A Competency Based Curriculum for Specialist Training in Psychiatry

Sub-specialty endorsement in Liaison Psychiatry Curriculum

Royal College of Psychiatrists

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Specialists in Liaison Psychiatry work with others to assess, manage and treat people with mental health problems in conjunction with physical (medical or surgical) illness. They have particular expertise in the relationship between physical illness and psychological distress and contribute to the development and delivery of effective services.

1. Introduction

The advanced curriculum provides the framework to train Consultant Psychiatrists for practice in the UK to the level of CCT registration and beyond and is an add-on to the Core Curriculum. Those who are already consultants may find it a useful guide in developing new areas of skill or to demonstrate skills already acquired.

What is set out in this document is the generic knowledge, skills and attitudes, or more readily assessed behaviour, that we believe is common to all psychiatric specialties, together with those that are specific to specialists in General Psychiatry or Old Age Psychiatry with sub-specialty endorsement in Liaison Psychiatry. This document should be read in conjunction with *Good Medical Practice* and *Good Psychiatric Practice,* which describe what is expected of all doctors and psychiatrists. Failure to achieve satisfactory progress in meeting many of these objectives at the appropriate stage would constitute cause for concern about the doctor's ability to be adequately trained.

Achieving competency in core and generic skills is essential for all specialty and subspecialty training. Maintaining competency in these will be necessary for revalidation, linking closely to the details in *Good Medical Practice* and *Good Psychiatric Practice.* The Core competencies are those that should be acquired by all trainees during their training period starting within their undergraduate career and developed throughout their postgraduate career. **The Core competencies need to be evidenced on an ongoing basis throughout training.** It is expected that trainees will progressively acquire higher levels of competence during training.

2. Rationale

The purposes of the curriculum are to outline the competencies that trainees must demonstrate and the learning and assessment processes that must be undertaken for an award of a certificate of completion of training (CCT) in General Psychiatry or Old Age Psychiatry, with an endorsement in Liaison Psychiatry.

The curriculum builds upon competencies gained in Foundation Programme training and Core Psychiatry Training and guides the doctor to continuing professional development based on *Good Psychiatric Practice* after they have gained their CCT.

3. Specific features of the curriculum

The curriculum is outcome-based and is learner-centred. Like the Foundation Programme Curriculum, it is a spiral curriculum in that learning experiences revisit learning outcomes. Each time a learning outcome is visited in the curriculum, the purpose is to support the trainee's progress by encouraging performance in situations the trainee may not have previously encountered, in more complex and demanding situations and with increasing levels of autonomy.

Details of how the Curriculum supports progress are described in more detail in the Trainee and Trainer Guide to ARPCs that is set out later. The intended learning outcomes of the curriculum are structured under the Good Medical Practice (2013) headings that set out a framework of professional competencies. The curriculum is learner-centred in the sense that it seeks to allow trainees to explore their interests within the outcome framework, guided and supported by an educational supervisor. The Royal College of Psychiatrists has long recognised the importance of educational supervision in postgraduate training. For many years, the College recommended that all trainees should have an hour per week of protected time with their educational supervisor to set goals for training, develop individual learning plans, provide feedback and validate their learning.

The competencies in the curriculum are arranged under the Good Medical Practice headings as follows: -

1. Knowledge, Skills and Performance
2. Safety and Quality
3. Communication, Partnership and Teamwork
4. Maintaining Trust

They are, of course, not discrete and free-standing, but overlap and inter-relate to produce an overall picture of the Psychiatrist as a medical expert.

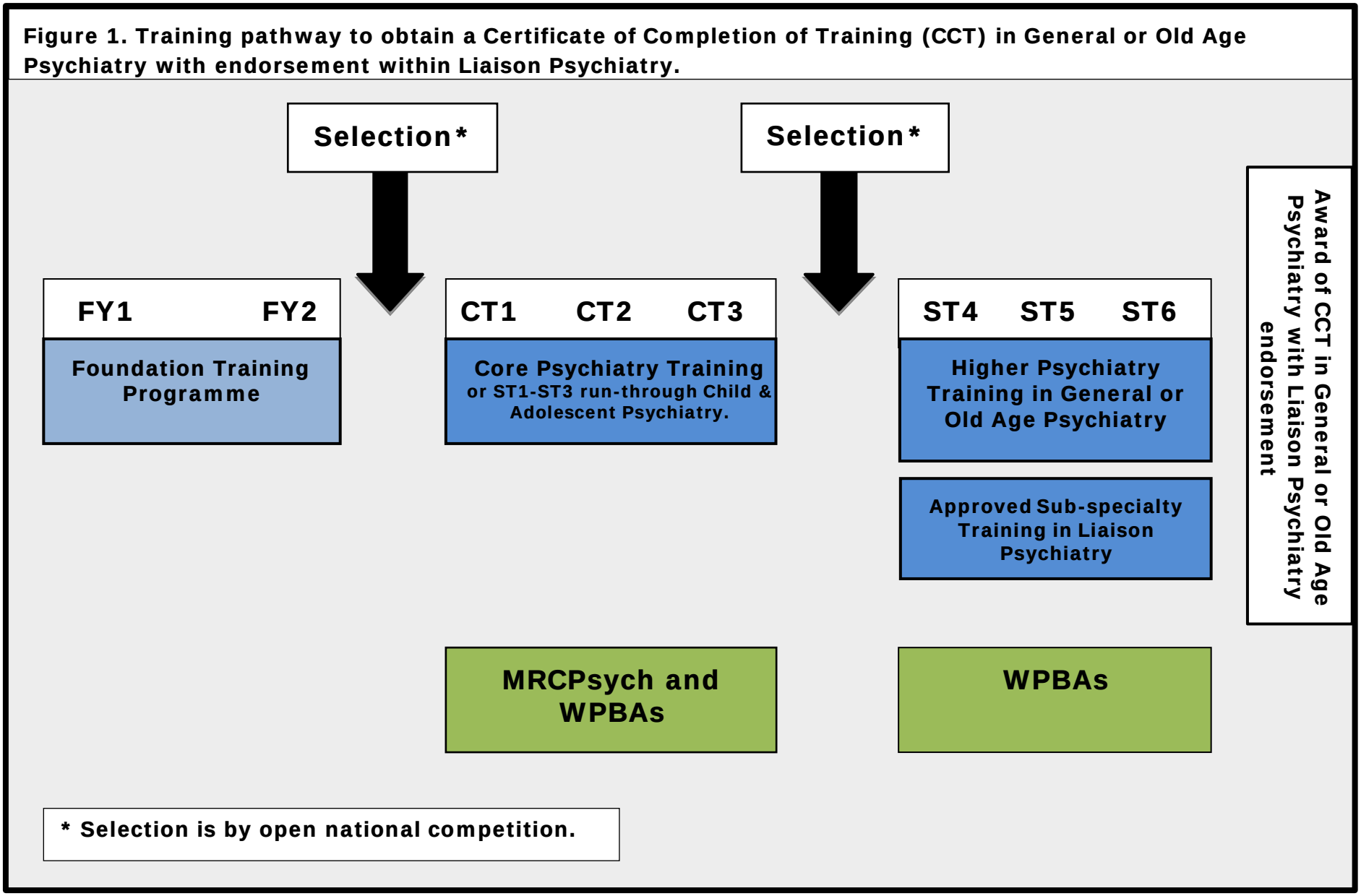
It is important to recognise that these headings are used for structural organisation only. The complexity of medical education and practice means that a considerable number of the competencies set out below will cross the boundaries between different categories. Moreover, depending on circumstances, many competencies will have additional components or facets that are not defined here. This curriculum is based on meta-competencies and does not set out to define the psychiatrist's progress and attainment at a micro-competency level.

With these points in mind, this curriculum is based on a model of intended learning with specific competencies given to illustrate how these outcomes can be demonstrated. It is, therefore, a practical guide rather than an all-inclusive list of prescribed knowledge, skills and behaviours.

4. Training pathway

Trainees enter advanced training programmes General Psychiatry or Old Age Psychiatry with sub-specialty endorsement in Liaison Psychiatry Specialty Training after successfully completing both the Foundation Training Programme (or having evidence of equivalence) and either the Core Psychiatry Training programme or the early years (ST1-ST3) of the run-through Child and Adolescent Psychiatry Training programme. They must then enter an Advanced Training Programme in General Psychiatry or Old Age Psychiatry and apply to enter the Sub-specialty Programme in Liaison Psychiatry. The trainee will complete a total of three years advanced training, of which two years will be in approved General Psychiatry or Old Age Psychiatry and one year in approved clinical experience in Liaison Psychiatry. In order to be awarded a CCT in General Psychiatry or Old Age Psychiatry with an endorsement in Liaison Psychiatry, the trainee must meet the requirements for ST4 and ST6 of the ARCP Guide for General Psychiatry or Old Age Psychiatry and the ARCP Guide for the year in Liaison Psychiatry. It therefore follows that it is recommended that the sub-specialty year be in ST5. The progression is shown in Figure 1.

Figure 1. Training pathway to obtain a Certificate of Completion of Training (CCT) in General or Old Age Psychiatry with endorsement within Liaison Psychiatry.



5. Acting Up

Up to a maximum of three months whole time equivalent (for LTFT trainee the timescale is also three months, Gold Guide 6.105) spent in an 'acting up' consultant post may count towards a trainees CCT as part of the GMC approved specialty training programme, provided the post meets the following criteria:

- The trainee follows local procedures by making contact with the Postgraduate Dean and their team who will advise trainees about obtaining prospective approval
- The trainee is in their final year of training (or possibly penultimate year if in dual training)
- The post is undertaken in the appropriate CCT specialty
- The approval of the Training Programme Director and Postgraduate Dean is sought
- There is agreement from the employing trust to provide support and clinical supervision to a level approved by the trainee's TPD
- The trainee still receives one hour per week education supervision either face to face or over the phone by an appropriately accredited trainer
- Trainees retain their NTN during the period of acting up
- Full time trainees should 'act up' in full time Consultant posts wherever possible. All clinical sessions should be devoted to the 'acting up' consultant post (i.e., there must be no split between training and 'acting up' consultant work).
- In exceptional circumstances, where no full time Consultant posts are available, full-time trainees may 'act up' in part-time consultant posts, but must continue to make up the remaining time within the training programme.
- The post had been approved by the RA in its current form
- If a trainee is on call there must be consultant supervision
- If the period is sat the end of the final year of the training programme, a recommendation for the award of a CCT will not be made until the report from the educational supervisor has been received and there is a satisfactory ARCP outcome

If the post is in a different training programme*, the usual Out of Programme (OOPT) approval process applies and the GMC will prospectively need to see an application form from the deanery and a college letter endorsing the AUC post

*A programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty as approved by the GMC, which are based on a particular geographical area.

6. Accreditation of Transferable Competences Framework (ATCF)

Many of the core competences are common across curricula. When moving from one approved training programme to another, a trainee doctor who has gained competences in core, specialty or general practice training should not have to repeat training already achieved. The Academy of Medical Royal Colleges (the Academy) has developed the Accreditation of Transferable Competences Framework (ATCF) to assist trainee doctors in transferring competences achieved in one core, specialty or general practice training programme, where appropriate and valid, to another training programme.

This will save time for trainee doctors (a maximum of two years) who decide to change career path after completing a part of one training programme, and transfer to a place in another training programme.

The ATCF applies only to those moving between periods of GMC approved training. It is aimed at the early years of training. The time to be recognised within the ATCF is subject to review at the first Annual Review of Competence Progression (ARCP) in the new training programme. All trainees achieving Certificate of Completion of Training (CCT) in general practice or a specialty will have gained all the required competences outlined in the relevant specialty curriculum. When using ATCF, the doctor may be accredited for relevant competences acquired during previous training.

The Royal College of Psychiatrists accepts transferable competences from the following specialties core medical training, Paediatrics and Child Health and General Practice. For details of the maximum duration and a mapping of the transferable competences please refer to our guidance.

7. RESPONSIBILITIES FOR CURRICULUM DELIVERY

It is recognised that delivering the curriculum requires the coordinated efforts of a number of parties. Postgraduate Schools of Psychiatry, Training Programme Directors, Educational and Clinical Supervisors and trainees all have responsible for ensuring that the curriculum is delivered as intended.

Deanery Schools of Psychiatry

Schools of Psychiatry have been created to deliver postgraduate medical training in England, Wales and Northern Ireland. The Postgraduate Deanery manages the schools with advice from the Royal College. There are no Schools of Psychiatry in Scotland. Scotland has four Deanery Specialty Training Committees for mental health that fulfil a similar role.

The main roles of the schools are:

1. To ensure all education, training and assessment processes for the psychiatry specialties and sub-specialties meet General Medical Council (GMC) approved curricula requirements
2. To monitor the quality of training, ensuring it enhances the standard of patient care and produces competent and capable specialists
3. To ensure that each Core Psychiatry Training Programme has an appropriately qualified psychotherapy tutor who should be a consultant psychotherapist or a consultant psychiatrist with a special interest in psychotherapy.
4. To encourage and develop educational research
5. To promote diversity and equality of opportunity
6. To work with the Postgraduate Deanery to identify, assess and support trainees in difficulty
7. To ensure that clear, effective processes are in place for trainees to raise concerns regarding their training and personal development and that these processes are communicated to trainees

Training Programme Directors

The Coordinating/Programme Tutor or Programme Director is responsible for the overall strategic management and quality control of the General or Old Age Psychiatry programme within the Training School/Deanery. In a large programme a Training Programme Director in Liaison Psychiatry may assist them. The Deanery (Training School) and the relevant Service Provider (s) should appoint them jointly. They are directly responsible to the Deanery (School) but also have levels of accountability to the relevant service provider(s). With the increasing complexity of training and the more formal monitoring procedures that are in place, the role of the Programme Director/Tutor must be recognized in their job plan, with time allocated to carry out the duties adequately. One programmed activity (PA) per week is generally recommended for 25 trainees. In a large scheme 2 PA's per week will be required. The Training Programme Director for General or Old Age Psychiatry:

1. Should inform and support College and Specialty tutors to ensure that all aspects of clinical placements fulfil the specific programme requirements.
2. Oversees the progression of trainees through the programme and devises mechanisms for the delivery of co-ordinated educational supervision, pastoral support and career guidance.
3. Manages trainee performance issues in line with the policies of the Training School/Deanery and Trust and support trainers and tutors in dealing with any trainee in difficulty.
4. Ensures that those involved in supervision and assessment are familiar with programme requirements.

5. Will provide clear evidence of the delivery, uptake and effectiveness of learning for trainees in all aspects of the curriculum.
6. Should organise and ensure delivery of a teaching programme based on the curriculum covering clinical, specialty and generic topics.
7. Will attend local and Deanery education meetings as appropriate.
8. Will be involved in recruitment of trainees.
9. Ensures that procedures for consideration and approval of LTFT (Less Than Full Time Trainees), OOPT (Out of Programme Training) and OOPR (Out of Programme Research) are fair, timely and efficient.
10. Records information required by local, regional and national quality control processes and provides necessary reports.
11. Takes a lead in all aspects of assessment and appraisal for trainees. This incorporates a lead role in organisation and delivery of ARCP. The Tutor/Training Programme Director will provide expert support, leadership and training for assessors (including in WPBA) and ARCP panel members.

There should be a Training Programme Director for the School/Deanery Core Psychiatry Training Programme who will undertake the above responsibilities with respect to the Core Psychiatry Programme and in addition:

1. Will implement, monitor and improve the core training programmes in the Trust(s) in conjunction with the Directors of Medical Education and the Deanery and ensure that the programme meets the requirements of the curriculum and the Trust and complies with contemporary College Guidance & Standards (see College QA Matrix) and GMC Promoting Excellence – standards for medical education and training. Will take responsibility with the Medical Psychotherapy Tutor (where one is available) for the provision of appropriate psychotherapy training experiences for trainees. This will include:
    a) Ensuring that educational supervisors are reminded about and supported in their task of developing the trainee's competencies in a psychotherapeutic approach to routine clinical practice.
    b) Advising and supporting trainees in their learning by reviewing progress in psychotherapy
    c) Ensuring that there are appropriate opportunities for supervised case work in psychotherapy.

Medical Psychotherapy Tutor

Where a scheme employs a Psychotherapy Tutor who is a Consultant Psychiatrist in Psychotherapy there is evidence that the Royal College of Psychiatrists' Psychotherapy Curriculum is more likely to be fulfilled than a scheme which does not have a trained Medical Psychotherapist overseeing the Core Psychiatry Psychotherapy training (Royal College of Psychiatrists' UK Medical Psychotherapy Survey 2012). This evidence has been used by the GMC in their quality assurance review of medical psychotherapy (2011-12).

It is therefore a GMC requirement that every core psychotherapy training scheme must be led by a Medical Psychotherapy Tutor who has undergone higher/advanced specialist training in medical psychotherapy with a CCT (Certificate of Completion of Training) in Psychotherapy. The Medical Psychotherapy Tutor is responsible for the organisation and educational governance of psychotherapy training in the core psychiatry training scheme in a School of Psychiatry in line with the GMC requirement of medical psychotherapy leadership in core psychotherapy training (GMC medical psychotherapy report and action plan, 2013).

Where there is no Medical Psychotherapy CCT holder in a Deanery a period of derogation up to two years will be accepted by the GMC. Within this period a Medical Psychotherapy Tutor post will be required to be established in the Deanery or LETB. The College will ask the Heads of School of Psychiatry what the interim arrangements are to develop the Medical Psychotherapy posts.

The Medical Psychotherapy Tutor:

1. Provides a clinical service in which their active and ongoing psychotherapy practice provides a clinical context for psychoth
2. Ensures that all core trainees have the opportunity to complete the psychotherapy requirements of the core curriculum
3. Advises and support core and higher trainees in their learning by reviewing progress in psychotherapy
4. Will be familiar with the ongoing psychotherapy training requirements for psychiatry trainees beyond core training and will lead on ensuring this learning and development continues for higher trainees in line with curriculum requirements
5. Oversees the establishment and running of the core trainee Balint/case based discussion group
6. Provides assessment and oversee the waiting list of therapy cases for core trainees and higher trainees
7. Monitors the selection of appropriate short and long therapy cases in accordance with the core curriculum
8. Selects and support appropriate therapy case supervisors to supervise and assess the trainees
9. Ensures the therapy case supervisors are aware of the aims of psychotherapy training in psychiatry and are in active practice of the model of therapy they supervise according to GMC requirements (2013)
10. Ensures the therapy case supervisors are trained in psychotherapy workplace based assessment
11. Ensures active participation of medical and non medical psychotherapy supervisors in the ARCP process
12. Maintains and builds on the curriculum standard of core psychotherapy training in the School of Psychiatry through the ARCP process.

Supervision

Supervision in postgraduate psychiatry training encompasses three core aspects:

- Clinical Supervision
- Educational Supervision
- Psychiatric Supervision

Supervision is designed to:

- Ensure safe and effective patient care
- Establish an environment for learning and educational progression
- Provide reflective space to process dynamic aspects of therapeutic relationships, maintain professional boundaries and support development of resilience, well-being and leadership

This guidance sets out the varied roles consultants inhabit within a supervisory capacity. Key principles underpinning all types of supervision include:

- Clarity
- Consistency
- Collaboration
- Challenge
- Compassion

Clinical Supervisors / Trainers

The clinical work of all trainees must be supervised by an appropriately qualified senior psychiatrist. All trainees must be made aware day-to-day of who the nominated supervisory psychiatrist is in all clinical situations. This will usually be the substantive consultant whose team they are attached to but in some circumstances this may be delegated to other consultants, to a senior trainee or to an appropriately experienced senior non consultant grade doctor during periods of leave, out-of-hours etc.

Clinical supervision must be provided at a level appropriate to the needs of the individual trainee**. No trainee should be expected to work to a level beyond their competence and experience;** no trainee should be required to assume responsibility for or perform clinical techniques in which they have insufficient experience and expertise. Trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence;

both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.

The clinical supervisor:

1. Should be involved with teaching and training the trainee in the workplace.
2. Must support the trainee in various ways:
    a) direct supervision, in the ward, the community or the consulting room
    b) close but not direct supervision, e.g. in the next door room, reviewing cases and process during and/or after a session
    c) regular discussions, review of cases and feedback
3. May delegate some clinical supervision to other members of clinical team as long as the team member clearly understands the role and the trainee is informed. The trainee must know who is providing clinical supervision at all times.
4. Will perform workplace-based assessments for the trainee and will delegate performance of WPBA's to appropriate members of the multi-disciplinary team
5. Will provide regular review during the placement, both formally and informally to ensure that the trainee is obtaining the necessary experience. This will include ensuring that the trainee obtains the required supervised experience in practical procedures and receives regular constructive feedback on performance.

Time for providing clinical supervision must be incorporated into job planning, for example within teaching clinics.

Educational Supervisors/Tutors

An Educational Supervisor/tutor will usually be a Consultant, Senior Lecturer or Professor who has been appointed to a substantive consultant position. They are responsible for the educational supervision of one or more doctors in training who are employed in an approved training programme. The Educational Supervisor will require specific experience and training for the role. Educational Supervisors will work with a small (no more than five) number of trainees. Sometimes the Educational Supervisor will also be the clinical supervisor/trainer, as determined by explicit local arrangements.

All trainees will have an Educational Supervisor whose name will be notified to the trainee. The precise method of allocating Educational Supervisors to trainees, i.e. by placement, year of training etc, will be determined locally and will be made explicit to all concerned.

The educational supervisor/tutor:

1. Works with individual trainees to develop and facilitate an individual learning plan that addresses their educational needs. The learning plan will guide learning that incorporates the domains of knowledge, skills and attitudes.
2. Will act as a resource for trainees who seek specialty information and guidance.
3. Will liaise with the Specialty/Programme tutor and other members of the department to ensure that all are aware of the learning needs of the trainee.
4. Will oversee and on occasions, perform, the trainee's workplace-based assessments.
5. Will monitor the trainee's attendance at formal education sessions, their completion of audit projects and other requirements of the Programme.
6. Should contribute as appropriate to the formal education programme.
7. Will produce structured reports as required by the School/Deanery.
8. In order to support trainees, will: -
    a. Oversee the education of the trainee, act as their mentor and ensure that they are making the necessary clinical and educational progress.
    b. Meet the trainee at the earliest opportunity (preferably in the first week of the programme), to ensure that the trainee understands the structure of the programme, the curriculum, portfolio and system of assessment and to establish a supportive relationship. At this first meeting the educational agreement should be discussed with the trainee and the necessary paperwork signed and a copy kept by both parties.
    c. Ensure that the trainee receives appropriate career guidance and planning.
    d. Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified.

Psychiatric Supervision

Psychiatrists in training require regular reflective 1:1 supervision with a nominated substantive consultant who is on the specialist register. This will usually be the nominated consultant who is also providing clinical, and often education, supervision.

Psychiatric supervision is required for all trainees throughout core and higher levels and must be for one hour per week. It plays a critical role in the development of psychiatrists in training in developing strategies for resilience, well-being, maintaining appropriate professional boundaries and understanding the dynamic issues of therapeutic relationships. It is also an opportunity to reflect on and develop leadership competencies and is informed by psychodynamic, cognitive coaching models. It is imperative that consultants delivering psychiatric supervision have protected time within their job plans to deliver this. This aspect of supervision requires 0.25 PA per week.

The psychiatric supervisor is responsible for producing the supervisor report informing the ARCP process and will ensure contributions are received from key individuals involved in the local training programme including clinical supervisors. Often the psychiatric supervisor will also be the nominated educational supervisor.

Assessors

Assessors are members of the healthcare team, who need not be educational or clinical supervisors, who perform workplace- based assessments (WPBA's) for trainee psychiatrists. In order to perform this role, assessors must be competent in the area of practice that they have been asked to assess and they should have received training in assessment methods. The training will include standard setting, a calibration exercise and observer training. Assessors should also have up to date training in equality and diversity awareness. While it is desirable that all involved in the training of doctors should have these elements of training, these stipulations do not apply to those members of the healthcare team that only complete multi-source.

Trainees

1. Must at all times act professionally and take appropriate responsibility for patients under their care and for their training and development.
2. Must ensure they attend the one hour of personal supervision per week, which is focused on discussion of individual training matters and not immediate clinical care. If this personal supervision is not occurring the trainee should discuss the matter with their educational supervisor/tutor or training programme director.
3. Must receive clinical supervision and support with their clinical caseload appropriate to their level of experience and training.
4. Should be aware of and ensure that they have access to a range of learning resources including:
    a. a local training course (e.g. MRCPsych course, for Core Psychiatry trainees)
    b. a local postgraduate academic programme
    c. the opportunity (and funding) to attend courses, conferences and meetings relevant to their level of training and experience
    d. appropriate library facilities
    e. the advice and support of an audit officer or similar
    f. supervision and practical support for research with protected research time appropriate to grade
5. Must make themselves familiar with all aspects of the curriculum and assessment programme and keep a portfolio of evidence of training.
6. Must ensure that they make it a priority to obtain and profit from relevant experience in psychotherapy.
7. Must collaborate with their personal clinical supervisor/trainer to:

a. work to a signed educational contract
b. maximize the educational benefit of weekly educational supervision sessions
c. undertake workplace-based assessments, both assessed by their clinical supervisor and other members of the multidisciplinary team
d. use constructive criticism to improve performance
e. regularly review the placement to ensure that the necessary experience is being obtained
f. discuss pastoral issues if necessary

8. Must have regular contact with their Educational Supervisor/tutor to:
   a. agree educational objectives for each post
   b. develop a personal learning and development plan with a signed educational contract
   c. ensure that workplace-based assessments and other means of demonstrating developing competence are appropriately undertaken
   d. review examination and assessment progress
   e. regularly refer to their portfolio to inform discussions about their achievements and training needs
   f. receive advice about wider training issues
   g. have access to long-term career guidance and support
9. Will participate in an Annual Review of Competence Progression (ARCP) to determine their achievement of competencies and progression to the next phase of training.
10. Should ensure adequate representation on management bodies and committees relevant to their training. This would include Trust clinical management forums, such as Clinical Governance Groups, as well as mainstream training management groups at Trust, Deanery and National (e.g. Royal College) levels.
11. On appointment to a specialty training programme the trainee must fully and accurately complete Form R and return it to the Deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis to ensure that the trainee re-affirms his/her commitment to the training and thereby remains registered for their training programme.
12. Must send to the postgraduate dean a signed copy of the Conditions of Taking up a training post, which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. The return of the Form R initiates the annual assessment outcome process.
13. Must inform the postgraduate dean and the Royal College of Psychiatrists of any changes to the information recorded.
14. Trainees must ensure they keep the following records of their training:
    - Copies of all Form Rs for each year of registering with the Deanery.
    - Copies of ARCP forms for each year of assessment.
    - Any correspondence with the postgraduate Deanery in relation to their training.
    - Any correspondence with the Royal College in relation to their training.

15. Must make themselves aware of local procedures for reporting concerns about their training and personal development and when such concerns arise, they should report them in a timely manner.

8. ADVANCED TRAINING IN LIAISON PSYCHIATRY

Having completed Core Training, the practitioner may apply in open competition via National Recruitment to enter Advanced Training in their chosen psychiatric specialty. The outcome of this training will be an autonomous practitioner able to work at Consultant level. This Curriculum outlines the competencies the practitioner must develop and demonstrate before they may be certificated as a Specialist in Liaison Psychiatry. Because this level of clinical practice often involves working in complex and ambiguous situations, we have deliberately written the relevant competencies as broad statements. We have also made reference to the need for psychiatrists in Advanced Training to develop skills of clinical supervision and for simplicity, rather than repeat them for each component in the Good Clinical Care Domain; we have stated them only once, although they apply to each domain and will also apply to all specialties and sub-specialties.

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

Firstly, Specialty Trainees in Psychiatry all continue to achieve the competencies set out in the Core Psychiatry Training throughout training, irrespective of their psychiatric specialty. This involves both acquiring new competencies, particularly in aspects such as leadership, management, teaching, appraising and developing core competencies such as examination and diagnosis to a high level and, as an expert, serving as a teacher and role model.

Secondly, the Advanced Curriculum set out those competencies that are a particular feature of this specialty. These include competencies that are specific to the specialty, or that feature more prominently in the specialty than they do elsewhere, or that need to be developed to a particularly high level (mastery level) in specialty practice.

The Advanced Curriculum in Liaison Psychiatry sets out those competencies that are a particular feature of this sub-specialty. Although many trainees will have some exposure to working in an acute hospital setting, trainees working towards the award of an endorsement in Liaison Psychiatry will be primarily based in this learning environment. The new advanced curriculum for Liaison Psychiatry sits beside the Advanced Modules for Old Age Psychiatry or General Psychiatry.

Liaison Psychiatry works at the interface of physical health and mental health and this bring with it the challenges of delivering mental health care in a non-mental health setting. An in-depth understanding of the physical health care environment is essential for safe and effective working and in clinical practice there is a greater emphasis on training and education of staff. In addition because of the position of Liaison Psychiatry in the interface between acute and mental health providers, experience in service development and an understanding of the working of the wider health economy is an important aspect.

There will inevitably be some competencies that could be achieved in Core Training, especially during a Liaison Psychiatry placement but the majority of competencies will require experience at higher training level as they involve experience of clinical leadership and management at a more senior level. To make best use of the limited time available in this subspecialty, trainees should ideally not undertake their placement before ST5 level.

It is expected that trainees in Old Age and Adult Liaison Psychiatry would have different levels of exposure to certain disorders and therefore gain different levels of competence in managing those disorders. As the specialty develops the curriculum will be updated to reflect those changes.

Some of the intended learning outcomes set out in the Core Curriculum are not included in this Advanced Curriculum. However, for consistency, the numbering system for the intended learning outcomes has been left unchanged here. Therefore, there are gaps in the sequences below.

In order to be awarded a CCT in General Psychiatry or Old Age Psychiatry with an endorsement in Liaison Psychiatry, the trainee must demonstrate the competencies of General Psychiatry or Old Age Psychiatry that are set out in the relevant curricula as well as those of Liaison Psychiatry, set out later.

9. THE INTENDED LEARNING OUTCOMES FOR SPECIALIST TRAINING IN LIAISON PSYCHIATRY

GMP Domain 1; Knowledge, skills and performance

- Develop and maintain professional performance
- Apply knowledge and experience to practice
- Record work clearly, accurately and legibly

Intended learning outcome 1	
The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include: • **Presenting or main complaint** • **History of present illness** • **Past medical and psychiatric history** • **Systemic review** • **Family history** • **Socio-cultural history** • **Developmental history**	
Intended learning outcome 1	**Assessment methods**
Knowledge Demonstrate detailed knowledge of epidemiology and common presentations of psychiatric and psychological problems in medical, surgical and elderly medical settings. Particular emphasis should be given to the following: • Anxiety Disorders • Acute Stress and Adjustment Disorders • Delirium • Dementia • Eating disorders • Factitious Disorders, Somatoform Disorders and Malingering • Mood Disorders • Personality Disorders • Psychiatric Manifestations of Medical and Neurologic Illness, including medication effects. • Physical symptoms exacerbated by mental illness	ACE, Mini-ACE, CBD

• Psychotic Disorders (organic and non-organic) • Substance Misuse It is expected that trainees in old age and adult liaison would have different levels of exposure to certain disorders although all trainees will need to be familiar with the broad range of presenting problems in all age groups. Knowledge of relevant questionnaires and screening tools in the liaison psychiatry setting and their limitations.	 ACE, Mini-ACE, CBD
Skills Identify and diagnose disorders described above in medical, surgical and geriatric settings. Carry out a comprehensive full biopsychosocial assessment of patients with physical health and mental health problems, impaired mental wellbeing, or psychological distress. Use the systematic documentation of chronology of patient's medical history to aid assessment Use of appropriate questionnaires and screening tools as part of the assessment process. Identify and diagnose disorders described above in medical, surgical and elderly medical settings. Perform a detailed assessment of cognitive function taking in to account the limitations of the setting and physical health of the patient.	 ACE, Mini-ACE, CBD ACE, CBD ACE, mini-ACE, CBD ACE, mini-ACE, CBD ACE, mini-ACE, CBD ACE, mini-ACE, CBD
Attitudes demonstrated through behaviours Respect patients' dignity and confidentiality Appropriately involve family and carers Demonstrate a flexible approach in assessment taking in to account the patient's current physical health status	ACE, Mini-ACE, Mini-PAT, supervisor's report ACE, Mini-ACE, CBD, Mini-PAT ACE, Mini-ACE, CBD, Mini-PAT

Intended learning outcome 2	
The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses, liaising with other specialists and making appropriate referrals	
Intended learning outcome 2	**Assessment methods**
Knowledge Awareness of interfaces between Liaison Psychiatry and other psychiatric specialties, other branches of medicine and other service providers, including social services	CBD
Skills Demonstrate ability to integrate information from multiple sources to formulate the case Demonstrate ability to communicate and document assessments effectively and succinctly to other healthcare professionals. Demonstrate the ability to communicate formulations to patients and their carers clearly and sensitively	ACE, Mini-ACE, CBD ACE, Mini-ACE, CBD ACE, Mini-ACE, CBD
Attitudes demonstrated through behaviours Show an awareness of the advantages and limitations of using a diagnostic system Show understanding that clinical and service priorities of other disciplines may differ to those of mental health Demonstrate awareness of diagnostic uncertainty, and ability to manage uncertainty in the medium term, in some patients	CBD, mini-PAT, supervisor's report CBD, mini-PAT, supervisor's report CBD

Intended learning outcome 3	
The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains	
Intended learning outcome 3	**Assessment methods**
Knowledge Demonstrate contemporary knowledge of the risk and benefits of psychotropic medication in patients with physical health challenges.	ACE, mini-ACE, CBD
Ability to understand the changes in the ageing or compromised brain and body and adapt treatment strategies accordingly.	ACE, mini-ACE, CBD
Demonstrate knowledge of available support systems on discharge including social care.	ACE, mini-ACE, CBD
Understanding of the current national standards, policies and guidelines in relation to the mental health and social care needs of patients in liaison psychiatry settings.	Mini-ACE, ACE, CBD, DONCS
Skills Correctly interpret the results of physical examination and investigations.	ACE, Mini-ACE, CBD
Liaise and discuss additional investigations with colleagues in the multi-professional team in order to utilise investigations appropriately.	ACE, Mini-ACE, CBD
Safely use and manage psychotropic medication	ACE, Mini-ACE, CBD
Confidently diagnose, manage and coordinate complex liaison cases in both in-patient and out-patient settings, including the use of a broad range of psychological, social, environmental and biological interventions.	ACE, CBD, DONCS
Devise and adapt a management plan to be used in non-mental health settings.	ACE, Mini-ACE, CBD
Communicate recommended management plan effectively and concisely to other professionals and arrange appropriate follow up when required.	ACE, Mini-ACE, CBD, Mini-PAT

Attitudes demonstrated through behaviours Advocate on behalf of the patient Respect patient's autonomy	 ACE, mini-ACE, CBD, supervisor's report ACE, mini-ACE, CBD

Intended learning outcome 4	
Based on a comprehensive psychiatric assessment, the doctor will demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies	
Intended learning outcome 4	**Assessment methods**
Knowledge Demonstrate contemporary knowledge of the following and their application in the general hospital setting: • The relevant mental health legislation and the core principles consistent with UK national legislation relating to the detention and treatment of patients with a mental disorder; • The relevant UK national legislation relating to mental capacity; • Relevant Case Law. Demonstrate knowledge of all relevant and current guidance for the assessment of risk and management of self-harm. Can describe the differences between older people and younger adults in presentation, risk factors and management. Demonstrate knowledge and appropriate application of adult safeguarding processes in general hospital settings.	CBD, DONCS ACE, Mini-ACE, CBD, DONCS CBD, CP CBD, CP

Skills Carry out a comprehensive assessment of risk including: • Suicide • Violence • Exploitation • Neglect • Environmental risk • Unintentional physical harm • Elder abuse	ACE, CBD
Manage psychiatric emergencies including emergency use of medication, rapid tranquilisation, use of restraint and post event management aspects.	ACE, CBD, DONCS
Communicate risk assessments effectively and succinctly to other healthcare professionals	Mini-ACE, CBD, Mini-PAT
Develop and negotiate safe, effective and compassionate risk management plans with patients, family, carers and other health care professionals.	Mini-ACE, CBD, Mini-PAT
Contribute to and develop risk management policies and guidelines in liaison psychiatry settings.	ACE, CBD, DONCS
Attitudes demonstrated through behaviours Be able to work under pressure and to retain professional composure and to think clearly when working in emergency situations.	Mini-PAT, supervisor's report
Be able to prioritise work appropriately when confronted with clinical crises	Mini-PAT, supervisor's report
Maintain professionalism in face of considerable clinical and legal pressure	Mini-PAT, supervisor's report

Intended learning outcome 5	
Based on the full psychiatric assessment, the doctor will demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions	
Intended learning outcome 5	**Assessment methods**
Knowledge Demonstrate knowledge of evidence based psychological treatments relevant in liaison psychiatry setting.	CBD, CP
Skills Develop psychotherapeutic skills within the liaison psychiatry setting: • Demonstrate the use of psychotherapeutic skills in initial assessment and development of management plan; • Demonstrate the ability to utilise psychotherapeutic skills in assisting staff groups in other disciplines in the management of complex situations; • Explain a range of psychological therapies to patients, carers and other professionals and organise subsequent management appropriately; • Conduct and complete a minimum of one psychological therapy, under supervision in the liaison psychiatry setting.Manage at least one supervised psychotherapy case, using an appropriate psychotherapy, drawn from the liaison psychiatry setting	ACE, mini-ACE, CBD CBD, supervisor's report ACE, mini-ACE CBD, SAPE
Attitudes demonstrated through behaviours Understands the importance of continuing to practice and develop a range of psychotherapeutic treatment skills	Supervisor's report

Intended learning outcome 7	
To be able to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states	
Intended learning outcome 7	**Assessment methods**
Knowledge Demonstrates knowledge of specific physical health risks and needs of patients with chronic and severe mental disorders	CBD, CP
Skills Develop and negotiate care plans that address both physical and mental health needs Sensitively engage, assess and develop a collaborative, multidisciplinary and biopsychosocial management plan for patients presenting with Medically Unexplained Symptoms	ACE, mini-ACE, CBD, DONCS ACE, mini-ACE, CBD, DONCS
Attitudes demonstrated through behaviours Exhibits a nonjudgmental and non-confrontational attitude Challenges stigma	Supervisor's report, mini-PAT Supervisor's report, mini-PAT

Intended learning outcome 8	
To develop an understanding of research methodology and critical appraisal of the research literature	
Intended learning outcome 8	**Assessment methods**
Knowledge Knowledge of the relevant research literature in the field of Liaison Psychiatry	CBD, JCP
Skills To apply the results of existing and new research in Liaison Psychiatry in clinical practice To be able to critically analyse the existing knowledge and communicate effectively with team members	CBD, JCP CBD, JCP
Attitudes Willingness to apply existing and new knowledge in Liaison Psychiatry clinical research	CBD, JCP, supervisor's report

Good Medical Practice, Domain 2; Safety and Quality

- Contribute to and comply with systems to protect patients
- Respond to risks and safety
- Protect patients and colleagues from any risk posed by your health

Intended learning outcome 10	
Develop the ability to conduct and complete audit in clinical practice	
10a Audit	**Assessment methods**
Knowledge	
Skills Contribute to a joint clinical audit with general hospital or primary care colleagues. Report and present audit findings in an appropriate forum. Identify opportunities for clinical audit benefitting patient care and safety in the general hospital or primary care environment. Translate audit finding in to a change of practice.	DONCS, supervisor's report DONCS, supervisor's report CBD, supervisor's report Supervisor's report
Attitudes demonstrated through behaviours Demonstrate willingness to take responsibility for clinical governance activities. Work collaboratively with colleagues from other disciplines.	Supervisor's report, mini-PAT Supervisor's report, mini-PAT

Intended learning outcome 11	
To develop an understanding of the implementation of clinical governance	
11a Organisational framework for clinical governance and the benefits that patients may expect	**Assessment methods**
Knowledge Awareness and understanding of clinical governance structures in acute hospital settings Awareness and understanding of the quality framework for Liaison Psychiatry services (PLAN)	CBD CBD

Skills Develop and adopt clinical guidelines and integrated care pathways Question existing practice in order to improve service To participate in the process to assure and maintain Liaison Psychiatry service standards	 Supervisor's report, CBD Supervisor's report, CBD Supervisor's report, Mini-PAT
Attitudes Willing to take responsibility, open to new ideas and supporting colleagues.	Supervisor's report, mini-PAT

Good Medical Practice, Domain 3: Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity
- Work in partnership with patients
- Work with colleagues in the ways that best serve patients' interests

Intended learning outcome 13	
Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances	
Intended learning outcome 13	**Assessment methods**
Knowledge Understand the relationship between physical illness and psychological distress	 ACE, Mini-ACE, CBD, supervisor's report
Skills Adapt communication to reflect the setting Discuss mental health issues with medical and surgical patients, their families and carers.	ACE, Mini-ACE, supervisor's report ACE, Mini-ACE, CBD, supervisor's report
Attitudes demonstrated through behaviours	

Intended learning outcome 14	
To demonstrate the ability to work effectively with colleagues, including team working	
Intended learning outcome 14	**Assessment methods**
Knowledge Show an awareness of access to and delivery of mental health systems Understand models of consultation – liaison psychiatry and emergency working sufficiently to explain and negotiate with general hospital and mental health Trust colleagues and managers	 CBD, DONCS CBD, DONCS, mini-PAT
Skills Collaborate effectively and actively and develop negotiating skills, with medical and surgical colleagues Work with and support Primary Care in managing complex cases involving Multiple Undiagnosed Symptoms and/or chronic physical illness Work with local authority social services and voluntary sector in planning care.	 CBD, DONCS, mini-PAT CBD, DONCS, mini-PAT CBD, DONCS
Attitudes demonstrated through behaviours Contribute to Mental Health promotion in the acute hospital.	 DONCS, mini-PAT, supervisor's report

Intended learning outcome 15	
Develop appropriate leadership skills	
Intended learning outcome 15	**Assessment methods**
Knowledge Understand current business models in relation to physical health care. Use knowledge of the epidemiology of mental illness within liaison psychiatry settings to inform service planning.	 DONCS, supervisor's report DONCS, supervisor's report
Skills Demonstrate ability to manage referrals and to assess, prioritise and allocate according to need.	 DONCS, supervisor's report, Mini-PAT, Mini-ACE

Use own authority to optimise medical and surgical management plans	DONCS, supervisor's report, Mini-PAT
Contribute to the development of care pathways	DONCS, supervisor's report, Mini-PAT
Contribute to service development by completing a service improvement project	Supervisor's report
Attitudes demonstrated through behaviours	

Good Medical Practice, Domain 4: Maintaining Trust

- Be honest and open and act fairly with integrity
- Never discriminate unfairly against patients or colleagues
- Never abuse patients' trust or the public's trust in the profession

Intended learning outcome 17	
To develop the ability to teach, assess and appraise	
Intended learning outcome 17	**Assessment methods**
Knowledge Knowledge of existing teaching materials appropriate for Liaison Psychiatry setting	CBD, AoT
Skills Contribute to teaching psychiatric colleagues and other healthcare professionals including students about liaison psychiatry	DONCS, AoT
Impart specialist skills, knowledge, attitudes and behaviours in teaching colleagues in all disciplines through daily clinical practice	DONCS, AoT
Deliver formal teaching about Liaison Psychiatry topics to colleagues from other disciplines.	AoT, supervisor's report

Adapt teaching or training to the needs of non mental health staff	AoT, supervisor's report
Engage patient and/or carer groups in teaching processes	DONCS, AoT, supervisor's report
Provide feedback to team members as part of supervision arrangements	DONCS, Mini-PAT
Attitudes demonstrated through behaviours Delivers feedback sensitively and honestly	Supervisor's report, mini-PAT

Intended learning outcome 19	
To ensure that the doctor acts in a professional manner at all times	
Intended learning outcome 19	**Assessment methods**
Knowledge	
Skills	
Attitudes demonstrated through behaviours Advise, signpost and demonstrate an understanding of the issues relating to colleagues with mental health problems	CBD, supervisor's report

10. METHODS OF LEARNING AND TEACHING

The curriculum is delivered through a number of different learning experiences, of which experiential workplace learning with supervision appropriate to the trainee's level of competence is the key. This will be supported by other learning methods as outlined below: -

1. Appropriately supervised clinical experience
2. Psychotherapy training
3. Emergency psychiatry experience
4. Interview skills
5. Learning in formal situations
6. Teaching
7. Management experience
8. Research
9. ECT Training
10. Special interest sessions

Appropriately supervised clinical experience

Trainees must at all times participate in clinical placements that offer appropriate experience i.e. direct contact with and supervised responsibility for patients. **All training placements must include direct clinical care of patients**. Placements based on observation of the work of other professionals are not satisfactory. **Each placement must have a job description and timetable. There should be a description of potential learning objectives in post**. Training placements should not include inappropriate duties (e.g. routine phlebotomy, filing of case notes, escorting patients, finding beds, etc) and must provide a suitable balance between service commitment and training.

The clinical experience in the Advanced Training Programme in General Psychiatry or Old Age Psychiatry with sub-specialty endorsement in Liaison Psychiatry will consist of the equivalent of three years full time experience of which two years must be spent in the designated parent specialty. The three years will be made up as follows:

- Twelve months in the parent specialty placement, i.e. a placement that can offer both inpatient and community experience or two six-month placements in inpatient and community settings. The inpatient experience must include managing detained patients under supervision.
- Twelve months in a specialist liaison psychiatry service. Ideally this placement will take place in ST5.
- Twelve months in further general adult or old age psychiatry.

Clinical placements in advanced training in General Psychiatry or Old Age with sub-specialty endorsement in Liaison Psychiatry should last 12 months for a full-time trainee. This gives sufficient time for a realistic clinical experience and allows the completion of treatment programmes and time to build up and close down a clinical service. However, placements of up to 15 months may be acceptable if there are problems with rotational dates.

It must be emphasised that advanced training in General Psychiatry is not simply an extension of Core Psychiatry Training and the duties performed by advanced trainees must reflect this. There should not be a routine expectation that the higher trainee continues to work at a level appropriate for Core Psychiatry training. The specialist trainee (ST4-6) works more independently and has a greater supervisory, leadership and managerial role. There must be opportunity for the specialty registrar to develop supervisory skills. The clinical load should not be so heavy so as to jeopardise the research, teaching and managerial functions.

Psychotherapy training

The aim of psychotherapy training is to contribute to the training of future consultant psychiatrists in all branches of psychiatry who are psychotherapeutically informed, display advanced emotional literacy and can deliver some psychological treatments and interventions. Such psychiatrists will be able to:

- Account for clinical phenomena in psychological terms
- Deploy advanced communication skills
- Display advanced emotional intelligence in dealings with patients and colleagues and yourself.
- Refer patients appropriately for formal psychotherapies
- Jointly manage patients receiving psychotherapy
- Deliver basic psychotherapeutic treatments and strategies where appropriate

A senior clinician with appropriate training (preferably a consultant psychotherapist) should be responsible for organising psychotherapy training within a School in line with current curriculum requirements. There are two basic requirements:

Case based discussion groups (CBDG) are a core feature of early training in psychotherapeutic approach to psychiatry. They involve regular weekly meetings of a group of trainees and should last around one and one and a half hours. The task of the meeting is to discuss the clinical work of the trainees from a psychotherapeutic perspective paying particular attention to the emotional and cognitive aspects of assessment and management of psychiatric patients in whatever setting the trainee comes from. Trainees should be encouraged to share their feelings and thoughts openly and not to present their cases in a formal or stilted manner. Most trainees should attend the group for about one year. Attendance and participation in the CBDG will be assessed

Undertaking specific training experiences treating patients is the only reliable way to acquire skills in delivering psychotherapies. The long case also helps in learning how to deal with difficult or complicated emotional entanglements that grow up between patients and doctors over the longer term. Patients allocated to trainees should be appropriate in terms of level of difficulty and should have been properly assessed. Trainees should be encouraged to treat a number of psychotherapy cases during their training using at least two modalities of treatment and at least two durations of input. This experience must be started in Core training and continued in Advanced Training, so that by the end of Core Training the trainee must have competently completed at least two cases of different durations. The psychotherapy supervisor will assess the trainee's performance by using the SAPE.

Care should be given in the selection of psychological therapy cases in Advanced Training in General Psychiatry, Old Age Psychiatry and Liaison Psychiatry to make the experience gained is relevant to the trainee's future practice as a consultant. For example trainees in Liaison Psychiatry should gain experience in providing psychological therapy to patients with physically ill patients or those with medically unexplained symptoms and those trainees with an interest in personality disorders should consider developing their knowledge of treatments such as dialectical behaviour therapy, mentalisation based therapy and cognitive analytic therapy.

The psychotherapy tutor should have selected supervisors. Psychotherapy supervisors need not be medically qualified but they should possess appropriate skills and qualifications both in the modality of therapy supervised and in teaching and supervision.

Emergency Psychiatry

Trainees must gain experience in the assessment and clinical management of psychiatric emergencies and trainees must document both time spent on-call and experience gained (cases seen and managed) and this should be "signed off" by their Clinical Supervisor/Trainer.

A number and range of emergencies will constitute relevant experience. During Core Psychiatry training, trainees must have experience equivalent to participation in a first on call rota with a minimum of 55 nights on call during the period of core specialty training (i.e. at least 50 cases with a range of diagnosed conditions and with first line management plans conceived and implemented.) (Trainees working part time or on partial shift systems must have equivalent experience.)

Where a training scheme has staffing arrangements, such as a liaison psychiatric nursing service, which largely excludes Core Psychiatry trainees from the initial assessment of deliberate self-harm patients or DGH liaison psychiatry consultations, the scheme must make alternative arrangements such that trainees are regularly rostered to obtain this clinical experience under supervision. Such supervised clinical experience should take place at least monthly.

Psychiatric trainees should not provide cross specialty cover for other medical specialties except in exceptional circumstances where otherwise duty rotas would not conform to the European Working Time Directive. No trainee should be expected to work to a level beyond their clinical competence and experience.

Where daytime on call rotas are necessary, participation must not prevent trainees attending fixed training events.

Advanced trainees in General or Old Age Psychiatry must have opportunities to supervise others as part of their experience of emergency psychiatry. They should not routinely perform duties (such as clerking emergency admissions) that would normally be performed by less experienced practitioners.

Interview skills

All trainees must receive teaching in interviewing skills in the first year Core Psychiatry Training (CT1). The use of feedback through role-play and/or video is recommended. Soliciting (where appropriate) the views of patients and carers on performance is also a powerful tool for feedback.

Learning in formal situations

Learning in formal situations will include attending a number of courses for which the trainee should be allowed study leave: -

- It is essential that trainees in Core Psychiatry Training attend an MRCPsych course that comprises a systematic course of lectures and /or seminars covering basic sciences and clinical topics, communication and interviewing skills.
- Local postgraduate meetings where trainees can present cases for discussion with other psychiatrists, utilising information technology such as slide presentations and video recordings.
- Journal clubs, where trainees have the opportunity to review a piece of published research, with discussion chaired by a consultant or specialty registrar (ST4-ST6), Postgraduate meetings where trainees can present and discuss audit.

- Multi-disciplinary/multi-professional study groups.
- Learning sets which can stimulate discussion and further learning.
- Trainees must also exercise personal responsibility towards their training and education and are encouraged to attend educational courses run by the College's divisional offices.

Experience of teaching

It is important that all trainee psychiatrists have experience in delivering education. In Core Psychiatry training, trainees should have opportunities to assist in 'bedside' teaching of medical students and delivering small group teaching under supervision. Advanced trainees in General and Old Age Psychiatry should be encouraged to be involved in teaching CT1-3 trainees on the MRCPsych course and to be involved in the design, delivery and evaluation of teaching events and programmes.

Management experience

Opportunity for management experience should be available in all training programmes and should begin with simple tasks in the clinical, teaching and committee work of the hospital or service.

Attending courses and by shadowing a medical manager to get insight into management. For example, the final month of a ST4 placement could be spent working with a manager.

"Hands on" experience is especially effective, e.g. convening a working group, and it may be possible for a trainee to be given a relevant management task to complete.

Opportunity for involvement in administration and collaboration with non-medical staff at local level on the ward or unit, at Trust level or on the training scheme itself to gain familiarity with and an understanding of management structure and process as part of a trainee's professional development as a psychiatrist.

ECT Training

All Core Psychiatry training programmes must ensure that there is training and supervision in the use of ECT so that trainees become proficient in the prescribing, administration and monitoring of this treatment.

Research

Opportunities must be made available for trainees to experience supervised quantitative or qualitative research and a nominated research tutor should be available within the programme to advise trainees on the suitability of projects. In Core Psychiatry training, research may be limited to case reports or a small literature review. In advanced training in General Psychiatry, trainees should have the opportunity to participate in original research.

Special interest sessions

It is educationally desirable that Advanced Trainees in General Psychiatry or Old Age Psychiatry with sub-specialty endorsement in Liaison Psychiatry have the ability to gain additional experiences that may not be available in their clinical placement. Two sessions every week must be devoted during each year from ST4-6 for such personal development, which may be taken in research or to pursue special clinical interests. Special interest sessions are defined as “a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee”. For instance, a special interest session in substance misuse would be of direct relevance to a trainee wishing to subsequently work in an inner city core general adult post. Special interest sessions may also be used for gaining psychotherapy experience that builds upon the experience the trainee had in Core Training. This experience must be appropriately managed, supervised and assessed. The Training Programme Director must prospectively approve the use of special interest time. Special interest and research supervisors must provide reports for the trainee’s ARCP as required by the School of Psychiatry.

11. THE ASSESSMENT SYSTEM FOR ADVANCED TRAINING IN GENERAL PSYCHIATRY OR OLD AGE PSYCHIATRY WITH SUB-SPECIALTY ENDORSEMENT IN LIAISON PSYCHIATRY

Purpose

The Royal College of Psychiatrists 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.

Assessment blueprint

The Assessment Blueprint supplement to this Curriculum shows the assessment methods that can possibly be used for each competency. It is not expected that all trainees will be assessed by all possible methods in each competency. The learning needs of individual trainees will determine which competencies they should be assessed in and the number of assessments that need to be performed. The trainee's Educational Supervisor has a vital role in guiding the trainee and ensuring that the trainee's assessments constitute sufficient curriculum coverage.

Trainees must pass the MRCPsych examination and successfully completed core training before entering Advanced Training in General Psychiatry or Old Age Psychiatry.

Workplace Based Assessment (WPBA) is the assessment of a doctor's performance in those areas of professional practice best tested in the workplace. The assessment of performance by WPBA will continue the process established in the Foundation Programme and will extend throughout Core Psychiatry Training and Advanced Training. It must be understood that WPBA's are primarily tools for giving formative feedback and in order to gain the full benefit of this form of assessment, trainees should ensure that their assessments take place at regular intervals throughout the period of training. All trainees must complete at least one case-focused assessment in the first month of each placement in their training programme. A completed WPBA accompanied by an appropriate reflective note written by the trainee and evidence of further development

may be taken as evidence that a trainee demonstrates critical self-reflection. Educational supervisors will draw attention to trainees who leave all their assessments to the 'last minute' or who appear satisfied that they have completed the minimum necessary.

An individual WPBA is not a summative assessment, but outcomes from a number of WPBA's will contribute evidence to inform summative decisions.

The WPBA tools currently consist of:

- **Assessment of Clinical Expertise (ACE)** modified from the Clinical Evaluation Exercise (CEX), in which an entire clinical encounter is observed and rated thus providing an assessment of a doctor's ability to assess a complete case

- **Mini-Assessed Clinical Encounter (mini-ACE)** modified from the mini-Clinical Evaluation Exercise (mini-CEX) used in the Foundation Programme, part of a clinical encounter, such as history-taking, is observed and rated.

- **Case Based Discussion (CBD)** is also used in the Foundation Programme and is an assessment made on the basis of a structured discussion of a patient whom the Trainee has recently been involved with and has written in their notes.

- **Direct Observation of Procedural Skills (DOPS)** is also used in the Foundation Programme and is similar to mini-ACE except that the focus is on technical and procedural skills.

- **Multi-Source Feedback (MSF)** is obtained using the **Mini Peer Assessment Tool (mini-PAT)**, which is an assessment made by a cohort of co-workers across the domains of *Good Medical Practice.*

- **Case Based Discussion Group Assessment (CBDGA)** has been developed by the College to provide structured feedback on a trainee's attendance and contribution to case discussion groups (also known as Balint-type groups) in Core Psychiatry Training.

- **Structured Assessment of Psychotherapy Expertise (SAPE)** has been developed by the College to provide evidence of satisfactory completion of a psychotherapy case.

- **Case Presentation (CP)** developed at the College; this is an assessment of a major case presentation, such as a Grand Round, by the Trainee.

- **Journal Club Presentation (JCP)** similar to CP, and also developed at the College, this enables an assessment to be made of a Journal Club presented by the Trainee.

- **Assessment of Teaching (AoT)** has been developed at the College to enable an assessment to be made of planned teaching carried out by the Trainee, which is a requirement of this curriculum.

- **Direct Observation of non-Clinical Skills (DONCS)** has been developed by the College from the Direct Observation of Procedural Skills (DOPS). The DONCS is designed to provide feedback on a doctor's performance of non-clinical skills by observing them chairing a meeting, teaching, supervising others or engaging in another non-clinical procedure.

12. WPBA for Advanced Trainees

Doctors in Advanced Training Programmes should participate in at least one or two rounds of multi-source feedback a year and have at least one other WPBA performed a month. It is likely that the CbD will be an important assessment tool for these doctors because this tool permits a deep exploration of a doctor's clinical reasoning. The mini-ACE may be less important for most advanced trainees, except perhaps those engaged in areas of clinical work that they had not encountered in core training. As stated above, the College is developing the DONCS as a means of assessing performance of skills in situations that do not involve direct patient encounters. In time, it is possible that some psychiatric sub-specialty Advanced Training Curricula may introduce novel WPBA tools for specialised areas of work. Detailed information is contained in the Trainee and Trainer Guide to ARCPs.

13. Decisions on progress, the ARCP

Section 7 of the **Guide to Postgraduate Specialty Training in the UK** ("Gold Guide") describes the **Annual Review of Competence Progression (ARCP)**. The ARCP is a formal process that applies to all Specialty Trainees. In the ARCP a properly constituted panel reviews the evidence of progress to enable the trainee, the postgraduate dean, and employers to document that the competencies required are being gained at an appropriate rate and through appropriate experience.

The panel has two functions: -

1. To consider and prove the adequacy of the trainee's evidence.

2. Provided the documentation is adequate, to make a judgment about the trainee's suitability to progress to the next stage of training or to confirm that training has been satisfactorily completed

The next section is a guide for ARCP panels regarding the evidence that trainees should submit during their year of Advanced Specialty training in Liaison Psychiatry. There are several different types of evidence including WPBA's, supervisor reports, the trainee's learning plan, evidence of reflection, course attendance certificates etc. The evidence may be submitted in a portfolio and in time, this will be done using the College e-portfolio.

Trainees may submit WPBA's that have been completed by any competent healthcare professional who has undergone training in assessment. In a number of cases, we have stipulated that a consultant should complete the assessment. WPBA's in developmental psychiatry (i.e. in children and patients with learning disability) should be performed by a specialist child psychiatrist or learning disability psychiatrist.

The trainee should map the evidence that they wish to be considered for each competency. A single piece of evidence may be used to support more than one competency.

14. Trainee and Trainer Guide to ARCPs – Liaison Psychiatry

Trainees in liaison psychiatry are expected to carry out sufficient WPBAs necessary to demonstrate the development of relevant clinical skills, and to demonstrate progress and learning. It is **unlikely that this will be achieved using fewer than 4 ACE's and 8 mini-ACE's over a 12-month period, in addition to 6 CBD's and 6 DONCS**

Trainees should ensure that in addition to the GMC approved assessment tools, competence is demonstrated using a broad range of evidence, including reflective practice, self assessments, feedback and certificates of courses attended (especially if accompanied by an assessment of competence). Intended Learning Outcomes need to be triangulated.

It is unlikely that any one WPBA will be able to demonstrate competence in more than 7 learning objectives.

Trainees in liaison psychiatry need to continue to demonstrate ongoing competence in those areas of the Core Psychiatry and General or Old Age Psychiatry curricula not specifically covered by the Liaison Curriculum

Intended learning outcome	**ST4 or 5**
ILO 1. Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include: • **Presenting or main complaint** • **History of present illness** • **Past medical and psychiatric history** • **Systemic review** • **Family history** • **Socio-cultural history** • **Developmental history**	
	CBDs of patients the trainee has fully assessed in liaison psychiatry area including a collateral history and relevant medical and surgical history. ACEs of typical patients the trainee has fully assessed in liaison psychiatry area including a collateral history The ACEs and the CBDs may be paired to the same case Mini-ACES of specialised assessments such as in Intensive Care, or in

	surgical patients with severe communication difficulties (e.g. oropharyngeal disease) Mini-PAT Supervisor's report
ILO 2. Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses liaising with other specialists and making appropriate referrals	
	CBDs of differential diagnosis in a patient in liaison psychiatry CBDs demonstrating written communication to other professionals ACEs or Mini-ACEs of specialised assessments in liaison psychiatry setting ACEs or Mini ACEs of clinical encounters with other health care professionals Mini-PAT Supervisor's report
ILO 3. Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains	
	ACE, mini-ACES or CBDs of investigations and management of patients with complex problems in liaison psychiatry ACE or Mini-ACEs in the practice of prescribing for medically ill patients, and the management of alcohol problems in the general hospital DONCS of management and coordination of complex liaison cases in both

	in-patient and out-patient settings. Mini-PAT Supervisor's report
ILO 4. Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies	
	ACE or Mini-ACE of contribution to the management of clinical risk in a patient in a medical or surgical setting CBD of the knowledge factors relating to the management of clinical risk in a patient who is in a medical or surgical setting DONCS of chairing case review in a patient who is in a medical or surgical setting Mini-PAT
ILO 5. Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions	
	CBD of the use of a psychological treatment relevant to the management of a patient in liaison psychiatry ACE or Mini-ACE of the use of psychological skills used to support staff groups in the management of complex situations ACE or Mini-ACE of engagement of patient in options of psychological

	treatment Evidence of participation in one psychotherapy case in the Liaison psychiatry setting (SAPE) Supervisor's report
ILO 7. Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states	
	CBDs of the development of care plans addressing physical and mental health needs ACEs of assessment and management of patients with medically unexplained symptoms Mini-ACE explaining the diagnosis of Medically Unexplained symptoms DONCS of contribution to MDT care planning ACEs of complex MHA/MCA assessments which include the interaction of physical and mental health problems The ACEs and the CBDs may be paired to the same case Mini-PAT Supervisor's report

ILO 8. To develop an understanding of research methodology and critical appraisal of the research literature	
	CBD demonstrating the use of relevant research literature in diagnosis and management in liaison psychiatry setting JCP highlighting relevant literature and identification of knowledge gaps Supervisor's report
ILO 10. Demonstrate the ability to conduct and complete audit in clinical practice	
	Supervisor report with evidence of a completed audit in the liaison psychiatry setting DONCS or CBD of presentation of audit findings in appropriate forum DONCS or CBD of participation in change of practice following audit findings Mini-PAT
ILO 11. To develop an understanding of the implementation of clinical governance	
	CBD on relevant clinical governance structures in hospital setting CBD on implementation of case relevant clinical guidelines Supervisor report with evidence of participation in service improvement activities Mini-PAT

ILO 13. Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances	
	ACE or Mini-ACEs of interaction with patients, their relatives and carers, and colleagues CBD on issues that arise during the interaction with patients, relatives or colleagues Mini-PAT
ILO 14. Demonstrate the ability to work effectively with colleagues, including team working	
	CBDs of complex presentations requiring multiagency working DONCS of participation in MDT care planning Mini-PAT Supervisor's reports
ILO 15. Develop appropriate leadership skills	
	DONCS of leading team handover meeting and coordinating referral priorities Mini-PAT CBDs on the coordination and management of patients with specific liaison psychiatry disorders Mini-ACEs on the coordination and management of patients with specific liaison psychiatry disorders The mini-ACEs and the CBDs may be paired to the same case

17 To develop the ability to teach, assess and appraise	
	AoT or CBD of competence in teaching on topic of liaison psychiatry to range of audiences AoT or CBD of involvement in development of training material for the liaison psychiatry setting Mini-ACE of using daily clinical practice as an opportunity for teaching DONCS on supervising junior trainees or non-medical staff in issues relating to liaison psychiatry Supervisor's report
ILO 19. To ensure that the doctor acts in a professional manner at all times	
	CBD of issues relating to colleagues with mental health problems Evidence of participation in reflective practice Supervisor's report Mini-PAT