on 1 Service development activity that you led or contributed significantly (this could be QIP project in HLO6)

Uploading to your application

- Evidence for HLO5 should be grouped by activity.

Naming requirements

- Documents should be named as such:
- HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected
- For example: **HLO5/[Organisation Name] /CPD/2021-2022**

HLO 6 Patient Safety and Quality Improvement

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

Sub-Domains:

6.1 Patient safety

6.2 Quality improvement

HLO	Evidence required
HLO 6.1 Patient safety	<p>Evidence to be demonstrated for both knowledge and skills /experience (has to include at least 1 evidence piece from A, B and C)</p> <p>A) Knowledge evidence can be demonstrated through:</p> <p>At least 1 of the following:</p> <ul style="list-style-type: none">● Shadowing a Serious Incident review or After-action review or Patient Safety Incident (PSIRF) Investigation with relevant reflection.● Involvement in resolution /Investigation of Complaint.● Involvement in patient safety adverse event investigation. <p>B) Skills /Experience Evidence can be demonstrated through:</p> <ul style="list-style-type: none">● Meeting minutes that clearly demonstrate your active participation in clinical governance matters <p>AND</p> <p>At least 1 of the following:</p> <ul style="list-style-type: none">● Either 1 Written report or presenting evidence at Coroner’s Inquest.● Significant Involvement or leading the Development of service guidelines that reflect the protocol of its monitoring performance, safety and quality.

	<ul style="list-style-type: none"> ● Significant Involvement or leading Audit or service evaluation projects in the last 5 working years that demonstrate safety benchmarking, review and improvements. <p>The above evidence can be strengthened by secondary evidence from detailed appraisals if these above points are mentioned specifically.</p> <p>C) Continuing Professional Development activities demonstrating knowledge of governance matters in the above areas evidence via annual appraisal.</p>
HLO 6.2 Quality improvement	<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.
Uploading to your application	<ul style="list-style-type: none"> ● Evidence for HLO6 should be grouped by activity/event. ● Quality improvement projects should be bundled together with all relevant evidence, and you should aim for a coherent narrative within the evidence that is indicative of the timeframe of the project. ● Meeting minutes should be grouped by type of meeting. ● Complaint response, incident reviews and adverse event investigations should be collated by each individual event.
Naming requirements	<ul style="list-style-type: none"> ● Documents should be named as such: ● HLO/Organisation the evidence is collated from/evidence type/ dates evidence was collected ● For example: HLO6/ [Organisation Name] /Serious Incident review/2022

HLO 7 Safeguarding Vulnerable Groups

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

Sub-Domains:

7.1 Safeguarding

HLO	Evidence required
HLO 7.1 Safeguarding	<p>At least 1 Evidence piece is required from A + B + C</p> <p>A) 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>B) Skills and Experience</p> <p>At least 1 of the following:</p> <ul style="list-style-type: none">● Summary of at least one patient case 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 10 cases within HLO2.● 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.● Meeting minutes that evidence attendance and contribution to safeguarding and child protection meetings. Workplace assessment (WBPA DONCS) Would be sufficient to demonstrate this. <p>C) At least 2 of the 30 cases among the 30 cases within HLO2 demonstrating the impact of victimisation/exploitation and trauma in vulnerable groups.</p> <p>Please do not duplicate this evidence.</p>

Uploading to your application	<ul style="list-style-type: none">● Evidence for HLO7 should be grouped by activity.● Information about UK Prevent training or similar radicalisation training with reflection on application in clinical settings should be submitted together.● Safeguarding and/or child protection meetings should be submitted together.
Naming requirements	<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 [Old age psychiatry curriculum](#).

Sub-Domains:

8.1 Education & Training

8.2 Supervision

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

	<ul style="list-style-type: none"> a) Teaching activities within the last 10 working years with actual material such as slides or similar with feedback and reflection on choice of methods. b) Evidence via appraisal of completion of your annual Continuing Professional Developmental activity in the last 3 working years
<p>HLO 8.2 Supervision</p>	<p>Evidence could be demonstrated through either of the following 2 options:</p> <p>Option 1 (a+b+c+d+e)</p> <ul style="list-style-type: none"> a) Being in a role anytime in your career which has significant Trainer or Supervisory commitment – provide a copy of Job description and reflection on role. b) Log activity of what that role covers. c) Appraisal of that role (at least annually) d) Evidence of undertaking assessment and supervision of junior colleagues, trainees or students supported by at least 2 WBPA undertaken on these colleagues. e) Duration of the role if it has ended. <p>Option 2</p> <p>If no roles held:</p> <ul style="list-style-type: none"> ● Evidence of undertaking assessment and supervision of junior colleagues, trainees or students. This should include evidence of supervision record and supported by 6 WBPA undertaken on these colleagues.
<p>Uploading to your application</p>	<ul style="list-style-type: none"> ● Evidence for HLO8 should be grouped by activity. ● Teaching evidence should be collated by session, assessment and supervision. Evidence should all be submitted together as much as possible and CPD evidence collated together.

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 [Old age psychiatry curriculum](#).

Sub-Domains:

9.1 Undertaking research and critical appraisal

HLO	Evidence required
HLO 9.1 Undertaking research and critical appraisal	<p>Evidence could be demonstrated through either of the following 3 options:</p> <p>Option 1 (a+b+c+d+e)</p> <ul style="list-style-type: none">a) Being in a Role anytime in your career which has significant research commitment – provide a copy of Job description and reflection on role.b) Log activity of what that role covers.c) Appraisal of that role (at least annually)d) Duration if that role has ended now.e) 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 (A+B)</p> <ul style="list-style-type: none">a) Applicants who have EVER completed a relevant research qualification are able to submit evidence of the certificate award and any dissertation as additional evidence.b) 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 3 (A+B)</p> <ul style="list-style-type: none"> a) Attendance at Continuing professional development CPD events for good clinical practice in Research, critical appraisal and research methodology. Evidence via annual appraisal. b) 4 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