

General Psychiatry

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in General Psychiatry. You will also need to read the [General Psychiatry Curriculum documentation](#)

Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the 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 an application or a review.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in General Psychiatry?

The indicative period of training for a CCT in General Psychiatry is six years and it is very unlikely than an applicant would achieve the competencies required for a CESR in a shorter period of time. The structure of the programme (in indicative timescales) is three years in Core Psychiatric training, followed by three years in General Psychiatry. Therefore, you need to demonstrate that you have achieved the competencies required for both of these stages. This list is given for example purposes only and is not exhaustive – for a complete list refer to the [General Psychiatry Curriculum documentation](#).

Please note that the MRCPsych qualification is not compulsory for CESR application. If you do not have the MRCPsych you will need to provide evidence of learning/knowledge covering the range of the topics covered in the MRCPsych examination (see Appendix A), as well as demonstrating that you have met all the competencies of the curriculum for Core Psychiatry Training in addition to those of the General Psychiatry curriculum.

Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required competencies in all areas of the [General Psychiatry Curriculum](#)

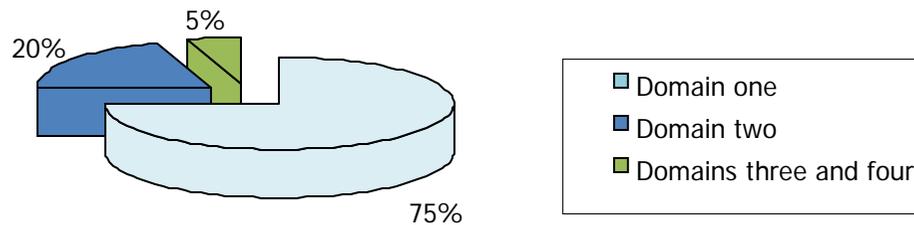
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[documentation](#). If evidence is missing from one area of the curriculum for example, then the application may fail.

If you have a piece of evidence that is relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence list under each relevant area, stating that the document is located elsewhere. (For example you might state: "document included in teaching and training section".)

Evidence breakdown



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.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Evidence that is more than five years old will generally not be considered evidence of your current practice and will be given less weight than more recent evidence, so you may not need to include it. As a general guide, we would usually expect to see about 800-1200 pages of evidence.

Your evidence should be divided into four different domains, reflecting those of Good Medical Practice. We recommend that you apportion the evidence you provide with your application as shown in the pie chart.

Domain one: 75%

Domain two: 20%

Domains three and four: 5%

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

A message from the CESR Committee at the Royal College of Psychiatrists

Before making your application for CESR in Psychiatry you are encouraged to review this document in conjunction with the current CCT curriculum. You will need to ensure, through the documentary evidence you provide, that you have demonstrated equivalence to the standards set out in the curriculum. If you don't have the evidence of current competency or you don't present it to us in a way that is conducive to us being able to draw conclusions from your evidence, you will not be successful.

This is a summary of common reasons applications fail:

MRCPsych: The standard test of knowledge in the CCT curriculum is the MRCPsych exam. Passing the MRCPsych confirms the attainment of the competencies of the Core Curriculum. CESR applicants are expected either to have successfully completed this exam, or provide alternative evidence that demonstrates equivalent knowledge

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to someone who has passed the exam. Even if the competencies covered by the exam require something that someone in your position would not routinely undertake, you still need to provide evidence of it – the evaluators will not make assumptions on your behalf.

Skills and Experience: You need to show that you are competent across the depth and breadth of the curriculum at the time of application, irrespective of whether your career has focussed on a particular area of the curriculum or whether you will only be practising in a certain area and will not need other areas of the curriculum. We recognise that for some doctors, especially those in service posts, it may be difficult to gather this type of evidence, but without this your application won't be successful. You need to demonstrate that you have achieved all the competences of both the Core Curriculum and the Advanced Module in the speciality you are applying in.

Primary Evidence: The evaluators need to see for themselves that you can do what is required by the curriculum; it is not enough for us to be told that you can. This means you need to submit primary evidence of your clinical practice which shows how you work on a day-to-day basis: letters, reports, assessments. References, retrospective case summaries, and reflective notes all have a place in a CESR application but by themselves they are not sufficient.

Audit and Governance: You are required to submit evidence of your active leadership in audit, including evidence that you have completed at least one audit cycle.

Currency of evidence: Your evaluators will be looking for evidence of current competency, which is generally defined as from within the last five years. If you have completed training before this point, it is crucial that you provide evidence of maintaining competency across the whole area of the curriculum.

The points discussed above are based on the Equivalence Committee's experience of evaluating CESR applications but should not be seen as a definitive list. It is important that you carefully study the curriculum and associated application guidance before you apply.

Domain 1 - Knowledge, skills and performance

Qualifications

Primary medical qualification (PMQ)	<p>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.</p> <p>If you do not hold registration you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>If providing evidence in this section, please ensure you submit authenticated copies if evidence is from outside the UK.</p> <p>You must demonstrate knowledge equivalent to the standards required of the current General psychiatry CCT curriculum. The standard test of knowledge defined in the curriculum is MRCPsych; if you have passed MRCPsych please provide a copy of the certificate. If you have passed MRCPsych then you will not need to demonstrate equivalence to the Core Training Module. If you haven't passed MRCPsych, you will need to provide evidence that demonstrates competencies in the Core Training Module as well as the Higher Specialty Training Module.</p> <p>If you have passed an examination from outside the UK, please provide an authenticated copy of the certificate. There are no qualifications from outside Europe that enable automatic entry to the Specialist Register. Evidence of your qualifications may be useful to support your application, but is generally not considered primary evidence of your skills.</p> <p>If you have a qualification from outside the UK and you want to use this to demonstrate equivalence to the knowledge tested in the MRCPsych exam, you will need to carefully consider whether the content of that exam</p>

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	<p>matches MRCPsych and if you identify any differences you will need to demonstrate knowledge in those areas through alternative evidence, for example through research or teaching experience. There are no qualifications from outside the EEA that are automatically recognised as equivalent to the MRCPsych.</p>
Curriculum or syllabus (if undertaken outside the UK)	<p>If you have passed MRCPsych you do not need to supply the curriculum.</p> <p>If you have passed an exam other than MRCPsych or have a specialist medical qualification from outside the UK and you are using this exam/qualification to demonstrate knowledge equivalent to the standards tested in MRCPsych/the current CCT curriculum then you must provide a copy of the curriculum/syllabus that you followed. The evaluators will use this to compare the content of your exam/training to that of the current MRCPsych syllabus/CCT curriculum.</p> <p>It would be helpful to map your overseas qualification curriculum to the MRCPsych curriculum to demonstrate equivalence. Any mapping would need to show knowledge was tested in equivalent breadth and depth; for example that this covered the same topics and they were assessed in a similar way.</p>
Specialist registration outside the UK	<p>If you are currently registered with a relevant body from outside the UK, you may want to provide authenticated proof of that registration; this could go some way to demonstrating the some of the competencies defined in ILO 17 of the current CCT curriculum.</p>
Honours and prizes	<p>If you have received any honours or prizes for your involvement in the provision of psychiatric services you can provide evidence of them in this section. However, we do not consider this a mandatory area as there isn't a specific curriculum requirement that covers this.</p>
Other relevant qualifications	<p>You must provide formal confirmation of mental health act approval (or relevant act/ legislation in the country where practicing). In the UK this is usually a formal letter.</p> <p>In the UK this would be Section 12 (England & Wales), Section 22 (Scotland) of the mental health act approval. For details of the equivalent legislation outside the UK please contact your local Strategic Health Authority section 12 office.</p>

Assessments and appraisals

The current [General psychiatry CCT curriculum](#) sets out the assessment system for advanced training in General psychiatry, the assessment system has been designed to fulfil several purposes;

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

A CESR application is being assessed against the standards of the CCT curriculum and therefore it is recommended that you consider providing a portfolio of assessments as described in the curriculum as this is the most comprehensive way of demonstrating competency. We appreciate that for doctors working in service posts this could be difficult; however without this information your application might not be successful.

Appraisals and assessments	<p>You should provide a copy of your annual appraisal for the last five years preceding your application. In the absence of an annual appraisal, you may provide letters (written at the time) commenting on your performance. Less weight will be placed on evidence that has been completed retrospectively.</p> <p>For details of the standard expected of a medical appraisal, please refer to the NHS Governance Support website.</p>
RITAs, ARCPs and training assessments	<p>As described above, we recommend you provide a portfolio of assessments as this is the most effective way of demonstrating competency to the standards of the curriculum. The assessment methods currently in use are listed in the curriculum.</p> <p>You do not need to be a trainee to use these assessments. If you are registered with The Royal College of Psychiatrists you can access these WPBA's through the members section on the college website: https://portfolioonline.co.uk . If you are not registered with the college, you should consider providing evidence of alternative assessment in line with the requirements set out in the current curriculum.</p> <p>The curriculum contains a 'Guide for ARCP panels in Advanced Training in General Psychiatry ST4-ST6', this guide contains suggested minimum numbers of WPBA's for trainees and we recommend you consider matching your portfolio of WPBA's to this.</p>

360° and multi-source feedback	We encourage you to provide at least one 360 degree feedback report as part of your application, preferably completed in the 12 months prior to making your application. The content of this report will help the evaluators consider your competencies in relation to a number of ILO's as described in the curriculum.
Awards and discretionary points letters	These are not mandatory for psychiatry applications. However if you do have evidence of awards or discretionary points please provide a copy.
Personal development plans (PDP)	PDP's are a requirement of your annual appraisal and should be included in the section above.

Logbooks, records of daily clinical practice and portfolios

The evidence you supply here **must** demonstrate that you have achieved **all** the requirements and competencies as set out in the CCT curriculum for General Psychiatry.

Where you have, for a substantial period of time, worked in a specialised area, you should submit evidence that achieved the requirements and competencies of the curriculum for your specialty and that have maintained these skills, providing evidence supporting your competency from the last 5 years. You will also need to provide evidence that your current specialised practice allows you to meet all of the requirements of [Good Medical Practice](#).

The curriculum ILO's that should be demonstrated in this section are ILO 1, ILO 2, ILO 3, ILO 4, ILO 5 and ILO 7.

Logbooks	<p>Please ensure any individual patient data has been anonymised.</p> <p>We recommend you create a log of clinical activity as this will allow the evaluators to understand the type and volume of work you undertake. Please refer to appendices B, C, D and E for a suggested structure. Your log of clinical activities should cover;</p> <ul style="list-style-type: none">• 10 patients from a diagnostic point of view• 10 patients from a pharmacotherapy point of view and similarly from a psychological/ psychotherapeutic view• anonymised case reports• court reports• reflective thinking• log of emergency assessments and outcomes• several ward round summaries with anonymised patient diagnosis, clinical issues, decisions made• several clinic summaries with anonymised patient diagnosis, clinical issues, decisions made
Consolidation, cumulative data sheets, summary lists and annual caseload statistics	A separate consolidation report is not required in psychiatry. However, we strongly suggest you provide a log of cases as detailed above.

Medical reports	<p>Please refer to the 'Case histories' section below.</p> <p>Please refer to the curriculum ILO 6.</p> <p>You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format:</p> <p>Standards for the clinical structure and content of patient records</p> <p>To include post incident reviews and reports pertaining to serious untoward incident reporting</p> <p>You can use these to demonstrate:</p> <ul style="list-style-type: none">• your involvement or role in cases• the types and complexity of cases you are involved in• your handling of patient paperwork• your respect and protection of confidential information• triangulation with logbook information. <p>All evidence in this area must be anonymised for individual patient data.</p>
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Case histories

Please ensure any individual patient data has been **anonymised**.

You **must** provide a portfolio of case histories that demonstrate to the evaluators your ability to manage the full range of conditions specified in the current General psychiatry CCT curriculum.

We recommend that you provide **at least 30** case histories which **must** include cases which have the following elements;

- medico-legal work (including tribunals)
- psychiatric reports
- coroners reports
- working in multi-disciplinary teams in the community
- working in out-patient and in-patient settings
- catering for acute and non-acute (urgent and non-urgent) referrals
- liaison with other specialties

The following information **must** be included in the case histories;

- appropriate elements of the history (examples to include early intervention and rehabilitation)
- examination (including physical where appropriate)
- investigation
- differential diagnosis
- risk assessment (for high, medium and low risk)
- summary of the case
- management care plan including:
 - contingency planning
 - crisis management and
 - de-escalation techniques where incidents may occur or have occurred
 - bio-psychosocial elements

We would encourage you to refer to the [Standards for clinical structure and content of patient records](#) and ensure your submission meets these standards.

Referral letters discussing patient handling	<p>Please ensure any individual patient data has been anonymised.</p> <p>You should submit approximately 25 referral letters that demonstrate to the evaluators your competency in managing the full range of conditions as described in the curriculum. Letters should include;</p> <ul style="list-style-type: none"> • requesting a second opinion • advising clinical colleagues • answering particular questions regarding patient management • from clinical colleagues regarding your involvement in patient management. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your relationship with your colleagues in other disciplines • your handling of patient paperwork • your recognition of the limits of your professional competence • your respect and protection of confidential information.
Patient lists	<p>You may wish to include copies of patient lists. You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your participation in teaching and training (where you are supervising a junior colleague) • the volume of cases you undertake • triangulation with rota, timetable and job plan information • triangulation with logbook information. <p>All evidence in this area must be anonymised for individual patient data.</p>
Departmental (or trust) workload statistics and annual caseload statistics	<p>Evidence in this section isn't mandatory. However, you may wish to provide details of the workload statistics for your department or trust. This may add context to your application but this won't demonstrate any of the curriculum competencies.</p>

Rotas, timetables and job plans	<p>If available, you should provide evidence of your rota/job plan. This will be more relevant where you haven't provided comprehensive evidence of your clinical log as described above. You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • details of clinical and non-clinical duties you undertake • your on-call commitment • your participation in meetings and teaching • triangulation with logbook information.
Portfolios (electronic or revalidation)	<p>If you are registered with the College can use the College's Portfolio Online system to request workplace based assessments and map these and other evidence to curriculum competencies. However, you should not submit your entire portfolio, only relevant assessments and other evidence (for example, reflective notes) which should be printed.</p>

Details of posts and duties (including both training and experience posts)

Employment letters and contracts of employment	The information in these letters and contracts must match your CV. They will confirm the following: <ul style="list-style-type: none">• dates you were in post• post title, grade, training• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	These must match the information in your CV. They will confirm the following: <ul style="list-style-type: none">• your position within the structure of your department• your post title• your clinical and non-clinical commitment• your involvement in teaching or training. These should include responsibilities and a short description of the type of work undertaken (no more than a paragraph).
Job plans	There is no need to submit additional evidence in this section, any evidence submitted under the section above 'Rotas, timetables and job plans' will be cross-referenced to this section of the application.

Research, publications and presentations

ILO16 of the General psychiatry curriculum sets out the requirements for research. The requirement is for applicants 'to develop an understanding of research methodology and critical appraisal of the research literature'.

Research papers, grants, patent designs	<p>You should include evidence of research relevant to your current practice and the documentation should demonstrate your ability to;</p> <ul style="list-style-type: none">• use and frame research questions appropriately;• write a research protocol and draw up a realistic time line for the proposed study;• modify protocol to overcome difficulties;• adhere to time lines;• compare own findings with others. <p>If the research is published - please submit the first page of the published paper. If the research is not published - please provide a summary or abstract of the research. The College may undertake web searches to check the information you provide.</p>
Publications within specialty field	<p>Evidence of published work can contribute to demonstrating the competencies outlined in ILO16 of the curriculum. You should include a copy of the front page of each publication.</p> <p>More weight is given where:</p> <ul style="list-style-type: none">• you are the first author• the publication has a high impact factor. <p>You must not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>The College may undertake web searches to check the information you provide.</p> <p>As well as demonstrating competencies in research, evidence in this section may also demonstrate;</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• working with colleagues (where publications are joint or multi-disciplinary)• Continuing Professional Development (CPD).

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Presentations, poster presentations	<p>Evidence of presentations can contribute to demonstrating the competencies outlined in ILO16 of the curriculum.</p> <p>You may wish to supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.</p> <p>As well as demonstrating competencies in research, you can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• CPD• teaching and training.
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CPD and CME

Continuing Professional Development (CPD) is a process of self-assessment, self-directed, lifelong learning that complements formal undergraduate and postgraduate education and training. It enables psychiatrists to acquire new knowledge and skills as well as to maintain and improve their standards across all areas of their practice. Although there isn't a curriculum ILO that covers CPD/CME in the higher specialty training curriculum, it is a requirement of the GMC's [Good Medical Practice](#) for doctors to 'keep your professional knowledge up to date', 'regularly take part in activities that maintain and develop your competencies and performance', 'keep up to date with, and follow, the law, or guidance and other regulations relevant to your work' and 'take steps to monitor and improve the quality of your work'. As GMP is embedded throughout all specialty curricula it is therefore a requirement for you to provide evidence of CPD/CME.

<p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p>	<p>You should provide a variety of course attendance certificates to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.</p> <p>Please provide details of the events you have attended describing the content.</p> <p>The Royal College of Psychiatrists has guidelines available on the College Website.</p>
<p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>	<p>The Royal College of Psychiatrists has guidelines available on the College Website</p>
<p>Membership of professional bodies and organisations</p>	<p>List the following for your current membership of professional bodies and organisations. This can be useful evidence for ILO 18.</p> <p>Provide documentary evidence showing membership information:</p> <ul style="list-style-type: none"> • organisation name • date of joining • status of membership (member, associate etc) • how membership is achieved (evaluation, examination, is membership restricted or open to all?) <p>Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge. See RCPsych guidelines at http://www.rcpsych.ac.uk.</p>

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Teaching and training

ILO 15 of the General psychiatry CCT curriculum sets out the standards for teaching, assessing and appraising colleagues.

Teaching timetables	<p>You should provide an extract from a teaching timetable to demonstrate to the evaluators your involvement in teaching. You could also provide evidence of supervision records for individual supervision sessions including dates and topics covered.</p> <p>If providing teaching timetables, please bear in mind that your evidence will be scanned and form part of an electronic bundle that will be reviewed by the evaluators. Therefore please ensure a clear copy is submitted with sufficiently large text.</p>
Lectures	<p>You should provide a sample of the teaching slides from a variety of teaching sessions you have undertaken. Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme.</p> <p>You should demonstrate ability to adapt teaching or training to the needs of particular learners e.g. medical students, colleagues from other specialities particularly primary care, paramedical professionals.</p> <p>Please bear in mind that your evidence will be scanned and form part of an electronic bundle that will be reviewed by the evaluators. Therefore please ensure a clear copy is submitted with sufficiently large text, we would suggest limiting the number of slides per page to six. Please also ensure your name is visible so the evaluators can link your involvement to the content of the slides.</p>

Feedback or evaluation forms from those taught	<p>Please provide copies of feedback from teaching events you have participated in.</p> <p>The forms should provide evidence of:</p> <ul style="list-style-type: none"> • evaluation of learning and teaching events • a variety of teaching methods and organisation of educational events • development of knowledge of different teaching techniques and demonstrate how these can be used effectively in different teaching settings relevant to general psychiatry, in a hospital or community based clinical setting • a learning process and assessment of performance. <p>You may use Assessment of Teaching (AoT) forms completed by a Consultant as evidence of feedback.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
Letters from colleagues	<p>You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).</p>
Attendance at teaching or appraisal courses	<p>Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals. Attendance at a teaching course alone will not be sufficient to demonstrate competency against ILO 15. It is important to demonstrate how you have applied the knowledge from the learning event to your practice and where appropriate reflected upon this.</p>

<p>Participation in assessment or appraisal and appointments processes</p>	<p>You should provide the following types of evidence to support this area:</p> <ul style="list-style-type: none">• copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses• evidence of participation in the Deanery ARCP or RITA processes• evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses).• anonymised copies of work place based assessments you have undertaken.• A record of supervision sessions with junior doctor(s) indicating date and topic covered <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• contribution to postgraduate and continuing medical education activity, locally and nationally• any responsibilities which relate to a special interest• participation in administration, management duties• participation in teaching and training• communication, partnership and teamwork• relationships with colleagues (including giving feedback)• leadership.
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Domain 2 – Safety and quality

Participation in audit, service improvement

ILO's 12 and 13 are relevant under domain 2, the curriculum sets out the requirements for involvement in safety and quality improvement. Specifically you will need to demonstrate the ability to;

- Conduct and complete audit in clinical practice.
- Understand the implementation of clinical governance.

Audits undertaken by applicant	<p>Evidence of recently completing an audit cycle should be supplied. Your contribution to each stage of the audit should be clear. For example, this could be detailed in a supervisor's letter.</p> <p>You should provide evidence of the five stages of the audit process:</p> <ol style="list-style-type: none">1. Definition of criteria and standards2. Data collection3. Assessment of performance against criteria and standards4. Identification of changes (alterations to practice)5. Re-evaluation <p>Evidence you could supply includes:</p> <ul style="list-style-type: none">• audit reports (collections of data alone are not considered as a full clinical audit)• publications• submissions to ethics committee (not satisfactory alone)• presentations of audit work (see above for details required for presentations)• letter from audit or clinical governance lead confirming participation in audit or governance activities• guidelines produced to reflect lessons learned within audit• notes from self-reflective diaries. <p>As well as demonstrating competency against ILO 12, the provision of involvement in a complete audit cycle can also demonstrate;</p> <ul style="list-style-type: none">• triangulation with logbook information and CPD• communication, partnership and teamwork• relationships with colleagues, patients and carers
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	<ul style="list-style-type: none"> • leadership • multidisciplinary working.
<p>Reflective diaries</p>	<p>Evidence of reflective diaries can be useful evidence of your commitment to the quality and safety aspects of domain two of Good Medical Practice.</p> <p>You can use this document to demonstrate:</p> <ul style="list-style-type: none"> • triangulation with logbooks • relationships with colleagues • your recognition of the limits of your professional competence • handling of critical incidents or complaints • how you have changed your practice in the light of experiences (part of audit). <p>As this evidence is self produced for its content to be given weight it must be supported or triangulated by other evidence</p>
<p>Service Improvement and clinical governance meetings</p>	<p>ILO 13 is relevant to this section of the application, examples of the types of evidence you should submit are;</p> <ul style="list-style-type: none"> • minutes of relevant meetings demonstrating your attendance and participation in the meeting • documentation of your active involvement in service improvement projects. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • communication, partnership and teamwork • relationships with colleagues • leadership • multi-disciplinary working • participation in clinical governance.

Safety

Health and safety

Please provide evidence to demonstrate your awareness of and adherence to health and safety requirements.

This can be demonstrated by:

- declaration of health on your application form
- attendance at appropriate course
- involvement in infection control (membership of committees etc.)

Domain 3 – Communication, partnership and teamwork

ILO's 9, 10, 11 and 17 are relevant under domain three, the curriculum sets out the requirements for trainees, and as such CESR applicants to;

- Demonstrate the ability to work effectively with colleagues, including team working
- Develop appropriate leadership skills
- Demonstrate the knowledge, skills and behaviours to manage time and problems effectively

Communication

Colleagues	<p>You should provide evidence that demonstrates your ability to effectively communicate with colleagues, both within your immediate team and wider team (including clinical and non-clinical colleagues).</p> <p>Some evidence submitted in domain one may be relevant in this section; you do not need to duplicate evidence. Examples of the type of evidence to submit include;</p> <ul style="list-style-type: none">• 360° appraisal• letters from colleagues (examples of shared cases, 'To whom it may concern letters' or testimonials)• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams• management – including organising staff rotas• copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data)
Patients	<p>You should provide evidence that demonstrates your ability to effectively communicate with patients. Examples of the type of evidence to submit include;</p> <ul style="list-style-type: none">• thank you letters and cards from patients• complaints from patients and your response/reflection on patient complaints. This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. You must anonymise colleague information from this evidence.• 360° appraisal <p>All evidence in this area must be anonymised for individual patient data.</p>

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Partnership and teamwork

<p>Working in multidisciplinary teams</p>	<p>You can demonstrate your ability to work as part of a multidisciplinary team in a number of ways, for example by providing evidence of;</p> <ul style="list-style-type: none"> • minutes of meetings showing your attendance, and importantly your participation • job plans which show multi-team working as part of your duties • 360° appraisal • annual appraisals which include comments/reflection on your ability to work as part of a team • DONCS (Direct Observation of Non Clinical Skills)
<p>Management and leadership experience</p>	<p>ILO10 of the curriculum provides a detailed description of the knowledge, skills, attitudes and behaviours expected with regards to management and leadership.</p> <p>Examples of the type of evidence you should submit to demonstrate these competencies include;</p> <ul style="list-style-type: none"> • meeting minutes showing your attendance, and importantly your participation in management issues. Meeting minutes that show you chairing meetings will hold more weight • job plans which show management responsibility as part of your duties • attendance at management and leadership related CPD events • 360° appraisal • annual appraisals which include comments/reflection on your ability to manage and lead teams/services. • DONCS (Direct Observation of Non Clinical Skills)
<p>Chairing meetings and leading projects</p>	<p>Evidence submitted in some of the earlier sections of your application may demonstrate competency in this section. You do not need to duplicate evidence.</p> <p>Examples of the type of evidence you should submit to demonstrate this competency include;</p> <ul style="list-style-type: none"> • DONCS (Direct Observation of Non Clinical Skills) • 360° appraisal • annual appraisals which include comments/reflection on your ability to chair meetings and lead projects • minutes of meetings showing your attendance, and importantly your participation • job plans which show leading projects as part of your duties • publications/presentations • letters from colleagues

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Domain 4 – Maintaining trust

The requirement for psychiatrists to maintain trust with their colleagues and patients is interwoven throughout the curriculum and the GMC's [Good Medical Practice](#). ILO17 of the curriculum provides specific descriptions as to what is expected in terms of demonstrating competency in this regard. ILO17 covers the following topics;

- Doctor patient relationship
- Confidentiality
- Risk management
- Recognise own limitations

Acting with honesty and integrity

Honesty and integrity	You can demonstrate this with: <ul style="list-style-type: none">• the declarations on your application form• statements from your referees• appraisal forms• having no restrictions on your registration (UK based doctors)• Certificate of Good Standing (overseas based doctors)• 360° appraisal
Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities)	You can demonstrate this with: <ul style="list-style-type: none">• evidence of attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• statements from your referees• testimonials
Data protection	You can demonstrate this with: <ul style="list-style-type: none">• attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• your application and evidence being appropriately anonymised

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Relationships with patients

We anticipate that a significant amount of the evidence provided in the earlier sections of your application will demonstrate your ability to have effective relationships with patients.

Testimonials and letters from colleagues	<p>The curriculum sets out that one round of Mini-PAT is required by trainees before completion of training. You should consider including this as part of your equivalence application.</p> <p>You may also include "To whom it may concern letters".</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
Thank you letters, cards from colleagues and patients	<p>Please ensure that these are anonymised for individual patient data.</p>
Complaints and responses to complaints	<p>This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application.</p> <p>ILO9 in the curriculum sets out the requirements for doctors to be able to 'manage complaints made about services' and the assessment methods described in the curriculum are;</p> <ul style="list-style-type: none">• Mini-PAT's• DONCS (Direct Observation of Non Clinical Skills)• Supervisors reports <p>Where available, you should consider providing evidence of one of these assessment methods.</p> <p>You may include complaints received against the department within which you worked or one against a colleague where you have been involved in the resolution.</p> <p>You may provide a reflective diary of how you would handle a hypothetical complaint.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>

Topics covered in MRCPsych examination that applicants should supply evidence of learning

Paper A	Paper B	
Behavioural science and sociocultural psychiatry	Organisation and delivery of psychiatric services	Forensic psychiatry
<ul style="list-style-type: none"> • Basic psychology • Social psychology • Social science and sociocultural psychiatry 	General adult psychiatry	<ul style="list-style-type: none"> • Relationship between crime and mental disorder • Psychiatry and the criminal justice system • Practicing psychiatry in a secure setting • Human rights legislation as it affects patients and psychiatric practice
Human development	<ul style="list-style-type: none"> • Prevalence/incidence, aetiology, presentation, treatment and outcome of psychiatric disorder in adulthood • Disorders related to pregnancy and childbirth • General hospital psychiatry • Emergency psychiatry • Eating disorders • Psychosexual disorders 	Learning disability
Basic neurosciences	Old age psychiatry	<ul style="list-style-type: none"> • Services • Epidemiology/Aetiology • Clinical
<ul style="list-style-type: none"> • Neuroanatomy • Neurophysiology • Neurochemistry • Molecular genetics • Neuropathology 	Psychotherapy	Research methods, statistics, critical review and evidence-based practice
<ul style="list-style-type: none"> • General principles • Pharmacokinetics • Pharmacodynamics • Adverse drug reactions 	<ul style="list-style-type: none"> • Dynamic psychotherapy • Family therapy • Cognitive-behavioural therapies • Other therapeutic models • Effectiveness of psychotherapy • Group therapy 	<ul style="list-style-type: none"> • Translation of clinical uncertainty into an answerable question • Systematic retrieval of the best available evidence • Critical appraisal of the evidence • Application of the results in practice
Clinical psychopharmacology	Child and adolescent psychiatry	Evaluation of performance
<ul style="list-style-type: none"> • General principles • Pharmacokinetics • Pharmacodynamics • Adverse drug reactions 	Substance misuse/addictions	
Classification and assessment in psychiatry		

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Log of clinical activity

Diagnosis	Assessment			Setting	Type of Documentation
	New patient		Follow-up		
	Normal working hours	On call			

Psychotherapy Experience

TYPE OF THERAPY	COGNITIVE BEHAVIOURAL THERAPY/ PSYCHODYNAMIC/INTERPERSONAL THERAPY/COGNITIVE ANALYTICAL THERAPY/FAMILY ETC
Patient identifier Age Gender Diagnosis	
Frequency of sessions Start date End date Number of sessions	
Brief description of problem and aims of therapy	
Summary of sessions	
Name of supervisor Dates of supervision Summary of topics and strategies discussed	

Pharmacotherapy Experience

BNF CATEGORY	DESCRIPTION OF AIMS AND OUTCOME OF THERAPY
Hypnotics and anxiolytics	Essential
Drugs used in psychoses and related disorders	Essential
Drugs to treat side effects of antipsychotics	Essential
Antidepressant drugs	Essential
Anti manic drugs	Essential
CNS stimulants and drugs used for ADHD	Desirable
Antiepileptics	Essential
Drugs used in Parkinsonism and related disorders	Essential
Drugs used in substance dependence	Essential
Drugs for dementia	Desirable

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Electroconvulsive Therapy Experience

CATEGORY	DESCRIPTION OF AIMS AND OUTCOME OF THERAPY
Indications for treatment	Essential
Administering treatment	Essential
Supervision of junior psychiatrists	Essential
Team working and communication	Essential
Knowledge of ECT equipment	Essential
Knowledge of management of adverse events	Essential
Knowledge of dose titration	Essential

For a guide to ECT competencies please follow this link. [Guide to ECT competencies](#)