A Competency Based Curriculum for Specialist Training in Psychiatry

Specialists in Child and Adolescent Psychiatry

Royal College of Psychiatrists

Approved 14 May 2013

(update approved 2 October 2014, revised February 2015, May 2017 & January 2018)

Contents

Introduction

1. Development of the Curriculum

In preparing this curriculum we are indebted to the CAPSAC Advisory Papers (1999) and the curriculum developed from those papers. We have written for a generation of trainees and trainers who have grown up with a 'high definition' curriculum. It is a curriculum based on intended learning objectives with a clear indication of the threshold of being ready for consultant practice; it strives towards excellence.

We have learned from the first curriculum drawn up in 2007/8. We surveyed the implementation of that curriculum with trainees, trainers and TPDs in 2010 and repeated that survey in 2012 with some additional questions. We have discussed the implementation of the curriculum with the training programme directors and representative trainees at biennial conferences in 2010 and in 2012 in the light of the results of the two surveys. The Child and Adolescent Faculty Education and Curriculum Committee (essentially the Specialist Advisory Committee for this specialty) began the current revision at the end of 2011. We have been joined by three trainee representatives, young service users and a representative of Young Minds. They focussed on aspects of the curriculum that would particularly affect service users' experience of service and that of their families, such as professionalism; they contributed to all aspects of this revision for which we are grateful.

2. Purpose of ST4-6 Curriculum for Child & Adolescent Psychiatry[1]

This curriculum provides the framework to train Consultant Child and Adolescent Psychiatrists for practice in the UK to the level of CCT registration and beyond. It articulates with the Core Curriculum for all specialisms in psychiatry that applies to all CT1-3 trainees and general psychiatry training matters are dealt with there. Issues of professionalism have particular nuances for child and adolescent psychiatrists because they work with vulnerable children and young people who often live in complex family / carer situations and relate to several agencies outside their family. These aspects of professionalism are dealt with as ILO (H) 1 which has been written in conjunction with users and carers[2]. Those applying to all psychiatric trainees e.g. Probity and Health are provided in the Core Curriculum (Intended Learning Outcome 17). The aspects of general training that apply to ST4-6 child and adolescent trainees are taken up within the specialty curriculum e.g. Confidentiality and consent in Competence 1.1, 2.1 and 4.4 of this curriculum.

---

[1] In order to assist trainees and Training Programme Directors to construct training programmes that reflect intended learning objectives as well as trainee choice and service needs, we have described three levels of attainment. The **Major Higher Learning Objectives - ILO (H) each** consist of up to several **components or aspects**

'Under supervision' – (as it says) the ability to carry out tasks **under supervision**
'Ready for Consultant Practice' – the ability to work **independently**
'Mastery' – the **expertise** to **supervise, teach** and **develop new ideas**

We have cross-referenced this with the stage of training by which we would expect a trainee to have acquired the achieved the particular aspect of that ILO.

Year 1 of core training Years
2-3 of core training
Years 4-5 of higher training in Child & Adolescent Psychiatry Year
6 of higher training in Child & Adolescent Psychiatry

[2] Young Minds and Very Important Kids – we are grateful for their contributions in developing this version of the curriculum

We recognise that a curriculum is an evolving document that has to be useful to trainees and to trainers. There are dangers of brevity but also of too much detail. We have tried to strike a balance that will enable the recognition of excellence as well as identifying early the trainee who may need remedial support. We also intend that the document will provide a clear guide to trainees about what they have to achieve to become a consultant child and adolescent psychiatrist. We think that those who are already consultants may find it a useful guide in developing new areas of skill or to demonstrate skills already acquired.

3. Core trainees (CT1-3)

The curriculum provides the expectations for all trainees during their training in psychiatry. Core trainees will have responsibility for seeing children and young people when on-call so that they need to achieve certain learning objectives to allow them to carry out these duties under supervision. The ILOs they need are listed (see 1, p3). Most core trainees will have the opportunity to have a job in child and adolescent psychiatry at some stage during their first three years of core training (usually in the second or third year). For these trainees there are some essential competencies that they should acquire (see 2a, p3) and some that they may acquire; these will depend on their particular job in child psychiatry (see 2b, p3). Whilst there are no requirements to achieve these competencies, trainees should reach the orange level of competency in some (see below).

1) For core trainees who do not undertake a post in child & adolescent psychiatry the following are essential:
ILO (H) 2 Establish and maintain therapeutic relationship (those aspects marked in red and orange below)
ILO (H) 3 – Safeguarding (those aspects marked in red and orange below)
ILO (H) 4 – Undertaking a clinical assessment (those aspects marked in red and orange below)
ILO (H) 6 – Managing emergencies (those aspects marked in red and orange below)
ILO (H) 5 as it applies to ADHD and autism (those aspects marked in red and orange below)

2a) For core trainees who undertake a child & adolescent psychiatry post
The ILOs listed under 1 above <u>plus:</u>
ILO (H) 7 – paediatric psychopharmacology (those aspects marked in red and orange below)
ILO (H) 8 Psychological therapies for children (those aspects marked in red and orange below)

2b) Depending on their post in child psychiatry, a core trainee may achieve additional learning outcomes in a particular

domain e.g. adolescent psychiatry, inpatient child or adolescent psychiatry, paediatric liaison etc. For such experiences there is no requirement of obtaining these learning objectives beyond those listed above but it is hoped that trainees will aspire to gain learning *under supervision* that would expected as independent by the end of ST5. They are not expected to be able to work without supervision at this stage of their training.

4. Higher Trainees (ST4-6)

As the specialty of Child and Adolescent Psychiatry has developed and matured, the range of competencies expected of a trainee has expanded to such an extent that inevitably there will need to be some choice in training. Continuous professional development is now the norm and specialists will be expected to continue the acquisition of competencies well beyond the award of their Certificate of Completion of Training (CCT).

Child and Adolescent Psychiatry covers the full range of specialisms that are managed by generalists and the specialties in adult psychiatry (e.g. neuropsychiatry, psychotherapy, learning disability etc), with the exception of the psychiatry of old age. Prior to higher specialist training very few core trainees will have had more than six months contact with children and families. This compares with 2½ to 3 years of contact with adult patients in psychiatry for any of the adult specialties.

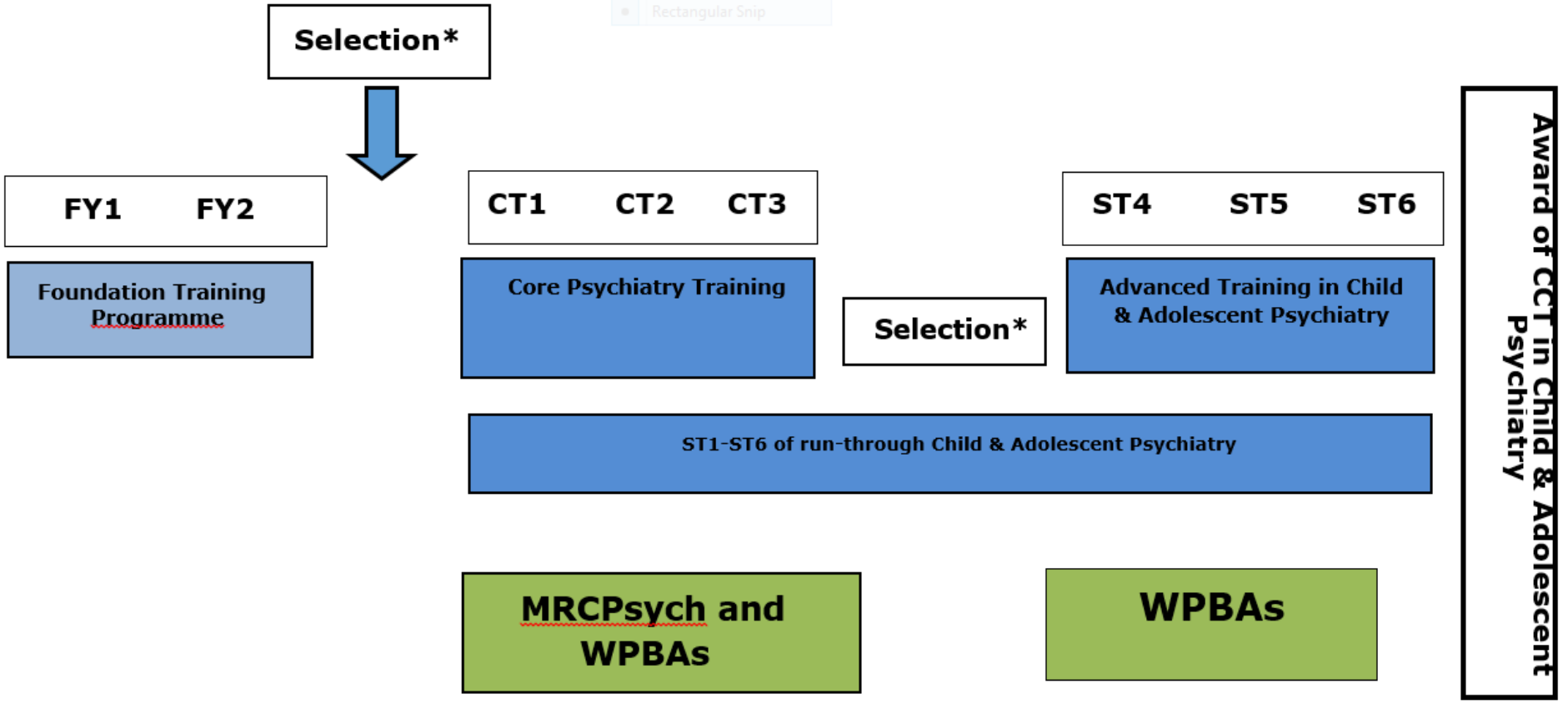
It is not possible to cover the whole of the child and adolescent curriculum during higher training. Some aspects are essential and others can contribute to a suitable portfolio of competencies. Thus a trainee who is intending to become an adolescent psychiatrist will negotiate a different portfolio of experiences and competencies during their 3 year higher training compared with a trainee who intends to become a neuropsychiatrist or somebody working mainly with younger children. ***To recognise this and to ensure that learning outcomes are achieved to a high enough standard in the time available in three years of higher training, the curriculum has been divided into two sections: a set of mandatory ILO(H)s, and a set where there is some selective ILO(H)s to be achieved as explained below.***

Training pathway

Trainees enter Child & Adolescent 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 (ST-ST3) of the run-through Child and Adolescent Psychiatry Training programme. The progression is shown in Figure 1.

The six psychiatry specialties are Child and Adolescent Psychiatry, Forensic Psychiatry, General Psychiatry, Old Age Psychiatry, the Psychiatry of Learning Disability and Medical Psychotherapy. In addition, there are three sub-specialties of General Psychiatry: Substance Misuse Psychiatry, Liaison Psychiatry and Rehabilitation Psychiatry. Specialty training in General Psychiatry is therefore one of the options that a trainee may apply to do after completing Core Psychiatry Training or the early years (ST1-ST3) of the run-through Child and Adolescent Psychiatry Training programme.

Figure 1. Training pathway to obtain a Certificate of Completion of Training (CCT) in Child & Adolescent Psychiatry.



* Selection is by open national competition.

Mandatory ILO (H)s for Higher Training

Trainees must obtain ST4-6 (purple and green) levels for ILO(H)s 1 to 11 and the first component of ILO(H)12 (ILO(H)12.1 – "Is able to find and analyse research carried out by others").

Selective ILO (H) s

The remaining proportion of their ILO (H) portfolio will be made up of the subsequent intended learning objectives 12.2 to 20. They will be expected to achieve 80% of the selective ILO (H)s at ST4-5 Major ILO (H)s (purple) and 70% of selective ST6 Major ILO (H)s (green). Their portfolio might include further skills in research, specialist skills in therapeutic interventions or management and leadership for example.

Whilst we hope that some trainees will achieve Post CCT-Mastery level in some of the ILO (H)s, these are mainly provided as a guide to post-CCT CPD.

Trainees will provide evidence of having achieved the learning objectives i.e. attained their **learning outcomes** through the assessments and the other evidence that they will collect each year to present to the Annual Review of Competency Progression (ARCP) Panel (see Appendix III).

Trainees have asked for a quick reference guide to the curriculum. We have produced the headings and the aspects that make up each of the intended learning objectives on pp150-151. These can be copied onto 2 sides of a sheet of A4 paper and laminated for both trainees and trainers. *They are not a substitute for the curriculum but an aide memoire*. The curriculum gives the knowledge, skills and behaviours required.

1. Induction

The importance of induction to each post has been echoed in the CAP trainee survey results. Without support, it can take trainees 18 months before they really understand the structure of their higher training. This impedes them in completing all the aspects that they need to in the time. Training Programme Directors, Educational Supervisors and Clinical Supervisors all have responsibility for ensuring that the mandatory GMC required induction to the scheme and to each post is vital to trainee's welfare and progress. They need both clinical and also an educational induction.

2. Placements

Placements are normally expected to last a year and to consist of at least 7 clinical sessions to give the trainee sufficient experience in a particular aspect of child and adolescent psychiatry. However, we recognise that some more specialist placements may last six months or be part-time for a year. Some schemes divide their placements into 'Major' and 'Minor' placements. In taking account of academic trainees' needs, a clinical placement of less than 3 clinical sessions each week is unlikely to be sufficiently embedded in a clinical team to provide appropriate experience to be counted for training. Any suggested exception to this should be carefully discussed with the Training Programme Director and may well need referral to the College prospectively.

Minor placements can be of one clinical session weekly or more over months and are a useful adjunct to training, providing trainees with limited but useful experience of specialist areas of child and adolescent psychiatry e.g. medicolegal aspects.

We would expect the ST4 placement to be in a general CAMHS service or one which can provide a broad clinical experience for the trainee. Occasional trainees may already have gained this through training and other recognised posts to the extent that the TPD decides that a more specialist placement can be used at that stage for a particular trainee.

The ST5 year is often used for specialist posts while the inpatient or day-patient experience (minimum of 6 months full-time) is often appropriately undertaken in the final year of training. We regard this experience as an essential component of higher training both because of the exposure to complex child or adolescent psychiatry but also because of the opportunity it offers to provide consultant leadership under supervision for a large team of staff prior to taking on consultant responsibility independently[3].

One post may be used to meet different aspects of a trainee's ILO (H) portfolio depending on when in their training they are placed in that post. For example a community CAMHS post may focus in ST4 on providing a broad clinical experience whilst the same post undertaken at ST6 might well focus on team management, some clinical work, management project work and other aspects of leadership experience in ST6. The appropriate developmental training objectives must be agreed with trainee, trainer and educational supervisor soon after the start of each placement.

3. Academic Learning Experiences for Higher Training (ST4-6)

Training schemes are expected to organise an academic programme equivalent to a minimum of 30 half-day sessions per year. Most schemes will find that in order to cover the specialist academic content of the training they will need to set aside more time than this. Trainees are expected to undertake private study and to attend external courses and conferences to extend their knowledge and skills.

4. Research for Higher Trainees

Trainees are allowed to have 2 sessions in addition to the academic teaching programme time to undertake research. This must be used to complete the required research component of training (ILO (H) 12.1). Some trainees will continue to undertake original research to meet competences 12.2 and 12.3, either as part of a larger research project or research that they have initiated. CAPFECC wishes strongly to encourage this but recognise that it is not suited to all clinical trainees. Competence 12.1 requires that they carry out a structured review of the research literature in one aspect of child mental health that is of an academic standard deemed to be potentially publishable. It is not accomplished through undertaking a higher degree in a therapeutic modality. This criterion should be assessed by a local academic psychiatry department,

---

[3] CAPFECC has taken the decision in principle that an intensive outreach services might give a sufficiently analogous experience for a ST5-6 trainee for it to be approved. However, CAPFECC would require that each post where this is proposed would have to be referred to CAPFECC, be inspected by a member of CAPFECC prior to it being approved y the committee and that regular feedback from the trainees going through the post to CAPFECC would be necessary to maintain the post's approval.

preferably an academic child and adolescent psychiatry department. The work does not have to be published, nor does it have to be of sufficient general interest that it would be likely to be published. It has to meet the academic rigour necessary.

The purpose of this training requirement is to ensure that all consultant child and adolescent psychiatrists have good skills at critically appraising the research literature. Such skills are essential to provide the high quality of care based on the evidence base that our patients and their parents have a right to expect.

TPDs in conjunction whenever possible with the local academic department of child and adolescent psychiatry are responsible for ensuring that each trainee has a research supervisor. Trainees are allowed one day each week to ensure that they will have time to carry out this task. It is envisaged that this task should not take more than one year. If the trainee's paper has not been submitted to the TPD and academic department by then, trainees should be aware that this will necessitate a formal review of their progress with the research at 18 months at Deanery level and that if the task is unfinished at that stage, this would normally lead to an outcome 2 or 3 from this additional review of progress.

Trainees are encouraged to go on to attempt ILO (H) 12.2 and 12.3 but it is recognised that not all trainees will want to do so or be academically oriented.

Once the structured review is completed, trainees and training programme directors will decide locally the best use of these two sessions for an individual trainee. For many it provides the opportunity to develop special interests and to gain experience and skills in areas of the curriculum where they are not able to have as a major placement. By negotiation with the training programme director, it may be used for other purposes e.g. leadership training, to undertake specialist therapeutic training to a higher level than is required for the CCT etc.

5. 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

6. 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.

7. 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.

8. 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.

9. Caseload and Experience

Past experience has shown that trainees learn best when carrying a current caseload of 20-30 cases at any one time. Their caseload should not exceed 40 cases. It should be a mixed caseload. They would expect to see and assess 50-75 new cases each year. It is recognised that there may be good reasons for variations outside of these limits at some times and in some placements depending on the nature of the placement. However, significant variations over long periods would be a matter of some concern.

As a rule of thumb, during their ST4-6 training, trainees would expect to assess and when appropriate, treat approximately 10 cases for common conditions and 5 cases for less common diagnoses; many of the children and young people will show comorbidity.

10. Concerns from Trainees

Trainees who have concerns in a post will normally discuss these initially with their Clinical Supervisor. If this does not produce a satisfactory resolution, there are a number of routes they can take. They can discuss the matter with their Educational Supervisor or with the Training Programme Director. Training schemes are responsible to their local Director of Medical Education and thence to the Head of School and the Deanery. Trainees can approach the Deanery directly for advice and to help resolve difficulties within their training post or within the scheme. Trainees may also approach the GMC Postgraduate Education and Training Department directly if they have a serious concern about their training.

11. Mapping the Curriculum into the Scheme

Training schemes must have the capacity and flexibility to allow trainees to achieve the necessary ILO (H)s in the time allowed.
It should be possible to achieve most of the mandatory ILO (H)s in nearly every placement on the scheme. This is true of:

- Professionalism
- Establishing and maintaining therapeutic relationships with children, adolescents and families
- Safeguarding Children
- Main Clinical Diagnoses (Axis 1) in Childhood and Adolescence
- Undertake clinical assessment of children and young people with mental health problems

- Managing Emergencies
- Paediatric Psychopharmacology
- Psychological Therapies in Child and Adolescent Psychiatry
- Assessment and Treatment of Child and Adolescent Neuropsychiatry
- Working with Networks
- Teaching supervision and lifelong learning skills
- Management for all

Capacity in other mandatory elements may be more restricted and require careful planning to manage the ebb and flow of demand. The option of offering a 6-month placement in Inpatient and day-patient Child and Adolescent Psychiatry provides some flexibility.

Other aspects of the curriculum are more likely to be provided outside of the placement, for example

- Research and Scholarship
- Advanced Management Leadership and Working with Others
- Medico-Legal Aspect of Child & Adolescent Psychiatry

Our surveys of trainees and trainers suggest that the following aspects of the curriculum are hardest to implement locally:

- Substance misuse
- Medico-legal aspects
- Research and scholarship
- Management
- Psychological therapies
- Learning disability
- Paediatric liaison
- Neuropsychiatry

It is very important for Training Programme Directors and Scheme Training Committees to be aware of the bottlenecks and weakness of their scheme. TPDs may need to build alliances with other schemes or even other disciplines in order to overcome these problems.

12. Involvement of carers and patients in workplace-based assessments

Feedback from patients and their parents is an important, potentially very helpful element of formative learning. At present this happens through the 360 degree assessment process. In the revision of this curriculum, we have worked closely with young people who want to be able to give feedback to trainee doctors. CAPFECC has carefully considered this and thinks that it should happen. We think that this is most appropriate for ACE and mini-ACE. Our suggestion is that after the assessment, the consultant speaks to the parent and/or child to get their point of view and then, after reflection on his / her own views, incorporates the patient/parent view into the formative feedback given to the trainee. We do not think that this process should form a part of summative assessments at this stage.

13. Acting Up

Up to a maximum of three months whole time equivalent 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 is in their final year of training (or possibly penultimate year if in dual training)
- The post is undertaken in the appropriate CCT specialty
- It is on secondment from a higher training programme
- The approval of the Training Programme Director and Postgraduate Dean is sought
- The trainee still receives one hour per week education supervision either face to face or over the phone by an appropriately accredited trainer
- All clinical sessions are devoted to the 'acting up' consultant post (i.e., there must be no split between training and 'acting up' consultant work). Full-time trainees cannot 'act up' in a part-time consultant post.

14. 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 .

Higher Intended Learning Objectives – ILO (H)

ILO (H) 1: Professionalism for Child and Adolescent Psychiatrist (Mandatory)

(see also ILO (H) 2 to 4)

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner
1.2 Child and family centred practice
1.3 Understands the impact of stigma and other barriers to accessing mental health services
1.4 Inter-professional and multi-agency working
1.5 Promotes mental well-being and prevention of mental illness, including a knowledge of the risks, benefits, effects and implications of the use of social media

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner	Uses multiple perspectives (biological, psychological and social) to understand child/young person and their family Practices self-critically and reflects on experience Follows principles of lifelong learning Provides a clinical service in a timely, honest and	Participates in reflective practice with colleagues Implements care plans that are tailored to specific patient needs Treatments should normally follow the best available evidence base Ability to supervise junior psychiatric staff Work with other agencies to develop management plans.	Advocates for patient groups Supports and promotes service development Supports the development of treatment guidelines and care pathways Supervise junior CAMHS staff and consults to other professionals in the assessment and management of disorders

	conscientious way	Advocates for children/young people and their families	

1.1 Knowledge Professionalism and ethical practice
• Knowledge of principles of Good Medical Practice and of how these apply to children and young people • Knowledge of the principles of reflective practice • Knowledge of multiple theoretical frameworks of child development • Knowledge of the legal frameworks which are relevant to children, young people and their families • Knowledge of best clinical practice and evidence based practice

1.1 Skills – Professionalism and ethical practice
• Able to be self-critical and to reflect on practice and experience • Able to acknowledge limitation of knowledge and expertise • Able to use multiple perspective (biological, psychological and social) and strong analytic skills to create and holistic understanding of the child/young person and their family in the context of their developmental and cultural background to guide their interactions with their patients, their formulations and treatment plans. • Able to acknowledge own learning needs

1.1 Behaviours – Professionalism and ethical practice
• Behaves in open and honest way in all settings • Acts in a professional manner at all times to children, young people and their families/carers • Shows awareness of the limits of own competence and demonstrates a readiness and openness to seek advice and challenge • Acts to maintain public trust at all times • Sets high standards in clinical practice • Supports research and audit to promote best practice.

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
1.2 Child and Family centred practice: **The needs of the child are central to the child psychiatrist's practice, taking into account and balancing their views and those of their carers**	Demonstrates that the needs of the child, young person and family are paramount	Works with colleagues in the multidisciplinary team to ensure that the child's needs at the forefront of clinical thinking	Works with local agencies and, where appropriate at a national and international level to promote the needs of children

1.2 Knowledge – Child and family centred practice
Knowledge of a range of techniques to engage with children, young people and their families, taking into account their individual developmental and cultural backgrounds. Including: • A knowledge of different forms of communication • A knowledge of the different tools that facilitate collaborative working with children/young people • Knowledge of child development • Knowledge of developmental psychopathology (how symptoms and signs change over time and development, what the likely prognosis is and how this might link to adult needs)

1.2 Skills - Child and family centred practice
• Builds trust, maintain relationships and negotiate and mediate with children, young people, family and carers • Able to tolerate uncomfortable feelings • Demonstrates a well-developed ability to communicate clearly, considerately and sensitively with children and young people of different ages, particularly during periods of increased anxiety or distress • Ability to work collaboratively with the child/young person throughout the course of treatment, including supporting the participation of the child/young person in assessments and treatment decisions • Ability to recognise, draw and build upon, an individual's strengths • Excellent listening skills • Communicating information to service users about their rights • Communicating information about service options • Supporting service users in making their own value judgements about service options • When appropriate asks about stigmatisation in relation to sexual orientation, racial and cultural background, religion etc.

1.2 Behaviours – Child and family centred practice
• Demonstrates that in all aspects of practice the needs and experiences of the child/young person are paramount • Shows respect and understanding to children, young people, family and carers • Tact and sensitivity with children, young people, family and carers • Responds positively to feedback and complaints from children, young people, family and carers • Show insight into the impact of their clinical decision making on children, family and carers and colleagues

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
1.3 Understands the impact of stigma and other barriers to accessing mental health services	Includes questions about stigma in assessments of young people with mental health problems	Demonstrates active involvement in reducing the barriers to engagement for young people within CAMHS

1.3 Knowledge – Stigma and barriers to access
• Different forms that stigma can take • Impact of stigma on self esteem and life chances • Understands the level of unmet need in the population

1.3 Skills – Stigma and barrier to access
• Considers barriers to access within services • Able to suggest ways of addressing barriers where possible

1.3 Behaviour - Stigma and barrier to access
• Behaves in a non-judgmental and non-stigmatizing manner

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
1.4 The child and adolescent Psychiatrist works with colleagues in the multidisciplinary team and between agencies to achieve the best outcome possible for their patients	Demonstrates commitment to work collaboratively in inter-professional and multi-agency setting	Works with colleagues in the multidisciplinary team to ensure that the child's needs at the forefront of clinical thinking Contributes to multidisciplinary case discussions Liaises, works jointly with and refers appropriately both to other professionals within the team and to other services and agencies Attends case specific meetings with Consultant Balances sharing of information vs confidentiality (need to know basis) Acts as advocate for the needs of young people with mental health problems in the health and social care systems Consults to staff within the multidisciplinary team and to professionals from other agencies	Provides clinical leadership to the multidisciplinary team regarding complex cases Works strategically with other agencies to develop and coordinate agreed integrated care pathways for management of mental health problems Contributes to multi-agency working groups. (e.g. around developing joint protocols with Paediatricians, Education and Social Care etc) Develops and maintains effective relationships with primary care services leading to effective referral mechanisms and sharing of knowledge with the wider system

		Provides a skilled mental health perspective to a multi-agency response to risk within the frameworks of children's law, mental health law, common law, human rights and criminal justice system Manages conflict within the multidisciplinary team and within the network	

1.4 Knowledge – Inter-professional and multi-agency working
• Understands the responsibility of CAMHS with respect to patient care and safety • Understands the roles and responsibilities of the child psychiatrist and other professionals within the multidisciplinary team • Knows the roles of different services in the care of children with mental health difficulties and their families, including both statutory and voluntary agencies. Understands issues around confidentiality and protocols for joint sharing of information. • Knowledge of legislature affecting children e.g. SEN provision, children's law, criminal justice, etc • Knowledge of policy drivers which impact on multidisciplinary and multiagency working in relation to children and more generally • Understands group and organisational dynamics

1.4 Skills – Inter-professional and multi-agency working
• Demonstrates effective team working skills and shows an ability to contain and manage anxiety in colleagues and other professionals in complex and challenging situations • Demonstrates excellent multi-agency working skills • Develops awareness of both overt & covert problems that can arise • Effective representation of health/CAMHS perspective at multi-agency meetings • Recognises issues of varying competence of staff and the limitations to delegation • Contributes to training of other disciplines & agencies • Understands limits to own skills and consults with senior colleagues appropriately • Lead MDT/multi-agency discussion without support from trainer • Manages anxiety within the team around complex cases • Negotiates disagreements with other professionals whilst maintaining good working relationships • Mediating in conflicts between professionals over roles, responsibilities and clinical care

1.4 Behaviours – Inter-professional and multi-agency working
• Is an effective team worker • Shows respect towards other colleagues at all times • Fosters skills and abilities in colleagues • Work collaboratively with professionals from a variety of backgrounds and organisations

- Demonstrates professional behaviours at all times
- Respects opinions of other members of the team
- Remains available and accessible
- Demonstrates openness to reflecting on own role in team dynamics
- Shows sensitivity in supporting colleagues in difficulty
- Prepared to be appropriately assertive and flexible according to the demands of individual situations
- Communicates concerns regarding patient safety and poor performance of colleagues
- Takes responsibility within a team for ensuring delivery of safe and effective clinical care to patients

Aspect		Developing Performance	
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
1.5 Promotes mental well-being and prevention of mental illness, including a knowledge of the risks, benefits, effects and implications of the use of social media	Show an awareness of the promotion of young people's mental health and parental mental health. This must include an ability to discuss the use of social media. Show an understanding of the risks posed by social media to young people and how they can stay safe on line.	Offer advice and information to patients and the wider population about promoting their mental health and parental mental health. Offer advice and information to young people and their families on how to be aware of the risks on line. Able to translate relevant information to a wider lay audience, for example in leaflets.	Offer training or supervision of non-mental health professionals working with children in order to promote mental health in a non-clinical population. Communicating to the general public via public media. Political activism to influence future policy. Awareness of the limitation of information provided by drug companies and ethical work with them.

1.5 Knowledge – Promoting mental well-being
• The benefits of working with both universal and targeted services to promote mental well-being and prevent mental illness, including public education about mental health and parental mental health. • Awareness of the factors that promote mental well-being • Impact of parental mental health on development • Awareness of the impact of social media and media coverage on mental well-being and the responsibility of providing up to date and accurate information • Knowledge of the impact of young people's and your own actions on line and how they can impact yourself and others.

1.5 Skills – Promoting mental well-being
• Able to motivate people to look after their own mental health • Able to explain complex ideas to children, young people and their families and the media in a way that they can understand • Able to understand and explain to young people and their families how to stay safe on line and how to assess the information that they are accessing • Training and supervision of non-mental health professionals working with children • Able to inform and influence relevant people within the political realm

ILO (H) 2: Establishing and maintaining therapeutic relationships with children, adolescents and families (Mandatory)

2.1 Builds trust and respect
2.2 Advise on young people's competence (capacity) to make treatment decisions, consent and refuse treatment and confidentiality.

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
2.1 Builds trust and respect	Treats children young people and parents with respect including confidentiality Can give children young people and parents an experience of their concerns being taken seriously Can give children young people and parents an experience of being understood Conveys appropriate therapeutic optimism	Avoids taking sides or reinforcing negative patterns of inter-personal interaction Manages uncomfortable negative transferences and counter-transferences with thoughtfulness and compassion	Manages strains on clinical teams and organisations arising from difficulties in the transference and counter-transference

2.1 Knowledge – Building trust and respect
• Attachment theory • Basic psychodynamic theory • Basic systemic theory

2.1 Skills – Building trust and respect
• Observes confidentiality, even with young children when it does not jeopardize safety • Shares information, involving children, young people and parents in decision making and obtaining consent from the appropriate person • Able to combine staying in touch with the patient's feelings with reflecting what is going on • Tolerates uncomfortable feelings • Stays aware of the patient's level of anxiety • Judges when the patient is ready to consider a new perspective on their difficulties • Talks about the patient's difficulties in a respectful and thoughtful fashion • Maintains a therapeutic alliance with patients who are very resistant to looking at their difficulties in new ways

2.1 Behaviours – Building trust and respect
• Courtesy, compassion and sensitivity to the patient's needs • Sympathy for human frailty and a non-judgemental behaviour • Shows sensitivity to family, cultural and social circumstances

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
2.2 Advise on young people's confidentiality, competence (capacity) to make treatment decisions, and consent and refuse treatment	Warn young people about circumstances where it may be in their best interests that confidentiality is breached Assess competence to consent Advising on the advantages and disadvantages of the different legal frameworks under which young people can be treated against their wishes	Be approved under Section 12 of the Mental Health Act (or equivalent) Manage competent young people who don't want their parents involved in treatment decisions	Provide second opinions in complex treatment cases Advise organisations and train staff on emerging legal and ethical issues Advise the Court on capacity to instruct or plead

2.2 Knowledge – Advises on competence, capacity, consent and refusal
• How to access legal advice • The relevant guidelines, case law and legislation • Understands concept of and relevant national legal framework for limiting parental decisions • Who can give consent? • What makes consent valid? • What to do when there is no one who can give a valid consent • The evidence base for treatments recommended • Circumstances where there is a relative or absolute obligation to disclose confidential information about risks

2.2 Skills – Advises on competency, consent and refusal
• Provides a full record of treatment discussions and decisions in the clinical notes • Informs young people and families about treatment choices • Supports young people's capacity for well-informed thoughtful decision-making • Manages uncertainty and disagreements over treatment decisions

- Achieves the most appropriate balance between autonomy and protection
- Judges when it is appropriate to treat against the wishes of the young person or someone with parental responsibility

- Chooses the most appropriate legal framework
- Judges when it may be clinically or ethically inappropriate to use an intervention sanctioned by law
- Manages the tensions between good clinical practice, ethical practice and the law

2.2 Behaviours – Advises on competency, consent and refusal

- Shows awareness of the limits of own competence and shows readiness to seek advice
- Is not intimidated by the law and shows understanding of how it can be used to enhance young people's autonomy and protection

ILO (H) 3: Safeguarding Children (Mandatory)

3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected
3.2 Works with the family and professional network to assess and manage safeguarding issues
3.3 Contributes to the assessment and treatment of children/young people who have been abused and/or neglected

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected	Can distinguish the normal range of emotional, social and sexual behaviour in a developmental context from abnormal behaviour Can distinguish normal variations in attachment from grossly disturbed attachment	Recognises more complex patterns of presentation of physical, sexual and emotional abuse Can assess attachment patterns; recognise links with care-giving and how this may be impacted by the presence of developmental disorders. Recognises abuse in the presence of other major child mental health disorder	Can guide other agencies in complex child mental health and safeguarding issues

3.1 Knowledge – Detects alteration in child's development
• Major risk factors for abuse e.g. substance misuse, adult mental illness, domestic violence, adult personality disorders • Normal patterns of attachment • Effects of neglect, abuse and domestic violence on children and adolescents • Knowledge of the long term impact of child abuse and neglect on child's development including personality disorder and adult mental illness • Knows about key legislation/guidance regarding safeguarding e.g. the UN Convention of the Rights of the Child, the

Human Rights Act and child relevant legislation

- Knows about dysfunctional patterns of family and parental behaviour that may raise concerns of coercion, exploitation of power and secrecy
- Knowledge of how the presentation of abuse may be altered in children with learning difficulties and other developmental disorders

3.1 Skills – Detects alteration in child's development

- Listens in a manner which engenders trust
- Does not ask leading questions
- Can document and communicate safeguarding concerns appropriately
- Can determine when it is appropriate to explore matters further in this particular interview
- Knowing when to move to a formal assessment and when to involve other professionals in this

3.1 Behaviours – Detects alteration in child's development

- Keeps an open mind, not jumping to conclusions
- Always considers abuse or neglect as a potential factor in a child/young person's mental health disorder
- Seeks senior guidance early / if in any doubt
- Knows how and when to share information with other teams or agencies
- Is able to address issues of potential abuse or neglect with sensitivity and compassion
- Can work collaboratively with children and families to assess and manage safeguarding concerns

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
3.2 Works with the family and professional network to clarify and manage safeguarding	Is alert in emergency situations (such as self-harm) to the possibility of safeguarding issues Knows when and how to raise safeguarding concerns to the competent authority	Works with colleagues in the multi-disciplinary team to explore potential safeguarding issues and knows when and how to report more subtle concerns to the competent authority Works with other agencies to identify, support, monitor and manage children/young people at risk of or experiencing harm with particular reference to risks to emotional well-being of the child/young person Undertakes safeguarding audit and/or reflective practice Manages systemic anxiety to enable best outcomes for the child	Working with local safeguarding authorities e.g. contributes to serious case reviews, disseminates lessons learnt to improve practice, advises on information sharing. Can provide expert witness advice to court in complex child-care issues

3.2 Knowledge – Works with everyone to achieve safeguarding
• That self harm or aggression can be some of the ways of asking for help in abusive situations • Knowledge of safeguarding systems and referral pathways • Knowledge of the roles and responsibilities of each agency in child safeguarding • Knows the patterns of behaviour that may be shown by children and young people in abusive situations • Knows the potential outcomes for children both those left in abusive situations and those removed from them

3.2 Skills – Works with everyone to achieve safeguarding
• Undertakes risk assessments for safeguarding • Good communication verbally and in writing in making referrals across agencies

- Collaborative cross-agency working including information sharing when appropriate
- Supervises junior colleagues with regard to child protection aspects of their work
- Can carefully appraise evidence of risk and balance possible options for management

3.2 Behaviours - Works with everyone to achieve safeguarding

- Open, collaborative behaviour
- Acts as an effective advocate for the child or young person
- Treats children/young people and parents with respect at all times

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
3.3 Contributes to the assessment and treatment of children/young people who have been abused and/or neglected	Therapeutic work for family members or whole families where there has been abuse or neglect	Psycho-education and support for families and carers looking after children who have been abused Advising schools where a pupil has been subject to abuse	Skilled therapeutic work for family members or whole families where there has been abuse or neglect Advising strategically to improve long-term outcomes for an abused child i.e. thinking to the child's future developmental needs when writing reports

3.3 Knowledge – Rehabilitating

- Systemic effects of abuse on behaviour, emotions, quality of relationships and family function
- Knowledge of methods of intervening to remediate damage
- Methods of risk assessment
- Prognostic indicators
- Role of legal frameworks in safeguarding children and ensuring the best outcomes for them

3.3 Skills – Rehabilitating
• Applies the knowledge above in a sensitive and thoughtful way with a constant awareness of level of risk • Maintaining focus on safeguarding issues at all times • Ensures that has appropriate supervision / consultation throughout therapy

3.3 Behaviours – Rehabilitating
• Empathic regard for the child and family's experience • Maintaining therapeutic optimism • Maintain appropriate vigilance about risk • Advocates for children's safety and rights at all times

Standards are linked to Intercollegiate document _ Safeguarding Children and Young People: roles and competences for health care staff (2010).

ILO (H) 4: Undertake clinical assessment of children and young people with mental health problems across the age range (Mandatory)

4.1 History taking using developmental approach (from parents and child/adolescent across the age range) where appropriate
4.2 Physical examination
4.3 Use rating scales/questionnaires/structured assessment instruments
4.4 Seeking information from other sources
4.5 Diagnosis, formulation and feedback of assessment and management plan to parents and child/adolescent
4.6 Note-keeping and clinical correspondence

Aspect	Developing Performance		
	Under supervision	**Ready for Consultant Practice**	**Post CCT- Mastery**
4.1 History taking and interviewing using developmental approach:- • *From parents* • From child under 5 • From primary school age child • From young people in adolescence	Documentation of directly observed assessments carried out by experienced clinicians • Assessment of risk of: • Self-harm • Harm to others • Abuse History taking & documentation of complex cases under direct supervision (early ST4)	History taking & documentation of routine cases without direct supervision History taking & documentation of complex cases (by end ST5) Independent assessment of risk of: • Self-harm • Harm to others • Abuse Provide supervision for less experienced trainees in routine cases Provide supervision for less experienced professionals in complex cases	Provision of second opinions

4.1 Knowledge – History taking
• Awareness and knowledge of range of disorders presenting in childhood and adolescence & associated signs & symptoms • Knowledge of major diagnostic classificatory systems as applied to child and adolescent psychiatry (ICD; DSM)

4.1 Skills – History taking
• Use of developmentally appropriate communication skills to elicit a clear history from: o children and young people across the age range and across the developmental span o from parents including those with learning difficulties

4.1 Behaviours – History taking
• Shows sensitivity behaviour to cultural and ethnic issues and beliefs • Non-judgemental

Aspect	Developing Performance		
	Under supervision	Ready for Consultant Practice	Post CCT-Mastery
4.2 Physical examination of children across the age range	Physical examination of child/adolescent Use of height, weight growth centile charts Basic neurodevelopmental examination Recognition of major dysmorphism	Recognition of need for more expert paediatric opinion Request appropriate laboratory/investigations Neurodevelopmental examination	

4.2 Knowledge – Physical examination
• Legal framework of informed consent as applicable in child and adolescent practice • Range of appropriate investigations for psychiatric disorders in children and adolescents, including alcohol and substance misuse • Appropriate investigations for major causes of learning disability • Appropriate physical and laboratory monitoring for patients on medication • Neurodevelopmental examination

4.2 Skills – Physical examination
• Obtains consent appropriately • Physical examination of children and adolescents (putting child at east, appropriate developmental approach) with appropriate chaperoning • Recognises acute medical illness • Can carry out a neurodevelopmental examination of a child or young person

4.2 Behaviours – Physical examination
• Aware and sympathetic behaviour towards the anxiety and fear felt by children & adolescent subject to examination

Aspect	Developing performance	
	Ready for Consultant Practice	Post CCT-Mastery
4.3 Use of appropriate rating scales / questionnaires / instruments	Recognition of appropriate range of rating scales for clinical situations Use of relevant rating scales Administration of (use & interpretation) appropriate scales for clinical situations	Use of diagnostic instruments that require further specific training (e.g. autism specific instruments) (but see ILO 13 for those trainees wanting to develop particular skills in paediatric neuropsychiatry)

4.3 Knowledge – Use of Questionnaires etc.
• Range of assessment tools for the common child psychiatric disorders

4.3 Skills – Use of Questionnaires etc.
• Selection and administration of appropriate clinical assessment tools

4.3 Behaviours – Use of Questionnaires etc.
• Ability to interpret results in the context of the child or young person's attitude to the procedure

Aspect	Developing performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
4.4 Seeking information from available outside sources	Ensures appropriate consent/permission Identification of the appropriate network around the individual child and family and channels of communication Ability to obtain information in a changing environment or difficult circumstances	Obtains information in a manner that enables therapeutic changes in others' perception of the patient without breaking patient confidentiality

4.4 Knowledge – seeks collateral information
• The network of services around the child and family and their respective roles

4.4 Skills – seeks collateral information
• Obtain relevant information from all appropriate agencies, with appropriate consent

4.4 Behaviours – seeks collateral information
• Shows respect for other agencies and the constraints under which they operate

Aspect	Developing performance		
	Under supervision	Ready for Consultant Practice	Post CCT-Mastery
4.5 Diagnosis formulation and feedback of assessment and management plan to parents and child or young person	Can provide synopsis of presentation, with key psychosocial (psychological, family, social, cultural) and biological factors	Identifies all relevant predisposing, precipitating and perpetuating factors; risk and vulnerability factors Links descriptive and aetiological formulation/diagnosis with appropriate multi-modal management plan Recognises contributions necessary from other agencies Identifies all relevant predisposing, precipitating and perpetuating factors; risk and vulnerability factors	Formulation skills needed for second opinions

4.5 Knowledge – Formulation and Feedback

- Structures of child and adolescent formulations (encompassing the biopsychosocial model)
- Multi-axial classification and how to use it
- Normal child development
- Knowledge of factors that impinge on development
- Knowledge of factors that impinge on expression of psychological functioning and on behaviour of children throughout the age range
- Knowledge of the expression of psychiatric disorders of children and adolescents throughout the age range/developmental range
- Knowledge of range of interventions, their indications and the contraindications
- Knowledge of risk and vulnerability factors in children and adolescents

4.5 Skills – Formulation and Feedback
• Recognises aetiological factors • Able to reach diagnostic conclusions • Summarises and describes main positive and negative findings from assessment • Compiles appropriate, feasible management plan • Communication skills to feedback formulation and management plan

4.5 Behaviours – Formulation and Feedback
• Shows sensitivity to the impact of formulation (diagnosis and management plan) on parents • Non-critical and sensitive behaviour to parent's difficulties

Aspect	Developing performance		
	Under supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
4.6 Note-keeping and clinical correspondence	Provides legible, signed, dated and relevant notes of all clinical contacts in accordance with CNST and local standards	Provides clear documentation including case summaries, assessment letters and follow-up letters as needed to a high standard Copying letter to parents/patients – knows when and how to document if information is withheld Can supervise junior staff in relation to copying letters Reports for various agencies (e.g. schools, Special Education Needs advice, Social Services, statutory grant and compensation bodies)	Can write local policies that are appropriate to child and adolescent practice in relation to records taking into account Caldicott principles and pressures to share information

4.6 Knowledge – Note-keeping and Correspondence
• Consent to share information • Confidentiality and sharing of information on a need to know basis including situations in which information may be shared without consent (child protection) • Data protection • Access to health records • Local and CNST standards

4.6 Skills – Note-keeping and Correspondence
• Recognises situations in which urgent communication is necessary • Uses clear concise written communication skills in style and language appropriate for specific recipients and purpose, including potential adverse impact of copying letters to parents • Recognises when copying letters to parents is contraindicated and how to address this; records reasoning in case notes • Communicating difficult messages

4.6 Behaviours – Note-keeping and Correspondence
• Timely response to requests for information • Adheres to standards of communication

ILO (H) 5: Main Clinical Conditions (including Axis I diagnoses) in Childhood and Adolescence (Mandatory)

5.1 Assesses and manages the main clinical conditions in the under 5s

5.2 Assesses and manages the main clinical diagnoses in preadolescent, school aged child or continuing from under 5s

5.3 Assesses and manages the main clinical diagnoses in adolescence (commencing in adolescence or continuing from childhood) – includes transition to Adult Mental Health Services

NB: In assessing achievement of ILO (H) 5, a separate arrow block is to be used for each age range in the progress tool (Appendix VII). The logbook and analysis of the experience and learning for each condition at each age range will contribute to the staged sign off by the educational supervisor for the age ranges 5.1, 5.2 and 5.3 for conditions taken together in each developmental stage.

Aspect	**Developing Performance**		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
5.1 Assesses and manage the main clinical conditions presenting in the under 5s **5.2 Assesses and manage the main clinical diagnoses presenting in the preadolescent, school aged child or continuing from under 5s** **5.3 Assesses and manage the**	Participate in multidisciplinary and multi-agency meetings assisting in understanding mental health formulation and management	Ability to independently diagnose and manage psychiatric presentation Implement care plans that are tailored to specific patient needs Ensure that treatments follow current guidelines available from scientific literature (see also ILO (H)10.3 and that exceptions can be justified and are well documented	Work with other agencies to develop comprehensive management plans for children and adolescents with complex needs to meet their psychological, educational and social developmental goals. Supervise junior CAMHS staff and other professionals in the assessment and management of disorders

commencing in adolescence or continuing from childhood – includes transition to adult mental health		Ability to supervise junior psychiatric staff Work with other agencies to develop management plans.	

5.1 Knowledge – Assesses and manages the main clinical conditions in the under 5s
• Knowledge of normal child development , impact of biological, psychological, social and cultural factors on development, knowledge of effective parenting strategies • Knowledge of attachment theory, attachment styles and associated disorders. • Knowledge of the development of temperament and temperamental traits and their impact on clinical presentation. • Demonstrate detailed knowledge of the Axis I clinical conditions and syndromes presenting in the under 5s – e.g. behavioural problems and disorders, emotional regulation including low mood states, and anxiety including separation anxiety disorder, habit disorders, disorders of feeding etc. and the similarities and differences from older children • Detailed knowledge of development, biological, psychological, social and cultural factors which influence the presentation, course, and management of these disorders, knowledge of the systemic perspective and a developmental perspective of the clinical presentation. • Knowledge of aetiological factors and common co-morbidities, awareness of differential diagnoses especially with the possibility of underlying physical illness. • Detailed knowledge of rating scales/ questionnaires/ structured assessment tools used in the assessment of the common clinical disorders in the under 5s and also appropriate questionnaires for parents. • Safeguarding: Knowledge of the recognition of various forms of abuse in this age group and how this might impact on the clinical presentation; also knowledge of routes to raise awareness/ report to respective statutory agencies, risk assessment and communication of the risks – please also refer to ILO re: Safeguarding. • Detailed knowledge of treatment options for common clinical conditions seen in the under 5s, including relevant NICE guidance • Detailed knowledge of why psychopharmacological treatment options are rarely applicable for the under 5s • Detailed knowledge of the non-biological treatments including systemic family therapy, relevant evidence based parenting programmes and behaviour management strategies, and also when individual therapeutic approaches (e.g. play therapy) might be appropriate • Detailed knowledge of factors indicating prognosis and future course.

5.1 Skills – Assesses and manages the main clinical conditions in the under 5s – please refer to the CAP Curriculum Core Principles
• Keep full and contemporary records of the assessment and management of patients. • Listen actively to parents and young children, observe, ask questions, clarify points and rephrase other statements to check mutual understanding of clinical issues • Can assess children under 5 presenting with a range of conditions e.g. behavioural problems and disorders, mood and anxiety disorders including separation anxiety disorder, habit disorders, feeding disorders etc., (able to obtain relevant history – presenting or main complaints, history of present illness, relevant developmental history, past history (medical and psychiatric), systemic issues and family history, socio-cultural information). • Carry out appropriate physical examinations and investigations (medical, laboratory, radiological and psychological). • Can employ various techniques and methods (such as play materials, drawing materials) to help the very young child convey their experiences • Can carry out detailed assessment with parents/ family/ carers – with use of interpreters if needed and get advice/ consultation regarding cultural issues and the impact of these issues on the clinical presentation • Ability to work with multi-disciplinary colleagues and communicate effectively and appropriately with them • Collaboratively achieve a diagnosis/ diagnostic formulation and share with parents/ family/ carers; referrers; other agencies • Develop a clear management/ intervention plan working with the multi-disciplinary team, based on available empirical evidence, current research base and current best practice and with regards to NICE guidance (if relevant) – this should include an integration of bio-psycho-social-cultural needs as far as possible. • Maintain clarity of risk assessment and communication (if relevant), take decisions which are realistic for the situation • Can apply appropriate psychological interventions (including systemic approaches and if relevant, individual psychological approaches); psychopharmacological treatments and undertakes relevant physical investigations, monitors progress with regular appropriate reviews • Can communicate with other statutory agencies and other relevant agencies (including nurseries/ play groups etc) • Ability to work with multi-agency colleagues and communicate effectively and appropriately with them to develop shared management plans

5.1 Behaviours – Assesses and manages the main clinical conditions in the under 5s –
Please refer to the CAP Curriculum Professionalism (ILO (H) 1. In addition • Shows sensitivity to the differing needs of the infant and preschool child and adapts behaviour accordingly • Behaves sensitively to children under 5 and their parents from varied ethnic and economic backgrounds. • Demonstrates a well-developed ability to communicate clearly, considerately and sensitively with children under 5, their carers and other professionals in a wide variety of settings.

The primary school-aged child

5.2 Knowledge – Assesses and manages the main clinical diagnosis in the school age child
• Knowledge of normal child development , impact of biological, psychological, social and cultural factors on development • Demonstrate detailed knowledge of the Axis I clinical conditions and syndromes presenting in the school age child – clinical presentations of the common psychiatric disorders in this age group e.g. behavioural problems and disorders, hyperkinetic disorder, autism, depression and anxiety disorders including separation anxiety disorder, OCD, habit disorders, eating disorders, psychosis etc. and the similarities and differences from younger children and adolescents • Detailed knowledge of biological, psychological, social and cultural factors and the role these factors play in the aetiology, the presentation, course, and management of these disorders, knowledge of the systemic perspective and also a developmental perspective of the clinical presentation. • Knowledge of the application of attachment theory in this age group, and an understanding of the clinical presentation in the context of family and wider relationships, as well as in the context of temperament and developing temperamental traits. • Awareness of differential diagnoses especially the possibility of underlying physical illness • Detailed knowledge of the common co morbidities occurring in the clinical presentation, including awareness of comorbid physical disorders. • Detailed knowledge of rating scales/ questionnaires/ structured assessment tools used in the assessment of the common Axis I disorders in the school age child, as well as for use with parents. • Safeguarding: Knowledge of the recognition of various forms of abuse in this age group and how this might impact on the clinical presentation; also knowledge of routes to raise awareness/ report to respective statutory agencies, risk assessment and communication of the risks (please also refer to ILO re Safeguarding) • Knowledge of issues regarding developing 'competence' and age appropriate ability to participate in treatment decisions along with parents/ persons with PR (Parental Responsibility) • Detailed knowledge of treatment options for common Axis I conditions seen in the school age child, including relevant NICE guidance • Detailed knowledge of psychopharmacology treatments options • Detailed knowledge of the non-biological treatments including systemic family therapy, relevant evidence based parenting programmes and behaviour management strategies, and also when individual therapeutic approaches (e.g. cognitive/ behavioural approaches/ Art Therapy etc) might be appropriate • Detailed knowledge of factors indicating prognosis and future course

5.2 Skills – Assesses and manages the main clinical diagnosis in the primary school age child – Please also refer to CAP Curriculum Core Principles
• Keep full and contemporary records of the assessment and management of patients. • Listen actively to parents and children, observe, ask questions, clarify points and rephrase other statements to check mutual understanding of clinical issues • Can assess children presenting with a range of conditions and diagnosis e.g. behavioural problems and disorders, hyperkinetic disorder, autism, depression and anxiety disorders including separation anxiety disorder, OCD, habit disorders, eating disorders, psychosis etc., (able to obtain relevant history – presenting or main complaints, history of present illness, relevant developmental history, past history (medical and psychiatric), systemic issues and family history, socio-cultural information) • Carry out appropriate physical examinations and investigations (medical, laboratory, radiological and psychological) • Can employ various techniques and methods (such as play materials, drawing materials) to help the child convey their experiences • Can carry out detailed assessment with parents/ family/ carers – with use of interpreters if needed and get advice/ consultation regarding cultural issues and the impact of these issues on the clinical presentation • Can engage children, their families and carers, assess developmentally 'competence' and the ability to involve children in an age appropriate manner in decision making regarding care along with parents/ persons with PR, maintain confidentiality in an appropriate manner • Ability to work with multi-disciplinary (and multi-agency) colleagues and communicate effectively and appropriately with them (including schools and the Local Education Authority, etc), especially on issues such as statements of Special Educational Needs – communicate with other statutory and relevant agencies • Collaboratively achieve a diagnosis/ diagnostic formulation and share with parents/ family/ carers; referrers; other agencies • Develop a clear management/ intervention plan based on available empirical evidence, current research base and current best practice and with regards to NICE guidance (if relevant) – this should include an integration of bio-psycho-social- cultural needs as far as possible. • Maintain clarity of risk assessment and communication (if relevant), take decisions which are realistic for the situation • Can apply appropriate psychological interventions (including systemic approaches and if relevant, individual psychological approaches); psychopharmacological treatments and undertakes relevant physical investigations, monitors progress with regular appropriate reviews • Can communicate with other statutory agencies and other relevant agencies • Ability to work with multi-agency colleagues and communicate effectively and appropriately with them to develop shared management plans

5.2 Behaviours – Assesses and manages the main clinical diagnosis in the primary school age child

Please refer to the CAP Curriculum Professionalism (ILO (H) 1. In addition

- Shows sensitivity to the differing needs of the school going child (based on age and development) and adapts behaviour accordingly

5.3 Knowledge – Assesses and manages the main clinical diagnoses in adolescence and manage transition to Adult Mental Health Services

- Knowledge of adolescent development , impact of biological, psychological, social and cultural factors on development and impact of these on functioning in adulthood
- Demonstrate detailed knowledge of the Axis I clinical conditions and syndromes presenting in adolescence – clinical presentations of the common psychiatric disorders in this age group e.g. depression and anxiety disorders, OCD, psychoses, eating disorders, substance misuse, risky/dangerous behaviours etc. and the similarities and differences from younger children and from adults
- Detailed knowledge of biological, psychological, social and cultural factors and the role these play in aetiology
- Knowledge of the systemic perspective and also a developmental perspective of the clinical presentation; including application of attachment theory and attachment styles in this age group as well as the impact on developing personality and the impact on functioning in adulthood.
- Detailed knowledge of the common co morbidities occurring in the clinical presentation, including awareness of comorbid physical disorders.
- Detailed knowledge of rating scales/ questionnaires/ structured assessment tools used in the assessment of the common Axis I disorders in adolescence
- Knowledge of the recognition of various forms of abuse in this age group and how this might impact on the clinical presentation; also knowledge of routes to raise awareness/ report to respective statutory agencies, risk assessment and communication of the risks – concepts of vulnerability, resilience and protective factors
- Knowledge of issues regarding 'competence', 'capacity', relevant medico-legal frameworks and issues regarding consent to treatment, ability to participate in treatment decisions along with parents/ persons with PR (Parental Responsibility)
- Detailed knowledge of treatment options for common Axis I conditions seen in adolescence, including relevant NICE guidance
- Detailed knowledge of the non-biological treatments including systemic family therapy, relevant evidence based parenting programmes and behaviour management strategies, and also when individual therapeutic approaches (e.g. cognitive/

behavioural approaches/ Art Therapy/ CAT/ IPT/ Psychodynamic approaches etc) might be appropriate
- Detailed knowledge of psychopharmacology treatments options
- Detailed knowledge of factors indicating prognosis and future course of the disorder, transition to Adult Mental Health Services

5.3 Skills – Assesses and manages the main clinical diagnoses in adolescence and manage transition to Adult Mental Health Services

- Keep full and contemporary records of the assessment and management of patients.
- Listen actively to adolescents and parents/ carers, observe, ask questions, clarify points and rephrase other statements to check mutual understanding of clinical issues
- Can assess adolescents presenting with a range of conditions and diagnosis e.g. depression and anxiety disorders, OCD, psychoses, eating disorders, risky/ dangerous behaviours, substance misuse etc., (able to obtain relevant history – presenting or main complaints, history of present illness, relevant developmental history, past history (medical and psychiatric), systemic issues and family history, socio-cultural information)
- Carry out appropriate physical examinations and investigations (medical, laboratory, radiological and psychological).
- Can engage adolescent patients (and employ various techniques and methods e.g. drawing materials) to help the adolescent convey their experiences/ clinical symptoms
- Can carry out detailed assessment with parents/ family/ carers – with use of interpreters if needed and get advice/ consultation regarding cultural issues and the impact of these issues on the clinical presentation
- Can engage adolescents, their families and carers, assess 'competence', 'capacity'; obtain and document 'consent to treatment'; involve adolescents in decision making regarding care along with parents/ persons with PR, maintain confidentiality in an appropriate manner
- Ability to work with multi-disciplinary (and multi-agency) colleagues and communicate effectively and appropriately with them
- Collaboratively achieve a diagnosis/ diagnostic formulation and share with parents/ family/ carers; referrers; other agencies
- Develop a clear management/ intervention plan based on available empirical evidence, current research base and current best practice and with regards to NICE guidance (if relevant) – this should include an integration of bio-psycho-social- cultural needs as far as possible.
- Maintain clarity of risk assessment and communication of risk assessment and management plans, take decisions which are realistic for the situation
- Can apply appropriate psychological interventions (including systemic approaches and if relevant, individual psychological approaches); psychopharmacological treatments and undertakes relevant physical investigations,

monitors progress with regular appropriate reviews

- Use knowledge of current medico-legal frameworks and ensure access to care for adolescents using the least restrictive options
- Can communicate with other statutory agencies and other relevant agencies (including schools and the Local Education Authority, etc), especially for enhanced educational provision
- Prepares appropriate transition plans for transfer of care to Adult Mental Health Services or to primary care taking account of local protocols

5.3 Behaviours – Assesses and manages the main clinical diagnoses in adolescence and manage transition to Adult Mental Health Services

Please refer to the CAP Curriculum Professionalism (ILO (H) 1. In addition

- Shows sensitivity to the differing needs of the adolescent (based on age and development) and adapts behaviour accordingly
- Collaborative non-judgemental behaviour
- Sensitivity to cultural, religious and ethnic issues
- Demonstrates a well-developed ability to communicate clearly, considerately and sensitively with adolescents, their carers and other professionals in a wide variety of settings.
- Demonstrates humane and appropriate use of provisions through current medico-legal frameworks for the detention and compulsory treatment of adolescents with mental disorder
- Demonstrates transition of care to Adult Mental Health Services (if appropriate) in a safe and seamless manner using CPA approach

Examples

We have provided one example for each age range. Trainees, trainers and educational supervisors will vary the examples appropriate for the other main axis one diagnoses.

ILO (H) 5 Example: Sleep problems in a child under 5

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-**
5.1 Assesses and manages a child under 5 who is having difficulty sleeping.	Contribute to the assessment of the child and family where the child is having sleeping difficulties and be able to exclude any axis 1 and neurodevelopmental conditions e.g. anxiety or autism Liaise with the multidisciplinary team to complete a full assessment, including of any risk or safeguarding concerns Work psychotherapeutically and psychologically with child or family or other carers in introducing routines for sleeping	Carry out assessment of child and family of an under 5 with sleeping problems. Be able to exclude any underlying medical problems Able to assess and interpret parent child interaction and whether there are factors that are important in the child's sleeping problems Able to develop multidisciplinary management plan for the developing of a sleeping routine Able to lead a full assessment of child under 5 with sleeping problems Able to implement a management plan including developing an appropriate routine for sleeping	Providing supervision of others involved in management plan

5.1 Knowledge – Assesses and manages sleep problems in a child under 5
• Knowledge of normal and abnormal development and the establishment of normal routines for sleeping. • Neurobiology of brain development and the effects of genetic and environmental factors on this. • Thorough knowledge of potential developmental disorders such as autism, ADHD and how these can impact on sleep • Knowledge of Safeguarding Procedures • Knowledge of family function, family systems and parent child interaction and how these can influence establishing sleep routines • Knowledge of how parent child interaction and environment can influence the development of routines such as sleeping. • Knowledge of the presentation of physical disorder in under 5s • Knowledge of the psychological approaches to developing routines such as sleeping

5.1 Skills –Assesses and manages sleep problems in a child under 5
• Able to assess a child under 5 • Able to take a developmental and medical history from a parent • Ability to work with a multidisciplinary team • Ability to undertake a physical examination. Ability to understand when more specialist assessment or physical investigations are required and organize these. • Ability to perform a developmental assessment • Ability to diagnose common conditions such as autism and ADHD • Ability to contribute significantly to the multidisciplinary management plan • Able to interpret assessments including parent-child interaction in an under 5 • Able to work psychotherapeutically with children, families and other carers as well as other professionals in complex and challenging cases

5.1 Behaviours – Assesses and manages sleep problems in a child under 5
• Behave in a non judgemental, respectful and supportive manner. • Is able to recognise the challenges families face when having a child who has difficulty sleeping • Behave sensitively to cultural and religious issues • Know the limitations of your clinical skills especially with regard to physical examinations and investigations • Recognises and behaves respectfully to the differing priorities of other agencies

Example 2 – a child of primary school age
ILO (H) 5.2 – Assess and manage a child with Hyperkinetic Disorder

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
E.g. 5.2 Assesses and manages Hyperkinetic Disorder in the primary school aged child	Can carry out an assessment including taking a history from multiple sources in hyperkinetic disorder in the primary school aged child with a typical presentation	Can carry out a comprehensive assessment of a primary school aged child with suspected hyperkinetic disorder in cases where there is comorbidity Can formulate and implement a management plan, for a typical case of hyperkinetic disorder in a primary school aged child, including psychoeducation, behavioural therapy and medication Can manage complex cases	Can consult to other professionals and offer second opinions Can develop a dedicated service for assessment and management of hyperkinetic disorder

E.g. 5.2 Knowledge – Assesses and manages hyperkinetic disorder in the primary school aged child
• Knowledge of clinical features of hyperkinetic disorder • Awareness of commonly used rating scales • Understanding of treatments options, psychoeducation, behavioural management and medication • Knowledge of differential diagnosis and comorbidities associated with hyperkinetic disorder • Knowledge of current guidelines and their evidence base, • Knowledge of psychoeducation • Knowledge of behavioural therapy appropriate to use with carers • Knowledge of psychopharmacology, stimulant medication and atomoxetine, relevant investigations and physical examination, knowledge of adverse effects of medication and ability to convey information regarding prognosis and future effects

- Impact of hyperkinetic disorder on other family members

E.g. 5.2 Skills– Assesses and manages hyperkinetic disorder in the primary school aged child

- Ability to carry out an assessment including taking a history from parents, information from educational professionals and direct observation of the child
- Ability to liaise with educational professionals about management
- Ability to deliver psychoeducation, behavioural therapy and medication management
- Ability to assess and diagnose children presenting with complex conditions including comorbid conditions such as conduct disorder and oppositional defiant disorder, anxiety and depression, autistic spectrum disorder, learning disability
- Ability to implement appropriate management plans in complex cases

E.g. 5.2 Behaviours – Assess and manage hyperkinetic disorder in the primary school aged child

- All behavioural competencies from Competency 1
- Behaves in a non-judgemental, respectful and supportive manner
- Is sensitive to the distress of families
- Sensitivity to cultural, religious and ethnic issues

Example 3 – an adolescent
ILO (H) 5.3 – Assesses and manages eating disorders in adolescence

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
E.g. 5.3 Assesses and manages eating disorders in adolescence	Can make a diagnosis of an eating disorder in an adolescent with a typical adult presentation	Can assess physical risk in an adolescent patient with an eating disorder Can diagnose and manage typical cases of eating disorders in childhood and in adolescence Can decide appropriateness of inpatient admission	Can work with families in which there is a child or young person with an eating disorder Can organise a service for child and adolescent eating disorder patients Can apply and supervise CBT, family therapy or other specific therapies appropriately

(Example 3 – an adolescent) 5.3 Knowledge – Assesses and manages eating disorders in adolescence
• Effects of eating disorders and starvation on developing physiology, e.g. in female adolescents – effects on puberty development, primary and secondary amenorrhoea, development of bones, knowledge of adverse effects for future health (in terms of fertility, osteoporosis); difference in presentation for male adolescents • Appropriate physical investigations, knowledge regarding re-feeding programmes and risks therein • See 5.3 above • Knowledge of effects on family and systemic issues • Management strategies for cases of eating disorder and possible treatment interventions – risk assessment (for both physical health and mental health issues) • Knowledge of medico-legal frameworks and the appropriate use of compulsory treatment • Knowledge of interface between paediatric and adolescent mental health services • Knowledge of appropriate thresholds for community treatment and consideration of inpatient treatment • Current knowledge of evidence base for treatment of eating disorders in children and young people and their comorbidity

– knowledge of NICE guidance, knowledge of systemic family therapy and application to treatment of eating disorders, knowledge regarding individual psychotherapeutic approaches, appropriate psychopharmacology

(Example 3 – an adolescent) 5.3 Skills – Assesses and manages eating disorders in adolescence
• Ability to monitor physical risk • Can apply psychological therapies under supervision • Also see ILO 5.3

(Example 3 – an adolescent) 5.3 Behaviours – Assesses and manages eating disorders in adolescence
• As in competency 1 – see 5.3 above

ILO (H) 6: Managing Emergencies (Mandatory)

6.1 Assessment and management of psychiatric emergencies
6.2 Management of young people presenting with risk in an emergency
6.3 Use of relevant legal frameworks for children and adolescents presenting in an emergency

Aspect	Developing competence		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
6.1 Assessment and management of psychiatric emergencies	Is able to assess and manage under direct supervision the common mental illnesses that present in an emergency (including suicidal feelings/acts, acute psychosis) Talks to parents and other professionals bearing in mind the special issues in relation to confidentiality in child and adolescent psychiatric practice Recognises from the history and examination any potential signs of dangerous physical health problems or medication induced problems	Is able to independently assess and manage patients with mental illnesses including uncommon conditions, in emergencies Can manage emergencies that involve child protection issues and involving other agencies, particularly the police and social services at an appropriate stage	Advises and supervise others in the assessment and management of psychiatric emergencies

[1] This major competency can also be linked with other ILO's in particular:
1.4 Inter-professional and multi-agency work; ILO 3 Safeguarding children ; ILO 4 Undertaking clinical assessment of children and young people with mental health problems; ILO 5 Main clinical diagnoses; ILO 15 Paediatric Liaison; ILO; ILO 16 Medico legal aspects of Child and Adolescent Psychiatry;

6.1 Knowledge – Assessing and managing emergencies
• Knowledge of common physical illnesses and how these present • Knowledge of common emergency presentations • Maintains an effective working knowledge of current legislation as it applies to emergency child and adolescent psychiatric practice

6.1 Skills – Assessing and managing emergencies
• Recognises a sick child/young person • Manages the initial phase of a medical emergency and knows when and to whom to refer • Routinely employs safe, effective and collaborative management plans • Prioritises when working out of hours according to the clinical need • Talks to children and young people about keeping themselves safe • Manages complex emergency presentations in less resourced settings e.g. A&E • Demonstrates expertise in applying the principles of crisis intervention in emergency situations

6.1 Behaviours – Assessing and managing emergencies
• Shows respect for children, parents/carers and team colleagues in stressful situations • Helps to manage children, families and other professionals anxiety during emergencies

6.2 Management of young people presenting with risk within an emergency setting

Aspect	Developing competence		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
6.2 Management of young people presenting with risk in an emergency	Can complete a clear assessment of risk of young person to self, to others and from others Effectively communicates with other professionals, agencies and carers about risks identified	Manages difficult behaviours in an emergency setting including de-escalation and rapid tranquilisation if a young person is agitated Identifies circumstances or risk factors which could lead to an escalation of violence and develops appropriate safety plans	Works with others to develop comprehensive and up to date guidelines regarding the management of risk with young people who present in emergencies

6.2 Knowledge – Management of young people presenting with risk
• Understands the medical reasons for young people presenting with extreme behaviour • Knowledge of non-drug approaches to calm agitated young people e.g. use distraction, remove to a low stimulus area and exclude causes secondary to physical illness • Understands observations levels and when to apply these if there are risk related concerns • Working knowledge of national and local guidelines for emergency medication and rapid tranquilisation • Understands when to raise child protection concerns relating to a young person and others in an emergency setting • Knowledge of when and how to refer the child or young person for a forensic opinion from an emergency setting

6.2 Skills – Management of young people presenting with risk
• Identifies signs of agitation and can help to de-escalate as appropriate • Maintains own safety and that of the young person and others • Uses breakaway techniques if appropriate • Completes the appropriate paperwork e.g. risk assessment forms • Identifies when to refer to a Tier 4 service for further management

6.2 Behaviours – Management of young people presenting with risk
• Maintains calm, thoughtful and highly professional behaviour at all times when on call and when in an emergency setting

6.3 Use of relevant legal frameworks for children and adolescents presenting in an emergency

Aspect	Developing competence		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
6.3 Use of relevant legal frameworks for children and adolescents presenting in an emergency	Makes decisions about the right to confidentiality and when this may need to be breached in the young person's best interests	Works effectively with national legal frameworks and relevant national government guidance	Advises junior staff and other colleagues regarding legal frameworks and offers remote support

6.3 Knowledge – Use of various legal frameworks relating to children and adolescents presenting in an emergency
• Maintains an effective working knowledge of relevant national legislation on consent, capacity and mental health legislation with accompanying government guidance • Knows how and when to assess under these frameworks in an emergency

6.3 Skills – Use of various legal frameworks relating to children and adolescents presenting in an emergency
• Completes clear documentation using relevant paperwork • Confidently uses the appropriate legal framework guided by presentation, mental state and risk management plan

6.3 Behaviours – Use of various legal frameworks relating to children and adolescents presenting in an emergency
• Maintains calm, thoughtful and highly professional behaviour at all times • Follows the principle of acting in the child or young person's best interests at all times

ILO (H) 7: Paediatric Psychopharmacology (Mandatory)

7.1 Recognises the indications for drug treatment in children and young people.
7.2 Able to explain the risks and benefits and develop treatment decisions collaboratively.
7.3 Able to prescribe safely.

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
7.1 To recognise the indications for drug treatment in children and young people	Able to apply treatment guidelines for common conditions including neuropsychiatry conditions	Initiates treatment in a range of child and adolescent disorders and conditions	Manages complex case including conditions where there is a limited evidence base Trains others and provide consultation to colleagues

7.1 Knowledge – Indications for medication

- The scientific basis of psychopharmacology of specific psychiatric syndromes (neurobiology, neurochemistry etc).
- Define what is meant by 'off-label' and 'off-licence' prescribing in children
- Know current guidelines for medication for those child patients for which they care
- Be able to carry out a thorough premedication work-up including physical and behavioural baseline investigations and monitoring (including use of rating scales)
- Interpret results of physical and behavioural investigations and monitoring and adjust medication accordingly.
- Record in case notes in a concise and easily accessible manner details of pre-medication work-up, medication dosage, symptoms, allergies and side effects rating scales.
- The ethical issues related to prescription of medication in children, including historical aspects of psychopharmacology in children, controversies etc.
- The therapeutic indications, evidence-base, pharmacokinetics, pharmacodynamics, interactions and side-effects (physical and behavioural) of medications commonly used in child and adolescent psychiatry.
- Medications used in child and adolescent psychiatry including: stimulants and non-stimulants for treating ADHD; SSRIs, TCAs, typical and atypical neuroleptics, mood stabilizers, medication for epilepsy, benzodiazepines, clonidine and melotonin.

- The behavioural and psychiatric side effects of medications used in paediatrics for physical disorders e.g. medication for epilepsy, steroids, retinoids.
- Know the premedication work-up and monitoring required for medications used in child and adolescent psychiatry.
- Know the dose ranges of commonly used medications in child & adolescent psychiatry, including dosage for initiation, how to titrate the dosage etc.

7.1 Skills – Indications for medication

- Be able to initiate and titrate the prescription of medications using appropriate and safe doses.
- Be able to integrate medication within a comprehensive treatment plan including psychological, behavioural and social interventions.

7.1 Behaviours – Indications for medication

- Able to appreciate the 'scientific unknowns' in the field of paediatric psychopharmacology and able and willing to discuss the above with parents and patients.
- Appreciate the importance of and explores the meaning of medication with children who are prescribed medication. (For example, medication is not given as punishment for naughty behaviour).

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
7.2 Able to explain the risks and benefits and develop treatment decisions collaboratively	Is able to explain commonly used medication to their child patients and families	Explains controversies in drug treatment Discusses different pharmacological options and other non-pharmacological treatments with parents and young people in an accessible way, offering choice Advises in more complex cases where there is high anxiety, conflict or communication problems	Second opinions and consultation to colleagues Advise policy makers and the media

7.2 Knowledge – Explains risks and benefits of medication

- As above
- Know how to obtain valid and informed consent from children parents/ guardians.

7.2 Skills – Explains risks and benefits of medication

- As above
- Be able to offer psychoeducation (information about medications) in a clear manner that children and parents can understand. Provide written information if possible. Encourage questions. Negotiate individual treatment plans that include information on what to do if condition improves or deteriorates or side effects occur.
- Obtain informed consent and establish a therapeutic alliance with the child and their parents/ guardians.
- Be able to involve and communicate with children and adolescents about medication choices, efficacy and side effects in a developmentally sensitive manner. Provide opportunities for children to express their views regarding medication and considers non-pharmacological alternatives with the child and their parents.
- Be able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies (teachers, social workers), regarding the role of medication in different disorders including target symptoms, side effects and monitoring.

7.2 Behaviours – Explains risks and benefits of medication

As above

- Gives due importance to exploring parental and child beliefs and preferences regarding medication risks and benefits, paying special attention to and respect for social, cultural and ethnic differences.
- Strives to establish a strong therapeutic alliance whereby children and parents actively 'opt in' to treatment rather than being the passive recipients of medication.

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
7.3 Able to prescribe safely	Follow guidelines on the safety and efficacy of medication	Considers benefits of other modalities of treatment Makes risk benefit analysis of complex cases and prescribing including conditions where the evidence base is limited	Advise colleagues and providing second opinions Advise policy makers and the courts in malpractice cases

7.3 Knowledge – Prescribes safely
As above • Has good working knowledge of the main treatments in child and adolescent psychopharmacology • Keeping abreast of the recent advances in paediatric psychopharmacology

7.3 Skills – Prescribes safely
As above • Auditing one's own practice • Recognition and notification of untoward effects to the relevant authorities

7.3 Behaviours – Prescribes safely
As above • Shows awareness of the limitations of the evidence basis • Remains alert to previously unrecognised effects and side-effects • Openness and sensitivity to the patient's attitude to risk and benefit

ILO (H) 8: Psychological Therapies in Child and Adolescent Psychiatry (Mandatory)

Builds on Intended Learning Objective 2 (Establishing and maintaining therapeutic relationships with children, adolescents & families).

8.1 Ability to assess suitability of children, adolescents and families for specific therapies
8.2 Ability to refer appropriately and monitor progress of children, adolescents and families in therapy
8.3 Ability to engage and deliver therapy to children, adolescents and families

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
8.1 Ability to assess suitability of children, adolescents and families for psychological therapy	Able to discuss in supervision an appropriate range of psychological treatment options with their potential benefits and risks	For any individual patient, to be able to assess their appropriateness for psychological therapy Is able to undertake and present an assessment of a family for psychological treatment Is able to identify which modality of therapy is most appropriate for their problem and circumstances Is able to assess complex cases for psychological interventions and advise on appropriate options bearing in mind the evidence base	To be able to train and supervise others in assessment for psychological therapies

8.1 Knowledge - Assesses for psychological therapies

- Knowledge of the theoretical basis and principles of major models of therapy in current use as these apply to children, adolescents and families.
- An understanding of the evidence base for different psychological treatments in the context of child and adolescent practice
- Basic knowledge of:
  - ☐ Applied principles of learning theory
  - ☐ Attachment theory
  - ☐ Cognitive behavioural - individual, group, parent training
  - ☐ Systemic theory and practice
  - ☐ Interpersonal therapy
  - ☐ Psychodynamic/psychoanalytic theory
  - ☐ Multi-Systemic Therapy Working with parents
  - ☐ Multi-Systemic Therapy Working with children
  - ☐ Group theory
  - ☐ Dialectical Behaviour Therapy
  - ☐ Cognitive Analytic Therapy
  - ☐ Motivational Interviewing
  - ☐ Mentalisation
  - ☐ Psycho-Educational interventions
  - ☐ Supportive psychotherapy
- The following core therapeutic approaches will require a more in depth understanding of theory and practice.
  - ☐ Individual Cognitive Behaviour Therapy – including mindfulness and ACT – trainees are advised to read the IAPT curriculum for high intensity therapies
  - ☐ Behavioural modification treatment
  - ☐ Family Therapy
  - ☐ Psychodynamic Psychotherapy

8.1 Skills - Assesses for psychological therapies
• Ability to discuss psychological therapies in supervision with respect to the needs of specific young people • To be able to do a risk benefit analysis of the likelihood of a positive outcome for a specific patient with attention to the evidence base for the model, age and disorder • The ability to explain a psychological therapy to a family including a balanced view of potential benefits and risks • The ability to assess the young person's understanding of the treatment being offered and assess their competency to give consent at an appropriate developmental level • Enabling families to tell their story in a way that opens possibilities for psychological interventions

8.1 Behaviours - Assesses for psychological therapies
• Shows respectful listening • Respects the evidence base for the appropriateness of a specific treatment modality in a particular young person • Maintains a non-judgemental, empathic manner

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
8.2 Ability to refer appropriately and monitor progress of child and adolescent patients in therapy	To discuss in supervision the appropriate referral for patients for psychological therapy To be able to review in supervision a patient's progress in therapy To be able to discuss with team colleagues of different disciplines the appropriateness of a referral	Able to engage with, and explain to, a patient/family the potential benefits and risks of psychological therapy; what this will entail and what outcomes may be expected To make an appropriate referral for psychological therapy To be able to contract with the patient and their therapist how the treatment of the case will be conducted and monitored Engaging patients/ families who present particular challenges in a course of appropriate psychological treatment	Monitoring complex cases where psychological treatment is part of a multi-agency package of treatment

8.2 Knowledge – Refers and monitors therapy progress
• What constitutes a good referral for a particular therapy in a child and adolescent context • Knowledge of appropriate outcomes and complications of therapy • Knowledge of the skills of different professional groups and agencies

8.2 Skills – Refers and monitors therapy progress
• Contracting patients/families and team members for therapeutic work • Ability to write clear, pertinent and concise referral letters • High level of negotiation skills with multidisciplinary team and the family • Working within a therapeutic network • Communicating work undertaken by other team colleagues in a network setting

8.2 Behaviours – Refers and monitors therapy progress
• Shows respect for the work of other disciplines and agencies • Shows respect for the choices of patients and families especially when this conflicts with your recommendations. • Demonstrates by their behaviour an awareness and sensitivity to the cultural context of families and its potential influence on the family's ability to engage with psychological therapies

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
8.3 Ability to deliver therapy to child and adolescent patients and families	To plan and conduct an appropriate course of therapy under close supervision	To be able to use supervision appropriately To plan and deliver an appropriate course of therapy in 2 of the 4 core modalities (cognitive behaviour therapy; behaviour therapy; systemic / family therapy; psychodynamic child psychotherapy) To know when therapy has to be adjusted to the progress and needs of the patient/family Delivering psychological treatment to young people/families with complex problems and needs To use psychological treatments as part of a multi-agency treatment package	Qualification or registration with a recognised professional monitoring body e.g. AFT, UKCP

8.3 Knowledge – Delivers appropriate psychological treatment
• Knowledge of how to engage families/ individuals at different developmental stages • Theoretical knowledge of the therapeutic process at different developmental stages • Sound theoretical knowledge of the particular therapy being used as it applies to the patient's developmental stage • Knowledge of the expectations of the progress of therapy and when/how to end • Knowledge of theories of supervision as applied to the particular therapy in use

8.3 Skills – Delivers appropriate psychological treatment
• High level of ability in engaging patients and families in a developmentally appropriate manner • Ability to use appropriate techniques in the chosen therapeutic modality • Ability to keep patients engaged in therapy • Ability to use supervision appropriately as a supervisee • Uses supervision in a multidisciplinary team context • Managing the delivery of psychological treatment within a complex network of agencies • Ability to teach and supervise others in a particular therapeutic modality • Gives useful and appropriate feedback about progress to those outside the core CAMHS team, for example carers or professionals in a multi-agency network – in meetings and written reports.

8.3 Behaviours – Delivers appropriate psychological treatment
• Know your own limitations • Behaves with respect towards patients taking account of the power differentials in a therapeutic relationship • Maintains appropriate boundaries for the particular therapy being delivered in addition to professional boundaries • Shows respect for the contribution of others to a treatment package • Behaves in a non-discriminatory manner as it applies in therapy • Respects diversity as it applies in therapy • Can show evidence that behaves as a reflective practitioner

ILO (H) 9: Inpatient and day-patient Child and Adolescent Psychiatry (Mandatory)

9.1 Manages children/young people with severe/complex mental health problems in inpatient or day-patient setting
9.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team
9.3 Understands the legal frameworks in use in an inpatient or day-patient setting
9.4 General medical skills for children / adolescents applied in an inpatient or day patient setting

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
9.1 Manages children/young people with severe/complex mental health problems in inpatient or day-patient setting (see also ILO 6, Managing emergencies)	Understands and contributes to clinical care planning processes for children/young people with severe/complex mental health problems Able to carry out a detailed risk assessment for children/young people with severe/complex mental health problems Shows a sensitive and flexible approach to children, young people and families presenting in crisis Is able to maintain positive therapeutic alliance with children/young people and parents throughout their admission.	Under supervision can coordinate both planned and emergency inpatient admissions and develop an appropriate multi-disciplinary treatment plan (May acquire ST6 competencies in this domain if inpatient or day patient placement happens during ST5) Can lead the assessment and treatment of straightforward cases in an inpatient or day-patient setting balancing biological, psychological and social approaches including managing the care planning approach and using team based treatment approach. Works collaboratively with children/young people and families and other teams at all times to plan appropriate discharge care and transitions from children's to adult's services when necessary.	Can develop flexible treatment packages appropriately using the resources of an inpatient or day-patient setting including working outside of standard treatment protocols for children and young people with rare/highly complex or treatment resistant conditions Can develop outreach work from an inpatient or day-patient setting

9.1 Knowledge – Manages severe/complex disorders in intensive setting
• Knowledge of the patterns of mental disorder that are commonly seen in inpatient or day-patient children's and adolescent services • Knowledge of mental capacity as it applies to adolescent patients aged over 16 and how this is dealt with amongst younger children and adolescents and the relationship of capacity to consent • Knowledge of uncommon patterns of comorbidity and their underlying causes • Knowledge of the potential disadvantages of inpatient admission as well as advantages • Knowledge of the use of psychological, social and biological approaches appropriate to treatment in an inpatient setting and the adaptations from outpatient treatment • Knowledge of the advantages and disadvantages of tier 4 treatment settings for complex cases

9.1 Skills – Manages severe/complex disorders in intensive setting
• Able to take a detailed accurate history from children/young people and parents in crisis with sensitivity • Can formulate inpatient cases and design an appropriate treatment plan • Can integrate information from several sources to produce a working formulation leading to treatment plans involving several modes of intervention • Knows which treatment approach to promote at different stages of a complex treatment regime.

9.1 Behaviours – Manages complex disorders in an intensive setting
• Shows respect for patients, their parents and their team colleagues in stressful situations • Shows attention to detail

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
9.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team	Skills listed as competent for ST6	Is able to provide support and containment of anxiety for colleagues in team in difficult clinical situation. Can chair effectively team and multiagency meetings. Understands the principles underpinning clinical governance and how high quality service is maintained in an inpatient /day patient setting. Can weigh up with other team members the appropriateness of admissions and their timing in the light of current patient mix Liaises carefully with complex arrays of other agencies Advocates for their child patients in a balanced and respectful way Knows limits of own competence and can access other expertise appropriately	Is able to lead a large multi-disciplinary team through service developments Is able to demonstrate and encourage reflective practice throughout the team Shows excellence in liaising with other teams and services Maintains a high quality of service by leading clinical governance activities e.g. audit, financial planning, promoting patient feedback etc. Maintains positive relationships with service mangers and other key stakeholders Can provide strategic leadership in regard to commissioning and the local health economy.

9.2 Knowledge – Provides day-to-day leadership in intensive setting
• Knowledge of complex task-based systems • Knowledge of how people react to stressful situations • Knowledge of the skills that make a good leader e.g. medical leadership framework

9.2 Skills – Provides day-to-day leadership in intensive setting
• Demonstrates sensitivity to staff feelings whilst containing own and others' anxiety • Inspires confidence though demonstration of expertise and reflective practice. • Provides and accepts appropriate support to and from colleagues in team in difficult clinical situations • Can balance the needs of the service task against the needs of staff colleagues

9.2 Behaviours – Provides day-to-day leadership in intensive setting
• Behaviour shows evidence of consistent use in daily practice of the skills in 9:2

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
9.3 Understands the legal frameworks in use in an inpatient or day-patient setting	Uses mental health legislation and other relevant legislation that applies to children and young people in an in/day patient setting Assesses mental capacity/competence in a child/young person in the context of an in/day patient setting	Can obtain valid consent from a child/young person or parent/carer Understands the limits of medical confidentiality as they apply to children/young people Advocates for the rights of children/young people Can use legal interventions at the appropriate time to keep children/young people safe and ensure that their treatment is delivered safely and legally Can independently assess mental capacity/competence in a child/young person Can explain clearly to children/young people and families and colleagues the role of legal frameworks in their treatment including their rights within these frameworks.	Has good working knowledge of the interaction of the relevant legislative frameworks, can apply them in most circumstances and knows when to seek expert legal advice in complex situations. Can represent the service at mental health tribunals or in other court processes (e.g. Care Proceedings)

9.3 Knowledge – Use of Legal Frameworks in an intensive setting
• Understands mental health legislation as it applies to children and young people • Knows relevant statutory legal frameworks and is aware of which framework would be appropriate for the particular clinical situation • Knows the local procedures to follow if there are safeguarding issues • Knowledge of other agency services and what services may be mobilised to support a child or adolescent patient

9.3 Skills– Use of Legal Frameworks in an intensive setting
• Delivers mental health treatment within an appropriate legal framework • Ensures that service users are fully informed of their rights • Obtains valid consent for treatment • Ensures best practice in regard to medical confidentiality and only breeches this when needed

9.3 Behaviours– Use of Legal Frameworks in an intensive setting
• Ensures that service users are treated with respect at all times regardless of their legal status • Ensures that all team members are aware of their legal duties to service users • Ensures that service users rights are respected at all times

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
9.4 Manages the physical well-being of children / young people in an inpatient or day patient setting	Takes an accurate physical history for child/young person. Can undertake a competent physical assessment of a child/ young person to identify any common physical conditions contributing to their mental health problems or co-occurring with them Organises appropriate physical investigations. Delivers pharmacological treatments including physical monitoring as appropriate. Can conduct a physical examination sensitive to cultural or gender issues.	Undertakes complete physical assessment including neurological assessment to identify physical conditions that may cause or co-occur with psychiatric illness. Can liaise with other medical colleagues appropriately to ensure service user's physical needs are met (May acquire ST6 competencies by end of ST5 in this domain if inpatient or day patient placement happens before ST6)	Leads on investigation and management of children/adolescents with complex or rare physical conditions.

9.4 Knowledge – Managing Physical Well-being in an intensive setting
• Normal physical and investigation findings for children and adolescents • Detailed neurological examination of children and adolescents and the meaning of abnormal findings • Recognises stigmata of common patterns of genetic disorders • Working knowledge of paediatrics and aware of own limitations

9.4 Skills – Managing Physical Well-being in an intensive setting
• Accurate history taking and physical examination skills • Venepuncture for children and adolescents • Can carry out ECG examination (but may seek specialist advice on interpretation) • Working knowledge of the basic management of paediatric conditions such as asthma, diabetes, thalassaemia, sickle cell disease etc that may appear on a CAMHS inpatient or day-patient unit.

9.4 Behaviours – Managing Physical Well-being in an intensive setting
• Is sensitive and respectful when undertaking physical examination of a child • Advocates for healthy lifestyle for children/young people and families • Knows limits of own knowledge and does not hesitate to seek further advice • Considers the impact of psychiatric treatment on physical well-being

ILO (H) 10: Management ILO for all ST4-6 CAP trainees (Mandatory)

10.1 Managing risk
10.2 Evidence based practice
10.3 Applying good practice standards
10.4 Involving service users
10.5 Audit

Aspect	Developing Performance	
	Competent	**Post CCT-Mastery**
10.1 Managing risk	Understanding how risks impact on the patient, the clinician and the organisation Identifying, monitoring and managing clinical risk Communicating with patients and colleagues about risk Conducting risk benefit analyses Monitoring adverse outcomes Applying lessons from critical incidents	Investigating critical incidents Contributing to the risk management plans and strategy of an organisation

10.1 Knowledge – Managing risk
• Appropriate risk assessment and monitoring tools • Pathways for communicating about risk • Pathways for communicating about adverse outcomes and implementing appropriate changes

10.1 Skills – Managing risk
• Differentiates and prioritises different risks • Discusses anxiety provoking information in a sensitive manner • Uses the public perception to contextualise risk • Takes decisions based on a considered risk-benefit analysis

10.1 Behaviours – Managing risk
• Shows a measured proportional response • Managing one's own anxiety and anxiety within the team around risk • Managing anxiety within the wider organisation around risk

Aspect	Developing Performance	
	Competent	**Post CCT-Mastery**
10.2 Evidence based Practice	Framing an evidence based question and carrying out a literature search to address an issue in practice Critically appraising and disseminating the best available evidence Applying the best available evidence in the context of clinical judgement, service user preferences and resource constraints	Developing novel services based on new developments in the evidence base

10.2 Knowledge – Evidence based practice
• Knows relevant electronic search engines and data bases • Basic quantitative research concepts such Bias, Odds Ratios, Numbers Needed to Treat/Harm • The limits and limitations of scientific evidence; the limitations of evidence based practice

10.2 Skills – Evidence based practice
• Uses relevant electronic search engines and data bases • Applies critical appraisal skills for a range of methodologies (Randomised Controlled Trials, Guidelines, Qualitative studies etc) • Can make best practice decisions in the context of limited evidence • Integrates the role of culture and value judgement in health care decision making • Frames an evidence based question based on an issue encountered in practice • Communicates the evidence base to service users, clinicians and commissioners to help them make decisions about the best practice • Applies cost benefit analysis

10.2 Behaviours – Evidence based practice
• Curiosity • Sceptical attitude amenable to evidence • Willingness to challenge orthodoxy

Aspect	Developing Performance	
	Competent	**Post CCT-Mastery**
10.3 Applying good practice standards	Aware of good practice standards Challenging the quality of practice standards within a service Implementing and auditing good practice standards	Contributes to the work of bodies such as the National Institute for Clinical Excellence (NICE) around quality standards

10.3 Knowledge – Applying good practice standards
• Understands the methods used to generate good practice standards • The statutory and ethical obligations imposed on service providers by good practice standards • The limitations of good practice standards • Understands concept of opportunity costs of good practice standards

10.3 Skills – Applying good practice standards
• Applies good practice standards discerningly and appropriately defends deviations and departures in a reasoned manner documenting such departures

10.3 Behaviours – Applying good practice standards
• As above (Also see ILO (H) 1 – Professionalism)

Aspect	Developing Performance	
	Competent	**Post CCT-Mastery**
10.4 Involving service users	Facilitating service user participation in decisions about their own treatment Collecting feedback from service users Facilitating service user involvement in service development	Engaging hard to reach groups of service users in service development Developing a service where users play a key role in the design and monitoring of services

10.4 Knowledge – Involving service users
• Methods and tools for obtaining service user feedback • The ethics raised by involving service users in service development and the choices entailed. (See also ILO (H) 1) • Value of service user participation in commissioning, service development and evaluation • Methods of promoting service user participation • External organisations which can support service user participation • Barriers to service user involvement including stigma

10.4 Skills – Involving service users
• Engaging service users in service development • Balancing the needs of different patient groups to provide a fair and equitable service • Engaging with service user and voluntary organisations in service development

10.4 Behaviours – Involving service users
• Openness to the value of service user participation • Takes active steps in clinical practice and in planning to ensure service users are at the centre of health care provision

Aspect	Developing Performance Competent	Post CCT-Mastery
10.5 Audit	Setting standards that can be audited Identifying discrepancies between best practice and actual practice Dissemination and discussion of audit findings Measuring changes in practice	Using clinical governance and audit in managing services

10.5 Knowledge - Audit
• Sampling and sample size • Reliable audit methods

10.5 Skills - Audit
• Completes audit cycle • Trend analysis

10.5 Behaviours - Audit
As above (Also see ILO (H) 1 – Professionalism)

ILO (H) 11: Teaching, Supervision & lifelong learning skills (Mandatory)

11.1 Is able to organise teaching sessions in a variety of formats
11.2 Can complete a structured assessment of another's performance and deliver constructive feedback
11.3 Can supervise another's clinical work

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
11.1 Is able to organise and deliver teaching sessions in a variety of formats	Can deliver a lecture Can teach a small group including experiential techniques such as role play Can organise a short series of lectures/seminars	Can organise a training programme

11.1 Knowledge – Organise teaching sessions
• Knowledge of purpose and structure of curricula based teaching • Knowledge of adult learning principles and differing learning styles • The strengths and limitations of different teaching methods e.g. small group learning, PBL, workshops etc

11.1 Skills – Organise teaching sessions
• Gathers pre-teaching information about students e.g. previous knowledge base, learning objectives to tailor material to meet training needs • Uses technical aids such as 'PowerPoint' with skill • Keeps students' engaged and sustains interest • Listens carefully to questions before answering • Facilitates a variety of different teaching methods • Uses feedback to modify teaching programme

11.1 Behaviour – Organise teaching sessions
• Models an inquiring and reflective approach

Aspect	Developing Performance		
	Under Supervision	Ready for Consultant Practice	Post CCT-Mastery
11.2 Can complete a structured assessment of another's performance and deliver constructive feedback	Uses a variety of workplace based assessments	Uses other validated structured tools for providing feedback	Trains others to complete a variety of structured and semi-structured assessments

11.2 Knowledge – Complete a structured assessment
• Workplace based assessment • Other structured assessments

11.2 Skills – Complete a structured assessment
• Giving constructive criticism • Giving constructive criticism to an unreceptive colleague

11.2 Behaviour – Complete a structured assessment
• Able to be respectful while being honest and clear

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
11.3 Can supervise another's clinical work	Effective supervision of junior doctors and medical students	Effective supervision of colleagues from other disciplines	Lead a multidisciplinary team Supports a colleague who is underperforming Provides consultation to external agencies

11.3 Knowledge - Supervision
• The difference between consultation and supervision • Ethical and legal expectations of the supervisory relationship • Record keeping

11.3 Skills – Supervision
• Promoting learning in a safe environment • Developing independent practice in a measured fashion • Seeks feedback and supervision of supervisory work • Being able to explore areas of weakness

11.3 Behaviour – Supervision
• Modelling an inquiring and reflective approach

ILO (H) 12: Research and scholarship

12.1 Is able to find and analyse research carried out by others **(Mandatory)**
12.2 Can generate original research **Selective**
12.3 Disseminates findings **Selective**

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
12.1 Able to find and analyse research carried out by others		To be able to do an independent search of scientific data bases To analyse research Appreciate the biases To be able to appreciate the limitations and controversies To be aware of the safeguards of ethical conduct of research	To peer review research, edit scientific journals

12.1 Knowledge – Finds and analyses others' research papers
• Knows the theoretical, historical, and philosophical underpinnings of research in basic sciences and child and adolescent psychiatry. • Knows the basic principles of different paradigms in research such as Quantitative research, qualitative research, Action research etc • Knows the principles of undertaking meta-analysis • Understands the ethical and moral issues related to conduct of research, sponsorship of research and scholarly activities, including controversies

12.1 Skills – Finds and analyses others' research papers
• Able to appraise the strengths and weakness of research conducted by others • Able to carry out a thorough literature search, critically analyse existing knowledge, synthesise information and summarise the relevant findings coherently. • Able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies (teachers, social workers), regarding the importance of applying research findings in everyday practice and, where appropriate, to communicate research findings effectively with patients and their families / carers. • Able to translate research findings to everyday clinical practice. Inclusion of research findings in case summaries and formulations and in letters to medical colleagues. • Able to appreciate the 'scientific unknowns' in the field of child and adolescent psychiatry. • Independent experience of refereeing articles / academic journals

12.1 Behaviours – Finds and analyses others' research papers
• Shows curiosity, open minded, critical thinking without being nihilistic • Behaviour indicates consideration of the way culture, values and prejudices influence the interpretation of research evidence • Understands the individual and institutional probity issues.

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
12.2 Can generate original research	Generating research questions	To carry out a research project (may remain under supervision still but still be ready for consultant practice)	Carry out independent research Supervise research Advising policy makers and funding bodies

12.2 Knowledge – Can generate original research
As above • Knows how to obtain valid and informed research consent from children, adolescents, parents or guardians. • Knowledge of rating scales and at least one research interview relevant to child and adolescent psychiatry • Has a detailed knowledge of at least one research methodology in relation to child and adolescent psychiatry • Understands meta-analytic methodology • Know how to submit ethics committee applications and write grant applications • Know the research advances in subjects of relevance to child psychiatry such as genetics, structural and functional imaging, neuropsychology, and cognitive psychology. • In depth knowledge of statistical packages and methods • Know quantitative research methods (how to pose a research question, develop this in to a hypothesis, design a research protocol capable of testing this hypothesis, sampling, randomisation, statistical evaluation and how to draw valid conclusions from the research).

12.2 Skills – Can generate original research
As above • Reflects on research questions raised by current clinical practice • Uses research interviews and rating scales • Poses a research question, develop the question in to a hypothesis, design a protocol to test the hypothesis • Obtains statistical advice regarding design of the study and data analysis. • Identifies an academically active research supervisor appropriate for their area of interest • Conducts simple statistical tests under supervision and draw valid conclusions from research • Can apply for a research grant /other sources of research funds • Able to write a data analysis section in grant applications and to undertake data analysis • Able to write up scientific research in the format of a conference poster or a conference abstract • Develops at least one area of research methodology in posing scientific questions • Publication of research findings in peer reviewed journals • Experience of teaching research methodology to undergraduate and Postgraduate students

12.2 Behaviours – Can generate original research
• Is perpetually curious and challenges beliefs and dogmas • Is conscientious, and systematic while being creative and flexible at the same time

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
12.3 To disseminate findings		Write up research Present to colleagues Present at scientific meeting	Publication and presenting at a national and international level Advising policy makers Teaching and supervision

12. 3 Knowledge – Can disseminate findings
• Knowledge of the citation index of the journal and knowing where to publish your own research findings

12. 3 Skills – Can disseminate findings
• Be able to communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies (teachers, social workers), regarding the importance of applying research findings in everyday practice, and where appropriate to communicate effectively with patients and their families / carers. • Be able to show effective interpersonal skills in a research team -negotiating, exercising leadership, working with diversity, teaching others new skills, and participating as a team member • Is able to form a collaborative link with other researchers or clinicians

12. Behaviours – Can disseminate findings
• Has a genuine capacity for collaborating with colleagues and sharing new ideas and exploring possibilities for collaborative research. • Maintains a sense of optimism and is able to seek appropriate support and assistance when faced with potential difficulties in conducting a research and disseminating the findings.

ILO (H) 13: Assessment and Treatment in Child and Adolescent Neuropsychiatry (Selective)

13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder
13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders, Tourette Syndrome, and OCD
13.3 To be able to carry out an assessment of an individual with autism spectrum disorder
13.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions
13.5 To be able to contribute to the management of neuroepileptic conditions

(See also ILO 4 – history taking and assessment)

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive	Contribute to the assessment of the child and family and add information to the multidisciplinary formulation	Ability to assess and provide a psychiatric opinion on child with brain injury Able to develop a multidisciplinary management plan including role of psychopharmacology	Able to develop and supervise a management plan based on comprehensive assessment including neurological and neuropsychological findings

13.1 Knowledge – Neuropsychiatry assessment
• The behavioural and psychiatric presentation of progressive neurological disorder including impact upon cognition and development • The psychiatric consequences, associations and impact on brain function of acquired brain injury • Understanding of the neurological basis of psychopathology including neuroanatomy, neurophysiology and

neuropsychology

13.1 Skills – Neuropsychiatry assessment
• Ability to carry out a psychiatric assessment of child in the context of brain injury or neurological disorder • Ability to liaise with the wider care system including child health colleagues, families, education and social services about psychiatric sequelae of brain disorder

13.1 Behaviours – Neuropsychiatry assessment
• **Willing and able to act as an advocate for a young person whose developmental needs are not being met.**

(See also competency for history taking and assessment)

Aspect	**Developing Performance**		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders, Tourette Syndrome, and OCD	Carry out assessment of child including taking history from multiple sources and observing the child in different settings	Carry out comprehensive assessment of the child including assimilation of reports from other professionals Recommend treatments as appropriate including non pharmacological and pharmacological interventions	Diagnose and manage complex presentations of children with significant comorbidities Supervision of others in the assessment and treatment process

13.2 Knowledge – Understands range of neuropsychiatric disorders in childhood
• Understanding the clinical features associated with neuropsychiatric conditions • Understanding the neurobiological basis for neuropsychiatric disorder including neuroanatomy, neurophysiology and neuropsychology • Knowledge of the differential diagnoses and comorbidities associated with neuropsychiatric disorder • Understand the impact of neuropsychiatric disorder on individual and family development • Knowledge of the current evidence base for interventions.

13.2 Skills – Understands range of neuropsychiatric disorders in childhood
• Ability to carry out a comprehensive assessment of the child including parental accounts and information from educational professionals as well as direct observation of the patient. • Ability to liaise with educational professional about the management of the patient in an educational setting • Ability to assess and diagnose children presenting with a complex picture with comorbid conditions such as autism spectrum disorder, Tourette Disorder, Obsessive Compulsive Disorder and develop a management plan • Ability to discuss and recommend appropriate psychological and pharmacological interventions

13.2 Behaviours – Understands range of neuropsychiatric disorders in childhood
• As above

(See also competency for Learning Disability)

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
13.3 To be able to carry out an assessment of an individual with autism spectrum disorder	Carry out assessment and diagnose autism in non complex cases using standard diagnostic criteria. Recognise the presence and implications of common comorbid conditions.	Carry out assessment of child presenting with complex symptomatology or with significant comorbidities.

13.3 Knowledge – Assesses autism and related disorders
• Understands the clinical features of autism • Understands the core deficits in autism and how they impact upon the development of the child and their family • Knowledge of the causes and development of autism including current and past theories and the evidence base for them

13.3 Skills – Assesses autism and related disorders
• Ability to diagnose autism using standard diagnostic criteria • Ability to modulate own behaviour to facilitate interaction with autistic individual • Ability to recognise and diagnose conditions often comorbid such as learning disability, ADHD, Tourette Syndrome, epilepsy, dyspraxia and mental illness • Ability to carry out a comprehensive assessment of the child using detailed assessment tools such as DISCO, ADI, 3Di, ADOS

13.3 Behaviours – Assesses autism and related disorders
• Willing and able to act as an advocate for a young person whose developmental needs are not being met.

(See also ILOs for psychopharmacology ILO (H) 7, working with other agencies / networks ILO (H) 1.4., learning disability ILO (H) 14)

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
13.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions	Commence and monitor medication as part of a comprehensive treatment plan Contribute to development and initiation of a multiagency intervention	Develop and recommend a multiagency management plan. Liaise with legal services in relation to child care or forensic issues. Play a lead role in service development

13.4 Knowledge – Developing management plan for autism spectrum
• Understands the range of therapeutic interventions available for children with autism and the evidence base for these • Understands the role of psychopharmacological interventions for children with autism • Knowledge of the national and local policies in relation to prescribing medications off label or out of their licensed indications

13.4 Skills – Developing management plan for autism spectrum
• Ability to discuss use of psychotropic medications including the full range of side effects in young person with autism • Ability to work psychotherapeutically with the family to assist them with creating an environment conducive to the child's development • Ability to liaise with other agencies in the management of individual cases as well as development of appropriate services to meet the child's developmental needs

13.4 Behaviours – Developing management plan for autism spectrum
• Willing and able to act as an advocate for a young person whose developmental needs are not being met.

(See also Paediatric Liaison)

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
13.5 To be able to contribute to the management of neuroepileptic conditions	Awareness of the presentation of seizure disorder as part of the differential diagnosis	Able to recognize seizure disorder and appropriately refer on to paediatric services. Able to recognize psychiatric comorbidities in children with epilepsy Able to assess children presenting with non epileptic seizures	Carry out comprehensive assessment of child presenting with seizure disorder or non epileptic seizures and liaise with child health services about ongoing management

13.5 Knowledge – Neuropsychiatric aspects of epilepsy
• The classification of epilepsy and its clinical presentation • Knowledge of the range of antiepileptic medication in children • The role of the EEG in children presenting with suspected seizures • The range of behavioural syndromes associated with epilepsy • The psychopharmacology of psychiatric disorder and its relationship to seizure disorder

13.5 Skills – Neuropsychiatric aspects of epilepsy
• Ability to carry out a detailed assessment of the child presenting with seizure disorder including interpretation of clinical observation of seizures • Ability to formulate child's presentation of non epileptic seizures with families and other professionals with a view to developing a management plan • Ability to work psychotherapeutically with child and family in cases of seizure disorder and child with non epileptic seizures.

13.5 Behaviours – Neuropsychiatric aspects of epilepsy
• As above

ILO (H) 14: Psychiatric management of children and adolescents with learning disabilities (Selective)

14.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions

14.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan.

14.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems.

14.4 To be able to advise the courts/legal process in relation to children with learning disability

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
14.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions	Carry out developmental assessment as part of a multidisciplinary team and interpret the findings	Carry out comprehensive developmental assessments and interpret psychometric assessments in order to make a diagnosis of learning disability and other comorbid conditions

14.1 Knowledge – Neuropsychiatric assessment of learning disability
• Normal and abnormal child development • Neurobiology of brain development and the effects of genetic and environmental factors on this • Aetiology of learning disability • Concepts of clinical genetics and behavioural phenotypes • Knowledge of the approaches to assessment of learning disability and of social competence • Knowledge of psychometric assessments and the implications of these in terms of presentation and adaptive function.

14.1 Skills – Neuropsychiatric assessment of learning disability
• Able to communicate with children, adolescents and their carers with learning disability at the appropriate developmental level • Able to take a developmental, medical and educational history • Able to perform developmental assessments • Able to interpret psychometric assessments (e.g. tests of IQ, global and social functioning) and the implications of these for the individuals development

14.1 Behaviours – Neuropsychiatric assessment of learning disability
• Behaves in a non-judgemental, respectful and supportive manner

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
14.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan	Carry out assessment of child and family to make a diagnosis of mental health disorder Able to develop multidisciplinary management plan and treat associated psychopathology	Able to lead a full assessment of child with complex disorder including appropriate physical investigations Able to implement a management plan including psychopharmacology and psychotherapeutic approaches Providing supervision of others involved in management plan

14.2 Knowledge – Multi-disciplinary approach to learning disability
• Thorough knowledge of potential comorbid developmental disorders such as autism, ADHD, or tic disorders • Knowledge of the range of psychiatric disorders and their differing presentation in individuals with learning disability • Knowledge of family function, family systems and the impact of LD on these • Knowledge of the presentation of physical disorder in children with LD • Knowledge of the presentations of epilepsy and impact of its management

14.2 Skills – Multi-disciplinary approach to learning disability
• Able to take a developmental, medical and educational history and conduct a mental state examination in a person with LD • Ability to undertake a physical examination and organic basic investigations to identify common causes of disturbance and coexistent medical conditions • Ability to understand when more specialist assessment or physical investigations are required and organise these • Ability to diagnose common comorbid conditions such as autism, epilepsy, ADHD and childhood onset mental illness • Ability to contribute significantly to the multidisciplinary management plan especially with regard to pharmacology • Able to work psychotherapeutically with children, families and other carers as well as other professionals in complex and challenging cases

14.2 Behaviours – Multi-disciplinary approach to learning disability
• Know the limitations of your clinical skills especially with regard to physical examinations and investigations • Behaves sensitively when carrying out examination and investigations in vulnerable individuals

(See also ILOs for psychopharmacology ILO (H) 7, working with other agencies / networks ILO (H) 1.4., neuropsychiatry ILO (H) 13)

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
14.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems	Participate in multidisciplinary and multi-agency meetings assisting in understanding mental health formulation Work with other agencies to develop management plans to help individuals meet their developmental goals	Work with other agencies to develop comprehensive management plans for children with complex needs to meet their psychological, educational and social developmental goals.

14.3 Knowledge – Multi-agency liaison for psychiatry of learning disability
• Understand the influence of social factors on intellectual and emotional development • Understand the impact of disability on individuals, on families and on wider social systems • Understand the roles of other disciplines involved in the multi-agency network • Understand concepts of vulnerability and resilience in the field of disability • Understand how environment influences the development of appropriate and maladaptive behaviours including the influence of educational strategy and policy • Knowledge of the psychological approaches to increasing adaptive and reducing maladaptive behaviours

14.3 Skills – Multi-agency liaison for psychiatry of learning disability
• Ability to contribute to a multi-agency intervention plan • Ability to work with a network of carers and professionals to resolve conflicts, manage anxiety and to assist in the development of appropriate therapeutic strategies • Ability to contribute to early intervention programmes and support groups providing appropriate psychoeducation for families, carers and other professionals

14.3 Behaviours – Multi-agency liaison for psychiatry of learning disability
• Shows respect for the differing views and meanings of disability in other agencies e.g. with regard to educational policies such as inclusion • Recognises and behaves respectfully towards the differing priorities and agendas of other agencies

(Also refer to curriculum ILO (H) 16 legal aspects)

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
14.4 To be able to advise the courts/legal process in relation to children with learning disability	Consider the role of the legal framework relating to the assessment of individuals with LD and offending or challenging behaviour Use appropriate legislation in developing management plans	Provide reports to court or legal system Use of medication in managing offending behaviour

14.4 Knowledge – Advises courts on child psychiatry of learning disability
• Medico-legal framework relating to care and treatment of children and adolescents with LD and mental health difficulties (Mental Health Act, Children Act, Adults with Incapacity etc) • Understanding of the principles of child protection in relation to LD • Recognition of other factors that can underlie offending behaviour in young people e.g. autism, epilepsy, ADHD • Concepts of fitness to be interviewed by police and fitness to plead • Knowledge of networks available for assessment and management of young people with offending behaviour

14.4 Skills – Advises courts on child psychiatry of learning disability
• Ability to manage psychiatric component of a criminal case, liaising with other agencies • Ability to assess fitness to plead in young person with LD

14.4 Behaviours – Advises courts on child psychiatry of learning disability
• As for 14.1 & 14.2 above.

ILO (H) 15: Intended Learning Objective: Paediatric Liaison (Selective)

15.1 To be able to advise on the presentation of psychiatric disorder in the context of physical illness.
15.2 To be able to assess and manage cases of self-harm and other psychiatric emergencies that present in the A & E department or on the ward.
15.3 To be able to assess and manage somatisation disorders, abnormal illness behaviour, and cases of unexplained physical symptoms.
15.4 To be able to provide a liaison/consultation service to the paediatric team.

Aspect	Developing Performance		
	Under Supervision	Ready for Consultant Practice	Post CCT-Mastery
15.1 To be able to advise on the presentation of psychiatric disorder in the context of physical illness	Carry out a mental health assessment of child in the context of their physical presentation.	Ability to diagnose and formulate psychiatric presentation	Able to provide therapeutic interventions to assist in the management

15.1 Knowledge – Physical presentation of child psychiatric disorder
• Knowledge of the ways in which emotional, behavioural and developmental problems can be related to physical disorders Knowledge of organically based psychiatric disorders, including: delirium; epilepsy; systemic diseases with a direct effect on the brain such as HIV; tumour; and stroke. • Understanding of common psychiatric sequelae of medications used to treat medical disorders • Understanding of the psychiatric aspects of acute and chronic illness, life-threatening disease, physical disability, trauma (e.g. road traffic accidents)

15.1 Skills – Physical presentation of child psychiatric disorder
• Ability to adapt the assessment of the child to the context of their environment (e.g. busy paediatric ward) • Ability to engage with the child and family during periods of increased levels of anxiety or distress in the context of physical illness • Ability to describe the relationship between psychiatric disorder and physical disorder to both families and colleagues in a clear and understandable way

15.1 Behaviours – Physical presentation of child psychiatric disorder
• To be flexible in responding to the requests from paediatric colleagues • To be sensitive to the distress in families • Shows respect for and a willingness to learn from child health colleagues

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
15.2 To be able to assess and manage cases of self- harm, delirium and other psychiatric emergencies that present in the A&E department or on the ward ***(see also ILO (H) 6 – Managing Emergencies)***	Ability to undertake a detailed psychiatric assessment. Ability to explain to the child/young person the psychiatric assessment and management process and its rationale Ability to communicate with young people experiencing an emergency Ability to communicate findings to families, paediatric staff and the wider multidisciplinary team. Advocating for appropriate emergency admission of all self harm cases in children and adolescents	Ability to undertake a risk assessment to form the basis of a management plan. Ability to liaise with other agencies with regards to ongoing care Ability to supervise junior psychiatric staff for emergency on-call child & Adolescent Psychiatric emergencies and know when to seek consultant advice	Supervise junior CAMHS staff and other professionals in the assessment of disorders and development of risk management.

15.2 Knowledge – Assess self harm and other emergencies
• Refer to assessment and formulation competencies • An understanding of the specific issues in relation to impact of self harm on the child, the family and the wider child health system • Knowledge of available services that might support young people through and beyond the emergency • Knowledge of the varied presentations of delirium and it's management

15.2 Skills – Assess self harm and other emergencies
• Refer to assessment and formulation competencies

15.2 Behaviours – Assess self harm and other emergencies
• Mindful of confidentiality and it's limits • Compassionate towards the young person and their family or carers • Act in a calm, professional and respectful manner at all times. • An ability to work collaboratively with young people and to keep them informed of the progress of their assessment. • Acknowledgement of the mixed set of attitudes and behaviours that the assessment and behaviour of a child who has self harm may induce in paediatric staff and of the emotional and practical impact that the self harm may have on the family

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
15.3 To be able to assess and manage somatising disorders including impairing functional or unexplained medical symptoms	Undertake a comprehensive psychiatric and biopsychosocial assessment of child and family	Develop a management plan based upon assessment and formulation Be able to communicate relationship between psychological mechanisms and presentations with physical symptoms	Provide supervision to other team members.

15.3 Knowledge – Assesses and manages somatisation
• An understanding of the potential biological, psychological and psychosocial/systemic mechanisms in the pathways that lead to the physical presentation in terms of predisposing, precipitating and perpetuating factors

15.3 Skills – Assesses and manages somatising disorders
• Ability to apply and explain the interaction between biological, social and psychological factors in helping child, family and wider network to understand the nature of their difficulties.

15.3 Behaviours – Assesses and manages somatising disorders
• Behaviour shows an ability to communicate to children and their carers the interaction between psychological and physical factors. • Behaviour shows and ability to work collaboratively in developing a shared formulation in children presenting with physical symptoms

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
15.4 To be able to provide a liaison/consultation service to the paediatric team	Participate in paediatric case discussions providing a limited child psychiatric perspective	In the context of paediatric service provide a psychiatric opinion on complex cases	Provide ongoing consultation and supervision of other professionals in dealing with complex cases.

15.4 Knowledge – Can provide paediatric liaison service

(See also competencies for working with networks)

- Knowledge of the way in which paediatric services (hospital and Community) are organised, both for acute and chronic illnesses
- An understanding of group and organisational behaviour, including a systemic perspective and an understanding of issues of role clarity and specificity

15.4 Skills – Can provide paediatric liaison service

- Ability to communicate with paediatric staff and families
- Ability to apply consultation models with paediatric colleagues
- Ability to present a child psychiatric perspective to other professionals and disciplines and in integrating this perspective with other ones
- Ability to work within the framework imposed by paediatric constraints. These include the brevity of admissions and the need to constantly adapt to new techniques, treatments and protocols

15.4 Behaviours – Can provide paediatric liaison service

- Willingness to learn from experienced professionals in other branches of health care
- Timely and appropriate recording of consultation in paediatric notes
- Developing the flexibility to work within the constraints of the paediatric framework, and to adapt to the increasing shift from hospital to community working
- Develops the ability to respond appropriately to paediatric requests for CAMHS input
- Prioritises the child's needs in a non judgemental manner when dealing with parental distress
- Ensures that an acknowledgement of the impact of mental illness on a young person is maintained

ILO (H) 16: Medico-Legal Aspect of Child & Adolescent Psychiatry (Selective)

16.1 Prepare reports for the Family Courts.
16.2 Prepare reports for the Criminal Courts in child & adolescent mental health cases.
16.3 Attend court and presenting evidence.

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
16.1 Prepare reports for the family courts	Drafts factual clinical information to contribute towards court report	Contributing to a multi-disciplinary assessment and drafting parts of the report Prepare a court report under close supervision of a senior consultant	Prepare a report independently or be principal author as part of a multi-disciplinary team assessment Supervising others preparing reports for the court Providing second opinions where local services or other experts have been criticised

16.1 Knowledge – Prepares family law reports
• Normal child and adolescent development and the impact of maltreatment on young people's health and development • The scientific basis for possible conclusions and recommendation. • The relevant guidelines, case law and legislation • Child protection services • The tasks of the Court • The role and duties of the expert witness

16.1 Skills – Prepares family law reports

In relation to duties to the court:

- To have up-to-date knowledge, skills and experience in the area of expertise required by the court
- Only to comment within your area of clinical expertise
- Stay independent and unbiased
- State any assumptions
- Not omit to consider material facts, which could detract from your concluded opinion
- Include any caveats or qualifications to the conclusions

Analysis of the evidence:

- Provide a succinct well-argued opinion
- Include alternative conclusions or recommendations where the facts are still to be determined
- Consider the impact maltreatment has had or is likely to have on the child's health and development
- Describe the child's needs
- Estimate the parent's ability to meet those needs
- Analyse the risks including long-term outcomes for the child
- Consider the potential for change
- Take account of the family culture and history
- Reference relevant best-practice standards and scientific evidence
- Set out areas agreement/disagreement with other experts

Make clear recommendations as appropriate on the:

- Child: - placement, contact, treatment, education, safeguarding and prognosis
- Family: - monitoring and confronting maltreatment, practical and emotional support, facilitating change and prognosis

16.1 Behaviours – Prepares family law reports

- Writes respectfully for the gravity of the decisions being made, the parties and the potential impact on children's outcomes

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
16.2 Preparing reports for the criminal courts in child and adolescent mental health cases	As for 16.1 above.	As for 16.1 above.	As for 16.1 above.

16.2 Knowledge - Prepares criminal reports
• As for 16.1 above plus • Assessment and treatment of adolescent mental health problems including substance-misuse • Origins of aggressive and other anti-social behaviour • Services for young offenders

16.2 Skills & Behaviours - Prepares criminal reports
• As for 16.1 above, plus assessment of dangerousness

Aspect	Developing Performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
16.3 Attend court and present evidence	Observing court etiquette Participating in discussions with the parties outside of the court	Giving evidence as an expert witness under cross-examination	Observing and advising less experienced colleagues giving evidence

16.3 Knowledge – Attends court and gives evidence
• As for 16.1 & 16.2 above. • Court etiquette • The roles and duties of the other participants (judge, advocates etc) • Burden of proof

16.3 Skills & Behaviours – Attends court and gives evidence
• As for 16.1 & 16.2 above plus assists the court with a succinct, well-argued opinion under cross-examination delivered without fear or favour but maintaining human respect for the parties

ILO (H) 17: Substance misuse (Selective)

17.1 Carries out screening for drug/alcohol misuse in young people presenting with other difficulties.
17.2 Deploys a range of techniques explicitly directed at securing engagement in young people with substance use disorders.
17.3 Carries out detailed, developmentally-sensitive assessments of drug/alcohol use in young people to determine the presence or absence of substance misuse, and to assess its impact, and contributory factors.
17.4 Takes part in multidisciplinary/multi-agency assessments of children/adolescents with comorbidity (co-occurring substance misuse and a psychiatric disorder) in order to formulate, implement and coordinate a multi-agency intervention plan.
17.5 Delivers integrated interventions for young people and their families with substance abuse or dependence to meet the young person's multiple needs
17.6 Contributes to the development of specialist psychiatric substance misuse services for children/adolescents.

Aspect	Developing performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
17.1 Carries out screening for drug/alcohol misuse in young people presenting with other difficulties	Screens for substance misuse in young people clinically Recognises the need for further assessment, and explain the need for this in engaging terms.	Can engage the most "difficult to reach" young people to allow screening. Introduces the subject of screening, without there having been prior mention of substances in a clinical interview, and explains the rationale for this in non-stigmatising terms.	Knows one or other validated screening instrument well enough to conduct it without paper prompts. Can and does introduce screening in a natural manner early in the course of contacts with all members of the target population.

17.1 Knowledge – Screens drug and alcohol misuse in adolescence
• Knows the difference between screening and assessment; recognises the target population appropriate for screening for child and adolescent substance use disorders, especially vulnerable and targeted groups. • Knows at least one validated screening instrument for use with children and adolescents (e.g. CRAFFT, MASQ, or SQIFA.) • Knows the problems associated with stigma in relation to substance use disorder, and the associated risk of under- reporting of substance use. • Balances this against the risks of over-reporting or exaggeration of substance use that may also be encountered in working with adolescents.

17.1 Skills – Screens drug and alcohol misuse in adolescence
• Can carry out a clinical screen for substance misuse in adolescents • Can explain in non-stigmatising terms the rationale for these questions • Can use the process of screening as an opportunity for early engagement

17.1 Behaviour – Screens drug and alcohol misuse in adolescence
• Non-judgemental, empathic behaviour • Deploys screening in all appropriate settings with target population.

	Developing performance		
	Aspect	**Ready for Consultant Practice**	**Post CCT-Mastery**
17.2 Deploys a range of techniques explicitly directed at securing engagement in young people with substance use disorders.	Can interact with a young person in ways that manifestly assert a non-stigmatising attitude towards working with substance-using youth.	Can engage the most "difficult to reach" young people by communicating non-judgemental and respectful curiosity, and authenticity in attempts to reach an understanding of the young person's substance use. Achieves this without it being mistaken for collusion, or minimisation of the seriousness of substance use in youth. Avoids assuming shared understanding of "street" names for drugs, and demonstrates preparedness to take a "non-expert" stance in clarifying what a young person means by a particular name.	Use of everyday language and humour in ways that validate the young person, and modulate affect in the interview, so as to maximise the free exchange of information. Adapts the mode of discourse in accordance with the specific "stage of change" that the young person currently inhabits.

17.2 Knowledge – Deploys techniques explicitly directed at engagement
• Understands the impact of non-engagement on treatment outcomes. • Understands the specific difficulties in engaging substance-using youth in treatment. • Understands the specific and serious outcomes relating to early-onset substance use disorder that persists into adulthood unchecked. • Knows the specific problems relating to 'engagement with treatment' that are commonly met in the population of substance-using youth (includes issues related to stigma, motivational "stage of change" and the relative power imbalance between therapists and substance-using peer-groups, gangs, or dealers.) • Knows about the theory of the "stages of change" (Prochaska and DiClemente) and how this applies to the different modes of discourse that might be deployed with a young person. • Understands the relative fragility of the young substance-user's mentalisation skills especially in novel, affect-laden environments such as a clinical assessment interview. • Understands the particular usage of language in generating and changing new local names for particular substances; may know some local terms for specific drugs, but understands the need for clarification of these, especially as young people may be less well-informed about what they are using than initially appears to be the case.

17.2 Skills – Deploys techniques explicitly directed at engagement
• Can flexibly deploy motivational or other techniques (mentalising, etc) that achieve a fit with the young person's presenting mode of thinking.

	Developing performance		
	Aspect	**Ready for Consultant Practice**	**Post CCT-Mastery**
17.3 Carries out detailed, developmentally-sensitive assessments of drug/alcohol use in young people to determine the presence or absence of substance misuse, and to assess its impact, and contributory factors	Can take a drug and alcohol history and knows about appropriate investigations.	Engages the most "difficult to reach" young people to assess the bi-directional impact of substances both on co-occurring child & adolescent psychiatric disorder and on the young person's present life and developmental trajectory. Can assess the impact of substances both on child & adolescent psychiatric disorder and on the young person's life Can use relevant structured or semi- structured interviews Can do a full assessment of impact on parenting where parents are misusing substances	Skilfully uses motivational interviewing techniques and/or other therapeutic principles to work for change from the outset. Undertakes expert medico-legal assessment of the impact of parental substance misuse.

17.3 Knowledge – Assesses drug and alcohol misuse in adolescence
• Developmental perspectives on the definitions of substance use, misuse and dependence, and limitations of the adult criteria for diagnosis. • Knows the natural history of substance misuse in young people, risks and protective factors • Understands child protection issues in relation to substance misuse as well as ancillary risks and associated problems such as sexual health, exploitation, offending. • Knows the impact of parental substance misuse on children and the family. • Knows the direct and indirect effects of various classes of drugs in young people in the domains of family, school/work place, physical health, psychological functioning and psychiatric disorders. • Knows age appropriate assessment tools for screening and detailed interviewing • Knows the importance of assessing motivation, including the cycle of change. • Knows biochemical and other special investigations • Appreciates the historical and political context of discourses about the definition of substance misuse in adolescence

17.3 Skills – Assesses drug and alcohol misuse in adolescence
• Uses clinical skills and additionally may use instruments to assess physical / psychological effects of and dependence. • Recognises physical complications relating to intoxication, excessive use, withdrawal, dependence and secondary infections such as septicaemia, abscesses, HIV infections etc. • Can explore young person's motivation to change, and deliver integrated motivational work within the therapeutic relationship • Knows how to access appropriate specialist services

17.3 Behaviours – Assesses drug and alcohol misuse in adolescence
• Non Judgemental, empathic, supportive behaviour • Acknowledges the "scientific unknowns" in the field of substance misuse in adolescence.

Aspect	Developing performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
17.4 Takes part in multidisciplinary / multi-agency assessments of children / adolescents with comorbidity (co-occurring substance misuse and a psychiatric disorder) in order to formulate, implement and coordinate a multi- agency intervention plan	Attend multi-agency referral meetings and undertake interagency assessment of young people with multiple complex needs including substance misuse and psychiatric disorders under supervision.	Initiates and conducts multi-agency assessments of young people with multiple complex needs using an assertive outreach approach. Formulates, when appropriate with those from other agencies, a co-ordinated plan of treatment tailored to meet the needs of individual clients Promotes attention to matters of child and adolescent substance use disorder within the wider community of CAMHS practitioners.	Offers second opinion and consultation to senior colleagues. Liaise and engage with local commissioners to clarify care pathways and mutual expectations between agencies. Advise media and policy makers

17.4 Knowledge – Multi-agency assessment of drug & alcohol in adolescent mental health
• Knows roles and responsibilities of CAMHS for young people with substance related problems and co existing psychiatric disorders and environmental difficulties. • Knows the systemic issues leading to development and maintenance of substance misuse and the roles of various statutory and voluntary agencies to address the risk and protective factors. • Knows the risks attached to complex youth with problems in multiple domains aside from drugs and alcohol, including the risks attached to working with large multi-agency networks (such as lack of clarity in communication and responsibilities, apparent contradictions between recommendations from different workers, young person or family becoming overwhelmed by the number of different workers involved.)

17.4 Skills – Multi-agency assessment of drug & alcohol in adolescent mental health
Skills in 17.1-17.3 plus • Can communicate clearly and concisely with other multidisciplinary team members and staff from other agencies regarding the role of CAMHS to arrive at an integrated treatment plan • Listens to, respects and appreciates staff from other agencies, (with which you may not agree) and work towards developing consensus regarding intervention plans

17.4 Behaviours – Multi-agency assessment of drug & alcohol in adolescent mental health
Above plus • Explores views of young people and their families about treatment plans, paying special attention to and respect for social, cultural and ethnic differences. • Establishes a strong therapeutic alliance that encourages 'opting into' treatment rather than being the passive recipients of interventions • Demonstrates acute awareness of the "demonising" discourses in the society against young people involved in substance misuse and shows ability and willingness to advocate on behalf of their clients.

Aspect	Developing performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
17.5 Delivers integrated interventions for young people and their families with substance abuse or dependence to meet the young person's multiple needs	Can engage young people in specific psychological therapies with the help of a manual or under live supervision of a trainer in workshops (e.g. family therapy workshops). Can treat co-morbid psychiatric disorders in young people with substance misuse, taking special precautions Can provide specific pharmacological treatment for young people with substance dependence under supervision	Can initiate pre-medication work ups Can engage in independent practice of one or more of evidence based psychological interventions Can initiate specific pharmacological treatment for young people with substance dependence, such as treatment of withdrawal, agonist substitution therapy or use of pharmacological deterrents Is able to recognise and safely treat comorbid conditions such as depression or ADHD that often require medication	Second opinions and consultation to colleagues Advise policy makers and the media Engage in research in to development and delivery of treatment interventions

17.5 Knowledge – Treatment for mental illness combined with substance abuse in adolescents
Above plus • Knowledge of the theoretical basis and principles of major models of therapy as these apply to young people with substance misuse. • Knowledge of specific pharmacological interventions related to detoxification of alcohol and benzodiazepine dependence, detoxification, stabilisation and maintenance from opiate dependence and tobacco cessation programmes. • Knowledge of the indications, evidence base (and its limitations) and costs of psychological interventions • Knowledge of the therapeutic indications, evidence-base, pharmacokinetics, pharmacodynamics, interactions and

side effects of medications commonly used for the specific management of a relatively small group of young people with substance dependence requiring pharmacological treatment as an adjunctive intervention.

17.5 Skills– Treatment for mental illness combined with substance abuse in adolescents

Above plus

- The ability to assess the understanding of the treatment offered and assess competency to give consent at an appropriate developmental level
- Auditing one's own practice
- Recognition and notification of untoward effects to the relevant authorities
- Skills to engage young people and their carers in a therapeutic alliance and deliver psychological treatments with an evidence base in the field.
- To be able to identify which modality of psychological intervention is appropriate for a given individual at a given time.
- Skills to engage young people in treatment decisions for which there is limited evidence base – for example translating evidence from adult practice for pharmacological interventions in young people.

17.5 Behaviours – Treatment for mental illness combined with substance abuse in adolescents

Above plus

- Respectful listening and empathic stance
- An alertness to previously unrecognised effects
- Openness and sensitivity to the patient's attitude to risk and benefit
- Shows awareness of the limitations of the evidence basis

Aspect	Developing performance		
	Under Supervision	**Ready for Consultant Practice**	**Post CCT-Mastery**
17.6 Contributes to the development of specialist psychiatric substance misuse services for children / adolescents	Ability to engage in mapping of services for young people with Substance misuse in the statutory and voluntary sector. Ability to recognise the specific role of CAMHS in substance misuse, both in relation to direct clinical work and systemic consultation to other agencies and services	Carry out needs assessment of young people and their carers and describe gaps in service provision Assess the service needs of young people in other settings such as youth offending services or residential care centres for young people in local authority care Promote awareness of young peoples' substance use services amongst the wider population of CAMHS practitioners and other young peoples' services.	Initiate development of multi- agency structures to facilitate referrals across multiple agencies Formulate strategic plan for health service involvement with young people with complex needs in association with substance misuse Develop business case for service development in collaboration with service managers Work with national agencies such as NTA to develop innovative services for young people with multiple complex needs

17.6 Knowledge – Development of services for adolescent mental illness and substance misuse
Above plus • Knowledge of range of services and networks available for young people in the statutory and voluntary sectors in relation to treatment and prevention of substance misuse • Knowledge of the funding structures and local commissioning policies and protocols. • Knowledge of the standards set by national agencies such as National Treatment Agency, Royal College of Psychiatrists and National Institute of Clinical Excellence in relation to development and provision of services.

17.6 Skills – Development of services for adolescent mental illness and substance misuse
Above plus • Reporting comprehensive details of service delivery to national monitoring frameworks to ensure continued funding steams. • Assertive advocacy on behalf of the patients and their families • Ability to negotiate at high level with managers from a wide variety of organisations including Youth offending services Adult addiction Services, Social Service and Education to develop integrated well-resourced substance misuse services for young people.

17.6 Behaviours – Development of services for adolescent mental illness and substance misuse
Above plus • Ability to manage the adverse impact of unexpected changes to the funding streams • Ability to seek help from the peer group during difficult times

ILO (H) 18: Transition to Adult Mental Health Care (Selective)

18.1 To assist young people with enduring mental health problems engage with adult mental health services.

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
18.1 To assist young people with enduring mental health problems engage with adult mental health services	Identify young people who would benefit from a managed transition from CAHMS to adult mental health services. Provide appropriate and timely information to young people and their families. With due respect to confidentiality and consent provide adult services with the information that will enable them to take over the patient's care. Liaise with adult services, introduce the young person and their family and help build a therapeutic relationship. To ensure agencies know what to expect of each other with regard to transition, that service specification are clear and that no young person or family is unfairly disadvantaged.	Support adult services developing services for adults with developmental disorders.

18.1 Knowledge – Transition to adult services
• The natural history of lifetime and persistent mental health conditions. • The differences between CAMHS and adult services. • The appropriate local adult services. • The obstacles to access of good quality adult services. • The gaps in existing local adult services from a lifetime developmental mental health perspective.

18.1 Skills – Transition to adult services
• Sensitivity to the emotional challenges facing young people and families bringing their relationships with CAMHS to a close and building new relationships with adult services. • Achieving a balance between clear institutional boundaries and supporting adult services working with young people in transition. • Interagency consultation and liaison.

18.1 Behaviours – Transition to adult services
• Puts transition in the wider perspective of lifetime development and challenges to development.

ILO (H) 19: Public Mental Health (Selective)

Ensuring the population has good mental health, preventing mental illness and ensuring optimised access to appropriate interventions and services is a public health issue

19.1. Knowledge of the findings of epidemiological research studies
19.2. Understanding of the interaction between wider social determinants and mental well-being
19.3. An awareness of the use of population screening
19.4. [moved to ILO 1.5 July 2017]
19.5. Understanding of the impact of stigma and other barriers to accessing mental health services
19.6. Understanding of the link between good emotional health and quality of life
19.7. Understands early intervention and economic evaluations

NB There will also be an opportunity to link this major competency with other essential leadership and management (ILO (H) 12 and with networking ILO (H) 1.4

Aspect	**Developing Performance**	
	Ready for Consultant Practice	**Post CCT-Mastery**
19.1 Knowledge of the findings of epidemiological research studies	Able to explain to patients and colleagues an understanding of how common different conditions are, and the risk factors associated with them Applies this knowledge to their local population	Demonstrates awareness of local patterns of prevalence and presentation and the utility of this information in planning and developing service provision

19.1 Knowledge – Epidemiology
• Sampling methods, statistics, surveillance, prevalence and incidence • The natural progression of conditions throughout development, over time, and between countries, including links between childhood risk factors and mental health conditions and adult mental and physical health (longitudinal outcome of childhood conditions) • The impact changes in conditions may have on services, including the need to align provision with predicted need where possible

19.1 Skills – Epidemiology
• Ability to interpret and analyze data • Able to critically appraise epidemiological research and use in evidence based practice • Able to apply generic statistics to local populations and to observe local trends • Ability to explain data to patients and families in a way that they can understand • Able to use data to adapt and plan service provision

Aspect	Developing Performance	
	Ready for Consultant Practice	Post CCT-Mastery
19.2 Understanding of the interaction between wider social determinants and mental well-being	Able to include questions about social factors in assessments Able to balance the needs of the individual patient with those of the wider population	Able to include social circumstances within formulations and management plans demonstrating an understanding of the evidence of social determinants of health

19.2 Knowledge – Social determinants
• Social determinants of health and mental health • Social inequalities and diversity and the health consequences of these, and the tensions between individual and population based need

19.2 Skills – Social determinants
• Able to use knowledge of social determinants to inform clinical practice • Able to find and interpret information about social determinants of health • Able to be sensitive and respectful towards people of all social backgrounds

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
19.3 An awareness of the use of population screening	Use screening tools to gather information about emotional health from clinical population	Use screening tools to gather information about emotional health from a high risk or population based group

19.3 Knowledge – Population screening
• Emotional health and well-being screening options for wider populations and those most at risk, for example Looked After Children • Increased risk of certain groups • Understanding of false negatives and positives and sensitivity and specificity • Variety of screening tools and their advantages and disadvantages

19.3 Skills – Population screening
• Able to use screening tools • Able to interpret the results of screening tools • Able to weigh up the value of different screening tools • Able to consider the impact of screening results on participants

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
19.5 Understanding of the impact of stigma and other barriers to accessing mental health services	Include questions about stigma in assessments of young people with mental health problems	Demonstrate active involvement in reducing the barriers to engagement for young people within CAMHS

19.5 Knowledge – Stigma and barrier to access
• Different forms that stigma can take • Impact of stigma on self esteem and life chances • Understanding of the level of unmet need in the population

19.5 Skills – Stigma and barrier to access
• Able to behave in a non-judgmental and non-stigmatizing manner • Able to consider barriers to access within services • Able to suggest ways of addressing barriers where possible

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
19.6 Understanding of the link between good emotional health and quality of life	Include questions about quality of life in assessments	Able to include quality of life within formulations and management plans demonstrating an understanding of the evidence of disease burden

19.6 Knowledge – Quality of life
• The level of disease burden, both mortality and morbidity, caused by mental health problems • Understanding of disease burden, across numerous spectrums including education, physical health and relationships, caused by mental illness • Measures of quality of life

19.6 Skills – Quality of life
• Able to enquire about quality of life

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
19.7 Understands early intervention and economic evaluations	Understand the reasons for intervening early Use economic evaluations to determine feasibility of treatment models	Interpret economic evaluations to help inform ongoing and future work and consider the need for adaptations to current provisions

19.7 Knowledge – Early intervention
• Evidence base for early intervention, both early in the course of a symptom and early in life • Economic evaluations of child mental health interventions

19.7 Skills – Early intervention
• Able to be open to economic factors in order to improve services

ILO (H) 20: Advanced Management and Leadership (Selective)

20.1 Business and Finance
20.2 Handling complaints
20.3 Analysing and Monitoring Outcomes
20.4 Clinical Leadership within an organisation

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
20.1 Business and Finance	Working with senior colleagues to monitor a budget over the course of a financial year Working with senior colleagues to put the case for additional resources	Making cost savings based on a sound analysis of the impact on standards and risk Draw up and maintain a draft budget for a clinical team Working with senior colleagues to develop a business plan for a new service

20.1 Knowledge – Business and Finance
• Understanding commissioning structures and processes • Understand how the cost of employing staff is calculated • Understand how the cost of running an organisation is calculated • Understand the tendering process • Understand how to read a budget

20.1 Skills – Business and Finance
• Negotiation with commissioners • Working with senior colleagues to draft a business case for a new service

20.1 Behaviours – Business and Finance
• Advocates for a service while having a realistic grasp of the priorities of the organisation and pressures within the health economy

Aspect	**Developing Performance**	
	Ready for Consultant Practice	**Post CCT-Mastery**
20.2 Handling complaints	Advise patients on how to make a complaint Supporting colleagues and patients through the complaint process Investigating a complaint under supervision of a senior colleague Preparing a report in response to a complaint under supervision of a senior colleague Implementing the lessons learnt from a complaint	Participates in performance management procedures Supporting staff to address problems with competence

20.2 Knowledge – Handling complaints
• The local complaints procedure • Procedure for complaints to a professional body • Indemnity cover (trust and personal) • Support available to staff subject to complaints • The role of Human Resources • Relevant aspects of Employment law

20.2 Skills – Handling complaints
• Deals sensitively with patients who are feeling hurt and angry with you or your department • Facilitates the swift resolution of conflicts

20.2 Behaviours – Handling complaints
• Honesty • Engagement in reflective practice • A thoughtful response to criticism

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
20.3 Analysing and Monitoring Outcomes	Framing questions about outcome Choosing reliable and relevant standardised outcome measures Implementing short term outcome measurement, recording and analysis Discussing and justifying outcomes with service users, colleagues and commissioners Using outcome findings to improve services	Collecting and analysing long term outcomes

20.3 Knowledge – Analysing and Monitoring Outcomes
• Knowledge of a range of appropriate, reliable standardised outcome measures and properties of the instruments available

20.3 Skills – Analysing and Monitoring Outcomes
• Choosing and justifying the most relevant reliable outcome measures

20.3 Behaviours – Analysing and Monitoring Outcomes
• Works with colleagues to ensure that collection of outcome data is integrated into service delivery • Works with colleagues to ensure that outcome data informs clinical practice

Aspect	Developing Performance	
	Ready for Consultant Practice	**Post CCT-Mastery**
20.4 Clinical Leadership within an organisation	Representing colleagues e.g. as trainee rep/rota rep Participating as junior member of clinical management committee within a healthcare trust Working with senior colleagues to formulate, implement and evaluate plans to improve quality of existing services Working with senior colleagues to draft local clinical protocols	Identifying potential new services Working with stakeholders to develop, implement and evaluate plans for new services Contributing to policy relating to healthcare provision for regional or national organisations

20.4 Knowledge – Clinical Leadership within an organisation
• History of health service provision and development • Structure and function of modern health service including legislation and accountability frameworks • Recent health policy drivers at local and national level and potential impact on child and adolescent mental health services • Quality indicators in health services Health economics • Group/organisational dynamics and the importance of personality and skills mix in creating and working with teams • Principles of change management

20.4 Skills – Clinical Leadership within an organisation
• Negotiation • Consultation • Persuasion • Identifying potential areas for quality improvement within existing services • Identifying areas of unmet clinical need within a locality • Understanding contextual drivers and barriers for change both locally and nationally • Drafting local clinical protocols under supervision of senior colleague • Working with senior colleagues to draw up proposals to improve services and develop new services • Working with senior colleagues to implement service development plans • Evaluating clinical effectiveness and cost efficiency of service development initiatives • Working with senior colleagues to draft healthcare policy

20.4 Behaviours – Clinical Leadership within an organisation
• Reliable in completing work undertaken • Demonstrates commitment to improving quality of clinical care • Collaborates with a range of stakeholders to improve services

Appendix I: The ILOs abbreviated

(These 2 pages are intended to be photocopied onto 2 sides of 1 sheet of A4 and laminated for quick reference by trainees and trainers)

Major ILO (H) 1: Professionalism for Child and Adolescent Psychiatrist (Mandatory) (see also ILO (H) 2 to 4)

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner
1.2 Child and family centred practice
1.3 Understands the impact of stigma and other barriers to accessing mental health services
1.4 Inter-professional and multi-agency working
1.5 Promotes mental well-being and prevention of mental illness, including a knowledge of the risks, benefits, effects and implications of the use of social media

Major ILO (H) 2: Intended Learning Objective: Establishing and maintaining therapeutic relationships with children, adolescents and families (Mandatory)

2.1 Builds trust and respect
2.2 Advise on young people's competence (capacity) to make treatment decisions, consent and refuse treatment and confidentiality.

Major ILO (H) 3: Safeguarding Children (Mandatory)

3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected
3.2 Works with the family and professional network to assess and manage safeguarding issues
3.3 Contributes to the assessment and treatment of children/young people who have been abused and/or neglected

Major ILO (H) 4: Undertake clinical assessment of children and young people with mental health problems across the age range (Mandatory)

4.1 History taking using developmental approach (from parents and child/adolescent across the age range) where appropriate
4.2 Physical examination
4.3 Use rating scales/questionnaires/structured assessment instruments
4.4 Seeking information from other sources
4.5 Diagnosis, formulation and feedback of assessment and management plan to parents and child/adolescent
4.6 Note-keeping and clinical correspondence

Major ILO (H) 5: Main Clinical Conditions (including Axis I diagnoses) in Childhood and Adolescence (Mandatory)

5.1 Assesses and manages the main clinical conditions in the under 5s
5.2 Assesses and manages the main clinical diagnoses in school aged child
5.3 Assesses and manages the main clinical diagnoses in adolescence (commencing in adolescence or continuing from childhood) – includes transition to Adult Mental Health Services

Major ILO (H) 6: Managing Emergencies (Mandatory)

6.1 Assessment and management of emergencies
6.2 Management of young people presenting with risk in an emergency
6.3 Use of relevant legal frameworks for children and adolescents presenting in an emergency

Major ILO (H) 7: Paediatric Psychopharmacology (Mandatory)

7.1 Recognises the indications for drug treatment in children and young people.
7.2 Able to explain the risks and benefits and develop treatment decisions collaboratively.
7.3 Able to prescribe safely.

Major ILO (H) 8: Psychological Therapies in Child and Adolescent Psychiatry (Mandatory)

8.1 Ability to assess suitability of children, adolescents and families for specific therapies
8.2 Ability to refer appropriately and monitor progress of children, adolescents and families in therapy
8.3 Ability to engage and deliver therapy to children, adolescents and families

Major ILO (H) 9: Inpatient and day-patient Child and Adolescent Psychiatry (Mandatory)

9.1 Manages children/young people with severe/complex mental health problems in inpatient or day-patient setting
9.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team
9.3 Understands the legal frameworks in use in an inpatient or day-patient setting
9.4 General medical skills for children / adolescents applied in an inpatient or day patient setting

Major ILO (H) 10: Management ILO for all ST4-6 CAP trainees (Mandatory)

10.1 Managing risk
10.2 Evidence based practice
10.3 Applying good practice standards
10.4 Involving service users
10.5 Audit

Major ILO (H) 11: Teaching, Supervision & lifelong learning skills (Mandatory)

11.1 Is able to organise teaching sessions in a variety of formats
11.2 Can complete a structured assessment of another's performance and deliver constructive feedback
11.3 Can supervise another's clinical work

Major ILO (H) 12: Research and scholarship

12.1 Is able to find and analyse research carried out by others (Mandatory)
12.2 Can generate original research (Selective)
12.3 Disseminates findings (Selective)

Major ILO (H) 13: Assessment and Treatment in Child and Adolescent Neuropsychiatry (Selective)

13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder
13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders, Tourette Syndrome, and OCD
13.3 To be able to carry out an assessment of an individual with autism spectrum disorder
13.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions
13.5 To be able to contribute to the management of neuroepileptic conditions

Major ILO (H) 14: Psychiatric management of children and adolescents with learning disabilities (Selective)

14.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions
14.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan.
14.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems.
14.4 To be able to advise the courts/legal process in relation to children with learning disability

Major ILO (H) 15: Intended Learning Objective: Paediatric Liaison (Selective)

15.1 To be able to advise on the presentation of psychiatric disorder in the context of physical illness.
15.2 To be able to assess and manage cases of deliverate self-harm and other psychiatric emergencies that present in the A & E department or on the ward.
15.3 To be able to assess and manage somatization disorders, abnormal illness behavior and cases of unexplained physical symptoms.
15.4 To be able to provide a liaison/cusultation service to the paediatric team.

Major ILO (H) 16: Medico-Legal Aspect of Child & Adolescent Psychiatry (Selective)

16.1 Prepare reports for the Family Courts
16.2 Prepare reports for the Criminal Courts in child & adolescent mental health cases.
16.3 Attend court and presenting evidence.

Major ILO (H) 17: Substance misuse (Selective)

17.1 Carries out screening for drug/alcohol misuse in young people presenting with other difficulties.
17.2 Deploys a range of techniques explicitly directed at securing engagement in young people with substance use disorders.
17.3 Carries out detailed, developmentally-sensitive assessments of drug/alcohol use in young people to determine the presence or absence of substance misuse, and to assess its impact, and contributory factors.
17.4 Takes part in multidisciplinary/multi-agency assessments of children/adolescents with comorbidity (co-occurring substance misuse and a psychiatric disorder) in order to formulate, implement and coordinate a multi-agency intervention plan.
17.5 Delivers integrated interventions for young people and their families with substance abuse or dependence to meet the young person's multiple needs
17.6 Contributes to the development of specialist psychiatric substance misuse services for children/adolescents.

Major ILO (H) 18: Transition to Adult Mental Health Care (Selective)

18.1 To assist young people with enduring mental health problems engage with adult mental health services

Major ILO (H) 19: Public Mental Health (Selective)

19.1 Knowledge of the findings of epidemiological research studies
19.2 Understanding of the interaction between wider social determinants and mental well-being
19.3 An awareness of the use of population screening
19.5 Understanding of the impact of stigma and other barriers to accessing mental health services
19.6 Understanding of the link between good emotional health and quality of life
19.7 An understanding of early intervention and economic evaluations

Major ILO (H) 20: Advanced Management and Leadership (Selective)

20.1 Business and Finance
20.2 Handling complaints
20.3 Analysing and Monitoring Outcomes
20.4 Clinical Leadership within an organisation

Appendix II – Mapping the curriculum onto the GMC Good Medical Practice

Good Medical Practice	Child & Adolescent Psychiatry Curriculum
How Good Medical Practice applies to you Good doctor	Especially ILO (H) 1: Professionalism but with regard to keeping up to date potentially all ILOs
Good clinical care Providing good clinical care Supporting self-care Avoid treating those close to you Raising concerns about patient safety Decisions about access to medical care Treatment in emergencies	Especially ILO (H) 1: Professionalism, but also ILO (H) 2: Establishing and maintaining therapeutic relationships with children, adolescents and families ILO (H) 3: Safeguarding Children ILO (H) 4: Undertake clinical assessment of children and young people with mental health problems across the age range ILO (H) 5: Main Clinical Diagnoses (Axis I) in Childhood and Adolescence ILO (H) 6: Managing Emergencies
Maintaining good medical practice Keeping up to date Maintaining and improving your performance	All ILOs (1-20)
Teaching and training, appraising and assessing	ILO (H) 11: Teaching Supervision and Lifelong Learning Skills
Relationships with patients The doctor-patient partnership Good communication Children and young people Relatives, carers and partners Being open and honest with patients if things go wrong Maintaining trust in the profession Consent Confidentiality Ending your professional relationship with a patient	Especially ILO (H) 1: Professionalism, but also ILO (H) 2: Establishing and maintaining therapeutic relationships with children, adolescents and families ILO (H) 3: Safeguarding Children ILO (H) 4: Undertake clinical assessment of children and young people with mental health problems across the age range ILO (H) 5: Main Clinical Diagnoses (Axis I) in Childhood and Adolescence ILO (H) 6: Managing Emergencies

Working with colleagues Working in teams Conduct and performance of colleagues Respect for colleagues Arranging	ILO (H) 1: Professionalism
Probity Being honest and trustworthy Providing and publishing information about your services Writing reports and CVs, giving evidence and signing documents Research Financial and commercial dealings Conflicts of interest	ILO (H) 1: Professionalism
Health	ILO (H) 1: Professionalism

Appendix III - Assessment of Learning Outcomes for Child & Adolescent Psychiatry

Principles

1. The overall purpose of the assessment system is to produce reliably competent Consultant Child and Adolescent Psychiatrists. We aim to strive for excellence. Doctors gather information, analyse it and then make hypotheses and plans. They work with patients, parents/carers and colleagues to implement these plans maintaining an open mind leading to review. The assessment process should watch the developing specialist acquire and demonstrate these skills both informally (formative assessments) and formally (summative assessments). It should adopt the principles of this cycle in looking with the trainee for gaps and needs for skill development in a formative way during the year and summatively for ARCP.
2. We recognise that this process has to be practical for trainees and trainers. It is not necessary formally to assess each area. Indeed, we anticipate that the evidence for most areas will significantly be based on the judgement of clinical and educational supervisors. The WPBAs are intended to sample, to provide an audit trail. Only if this sampling shows consistent concerns or if, in combination with the trainer's judgement there are concerns, will it then lead to questions about a trainee's progress. Complaints by patients or colleagues would usually feed into this process.
3. Formal assessments provide a sample of information. Informal assessment though observation, discussion, supervision provides at least as much information.
4. Supervision notes must be documented and agreed by the clinical supervisor. Trainee reflective notes of their practice and supervision should be integral to the process.
5. WPBAs and informal assessment during the year <u>both</u> feed into the Child and Adolescent Psychiatric Training ARCP Form which will be the summary summative evidence of progress of knowledge skills and behaviours across the curriculum during that year of training.

6. Feedback from patients and their parents is an important, potentially very helpful element of formative learning. At present this happens through the 360 degree assessment process. In the revision of this curriculum, we have worked closely with young people who want to be able to give feedback to trainee doctors. CAPFECC has carefully considered this and thinks that it should happen. We think that this is most appropriate for ACE and mini-ACE. Our suggestion is that after the assessment, the consultant speaks to the parent and/or child to get their point of view and then, after reflection on his / her own views, incorporates the patient/parent view into the formative feedback given to the trainee. We do not think that this process should form a part of summative assessments at this stage.
7. We suggest that three-way formative reviews of progress are held between trainee, clinical supervisor and educational supervisor at approximately 4 monthly interval i.e. within six weeks of joining to establish aims for the year, at 4 months and at 8 months and finally prior to ARCP, near the end of the post. These time intervals may need altering in terms of the deanery timetable but the principle of regular review is important.
8. The educational supervisor will also need to meet the trainee separately and will need to judge whether this is best carried out before three-way meetings or afterwards.
9. The trainee should ensure that their WPBAs sample in a scatter across the whole curriculum and not just concentrate on a few areas.
10. Summative WPBAs must conform to the framework set by the GMC as it is altered from time to time.

1. MAJOR ILO (H): PROFESSIONALISM

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

1.2 Child and family centred practice

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

1.3 Understands the impact of stigma and other barriers to accessing mental health services

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

1.4 Inter-professional and multi-agency working

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

1.5 Promoting well-being and prevention of mental illness, including a knowledge of the risks, benefits, effects and implications of the use of social media.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

2. MAJOR ILO (H): ESTABLISHING AND MAINTAINING THERAPEUTIC RELATIONSHIPS WITH CHILDREN, ADOLESCENTS AND FAMILIES

2.1 Builds trust and respect

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x			x	

2.2 Advise on young people's competence (capacity) to make treatment decisions, consent and refuse treatment and confidentiality.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

3. MAJOR ILO (H): SAFEGUARDING CHILDREN

3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

3.2 Works with the family and professional network to assess and manage safeguarding issues

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

3.3 Contributes to the assessment and treatment of children/young people who have been abused and/or neglected

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

4. MAJOR ILO (H): UNDERTAKE CLINICAL ASSESSMENT OF CHILDREN AND YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS ACROSS THE AGE RANGE

4.1 History taking using developmental approach (from parents and child/adolescent across the age range) where appropriate

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x		x			

4.2 Physical examination

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x	x	x		x	

4.3 Use rating scales/questionnaires/structured assessment Instruments

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x		x			

4.4 Seeking information from other sources

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x			

4.5 Diagnosis, formulation and feedback of assessment and management plan to parents and child/adolescent

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x	x	x		x	

4.6 Note-keeping and clinical correspondence

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x				

5. MAJOR ILO (H): MAIN CLINICAL CONDITIONS (INCLUDING AXIS I DIAGNOSES) IN CHILDHOOD AND ADOLESCENCE

5.1 Assesses and manages the main clinical conditions in the under 5s

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

5.2 Assesses and manages the main clinical diagnoses in school aged child

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

5.3 Assess and manages the main clinical diagnoses in adolescence (commencing in adolescence or continuing from childhood) – includes transition to Adult Mental Health Services

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

6. MAJOR ILO (H): MANAGING EMERGENCIES

6.1 Assessment and management of emergencies

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

6.2 Management of young people presenting with risk in an emergency

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

6.3 Use of relevant legal frameworks for children and adolescents presenting in an emergency

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

7. MAJOR ILO (H): PAEDIATRIC PSYCHOPHARMACOLOGY

7.1 Recognises the indications for drug treatment in children and young people.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x	x	x		x	

7.2 Able to explain the risks and benefits and develop treatment decisions collaboratively.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x	x			x	

7.3 Able to prescribe safely

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x	x	

8. MAJOR ILO (H): PSYCHOLOGICAL THERAPIES IN CHILD AND ADOLESCENT PSYCHIATRY

8.1 Ability to assess suitability of children, adolescents and families for specific therapies

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x	x	x		x	

8.2 Ability to refer appropriately and monitor progress of children, adolescents and families in therapy

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x	x	x		x	

8.3 Ability to engage and deliver therapy to child and adolescent patients and families

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x		x		x	

9. MAJOR ILO: INPATIENT AND DAY-PATIENT CHILD AND ADOLESCENT PSYCHIATRY

9.1 Manages children/young people with severe/complex mental health problems in inpatient or day-patient setting

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

9.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

9.3 Understands the legal frameworks in use in an inpatient or day-patient setting

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

9.4 General medical skills for children / adolescents applied in an inpatient or day patient setting

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

10. MAJOR ILO(H): MANAGEMENT FOR ALL ST4-6 CAP TRAINEES

10.1 Managing risk

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	:	x	x	

10.2 Evidence based practice

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x		x

10.3 Applying good practice standards

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x		x

10.4 Involving service users

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x		x	x	x	x	x	x

10.5 Audit

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x		x

11. MAJOR ILO (H) 11: TEACHING, SUPERVISION & LIFELONG LEARNING SKILLS

11.1 Is able to organise teaching sessions in a variety of formats

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
			x		x		x

11.2 Can complete a structured assessment of another's performance and deliver constructive feedback

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
			x		x		

11.3 Can supervise another's clinical work

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
X	X	X	x	x	x	x	x

12. MAJOR ILO (H): RESEARCH AND SCHOLARSHIP

12.1 Is able to find and analyse research carried out by others

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
			x		x		

12.2 Can generate original research

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
			x		x		

12.3 Disseminates findings

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
			x		x		

13. MAJOR ILO (H): ASSESSMENT AND TREATMENT IN CHILD AND ADOLESCENT NEUROPSYCHIATRY

13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations and learning complications of acquired brain injury and progressive neurological disorder

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x		x		x	

13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic disorders, Tourette Syndrome and OCD

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x		x		x	

13.3 To be able to carry out an assessment of an individual with autism spectrum disorder

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x		x		x	

13.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

13.5 To be able to contribute to the management of neuroepileptic conditions

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

14. ILO (H): PSYCHIATRIC MANAGEMENT OF CHILDREN AND ADOLESCENTS WITH LEARNING DISABILITIES

14.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

14.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

14.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
	x	x	x	x			

14.4 To be able to advise the courts/legal process in relation to children with learning disability

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x		x	

15. MAJOR ILO (H): PAEDIATRIC LIAISON

15.1 To be able to advise on the presentation of psychiatric disorder in the context of physical illness.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

15.2 To be able to assess and manage cases of self-harm and other psychiatric emergencies that present in the A & E department or on the ward.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

15.3 To be able to assess and manage somatization disorders, abnormal illness behavior, and cases of unexplained physical symptoms.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x		x	

15.4 To be able to provide a liaison/consultation service to the paediatric team.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

16. MAJOR ILO (H): MEDICO-LEGAL ASPECT OF CHILD & ADOLESCENT PSYCHIATRY

16.1 Prepare reports for the Family Courts

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x		x	x	x	x	x	

16.2 Prepare reports for the Criminal Courts in child & adolescent mental health cases.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x		x	x	x	x	x	

16.3 Attend court and presenting evidence.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x		x	x	x	x	x	

17. MAJOR ILO (H): SUBSTANCE MISUSE

17.1 Carries out screening for drug/alcohol misuse in young people presenting with other difficulties.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

17.2 Deploys a range of techniques explicitly directed at securing engagement in young people with substance use disorders.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

17.3 Carries out detailed, developmentally-sensitive assessments of drug/alcohol use in young people to determine the presence or absence of substance misuse, and to assess its impact, and contributory factors.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	x

17.4 Takes part in multidisciplinary/multi-agency assessments of children/adolescents with comorbidity (co-occurring substance misuse and a psychiatric disorder) in order to formulate, implement and coordinate a multi-agency intervention plan.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x	x	

17.5 Delivers integrated interventions for young people and their families with substance abuse or dependence to meet the young person's multiple needs

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

17.6 Contributes to the development of specialist psychiatric substance misuse services for children/adolescents.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x		x

18. MAJOR ILO (H): TRANSITION TO ADULT MENTAL HEALTH CARE

18.1 To assist young people with enduring mental health problems engage with adult mental health services.

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	

19. Major ILO (H): Public Mental Health and Service Development

19.1 Knowledge of the findings of epidemiological research studies

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	x

19.2 Understanding of the interaction between wider social determinants and mental well-being

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	x

19.3 An awareness of the use of population screening

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x		x

19.5 Understanding of the impact of stigma and other barriers to accessing mental health services

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	x

19.6 Understanding of the link between good emotional health and quality of life

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	x

19.7 An understanding of early intervention and economic evaluations

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x	x	x

20. Major ILO (H): Advanced MANAGEMENT

20.1 Business and Finance

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x		x

20.2 Handling complaints

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
x	x	x	x	x	x	x	x

20.3 Analysing and Monitoring Outcomes

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
		x	x	x	x	x	x

20.4 Clinical Leadership within an organisation

ACE	Mini-ACE	CbD	DONCS	CP	JCP	DOPS	AoT
			x		x		x

Appendix IV Sample vignettes to show that WPBA can be used to explore many areas of curriculum depending on need and stage of trainee

Example 1

Prescription for Rx of ADHD in 8 yr old – conversation with reluctant parents

You are carrying out a mini-ACE in which you want to demonstrate to your trainer your ability to discuss treatment options with parents. You may have the opportunity to provide information about excellence in:-

- Professional attitude
- Concordance
- Knowledge of NICE and other guidelines
- Knowledge of side effects of medication
- Knowledge of non- medication treatment options
- Respect for parents and for child
- Handle questions about prescribing off label questions
- Ability to carry out pre-medication work-up
- Discussion of liaison with other agencies including GP, education and social services as relevant.

Competence areas that may arise from your mini-ACE could include:-

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner
1.2 Child and family centred practice
1.3 Understands the impact of stigma and other barriers to accessing mental health services
1.4 Inter-professional and multi-agency working
2.1 Builds trust and respect
4.2 Physical examination
4.3 Use rating scales/questionnaires/structured assessment instruments
7.1 To recognise the indications for drug treatment in children and young people
7.2 To be able to explain the risks and benefits and develop treatment decisions collaboratively
7.3 To be able to prescribe safely
8.1 Ability to assess suitability of child and adolescent patients for specific therapy
10.2 Evidence based practice
10.3 Applying good practice standard

13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders and Tourette's Syndrome, and OCD
13.3 To be able to carry out an assessment of an individual with autism spectrum disorder
13.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions may be relevant

If the child has learning difficulties 14.1-14.3 might be relevant
14.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions
14.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan.
14.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems.

Example 2

You choose to have a case based discussion with your trainer about an adolescent who has presented with self-harm. Unfortunately, when contacted by the CtR in casualty you were already busy with another case elsewhere. By the time you get to casualty the adolescent was becoming hostile, wanting to leave and the casualty were agitated because the patient had been there too long (the four hour target had been breached).

You might expect your consultant to raise issues that enable you to show competence in any of the following:

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner
1.2 Child and family centred practice
1.3 Understands the impact of stigma and other barriers to accessing mental health services
1.4 Inter-professional and multi-agency working
2.1 Builds trust and respect
2.2 Advise on young people's competence (capacity) to make treatment decisions, consent and refuse treatment and confidentiality
3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected
3.2 Works with the family and professional network to clarify and manage safeguarding
4.1 History taking using developmental approach (from parents and child/adolescent) where appropriate
4.2 Physical examination
4.4 Seeking information from other sources
4.5 Formulation and feedback of assessment and management plan to parents and child/adolescent
4.6 Note-keeping and clinical correspondence
5.3 To be able to assess and manage psychiatric disorders commencing in adolescence or continuing from childhood
6.1 Assessment and management of psychiatric emergencies, including minimising risk to patients, parents and carers, yourself and others
10.1 Managing risk
10.2 Evidence based practice
10.3 Applying good practice standard
10.5 Audit
12.1 Is able to find and analyse research carried out by others (may be drawn into the discussion by your assessor)
15.2 To be able to assess and manage cases of self-harm and other psychiatric emergencies that present in the A & E department or on the ward.

15.4 To be able to provide a liaison/consultation service to the paediatric team.
17.3 Carries out a detailed developmental assessment of drug/alcohol use in young people and their parents to determine substance misuse to assess its impact.
17.4 Takes part in a multidisciplinary/ multi-agency assessment of child / adolescent with both substance misuse and psychiatric disorder to formulate, implement and coordinate a multi-agency intervention plan.
20.1 Handling complaints
20.2 Monitoring and analysing outcomes

Example 3

You ask your supervisor for a case based discussion about a nursery age child you have seen in a local authority nursery who you suspect has learning difficulties that have not yet been recognized.

The competencies that you may have an opportunity to demonstrate to your assessor include:

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner
1.2 Child and family centred practice3
1.3 Understands the impact of stigma and other barriers to accessing mental health services
1.4 Inter-professional and multi-agency working
2.1 Builds trust and respect
4.1 History taking using developmental approach (from parents and child/adolescent) where appropriate
4.2 Physical examination
4.3 Use rating scales/questionnaires/structured assessment instruments
4.4 Seeking information from other sources
4.5 Formulation and feedback of assessment and management plan to parents and child/adolescent
4.6 Note-keeping and clinical correspondence
10.2 Evidence based practice
10.3 Applying good practice standard health problems.
10.4 Involving service users
13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder
13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorcers and Tourette's Syndrome, and OCD
14.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning idability and assess associated comorbid conditions.
14.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan.
14.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems.

Example 4

You decide to ask your assessor to observe you for an ACE and then a CbD when you are to assess a case of a ten year old child who has been referred for school refusal.

During the course of these assessments you may be able to provide evidence for competency in the following:

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner
1.2 Child and family centred practice
1.3 Understands the impact of stigma and other barriers to accessing mental health services
1.4 Inter-professional and multi-agency working
2.1 Builds trust and respect
3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected
3.2 Works with the family and professional network to clarify and manage safeguarding
4.1 History taking using developmental approach (from parents and child/adolescent) where appropriate
4.2 Physical examination
4.3 Use rating scales/questionnaires/structured assessment instruments
4.4 Seeking information from other sources
4.5 Formulation and feedback of assessment and management plan to parents and child/adolescent
4.6 Note-keeping and clinical correspondence
8.1 Ability to assess suitability of child and adolescent patients for specific therapy
10.2 Evidence based practice
13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder
13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders and Tourette's Syndrome, and OCD.

Example 5

You ask your assessor to observe you for an ACE with an adolescent who presents with anxiety.

During the course of these assessments you may be able to provide evidence for competency in the following:

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner
1.2 Child and family centred practice
1.3 Understands the impact of stigma and other barriers to accessing mental health services
1.4 Inter-professional and multi-agency working
2.1 Builds trust and respect
3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected
3.2 Works with the family and professional network to clarify and manage safeguarding
4.1 History taking using developmental approach (from parents and child/adolescent) where appropriate
4.2 Physical examination
4.3 Use rating scales/questionnaires/structured assessment instruments
4.4 Seeking information from other sources
4.5 Formulation and feedback of assessment and management plan to parents and child/adolescent
4.6 Note-keeping and clinical correspondence
5.3 Assesses and manages the main clinical diagnoses in adolescence (commencing in adolescence or continuing from childhood)
6.1 Assessment and management of psychiatric emergencies, including minimising risk to patients, parents and carers, yourself and others.
8.1 Ability to assess suitability of child and adolescent patients for specific therapy
10.2 Evidence based practice
13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder
13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders and Tourette's Syndrome, and OCD

Example 6

You select to have a CbD about a young person with psychosis.

During the course of these assessments you may be able to provide evidence for competency in the following:

1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner
1.2 Child and family centred practice
1.3 Understands the impact of stigma and other barriers to accessing mental health services
1.4 Inter-professional and multi-agency working
2.1 Builds trust and respect
3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected
3.2 Works with the family and professional network to clarify and manage safeguarding
4.1 History taking using developmental approach (from parents and child/adolescent) where appropriate
4.2 Physical examination
4.3 Use rating scales/questionnaires/structured assessment instruments
4.4 Seeking information from other sources
4.5 Formulation and feedback of assessment and management plan to parents and child/adolescent
4.6 Note-keeping and clinical correspondence
5.3 Assesses and manages the main clinical diagnoses in adolescence (commencing in adolescence or continuing from childhood)
6.1 Assessment and management of psychiatric emergencies, including minimising risk to patients, parents and carers, yourself and others.
8.1 Ability to assess suitability of child and adolescent patients for specific therapy
9.1 Manages complex clinical co-morbidity in inpatient or day-patient setting
9.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team
10.2 Evidence based practice
13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder
13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders and Tourette's Syndrome, and OCD
17.3 Carries out a detailed developmental assessment of drug/alcohol use in young people and their parents to determine substance misuse and assess its impact

Appendix V The Assessment system for core psychiatry training

Purpose

The Royal College of Psychiatrists Assessment System has been designed to fulfill 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.

Assessment methods

The assessment system consists of the following elements: -

(i) Two written papers that comprise a summative assessment of the knowledge base that underpins psychiatric practice. These may be taken at any time during Core Psychiatry Training.

(ii) The Clinical Examination (Clinical Assessment of Skills and Competencies - CASC) is a summative assessment of a doctor's competence in the core skills of psychiatric practice. The CASC is an OSCE type examination consisting of two parts, completed in one day. On passing the CASC, the doctor will be awarded Membership of the Royal College of Psychiatrists (MRCPsych).

Information for candidates about the written and clinical parts of the MRCPsych Examination can be found at www.rcpsych.ac.uk/exams.aspx

Trainees must obtain a pass in the MRCPsych examination and achieve all core competencies before they can be considered to have successfully completed core training.

(iii) 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 in Child and Adolescent Psychiatry. 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.

Further information on WPBA's can be found on the College website via the following link:
http://www.rcpsych.ac.uk/training/assessmentsonlineinformation.aspx

For those in Core Training the following table shows the minimum number of each assessment that need to be undertaken. The minimum number has been arrived at in the light of the reliability of each tool, together with an estimate of the numbers that are likely to be needed to ensure a broad coverage of the Curriculum. Many trainees will require more than this minimum, none will require fewer. More detail is given in the guidance to ARCP panels.

WPBA	Minimum number required per year		
	CT1	CT2	CT3
ACE	2	3	3
mini-ACE	4	4	4
CbD	4	4	4
DOPS	*	*	*
mini-PAT	2	2	2
CBDGA	2	-	-
SAPE	-	1	1
CP	1	1	1
JCP	1	1	1
AoT	*	*	*
DONCS	*	*	*

*There is no set number to be completed in Core Psychiatry training; they may be performed as the opportunity arises
- Not required

Appendix VI - Guide for ARCP panels in Child and Adolescent Psychiatry (CAP) ST4-6 training

This guide will assist trainers and trainees to decide the appropriate evidence for the portfolio and the content of supervisors' reports. Evidence may be suitable for more than one Intended Learning Outcome/Competence (see Appendix IV of the curriculum).

Section 7 of the **Guide to Postgraduate Specialty Training in the UK** ("**Gold Guide**" available from www.mmc.nhs.uk) 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

ST4-6 trainees in child and adolescent psychiatry may submit WPBA's that have been completed by competent healthcare professional *who has undergone training in assessment*. In a number of cases, we have stipulated that a consultant should complete the assessment. Core training 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 indicate the evidence that they wish to be considered for each ILO. A single piece of evidence may be used to support more than one ILO. It is anticipated that trainee will have a minimum of 12 WBPAs per year, to include one round of Mini-PAT, at least two ACEs, two mini ACE, one JCP, several CBDs. Trainees will undertake at least two audits over three years.

Training of child and adolescent psychiatrists occurs in a wide variety of services with different configurations and opportunities. Generally trainees are expected to undertake a community- based tier 3 CAHMS placement in their ST4 year to gain exposure to a wide variety of clinical material. At ST5 they will usually undertake more specialist placements. Sometimes, it is more relevant for a trainee to get specialist experience in the ST4 year and then to have community experience at a higher level of sophistication during ST5. Inpatient experience is best undertaken at ST5 or ST6. When undertaken later in training, this provides a good setting for the trainee to take on some supervised team management prior to becoming a consultant. It must be realised that this is a general guide and it will be varied according to trainee needs and particular timing of training opportunities.

Normally, it will be the Educational Supervisor and TPD who make judgements about level of attainment of knowledge, skills and behaviour. It is for the deanery ARCP panel to ensure that an even standard is expected across training schemes.

Trainees at the end of ST4 will be able to demonstrate all CT1-3 Intended Learning Outcomes 1-6 as well a range of the ST4/5 higher (H) ILOs. At the end of ST5 they should have acquired all the mandatory ST4/5 (H) ILOs and others at this level from the remainder of the curriculum so that they have met the mandatory and selective criteria of the ST4/5 (H) ILO material (see curriculum p10-11). Trainees submitting for their CCT at the end of ST6 should additionally have acquired all the mandatory ST6 (H) ILOs and they should have achieved the learning outcomes for all the mandatory ILO (H)s to ST6 level (in green – ILO (H) 1-12.1) and for 70% of the selective ILO (H)s at ST6 (H) ILOs in the curriculum (ILO (H) 12.2-20. ***So trainees must obtain ST4-6 (purple and green) levels for (H)ILOs 1 to 11 and the first component of (H)ILO 12 ((H)ILO12.1 – "Is able to find and analyse research carried out by others"); they will have a selection of other ILO material to make up to their portfolio to the 80% (ST4-5) and 70% (ST6) thresholds (see p12).***

For ILO (H) 5 the trainee will need to maintain a logbook of cases during training. As indicated in the introduction to the curriculum, trainees should expect to assess and when appropriate, treat approximately 10 cases of each common disorder and 5 cases of each of the less common disorders during their ST4-6 training. Anonymised summaries of cases managed by the trainee are one useful way to provide evidence of experience during training. Reflective notes supplement this. Comorbid diagnoses may be added and the number of cases of each type logged through training. The log can be combined with the ILO tool for each type to consider the developing achievement of the learning objectives for each diagnosis.

NB: *We have provided this ARCP Guide for 6 (H) ILOs of the Child and Adolescent Curriculum as examples for ARCP panels to follow. On occasion, relevant ILOs from the CT curriculum are included; they provide a base upon which ST4 (H) ILO material is built.*

The curriculum is organised so that trainees can demonstrate development of higher learning objectives to be obtained in the first two years of higher training (ST4 and ST5). These are marked in the curriculum in purple. *Ready for Consultant Practice* here means the ability to work independently for the particular higher learning objective. The threshold of knowledge and skills to be achieved at the end of ST5 (purple) and ST6 (green), is such that for the trainee will have reached or surpassed a level where they are regarded as being 'Ready for Consultant Practice' for that attribute or ILO[5]. More advanced (H) ILO aspects of knowledge and skill are regarded as appropriate to ST6 (marked in green in the curriculum), though some trainees will develop some of these earlier in their training to an independent practice level. Each (H) ILO comprises one to several component learning objectives. Knowledge, skills and behaviour contribute to the trainee being able to demonstrate acquisition of each component learning objective.

The trainee will draw together information from several sources to provide the evidence of progression in (H) ILO acquisition for their ARCP.

- Log of cases seen and competencies acquired
- Clinical supervision (agreed between supervisor and trainee)
- Reflective notes
- WPBAs
- Audits

- Academic programme
- Courses and conferences attended
- Research supervisor's report
- Educational Supervisor's report
- Mini-PAT

Information from the above sources will triangulate developing learning objectives and competence in a particular area. It is unlikely that a trainee will demonstrate that they have fully met an intended learning objective from any one clinical or teaching episode. We have developed a tool for trainees to record their acquisition of learning objectives with their Educational Supervisor providing the sign-off validation. This tool is to be found in appendix VIII. In due course it will be available electronically on the RCPsych website.

[5] For brevity in the table following, the trainee is referred to as being "competent" in their use of the particular attribute or skill.

Intended learning outcome (ILO) / Competence[6]	ST4 (Community Orientated CAP)	ST5 (Specialty but could be community)	ST6 (Specialty but could be community)
ILO (H) 2: Establishing and maintaining therapeutic relationships with children, adolescents and families			
2.1 Builds trust and respect			
	By end of ST 4 will have knowledge of attachment theory and dysfunction Will show developing skills in tolerating patient's and parental anxiety while reflecting thoughtfully on observations made	By the end of ST5 shows increased skills to level of 'Ready for consultant Practice'	By the end of ST6 is able to apply these skills working with families, teams and in inter-agency work. Able to remain positive but avoid taking sides in difficult situations. Talks respectfully about difficulties or conflict

[6]**The threshold of knowledge and skills to be achieved at the end of ST5 (purple) and ST6 (green), is such that for the trainee will have reached or surpassed a level where they are regarded as being 'Ready for Consultant Practice' for that attribute or ILO. For brevity in this table, the trainee is referred to as being 'competent' in their use of the particular attribute or skill**.

2.2 Advise on young people's confidentiality, competence (capacity) to make treatment decisions, and consent and refuse treatment			
	By end of ST 4 will have knowledge of legal framework for capacity and consent as it applies to children and adolescents Will be approved under S12 of the Mental Health Act or the equivalent legislation	By the end of ST5 shows increased skills to level of 'Ready for consultant Practice' in cases where there is uncertainty as to the young person's legal competence	By the end of ST6 is able will manage competent young people who don't want their parents involved in treatment decisions By the end of ST6 is able to advise on the advantages and disadvantages of the different legal frameworks under which young people can be treated against their wishes

ILO (H) 3: Safeguarding Children			
3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected			
	Distinguishes normal from abnormal development, attachment patterns and sexual behaviour	Recognises more complex patterns of presentation of physical, sexual and emotional abuse	Recognises abuse in the presence of other major child mental health disorder or learning difficulties Can assess attachment patterns; recognise links with care-giving and how this may be impacted by the presence of developmental disorders

3.2 Works with the family and professional network to clarify and manage safeguarding			
	Shows alertness to safeguarding issues and can make competent safeguarding referral. Developing skill with more subtle presentations	Competent to report more subtle concerns to the competent authority Competent to work with other agencies to manage risks, support and monitor identified cases	Competent to manage systemic anxiety to enable best outcomes for the child Competent to supervise junior colleagues with regard to child protection aspects of their work Undertakes

			safeguarding audit and/or reflective practice Competent to carefully appraise evidence of risk and possible mechanisms for management

3.3 Contributes to the assessment and treatment of children / young people who have been abused			
	Competent: Psycho-education and support for families and carers looking after children who have been abused Under supervision: Can carry out straightforward therapeutic work for family members or whole families where there has been abuse or neglect Understands effects of abuse on behaviour, emotions and betrayal of trust in disrupting family function	Advising schools where a pupil has been subject to abuse Under supervision: Can carry out more complex therapeutic work for family members or whole families where there has been abuse or neglect Maintains clarity of risk assessment in complex neglect and abuse cases	As ST 4 and 5

	Developed knowledge of methods of intervening to repair damage		

ILO (H) 4: Undertake clinical assessment of children and young people with mental health problems across the age range			
4.1 History taking and interviewing using developmental approach ☐ **From parents** ☐ **From child or adolescent**			
	Can take history from parent(s) and child in straightforward cases and carry out mental state examination with the child Under supervision: Can take history from parent(s) and child in complex cases and carry out mental state examination with the child	Takes history from parent(s) and child in complex cases and carrying out mental state examination with the child to the level of 'Ready for Consultant Practice'	Competently, assesses risk of: • Self-harm • Harm to others • Abuse Provide supervision for less experienced trainees in routine cases Provide supervision for less experienced professionals in complex cases

4.2 Physical examination of children			
	Is competent to: Undertake basic physical examination of child/adolescent Use height, weight and growth centiles Undertake basic neurodevelopmental examination Recognise major dysmorphism Knows, can describe and use the legal framework of informed consent as applicable in child and adolescent practice Competent to know appropriate investigations for psychiatric disorders in children and adolescents, including alcohol and substance misuse	As ST4	As ST 4 and 5

	Knows appropriate investigations for major causes of learning disability		

4.3 Use of appropriate rating scales / questionnaires / instruments			
	Competently uses simple rating scales	Competently uses broader range of rating scales	Administration of (use & interpretation) appropriate scales for clinical situations
4.4 Seeking information from available outside sources			
	Ensures appropriate consent/permission Identification of the appropriate network around the individual child and family and channels of communication	Continues to show ST4 competence in this domain	Shows competence when obtaining information in a changing environment or in difficult circumstances

4.5 Diagnosis formulation and feedback of assessment and management plan to parents and child or			
	Under supervision: identifies of all relevant predisposing, precipitating and perpetuating factors; risk and vulnerability factors In straightforward cases, links descriptive and aetiological formulation/diagnosis with appropriate multi-modal management plan	In complex cases, links descriptive and aetiological formulation/diagnosis with appropriate multi-modal management plan Recognises contributions necessary from other agencies Has developed necessary knowledge competence (see curriculum knowledge 3.5) Can succinctly summarise and describe main positive and negative findings from assessment Can competently compile appropriate, feasible management plan Has competent communication skills to feedback formulation and management plan	Competently identifies of all relevant predisposing, precipitating and perpetuating factors; risk and vulnerability factors

4.6 Note-keeping and clinical correspondence			
	Competently writes case summaries Competently writes assessment letters Competently writes follow-up letters Competently copies letters to parents/patients and knows when to withhold information and how to document this Can supervise junior staff in relation to copying letters Can show has competent knowledge of the knowledge and skills framework (see curriculum 3.6) for this competence Responds to request for information in a timely, appropriate manner bearing in mind Caldicott principles	As ST4	Competently writes reports for various agencies (e.g. schools, SEN advice, Social Services, DLA, CICB

ILO (H) 6: Managing Emergencies			
6.1 Assessment and management of psychiatric emergencies, including minimising risk to patients, parents and carers, yourself and others			
	Competently assesses and manages patients with mental illnesses including uncommon conditions, in emergencies Maintains an effective working knowledge of current legislation as it applies to child and adolescent psychiatric practice Competently can talk to children and young people about keeping themselves safe Maintains highly professional behaviour at all times	As ST4	Competently manages emergencies that involve child protection issues and involving other agencies, particularly social services at an appropriate stage

ILO (H) 7: Paediatric Psychopharmacology			
7.1 Recognises the indications for drug treatment in children and young people			
	Can initiate and monitor simple pharmacological treatments competently and more complex treatments under supervision Carries out a thorough premedication work-up including physical and behavioural baseline investigations and monitoring (including use of rating scales) Interprets results of physical and behavioural investigations and monitoring and adjust medication accordingly. Records in case notes in a concise and easily accessible manner details of pre-medication work-up, medication dosage, symptoms, allergies and side effects rating scales.	Can initiate, monitor and make appropriate changes to more complex pharmacological treatment regimes in a range of psychiatric conditions Can demonstrate a good knowledge base for this competence (see curriculum knowledge 5.1) Competently integrates medication within a comprehensive treatment plan including psychological, behavioural and social interventions	As ST 4 and 5

7.2 Explains the risks and benefits and develop treatment decisions collaboratively			
	Competently offers psychoeducation (information about medications) in a clear manner that children and parents can understand. Provides written information if possible. Encourages questions. Negotiates individual treatment plans that include information on what to do if condition improves or deteriorates or side effects occur. Obtains informed consent and establish a therapeutic alliance with the child and their parents/ guardians. Competently involves and communicates with children and adolescents about medication choices, efficacy and side effects in a developmentally sensitive manner. Provides opportunities for children to express their views regarding medication	Competently explains controversies in drug treatments and different pharmacological options to patients and parents	Competently advises in more complex cases where there is high anxiety, conflict or communication problems

7.3 To be able to prescribe safely			
	Follows guidelines on the safety and efficacy of medication Under supervision: Weighs up the benefits of medication as an alternative or adjunct to other modalities of treatment and can present these to other disciplines and to patients and their parents Considers benefits of other modalities of treatment	Competently weighs up the benefits of medication as an alternative or adjunct to other modalities of treatment and can present these to other disciplines and to patients and their parents	As ST 4 and 5

ILO (H) 8: Psychological Therapies in Child and Adolescent Psychiatry			
8.1 Ability to assess suitability of child and adolescent patients for psychological therapy			
	Can discuss in supervision an appropriate range of psychological treatment options For any individual patient, to be able to assess their appropriateness for psychological therapy.	To be able to undertake and present an assessment of a patient/family for psychological treatment To be able to identify which modality is appropriate for their problem and circumstances.	Competent to assess complex cases for psychological interventions and advise on appropriate options bearing in mind the evidence base Competent to deliver two different models of psychological therapy and provide basic supervision in these models

8.2 Ability to refer appropriately and monitor progress of child and adolescent patients in therapy			
	To be able to review in supervision a patient's progress in therapy Able to engage with and explain to a patient/family their need for psychological therapy, what this will entail and what outcomes can be expected To make an appropriate referral for psychological therapy	Competently contracts with the patient and their therapist how the treatment of the case will be conducted and monitored	Competently communicates work undertaken by other team colleagues in a network setting

8.3 Ability to deliver therapy to child and adolescent patients and families			
	Can plan and conduct an appropriate course of therapy under close supervision Shows high level of ability in engaging patients and families in a developmentally appropriate manner Is able to use appropriate techniques in the chosen therapeutic modality Keeps patients engaged in therapy Uses supervision appropriately as a supervisee	As ST4	Competently plans and conducts an appropriate course of therapy in 2 of the 4 core modalities (Family therapy, psychodynamic psychotherapy, individual CBT and behaviour modification treatment) Can adjust therapy to the progress and needs of the patient/family

ILO (H) 9: Inpatient and day-patient Child and Adolescent Psychiatry		
9.1 Manages children / young people with severe / complex mental health problems in inpatient or day-patient setting		
	Can carry out a detailed risk assessment for children/young people with severe/complex mental health problems Can formulate inpatient cases and design a straightforward treatment plan Can treat straightforward cases in an inpatient or day- patient setting balancing psychological and psychopharmacological approaches May acquire ST6 (H) ILOs in this domain if inpatient or day patient placement happens during ST5	ST5 (H) ILOs if not already acquired Can integrate information from several sources to produce a working formulation leading to treatment plans involving several strands of intervention Can design an appropriate package of care for complex cases in an inpatient or day-patient setting Knowledge of the use of psychological approaches appropriate to treatment in an inpatient setting and the adaptations from outpatient treatment Works collaboratively with children/young people and families and other teams at all times to plan appropriate discharge care

9.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team			
	Skills for ST6 under supervision	Skills for ST6 under less supervision than at ST4 Demonstrates competent emotional intelligence in an inpatient or daypatient setting with staff, parents and children/young people Provides and accepts appropriate support to and from colleagues in team in difficult clinical situations	ST5 competencies if not already acquired Is competent to work with multidisciplinary team to make management plans for a range of patients on an inpatient or day-patient service Competently weighs up with other team members the appropriateness of admissions and their timing in the light of current patient mix Liaises competently and carefully with complex arrays of outside agencies Is a competent advocate for their child patients in a balanced and respectful way Competently consults other experts appropriately so as to value both the internal skills and experience in the team whilst recognising the limits of their own skills and that of others

9.3 Understands the legal frameworks in use in an inpatient or day-patient setting			
		Uses mental health legislation and other relevant legislation that applies to children and young people in an in/day patient setting Assesses mental capacity/competence in a child/young person in the context of an in/day patient setting Advocates for the rights of children/young people	ST5 ILOs if not already acquired Can use legal interventions at the appropriate time to keep children/young people safe and ensure that their treatment is delivered safely and legally Can independently assess mental capacity/competence in a child/young person Can explain clearly to children/young people and families and colleagues the role of legal frameworks in their treatment including their rights within these frameworks.

9.4 Manages the physical well-being of children / young people in an inpatient or day patient setting			
		Takes an accurate physical history for child/young person. Can undertake a competent physical assessment of a child/ young person to identify any common physical conditions contributing to their mental health problems or co-occurring with them Organises appropriate physical investigations. Delivers pharmacological treatments including physical monitoring as appropriate. Can conduct a physical examination sensitive to cultural or gender issues	ST5 ILOs if not already acquired Undertakes complete physical assessment including neurological assessment to identify physical conditions that may cause or co-occur with psychiatric illness. Can liaise with other medical colleagues appropriately to ensure service user's physical needs are met

12.1 Able to find and analyse research carried out by others			
	Shows competent skills in carrying out a structured literature review on a topic relevant for child and adolescent psychiatry	ST4 competence if not already acquired	

NOTE:- TRAINEES ARE ENCOURAGED TO UNDERTAKE OR COLLABORATE IN ORIGINAL RESEARCH LEADING TO COMPETENCIES 12.2 AND 12.3 BUT THESE ARE NOT REQUIRED; THEY FORM PART OF THE SET OF COMPETENCIES ABOUT WHICH TRAINEES HAVE CHOICE.

To ensure that the doctor acts in a professional manner at all times			
	By the end of ST4 the trainee will demonstrate an understanding of the issues surrounding confidentiality and the appropriate sharing of information and the need for safe and positive decision-making with respect to risk management in Child and Adolescent services	By the end of ST5, the trainee will demonstrate an understanding of the need for safe and positive decision-making with respect to risk management around more complex cases	By the end of ST6 will not only exemplify the highest standards of professionalism in their own practice but will also demonstrate an ability to support and advise colleagues in dealing with complex professional interactions, including the safe and appropriate sharing of information
Doctor patient relationship	One round of miniPAT	One round of miniPAT	One round of miniPAT
Confidentiality	CBD of case with information sharing with other agencies	Written reflection of case with difficult issues of consent and confidentiality	
Risk management	Evidence of formulating risk assessment and management plans Supervisors' reports	Evidence of formulating risk assessment and management plans Supervisors' reports	Evidence of chairing multidisciplinary risk management meeting Supervisors' reports

Recognise own limitations	Log of cases where discussion with a senior colleague has been sought, due	Log of cases where discussion with a senior colleague has	Log of cases where discussion with a

	to knowledge limitations, and lessons learnt.	been sought, due to knowledge limitations, and lessons learnt.	senior colleague has been sought, due to knowledge limitations, and lessons learnt.
Probity	Supervisors' reports	Supervisors' reports	Supervisors' reports
Personal health	Supervisors' reports	Supervisors' reports	Supervisors' reports
To develop the habits of lifelong learning			
	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation
Maintaining good medical practice		Supervisors' reports	Supervisors' reports
Lifelong learning	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self reflection	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-refection	An effective individual learning plan outlining learning needs, methods and evidence of attainment Evidence of self-reflection
Relevance of outside bodies	Evidence of continued GMC registration	Evidence of continued GMC registration	Evidence of continued GMC registration

Appendix VII Curriculum Learning Outcome Progress & Completion Tool

This tool is designed for trainees to document the evidence of attaining the higher learning outcomes as they are achieved from the intended learning objectives [ILO (H) 1 to 20] through their ST4-6 training in Child & Adolescent Psychiatry.

Each required learning outcome) is set out in a table format, where trainees can reference the appropriate source of evidence for each outcome from the ILO (H). Only outcomes relating to the ILO (H)s for ST4, ST5 and ST6 have been included as this tool is to be for use by higher trainees.

Please note that this tool is designed to be used in conjunction with the curriculum for higher training in Child & Adolescent Psychiatry. Details of specific knowledge, skills and behaviours required for each level of training can be found in the full curriculum.

It is envisaged that each learning outcome will not be achieved at one time but over a period. The tool allows for this with 4 marker points available for the trainee to agree achievement with their clinical supervisor in the first instance. Each marker must be ratified by the trainee's educational supervisor as he or she is the person with a perspective across the whole of the trainee's period of higher training.

This tool can be used with summary evidence for each learning outcome to show why the marker point of achieving full competence has been achieved. We intend that more detailed evidence will be able to be attached in the electronic version to be produced for the College website shortly.

The process should help the trainee monitor their training and point out to their trainers if there are skill areas to be developed or deficiencies that need rectifying. It should contribute to the richness of the ARCP discussion.

Acceptable Sources of Evidence

Below is the list of acceptable sources of evidence that can be used. For each learning outcome the trainee can indicate the type of evidence using the key below, with further identifying information such as date, page number in portfolio, type of WPBA.

LB	Log Book
WPBA	Workplace Based Assessment
(WPBA) SN	Supervision notes
CC	Anonymised clinical correspondence
Tr	Training / Course Attendance
ARCP	ARCP Report
SL	Supporting Letter (e.g. from supervisor)
Te	Teaching Facilitation / Presentation
TeF	Teaching Feedback
AP	Academic Programme
RN	Reflective Notes
Pub/RR	Research Report / Publication
SDP	Service Development Project (e.g. clinic development, care pathway
etc.) Au	Audit

Major ILO (H) 1 Professionalism for Child and Adolescent Psychiatrist

Sub ILO	ST4/ST5	ST6
1.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner	Full learning outcome Achieved	Full learning outcome Achieved
1.2 Child and family centred practice	Full learning outcome Achieved	Full learning outcome Achieved
1.3 Understands the impact of stigma and other barriers to accessing mental health services	Full learning outcome Achieved	Full learning outcome Achieved

Sub ILO	ST4/ST5 →	ST6 →
1.4 Inter-professional and multi-agency working	Full learning outcome Achieved	Full learning outcome Achieved
1.5 Promotes mental well-being and prevention of mental illness, including a knowledge of the risks, benefits, effects and implications of the use of social media.	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 2: ESTABLISHING AND MAINTAINING THERAPEUTIC RELATIONSHIPS WITH CHILDREN, ADOLESCENTS AND FAMILIES

Level	ST4/ST5	ST6
2.1 Builds Trust & Respect	Full learning outcome Achieved	Full learning outcome Achieved
2.2 Advise on young people's competence (capacity) to make treatment decisions, consent and refuse treatment and confidentiality.	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 3: SAFEGUARDING CHILDREN

Level	ST4/ST5	ST6
3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected	Full learning outcome Achieved	Full learning outcome Achieved
3.2 Works with the family and professional network to assess and manage safeguarding issues	Full learning outcome Achieved	Full learning outcome Achieved
3.3 Contributes to the assessment and treatment of children / young people who have been abused and / or neglected	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 4. UNDERTAKE CLINICAL ASSESSMENT OF CHILDREN AND YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS ACROSS THE AGE RANGE

Sub learning outcome	ST4/ST5	ST6
4.1 - History taking using developmental approach (from parents & child / adolescent) where appropriate	Full learning outcome Achieved	Full learning outcome Achieved
4.2 - Physical Examination	Full learning outcome Achieved	Full learning outcome Achieved
4.3 - Use rating scales / questionnaires / structured assessment instruments	Full learning outcome Achieved	Full learning outcome Achieved

Sub learning outcome	ST4/ST5	ST6
4.4 Seeking information from outside sources	Full learning outcome Achieved	Full learning outcome Achieved
4.5 – Diagnosis, formulation & feedback of assessment and management plan to parents and child / adolescent	Full learning outcome Achieved	Full learning outcome Achieved
4.6 - Note keeping & clinical correspondence	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 5: Main Clinical Conditions (including Axis I diagnoses) in Childhood and Adolescence

For ILO (H) 5 the trainee will need to maintain a logbook of cases during training. As indicated in the introduction to the curriculum, trainees should expect to assess and when appropriate, treat approximately 10 cases of each common disorder and 5 cases of each of the less common disorders during their ST4-6 training. Anonymised summaries of cases managed by the trainee are one useful way to provide evidence of experience during training. Reflective notes supplement this. Comorbid diagnoses may be added and the number of cases of each type logged through training. The log can be combined with the learning outcome tool for each type to consider the developing achievement of the learning objectives for each diagnosis.

	1	2	3	4	5	6
Habit disorders						
Enuresis						
Encopresis						
Oppositional defiant disorder						
Conduct disorder						
Autism						
ADHD						
Tic disorder						
Obsessional compulsive disorder						
Learning Disability						
Psychosis						
Depression						
Bipolar disorder						
PTSD						
Anxiety disorder						
Eating Disorders						
Substance misuse						

	7	8	9	10	11	12
Habit disorders						
Enuresis						
Encopresis						
Oppositional defiant disorder						
Conduct disorder						
Autism						
ADHD						
Tic disorder						
Obsessional compulsive						
Learning Disability						
Psychosis						
Depression						
Bipolar disorder						
PTSD						
Anxiety disorder						
Eating Disorders						
Substance misuse						

NB: In assessing achievement of ILO (H) 5, a separate arrow block is to be used for each age range in the progress tool. The logbook and analysis of the experience and learning for each condition at each age range will contribute to the staged sign off by the educational supervisor for the age ranges 5.1, 5.2 and 5.3 for conditions taken together in each developmental stage.

Level	ST4/ST5	ST6
5.1 - Assesses and manages the main clinical	Full learning outcome Achieved	Full learning outcome Achieved
5.2 - Assesses and manages the main clinical diagnoses in preadolescent school aged child	Full learning outcome Achieved	Full learning outcome Achieved
5.3 - Assesses and manages the main clinical diagnoses in adolescence (commencing in adolescence or continuing from childhood) – includes transition to Adult Mental	Full learning outcome Achieved	Full learning outcome Achieved

NB: In assessing achievement of ILO (H) 5, a separate arrow block is to be used for each age range in the progress tool. The logbook and analysis of the experience and learning for each condition at each age range will contribute to the staged sign off by the educational supervisor for the age ranges 5.1, 5.2 and 5.3 for conditions taken together in each developmental stage.

ILO (H) 6: MANAGING EMERGENCIES

Level	ST4/ST5	ST6
6.1 Assessment and management of psychiatric emergencies	Full learning outcome Achieved	Full learning outcome Achieved
6.2 - Management of young people presenting with risk in an emergency	Full learning outcome Achieved	Full learning outcome Achieved
6.3 Use of relevant legal frameworks for children and adolescents presenting in an emergency	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 7: PAEDIATRIC PSYCHOPHARMACOLOGY

Level	ST4/ST5	ST6
7.1- To recognise indications for drug treatment in child & young people	Full learning outcome Achieved	Full learning outcome Achieved
7.2 - Able to explain the risks and benefits and develop treatment decisions collaboratively	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
7.3 - Able to prescribe safely	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 8: PSYCHOLOGICAL THERAPIES IN CHILD AND ADOLESCENT PSYCHIATRY

Level	ST4/ST5	ST6
8.1 Ability to assess suitability of children, adolescents and families for psychological therapy	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
8.2 Ability to refer appropriately and monitor progress of child and adolescent patients in therapy	Full learning outcome Achieved	Full learning outcome Achieved
8.3 Ability to deliver therapy to child and adolescent patients and families	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 9: INPATIENT AND DAY-PATIENT CHILD AND ADOLESCENT PSYCHIATRY

Level	ST4/ST5	ST6
9.1 Manages children/young people with severe/complex	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
mental health problems in inpatient or day-patient setting		
9.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team	Full learning outcome Achieved	Full learning outcome Achieved
9.3 Understands the legal frameworks in use in an inpatient or day-patient setting	Full learning outcome Achieved	Full learning outcome Achieved
9.4 Manages the physical well-being of children/ young people in an inpatient or day patient setting	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 10: MANAGEMENT ILO FOR ALL ST4-6 CAP TRAINEES

Level	ST4/ST5	ST6
10.1 – Managing Risk	Full learning outcome Achieved	Full learning outcome Achieved
10.2 – Evidence-based Practice	Full learning outcome Achieved	Full learning outcome Achieved
10.3 Applying good practice standards	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
10.4 Involving service users	Full learning outcome Achieved	Full learning outcome Achieved
10.5 Audit	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 11: TEACHING, SUPERVISION & LIFELONG LEARNING SKILLS

Level	ST4/ST5	ST6
11.1 Is able to organise and deliver teaching sessions in a variety of formats	Full learning outcome Achieved	Full learning outcome Achieved
11.2 Can complete a structured assessment of another's performance and deliver constructive feedback	Full learning outcome Achieved	Full learning outcome Achieved
11.3 Can supervise another's clinical work	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 12: RESEARCH AND SCHOLARSHIP

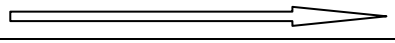
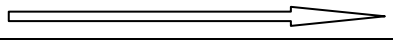
Level	ST4/ST5	ST6
12.1 Able to find and analyse research carried out by others	Full learning outcome Achieved	Full learning outcome Achieved
12.2 Can generate original research	Full learning outcome Achieved	Full learning outcome Achieved
12.3 To disseminate findings	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 13: Assessment and Treatment of Child and Adolescent Neuropsychiatry

Level	ST4/ST5	ST6
13.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder	Full learning outcome Achieved	Full learning outcome Achieved
13.2 To be able to diagnose and treat neuropsychiatric disorders such as ADHD, Tic Disorders, Tourette Syndrome, and OCD	Full learning outcome Achieved	Full learning outcome Achieved
13.3 To be able to carry out an assessment of an individual with autism spectrum disorder	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
13.4 To be able to contribute to the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions	Full learning outcome Achieved	Full learning outcome Achieved
13.5 To be able to contribute to the management of neuroepileptic conditions	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 14: PSYCHIATRIC MANAGEMENT OF CHILDREN AND ADOLESCENTS WITH LEARNING DISABILITIES

Level	ST4/ST5	ST6
		
14.1 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions	Full learning outcome Achieved	Full learning outcome Achieved
14.2 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan	Full learning outcome Achieved	Full learning outcome Achieved
14.3 To be able to liaise with colleagues and other child health professionals in	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems		
14.4 To be able to advise the courts/legal process in relation to children with learning disability	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 15: PAEDIATRIC LIAISON

Level	ST4/ST5	ST6
15.1 To be able to advise on the presentation of psychiatric disorder in the context of physical illness	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
15.2 To be able to assess and manage cases of self-harm, delirium and other psychiatric emergencies that present in the A&E department or on the ward	Full learning outcome Achieved	Full learning outcome Achieved
15.3 To be able to assess and manage somatising disorders including impairing functional or unexplained medical symptoms	Full learning outcome Achieved	Full learning outcome Achieved
15.4 To be able to provide a liaison/consultation service to the paediatric team	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 16: MEDICO-LEGAL ASPECT OF CHILD & ADOLESCENT PSYCHIATRY

Level	ST4/ST5	ST6
16.1 Prepare reports for the family courts	Full learning outcome Achieved	Full learning outcome Achieved
16.2 Preparing reports for the criminal courts in child and adolescent mental health cases	Full learning outcome Achieved	Full learning outcome Achieved
16.3 Attend court and present evidence	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 17: SUBSTANCE MISUSE

Level	ST4/ST5	ST6
17.1 Carries out screening for drug/alcohol misuse in young people presenting with other difficulties	Full learning outcome Achieved	Full learning outcome Achieved
17.2 Deploys a range of techniques explicitly directed at securing engagement in young people with substance use disorders	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
17.3 Carries out detailed, developmentally-sensitive assessments of drug/alcohol use in young people to determine the presence or absence of substance misuse, and to assess its impact, and contributory factors	Full learning outcome Achieved	Full learning outcome Achieved
17.4 Takes part in multidisciplinary /multi-agency assessments of children/adolescents with comorbidity (co-occurring	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
substance misuse and a psychiatric disorder) in order to formulate, implement and coordinate a multi-agency intervention plan		
17.5 Delivers integrated interventions for young people and their families with substance abuse or dependence to meet the young person's multiple needs	Full learning outcome Achieved	Full learning outcome Achieved
17.6 Contributes to the development of specialist psychiatric	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
substance misuse services for children/adolescents		

ILO (H) 18: TRANSITION TO ADULT MENTAL HEALTH CARE

Level	ST4/ST5	ST6
18.1 To assist young people with enduring mental health problems engage with adult mental health services health services	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 19 PUBLIC MENTAL HEALTH

Level	ST4/ST5	ST6
19.1 Knowledge of the findings of epidemiological research studies	Full learning outcome Achieved	Full learning outcome Achieved
19.2 Understanding of the interaction between wider social determinants and mental well-being	Full learning outcome Achieved	Full learning outcome Achieved
19.3 An awareness of the use of population screening	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
19.5 Understanding of the impact of stigma and other barriers to accessing mental health services	Full learning outcome Achieved	Full learning outcome Achieved
19.6 Understanding of the link between good emotional health and quality of life	Full learning outcome Achieved	Full learning outcome Achieved
19.7 Understands early intervention and economic evaluations	Full learning outcome Achieved	Full learning outcome Achieved

ILO (H) 20 Advanced Management and Leadership

Level	ST4/ST5	ST6
20.1 Business and Finance	Full learning outcome Achieved	Full learning outcome Achieved
20.2 – Handling Complaints	Full learning outcome Achieved	Full learning outcome Achieved
20.3 Analysing and monitoring outcomes	Full learning outcome Achieved	Full learning outcome Achieved

Level	ST4/ST5	ST6
20.4 Clinical Leadership within an organisation	Full learning outcome Achieved	Full learning outcome Achieved

Appendix VIII Trainees' Guide to the Curriculum

What is the curriculum?

The curriculum is the document that outlines what the Royal College of Psychiatrists expects you should cover in the three years of Child and Adolescent Psychiatry (CAP) higher training in order to get your Certificate of Completion of Training (CCT). It is approved by the GMC and has been revised for 2013 to incorporate trainee and trainer feedback and the views of young people and carers.

The curriculum outlines what you should be able to do but doesn't specify how you achieve this. The curriculum covers a number of intended learning objectives (ILOs) and breaks these down into the aspects of learning that are needed. The first part of the curriculum is the required set of ILOs that every trainee is expected to cover. The second part is the selective ILOs that trainees can select from to tailor aspects of their training dependant on their specialist interests.

Who is the curriculum meant for?

The curriculum should be used by all CAP trainees, clinical supervisors, educational supervisors and training programme directors (TPDs). However, as a higher trainee you need to take on more responsibility for your own learning, using appropriate support from those around you. You do not need to read the curriculum from start to finish but it should be used as a reference document to guide you through training and to inform your placements and individual learning outcomes. An aide memoire of the ILO's and their aspects is contained in Appendix II of the 2013 curriculum.

What parts of the curriculum are compulsory?

All of the ILOs in the first part of the curriculum [ILO (H) 1- 12.1] are compulsory for all CAP higher trainees. These cover the core areas that everyone must cover, for example, professionalism, establishing a therapeutic relationship, safeguarding and diagnosis and treatment of the major conditions.

Within each ILO (H) the different aspects are colour coded (see Introduction to the curriculum section) to show the stage of training at which they should be completed by. The different aspects are also broken down into those required to be ready to become a consultant and those which are not expected but if achieved would show a level of mastery within a particular area.

Given some sections are 'optional' how do I choose which ones to focus on and how do I communicate my preferences to my Training Programme Director (TPD)?

The second part of the curriculum covers more specialist topics that not every trainee needs to know all of. The curriculum specifies that you need to cover all the mandatory ILOs and 80% of the selective ILOs up to ST5 level and 70% of the selective ILOs up to ST6 level. As a trainee you can choose whether you want to have an in-depth knowledge of a few areas or a broad overview of more topics. This may depend on how clear you are about your future specialisation or any specialist interests. You should be guided by conversations with your educational supervisor who should have an overview of your training so far.

For example, if you know you want to specialise in neuro-developmental psychiatry you could choose to completely cover the following ILO (H)s:

- *Assessment and Treatment of Child and Adolescent Neuropsychiatry*
- *Psychiatric management of children and adolescents with learning disabilities*
- *Paediatric Liaison*
- *Transition to Adult Mental Health Care*
- *Management, Leadership and Working with others*
- *Medico-Legal Aspect of Child & Adolescent Psychiatry*
- *Public Mental Health and Service Development*

However, you may feel that covering Substance misuse for example, is less relevant to your future career. The curriculum allows you to cover only some of the material in this section. Anything which is considered core to your training will have been covered in the compulsory sections.

The above is only an example and the curriculum gives you flexibility to specialise, maintain a broad base or mix the two up.

Given the choices on offer within the second section of the curriculum it is important that you make your preferences known to your TPD as early as possible to allow them to make appropriate provisions. For most people this should be possible within training rotations, although in some case this may involve spending a section of training outside of the standard programme in order to cover more specialist ILOs such as substance misuse where local services may not be available.

What sort of training placements am I likely to need to cover all of the compulsory sections?
In order to complete the core competencies you will need to have placements that cover the whole age range of children and young people up to 18 years. You should also have exposure to the main diagnostic categories. For most people this will involve spending a year in a generic community CAMHS post although this isn't mandatory.

You are required to have in-patient or day-patient experience as this offers an opportunity to learn about referrals, admissions, treatment and discharges and also to focus on the dynamic of intensive work in a multi-disciplinary team. Often this experience takes place in the final year together with a placement to allow you to gain specialist skills appropriate to your career path.

A second year placement is more likely to be a specialist post, or combination of posts.

How can I use the curriculum to guide my future training placements?
If you have mapped out the core ILOs that you have covered within your previous jobs you should be able to see those ILO (H)s, or sections within ILO (H)s that you still need to cover. In addition you can specify which of the optional ILO (H)s you want to cover and your next placements should be chosen to enable this. It is your responsibility to keep track of what you have covered within the curriculum and to communicate this, as well as any gaps, to your TPD.

How can I use the curriculum in setting my learning objectives for each post?
At the start of each post you should set out what you hope to achieve within the time you have. We suggest that you identify which competencies you can cover within the job and map this against the competencies that you need to cover within your training.

The clinical supervisor should be able to help with this process, and may even have a list of the competencies that they believe can be covered as part of the trainee job description. If not, perhaps you can create one together that can be used for future trainees in the same post? Your educational supervisor could also be part of this process.

How can I use the curriculum in my assessments and ARCPs?
All trainees are expected to provide evidence of completing the College requirements for numbers of WPBA's each year to contribute towards their ARCP. By being thoughtful in selecting which WPBAs and which diagnoses

to cover, trainees can broaden the evidence they accumulate. Your record of supervision discussions, reflective practice notes and other material will also contribute to your ARCP portfolio.

Evidence of the sections of the curriculum covered within each post could be submitted as part of the evidence for the ARCP. Demonstrating that you have considered the curriculum and how you are covering it will be welcomed by the ARCP panel. There is a tool that you will use with your educational supervisor (see Appendix VII of the curriculum) as a basis for discussion and to record your progress and attainment of the ILO (H)s. It is intended that this tool will be placed on the College website and will allow you to scan documentary evidence for the ARCP process.

How can I use the curriculum to evidence what I have covered in my training?

By the end of your training you should be able to provide ample evidence for and 'tick off' all of the core ILO (H)s up to ST6 level. You will need to have evidence about how you have covered these. One way to do this is to have set out the ILOs covered within each post and used WPBAs to evidence some of your practice.