College of Psychiatrists of Ireland

CURRICULUM FOR BASIC AND HIGHER SPECIALIST TRAINING IN PSYCHIATRY

July 2016

Revision 4 July 2021 (Revision of SAPE/WPBA assessment rubrics and addition of subspecialty HST learning outcomes for Eating Disorders and Perinatal Psychiatry)

CURRICULUM FOR BASIC AND HIGHER SPECIALIST TRAINING IN PSYCHIATRY

July 2016

The July 2016 Curriculum applies to the following Trainees:

- All Trainees who entered their first 6 month Foundation Year placement from July 2016 onwards.
- All Trainees who entered their first 6 month BST Years 1-3 placement from July 2016 onwards.
- All Trainees on the National Higher Training Scheme in Child and Adolescent Psychiatry who entered from July 2016 onwards.
- All Trainees on the National Higher Training Scheme in Adult Psychiatry and Related Disciplines who entered from July 2017 onwards.
- All Trainees undertaking a post-CSCST specialty placement in Child and Adolescent Psychiatry with a Special Interest in Intellectual Disability.

This fourth revision of the July 2016 Curriculum contains:

- Revision of WPBA assessment rubrics
- Update to BST learning outcomes list to identify learning outcomes that must be completed more than once during training. This will apply to those beginning BST from July 2021
- Addition of subspecialty HST learning outcomes for Eating Disorders and Perinatal Psychiatry

College of Psychiatrists of Ireland

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CURRICULUM FOR BASIC AND HIGHER SPECIALIST TRAINING

Introduction

The College of Psychiatrists of Ireland (referred to in this document as the College) is responsible for all aspects of postgraduate training in Psychiatry in Ireland. Satisfactory completion of training confers eligibility for inclusion in the Irish Medical Council's Specialist Division Register. The Medical Council recognises four psychiatric specialties: Psychiatry, Psychiatry of Old Age, Child & Adolescent Psychiatry and Psychiatry of Learning Disability.

The College of Psychiatrists of Ireland was established in January 2009 and one of the main objectives of the College was to review the existing training programme. The College convened an Education Advisory Group (EAG) which consisted of senior clinical and academic Trainers, Basic and Higher Specialist Trainees, representatives from all the College Faculties and an Education Specialist. The EAG reviewed best international practice, developed learning outcomes and aligned the outcomes to the Union Européene des Médecins Spécialistes (UEMS) and the Irish Medical Council's *Eight Domains of Good Professional Practice*.

The College introduced a Foundation Year (FY) as part of the Basic Specialist Training (BST) component to identify and retain Trainees with the aptitude for further training. The BST component was implemented in July 2011.

Upon completion of its remit the EAG was superseded by the Postgraduate Training Committee (PTC). The PTC is the governance mechanism for postgraduate training.

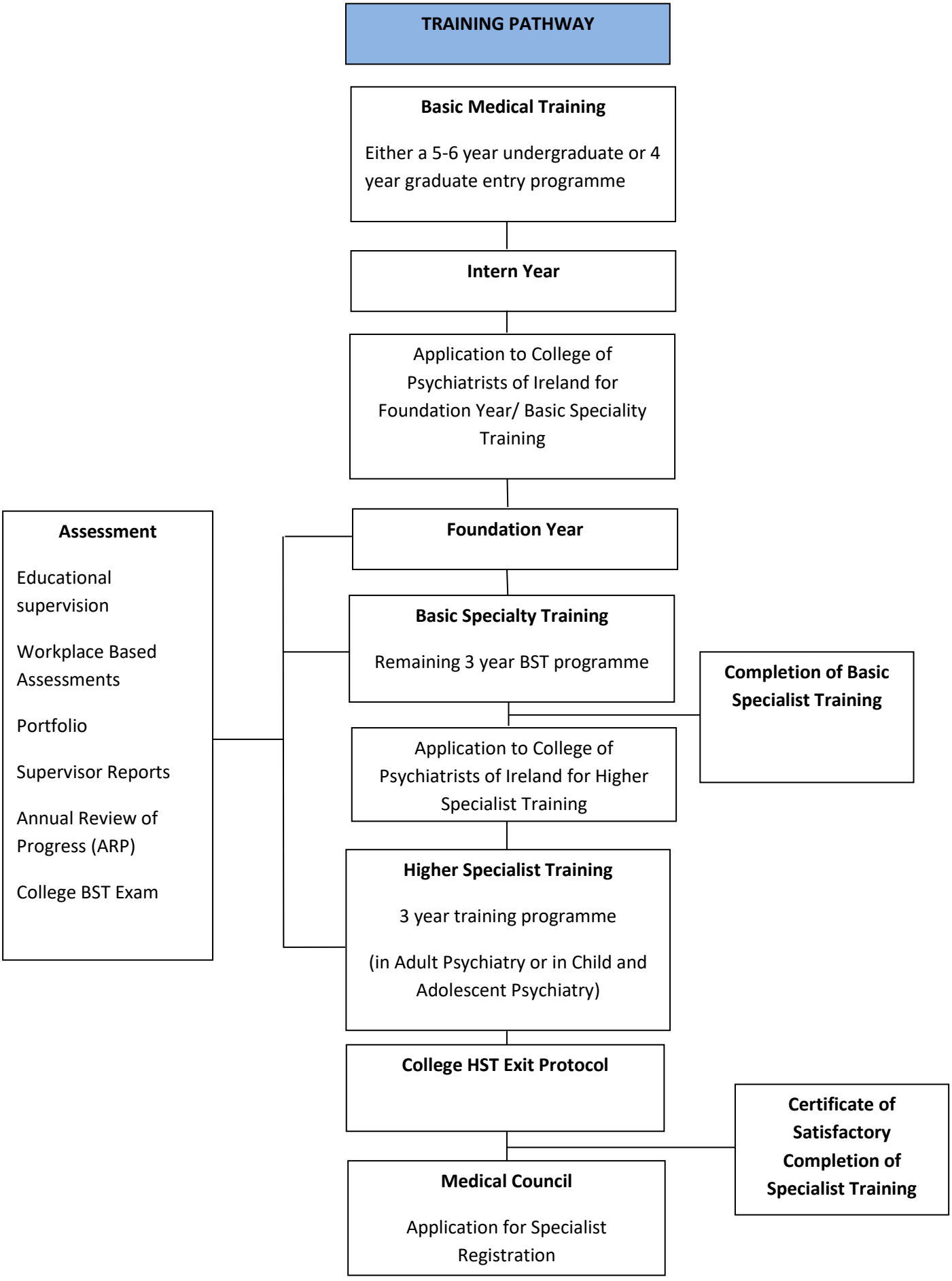
The Curriculum is based on learning outcomes. The attainment of these outcomes will be assessed continuously throughout training and be demonstrated by Workplace Based Assessments (WPBAs), a Portfolio and by passing the College BST Exam. The College acknowledges the WPBA forms developed by the Royal College of Psychiatrists upon which it has developed its own WPBA instruments. Progression through training will depend on approval by an Annual Review of Progress (ARP) Panel. Education and training will be supported by College run and approved courses and an e-learning platform.

This document is the Curriculum for both the Basic Specialist Training (BST) and Higher Specialist Training (HST) components of the College's postgraduate training programme. It replaces the BST Blueprint (July 2011), the Higher Specialist Training Handbook (January 2010) and the Annual Training Plan. It should be read in conjunction with the *Regulations for Basic and Higher Specialist Training*. The Curriculum is reviewed annually by the College's Postgradutae Training Committee (PTC) and invites input from the College membership. Any member of the College who wishes to suggest a change should submit any proposed change to the relevant Faculty and/or College committee. In turn, that Faculty / College committee should make a recommendation on the proposed change to the Dean of Education.

This edition would not have been possible without the support of the College staff and the commitment of the College membership to voluntary contribution to the many committees and working groups which produced the above documents.

Dr John Hillery
President, CPsychI

Prof Greg Swanwick
Dean of Education, CPsychI


TRAINING PATHWAY
Basic Medical Training
Either a 5-6 year undergraduate or 4 year graduate entry programme
Intern Year
Application to College of Psychiatrists of Ireland for Foundation Year/ Basic Speciality Training
Foundation Year
Basic Specialty Training
Remaining 3 year BST programme
Completion of Basic Specialist Training
Application to College of Psychiatrists of Ireland for Higher Specialist Training
Higher Specialist Training
3 year training programme
(in Adult Psychiatry or in Child and Adolescent Psychiatry)
College HST Exit Protocol
Certificate of Satisfactory Completion of Specialist Training
Medical Council
Application for Specialist Registration
Assessment
Educational supervision
Workplace Based Assessments
Portfolio
Supervisor Reports
Annual Review of Progress (ARP)
College BST Exam

Overview of Training

1. Purpose

A Psychiatrist assesses, diagnoses and treats people with mental illness. Postgraduate Psychiatry training in Ireland is designed to produce specialists with the necessary knowledge, skills and behaviour to manage patients by delivering high quality, effective and ethical care. The specialist in Psychiatry will be a medical expert, communicator, collaborator, manager, professional, scholar and health advocate.

2. Structure

Training in Psychiatry is divided between Basic and Higher Specialist training. There are learning outcomes for each year. A learning outcome defines what a Trainee can do after a learning experience.

Basic training consists of an initial Foundation Year (FY) and usually another three years of Basic Specialist Training (BST). If a Trainee has previous training experience and can demonstrate learning outcome attainment, Basic Specialist Training may be accelerated by one year, subject to the approval of an ARP Panel.

BST gives Trainees experience across the lifespan. The Higher Specialist Trainee selects further training in either Adult or Child & Adolescent Psychiatry. Those who chose higher training in Adult Psychiatry may become specialists in Psychiatry (General Adult) alone (single certification) or in combination with Learning Disability Psychiatry or Psychiatry of Old Age (dual certification). Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report.

HST usually lasts for three years for certification in a single recognised specialty. Training periods in HST will be longer if dual certification is pursued.

Application for training at BST and HST is via the College and shortlisted applicants are interviewed.

3. Clinical Experience and Supervision

Foundation Year placements must be in General Adult Psychiatry and Trainees must be provided with a balance of hospital and community experience. The remainder of BST will be divided amongst further experience in General Adult Psychiatry (including the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry) and the other three specialties.

At BST the learning outcomes for all specialties and subspecialties must be attained regardless of which training placements are undertaken. This will ensure a broad base of knowledge and skill acquisition. General Adult Psychiatry provides opportunities for a wide range of clinical experience and this can be supplemented by specific learning activities such as attendance at a specialist clinic or course. In practice it will not be possible to achieve outcomes in some specialties without a clinical attachment.

At HST the learning outcomes for the specialties and subspecialties must only be attained by Trainees seeking certification in those areas.

Clinical supervision of Trainees serves to foster their professional development as well as to promote best care of patients. Clinical supervision must be provided at a level appropriate to the needs and experience of the Trainee. It must be provided by the Supervising Consultant who will supervise inpatient and outpatient work and emergency consultations, except for when the Trainee is on call, when clinical supervision will be provided by the on call Consultant. Basic Specialist Trainees may receive additional supervision by a Senior Registrar. This must be overseen by the Supervising Consultant.

4. Educational Supervision

Educational supervision is distinct from clinical supervision. Educational supervision is devoted to career and training planning and completion of the Training Placement Plan and Midpoint and Endpoint reports. Mentoring, coaching, WPBAs and ensuring learning outcomes are being attained and recorded are other activities that form part of educational supervision. Each Trainee has a weekly, protected session of one hour with the designated Trainer. Educational supervision must not be delegated to other staff. No Consultant may supervise more than three Trainees.

5. Assessment

Assessment is a continuous process throughout training. It is designed to inform Trainees on their progress, to guide their development and to demonstrate learning outcome attainment. Assessment consists of Workplace Based Assessments (WPBAs), Portfolio completion, Supervisor Reports, Annual Review of Progress (ARP) and a College Exam. In HST there is no Exam but the other assessment methods pertain to obtain a Certificate of Satisfactory Completion of Specialist Training (CSCST).

(a) Workplace Based Assessments

WPBAs are assessments of performance in the workplace. They can assess clinical and non-clinical skills. They are designed to be done on a regular basis by a variety of assessors. Their primary purposes are to provide useful feedback to a Trainee on performance in the work setting and to document attainment of learning outcomes. Trainees and Trainers select an outcome or outcomes from the Curriculum, decide upon an assessment method, perform the assessment under direct observation and discuss the performance. One WPBA may assess several outcomes and some outcomes may need several different types of assessment. WPBAs should be utilised throughout a placement and not be left until near the end.

In BST there is a minimum requirement of 7 WPBAs per 6 month placement but to demonstrate attainment of the outcomes it is likely that many more will have to be performed. Though there is no minimum requirement in HST the principle of demonstration of outcome attainment will still rest on WPBAs. As a Trainee progresses through training the focus on Assessment of Clinical Expertise (ACE) will move towards Case Based Discussion (CBD) as the preferred WPBA.

Senior Registrars can complete WPBAs on Basic Specialist Trainees provided they have completed appropriate training but their contribution must not exceed 50% of the total number of WPBAs. It is required that Supervisors will review assessments done by senior Trainees on Basic Specialist Trainees. Any doctor on the Specialist Register (including General Practice or a relevant other specialty) may supervise a WPBA for a physical health learning outcome.

WPBA	Minimum requirement for each BST training placement
ACE (Assessment of Clinical Expertise)	1
Mini-ACE (mini-Assessment of Clinical Expertise)	2
DOPS (Direct Observation of Procedural Skills)	No minimum requirement
CBD (Case Based Discussion)	1
AoT (Assessment of Teaching) DONCS (Direct Observation of Non-Clinical Skills) CP (Case Presentation) JCP (Journal Club Presentation)	1 from this group, however, all must be performed at least once over the course of BST

WPBA	Purpose
ACE	To assess a Trainee performing a full history and examination of a patient in order to reach a diagnosis and plan for treatment.
AoT	To assess a Trainee's ability to prepare, present and deliver a teaching session to other colleagues, medical or other healthcare students or an appropriate non-healthcare group (e.g. public education programme).
CBD	To assess clinical decision making, clinical reasoning, application of medical knowledge, formulation and record keeping. CBD involves brief presentation of a case by a Trainee, a documented structured interview and review of the Trainee's entries to the patient's clinical record.
CP	To assess a Trainee's ability to prepare, present and discuss a clinical case in a teaching setting.
DOPS	To test practical technical skills.
DONCS	To test performance and behaviour in the workplace in a non-clinical setting. The focus is on assessing skills other than those related directly to patient care.
JCP	To assess a Trainee's ability to prepare, present and discuss a journal article in a clinical teaching setting.
miniACE	To assess an aspect of a patient's history /Mental State Examination in order to reach a diagnosis and plan for treatment / explain a treatment plan / obtain consent etc.

(b) Portfolio

The Portfolio is a structured body of evidence that Trainees must maintain during training. The Portfolio will allow Trainees to demonstrate evidence of progress and attainment of learning outcomes.

Certificates of completion of e-learning modules and attendance at courses must be included.

Trainees can include other documents relevant to training such as Curriculum Vitae, records of presentations, research publications or diplomas.

*By the completion of **BST** the Portfolio must contain*:

1. Training Placement Plans
2. Midpoint Supervisor's Reports
3. Endpoint Supervisor's Reports
4. Annual Review of Progress Reports
5. Workplace Based Assessments
6. Learning Outcomes Attainment Grids
7. Summary of Supervision Sessions
8. Audit Report
9. Care Plan
10. Case Conference
11. Case Review
12. Home Visit
13. Risk Assessment
14. BST Research Participation Report
15. Literature Review Report
16. Supervisor's Assessment of Psychotherapy Experience
17. Reflective Notes
18. Reflective Practice Group Attendance Record
19. BST Record of On Call Sessions
20. Post Appraisals
21. Course attendance certificates
22. E-learning module completion certificates
23. Current Basic Life Support Certificate
24. Current Non Violent Crisis Intervention Certificate
25. Declaration of Non-Annual & Non-Educational Leave

*By the completion of **HST** the Portfolio must contain:*

1. Training Placement Plans
2. Midpoint Supervisor's Reports
3. Endpoint Supervisor's Reports
4. Annual Review of Progress Reports
5. Workplace Based Assessments
6. Learning Outcomes Attainment Grids
7. Summary of Supervision Sessions
8. Audit Report
9. Care Plan
10. Case Conference
11. Case review
12. Court report(s)
13. Development and appraisal of a teaching programme
14. Literature Review Report
15. Initial Research Proposal Record, Six Monthly and End of Year Research Progress Reports
16. HST Supervision Project
17. HST Special Interest Record (Initial Outline, Midpoint Update and Endpoint Records)
18. Risk Assessment
19. Supervisor's Assessment of Psychotherapy Experience
20. Risk Management Project
21. Reflective Notes – including:
    a) General clinical and non-clinical notes
    b) Tribunal attendance (X3)
    c) Review Board attendance (X3*)
    d) Acting-up as Consultant
22. Service Development Project
23. Reflective Practice Group Attendance Record
24. HST Record of On Call Sessions
25. Post Appraisals
26. Certificates of Completion of E-learning modules
27. Course Attendance Certificates
28. Current Basic Life Support certificate
29. Current Non Violent Crisis Intervention certificate
30. Declaration of Non-Annual & Non-Educational Leave

(*) pertains to training in Forensic Psychiatry

Notes on Portfolio Contents

Training Placement Plan	At this meeting the Trainee and Trainer agree a Training Plan, review the Trainee Portfolio and previous ARP and Midpoint and Endpoint Supervisor Report(s). The Learning Outcomes Attainment Grid will also be reviewed. The Trainer will also ensure that weekly supervision meetings take place and outline the arrangements in place locally for the provision of WPBAs.
Mid-Point and End of Placement Supervisor's Reports	These reports are completed at the mid-point and approaching the end of each clinical placement. A number of documents will be reviewed at these meetings including Training Placement Plan, WBPAs, previous Midpoint and Endpoint Supervisor Reports, the Learning Outcomes Attainment Grid and other portfolio items. A report is generated as an outcome of these meetings and the trainer will make a determination on the trainee's overall performance which will inform the ARP panel whether a trainee's progress is satisfactory or not. At the midpoint and at the end of a trainee's placement with a supervisor, the supervisor completes reports. The trainee and supervisor review a number of documents including the Training Placement Plan, WBPAs, previous supervisor reports and the Learning Outcomes Attainment Grid. The supervisor comments on the trainee's progress. The supervisor must comment specifically on attainment of outcomes from the Professional Domain which are not assessed by WPBA.
Audit Project	Trainees are required to show evidence of participation in an audit project by completion of Year 3 of BST and another by the end of HST. Copies of any audit project must be included in the Trainee Portfolio. A Psychiatrist participates in audit as a method to both inform clinical practice and to promote quality improvement. A Psychiatrist maintains a stance of scientific enquiry to all aspects of practice and is able to perform, evaluate and critically analyse audit data. A Psychiatrist audits practice on a continuous basis.
Care Plan	The Trainee must complete a care plan and the Supervisor must complete the relevant form. A Psychiatrist develops integrated, coordinated and individualised care plans on both a short-term and long-term basis, in order to optimise care for the patient. These care plans are developed in collaboration with other mental health professionals and address the concerns and wishes of patients and carers.
Case Conference	The Trainee must organise invitations for those who should attend a case conference, prepare a case summary in advance of the conference, identify the key issues to be addressed, take minutes and complete the case conference report. The Supervisor must attend the case conference and complete this form.
Case Review	A Trainee must review the records of a complex or difficult case and produce a structured case summary which is reviewed by a Supervisor who completes the relevant form.
Court Report	A Higher Specialist Trainee must complete at least one court report which must be assessed by the Supervisor who completes the relevant form.
Declaration of Non-Annual & Non-Educational Leave	Trainees are required to annually (when submitting the Learning Outcomes Attainment Grid) declare any non-annual and non- educational leave (see Duration of Training sections in Regulations) that occurred during the training year (since last declaration). Final Year BST and HST Trainees must also submit this document along with the Endpoint Supervisor's Report.

Development and Appraisal of a Teaching Programme	A Higher Specialist Trainee is expected to develop, implement and appraise a teaching programme at their local clinical site or as part of their role as a College Lecturer. A copy of the teaching programme and feedback form must be included in the Trainee Portfolio.
Home Visit	The Basic Specialist Trainee must perform a home visit which must be discussed with a Supervisor and documented on the relevant form.
Literature Review	Trainees are required to conduct one literature review on a topic relevant to Psychiatry by completion of BST and one during HST and document them in the Portfolios on the relevant forms. A literature review has both descriptive and evaluative elements. It should include (1) comprehensive description of the work done on a specific area of research and (2) evaluation of this work. A literature review would generally require about 5-12 research articles. Choose a topic/ research question of current interest and personally interesting. You may need to further narrow your topic. Conduct your online search utilising at least 2 different databases. You must describe your search strategy. Consult your librarian for help with online database searches. They are an invaluable source of help. Thoroughly read and evaluate your selected research articles. When writing the literature review state the research question and why it is worth evaluating. Describe the research and compare and evaluate studies. Discuss the implications. Add your reference list.
Record of On Call Sessions	The dates and details must be recorded on the relevant form.
Reflective Practice Group Participation	Attendance at a reflective practice group is mandatory and documented evidence of attendance at 40 sessions is required by the end of BST. Attendance at a reflective practice group is mandatory and documented evidence of attendance at 26 sessions is required by the end of HST. A maximum of 5 reflective practice sessions can be attained by attending Schwartz Rounds
Reflective Note	Over the course of every training post a trainee is required to complete reflective practice notes in relation to at least one clinical and at least one non-clinical event. These notes should form the basis of a discussion during an educational supervision session and the relevant form completed. Higher Specialist Trainees are required to complete reflective notes on periods when they act as Consultants when their Educational Supervisors are on leave. Assessors of reflective notes should take into consideration the following: · Reflective, rather than solely descriptive, account of events · Self-questioning evident · Recognition of relevance of trainee's own prior experiences · Awareness of impact of emotional state on recollection · Views and motives of others taken into account · Learning gained from the experience
Research Participation (BST)	Trainees are required to show evidence of participation in research in BST. Copies of any publications (e.g. published meeting abstracts, journal articles etc.) should be included in the Trainee Portfolio.

Research Participation (HST)	Trainees are required to carry out a research project themselves. An outline of the proposed research and periodic updates on progress are required. Both the Research and Educational Supervisors must sign the relevant forms. It is expected that the research will result in publication or award of a higher degree. Copies of any publications (e.g. published meeting abstracts, journal articles etc.) should be included in the Trainee Portfolio.
Review Board Attendance	During Higher Specialist Training in Forensic Psychiatry Trainees must attend three review boards and complete reflective notes on each one.
Risk Assessment	During Basic and Higher Specialist Training trainees must perform a risk assessment of a patient utilising a risk assessment tool. This must be evaluated by a Supervisor and documented on the relevant form in the Portfolio.
Risk Management Project	When risks to patients, the public or staff are identified they can be managed. Human error and systems failure may lead to risks and adverse outcomes. Critical incident analysis may identify failures where risks have not been managed. The higher specialist trainee identifies an area of risk in a clinical site. This may be in conjunction with the clinical director or other staff who are familiar with the service or may arise out of the trainee's fresh observations. Areas of risk could involve hand over of care, inadequate training or experience of staff such as agency staff, data protection breaches, staff safety, medication errors, or admission of vulnerable people. The analysis of the risk could involve an examination of incident reporting to assess the frequency of the risk occurring, the likelihood of the risk and contributing and mitigating factors. The description of the risk reduction strategy should include those who were consulted about the risk, the specific interventions to reduce the risk and the required resources. How the risk will be monitored on an ongoing basis and any further interventions required must be described. The trainee and the consultant must comment on the impact of the project on the service. This will necessitate involvement of the trainee in the area of the identified risk for a significant time period (6-12 months).
Structured Assessment of Psychotherapy Experience	The Psychotherapy Supervisor must complete a Supervisor's Assessment of Psychotherapy Experience form once during the course of and on completion of therapy. This must take place during both Basic and Higher Specialist Training.
Service Development Project	Usually with the involvement of the clinical director or other senior staff, the trainee identifies or joins in the development of a new or the improvement of an existing aspect of a service. Examples could be a new psychoeducational programme for patients or carers, a psychological intervention for a specific group of patients such as mentalization based treatment for people with emotionally unstable personality disorder, production of a booklet with information on social, educational and psychological services in the wider community or a lifestyle programme for patients with the metabolic syndrome. The trainee describes the aspect of the service that is being developed and whether it is a project that was already underway and to which he or she contributed or whether it was his/her own idea. The collaborators and their contributions should

	be described. How the project progressed, how the engagement and agreement of others was obtained and any hurdles that had to be surmounted should be described.
Tribunal Attendance (x3)	The Trainee must attend at least 3 tribunals during the course of Higher Specialist Training. This must be certified by the Clinical Supervisor on the appropriate form and reflective notes must be completed by the Trainee.
Review Board Report	During Higher Specialist Training in Forensic Psychiatry, Trainees must complete one report for a mental health review board. The Supervisor must assess the report and complete the relevant form.
Summary of Supervision Sessions	The dates and topics covered in all educational supervision sessions must be recorded on the form.
Supervision Project	Higher Specialist Trainees must carry out a project in which they supervise some aspect the work or training of junior medical colleagues. The Supervisor must assess the project and complete the relevant form. Supervision of junior medical colleagues can be clinical or educational. Both are key components of a specialist's responsibilities. Examples could include reviewing the management of patients not admitted by trainees on call or providing extra support for a trainee who is having difficulty with an aspect of training. The trainee must describe the project, his/her role, the goal(s) of the project and the involvement of anyone else. The trainee must record the progress of the project and any problems or successes that arise. This project is likely to be of 3-6 month's duration.

(c) Supervisor's Report

At the midpoint and at the end of a Trainee's placement with a Supervisor, the Supervisor completes reports. The Trainee and Supervisor review a number of documents including Training Placement Plan, Trainee Portfolio, WBPAs, previous Supervisor reports and the Learning Outcomes Attainment Grid. The Supervisor comments on the Trainee's progress. In the strengths and weakness sections of the reports the Supervisor must comment specifically on attainment of outcomes in the Professional Domain which have been documented to be attained by this method of assessment.

(d) Annual Review of Progress (ARP)

There will be an Annual Review of Progress (ARP) for each year of BST and HST to decide if the Trainee progresses. The ARP is a review of the evidence produced by the Trainee to demonstrate outcome attainment and to approve satisfactory completion of training at basic and higher levels. An ARP panel consists of three Consultant Trainers who review the educational evidence and who may interview the Trainee. The panel can approve entry to BST at a point other than FY and can adjudicate on accelerated progression during BST or HST. Candidates at an ARP have the right to appeal the outcome.

(e) College Exam

The Exam consists of both written and clinical components. Passing the Exam is necessary to complete BST.

Curriculum Domains

At Basic and Higher training the Curriculum encompasses Clinical and Professional Domains.

Clinical Domain

1. The Psychiatric Interview (History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)

A Psychiatrist is able to take a history in a skilled manner, using a formal template for history taking, but adapting this according to circumstances while establishing a therapeutic relationship. A Psychiatrist balances diagnostic and formulation skills; eliciting and clarifying historical information in order to reach an accurate diagnosis. A Psychiatrist requires a detailed knowledge of psychopathology and is able to accurately describe and record mental state while empathising with and understanding the importance of the narrative for the interviewee. A Psychiatrist is aware of the varied ways in which psychiatric illness may present and the need for situation-specific history taking and interviewing skills.

2. Physical Examination and Medical Management

A Psychiatrist is able to assess physical health and comorbidity, as well as physical complications of psychiatric treatment, and is aware of physical morbidity presenting with psychiatric symptoms. Physical Examination is therefore an integral part of psychiatric assessment. A Psychiatrist does not always have direct access to medical expertise and therefore is able to provide basic management of certain medical conditions.

3. Collateral History Taking

A Psychiatrist works in partnership with other professionals who are involved in the care of individuals or specific groups of patients. It is therefore essential that Psychiatrists are able to collaborate effectively with patients, their carers and a multidisciplinary team of expert health professionals for the provision of optimal patient care, education and research. Therefore a Psychiatrist uses information from external sources (collateral history) to inform assessment and management of the patient while being sensitive to the interests and concerns of families and carers.

4. Communication

A Psychiatrist establishes effective and empathic relationships with patients, their carers, other physicians, and other health professionals. Communication skills (verbal and written) are essential for the functioning of a Psychiatrist and are necessary for obtaining information from, and conveying information to, patients, carers and patients' families as well as other health professionals. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns and expectations about their illnesses and for assessing key factors impacting on patient health.

5. Formulation

A Psychiatrist develops formulations and uses them appropriately as a guide to determining prognosis and designing treatment strategies and care plans for the patient. Formulation provides an understanding of clinical problems, symptoms and illness over and beyond diagnosis. Formulation integrates a number of perspectives including biological, social, psychological,

behavioural and systemic, and thereby enhances understanding of the patient and of clinical management.

6. Risk Assessment and Management

A Psychiatrist is able to carry out an assessment of risk in a variety of clinical contexts, including risk of self-harm and suicide, violence and risk to others including children. A Psychiatrist develops risk management strategies in collaboration with other team members and senior colleagues. A Psychiatrist also maintains personal safety in the context of clinical work.

7. Clinical Management and Care Planning

A Psychiatrist develops integrated, coordinated and individualised care plans on both a short-term and long-term basis, in order to optimise care for the patient. These care plans are developed in collaboration with other mental health professionals and address the concerns and wishes of patients and carers.

8. Pharmacotherapeutics and Physical Treatments

A Psychiatrist possesses an in-depth knowledge of all relevant pharmacological and physical treatments and their application. A Psychiatrist is aware of the scientific basis for these treatments and is able to utilise them according to evidence-based practice in a safe and effective manner.

9. Psychosocial Interventions

A Psychiatrist can utilise non-pharmacotherapeutic and physical treatments, including different psychosocial interventions (for example occupational therapy, rehabilitation and social work). A Psychiatrist appropriately selects and refers patients for these interventions, being aware of the risks and benefits of these interventions. A Psychiatrist is able to explain the use of psychosocial interventions to patients and carers.

10. Psychotherapy

Psychotherapy allows a Psychiatrist to develop and maintain therapeutic alliances with patients. The practice of psychotherapy is a key aspect of psychiatric practice. A Psychiatrist is aware that psychological theories contribute to the development of formulation as well as to risk assessment and management. A Psychiatrist is able to appropriately select and refer patients for psychotherapy, to perform psychotherapy and to reflect on issues that arise in the doctor patient relationship.

Professional Domain

11. Professional Behaviour

A Psychiatrist acts in a professional manner and upholds the principles of best clinical and ethical practice at all times. A Psychiatrist demonstrates professionalism, honesty and integrity, follows an ethical code of practice and maintains professional boundaries. A Psychiatrist is aware of the rights of patients and the need to maintain high standards of care. A Psychiatrist acts as an advocate for improved mental health services and endeavours to minimise the stigma of mental illness.

12. Ethics and the law

A Psychiatrist safeguards patient confidentiality, abides by ethical principles including that of informed consent, and is aware of ethical challenges that may arise in clinical practice and research,

in particular the need to balance patient autonomy with the protection of the patient and others. A Psychiatrist adheres to and practices within recognised ethical guidelines and relevant legislation.

13. Clinical Governance

A Psychiatrist is involved in clinical governance in order to maintain and improve the quality of the care they provide to patients and to ensure full accountability to patients. A Psychiatrist, through the use of a methodical, systematic approach, via guidelines, systems and policies, ensures that clinical care is delivered in an optimum fashion, that unnecessary risks, errors and sources of bias are avoided and that patient safety is protected insofar as possible.

14. Team Working

A Psychiatrist works as a leader and a member of the multidisciplinary team (MDT) and therefore is a good communicator in this context as well as a collaborator with other professionals so as to optimise patient care.

15. Audit

A Psychiatrist participates in audit as a method to both inform clinical practice and to promote quality improvement. A Psychiatrist maintains a stance of scientific enquiry to all aspects of practice and is able to perform, evaluate and critically analyse audit data. A Psychiatrist audits practice on a continuous basis.

16. Research

A Psychiatrist is a scholar and maintains a stance of scientific enquiry to all aspects of practice and is able to evaluate and critically analyse research data.

17. Teaching

A Psychiatrist participates in the education of Psychiatry Trainees, medical students and allied health professionals. A Psychiatrist is able to apply adult learning principles to his or her teaching practice and strives to improve his or her teaching ability by seeking feedback and updating skills where necessary.

Learning Outcomes

The learning outcomes for the entire BST programme [Foundation Year (**FY**) and the remaining BST years (**B1, B2 & B3**)] and HST follow. Outcomes are listed under sub-headings within each of the two [(i) clinical and (ii) professional] domains. Each table lists the outcomes, gives examples of how the outcomes might be assessed and, for BST, lists the training stage by which the outcomes must be achieved. The learning outcomes cover skills and behaviours that will apply throughout a Psychiatrist's career. Some of the outcomes for BST pertain to the psychiatric specialties and subspecialties, which Trainees will usually undertake during either of their final two years of training, but may also undertake such a rotation in B1. For this reason the attainment year is designated B1-B3. Not every Trainee will complete a rotation in every specialty or subspecialty during BST but must still attain all of the outcomes. Trainees, Tutors and Vice-Deans must ensure that Trainees obtain the necessary learning opportunities to attain all outcomes.

At HST there are core learning outcomes which all Trainees must attain in both the clinical and professional domains (Sections 1–17). The specialty outcomes (Sections 18–26) must be attained by those seeking certification in the specific areas. Section 27 (Academic Psychiatry) is optional and serves (i) as a guide to Trainees with regard to the learning outcomes that might be expected to have been achieved by those intending on a career in Academic Psychiatry and (ii) as a mechanism for HST Trainees to record attainment of learning outcomes that are not included in Sections 14-16.

All HST Trainees in Adult Psychiatry and Related Disciplines must attain the outcomes for General Adult Psychiatry (Section 18). In addition to attaining the General Adult Psychiatry learning outcomes the award of a CSCST in Psychiatry of Learning Disability or Old Age Psychiatry requires attainment of the learning outcomes in Sections 19 and 20, respectively. Certification of meeting the College's requirements for a sub-specialty requires attainment of the learning outcomes from the relevant sub-specialty section of the curriculum (Sections 21-24 & 26).

Learning Outcomes in all Sections must be assessed by a consultant on the Specialist Register. Please note that from July 2017 the Learning Outcomes in Section 18 must be assessed by a consultant on the Specialist Register for Psychiatry; Learning Outcomes in Section 19 must be assessed by a consultant on the Specialist Register for Learning Disability Psychiatry; Learning Outcomes in Section 20 must be assessed by a consultant on the Specialist Register for Psychiatry of Old Age; Learning Outcomes in Sections 25 & 26 must be assessed by a consultant on the Specialist Register for Child and Adolescent Psychiatry; Learning Outcomes in Sections 21 to 24 must be assessed by a consultant on the Specialist Register who is an Educational Supervisor (BST or HST) accredited by the College of Psychiatrists of Ireland for the relevant sub-specialty.

Unlike BST, HST learning outcomes are not aligned to a year for attainment. It is recommended that a proportionate number be attained each year.

Given the balance that must be struck between clinical work, Exams, Portfolio completion and attainment of learning outcomes, regular review of a Trainee's overall progress in meeting these various demands is essential, as is planning how and when they will be met.

BST Learning Outcomes

Outcomes that are marked with * must only be attained by Trainees who wish to pursue Higher Specialist Training in Child & Adolescent Psychiatry. Such Trainees must do 12 months of Basic Specialist Training in Child & Adolescent Psychiatry.

Clinical Domain

1. The Psychiatric Interview
(History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Obtain detailed and accurate histories from patients with (a) psychoses, (b) mood disorders, (c) anxiety disorders, (d) personality disorders & (e) addictions.	ACE, CBD, CP	FY
2	Elicit psychopathology from patients with (a) psychoses, (b) mood disorders, (c) anxiety disorders, (d) personality disorders, (e) addictions.	ACE, miniACE	FY
3	Describe mental state in an accurate and structured manner.	CBD, CP	FY
4	Present information obtained in a clinical encounter in a structured and professional manner.	CBD, CP	FY
5	Accurately document clinical findings in a standardised format.	CBD	FY
6	Formulate and defend a logical differential diagnosis based on the clinical findings.	CBD, CP	FY
7	Interview patients in an empathic and effective manner.	ACE, miniACE	FY
8	Demonstrate awareness of the impact of cultural differences on a psychiatric interview.	ACE, miniACE, CBD	FY
9	Prioritise and elicit essential information in challenging clinical encounters.	ACE, miniACE, CBD	FY
10	Recognise common forms of psychopathology (refer to Descriptive Psychopathology section of the syllabus).	CBD, CP	FY
11	Obtain detailed and accurate histories from patients with eating disorders.	ACE, CBD, CP	B1-B3
12	Obtain detailed and accurate histories from patients with organic disorders.	ACE, CBD, CP	B1-B3
13	Elicit psychopathology from patients with eating disorders.	ACE, miniACE	B1-B3
14	Elicit psychopathology from patients with organic disorders.	ACE, miniACE	B1-B3
15	Detect co-morbid psychiatric and psychoactive substance use disorders.	ACE, CBD, CP	B1-B3
16	Diagnose according to current ICD or DSM criteria.	CBD, CP	B1-B3

17	Utilise interpreter services when patients or carers are not proficient in English.	miniACE, ACE	B1-B3
18	Recognise medical conditions that (a) contribute to psychiatric disorders and their treatment & (b) are consequential to psychiatric disorders and their treatment	ACE, CBD, CP	B1-B3
19	Identify delirium and differentiate it from other psychiatric disorders.	CBD, CP	B1-B3
20	Identify (a) normal physical and psychological development in a child or adolescent & (b) delayed or abnormal physical and psychological development in a child or adolescent.	CBD	B1-B3
21	Identify (a) intellectual disabilities in children or adolescents & (b) intellectual disabilities in adults.	ACE, CBD	B1-B3
22	Perform a detailed developmental history with particular reference (a) to the impact of adverse life events in children or adolescents & (b) to the impact of adverse life events in adults & (c) the impact of intellectual disability	ACE, miniACE, CBD, CP	B1-B3
23	Take a psychosexual history in a sensitive manner.	miniACE, ACE	B1-B3
24	Identify unconscious factors influencing the patient's symptoms and presentation.	CBD	B1-B3
25	Evaluate the significance of psychosexual development on the presentation of psychiatric disorder	CBD	B1-B3
26	Evaluate the significance of gender on the presentation of psychiatric disorder	CBD	B1-B3
27	Adapt history taking style and method and mental state examination to patients with (a) moderate or severe cognitive impairment, (b) dysphasia & (c) sensory or other physical impairments.	ACE, miniACE	B1-B3
28	Diagnose or exclude psychiatric disorder in the presence of confounding physical illness.	CBD, ACE	B1-B3
29	Describe the psychological responses to injury and illness in patients	CBD	B1-B3
30	Describe the psychological responses to injury and illness in families and carers.	CBD	B1-B3
31	Identify (a) psychological problems & (b) psychiatric disorders in a general hospital setting.	CBD, CP	B1-B3
32	Evaluate the impact of older age on the presentation of depression.	CBD, CP	B1-B3
33	Evaluate the impact of older age on the presentation of non-affective non organic psychosis.	CBD, CP	B1-B3
34	Take a history or collateral history to elicit the psychopathology of dementia.	CBD, ACE, miniACE	B1-B3
35	Perform a full biopsychosocial assessment of an adult	ACE, CP, CBD	B1-B3

	with intellectual disability, presenting with psychiatric or behavioural symptoms.		
36	Assess the impact of intellectual disability on the clinical presentation of psychiatric disorder.	ACE, CP, CBD	B1-B3
37	Elicit psychopathology in people with mild to moderate intellectual disability.	miniACE, ACE,	B1-B3
38	Assess activities of daily living and social functioning in (a) children or adolescents, (b) adults & (c) people with dementia.	ACE, miniACE, CBD	B1-B3
39	Conduct a family interview in a way that enables all family members to participate in supplying a family history and to explain their personal perspective on the problem.	ACE	B1-B3
40	Adapt interviewing style and use age appropriate interviewing skills in the mental state examination of children and adolescents.	ACE, miniACE	B1-B3
41	Obtain detailed and accurate histories of (a) ADHD, (b) mood disorders, (c) anxiety disorders, (d) behavioural disorders, (e) eating disorders, (f) have psychotic disorders, (g) autism spectrum disorder*, (h) tic disorders*, (i) gender identity disorder*, (j) psychoactive substance use disorders*, (k) specific learning difficulties* & (l) communication disorder* from children or adolescents and their parents.	ACE, CBD	B1-B3
42	Evaluate the impact of developmental age on the presentation of (a) psychiatric disorders, (b) emotional disorders & (c) behavioural disorders in a child or adolescent.	CBD	B1-B3
43	Identify biopsychosocial risk factors associated with the potential abuse of children.	CBD	B1-B3

2. Physical Examination and Medical Management

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Recognise medical emergencies and facilitate urgent referral of same.	CBD, DOPS	FY
2	Perform immediate resuscitation and stabilisation of patients in medical emergencies.	BLS COURSE, DOPS	FY
3	Recognise and assess medical comorbidities.	DOPS, miniACE, ACE, CBD	FY
4	Identify and appropriately refer those patients who require further specialist medical treatment.	CBD, CP	FY
5	Identify and appropriately manage patients who require alcohol detoxification.	CBD	FY

6	Utilise an appropriate range of investigations to complete the diagnostic process and document the results in (a) children or adolescents & (b) adults.	CBD	B1-B3
7	Interpret ECGs.	CBD	B1-B3
8	Interpret Chest X-rays.	CBD	B1-B3
9	Interpret basic blood investigations.	CBD	B1-B3
10	Interpret the results of urinalysis.	CBD	B1-B3
11	Interpret the results of MSU.	CBD	B1-B3
12	Interpret the results of a urine drug screen.	CBD	B1-B3
13	Interpret the results of neuroimaging.	CBD	B1-B3
14	Perform the Mini Mental State Examination.	miniACE	B1-B3
15	Perform the Montreal Cognitive Assessment.	miniACE	B1-B3
16	Assess frontal lobe function	miniACE	B1-B3
17	Recognise and evaluate the physical signs of psychoactive substance use in (a) children or adolescents* & (b) adults.	CBD, DOPS	B1-B3
18	(i) Perform and (ii) document and interpret examinations, of the (a) CNS, (b) cardiovascular system, (c) respiratory system, (d) musculoskeletal system, (e) gastrointestinal system & (f) external genitourinary system in clinically appropriate situation	(i) DOPS and (ii) CBD	B1-B3
19	Measure the growth and development of a child or adolescent using a standardised assessment tool.	DOPS	B1-B3
20	Judge when to use a chaperone when performing a physical examination.	CBD	B1-B3
21	Collaborate with patients in promoting a healthy lifestyle.	CBD, miniACE	B1-B3
22	Discuss the results of investigations with patients	ACE, miniACE	B1-B3
23*	Identify and appropriately refer children and adolescents who require further specialist medical treatment.*	CBD	B1-B3

3. Collateral History Taking

	Learning outcomes	**Assessment Method(s)**	**Year**
1	With consent, obtain histories from carers in an effective and empathic manner.	miniACE	FY
2	Obtain collateral history from general practitioners and other health professionals.	CBD, miniACE	FY
3	Document collateral history in an appropriate manner.	CBD	FY
4	Analyse the importance of collateral history in the overall clinical context.	CBD	B1-B3
5	Recognise the impact of carer burden.	CBD, CP	B1-B3
6	Obtain a collateral history relevant to a person with a	CBD	B1-B3

	mild or moderate intellectual disability and a psychiatric disorder.		
7	Obtain a developmental history on a child or adolescent from parents or carers.	CBD, ACE	B1-B3
8	Analyse the importance of the developmental history of a child or adolescent obtained from parents or carers in the overall clinical context	CBD	B1-B3
9	With consent, obtain a detailed and accurate history from multiple informants in relation to a child or adolescent.	CBD	B1-B3

4. Communication

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Elicit emotional expression and thought content from patients.	ACE, miniACE	FY
2	Communicate clearly and effectively with other team members	DONCS	FY
3	Provide clear and appropriate written communication to GPs and other agencies.	CBD	FY
4	Demonstrate legible, structured and accurate clinical note taking.	CBD	FY
5	Present clinical findings in a clear manner to senior medical staff in an on call situation.	Supervisor's Report	FY
6	Present to a group in a clear and informative manner.	CP, JCP, AoT	FY
7	Disclose diagnoses effectively and sensitively.	ACE, miniACE	B1-B3
8	Discuss diagnosis, and treatment with (a) adults, (b) children & adolescents (c) carers in a professional and effective manner.	ACE, miniACE	B1-B3
9	Communicate empathically and in a developmentally appropriate way with children and adolescents using verbal and non-verbal techniques.	ACE, miniACE	B1-B3
10	Discuss a diagnosis or treatment plan with a person with an intellectual disability.	ACE, miniACE	B1-B3
11	Elicit emotional expression and thought content from a child or adolescent.	ACE, miniACE	B1-B3
12	Communicate with a child or adolescent with a communication disorder.	ACE, miniACE	B1-B3

5. Formulation

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Develop formulations on adult patients with (a)	CBD, CP	FY

	psychoses, (b) mood disorders & (c) anxiety disorders		
2	Develop formulations on adult patients with (a) personality disorders, (b) addictions, (c) eating disorders & (d) organic disorders.	CBD, CP	B1-B3
3	Apply formulation to the development of treatment plans.	CBD	B1-B3
4	Perform a basic functional analysis of challenging behaviour.[+] [+]*This also encompasses history taking, diagnosis, collateral history taking and professional domains.*	CBD, CP	B1-B3
5	Develop formulations on child and adolescent patients	CBD, CP	B1-B3

6. Risk Assessment and Management

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Assess risk of self harm and suicide.	ACE, CBD	FY
2	Assess other potential risks to the patient.	ACE, CBD	FY
3	Ensure personal safety in clinical practice.	NVCI COURSE	FY
4	Assess potential risks to others from the patient.	ACE, CBD	FY
5	Recognise child protection issues and utilise child protection procedures.	CBD	B1-B3
6	Consult with other team members and senior colleagues in response to identified risks.	CBD	B1-B3
7	Implement risk management plans in response to identified risks.	CBD	B1-B3
8	Document risk factors and management plan in clinical notes	CBD	B1-B3
9	Communicate risks to carers, family members or others where appropriate.	CBD, miniACE	B1-B3
10	Apply the MHC rules regarding the management of seclusion.	CBD	B1-B3
11	Conduct a comprehensive risk assessment of a patient utilising a standardised risk assessment instrument.	CBD, Risk Assessment	B1-B3
12	Assess the potential risk to children of abuse and neglect where the parent has a psychiatric disorder	CBD	B1-B3
13	Assess the potential risk to others from a child or adolescent with a psychiatric disorder.	CBD	B1-B3
14	Assess risk of self-harm and suicide in children and adolescents.	ACE, miniACE, CBD	B1-B3
15	Assess the potential risk of abuse and neglect of a vulnerable adult.	CBD	B1-B3
16*	Evaluate the impact of abuse or neglect on a child or adolescent.*	CBD	B1-B3

17*	Develop a risk management plan for a child or adolescent*.	CBD	B1-B3
18	Assess frontal lobe function in the context of a risk assessment	miniACE, Risk Assessment	B1-B3

7. Clinical Management and Care Planning

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Manage acute behavioural disturbance.	CBD, ACE	FY
2	Manage suicidal intent	CBD, ACE	FY
3	Complete a care plan document for (a) an adult & (b) a child or adolescent.	CBD, Care Plan	B1-B3
4	Involve the carers of patients with dementia in care planning.	CBD, miniACE	B1-B3
5	Involve the parents/guardians of children or adolescents with psychiatric disorder in care planning.	CBD, miniACE	B1-B3
6	Utilise the skills of the different team members in implementing care plans for (a) adults & (b) children or adolescents.	CBD	B1-B3
7	Develop care plans that recognise the involvement of other agencies in the patient's care.	CBD, Care Plan	B1-B3
8	Prepare pre and post case conference reports.	Case Conference	B1-B3
9	Perform a case review of a patient with a long or complex history	Case Review	B1-B3
10	Involve (a) adult & (b) child or adolescent patients as central agents in care planning	miniACE, Care Plan	B1-B3
11	Outline the structures and resources required to support persons with severe psychiatric disability in the community.	CBD	B1-B3
12	Devise (a) immediate, (b) short-term & (c) long-term treatment strategies.	CBD	B1-B3
13*	Attend a multidisciplinary child protection case conference*.	CBD, Reflective Note	B1-B3
14*	Refer a child or adolescent to an inpatient unit*.	CBD	B1-B3

8. Pharmacotherapeutics and Physical Treatments

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Safely prescribe (a) antidepressant, (b) antipsychotic, (c) anxiolytic, (d) mood stabilising & (e) hypnotic medication	CBD, CP	FY
2	Utilise psychotropic medication as part of the emergency management of disturbed behaviour.	CBD	FY
3	Write clear, accurate, appropriate and generic	CBD	FY

	prescriptions in accordance with relevant prescribing guidelines.		
4	Describe the potential risks and benefits of psychotropic drugs to (a) an adult patient & (b) a child or adolescent patient*.	ACE, miniACE	B1-B3
5	Explain the dose, route of administration, frequency of administration and potential interactions of a medication to (a) an adult & (b) a child or adolescent*.	miniACE	B1-B3
6	Explain the mode of action of a drug to a patient.	miniACE	B1-B3
7	Describe the process involved in providing electro-convulsive therapy (ECT) to a patient	miniACE	B1-B3
8	Describe the potential risks and benefits of ECT to a patient.	ACE, miniACE,	B1-B3
9	Describe the factors that may affect concordance with treatment in (a) an adult & (b) a child or adolescent.	CBD	B1-B3
10	Address the factors that may affect concordance with treatment in (a) an adult & (b) a child or adolescent*.	miniACE	B1-B3
11	Manage the side effects of psychotropic medication in in (a) an adult & (b) a child or adolescent.	CBD, miniACE	B1-B3
12	Recognise the impact of physical illness and medical treatments on pharmacokinetics and pharmacodynamics in (a) an adult & (b) a child or adolescent*.	CBD, CP	B1-B3
13	Safely prescribe psychotropic medications for a) adults & (b) a children or adolescents* with physical health problems.	CBD	B1-B3
14	Safely and appropriately prescribe for elderly people.	CBD	B1-B3
15	Safely and appropriately prescribe for people with treatment resistant schizophrenia	CBD	B1-B3
16	Safely and appropriately prescribe for people with treatment resistant depression.	CBD	B1-B3
17	Safely and appropriately prescribe for people with intellectual disability.	CBD	B1-B3
18	Safely and appropriately prescribe for pregnant and breastfeeding women.	CBD	B1-B3
19	Manage benzodiazepine withdrawal.	CBD	B1-B3
20	Manage opiate withdrawal.	CBD	B1-B3
21	Discuss nicotine replacement, prescribed medication and support services for the management of nicotine withdrawal, with patients who are ceasing to smoke.	miniACE	B1-B3

9. Psychosocial Interventions

	Learning outcomes	Assessment Method(s)	Year
1	Utilise the skills of other mental health professionals providing social interventions.	CBD	FY
2	Utilise social, cultural, voluntary, educational or self-help organisations for (a) an adult & (b) a child or adolescent.	CBD	B1-B3
3	Identify when it is appropriate to refer to a psychiatric rehabilitation service.	CBD	B1-B3
4	Conduct domiciliary assessments of patients to determine necessary interventions for (a) an adult & (b) a child or adolescent.	CBD, CP, Home Visit	B1-B3
5	Use motivational interviewing in those with psychoactive substance use.	ACE, miniACE	B1-B3

10. Psychotherapy

	Learning outcomes	Assessment Method(s)	Year
1	Establish and maintain supportive relationships with adult patients.	ACE, SAPE, miniACE	FY
2	Discuss the factors involved in the therapeutic alliance.	CBD, SAPE	FY
3	Participate in a Reflective Practice Group.	Reflective Practice Attendance Record	B1-B3
4	Recognise (a) transference (b) counter transference and discuss how it may impact on the doctor-patient relationship.	CBD	B1-B3
5	Assess psychological mindedness.	ACE, CBD	B1-B3
6	Identify potentially suitable adult patients for psychotherapy	ACE, miniACE, CBD	B1-B3
7	Identify potentially suitable child or adolescent patients for psychotherapy.	ACE, miniACE, CBD	B1-B3
8	Establish and maintain supportive relationships with children or adolescents	CBD, CP	B1-B3
9	Explain CBT to (a) an adult & (b) a child or adolescent*.	ACE, miniACE	B1-B3
10	Explain psychoanalytic psychotherapy to an adult.	miniACE	B1-B3
11	Explain group therapy to (a) an adult & (b) a child or adolescent*.	miniACE	B1-B3
12	Explain interpersonal therapy to (a) an adult & (b) a child or adolescent*.	miniACE	B1-B3
13	Explain dialectical behaviour therapy to (a) an adult & (b) a child or adolescent*.	miniACE	B1-B3
14	Explain cognitive analytical therapy to an adult.	miniACE	B1-B3
15	Explain play therapy to a child*	ACE, miniACE	B1-B3
16	Explain creative therapies to a child or adolescent*.	ACE, miniACE	B1-B3

17*	Refer a child or adolescent appropriately for (a) family therapy, (b) CBT, (c) group therapy & (d) play therapy.	CBD, CP	B1-B3
18	Complete at least one psychotherapy case (minimum of 12 sessions) under supervision	SAPE	B1-B3
19	Develop a psychotherapeutic formulation using a recognised model of psychotherapy.	CBD, CP, SAPE	B1-B3
20	Discuss the factors involved in developing a therapeutic relationship with a child or adolescent.	CBD, CP	B1-B3
21	Evaluate the challenges to developing a therapeutic relationship with a child or adolescent.	CBD, CP	B1-B3
22	Describe normal attachments between parents/guardians and children.	CBD, CP	B1-B3
23*	Discuss the impact of attachment problems in children and adolescents*	CBD, CP	B1-B3

Professional Domain

11. Professional Behaviour

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Care for patients, in a sensitive, and compassionate manner.	ACE, CBD, miniACE	FY
2	Demonstrate appropriate decision making ability in clinical practice.	ACE, miniACE, DOPS, CBD	FY
3	Describe the importance of continuity of care in handover situations	CBD	FY
4	Recognise personal limitations.	DOPS, Reflective Note	FY
5	Demonstrate honesty and integrity in all aspects of professional activity.	Supervisor's Report	FY
6	Display initiative both in clinical and non-clinical settings.	Supervisor's Report	FY
7	Demonstrate appropriate professional boundaries with (a) patients, (b) carers, (c) colleagues.	Supervisor's Report	FY
8	Demonstrate appropriate dress and behaviour which is respectful of patients and which is appropriate to the professional situation.	Supervisor's Report	FY
9	Manage difficulties with colleagues.	Reflective note	FY
10	Develop appropriate therapeutic alliances with patients.	miniACE, Supervisor's Report, ACE, CBD	B1-B3
11	Discuss the challenges of maintaining appropriate boundaries with patients.	CBD, reflective note	B1-B3
12	Evaluate the impact of diversity on individuals and their psychiatric presentations	CBD, ACE	B1-B3

13	Evaluate the effects of one's own behaviour on others.	Reflective Note, Supervisor's Report	B1-B3
14	Demonstrate good time management.	Supervisor's Report	B1-B3
15	Show awareness of the stigmatisation of people with psychiatric disorders.	CBD, Reflective Note	B1-B3
16	Advocate appropriately for patients with psychiatric disorders.	Reflective Note	B1-B3
17	Identify barriers to accessing health care.	CBD, CP	B1-B3
18	Balance personal and professional priorities to ensure personal health and professional sustainability.	Reflective Note	B1-B3
19	Describe the importance of continuity of care (a) in maintaining a doctor patient relationship over time & (b) when other specialties are involved.	CBD	B1-B3

***Supervisor's report - Where Supervisor's report is suggested as an assessment method the Supervisor must give an explicit comment about the outcome in the strength or weakness sections of the report.*

12. Clinical Governance

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Apply the principles of clinical governance to your professional practice.	JCP, CBD, Audit Report	B1-B3

13. Team Working

	Learning outcomes	**Assessment Method(s)**	**Year**
1	Recognise the expertise of other MDT members.	CBD, Reflective Note	FY
2	Maintain professional relationships with colleagues to provide quality care.	Supervisor's Report	FY
3	Work effectively within a multidisciplinary team.	Reflective Note, Supervisor's Report	B1-B3
4	Discuss the challenges of team working.	Reflective Note,	B1-B3

14. Audit

	Learning outcome	**Assessment Method(s)**	**Year**
1	Perform a complete audit cycle.	Audit Report	B1-B3

15. Research

	Learning outcome	Assessment Method(s)	Year
1	Describe the following study designs: (a) Cohort (b) Case Control (c) RCT (d) Systematic Review (e) Meta analysis (f) Economic analysis (g) Convergent parallel design (h) Explanatory sequential design (i) Exploratory sequential design (j) Embedded design (k) Transformative design (l) Multiphase design	JCP	B1-B3
2	Critically appraise studies using each of the quantitative designs above (a - f) and one of the mixed methods (g - l).	JCP	B1-B3
3	Conduct a literature review of a topic relevant to clinical psychiatry.	Literature Review	B1-B3
4	Describe any ethical considerations prior to conducting a research study.	Research Report, Reflective Note	B1-B3
5	Show evidence of participation in a research project.	Research Report	B1-B3

16. Teaching

	Learning outcome	Assessment Method(s)	Year
1	Participate in local teaching programmes.	AoT, JCP, CP	FY
2	Facilitate learning in (a) students, (b) trainees & (c) health professionals.	AoT, JCP, CP	B1-B3
3	Develop learning outcomes for teaching sessions.	AoT, JCP, CP	B1-B3
4	Obtain feedback from participants involved in teaching sessions personally delivered. (Describe on the AoT form how feedback was obtained.)	AoT	B1-B3
5	Recognise the importance of (a) consent when patients are involved in educational events & (b) data protection (use of and storage of confidential material) when patients are involved in educational events.	CBD, Reflective Note	B1-B3

17. Ethics and the Law

	Learning outcomes	Assessment Method(s)	Year
1	Observe and maintain patient confidentiality.	CBD, CP	FY
2	Recognise when a breach of confidentiality is appropriate	Reflective Note,	FY

		CBD	
3	Recognise when mandatory reporting of a child protection issue must occur.	CBD, CP	FY
4	Explain the principle of informed consent.	CBD, CP	FY
5	Describe the principle of patient autonomy.	CBD, CP	FY
6	Utilise the Mental Health Act, 2001 appropriately in relation to (a) the involuntary admission of patients & (b) the detention of voluntary patients.	CBD, miniACE	FY
7	Utilise the Mental Health Act, 2001 appropriately in relation to (a) the restraint of patients & (b) to the seclusion of patients.	CBD, miniACE	FY
8	Comply with the provisions of the Data Protection Act 1988 in relation to data storage and all forms of communication about patients.	CBD	FY
9	Assess capacity to consent to treatment.	ACE, miniACE	B1-B3
10	Describe the provisions in the Mental Health Act, 2001 for the administration of treatment without consent.	CBD, CP	B1-B3
11	Obtain consent from the parents/guardians of a child or adolescent for treatment.	miniACE	B1-B3
12	Recognise the issues of consent and guardianship when children are not living with parents, are in voluntary care or are on full care orders.	CBD	B1-B3
13	In educational supervision, discuss the Irish Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*.	Supervisor's Report	B1-B3
14	Discuss the principles of common law.	CBD	B1-B3
	Trainees who did part of training in a different jurisdiction and did not do Foundation Year in Ireland must also attain the following learning outcomes:		
15	Utilise the Mental Health Act, 2001 appropriately in relation to the involuntary admission of patients.	CBD, miniACE	B1-B3
16	Utilise the Mental Health Act, 2001 appropriately in relation to the detention of voluntary patients.	CBD, miniACE	B1-B3
17	Utilise the Mental Health Act, 2001 appropriately in relation to the restraint of patients.	CBD, miniACE	B1-B3
18	Utilise the Mental Health Act, 2001 appropriately in relation to the seclusion of patients.	CBD, miniACE	B1-B3
19	Comply with the provisions of the Data Protection Act 1988 in relation to data storage and all forms of communication about patients.	CBD	B1-B3

HST Learning Outcomes

While many of the learning outcomes for HST are similar to those of BST, a greater level of clinical autonomy and case complexity is expected of the Higher Specialist Trainee. There are core learning outcomes in both clinical and professional domains which all Senior Registrars must attain. Those marked * do not pertain to Child & Adolescent Psychiatry.

The outcomes for specialties and subspecialties are listed subsequently. Only Trainees undertaking Higher Specialty/subspecialty training must meet these outcomes.

Learning Outcomes in all Sections must be assessed by a Consultant on the Specialist Register. Please note that from July 2017 the Learning Outcomes in Section 18 must be assessed by a Consultant on the Specialist Register for Psychiatry; Learning Outcomes in Section 19 must be assessed by a Consultant on the Specialist Register for Learning Disability Psychiatry; Learning Outcomes in Section 20 must be assessed by a Consultant on the Specialist Register for Psychiatry of Old Age; Learning Outcomes in Sections 25 & 26 must be assessed by a Consultant on the Specialist Register for Child and Adolescent Psychiatry; Learning Outcomes in Sections 21 to 24 must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for the relevant sub-specialty.

Clinical Domain

1. The Psychiatric Interview
(History Taking, Interviewing Skills, Assessment and Diagnosis)

	Learning outcomes	**Assessment Method(s)**
1	Interview patients in an effective and empathic manner.	ACE, miniACE
2	Prioritise and elicit essential information in challenging clinical encounters.	ACE, miniACE, CBD
3	Diagnose or exclude psychiatric disorder in the presence of confounding physical illness and biological symptoms.	CBD, ACE
4	Recognise medical conditions that contribute to psychiatric disorders and their treatment.	ACE, CBD, CP
5	Recognise medical conditions that are consequential to psychiatric disorders and their treatment.	CBD, ACE
6	Identify intellectual disabilities in individuals.	ACE, CBD
7	Identify individuals on the autism spectrum.	ACE, CBD
8	Perform a detailed developmental history with particular reference to the impact of adverse life events.	ACE, miniACE, CBD, CP
9	Identify unconscious factors influencing the patient's symptoms and presentation.	CBD
10(a)*	Adapt history taking style and method and mental state examination to patients with cognitive impairment.	ACE, miniACE
10(b)*	Adapt history taking style and method and mental state examination to patients with dysphasia.	ACE, miniACE

10(c)	Adapt history taking style and method and mental state examination to patients with intellectual disability.	ACE, miniACE
11	Identify the psychological factors in the presentation of medical illness in a general hospital setting.	CBD, CP
12	Diagnose and manage psychiatric disorders in a general hospital.	CBD, CP
13(a)*	Evaluate the impact of older age on the presentation of depression.	CBD, CP
13(b)*	Evaluate the impact of older age on the presentation of non-affective non-organic psychosis.	CBD, CP
14	Take a history or collateral history to establish a diagnosis of dementia.	CBD, CP
15	Assess activities of daily living and social functioning.	ACE, miniACE, CBD
16*	Assess activities of daily living and social functioning in patients with dementia.	CBD
17	Judge whether the presence of a co-interviewer or co-therapist is appropriate.	CBD
18	Conduct a family interview in a complex or challenging case in a professional manner.	ACE
19	Utilise interpreter services when patients or carers are not proficient in English.	miniACE, ACE
20	Utilise interpreter services when a patient or carer is deaf.	miniACE, ACE, CBD

2. Physical Examination and Medical Management

	Learning outcomes	**Assessment Method(s)**
1	Perform a comprehensive physical examination of all systems.	DOPS
2	Present the findings of a comprehensive physical examination.	CBD
3	Recognise and appropriately manage acute medical presentations in those with psychiatric disorders.	DOPS, miniACE, ACE, CBD
4	Identify and appropriately refer those patients who require other specialist medical treatment.	CBD, CP
5	Manage patients who require shared psychiatric and medical care.	CBD
6	Recognise and evaluate the physical signs of psychoactive substance use.	CBD, DOPS
7	Utilise and interpret an appropriate range of investigations.	CBD, CP
8	Interpret urine tests for psychoactive substance use.	CBD
9	Interpret the results of neuroimaging.	CBD
10	Interpret the significance of the results of a neuropsychological assessment.	CBD, CP
11*	Assess when cognitive screening is appropriate.	CBD, CP
12	Select cognitive screening instruments which are appropriate to the case.	CBD, CP
13	Interpret the results of cognitive screening.	CBD, CP

3. Collateral History Taking

	Learning outcomes	Assessment Method(s)
1	With consent, obtain collateral information from patients' relatives and carers where there are challenging family or psychosocial factors.	CBD, miniACE
2	Assimilate information from multiple collateral sources.	CBD, CP
3	Recognise the impact of carer burden.	CBD, CP

4. Communication

	Learning outcomes	Assessment Method(s)
1	Disclose diagnoses effectively and sensitively.	ACE, miniACE
2	Discuss diagnosis and treatment with patients.	ACE, miniACE
3	Discuss diagnosis and treatment with carers.	ACE, miniACE
4	Discuss prognosis with patients.	ACE, miniACE
5	Communicate clearly and effectively with other team members.	Supervisor's Report
6	Respond appropriately to a complaint.	CBD, Reflective Note
7	Write informative, accurate and professional letters about a variety of patients.	CBD

5. Formulation

	Learning outcomes	Assessment Method(s)
1	Develop and discuss formulations on a wide range of patients.	CBD, CP
2	Apply formulation to the development of treatment plans.	CBD
3	Use the formulation to develop risk management plans.	CBD

6. Risk Assessment and Management

	Learning outcomes	Assessment Method(s)
1	Assess and manage risk of self harm and suicide.	CBD
2	Assess and manage other potential risks to the patient.	CBD
3	Assess and manage potential risks to others from the patient.	CBD
4	Recognise child protection issues and utilise child protection procedures.	CBD
5	Consult with other team members and senior colleagues in response to identified risks.	CBD, Reflective Note
6	Implement risk management plans in response to identified risks.	CBD, CP
7	Communicate risks to carers, family members and others where appropriate.	CBD

8	Ensure personal safety in clinical practice.	NCVI course
9	Apply the MHC rules regarding the management of seclusion.	CBD
10	Apply the MHC code of practice regarding the use of physical restraint.	CBD
11	Conduct a comprehensive risk assessment of a patient utilising a risk assessment instrument.	Risk Assessment
12	Identify the risks associated with the admission of vulnerable people to hospital or other care settings.	CBD, CP
13	Identify an area of risk in a service, analyse the risk and develop a risk management plan in collaboration with your clinical supervisor and the local management team.	Risk Management Project

7. Clinical Management and Care Planning

	Learning outcomes	**Assessment Method(s)**
1	Manage acute behavioural disturbance.	CBD
2	Manage co-morbid psychiatric and psychoactive substance use disorders.	CBD, CP
3	Coordinate a care plan for a complex and enduring psychiatric disorder.	Care Plan
4	Identify the structures and resources required to support persons with severe psychiatric disability in the community.	CBD, CP
5	Involve patients as central agents in care planning.	miniACE, Care Plan
6(a)	Incorporate significant cultural factors into a patient's care plan.	CBD, Care Plan
6(b)	Incorporate significant religious factors into a patient's care plan.	CBD, Care Plan
6(c)	Incorporate significant ethnic factors into a patient's care plan.	CBD, Care Plan
6(d)	Incorporate the impact of social marginalisation into a patient's care plan.	CBD, Care Plan
7	Organise and chair a case conference.	DONCS
8	Jointly manage a case that requires input from another specialist service.	CBD
9	Perform a comprehensive assessment of need.	CBD, CP, Care Plan
10	Apply recovery principles to care planning.	CBD, Care Plan
11	Perform a case review.	Case Review
12	Manage carer burden that has a significant impact on the case.	CBD
13	Identify when social interventions are appropriate and incorporate them into care plans.	CBD, Care Plan
14	Access appropriate social interventions or supports from community agencies.	CBD
15	Collaborate with a psychologist or psychotherapist in the management of a case.	CBD
16	Manage patients in the following settings:	
(a)	Home	CBD
(b)	Outpatient clinic	CBD
(c)	Day Hospital	CBD
(d)	Approved centre	CBD
(e)	Emergency Department	CBD

(f)	High support hostel	CBD
(g)	Residential Care	CBD
(h)	Medical/Surgical Ward	CBD
17*	Liaise with specialised services within adult mental health services such as assertive outreach team, perinatal psychiatry service, homeless psychiatry team or rehabilitation psychiatry teams.	CBD

8. Pharmacotherapy and Physical Treatments

	Learning outcomes	**Assessment Method(s)**
1	Utilise psychotropic medication as part of the emergency management of disturbed behaviour.	CBD, CP
2*	Identify a patient for whom ECT may be appropriate.	CBD
3*	Administer ECT.	DOPS
4	Manage non concordance with treatment.	miniACE, ACE, CBD
5	Manage the side effects of psychotropic medication.	CBD, CP, miniACE
6	Manage potential drug interactions in patients prescribed drugs for medical illnesses.	CBD, CP
7	Safely and appropriately prescribe for people with intellectual disability.	CBD, CP, miniACE
8	Safely prescribe psychotropic medications for those with significant medical co-morbidities.	CBD, CP
9*	Safely and appropriately prescribe for older people.	CBD, CP
10*	Safely and appropriately prescribe antipsychotic medication for people with dementia.	CBD, CP
11*	Safely and appropriately prescribe for pregnant and breast feeding women.	CBD, CP
12*	Safely and appropriately prescribe for people with treatment resistant schizophrenia.	CBD, CP
13*	Safely and appropriately prescribe for people with treatment resistant depression.	CBD, CP

9. Psychotherapy

	Learning outcomes	**Assessment Method(s)**
1	Complete a long psychotherapy case (minimum of 24 sessions) under supervision.	SAPE
2	Develop a psychotherapeutic formulation using a recognised model of psychotherapy.	CBD
3	Participate in a Reflective Practice Group (minimum of 26 sessions over the duration of HST).	Reflective Practice Group Attendance Record
4	Apply psychotherapeutic principles in the management of patients.	CBD

Professional Domain

10. Professional Behaviour

	Learning outcomes	**Assessment Method(s)**
1	Care for patients in a sensitive and compassionate manner.	ACE, CBD, miniACE
2	Demonstrate appropriate decision making ability in clinical practice.	ACE, miniACE, DOPS, CBD
3	Describe the importance of continuity of care in handover.	CBD
4	Recognise personal limitations.	DOPS, Reflective Note, Supervisor's Report
5	Demonstrate honesty and integrity in all aspects of professional activity.	Supervisor's Report
6	Display initiative both in clinical and non-clinical settings.	Supervisor's Report
7	Evaluate the impact of diversity on individuals and their psychiatric presentations.	CBD, ACE
8	Develop, implement and document a personal continuing education strategy.	Supervisor's Report
9	Demonstrate appropriate professional boundaries with patients.	miniACE, ACE, Supervisor's Report
10	Demonstrate appropriate professional boundaries with carers.	miniACE, ACE, Supervisor's Report
11	Demonstrate appropriate professional boundaries with colleagues.	miniACE, ACE, Supervisor's Report
12	Evaluate the effect of one's own behaviour on others.	AoT, Supervisor's Report
13	Demonstrate good time management.	Supervisor's Report
14	Show awareness of the stigmatisation of (a) people with psychiatric disorders, (b) their carers and (c) the mental health profession.	Reflective Note, CBD
15	Advocate appropriately for people with mental disorders.	Reflective Note
16	Identify barriers to accessing health care.	CBD
17	Balance personal and professional priorities to ensure personal health and professional sustainability.	Supervisor's Report, Reflective Note
18	Discuss the Medical Council's Guide to Ethical Conduct in a supervision session.	Supervisor's Report

11. Clinical Governance

	Learning outcomes	**Assessment Method(s)**
1	Maintain an evidence based approach to the clinical care of patients.	CP, JP, CBD
2	Adopt new practice where a deficiency exists or new evidence emerges.	CBD, CP, Audit Report
3	Participate in risk management systems and protocols in an organisation.	Risk Management Project
4	Involve patients and carers in an aspect of service provision.	Reflective Note, Service Development Project
5	Use information and information technology to measure outcomes and	Audit Report, Risk

	plan service delivery in a health care organisation.	Management Project, Service Development Project
6	Describe the process of reporting a critical incident.	CBD
7	Participate in a critical incident review.	CBD, Reflective Note
8	Discuss the impact of a critical incident on individual clinicians and a team.	CBD, Reflective Note
9	Advocate for safe working conditions.	Reflective Note
10	Participate in a management committee.	Reflective Note

12. Team Working

	Learning outcomes	**Assessment Method(s)**
1	Recognise the expertise of other MDT members.	CBD
2	Maintain professional relationships with colleagues to provide quality care.	Reflective Note, Supervisor's Report
3	Work effectively within a multidisciplinary team.	Supervisor's Repport
4	Manage conflict in the workplace.	Reflective Note
5	Evaluate and manage junior colleagues' performance.	Supervision Project
6	Supervise the clinical work of junior colleagues.	DONCS, Supervision Project
7	Work with a clinical nurse specialist or clinical nurse manager to deliver a specialist component of a service.	Reflective Note and Supervisor's Report

13. Management and Leadership

	Learning outcomes	**Assessment Method(s)**
1	Chair a clinical meeting.	DONCS
2	Chair a management meeting.	DONCS
3	Discuss with a member of the management team the allocation of resources within a mental health service.	Reflective Note
4	Appraise an institution's culture.	Reflective Note
5	Discuss an organisation's service development plan with a clinical director.	Reflective Note

14. Audit

	Learning outcome	**Assessment Method(s)**
1	Perform a complete audit cycle.	Audit Report
2	Supervise junior colleagues through the audit cycle process.	Reflective Note, Supervision Project

15. Research

	Learning outcome	Assessment Method(s)
1	Chair a journal club (on a minimum of 6 occasions).	DONCS
2	Conduct a literature review of a topic relevant to clinical psychiatry.	Literature Review Form
3	Collect data for a research or pilot study.	Research Report
4	Present research findings at an internal academic meeting.	DONCS
5	Present a poster or give an oral presentation at a research conference.	DONCS
6	Supervise a student or a postgraduate trainee in a research study.	Reflective Note and Supervisor's Report

16. Teaching

	Learning outcome	Assessment Method(s)
1	(a) Organise and (b) appraise the teaching programme in your service during one SR placement.	Development and Appraisal of a Teaching Programme
2	Facilitate active learning in medical students.	AoT
3	Facilitate a workshop.	AoT
4	Prepare and deliver a lecture to medical students.	AoT
5	Participate in a teaching programme for other health professionals.	AoT
6	Develop learning outcomes for teaching sessions. (List the outcomes on the AoT form. The assessor must comment specifically on these in the comments section of the WPBA form).	AoT
7	Obtain feedback from participants involved in teaching sessions personally delivered. (Describe on the AoT form how feedback was obtained. The assessor must comment specifically on this in the comments section of the WPBA form.)	AoT

17. Ethics and the Law

	Learning outcomes	Assessment Method(s)
1	Observe and maintain patient confidentiality.	CBD
2	Recognise when a breach of confidentiality is appropriate.	CBD
3	Recognise when mandatory reporting of a child protection issue must occur.	CBD
4(a)*	Utilise the Mental Health Act, 2001 appropriately in relation to the involuntary admission of patients.	CBD
4(b)*	Utilise the Mental Health Act, 2001 appropriately in relation to the detention of voluntary patients.	CBD
5	Utilise the Mental Health Act, 2001 appropriately in relation to the restraint of patients.	CBD

6	Utilise the Mental Health Act, 2001 appropriately in relation to the seclusion of patients.	CBD
7	Comply with the provisions of the Data Protection Act 1988 in relation to data storage and all forms of communication about patients.	CBD
8	Assess capacity to consent to treatment.	ACE, miniACE
9	Describe the provisions in the Mental Health Act, 2001 for the administration of treatment without consent.	CBD
10	Balance risk management and autonomy in the management of the patient.	CBD, CP
11	Recognise the ethical and legal issues in research.	Research Report
12	Apply common law principles.	CBD
13	Liaise with Gardaí, legal representatives, probation and welfare services and TUSLA, where appropriate.	CBD
14	Write a court report.	Court Report
15*	Attend at least three mental health tribunals.	Reflective Note
16*	Perform and document an assessment of testamentary capacity.	CBD
17*	Complete a formal assessment of capacity in an older person.	miniACE
18*	Apply the Medical Fitness to Drive Guidelines.*	CBD
19	Attend the Coroner's Court.	Reflective Note
20*	Perform and document an enduring power of attorney assessment.	CBD
21*	Perform and document a ward of court assessment.	CBD

18. General Adult Psychiatry

All adult specialty/sub-speciality HST Trainees must attain the outcomes for General Adult Psychiatry. In addition to attaining the General Adult Psychiatry learning outcomes the award of a CSCST in Adult Psychiatry requires a minimum of 24 months in General Adult Psychiatry placements plus 12 months in any adult specialty or subspecialty. However, the General Adult Psychiatry learning outcomes may be attained during any HST placement. The Learning Outcomes in Section 18 must be assessed by a Consultant on the Specialist Register for Psychiatry.

	Learning Outcomes	**Assessment Method(s)**
1	**Diagnose the following:**	
1.1	Delirium	CBD, CP
1.2	Dementia	CBD, CP
1.3	Organic psychosis	CBD, CP
1.4	Organic mood disorder	CBD, CP
1.5	Organic amnesic syndrome	CBD, CP
1.6	Alcohol dependence	CBD, CP
1.7	Opiate dependence	CBD, CP
1.8	Novel psychoactive substance dependence	CBD, CP
1.9	Other psychoactive drug dependence	CBD, CP
1.10	Psychoactive drug induced amnesic syndrome	CBD, CP
1.11	Schizophrenia	CBD, CP
1.12	Delusional disorder	CBD, CP
1.13	Schizoaffective disorder	CBD, CP
1.14	Depression	CBD, CP
1.15	Bipolar affective disorder	CBD, CP
1.16	Cyclothymia	CBD, CP
1.17	Panic disorder	CBD, CP
1.18	Generalised anxiety disorder	CBD, CP
1.19	Mixed anxiety and depressive disorder	CBD, CP
1.20	Agoraphobia	CBD, CP
1.21	Social phobia	CBD, CP
1.22	OCD	CBD, CP
1.23	PTSD	CBD, CP
1.24	Adjustment disorders	CBD, CP
1.25	Dissociative disorders	CBD, CP
1.26	Somatoform disorders	CBD, CP
1.27	Anorexia Nervosa	CBD, CP
1.28	Bulimia nervosa	CBD, CP
1.29	Personality disorders	CBD, CP
2	**Manage the following:**	
2.1	Delirium	CBD, CP
2.2	Cognitive impairment due to Alzheimer's disease	CBD, CP
2.3	Behavioural problems associated with dementia	CBD, CP
2.4	Behavioural and emotional problems associated with head injury	CBD, CP
2.5	Alcohol withdrawal	CBD, CP
2.6	Opiate withdrawal	CBD, CP
2.7	Novel psychoactive substance withdrawal	CBD, CP
2.8	First episode schizophrenia	CBD, CP

2.9	Chronic schizophrenia	CBD, CP
2.10	Treatment resistant schizophrenia	CBD, CP
2.11	Schizoaffective disorder	CBD, CP
2.12	Recurrent depressive disorder	CBD, CP
2.13	Depression	CBD, CP
2.14	Treatment resistant depression	CBD, CP
2.15	Mania	CBD, CP
2.16	Cyclothymia	CBD, CP
2.17	Panic disorder	CBD, CP
2.18	Generalised anxiety disorder	CBD, CP
2.19	Mixed anxiety and depressive disorder	CBD, CP
2.20	Agoraphobia	CBD, CP
2.21	Social phobia	CBD, CP
2.22	OCD	CBD, CP
2.23	PTSD	CBD, CP
2.24	Adjustment disorders	CBD, CP
2.25	Dissociative disorders	CBD, CP
2.26	Somatoform disorders	CBD, CP
2.27	Anorexia nervosa	CBD, CP
2.28	Bulimia nervosa	CBD, CP
2.29	Personality disorders	CBD, CP
2.30	Adult ADHD	CBD, CP
3.1	Manage older people with enduring psychiatric disorders.	CBD, CP
3.2	Manage young adults with psychiatric disorders.	CBD, CP
3.3	Manage psychiatric disorders in pregnant women.	CBD, CP
3.4	Manage psychiatric disorders in people with mild intellectual disability.	CBD, CP

19. Learning Disability

All adult specialty/sub-speciality HST Trainees must attain the outcomes for General Adult Psychiatry (Section 18). In addition to attaining the General Adult Psychiatry and Psychiatry of Learning Disability learning outcomes the award of a CSCST in Psychiatry of Learning Disability requires a minimum of 24 months in Psychiatry of Learning Disability placements plus 12 months in a General Adult Psychiatry placement. However, the learning outcomes may be attained during any HST placement. The Learning Outcomes in Sections 18 and 19 must be assessed by Consultants on the Specialist Register for Psychiatry and for Psychiatry of Learning Disability, respectively.

	Learning Outcome	**Assessment Method(s)**
1	Perform a full biopsychosocial assessment of adults with intellectual disability, presenting with psychiatric or behavioural symptoms.	ACE, CP, CBD
2	Assess the impact of intellectual disability on the clinical presentation of psychiatric disorder.	ACE, CP, CBD
3	Elicit psychopathology in people with mild to moderate intellectual disability.	miniACE, ACE
4	Elicit psychopathology in people with severe intellectual disability.	ACE, miniACE
5	Observe a full psychological assessment, completed by a clinical psychologist, leading to the diagnosis of an intellectual disability.	CBD

6	Assess the difficulties of living with a person with an intellectual disability.	CBD, CP, miniACE
7	**Diagnose the following:**	
(a)	Dementia in people with intellectual disability	CBD, CP
(b)	Depression in people with intellectual disability	CBD, CP
(c)	Mania in people with intellectual disability	CBD, CP
(d)	Psychosis in people with intellectual disability	CBD, CP
(e)	Psychoactive substance use in people with intellectual disability	CBD, CP
(f)	Anxiety disorders in people with intellectual disability	CBD, CP
(g)	OCD in people with intellectual disability	CBD, CP
(h)	PTSD in people with intellectual disability	CBD, CP
(i)	Organic psychosis in people with intellectual disability	CBD, CP
(j)	Psychiatric disorders in people with autism spectrum disorder and intellectual disability	CBD, CP
(k)	ADHD in people with intellectual disability	CBD, CP
8	**Manage the following:**	
(a)	Dementia in people with intellectual disability	CBD, CP
(b)	Depression in people with intellectual disability	CBD, CP
(c)	Mania in people with intellectual disability	CBD, CP
(d)	Psychosis in people with intellectual disability	CBD, CP
(e)	Psychoactive substance use in people with intellectual disability	CBD, CP
(f)	Anxiety disorders in people with intellectual disability	CBD, CP
(g)	OCD in people with intellectual disability	CBD, CP
(h)	PTSD in people with intellectual disability	CBD, CP
(i)	Organic psychosis in people with intellectual disability	CBD, CP
(j)	Psychiatric disorders in people with autism spectrum disorder and intellectual disability	CBD, CP
(k)	ADHD in people with intellectual disability	CBD, CP
9.	Perform an assessment of cognitive function in a person with intellectual disability.	ACE, miniACE
10.	Safely and appropriately prescribe the following for people with intellectual disability and psychiatric disorders:	CBD, CP
(a)	Antidepressant medication	CBD, CP
(b)	Antipsychotic medication	CBD, CP
(c)	Anti-epileptic medication	CBD, CP
11.	Manage the interaction between physical and psychiatric disorders in people with intellectual disability.	CBD, CP
12.	Assess and manage people with intellectual disability who may have been abused.	CBD
13.	Discuss behavioural phenotypes of genetic syndromes in people with intellectual disability by presenting two cases, one with Fragile-X syndrome.	CP
14.	Assess and manage mental health problems arising in a person with intellectual disability and epilepsy.	CBD, CP
15.	Use standardised psychiatric instruments in people with intellectual disability.	CBD
16.	Apply an intellectual disability-specific diagnostic system to a person with intellectual disability and mental health problems (e.g. DC-LD, DM-ID).	CBD, CP
17.	Lead a multidisciplinary treatment plan for an individual with intellectual disability, psychiatric disorder and challenging	CBD, CP

	behaviour.	
18.	Conduct assessments in multiple care settings:	
(a)	Home	CBD
(b)	Residential unit	CBD
(c)	Day service	CBD
(d)	Outpatient clinic	CBD

20. Psychiatry of Old Age

All adult specialty/sub-speciality HST Trainees must attain the outcomes for General Adult Psychiatry (Section 18). In addition to attaining the General Adult Psychiatry and Psychiatry of Old Age learning outcomes the award of a CSCST in Psychiatry of Old Age requires a minimum of 24 months in Psychiatry of Old Age placements plus 12 months in a General Adult Psychiatry placement. However, the learning outcomes may be attained during any HST placement. The Learning Outcomes in Sections 18 and 20 must be assessed by Consultants on the Specialist Register for Psychiatry and for Psychiatry of Old Age, respectively.

	Learning Outcomes	**Assessment Method(s)**
1	Diagnose the following conditions in older people:	
(a)	Delirium	CBD,CP
(b)	Alzheimer's dementia	CBD, CP
(c)	Mixed Alzheimer's and vascular dementia	CBD, CP
(d)	Lewy Body dementia	CBD, CP
(e)	Frontotemporal dementia	CBD, CP
2	Manage the following conditions in older people:	
(a)	Delirium	CBD, CP
(b)	Alzheimer's dementia	CBD, CP
(c)	Mixed Alzheimer's and vascular dementia	CBD, CP
(d)	Lewy body dementia	CBD, CP
(e)	Frontotemporal dementia	CBD, CP
3	Assess behavioural and psychological symptoms in:	
(a)	Mixed Alzheimer's and vascular dementia	CBD, CP
(b)	Lewy body dementia	CBD, CP
(c)	Frontotemporal dementia	CBD, CP
(d)	Psychoactive substance dependence	CBD, CP
(e)	Late onset schizophrenia and delusional disorders	CBD, CP
(f)	Depression	CBD, CP
(g)	Anxiety disorders	CBD, CP
4	Manage the behavioural and psychological symptoms of dementia.	CBD, CP
5	Conduct assessments in multiple care settings:	
(a)	Home	CBD
(b)	Long stay unit	CBD
(c)	Hospital	CBD
(e)	Day centre	CBD
(f)	Day hospital	CBD
(g)	Outpatient clinic	CBD
6	Take a detailed collateral history from carers of people with behavioural and psychological symptoms of dementia.	CBD

7	Take a detailed collateral history from carers of people with a psychiatric disorder other than dementia.	miniACE, ACE, CBD
8	Collaborate in the end of life management of a patient with dementia.	CBD
9	Liaise with (a) statutory, (b) voluntary agencies and (c) general practitioners involved in the care of older people.	CBD, CP
10	Assess an older person's need for continuing care.	CBD
11	Manage the interactions between physical and mental disorders in older people.	CBD, CP
12	Perform a detailed assessment of cognitive function using (a) MMSE (b) MoCA (c) Addenbrooke's Cognitive Examination (ACE-R) and (d) frontal assessment battery.	ACE, miniACE
13	Identify and manage risk factors for elder abuse.	CBD, CP
14	Perform a risk assessment of an older person with dementia living in the community.	CBD, CP
15	Identify when a neuropsychological assessment is required for a patient with cognitive impairment.	CBD
16	Interpret a neuropsychological report in a patient with cognitive impairment.	CBD
17	Disclose a diagnosis of dementia to a patient or carer/relative.	ACE, miniACE
18	Discuss diagnosis, treatment and prognosis of dementia with (a) patients and (b) carers.	ACE, miniACE
19	Recognise the impact of carer burden in dementia.	CBD
20	Utilise the Mental Health Act, 2001 appropriately with severe dementia and behavioural and psychological symptoms of dementia.	CBD
21	Manage older patients with the following in medical/surgical settings:	
(a)	Depression	CBD
(b)	Medically unexplained symptoms	CBD
(c)	Self harm	CBD
(d)	Suicidal ideation	CBD
(e)	Alcohol dependence	CBD
(f)	Dementia	CBD
(g)	Delirium	CBD
22	Manage patients with psychiatric disorders in collaboration with medicine for the elderly teams.	CBD
23	Interpret (a) CT brain and (b) MRI brain images in older people.	CBD
24	Appropriately refer older people for psychological interventions.	CBD
25	Apply the Medical Fitness to Drive Guidelines to an older person.	CBD

21. Liaison Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Liaison Psychiatry requires attainment of all of the Liaison Psychiatry learning outcomes and a minimum of 12 months in a Liaison Psychiatry placement. The Liaison Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Liaison Psychiatry (BST or HST).

	Learning Outcomes	**Assessment Method(s)**
1	Manage patients with psychiatric disorder and physical illness in the following settings:	
(a)	General Medical	CBD
(b)	Surgical	CBD
(c)	Emergency Department	CBD
2	Manage patients with suicidal ideation in the following settings:	
(a)	General Medical	CBD
(b)	Surgical	CBD
(c)	Emergency Department	CBD
3	Manage patients with self harm in the following settings:	
(a)	General Medical	CBD
(b)	Surgical	CBD
(c)	Emergency Department	CBD
4	Manage patients with acute behavioural disturbance in the following settings:	
(a)	General Medical	CBD
(b)	Surgical	CBD
(c)	Emergency Department	CBD
5	Discuss with patients the psychological origins of their physical symptoms.	miniACE
6	Evaluate the pathophysiological links between the mind and body in stress.	CBD
7	Develop formulations in patients with somatoform disorders.	CBD
8	Manage patients in medical and surgical settings with somatoform disorders.	CBD
9	Jointly manage a patient with a somatoform disorder with a medical or surgical MDT.	CBD
10	Manage a patient with an eating disorder in a medical or surgical setting.	CBD
11	Manage psychological responses to stress in:	
(a)	Medical settings	CBD
(b)	Surgical settings	CBD
12	Evaluate the psychiatric sequelae of harmful use of/dependence on alcohol in:	
(a)	Medical settings	CBD

(b)	Surgical settings	CBD
13	Collaborate with a medical or surgical team in the management of a patient with alcohol withdrawal.	CBD
14	Collaborate with a medical or surgical team in the management of a patient with amnesic syndrome due to alcohol.	CBD
15	Manage patients with psychoactive drug dependence in the following settings:	
(a)	General Medical	CBD
(b)	Surgical	CBD
(c)	Emergency Department	CBD
16	Manage the psychiatric sequelae/co-morbidity of patients with neurological disorders.	CBD
17	Collaborate with medical teams in the management of psychiatric sequelae/co-morbidity in patients with dementia.	CBD
18	Manage a patient with a personality disorder in the following settings.	
(a)	Emergency Department	CBD
(b)	Medical or surgical in-patient ward	CBD
(c)	Medical or surgical out-patient department	CBD
19	Collaborate with medical and surgical teams in the management of delirium.	CBD
20	Collaborate with medical and surgical teams in the use of the Mental Health Act 2001.	CBD
21	Collaborate with medical and surgical teams in the use of common law principles.	CBD
22	Develop a therapeutic alliance with a patient who may not see the need for psychiatric input.	CBD
23	Present a case at the hospital's grand rounds.	CP

22. Forensic Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Forensic Psychiatry requires attainment of all of the Forensic Psychiatry learning outcomes and a minimum of 36 months in Forensic Psychiatry placements. The Forensic Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Forensic Psychiatry (BST or HST).

	Learning Outcomes	**Assessment Method(s)**
1	Take detailed histories, which include psychosexual, intoxicant use and personal offending histories and are supported by corroborative sources.	CBD, CP
2(a)	Assess and treat mentally disordered offenders who are sentenced.	CBD
2(b)	Assess and treat mentally disordered offenders who are on remand.	CBD
2(c)	Assess and treat mentally disordered offenders who are in a secure	CBD

	hospital.	
2(d)	Assess and treat mentally disordered offenders who are in the community.	CBD
3	Participate in the court diversion of a person on remand.	CBD, CP
4	Perform risk assessments using at least three risk assessment instruments, at least one of which must involve specialist risk assessment for sexual violence.	Risk Assessment
5	Perform comprehensive risk assessments on patients referred from other mental health services, one of which must be a specialist risk assessment for stalking and one which must be for risk of sexual violence.	CBD
6	Develop risk management plans on patients who are risks of (a) violence (b) sexual violence and (c) stalking.	CBD, CP
7	Communicate risk assessment and management plans to relevant stakeholders.	CBD
8(a)	Prepare a report for a review board.	Review Board Report
8(b)	Prepare a report for a mental health tribunal.	CBD
9(b)	Prepare five court reports, one of which must relate to an alleged sex offence and one which must relate to alleged harassment or stalking.	Court Report
10	Give evidence at three mental health review boards.	Reflective Note
11	Give evidence as an expert witness in court.	DONCS
12	Identify and manage feigned mental illness in a custodial setting.	CBD, CP
13	Manage the following in custodial settings:	
(a)	Female prisoners	CBD
(b)	Adolescents	CBD
(c)	People with intellectual disability	CBD
(d)	Sexual offenders	CBD
(e)	Stalkers	CBD
14	Receive instruction from a solicitor regarding a request for a psychiatric report.	CBD
15	Triage referrals for admission to a secure forensic hospital by chairing a bed management meeting.	DONCS
16	Utilise the Criminal Law (Insanity) Act 2006 in relation to admission of patients from prison or courts to a designated centre.	CBD
17	Assess fitness to be tried.	miniACE, CBD, CP
18	Prepare an opinion as to whether a person who has committed a crime was not guilty by reason of insanity.	CBD, CP

23. Addiction Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Addiction Psychiatry requires attainment of all of the Addiction Psychiatry learning outcomes and a minimum of 12 months in an Addiction Psychiatry placement. The Addiction Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Addiction Psychiatry (BST or HST).

	Learning Outcomes	**Assessment Method(s)**
1	Diagnose psychoactive substance use disorders using ICD or DSM classification systems.	CBD, CP
2	Manage patients with psychoactive substance use.	CBD, CP
3	Establish and maintain therapeutic relationships with people with psychoactive substance use.	CBD, miniACE, ACE
4	Diagnose psychoactive substance dependence in patients with psychiatric disorders.	CBD, CP
5	Manage psychoactive substance dependence in patients with psychiatric disorders.	CBD, CP
6	Manage pregnant women with psychoactive substance use.	CBD, CP
7	Prescribe opiate substitutes in accordance with the Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations and the Methadone Protocol.	CBD
8	Initiate and stabilise people with opiate dependence on opioid substitutes.	CBD
9	Prescribe psychotropic agents that promote abstinence.	CBD
10	Collaborate with the following in the management of people with psychoactive substance use:	
(a)	General Adult Services	CBD, CP
(b)	Forensic Psychiatry Services	CBD, CP
(c)	Criminal Justice Services	CBD, CP
(d)	General Practitioners	CBD, CP
(e)	General Hospitals	CBD, CP
(f)	Maternity Services	CBD, CP
(g)	Social Agencies	CBD, CP
(h)	Child and Adolescent Psychiatric Services	CBD, CP
(i)	Non- statutory agencies	CBD, CP
11	Manage a consultation request of a complex patient with psychoactive substance use from one of the above.	CBD
12	Assess people with psychoactive substance use in the following settings:	
(a)	General Hospitals	CBD
(b)	Addiction Services	CBD
(c)	Prisons	CBD
(d)	Community Settings	CBD

(e)	Residential Setting	CBD
(f)	Outpatient Clinics	CBD
13	Use a psychological therapy in the treatment of a person with psychoactive substance use.	CBD, SAPE
14	Prepare 3 court reports on people with psychoactive substance use.	Court Report
15	Interpret the results of (a) a breathalyser (b) saliva analysis and (c) urine drug testing.	CBD
16	Interpret abnormal biological markers in those with psychoactive substance use.	CBD

24. Social and Rehabilitation Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Social and Rehabilitation Psychiatry requires attainment of all of the Social and Rehabilitation Psychiatry learning outcomes and a minimum of 12 months in a Social and Rehabilitation Psychiatry placement. The Social and Rehabilitation Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Social and Rehabilitation Psychiatry (BST or HST).

	Learning Outcomes	**Assessment Method(s)**
1	Perform needs assessments on complex patients.	CBD, CP
2	Manage treatment resistant schizophrenia.	CBD, CP
3	Collaborate with the following:	
(a)	General Adult Services	CBD, CP
(b)	Forensic Services	CBD, CP
(c)	Addiction Services	CBD, CP
(d)	Social agencies	CBD, CP
(e)	Carers or family members	CBD, CP
4	Assess cognitive impairment in patients with schizophrenia.	miniACE and CBD
5	Assess and manage the physical health needs of patients with chronic psychotic disorders.	CBD
6	Assess and manage metabolic syndrome.	CBD
7	Use a standardised rehabilitation assessment tool.	CBD
8	Evaluate the principles of recovery in chronic and enduring psychiatric disorders.	CBD
9	Promote personal resourcefulness and empowerment of patients with chronic and enduring psychiatric disorders.	Care Plan and CBD
10	Promote the social inclusion of patients with chronic psychiatric disorders.	Care Plan and CBD
11	Promote the reduction of stigma for patients with chronic and enduring psychiatric disorders.	Care Plan and CBD
12	Advocate for the carers of people with chronic and enduring psychiatric disorders.	CBD

25. Child and Adolescent Psychiatry

All Child and Adolescent Psychiatry HST Trainees must attain the outcomes for Child and Adolescent Psychiatry. In addition to attaining the Child and Adolescent Psychiatry learning outcomes the award of a CSCST in Child and Adolescent Psychiatry requires a minimum of 36 months in Child and Adolescent Psychiatry placements of which a minimum of 24 months must be in community based Child and Adolescent Mental Health Services and 6 months in a Child and Adolescent In-patient Service.

	Learning Outcomes	**Assessment Method(s)**
1	Obtain detailed and accurate histories from children or adolescents (and their parents) with: • ADHD • Mood disorders • Anxiety disorders • Eating disorders • Self-harm • Emotional disorders with onset specific to childhood • Tic disorders • Conduct disorders • Autism spectrum disorders • Psychotic disorders • Psychoactive substance use • Attachment disorders • Adjustment disorders • Disorders of personality development • Gender identity disorder • Somatoform disorders • Non-organic encopresis • Non-organic enuresis • Sleep disorders • Somatoform disorders	ACE, CBD
2	Develop management plans for patients with each of the above disorders.	CBD, CP
3	Perform a developmental assessment of a child to identify possible intellectual disability.	ACE, CBD
4	Perform a neurological examination of a child or adolescent.	DOPS
5	Assess for the presence of co-morbid psychiatric disorders in a child or adolescent with an intellectual disability.	ACE, CBD
6	Identify children or adolescents with (a) cognitive impairment (b) speech and language impairments and (c) sensory or other physical impairments.	CBD
7	Adapt history taking style and method (a) to a child or adolescent's developmental stage, (b) when a child or adolescent has cognitive impairment, (c) when a child or adolescent has speech and language impairments & (d) when a child or adolescent has sensory or other physical impairments.	ACE, miniACE
8	Utilise principles of creative therapies or play therapy in the assessment and treatment of a child or adolescent.	ACE, miniACE

9	Utilise principles of behaviour therapy in the assessment and treatment of a child or adolescent.	ACE, miniACE
10	Utilise principles of family therapy in the treatment of a child or adolescent.	ACE, miniACE
11	Utilise principles of CBT in the treatment of a child or adolescent with depression, anxiety or OCD.	ACE, miniACE, SAPE
12	Collaborate with a family therapist in the delivery of family therapy to a child or adolescent.	SAPE
13	Utilise DBT principles in the management of a child or adolescent.	ACE, miniACE
14	Co-work with multidisciplinary team members in the management of a child or adolescent.	CBD
15	Safely and appropriately prescribe for children or adolescents with the following conditions: • Tic disorders • Mood disorders • ADHD • Psychotic disorders • Sleep disorders • Anxiety disorders • Physical illness and co-morbid psychiatric disorders	CBD, CP
16	Devise a structured plan for monitoring and managing side effects of psychotropic drugs.	CBD
17	Evaluate the impact on a child or adolescent of possible emotional, physical or sexual abuse or neglect.	CBD
18	Identify and manage co-morbid medical and psychiatric illnesses in children and adolescents.	CBD
19	Assess the capacity of children or adolescents to consent to or to refuse treatment.	miniACE, CBD
20	Evaluate the risks of inappropriate child or adolescent behaviour e.g. sexual activity, criminal activity, truancy or absconsion.	CBD
21	Evaluate the potential risks to mental health for a child or adolescent within the care system.	CBD
22	Assess the risk to a child or adolescent where a parent has a mental illness.	CBD
23	Conduct a school assessment to determine necessary interventions for a child or adolescent.	CBD
24	Utilise the Mental Health Act in the course of an involuntary admission of a child or adolescent.	CBD
25	Manage the transition of an adolescent to an adult mental health service.	CBD
26	Formulate, implement and co-ordinate a multidisciplinary treatment programme for a child or adolescent with a psychiatric disorder using a biopsychosocial model.	CBD
27	Contribute to the development of a CAMH service for children and adolescents.	Reflective Note, Service Development Project

26. Child and Adolescent Psychiatry with a Special Interest in Intellectual Disability

All Child and Adolescent Psychiatry HST Trainees must attain the outcomes for Child and Adolescent Psychiatry. In addition to attaining the Child and Adolescent Psychiatry learning outcomes the award of a CSCST in Child and Adolescent Psychiatry requires a minimum of 36 months in Child and Adolescent Psychiatry placements of which a minimum of 24 months must be in community based Child and Adolescent Mental Health Services and 6 months in a Child and Adolescent Psychiatry In-patient Service. HST Trainees who wish to have recognition of a Special Interest in Intellectual Disability must also attain the following learning outcomes and are required to have a placement of a minimum of 12 months in an Intellectual Disability of Childhood service.

	Learning Outcomes	**Assessment Method(s)**
1	Communicate effectively with (a) children and adolescents with an intellectual disability, (b) their families and (c) other care-givers.	ACE, miniACE
2	Lead a multi-disciplinary assessment of a child or adolescent with a intellectual disability (with or without an autism spectrum disorder) and associated psychiatric disorder, utilising a biopsychosocial model.	CBD
3	Formulate, implement and co-ordinate a multi-disciplinary treatment programme for a child or adolescent with intellectual disability (with or without an autism spectrum disorder) and associated psychiatric disorder, utilizing a biopsychosocial model.	CBD
4	Safely prescribe medication for children and adolescents with intellectual disability (with or without autism spectrum disorder). Assess for side effects of psychotropic medication in children or adolescents with intellectual disability. Assess the outcome of pharmacological treatment in children or adolescents with intellectual disability.	CBD
5	Manage the psychiatric sequelae of epilepsy in children with a intellectual disability.	CBD
6	Effectively liaise with child health colleagues and other professionals in associated agencies (including schools) regarding the assessment, diagnosis and management of a child or adolescent with intellectual disability (with or without an autism spectrum disorder) and associated psychiatric disorder(s).	CBD, DONCS
7	Contribute to the development of a specialist mental health service for children and adolescents with intellectual disability and autism spectrum disorders.	Reflective Note, HST Service Development Project

27. Academic Psychiatry

This sectional is optional and serves (i) as a guide to Trainees with regard to the learning outcomes that might be expected to have been achieved by those intending on a career in Academic Psychiatry and (ii) as a mechanism for Trainees to record attainment of learning outcomes that are not included in Sections 14-16.

	Learning Outcomes	**Assessment Method(s)**
1	Develop and maintain an evidence-based approach to teaching methods.	Reflective Note Literature review
2	Liaise with university agencies involved in undergraduate teaching provision.	Reflective Note and Supervisor's Report
3	Participate in organising and administering the local undergraduate teaching programme.	Reflective Note and Supervisor's Report
4	Deliver tutorials to medical students.	AoT
5	Obtain and reflect on feedback from an undergraduate course teacher.	AoT and Reflective Note
6	Contribute to the development of the undergraduate course curriculum.	Reflective Note and Supervisor's Report
7	Participate in organising examinations for medical students.	Reflective Note and Supervisor's Report
8	Contribute to setting written exam questions for medical students.	Reflective Note and Supervisor's Report
9	Mark written exam questions for medical students.	Reflective Note and Supervisor's Report
10	Participate in the examination of medical students in clinical exams.	DONCS
11	Submit an original research paper or a review paper for publication.	Research report
12	Peer review a paper for a medical or scientific journal.	Reflective Note and Supervisor's report
13	Prepare a research proposal for a funding application or ethical approval.	Reflective Note and Supervisor's Report
14	Participate in organising a symposium or session at a national or international conference.	Reflective Note and Supervisor's Report

28. Eating Disorders Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry, Eating Disorders Psychiatry, Perinatal Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Eating Disorders Psychiatry requires attainment of all of the Eating Disorders Psychiatry learning outcomes and a minimum of 12 months in a Eating Disorders Psychiatry placement. The Eating Disorders Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Eating Disorders Psychiatry (BST or HST).

	Learning Outcomes	**Assessment Method(s)**
1 *	Diagnose (i) Anorexia nervosa (AN), (ii) Bulimia nervosa (BN) (iii) binge eating disorder (BED) and (iv) Avoidant/ restrictive food intake disorders (ARFID), Rumination regurgitation disorder and Other Specified Feeding and Eating disorders (OSFED) utilising diagnostic criteria	CBD, CP
2 *	Assess and manage (i) acute and (ii) chronic medical issues arising from eating disorders utilising best practice guidelines	CBD
3 *	Manage patients utilising Junior MARSIPAN or MARSIPAN	CBD
4 *	Communicate medical and psychiatric risk information effectively to patients with eating disorders	ACE, mini ACE
5 *	Collaborate with other clinicians who provide care for patients with eating disorders to include (i) medical (ii)paediatric * (iii) emergency departments and (iv) primary care	CBD
6 *	Use principles of (1) family therapy (ii) CBT-E, motivational interviewing, meal coaching in delivery of a treatment plan	ACE, Mini ACE, CBD
7 *	Safely and appropriately prescribe psychotropic medication for those with eating disorders	CBD
8 *	Use and interpret clinical outcome measures in eating disorders treatment including CROMS, PROMS and PREMS	ACE, mini ACE, CBD
9	Participate in a teaching programme on eating disorders to other healthcare professionals	AoT
10 *	Formulate, implement and co-ordinate a multi-disciplinary treatment programme for a patient with an eating disorder	CBD
11 *	Reflect on the application of psychodynamic and systemic principles of working with people with eating disorders	Reflective Note, CBD
12	Contribute to the development of an eating disorder service	Service development project
13	Conduct a literature review on a topic relevant to eating disorders	Literature review
14 *	Document and communicate relevant findings from mental health assessment to other healthcare professionals for a patient with an eating disorder	CBD
15 *	Discuss refeeding syndrome and the associated risks	CBD
16 *	Utilise and interpret an appropriate range of investigations	CBD
17 *	Obtain collateral history from families/ carers where there are challenging family or psychosocial factors	CBD, mini ACE
18	Balance personal and professional priorities to ensure personal health and professional sustainability	Supervisors report, Reflective Note
19 *	Advocate appropriately for those with eating disorders	RN
20 *	Recognise the ethical and legal issues involved in the management of patients with eating disorders	CBD

29. Perinatal Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry, Eating Disorders Psychiatry, Perinatal Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Perinatal Psychiatry requires attainment of all of the Perinatal Psychiatry learning outcomes and a minimum of 12 months in a Perinatal Psychiatry placement. The Perinatal Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Perinatal Psychiatry (BST or HST).

	Learning Outcomes	**Assessment Method(s)**
1(a)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Mood disorders	CBD
1(b)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Anxiety disorders	CBD
1(c)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Psychotic disorders	CBD
1(d)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Psychoactive substance misuse or dependence	CBD
1(e)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Adjustment disorders	CBD
1(f)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Personality disorders	CBD
1(g)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Somatoform disorders	CBD
1(h)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Alcohol dependence	CBD
1(i)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Substance dependence	CBD
2	Develop management plans for each of the disorders/ presentations in 29.1(a-i)	CBD
3(a)	Carry out a Perinatal Risk Assessment	CBD, Risk Assessment
3(b)	Implement risk management plan in response to identified risks	CBD, Risk Management Project
4	Manage the interaction between physical and psychiatric disorders in those presenting to perinatal psychiatry services	CBD
5	Recognise the importance of the mother-infant attachment in assessments	CBD
6	Develop and discuss formulations and apply these formulations to treatment plans on a wide range of patients in the perinatal period	CBD
7(a)	Document relevant findings from perinatal mental health assessments	CBD

7(b)	Communicate relevant findings to other health care professionals	CBD
8	Advocate on behalf of women with mental illness with respect to their obstetric care	CBD
9	Manage patients in the perinatal period who have high risk pregnancies requiring shared care with obstetric/antenatal teams	CBD
10	Give pre-conception advice to a woman with an enduring mental illness	mini ACE
11(a)	Recognise when it advisable to seek advice regarding Safeguarding.	CBD, CP
11(b)	Recognise when mandatory reporting of a child protection issue must occur in a perinatal setting	CBD, CP
12	Lead a multidisciplinary treatment plan for an individual with a complex presentation to perinatal mental health service	CBD, CP
13	Deliver a component of a teaching programme for other healthcare professionals	AoT
14	Liaise with (a) statutory, (b) voluntary agencies and (c) general practitioners involved in the care of patients in pregnancy and postnatal period	CBD, CP
15	Discuss the role of the partner/ father and wider family in the care of a women with mental health disorder in the pregancy or postnatal period	CBD, Reflective Note
16	Safely prescribe psychotropic medications for those with significant medical co-morbidities who are (a) pregnant and (b) post partum.	CBD, mini ACE
17	Safely and appropriately prescribe for pregnant and breast feeding women	CBD, CP
18	Provide appropriate information to patients and partners/ family on risks of psychotropic medication, discontinuing psychotropic medication during pregnancy and breast feeding	Mini ACE
19	Jointly manage a case, presenting in the perinatal period, that requires input from another specialist service	CBD
20	Apply psychotherapeutic principles in the management of patients during pregnancy and in postnatal period	CBD, CP, Reflective Note, SAPE
21	Complete a formal assessment of capacity for a patient during the perinatal period, including assessing patient's capacity to parent and safeguard children.	CBD
22	Utilise interpreter services when patients or families presenting to perinatal psychiatry services are not proficient in English.	CBD, mini ACE
23	Demonstrate appropriate professional boundaries with patients, carers and colleagues	Supervisors report
24	Show commitment to service development	Service development project
26	Demonstrate awareness of the barriers to accessing appropriate care for patients with mental health disorders in the perinatal period	Reflective Note

Syllabus

This section describes the knowledge base necessary for completion of training in Psychiatry at basic and higher levels. It is intended to be read in parallel with the Curriculum section on learning outcomes.

The syllabus consists of detailed lists of subjects that are to be covered by a Trainee during the course of their educational programme. The syllabus is particularly useful in determining specific content to be studied in preparation for Examinations.

1. NEUROSCIENCES

Neuroanatomy	
Cells	• Structure and function of neurons and neuroglia cells
Brain Structure and Function	• External topography of the cerebral hemisphere • Location of main functional areas within the cerebrum • Principal operations of the cerebrum • Cognitive effects of brain injury in different functional areas and at different points in brain development • Association, commissural and projection tracts • Position and function of the midbrain, pons, medulla oblongata and vestibular activating system • Structure and function of the thalamus and hypothalamus • Structure and function of the basal ganglia and clinical features indicating damage to the basal ganglia with particular emphasis on Parkinson's and Huntington's disease. • Structure and function of the limbic system • Structure and function of the cerebellum and clinical features of cerebellar dysfunction
Cerebrospinal Fluid (CSF)	• Structure of the meninges • Component parts of the ventricular system • Production, circulation and flow of CSF • Composition of CSF • Disorders of the ventricular system
Vascular Supply	• Blood supply of the brain • Territorial distribution of blood vessels • Structure and function of the blood-brain barrier
Spinal cord	• Structure of the spinal cord • Distribution and function of the ascending and descending pathways • Location, function and clinical evaluation of upper and lower motor neurons • Description of a simple reflex arc • Causes and clinical features of spinal cord lesions
Peripheral Nervous System	• Structure and function of a typical spinal nerve • Dermatomes
Cranial Nerves	• Origin and anatomical pathway of the 12 cranial nerves • Function and clinical Examination of the cranial nerves

Autonomic Nervous System (ANS)	• Structure and function of both divisions of the ANS • Mechanism of referred pain
Special Senses	• Anatomy of the special senses (eye, ear, nose) • Visual, auditory, vestibular and gustatory pathways • Speech pathway • Assessment of vision, hearing and speech in a routine clinical setting
Cerebral Development and Neural Plasticity	• Development and localisation of cerebral functions • Neurodevelopmental models of psychiatric disorders • Causes of neuronal and neuroglial damage • Defence and repair mechanisms within the brain • Concept of neural plasticity

Neurochemistry	
Action Potential	• Cell membrane structure • Structure and function of ion channels • Sodium-potassium pump • Action potential generation • Depolarisation, hyperpolarisation and refractory period
Synapse	• Synapse structure • Synaptic transmission • Nerve conduction • Long term potentiation and memory acquisition

Neurotransmitters	• Excitatory and inhibitory neurotransmitters
	• Synthesis of neurotransmitters
	• Function and effect of neurotransmitters
	• Distribution of neurotransmitters within the brain the following neurotransmitter pathways:
	  ○ Cholinergic
	  ○ Corticofugal
	  ○ Mesocortical
	  ○ Mesolimbic
	  ○ Noradrenergic
	  ○ Nigrostriatal
	  ○ Serotonergic
	• Effect of psychotropic and other drugs on neurotransmitters
	• Function of selected neuropeptides including CRH, CCK, encephalins and endorphins

Receptors	• Structure of receptors for serotonin, acetylcholine, dopamine, noradrenaline, GABA and glutamate • Structure and function of G-protein linked receptors • Action of psychotropic drugs on G-protein linked receptors, ligand gated ion channels and voltage sensitive ion channels

Neurophysiology	
Electroencephalography	• Normal EEG including different frequency bands

(EEG)	• Evoked responses technique • EEG in cerebral pathology, seizure disorders and psychiatric disorders (including personality disorder and organic disorders) • Effect of medication, including psychotropic medication, on the EEG
Integrated Behaviour	• Neural and endocrine pathways of perception, pain, memory, motor function, arousal, drives (sexual, hunger, and thirst), motivation and emotions (aggression, fear and stress) • Clinical features of disturbances integrated behaviour pathways with relevance to organic and non- organic (functional) Psychiatry
Neuroendocrine System	• Control of secretion of hypothalamic and pituitary hormones • Posterior pituitary function • Hormonal changes in psychiatric disorders • Neuroendocrine pathways and disturbances in psychiatric disorders • Physiology of arousal and sleep, with emphasis on noradrenergic activity and the locus coeruleus • Overview of endocrine system and effects of endocrine hormones • Pain perception • Gate theory and transcutaneous nerve stimulation

Neuroimaging	
	• Structural and functional neuroimaging • Indications for neuroimaging in Psychiatry

2. GENETICS

Chromosomes, Genes and DNA	• Structural relationship between chromosomes, genes and DNA • Molecular structure of DNA • Mutation • Autosomes and sex chromosomes • Genome, haploid cell, diploid cell and karyotype
Protein Synthesis	• Origin and structure of mRNA • Mechanism of transcription • Mechanism of translation
Cell Division	• Mechanism of DNA replication • Mitosis and meiosis • Genetic diversity
Genetic Pattern of Inheritance	• Patterns of inheritance • Recessive and dominant genes • Transmission of sex-linked characteristics
Genetic Basis of Disease	• Causes of cell mutation • Disorders caused by gene mutation • Disorders caused by chromosomal abnormalities

	• Genes associated with psychiatric disorders • Genes associated with organic brain disorders • Genetic anticipation • Environmental factors in genetic disease
Investigation and Diagnosis of Genetic Disorders	• Family, twin and adoption studies • Prenatal genetic screening utilising chorionic villous sampling and amniocentesis • Genetic counselling • DNA banks
Molecular Genetics	• Restriction enzymes • Restriction fragment length polymorphism • Recombinant DNA techniques • Molecular cloning • Gene probes • Candidate genes • Southern blotting • Northern blotting • Genetic markers • Linkage studies • Association studies • LOD score

3. PSYCHOLOGY

Basic Psychology	
Learning Theory *Associative learning* *Cognitive learning* *Observational (social) learning*	 • Classical and operant conditioning, higher-order conditioning, simultaneous, delayed and trace conditioning, stimulus generalisation, extinction, reinforcement, shaping, chaining • The work of Pavlov, Skinner, Watson and Thorndike • Behavioural theory, aversion therapy and token economies • Escape and avoidance conditioning • Punishment • Insight learning, latent learning • Effective models for observational learning • Social learning theory
Thought	• Basic thought processes • Differentiate normal thinking from obsessions, overvalued ideas and delusions • Thought form • Thought stream
Perception	• Visual, auditory, olfactory, gustatory, tactile and somatic perception

	• Perceptual organisation • Perceptual constancy • Development of vision • Depth perception and the 'visual cliff' • "Figure-ground" differentiation • The effects of sensory deprivation • Illusions, hallucinations and agnosias
Attention and Information Processing	• Divided, selective, controlled, sustained and automatic attention • Sensory buffer • Data driven and conceptually driven information processing
Memory	• Registration, storage, encoding and retrieval • Sensory memory, short-term (working) memory and long-term memory • Mechanisms of forgetting
Personality	• Nomothetic and idiographic theories of personality development • Factor Analysis • Eysenk's Type Theory • Kelly's Personal Construct Theory • Cattell's Trait Theory • Erikson's theory of psychosocial development • Humanism and the Rogerian concept of the self • Q sort technique • Repertory grid • Freud's psychoanalytic theory in relation to personality (dreams, neurotic symptoms, unconscious, preconscious, conscious, ego, id, superego and defence mechanisms) • Temperament • Minnesota Multiphasic Personality Inventory (MMPI) • Hare's Psychopathy Checklist
Emotion	• Components of emotional response • The theories of James Lange, Cannon Bard, Schachter, Singer and the cognitive appraisal theory of Lazarus • Emotion and performance
Stress and Coping Mechanisms	• Models of stress • Causes of stress • Locus of control • Learned helplessness • The Social Readjustment Rating Scale • Coping mechanisms • Cohen and Lazarus' classification of coping mechanisms
Motivation	• Needs and drives • Extrinsic motivation theories

	• Intrinsic motivation theories • Need for achievement • Maslow's hierarchy of needs
Awareness	• Consciousness, arousal, attention and alertness • Hypnosis and suggestibility • Neurophysiology of sleep • Parasomnias
Brain Organisation	• Brain neuroanatomy and its function in relation to memory, language, perception and visuo-spatial abilities • The function of the lobes of the brain

Social Psychology	
Attitudes	• Components and functions of attitudes • Measurement of attitudes • Relationship of attitudes to behaviour • Cognitive dissonance theory • Prejudice as an attitude
Social Influence	• Social influence and behaviour change • Attribution theory • Conformity • Obedience and Milgram's experiments • Group decision-making • Social facilitation • Social power • Leadership • Crowd behaviour • Deindividuation • Social deviance including the theories of Durkheim and Merton
Aggression and Violence	• Psychodynamic, ethological and social learning theories of aggression • Frustration aggression hypothesis • Aggressive cue theory • Gender, childhood, social and personality factors of those who are violent • The relationship between violence and mental illness
Pro-social Behaviour	• Empathy and altruism • Social exchange theory • Interpersonal cooperation

Developmental Psychology	
Development	• Prenatal influences on development • Nature and Nurture theories • Maturation and behaviourism • Stage theories of development • The contribution of genetic and environmental factors to development
Intelligence	• Definitions of intelligence • Intelligence tests (Wechsler Intelligence Scale for Children (WISC), Wechsler Adult Intelligence Scale (WAIS), Wechsler Abbreviated Scale of Intelligence (WASI) National Adult Reading Scale (NART) and Stanford-Binet Test) • The effect of psychiatric disorders and abnormal mental states on the measurement of intelligence • Theories of intelligence
Cognitive Assessment	• Uses and limitations of cognitive tests • Mini Mental State Examination • Addenbrooke's Cognitive Examination – Revised (ACE-R) • Alzheimer's Disease Assessment Scale • Autobiographical Memory Interview • Behavioural Assessment of the Dysexecutive Syndrome (BADS) • Behavioural Inattention Test • Boston Naming Test • Cambridge Cognitive Examination (CAMCOG) • Cambridge Neuropsychological Test Automated Battery (CANTAB) • Category and letter fluency tests • Cognitive Estimates Test • Digit Span • Graded Naming Test • Hodginson Mental Test • Mattis Dementia Rating Scale • Information Memory Concentration (IMC) Test • Raven's Progressive Matrices • Recognition Memory Test • Rey Auditory Verbal Learning Test • Rey Osterrieth Complex Figure Test • Rivermead Behavioural Memory Test • Story Recall • Stroop Tests • Trail Making Test • Wechsler Memory Scales • Western Aphasia Battery (WAB) • Wisconsin Card Sorting Test
Cognitive Development	• Piaget's stages of cognitive development • Vygotsky's theory

	• Bruner's theory
Moral Development	• Freud's psychoanalytic theory (the structure of the personality, psychosexual development and the Oedipus Complex) • Piaget's theory of moral development • Kohlberg's theory of moral development • Social learning theory
Attachment	• Phases in the development of attachment • Harlow's attachment experiments • Ethological theories and the experiments of Lorenz • Maternal-infant bonding • Bowlby's theory of maternal deprivation and Rutter's refinement of the theory • Bowlby's theory of attachment • Ainsworth's 'strange situation' and types of attachment • Separation anxiety • The effects of early attachment on later adult relationships • The work of Mary Main • The theories of Donald Winnicott in relation to the mother-infant relationship
Object Relations	• Melanie Klein and Donald Winnicott's object relations theories
Development of the self-concept	• Self-esteem, self-image, ideal self, self-recognition, self-definition, psychological self, categorical self and self-fulfilling prophecy • Theory of mind
Trauma and Loss	• The bereavement process • The psychological and psychiatric consequences of trauma, abuse and loss • The effects on individuals and families of bereavement, divorce and abuse • Munchausen Syndrome by Proxy
Family Structure	• Family structures • Family life-cycle • Family dysfunction • Parenting styles
Language Development	• Learning and innate processes of language development • Stages of language acquisition • The theories of Chomsky • Language abnormalities present in psychiatric conditions and pervasive developmental disorders • Stuttering and cluttering • Selective mutism • Developmental language disorder • Pragmatic language impairment

Sexual Development	• Sexual development and the interplay of biological, psychological and social influences • Sexual identity and sexual orientation • Gender identity, gender role and gender typing
Adolescence	• Adolescence and Development • Adolescent "turmoil" • Puberty • Erikson's theory of identity crisis
Adulthood	• The adaptations involved in becoming an adult - pairing, parenting, illness, loss and bereavement • Erikson's stages of development • The physiological and psychological changes involved in pregnancy and childbirth • The psychological changes associated with ageing • The physical, social, emotional and cognitive changes of later life • The theories of Kubler-Ross in relation to death and dying

4. EVOLUTION OF MODERN PSYCHIATRY

Classification Systems	• The history of the development of classification systems in Psychiatry • International Classification of Disease (WHO) and Diagnostic and Statistical Manual (APA) -clinical descriptions and diagnostic guidelines for mental and behavioural disorders • The advantages and disadvantages of classification systems
Philosophy & Psychiatry	• The philosophical theories underpinning phenomenology • Philosophically-based analyses and critiques of Psychiatry • The principles underlying values-based practice
History of Psychiatry	• The history of concepts of mental health and mental illness • History of schizophrenia • Historical figures associated with psychotic disorders including Bleuler, Kraepelin and Schneider • History of mood disorders • Historical figures associated with mood disorders, such as Greisinger, Falret and Kraepelin • History of anxiety disorders • Historical figures associated with anxiety disorders including James, Beard, Janet and Freud • The history of the care of the mentally ill and those with learning disability • The history of the development of addiction services • The history of the development of rehabilitation services • The history of the development of child and adolescent services

	• The development of physical and psychological treatments • The Anti-Psychiatry Movement • Deinstitutionalisation • The Recovery approach
Psychiatry & Society	• Cultural, sociological and economic influences on individual experiences of mental health problems • Representation of mental illness in the media and arts • Stigma and mental illness
Transcultural Psychiatry	• Universalism, globalisation, acculturation, cultural diversity, cultural stereotypes and social capital • Models of ethnic and racial identity • The influence of culture on psychiatric symptoms, psychopathology, somatic idioms of distress, coping mechanisms and responses to distress • The influence of cultural factors on presentation, assessment and management of individual cases • The prevalence and prognosis of mental disorders across cultures • The association of migration and common psychiatric disorders (particularly depression and schizophrenia) • Culture-bound syndromes such as koro, amok, latah, boufée delirante, dhat, susto, pibloqtoq and brain fag syndromes

5. DESCRIPTIVE PSYCHOPATHOLOGY

	• Disturbed consciousness • Disturbances of attention, concentration and orientation • Disturbances of memory • Disturbances of time sense • Perceptual abnormalities • Delusions and other disorders of thought content • Disorders of the thinking process • Language and speech disorders • Disorders of intellectual performance • Disorders of the sense of self • Disorders of the awareness of the body • Affect and emotional disorders • Anxiety, phobia and obsession • Disturbances of will • Impulsive and aggressive acts • Disturbances of movement and behaviour • The relative importance and the diagnostic relevance of the different types of psychopathology

6. CLINICAL PSYCHOPHARMACOLOGY

General Principles	• Classification of psychotropic drugs • The history of the development of psychotropic drugs • The placebo effect • Principles of rational prescribing for psychotic, mood, anxiety, personality, substance misuse and eating disorders, dementias, ADHD, Autism Spectrum Disorder, tics and Tourette's syndrome
Pharmacokinetics	• Drug absorption, distribution, metabolism and elimination • Factors affecting the permeability of the blood-brain barrier • Cytochrome P450 enzyme system • The concepts of half-life and steady state • Distribution of medication and the association with protein-binding • Comparative pharmacokinetics of oral, intramuscular and intravenous psychotropic agents • The role of plasma level monitoring of psychotropic agents • Effects of physical illness on the pharmacokinetics of psychotropic agents • Effects of age and ethnicity on the pharmacokinetics of psychotropic agents • Principles of prescribing in the elderly, pregnancy, lactation, child bearing women, children, those with intellectual disability and renal or hepatic impairment
Pharmacodynamics	• Mode of action of anti-psychotics, anti-depressants, mood stabilisers, anxiolytics, anti-epileptic drugs, hypnotics and drugs used in the management of substance misuse
Side Effects and Adverse Drug Reactions	• Side-effects and adverse effects of psychotropic drugs • Toxic effects of psychotropic medications including the effects of these drugs in overdose • Risk/benefit ratio of prescribing medication • Drug interactions of psychotropic medications including interactions with medications used for physical illness • Extrapyramidal side-effects • Serotonin syndrome • Neuroleptic Malignant Syndrome • The dependency-forming nature of benzodiazepines as well as of some non-benzodiazepine hypnotics • Strategies used to monitor, minimise and treat the development of side-effects and adverse effects • Patient education in relation to prescribing psychotropic medications • The system for reporting adverse drug reactions • Principles related to the prescription of controlled drugs • NICE prescribing guidelines for psychotropic drugs
Drug Concordance	• The drug and patient factors associated with drug concordance • Strategies for improving concordance

7. PROVISION OF CARE

Models of Care	• The role and functions of community mental health teams • Models of service delivery e.g. assertive outreach • Day hospital functions • Home-based care • Crisis intervention • Early intervention • Enduring illness and care provision
Psychosocial Interventions	• Psychoeducation • Social skills training • Vocational rehabilitation • Cognitive remediation • Family Interventions • Motivational Interviewing
Health Promotion and Social Inclusion	• The inter relationships of social functioning, psychological well being and physical and mental health • The principles of preventative medicine in Psychiatry • Inequalities in physical health in people with mental illness • Social exclusion and barriers to health care among the homeless, prisoners, offenders, members of the Travelling Community, other ethnic minorities and asylum seekers and refugees
ECT	• Indications for ECT • Prescribing principles • Adverse effects • Principles of administration of ECT • Psychotropic drugs and ECT
Carer Burden	• The physical, emotional and financial effects on those providing formal and informal care to adults and children with mental illness or learning disability and to the elderly with dementia
Care of the Dying and Bereaved	• Management of aspects of dying which may include fear, insomnia, anxiety, depression, paranoia, confusion • Bereavement and physical and mental illness

8. PSYCHOTHERAPY

General	• Levels of psychotherapy (supportive, intermediate, exploratory) • Selection and appropriate referral for psychotherapy • Indications for brief and long term psychotherapy, individual and group psychotherapy • Evidence base for the psychotherapies • Therapeutic factors common to the psychotherapies • The therapeutic relationship • Therapeutic boundaries • Psychotherapeutic formulation • Supervision in psychotherapy
Psychoanalysis and Psychodynamic Psychotherapy	• The unconscious, id, ego and superego • Transference and counter-transference • Resistance • Free association • Dream Interpretation • Defence Mechanisms • Repetition Compulsion • Unconscious conflict • Trauma • Desire • Acting out • Working through • Insight • Dependence • Negative therapeutic reaction • Individual, group and family psychodynamic therapy • Brief dynamic therapy • The role of past experiences in current difficulties • Theories of Sigmund Freud, Karl Jung, Alfred Adler, Erik Erikson, Erich Fromm, Karen Horney, Otto Rank, Ronald Fairbairn, Melanie Klein, Anna Freud, John Bowlby, Donald Winnicott, Heinz Kohut, Michael Balint, Jacques Lacan
Cognitive Behavioural Therapy	• Interactions between thoughts, affect, behaviour and physiology • Negative automatic thoughts, core beliefs and dysfunctional assumptions • Guided discovery • Agenda setting and identification of treatment goals • Cognitive errors • Physical techniques (relaxation, controlled breathing and applied tension) • Cognitive model of depression • Cognitive model of anxiety • Cognitive model of personality disorders • CBT in OCD, eating disorders, psychosis and trauma • Behavioural Activation

	• Solution focused brief therapy • The work of Joseph Wolpe, Mary Cover Jones, Abraham Low, Hans Eysenk Aaron Beck, David Clark, David Barlow
Family Therapy	• Main schools of family therapy (structural, systemic, strategic, social constructionist approach, solution focussed brief therapy) • Family interactions: dyads, triads and repetitive patterns of behaviour and communication • Politics of the family in terms of power hierarchy, alliances, coalitions, regulators and controls • Individual and generational family boundaries in spatial, temporal and emotional fields • Enmeshment, differentiation and disengagement • Individuation and separation • Relationship styles such as complementary, affiliative, oppositional, symmetrical and reciprocal • Family negotiation of transitional stages • Family functioning in both homeostasis and change • Family life cycle • Family belief system • The genogram
Interpersonal Therapy (IPT)	• Structure of IPT: patient selection, treatment contract, interpersonal inventory, interpersonal formulation • IPT techniques and problem areas (disputes, transitions, grief and loss, interpersonal deficits) • The work of Harry Stack Sullivan
Cognitive Analytic Therapy (CAT)	• Psychotherapy file, traps, snags and dilemmas • Procedural Sequence Object Relations Model • Case formulation and CAT reformulation
Dialectical Behaviour Therapy (DBT)	• Mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness
Group Therapy	• Therapeutic factors in group therapy • Group processes • The role of the group therapist • Selection of group participants • Problem group members • Specialised therapy groups • The work of Alexander Wolf, Wilfred Bion, Henry Ezriel, S.H. Foulkes, Irving Yalom

9. RISK

Identification, Assessment and Management of Risk	• Self-harm, suicide, self-neglect, risk from others and risk to others • Individual vulnerability factors • Factors associated with the risk of self-harm and suicide • Epidemiology of self-harm and suicide • The risk factors associated with violence to others • Balancing duty to a patient with issues of public safety • The risk factors associated with self-neglect • Risks associated with medical and psychotherapeutic treatments • Risks to Children and Child Protection

10. ETHICAL AND LEGAL ASPECTS OF PSYCHIATRY

General	• Restraint and rules and code of practice governing same • Seclusion and rules governing same • Autonomy and protection of Civil Liberties • The right to treatment and the right to refuse treatment • Informed consent • Capacity to consent to treatment, enter a contract and testamentary capacity • Wards of Court System • Enduring power of attorney • Human rights legislation and how this applies to people with mental illnesses and people with learning disability • The role of advocacy • Confidentiality and situations in which confidentiality may be broken • Children First: National Guidelines for the Protection and Welfare of Children • The role of the Medical Council • Guide to Professional Behaviour and Ethics for Registered Medical Practitioners • Driving assessment in patients with cognitive impairment, psychiatric disorder and in patients on psychotropic medications • Definition, manifestations and management of elder abuse
Research	• Ethical principles in research • Special considerations for research involving children and adults who lack the capacity to consent • Declaration of Helsinki • Data Protection Commissioner's Data Protection Guidelines on Research in the Health Sector
Legislation	• Medical Practitioners Act 2007 • The Mental Health Act 2001

	• Mental Capacity Bill 2008 • Criminal Law (Insanity) Acts 2006 and 2010 • Data Protection Acts 1988 and 2003 • Non-Fatal Offences against the Person Act 1997 • Criminal Justice Act 2006 (Section 15) • Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations 1998 (The Methadone Protocol) • Misuse of Drugs Acts 1977 and 1984
Court	• Role and duties of the expert court witness • Court etiquette • Principles and conventions concerning the preparation of reports for court with particular reference to Medical Council guidelines, report format, consent and confidentiality

11. RATING SCALES

Rating Scales	• Beck Depression Inventory (BDI) • Hamilton Depression Rating Scale (HDRS) • Montgomery & Asberg Depression Scale (MADRS) • Hospital Anxiety & Depression Scale (HADS) • Edinburgh Post-Natal Depression Scale • Young Mania Rating Scale (YMRS) • Beck Anxiety Inventory (BAI) • Hamilton Anxiety Inventory (HAI) • Yale-Brown Obsessive Compulsive Scale (YBOCS) • Obsessive-Compulsive Index Rating (OCI-R) • Positive & Negative Syndrome Scale (PANSS) • Scale for the Assessment of Positive Symptoms (SAPS) • Scale for the Assessment of Negative Symptoms (SANS) • Global Assessment of Functioning (GAF) • Suicide Intent Scale (SIS) • Bulimic Investigatory Test Edinburgh (BITE) • Eating Attitudes Test (EAT) • Eating Disorder Examination (EDE) • Morgan-Russell Scale • Abnormal Involuntary Movement Scale (AIMS) • Barnes Akathisia Rating Scale • Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) • Arizona Sexual Experience Scale (ASEX) • Addiction Severity Index (ASI) • Clinical Institute Withdrawal Assessment of Alcohol Scale Revised (CIWA-Ar) • Short Alcohol Withdrawal Scale • Severity of Alcohol Dependence Questionnaire (SADQ) • Treatment Outcome Profile • Alzheimer's Disease Assessment Scale

	• Blessed Dementia Scale • Drug Attitude Inventory • Social Functioning Questionnaire SFQ • Lancashire Quality of Life Profile • Psychiatric Assessment Scale for Adults with Developmental Disability (PAS-ADD) • Glasgow Depression Scale

12. CRITICAL APPRAISAL OF SCIENTIFIC PAPERS & MEDICAL STATISTICS

Study Design	• Quantitative and qualitative research methods • Randomised controlled trials, meta-analysis, systematic reviews, case-control studies, cohort studies, cross sectional surveys, naturalistic studies and economic analysis • The advantages, disadvantages and applications of the different types of study design • Placebo-controlled and parallel group comparison • Databases such as MEDLINE and the Cochrane Library
Assessing methodological quality	• Bias • Sample selection • Blinding • Control in the study • Inclusion and exclusion criteria • Study size, duration, outcome and follow up • Surrogate end points • Management of drop outs and non-responders
Terminology	• Categorical, continuous and ordinal data sets • Mean, median, mode, variance, range, confidence interval • Standard deviation • Standard error of the mean • Probability distribution • Parametric and non-parametric distributions • Null hypothesis • Significance • Effect size • Probability • Reliability and validity • Prevalence • Incidence • Correlation • Regression • Causality • Type 1 and 2 errors • Confounding factors
Statistical Analysis	• P-value • Parametric statistical tests (t-test, analysis of variance,

	analysis of co-variance, Pearson's r, regression) • Non-parametric statistical tests (chi-square, Mantel Haenszel test, Mann-Whitney-U test, Wilcoxon signed rank test, analysis of variance by ranks e.g. Kruskall-Wallis, McNemar test, Spearman's rank correlation coefficient) • n of 1 trials • Kappa and Cronbach's alpha • Survival analysis • Sensitivity • Specificity • Relative risk • Absolute risk reduction • Relative risk reduction • Odds ratio • Likelihood ratio • Hazard ratio • Number needed to treat/harm • Positive and negative predictive values
Randomised Controlled Trials	• Randomisation • Power • The CONSORT guidelines • Blinding • Placebo-control • Intention to treat analysis • Last observation carried forward • Factorial design
Systematic Review and Meta-analysis	• Differentiation between systematic review and meta-analysis • Sensitivity analysis • Heterogeneity • Weighting of trials
Graphs	• Stem and leaf plot • Box and whisker plot • Forest plot • Scatter plot
Qualitative studies	• Questionnaires, field notes, observation, interviews, focus groups, case studies and consensus methods

13. TEACHING AND LEARNING

Principles of education	• Theories of learning • Learning styles • Small group dynamics • Principles of instructional design • Principles of Curriculum planning and evaluation • Principles of assessment and feedback • Principles of change • New learning technologies
Teaching large and small groups	• Teaching session preparation and delivery • Teaching session assessment and feedback • Teaching clinical and practical skills
Teaching in the clinical setting	• Clinical supervision in the ward, out-patient clinics, on-call and the community • Situated learning • Reflective practice
Facilitating and managing learning	• Formulation of learning outcomes • Development of teaching strategies and learning experiences • Facilitation of learning experiences • Appraisal of learning

14. MANAGEMENT AND LEADERSHIP

History and Structure of Health Services	• Precursors of the HSE • The role of voluntary and community organisations • HSE structure (CEO, board, national directors, regional directors of operations, executive clinical directors, area managers) • Private service provision
Health Policy	• A Vision for Change • Quality and Fairness A Health Policy for You • Report of the National Task Force on Medical Staffing (Hanley Report) • National Action Plan for Social Inclusion 2007-2016
Theory of Management	• Scientific Management Theory • Bureaucratic Management Theory • Human Relations Movement • Henri Fayol's views on administration • Contingency Theory • Systems Theory • Chaos Theory • Team Building Approach • Organisational Culture

Management of Change	• Planning the change process • Engagement and buy in of stakeholders • Overcoming resistance • Communication • Visible sponsorship • Culture and value systems • Evaluation of the change effort • Kotter's 8 Step model of change management
Clinical Governance	• Clinical effectiveness and research • Audit • Risk Management • Education and Training • Public and Patient Involvement • Staffing and management of staff • Use of information and I.T.
Personal Development and Management	• Time Management • Chairing meetings • Effective committee membership • Team working • Effective communication • Negotiation • Managing people (performance management, supervision, mentoring)
Leadership	• Leadership styles • Qualities of effective leaders • Roles and responsibilities of the clinical team leader
Resources	• Resource allocation • Service planning • Workforce planning • Recruitment

15. GENERAL ADULT PSYCHIATRY

Psychotic Disorders	• Epidemiology of schizophrenia and other psychotic disorders • Aetiology of schizophrenia • Clinical features of schizophrenia • Structural and functional neuroimaging findings in schizophrenia • Neuropathological and neurochemical changes in schizophrenia • Psychological and social theories of schizophrenia • Clinical presentation, aetiology and management of eponymous and non-eponymous persistent delusional disorders, schizoptypal disorder and schizoaffective disorder • Diagnosis and classification of psychotic disorders

	• Course and outcome of psychotic disorders • Treatment of psychotic disorders • Co-morbidity
Organic Psychiatric Disorders	• Clinical features, diagnosis and management of delirium • Clinical features, diagnosis, management and prognosis of the dementias • Clinical features and causes of lesions of specific brain areas • The psychiatric features of specific movement disorders • Clinical features, diagnosis, management and psychiatric co-morbidity of epilepsy and non-epileptic seizures • Clinical features, diagnosis, management and prognosis of head injuries • Clinical features and psychiatric co-morbidity of stroke, subarachnoid haemorrhage and intracranial haematoma • Clinical features of infectious diseases associated with intracranial infections • Clinical features of metabolic disorders which affect the brain • Clinical features of autoimmune conditions which affect the brain • The effects of poisoning on the brain • The clinical features, aetiology, treatment and prognosis of multiple sclerosis, motor neuron disorders, Parkinson's Disease and prion diseases • Psychiatric co-morbidity in neuropsychiatric disorders • Neuropathological features of dementias and prion diseases
Affective Disorders	• Epidemiology of affective disorders • Aetiology of affective disorders • Clinical features of unipolar depression, bipolar affective disorder and persistent mood disorders • Structural and functional neuroimaging changes in affective disorders • Psychological and social components in affective disorders • Course and outcome of affective disorders • Treatment of affective disorders • Co-morbidity
Anxiety Disorders	• Epidemiology of anxiety disorders • Aetiology of anxiety disorders • Clinical features of generalised anxiety disorder, panic disorder, phobic disorders, mixed anxiety and depressive disorder, acute stress reactions, PTSD, adjustment disorders and OCD • Structural and functional neuroimaging changes in anxiety disorders • Psychological and social components in anxiety disorders • Course and outcome of anxiety disorders • Treatment of anxiety disorders • Co-morbidity

Disorders of Adult Personality and Behaviour	• Epidemiology of personality disorders • Aetiology of personality disorders • Clinical features of emotionally unstable, dissocial, anxious (avoidant), dependent, histrionic, anankastic, paranoid and schizoid personality disorders • Treatment of personality disorders • Course and outcome of personality disorders • Co-morbidity • Habit and impulse disorders • Disorders of sexual preference • Elaboration of physical symptoms for psychological reasons • Factitious Disorder
Substance Misuse Disorders	• Epidemiology of alcohol and drug misuse • Aetiology of alcohol and drug misuse • Clinical features of alcohol and drug misuse (harmful use, dependence, intoxication, withdrawal) • Alcohol and drug related psychiatric and neurological disorders • Physical, mental and social sequelae of alcohol and drug misuse • CAGE, AUDIT (Alcohol Use Disorder Identification Test) and MAST (Michigan Alcoholism Screening Test) screening tools • Treatment of alcohol and drug misuse (See also Section 20) • Co-morbidity
Eating Disorders	• Epidemiology of eating disorders • Aetiology of eating disorders • Clinical features of anorexia nervosa and bulimia nervosa • Psychological and social consequences of eating disorders • Assessment of medical complications of eating disorders • Treatment of eating disorders • Course and outcome • Co-morbidity
Dissociative Disorders, Somatoform Disorders and Chronic Fatigue Syndrome	• Epidemiology • Aetiology • Clinical features • Treatment • Course and Prognosis
Gender Identity Disorders	• Epidemiology • Aetiology • Clinical features • Treatment

Perinatal Psychiatry	• Epidemiology, aetiology and clinical features of maternity blues, postnatal depression and puerperal psychoses • Pregnancy in women with major mental illness • The features of normal maternal bonding • Principles of prescribing psychotropic medication during pregnancy and lactation • Adverse effects of psychotropic drugs in pregnancy and in lactation • Provision of preconception advice regarding mental illness and its treatment to women and their partners • The role and use of mother-and-baby units
Emergency Psychiatry	• The application, uses and appropriateness of emergency interventions such as crisis intervention, home treatment, hospital admission and the use of the Mental Health Act 2001 • Management of acutely disturbed behaviour and rapid tranquilisation • Management of suicidal risk

16. PSYCHIATRY OF LEARNING DISABILITY

Definitions and Classification	• WHO definitions of impairment, handicap and disability • Components of the definition of learning disability • Differentiating aspects of learning disability from acquired brain injury • Classification of degree of learning disability and associated levels of adaptive behaviour • Diagnostic Classification in Learning Disabilities (DC-LD), Diagnostic Manual for Intellectual Disability (DMID)
Historical Perspectives	• Societal attitudes and care approaches to people with learning disabilities • Current range of care approaches in Ireland • Inclusion and normalisation
Epidemiology	• Prevalence of learning disabilities in the general population • National Intellectual Disability Database • Prevalence of psychiatric disorders in LD population and biopsychosocial risk factors which contribute to this prevalence • Diagnostic overshadowing
Developmental Disorders	• Role of genetic and environmental factors in developmental brain disorders • Disorders associated with learning disability, with particular reference to Down's syndrome, fragile X, foetal alcohol syndrome, autism spectrum disorders

Learning Disability and Psychiatric Disorders	• The impact of learning disability on the presentation of psychiatric disorder, psychopathology and behaviour • Adaptations of the psychiatric interview and mental state Examination for patients with learning disability • Principles of prescribing in patients with learning disability • Functional analysis of behavioural disorders • Psychological, psychotherapeutic and social approaches to treatment of patients with learning disability with psychiatric or behavioural disorders
Ethical and legal	• See Section 10

17. PSYCHIATRY OF OLD AGE

Neurosciences	• Epidemiology of ageing and age- related psychiatric disorders • Genetics, pathophysiology, neuroanatomy and neuroimaging of normal ageing and of age-related psychiatric disorders
Psychiatric Disorders	• Aetiology, clinical features, pharmacological and non-pharmacological management and prognosis of psychiatric disorders occurring in later life with particular reference to late onset non-organic, non-affective psychoses, dementias and delirium
Community Resources	• Community-based resources including: primary care teams, public health nursing, community occupational therapy, social work for the welfare and protection of older people, voluntary agencies, day centres, home help, home care assistance, in-home respite, residential respite, active retirement groups, education and support groups, transport resources
Psychology of Ageing, Clinical Pharmacology and Ethical and Legal Issues	• See Sections 3, 6 and 10

18. FORENSIC PSYCHIATRY

General	• Mental disorders and their association with risk of violence and offending behaviour • Epidemiology of mental disorder in custodial settings • Principles of actuarial risk assessment and structured professional judgement • Structured professional judgement instruments with particular emphasis on HCR 20 and SVR 20 • Receiver operator characteristic and its application to risk assessment • Concept of therapeutic security • The interface between psychiatric services and criminal justice agencies, e.g. the courts, probation service, Gardaí, prison psychology services, prison healthcare and prison officers • Relationships between mental disorder, substance misuse and crime • Relationships between social marginalisation, mental disorder and offending behaviour with particular reference to homelessness, unemployment, poor educational attainment and substance misuse • Diversity issues in relation to forensic Psychiatry, with particular reference to age, gender, ethnicity and culture • Interaction of specific co-morbidities in the context of forensic Psychiatry, with particular reference to personality and developmental disorders and the co-morbidities of sensory, cognitive or neurological impairment • Impact of violence and offending behaviour on the patient, carers and the wider social network • Impact of violence and offending behaviour on the victim • Concepts of victim and secondary victim • See also Section 10

19. LIAISON PSYCHIATRY

General	• Clinical presentation of psychological problems in physical care settings • Interrelationship between depression and anxiety with chronic medical conditions • Diagnosis of psychiatric disorder in the presence of significant physical illness • Management of severe mental illness in those admitted with physical illness • Deliberate self-harm • Somatoform disorders/medically unexplained symptoms, hypochondriacal disorder, dissociative disorders • Pathophysiological mechanisms, such as muscle tension or chronic hyperventilation, that contribute to somatoform disorders • Problems associated with over investigation of medically unexplained symptoms • Chronic pain – theory, clinical aspects and management • Pain and iatrogenic drug dependence • Delirium – hypoactive and hyperactive • Elaboration of physical symptoms for psychological reasons • Factitious disorder • Malingering • Health anxiety, stress-coping paradigm, and abnormal illness behaviour • Psychological responses to medical illness or injury • Response of families and carers to illnesses and to both primary and secondary disability • Social, psychological and pharmacological treatments used in liaison Psychiatry • Role of the liaison team in advising and educating clinical staff in primary and secondary care • The differences between emergency, consultation and liaison styles of working • Effective delivery of a liaison service • The problems arising from Cartesian (mind-body) dualism
Substance Misuse Disorders, Eating Disorders, Organic Psychiatric Disorders, Perinatal Psychiatry and Emergency Psychiatry	• See Section 15
Ethical and legal aspects	• Applications of the Mental Health Act 2001 and common law to patients in medical/ surgical setting • See also Section 10

20. ADDICTION PSYCHIATRY

Psychoactive Substance Misuse	• See also Section 15 • Physical and Psychological Dependence • Opioids (heroin, methadone, hydromorphine, morphine, opium, oxycodone), Stimulants (amphetamines, cocaine, methamphetamine), Hallucinogens (Ecstasy/MDMA, ketamine, LSD, mescaline, psilocybin), Marijuana/Cannabis, Inhalants, Cathinone derivatives (e.g. methadone), GHB (gamma hydroxybutyrate), Benzodiazepines and Barbiturates • Effects on the body and mind, overdose effects, withdrawal effects and routes of use of the above psychoactive drugs • The metabolism of alcohol • Actions of alcohol and psychoactive drugs on reward circuits • Actions of alcohol at glutamate and GABA synapses
Public Health Aspects	• Epidemiology of substance misuse • Biological, psychological and socio-cultural theories of drug and alcohol dependence (models of addiction) • National Strategy on Drugs and Alcohol • Substance misuse in special populations including young people, the elderly, homeless people, prison populations, the Travelling Community, commercial sex workers, ethnic minorities and immigrant populations • Strategies for the prevention of substance misuse
Clinical Management	• The four-tier model used in treatment of psychoactive substance misuse • Initiation and stabilisation of opioid substitutes (methadone and buprenorphine $\pm$ naloxone) • Detoxification and management of withdrawal from opiates, benzodiazepines and alcohol • Relapse prevention • Harm minimization • Use of Disulfiram, Acamprosate and Naltrexone in the management of alcohol dependence • Physical, mental and social complications of alcohol and substance misuse • Drug interactions between methadone and other drugs with particular reference to antiretroviral agents and drugs which potentially prolong QTC • Co-morbidity in substance misuse with particular reference to anxiety disorders, mood disorders, personality disorders, conduct disorders and ADHD • Dual diagnosis – management of the co-occurrence of severe mental illness and substance misuse • Interface between addiction services and psychiatric services, criminal justice agencies, emergency and general medical services, maternity services and primary care • States of Change Model • Motivational Interviewing

	• Brief Interventions • Alcoholics Anonymous and Narcotics Anonymous • The impact of substance misuse on families and communities • The role of the family, community and voluntary sector in addressing substance misuse
Legal Aspects	• See Section 10

21. SOCIAL AND REHABILITATION PSYCHIATRY

General	• Multidisciplinary needs based assessment of people with severe and enduring psychotic illnesses • Principles of recovery oriented clinical practice • Wellness Recovery Action Planning (WRAP) • The interface of rehabilitation services with general adult and forensic psychiatric services and community and vocational agencies
Assessment of Need Instruments	• Camberwell Assessment of Need (CAN) • Functional Assessment of Care Environment (FACE)

22. CHILD AND ADOLESCENT PSYCHIATRY

Child Development	• Milestones in motor, speech and language, vision, hearing, sleep, play, bowel and bladder control, sexual and social development • Effects on child development of parental separation, divorce, parental mental illness and parental criminality • Effects of family size, social class, social disadvantage, ordinal position and parental style on child development and behaviour • Family structures and child-rearing styles • Social competence and peer relationships • Conditions where abnormal peer relationships and reduced social competence occurs (e.g. pervasive developmental disorders) • Childhood development of fears • Resilience • (See also Section 3 Developmental Psychology)
Disorders of Childhood and Adolescence	• Epidemiology, clinical features, aetiology, course and outcome and treatment of: Hyperkinetic Disorders, Conduct Disorders, Substance Abuse, Affective Disorders, Anxiety Disorders, Adjustment Disorders, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Suicide and Self Harm, Anorexia Nervosa and Bulimia, Pica of infancy, Tic Disorders, Autism Spectrum Disorders, Rett's

	Syndrome, Psychotic Disorders, Personality Disorders, Attachment Disorders, Bed wetting and soiling, Feeding Disorders, Sleep Disorders, specific developmental disorders of speech and language, specific developmental disorders of scholastic skills, school refusal, Sibling Rivalry Disorder, Gender Identity Disorder • Psychiatric aspects of intellectual disability, sensory impairment and physical illnesses • Psychiatric illnesses presenting with somatic symptoms
Psychopharmacology	• Principles of prescribing in children and adolescents • Indications, pharmacokinetics, pharmacodynamics, interactions, side effects and adverse effects of drugs used in Child and Adolescent Psychiatry, specifically: stimulants, noradrenaline reuptake inhibitors, anti-depressants, anti-psychotics, mood stabilisers, α2 adrenergic agonists, benzodiazepines, hypnotics and opiate substitutes • Monitoring and management of side effects
Psychosocial Interventions	• Parenting skills training • Special education • Play Therapy • See also section 8
Legal Issues	• Fostering and adoption • Children in residential care • Involuntary admission and compulsory treatment • Consent to treatment • Capacity • See also section 10
Rating Scales	• Childhood Autism Rating Scale (CARS) • Autism Behaviour Checklist (ABC) • Autism Diagnostic Interview-Revised (ADI-R) • Gilliam Asperger's Disorder Scale (GADS) • Strengths and Difficulties Questionnaire (SDQ) • Kiddie-Schedule for Affective Disorders and Schizophrenia (Kiddie-SADS) • Children's Depression Inventory (CDI) • Child Behaviour Checklist (CBCL) • Connors' Rating Scales (ADHD) • See also section 11

College of Psychiatrists of Ireland

Assessment of Clinical Expertise

mini-Assessment of Clinical Expertise

(ACE / miniACE)

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ASSESSMENT OF CLINICAL EXPERTISE WBPA TOOL **Please Tick: ACE ☐** **Mini-ACE ☐**

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: Supervising Consultant ☐ **Tutor ☐** **Other Consultant ☐** **Senior Registrar☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous ACE assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

ASSESSMENT OF CLINICAL EXPERTISE WBPA TOOL **Please Tick: ACE ☐ miniACE ☐**

Clinical Setting	
Clinical Problem	
Level of Complexity	Low ☐ Moderate ☐ High☐
New or Follow-up Case	

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
History Taking				
Mental State Examination				
Communication Skills				
Response to verbal and non-verbal cues				
Clinical Judgement				
Professionalism				

Organisation				
Overall Level of Clinical Care				

Assessors Feedback:

Anything especially good?

Suggestions for further development & agreed further actions:

Time taken to complete assessment _____minutes

Level of Satisfaction with ACE / miniACE *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

NOTES ON ASSESSMENT OF CLINICAL EXPERTISE (ACE) ASSESSMENT / mini-ACE

Aim

The aim of the ACE is to assess a Trainee performing a full history and examination of a patient in order to reach a diagnosis and plan for treatment. The mini-ACE assesses an aspect of a patient's history / Mental State Examination in order to reach a diagnosis and plan for treatment / explain a treatment plan / obtain consent etc.

Duration

The ACE takes a minimum of one hour to perform and includes the time taken to complete the assessment form. Immediate feedback is given to the Trainee; therefore, additional time will be required.

Minimum Requirement

A minimum of one ACE during every six month rotation of BST is required.

Case Selection

The Trainee and Trainer decide which learning outcomes will be assessed by the ACE. The Trainee selects the patient in consultation with the Trainer. New patients are preferable as they allow greater demonstration of overall Trainee ability. It is important to consider in advance what sort of patient might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate attainment of the learning outcomes.

Filling in the Form

Assessors must have completed an Assessor course. The Assessor must observe the entire clinical encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

Suitable Settings

The out-patient clinic, community visit, day hospital or in-patient ward.

Feedback

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

Assessment Domains – ACE

History Taking	
1	Incomplete, inadequate history; lack of basic skills
2	Basic history achieved
3	Structured, methodical and fluent history. No significant omissions

Mental State Examination	
1	Incomplete, inadequate mental sate examination with significant omissions
2	Basic mental state examination achieved
3	Thorough mental state examination with no significant omissions

Communication Skills	
1	Inadequate or poor communication skills
2	Good standard of communication skills
3	Better than expected communication skills

Clinical Judgement	
1	Unsafe or poor clinical judgement, below accepted standard
2	Sound clinical judgement skills with minor omissions
3	Insightful clinical decision making

Professionalism	
1	Inadequate or below standard professional standards demonstrated
2	Adequate level of professional standards, scope for further refinement
3	Good demonstration of the full range of professional standards.

Organisation	
1	Disorganised or poor organizational skill, scope for considerable improvement
2	Adequate level of organization, can benefit from focused feedback
3	Well organised, efficient use of resources.

Overall Level of Clinical Care	
1	Poor standard of clinical care-below standard, with room for substantial improvement
2	Demonstrates clinical care at the required standard
3	High standard of clinical care

College of Psychiatrists of Ireland

Assessment of Teaching

AoT

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Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous AoT assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Teaching Activity	
Venue	
Group Size	
Duration	
List the learning outcomes for the attendees	
Description of how feedback was obtained from attendees	

The assessor must observe the trainee teaching.

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Preparation				
Structure				
Presentation and Delivery				
Appropriateness of Teaching Aids				
Time-Keeping				
Answering Questions				
Obtaining Feedback				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further actions:

Time taken to complete assessment _____minutes

Level of Satisfaction with AoT *To be filled in by Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

NOTES ON ASSESSMENT OF TEACHING (AoT) ASSESSMENT

Aim

The aim is to assess a Trainee's ability to prepare, present and deliver a teaching session to other members of the MDT, medical or other healthcare students or an appropriate non-healthcare group (e.g. public education programme).

Duration

The duration will be determined by the length of the teaching session. Additional time will be required to give feedback.

Minimum Requirement

A minimum of one WPBA from the following pool every six month rotation:

- AoT
- CP
- JCP

Note: over the four years of BST all 3 of the above must have been performed at least once.

Activity Setting

The Trainee selects the teaching activity in consultation with the Assessor, with selected learning outcomes in mind.

Filling in the form

Assessors must have completed an Assessor course. The Assessor must observe the entire encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

Setting

An AoT can occur anywhere in the workplace. Possible audiences are MDT members, students, patients, carers or members of the public.

Feedback

Feedback should be given by the Assessor at the end of the presentation and an agreed action plan decided (at a later time, if appropriate). The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

Assessment of Teaching: Assessment Domains	
Preparation	
1	Very little evidence of preparation, scope for considerable improvement
2	Good level of preparedness, room for further refinement.
3	Structured, well thought out preparation

Structure	
1	Minimal attempt to provide structure to the delivery of the teaching event
2	Well thought out and organized structure to the teaching event, minor refinements needed only
3	Excellent organization and structure to the teaching event

Presentation and Delivery	
1	Poor presentation skills, scope for significant improvement
2	Good presentation skills, minor omissions
3	Fluent presentation; good level of engagement with the audience.

Appropriateness of Teaching Aids	
1	Poor or inappropriate use of teaching aids/ could benefit from further instruction
2	Appropriate use of teaching aids, minor refinements needed only
3	Teaching aids used appropriately and added to value/ impact of overall teaching session

Time-Keeping	
1	Minimal attempt at time-keeping, scope for significant improvement
2	Good ability to manage and appropriately use time allocated for presentation.
3	Very good ability to manage and appropriately use time allocated for the presentation

Answering Questions	
1	Poor attempt at question answering, limited ability to offer relevant answers
2	Good ability to listen and respond appropriately to questions and offer relevant answers
3	Very good ability to listen and respond appropriately to questions and offer relevant answers

Obtaining feedback	
1	No or minimal attempt at organizing feedback from the participants
2	Good/ structured method of obtaining feedback from the participants, minor refinements needed only
3	Well thought out and implemented methods of obtaining feedback from participants

College of Psychiatrists of Ireland

Case Based Discussion

CBD

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Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous CBD assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Case Based Discussion

Clinical Setting	
Clinical Problem	
Level of Complexity	Low ☐ Moderate ☐ High ☐
New or Follow-up Case	

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Clinical Record Keeping				
Clinical Assessment				
Formulation				
Risk Assessment & Management				
Biopsychosocial Treatment				
Investigation & Referral				
Follow-up & Care Planning				
Professionalism				
Clinical Reasoning / Decision Making Skills				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further action:

Time taken to complete assessment ____minutes

Level of Satisfaction with CBD *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

NOTES ON CASE BASED DISCUSSION (CBD) ASSESSMENT

Aim

CBD involves brief presentation of a case by a Trainee and a documented structured interview. Clinical decision making, clinical reasoning, application of medical knowledge, formulation and record keeping are assessed.

Duration

A CBD can be completed in approximately 30 minutes.

Minimum Requirement

A minimum of one CBD every six month rotation is required during BST.

Case Selection

The Trainee selects the patient in consultation with the Assessor with selected learning outcomes in mind. Cases should have been seen by the Trainee with the Trainee having made entries into the case notes. The assessment will focus on the case notes, in particular, the Trainee's contribution to the case notes. Discussion should focus on: clinical decision making, clinical reasoning, application of medical knowledge and formulation. It is important to consider in advance what sort of patient might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate their level of attainment of the learning outcomes.

Filling in the form

Assessors must have completed an Assessor course. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

Setting

Possible settings are: out-patient clinic, day hospital or in-patient ward.

Feedback

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

Assessment Domains – CBD

Clinical Record Keeping	
1	Poorly constructed record, missing important elements
2	Good, structured methodical notes, minor omissions
3	Clear, structured case notes with all relevant information, easy to navigate

Clinical Assessment	
1	Inadequate ability to obtain and interpret clinical evidence, scope for significant improvement
2	Good interpretation of clinical evidence, scope for some improvement
3	Thorough, accurate clinical assessment

Formulation	
1	Restates facts form the history rather than integrates information or omits significant biopsychosocial predisposing, precipitating or perpetuating factors
2	Performs an assessment of why biopsychosocial predisposing, precipitating, perpetuating factors to account for why this patient presents in this way at this time, minor omissions may be present
3	Integrates and synthesizes complex information obtained form the history to provide a comprehensive assessment of the factors contributing to this presentation of the particular patient

Risk Assessment and Management	
1	Poor/ inadequate risk assessment and management skills
2	Good standard risk assessment and management skills
3	Better than expected level of risk assessment and management skills

Medical Treatment	
1	Inadequate/ poor standard of medical treatment
2	Adequate treatment, still scope for improvement
3	Good medical treatment plan

Investigation and Referral	
1	Inappropriate or barely adequate evidence of investigation and referral
2	Satisfactory evidence of investigation and referral, still some room for improvement
3	Good, appropriate, timely evidence of investigation and referral

Follow-up and Care Planning	
1	Barely acceptable follow-up/ care planning; scope for significant improvement
2	Satisfactory evidence of follow up/ care-panning, some room for improvement
3	Good evidence of follow-up and care planning

Professionalism

1	Below standard evidence of professional standards, significant scope for improvement
2	Adequate level of professional standard, scope for further refinement.
3	Good demonstration of the full range of professional standards.

Clinical Reasoning / Decision Making Skills	
1	Minimal evidence of clinical reasoning/ decision making skills, still significant scope for improvement
2	Acceptable level of clinical reasoning/ decision making skills, scope for further refinement.
3	Sound knowledge and approach to clinical reasoning/ decision making skills demonstrated.

College of Psychiatrists of Ireland

Case Presentation

CP

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Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous CP assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

CASE PRESENTATION (CP) WPBA TOOL

DETAILS OF CASE PRESENTATION

Clinical Problem	
Level of Complexity	Low ☐ Moderate ☐ High ☐
Venue	
Group Size	
Duration	

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Preparation of Presentation				
Structure of Presentation				
Presentation and Delivery of Case				
Assessment and Clinical Examination				
Interpretation of Clinical Findings				
Role of Investigations				
Formulation				
Time-Keeping				

Answering Questions				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further action

Time taken to complete assessment _____minutes

Level of Satisfaction with CP *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

NOTES ON ASSESSMENT OF CASE PRESENTATION (CP)

Aim

The aim is to assess a Trainee's ability to prepare, present and discuss a clinical case in a teaching setting.

Duration

It will take 40 minutes approximately to perform assessment and to complete the assessment form. Immediate feedback is given to the Trainee; therefore, additional time after the assessment will be required.

Minimum Requirement

A minimum of one WPBA from the following pool every six month rotation of BST:

AoT
CP
JCP

Note: over the four years of BST all 3 of the above must have been performed at least once.

Case Selection

The Trainee and Trainer decide which learning outcomes will be assessed by the CP. The Trainee selects the case in consultation with the Trainer. It is important to consider in advance what sort of case might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate their level of attainment of the learning outcomes.

Filling in the Form

Assessors must have completed an Assessor course. The Assessor must observe the entire clinical encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

Setting

The most common setting would be an academic teaching centre, however, anywhere a Trainee can deliver their presentation (conference room, Consultant's office etc.) could also suffice.

Feedback

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

Case Presentation Assessment Domains	
Preparation of Presentation	
1	Very little or minimal evidence of preparation for presentation
2	Good level of preparedness, scope for improvement
3	Structured well thought out preparation for presentation

Structure of Presentation	
1	Limited attempt to provide appropriate structure to the presentation of the case
2	Good attempt at appropriate structure to the presentation, minor refinements may be needed
3	Very comprehensive approach to providing a clear structure for presentation of the case

Presentation and delivery of the case	
1	Disorganised or limited skills for presentation of case; scope for significant improvement
2	Good, clear presentation skills, still some scope for improvement
3	Fluent and organized presentation skills as applicable to presentation of case

Assessment and Clinical Examination	
1	Inadequate ability to perform assessment and/or obtain and interpret clinical evidence: significant omissions
2	Good assessment and clinical examination: scope for improvement
3	Through, accurate clinical assessment and examination.

Interpretation of Clinical Findings	
1	Limited or basic ability to interpret clinical findings, scope for significant improvement
2	Sound interpretation of clinical findings; minor omissions only
3	Comprehensive interpretation of clinical findings; able to discuss/ debate interpretation with the group

Role of investigations	
1	Restates facts from the history rather than integrates information, or omits significant biopsychosocial predisposing, precipitating or perpetuating factors
2	Performs assessment of biopsychosocial predisposing, precipitating and perpetuating factors for why this patient presents at this time; minor omissions may be present.
3	Integrates and synthesizes complex information to provide a coherent and comprehensive assessment of the factors contributing to the patients particular presentation in this way, at this time.

Formulation	
1	Lists some possible biopsychosocial predisposing, precipitating or perpetuating factors but has difficulty accounting for why this particular patient presents in this way at this time or omits significant factors
2	Performs an assessment of biopsychosocial predisposing, precipitating or perpetuating factors to account for why this particular patient presents in this way at this time, however, minor omissions may be present

3	Integrates and synthesizes complex information obtained from the history to provide a coherent and comprehensive assessment of the factors contributing to this particular patient's presentation in this way, at this time

Time-Keeping	
1	Minimal attempt at time keeping, scope for significant improvement
2	Good ability to manage and appropriately use time allocated for presentation
3	Very good ability to manage and appropriately use time allocated for presentation

Answering Questions	
1	Poor or basic ability to listen and respond appropriately to questions and offer relevant answers
2	Good ability to listen and respond appropriately to questions and offer relevant answers
3	Very good ability to listen and respond appropriately to questions and offer relevant answers

College of Psychiatrists of Ireland

Direct Observation of Non-Clinical Skills

DONCS

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Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous DONCS assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Direct Observation of Non-Clinical Skills

Skill Observed

Chairing Meeting	
Clinical Supervision	
Consultation with other agencies	
Court Room Skills	
Educational Supervision	
Teaching	
Tribunal	
Written Communication	
Other (specify)	

Level of complexity of task: Low ☐ Moderate ☐ High ☐

Trainees are advised that there is one attainable learning outcome in the BST Curriculum relevant to this WPBA. This is learning outcome 4.2 on the Foundation Year Learning Outcomes Attainment Grid. Please include the number and text of the learning outcome as it appears on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Communication				
Professional Behaviour				
Ethics and the Law				
Clinical Governance				
Team Working				
Medical Expert				
Health Advocate				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further action

Time taken to complete assessment _____minutes

Level of Satisfaction with DONCS *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

NOTES ON DIRECT OBSERVATION OF NON-CLINICAL SKILLS (DONCS) ASSESSMENT

Aim

The aim is to test performance and behaviour in the workplace related to non-clinical skills such as chairing a meeting.

Duration

This is dependent upon the skill being assessed.

Activity Selection

The Trainee selects the event in consultation with the Assessor with selected learning outcomes in mind. It is important to consider in advance what sort of event might be involved to ensure the appropriate level of complexity and also to challenge the Trainee's ability to demonstrate their level attainment of the learning outcomes.

Filling in the form

Assessors must have completed an Assessor course. The Assessor must observe the entire encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

Setting

DONCS can be utilised in a wide variety of settings. Examples are given in the WPBA form.

Feedback

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

College of Psychiatrists of Ireland

Direct Observation of Procedural Skills

DOPS

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous DOPS assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) WBPA TOOL

Type of Procedure	
Level of Complexity	Low ☐ Moderate ☐ High ☐

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Outlines indications for procedure				
Obtains appropriate consent				
Appropriate preparation				
Technical ability				
Seeks help when necessary				
Post-procedure management				
Communication				
Professionalism				
Answering questions				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further actions:

Time taken to complete assessment _____minutes

Level of Satisfaction with DOPS *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

NOTES ON DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) ASSESSMENT

Aim
The aim is to test practical technical skills.

Duration
This is dependent upon the skill being assessed.

Procedure Selection
The Trainee selects the patient in consultation with the assessor with selected learning outcomes in mind. It is important to consider in advance what sort of patient / procedure might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate their level of attainment of the learning outcomes.

Filling in the form
Assessors must have completed an Assessor course. The Assessor must observe the entire clinical encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

Setting
Any clinical setting such as: out-patient clinic, community visit, day hospital or in-patient ward.

Feedback
Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

College of Psychiatrists of Ireland

Journal Club Presentation

JCP

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname							
First name							
Medical Council No.							
CPsychI No.							
Number of previous JCP assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

JOURNAL CLUB PRESENTATION (JCP) WPBA TOOL

Title of Paper	
Journal	
Study Design	
Venue	
Group Size	
Duration	

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Introduction of topic				
Setting material in appropriate context				
Presentation and delivery				
Analysis and critique of material				
Quality of educational content				
Time keeping				
Answering questions				
Communication of the material's key points				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further actions:

Time taken to complete assessment ____minutes

Level of Satisfaction with JCP *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

NOTES ON ASSESSMENT OF JOURNAL CLUB PRESENTATION (JCP) ASSESSMENT

Aim

The aim is to assess a Trainee's ability to prepare, present and discuss a journal article in a clinical teaching setting.

Duration

30 minutes to perform assessment and includes the time taken to complete the assessment form.

Minimum Requirement

A minimum of one WPBA from the following pool every six month rotation:

AoT
CP
JCP

Note: over the four years of BST all 3 of the above must have been performed at least once.

Journal Selection

The Trainee and Trainer decide which learning outcomes will be assessed by the JCP. The Trainee selects the article in consultation with the Assessor. It is important to consider in advance what sort of article might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate their level of attainment of the learning outcomes.

Filling in the form

Assessors must have completed an Assessor course. The Assessor must observe the entire presentation. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

Feedback

Feedback should occur directly after the presentation and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

Journal Club Presentaiton: Assessment Domains	
Introduction of Topic	
1	Poor introduction; scope for major improvement
2	Good introduction; clearly outlines topic, minor omissions only
3	Comprehensive, clear introduction

Setting Material in Appropriate Context	
1	Poor, minimal attempt at setting material in appropriate context; scope for significant improvement
2	Good effort at setting material in appropriate context, minor omissions only
3	Well structured and coherent setting of material in a context appropriate for the audience

Presentation and Delivery	
1	Poor, basic presentation skills only, significant scope for improvement
2	Good presentation skills, still some scope for improvement
3	Fluent presentation; good level of engagement with audience

Analysis and Critique of Material	
1	Poor/ incorrect attempt at analysis and critique of material
2	Good attempt at analysis and critique of material
3	Careful, thorough analysis and critique of material

Quality of Educational Content	
1	Minimal educational content; room for significant improvement
2	Good, relevant educational content, minor omissions only
3	Well researched, relevant, high quality material

Time-Keeping	
1	Minimal attempt at time keeping
2	Good ability to manage and appropriately use time allocated for presentation
3	Very good ability to manage and appropriately use time allocated for presentation

Answering Questions	
1	Poor attempt at question answering and ability to offer relevant answers
2	Good ability to listen and respond appropriately to questions and offer relevant answers
3	Very good ability to listen and respond appropriately to questions and offer relevant answers

College of Psychiatrists of Ireland

Trainee Portfolio
BST Training Placement Plan

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Subspecialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Clinical Site:

TRAINING PLACEMENT PLAN

To be agreed with the Consultant at the beginning of the post and evaluated by the Consultant at the end of the post)

Clinical responsibilities:

Time Table (*)

Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

(*) Please indicate on the above timetable the day and time normally set aside for weekly supervision with your consultant

PERSONAL DEVELOPMENT PLAN: CLINICAL AND NON-CLINICAL ACTIVITIES

What I want to be able to do better at the end of this post	How I intend to improve my ability in this area	How I intend to demonstrate this improved ability (e.g. WPBA)

Has the previous training placement report been reviewed?	**YES**		**NO**		**NOT RELEVANT**	
Has the previous ARP report been reviewed?	**YES**		**NO**		**NOT RELEVANT**	
Has the learning outcomes attainment grid been checked?	**YES**		**NO**		**NOT RELEVANT**	

TRAINEE NAME _____ Signature _____Date_____

CONSULTANT NAME _____ Signature _____Date_____

TUTOR NAME _____

College of Psychiatrists of Ireland

Trainee Portfolio

BST Midpoint Supervisor's Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Subspecialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Clinical and Non-Clinical Activities

What I wanted to be able to do better at the end of this post	What I have done to increase my ability in this area	How I have demonstrated this ability	Plans for continued development

Formative Assessment

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Psychiatric Interview				
Physical Examination and Medical Management				
Collateral History Taking				
Communication				
Formulation				
Risk Assessment and Management				
Clinical Management and Care Planning				
Pharmacotherapeutics and Physical Treatments				
Psychosocial interventions				
Psychotherapy				
Professional Behaviour*				
Clinical Governance				
Team Working				
Audit				
Research				
Teaching				
Ethics and Law				

***Learning outcomes attained in relation to *Professional Behaviour* that are not documented elsewhere either by WPBA or other learning activities.**	
Learning outcome	**Supervisor's comment**

Strengths	Weaknesses

Describe how the trainee is performing in this post

Suggestions for further development & agreed further actions:

Confirm that previous Training Placement Plan been reviewed	YES	NO
Confirm that you have reviewed the learning outcomes attainment grid with the trainee	YES	NO

SUPERVISOR DECLARATION

Based on my observations and the results of workplace based place assessments, I find that the above-named Trainee:

Is meeting the standard to progress in an approved period of supervised training and is achieving the criteria set out by the College for Basic / Higher Specialist Training	
Is NOT meeting the standard to progress in an approved period of supervised training and must address issues identified above with agreed further action to meet the criteria set out by the College for Basic / Higher Specialist Training	
Is NOT meeting the standard to progress in an approved period of supervised training and is not achieving the criteria set out by the College for Basic / Higher Specialist Training	

I confirm that:

I have checked this review and can confirm that to the best of my knowledge it represents a complete and accurate review of the Trainee's evidence.

SUPERVISOR NAME	SIGNATURE	DATE
MENTOR NAME		

Trainee's Level of Satisfaction with Report

Level of Satisfaction with Report *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

TRAINEE DECLARATION

I confirm that:

The portfolio evidence I have submitted is a complete and accurate record of the evidence collected and assessments undertaken during the relevant training period

TRAINEE NAME	**SIGNATURE**	**DATE**

College of Psychiatrists of Ireland

Trainee Portfolio

BST Endpoint Supervisor's Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname															
First name															
Medical Council No.															
CPsychI No.															

FY		BST	1	2	3	HST	1 2 3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Clinical and Non-Clinical Activities

What I wanted to be able to do better at the end of this post	What I have done to increase my ability in this area	How I have demonstrated this ability	Plans for continued development

End-Point Assessment

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Unacceptable**	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Exceptional**	**Unable to Comment**
	1	**2**	**3**	**4**	**5**	**6**
Psychiatric Interview						
Physical Examination and Medical Management						
Collateral History Taking						
Communication						
Formulation						
Risk Assessment and Management						
Clinical Management and Care Planning						
Pharmacotherapeutics and Physical Treatments						
Psychosocial interventions						
Psychotherapy						
Professional Behaviour*						
Clinical Governance						
Team Working						
Audit						
Research						
Teaching						
Ethics and Law						

***Learning outcomes attained in relation to *Professional Behaviour* that are not documented elsewhere either by WPBA or other learning activities.**	
Learning outcome	**Supervisor's comment**

Describe how the trainee has performed in this post

Suggestions for further development & agreed further actions

Confirm that previous Training Placement Plan been reviewed	YES	NO
Confirm that you have reviewed the learning outcomes attainment grid with the Trainee	YES	NO

SUPERVISOR DECLARATION

Based on my observations and the results of workplace based place assessments, I find that the above-named Trainee:

Is meeting the standard to progress in an approved period of supervised training and is achieving the criteria set out by the College for Basic / Higher Specialist Training	
Is NOT meeting the standard to progress in an approved period of supervised training and must address issues identified above with agreed further action to meet the criteria set out by the College for Basic / Higher Specialist Training	
Is NOT meeting the standard to progress in an approved period of supervised training and is not achieving the criteria set out by the College for Basic / Higher Specialist Training	

I confirm that:

I have checked this review and can confirm that to the best of my knowledge it represents a complete and accurate review of the Trainee's evidence.

SUPERVISOR NAME	**SIGNATURE**	**DATE**
MENTOR NAME		

Trainee's Level of Satisfaction with Report

Level of Satisfaction with Report *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

TRAINEE DECLARATION

I confirm that:

The portfolio evidence I have submitted is a complete and accurate record of the evidence collected and assessments undertaken during the relevant training period

TRAINEE NAME	**SIGNATURE**	**DATE**

College of Psychiatrists of Ireland

Trainee Portfolio
BST Summary of Supervision Sessions

PLEASE FULLY COMPLETE THIS FORM AND RETURN EVERY 12 WEEKS BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Summary of Supervision Sessions

Please fill in this form for every week of your attachment. If no supervision occurred during a particular week, please indicate on the form the reason why it did not occur, e.g. Supervisor on annual leave.

No.	Date	Topic
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Level of Satisfaction with Supervision Sessions *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Supervisor: please fill in this form and sign it at the end of every 12 weeks.

Trainee Name		
Signature		
Assessor Name		

Signature		
Tutor Name		
Date		

College of Psychiatrists of Ireland

Trainee Portfolio
BST Audit Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Audits supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

Audit Report Form	
Date audit commenced	
Date audit concluded	
Title	
Background	
Aim(s) of the audit	
Ethical considerations	
Comparison Standard (Best Practice/Gold Standard)	
Methodology	
Results of 1st audit cycle	
Intervention	
Results of re-audit	
Recommendations & action plan	
Evidence of completion of audit cycle	
Presentation / publication resulting	

from audit	

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further actions:

Level of Satisfaction with Audit *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST Care Plan

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Care Plans supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

CARE PLAN

Clinical Setting	
Clinical Problem	
Level of Complexity	Low ☐ Moderate ☐ High ☐

Under the following headings, how would you rate this doctor's performance at this stage of training?	Below Expected Standard	Meets Expected Standard	Above Expected Standard	Unable to Comment
	1	2	3	4
Identification of physical health needs				
Identification of mental health needs				
Identification of social needs				
Identification of recreational needs				
Identification of appropriate interventions				
Collaboration with the patient in completing care plan				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further action:

Time taken to complete assessment _____minutes

Level of Satisfaction with Care Plan *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST Case Conference

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Conferences supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

CASE CONFERENCE

Reasons for Case Conference	
Level of Complexity	Low ☐ Moderate ☐ High ☐

This is not a Case Presentation, Case Review or Case Based Discussion. Please see the Curriculum for Basic and Higher Specialist Training in Psychiatry for details of the task involved in a Case Conference.

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Organisation of case conference				
Accuracy of content of case summary				
Accuracy of grammar and syntax of case summary				
Comprehensiveness of case summary				
Accuracy of minutes				
Identification of management challenges				
Identification of possible future interventions				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further action

Time taken to complete assessment _____minutes

Level of Satisfaction with Case Conference *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST Case Review

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Case Reviews supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Case Review

Clinical Setting	
Clinical Problem	
Level of Complexity	Low ☐ Moderate ☐ High ☐

This is not a Case Presentation, Case Conference or Case Based Discussion. Please see the Curriculum for Basic and Higher Specialist Training in Psychiatry for details of the task involved in a Case Review.

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Accuracy of content				
Accuracy of grammar and syntax				
Comprehensiveness of review				
Organisation of review				
Risk Assessment				
Assessment of previous treatments				
Diagnosis/identification of diagnostic challenges				
Identification of management challenges				
Identification of possible future interventions				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further actions

Time taken to complete assessment _____minutes

Level of Satisfaction with Case Review *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST Home Visit

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Home Visits supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Details of Home Visit

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

To be filled in by Trainee

Reason for Home Visit	

Describe your role in the Home Visit	

Details of other accompanying team member	

Brief outline of assessment of patient and home circumstances	

Outcome of visit	

To be filled in by Supervisor

Comment on assessment and management by Trainee **Anything especially good?**

Suggestions for further development & agreed further actions

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST Risk Assessment

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Risk Assessments supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Risk Assessment

Clinical Setting	
Clinical Problem	
Name the tool utilised to undertake the Risk Assessment	
Level of Complexity	Low ☐ Moderate ☐ High ☐

List which learning outcomes are being attained	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Comprehensiveness of review of sources of information				
Clinical judgement/conclusions				

Assessor's Feedback:

Anything especially good?

Suggestions for further development & agreed further actions:

Time taken to complete assessment _____minutes

Level of Satisfaction with Risk Assessment *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio
BST Research Participation

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Research Supervisor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Research Projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

DETAILS OF RESEARCH

To be filled in by Trainee

Name of project	

Names / details of other research collaborators	

Introduction	

Aims of the project	

Methodology	

Results	

Are there any ethical considerations to document?	

Your role in the project	

Presentation or publication details (if any)	

To be filled in by Research Supervisor

Comment on contribution by Trainee to project

Additional comments

Level of Satisfaction with Research Participation *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**

Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST Literature Review

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Literature Reviews supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

LITERATURE REVIEW

To be filled in by Trainee

The context underlying why you chose to perform this Literature Review	

Specific question to be addressed by the Literature Review	

Describe the Search Strategy Utilised in Conducting your Literature Review and the Number of Papers Reviewed	

Title of key selected papers and brief summary of how these papers were evaluated	

Application of selected papers to clinical question	

To be completed by Assessor

Level of Complexity of	Low ☐ Moderate ☐ High ☐

underlying topic:	

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Systematic retrieval of best available evidence				
Critical appraisal of evidence for validity				
Critical appraisal of evidence for clinical relevance				
Critical appraisal of evidence for applicability				
Application of results to practice				

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further actions:

Level of Satisfaction with Literature Review *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	

Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST Structured Assessment of Psychotherapy Expertise (SAPE)

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details
Please Tick: Supervising Consultant ☐ Other Consultant ☐ Other (Give details) ☐

_____

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous SAPE assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Structured Assessment of Psychotherapy Experience

Clinical Setting	
Clinical Problem	
Number of Sessions of Psychotherapy	
Level of Complexity	Low ☐ Medium ☐ High ☐
Modality	

List which learning outcomes are being assessed	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**
	1	2	3
Attitude towards patient			
Application of the principles of a mode of therapy			
Provision of a working formulation of patient's difficulties			
Development of an empathic and responsive relationship with patient			
Establishment of a framework for treatment			
Use of therapeutic techniques			
Monitoring of the impact of therapy			
Ending of treatment			
Supervision use			
Quality of documentation			

Assessor Feedback:

Anything especially good?

Suggestions for further development & agreed further actions:

Level of Satisfaction with SAPE *To be filled in by Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

Notes on Structured Assessment of Psychotherapy Experience

	Below Expected Standard	Meets Standard	Above Standard
Attitude towards patient	Failure to adequately justify assumptions, appreciate patient's position or evidence of derogatory, intrusive or disrespectful view	Respectful and non-judgmental	Informed by realistic but positive view of patient's potential
Application of the principles of a mode of psychotherapy	Inadequate application of principles Unable to explain rationale of treatment Limited exploration of patient's difficulties	Can apply the modality's principles to allow exploration of the patient's difficulties	Application of the principles resembles the skill of a more experienced therapist
Provide working formulation of patient's difficulties	Poor understanding of concept of formulation with limited attempt to formulate case If attempted may be incomplete or inaccurate	Adequate account of predisposition to, precipitation and maintenance of problems	Formulation is cogent, personalised and theoretically sound
Develop empathic and responsive relationship with patient	Deficits in consideration of patient's perspective Paucity of rapport with patient affecting therapeutic alliance	Earns patient's trust and confidence from ability to listen and appreciate their feelings	Developed capacity to feel and imagine events from patient's perspective
Establishing frame for treatment	Inappropriate consideration of setting, time management Inconsistencies in management of personal boundaries	Manages setting, time, and personal boundaries consistently	Optimises working collaboration by adjusting approach to patient
Use of therapeutic techniques	Poor consideration of applying session to patient's needs Ineffective or variable efficacy of interventions with recurrent poor execution	Well-chosen interventions are usually carried out thoughtfully and competently	Interventions are sensitively timed and phrased and linked to positive change
Monitor impact of therapy	Failure to recognise effects of treatment (positive/negative) on patient and consider associated risks	Describes impact of therapy on patient comprehensively and accurately	Aware of interrelationship between different aspects of change during treatment
Ending treatment	Failure to sign post patient to end of treatment varying from abandoning patient without warning to poor attention to impact of end of treatment or ending too abruptly/ at unsuitable time	Patient is prepared for ending of treatment and its consequences are anticipated	Patient helped to continue to develop after cessation of treatment
Use of supervision	Poor or inconsistent use of supervision i.e. misses sessions, cynical attitude, lack of investment or inability to accept feedback	Attends regularly, participates honestly and openly in discussion, uses advice received	Allies sensitivity with creativity in reflections about the therapy
Documentation	Poor record keeping varying from major gaps or inaccuracies to omission of key events or overly general uninformative statements	Record of treatment sessions is focused and clear; final summary /letter apt and comprehensive	Records resembles those of a more experienced therapist

College of Psychiatrists of Ireland

Trainee Portfolio

BST Reflective Note

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Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Consultant with whom the experience was discussed

Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR, EDUCATIONAL SUPERVISOR & ASSESSOR

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Reflective Note

The Trainee must discuss a written reflective note with a Consultant Psychiatrist.
Instead of the Trainee submitting the written note (as was the case prior to July 2017), the Consultant must comment on the reflection demonstrated by the Trainee. The comment from the Consultant does not need to reference any specific details of the incident that the Trainee is reflecting upon and the Trainee's written note is not required to be submitted.

Please indicate whether the note is either Clinical ☐ or Non-Clinical☐

Comments on the extent of reflection by the Trainee:

List which learning outcomes are being assessed as part of this assessment. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Trainee Name	
Signature	
Consultant Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST Reflective Practice Group Attendance Record

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname															
First name															
Medical Council No.															
CPsychI No.															

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Group Facilitator e-mail _____

Attendance at Reflective Practice Group

Trainee Name	
Session	**Date**
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
I hereby certify that the above named Trainee has attended the reflective practice group on the above dates	

Facilitator Name		
Signature		**Date**

College of Psychiatrists of Ireland

Trainee Portfolio

BST Record of On Call Sessions

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname										
First name										
Medical Council No.										
CPsychI No.										

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

On Call Site:

Clinical Site:

Is the On Call on site or off site?

Does the On Call include a commitment to an Emergency Department?

Record of On Call Sessions:

	Date(s)	**Consultant On Call**	**Senior Registrar On Call**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

TRAINEE NAME _____ Signature _____Date_____

CONSULTANT NAME _____ Signature _____Date_____

TUTOR NAME _____

College of Psychiatrists of Ireland

Trainee Portfolio

BST / HST Post Appraisal by Trainee

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

Attachment Date:

From **To**

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, VICE-DEAN (BST), MENTOR (HST) AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

BST Vice-Dean or HST Mentor e-mail _____

Educational Supervisor e-mail _____

Clinical Site

Appraisal of Clinical Post

Under the following headings, how would you rate your experience at this particular setting	**Below my expectation**		**Met my expectation**		**Above my expectation**		**Unable to comment**
	1	**2**	**3**	**4**	**5**	**6**	
Induction programme							
Academic programme							
Educational supervision							
Clinical supervision							
Reflective Practice Group							
Opportunities to attain learning outcomes							
Level of support in Portfolio completion							
Attention to safety within the work environment							
Library facilities							
Internet and computer access							
On-call facilities							
Research opportunities							
Audit opportunities							

How have you developed as a doctor in this job?

Was there anything particularly good about this attachment?

Would you recommend any changes to this post?

Would you recommend this post to a colleague (*please mark Likert Scale below)*? Very unlikely _____ Very likely

1	*5*	*10*

Trainee Name and Signature	
Date	

College of Psychiatrists of Ireland

BST Declaration of Non-Annual & Non-Educational Leave

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1 2 3	Other		DATE	

Supervisor Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Tutor e-mail _____

Educational Supervisor e-mail _____

Declaration of Non-Annual & Non-Educational Leave

Please indicate the number of working days out of BST due to non-annual & non-educational leave for each training year in the spaces below.				
Training Year		**Please specify (i) no. of days & (ii) relevant dates**		**Please specify (i) no. of days & (ii) relevant dates**
Year 1 July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:
Year 2 July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:
Year 3 July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:
Year 4 July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:
Year 5 (if applicable) July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:

Notes:

Trainees who spend longer than 5 years in BST (e.g. due to part-time working) may need additional rows in the above table. In that case, please submit a second Declaration of Non-Annual & Non-Educational Leave document.

If a Trainee is on a leave of absence for an entire post, they should enter 'Not in Training' in the relevant cell of the table above.

Trainee Name	
Signature	
Trainer Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Training Placement Plan

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Subspecialty							
Surname							
First name							
Medical Council No.							
CPsychI No.							

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Educational Supervisor e-mail _____

Clinical Site:

TRAINING PLACEMENT PLAN

(*To be agreed with the Consultant at the beginning of the post and evaluated by the Consultant at the end of the post)*

Describe the Trainee's clinical responsibilities for this post:

Time Table (*)

Day	**Morning**	**Afternoon**
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

(*) Please indicate on the above timetable the day and time normally set aside for weekly supervision with your Consultant

PERSONAL DEVELOPMENT PLAN: CLINICAL AND NON-CLINICAL ACTIVITIES

What I want to be able to do better at the end of this post	How I intend to improve my ability in this area	How I intend to demonstrate this improved ability (e.g. WPBA)

Has the previous Endpoint Supervisors Report been reviewed?	**YES**		**NO**		**NOT APPLICABLE**	
Has the previous ARP report been reviewed?	**YES**		**NO**		**NOT APPLICABLE**	
Has the learning outcomes attainment grid been checked?	**YES**		**NO**		**NOT APPLICABLE**	

TRAINEE NAME_____ Signature _____Date_____

CONSULTANT NAME_____ Signature _____Date_____

College of Psychiatrists of Ireland

Trainee Portfolio

HST Midpoint Supervisor's Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Educational Supervisor e-mail _____

Clinical and Non-Clinical Activities

What I wanted to be able to do better at the end of this post	What I have done to increase my ability in this area	How I have demonstrated this ability	Plans for continued development

Formative Assessment

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Psychiatric Interview				
Physical Examination and Medical Management				
Collateral History Taking				
Communication				
Formulation				
Risk Assessment and Management				
Clinical Management and Care Planning				
Pharmacotherapeutics and Physical Treatments				
Psychosocial interventions				
Psychotherapy				
Professional Behaviour*				
Clinical Governance				
Team Working				
Audit				
Research				
Teaching				
Ethics and Law				

***Learning outcomes attained in relation to *Professional Behaviour* that are not documented elsewhere either by WPBA or other learning activities.**	
Learning outcome	**Supervisor's comment**

Strengths	Weaknesses

Describe how the trainee is performing in this post

Suggestions for further development & agreed further action

Confirm that previous Training Placement Plan been reviewed	YES	NO
Confirm that you have reviewed the learning outcomes attainment grid with the Trainee	YES	NO

SUPERVISOR DECLARATION

Based on my observations and the results of workplace based place assessments, I find that the above-named Trainee:

Is meeting the standard to progress in an approved period of supervised training and is achieving the criteria set out by the College for Basic / Higher Specialist Training	
Is NOT meeting the standard to progress in an approved period of supervised training and must address issues identified above with agreed further action to meet the criteria set out by the College for Basic / Higher Specialist Training	
Is NOT meeting the standard to progress in an approved period of supervised training and is not achieving the criteria set out by the College for Basic / Higher Specialist Training	

I confirm that:

I have checked this review and can confirm that to the best of my knowledge it represents a complete and accurate review of the Trainee's evidence.

SUPERVISOR NAME	SIGNATURE	DATE
MENTOR NAME		

Trainee's Level of Satisfaction with Report

Level of Satisfaction with Report *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

TRAINEE DECLARATION

I confirm that:

The portfolio evidence I have submitted is a complete and accurate record of the evidence collected and assessments undertaken during the relevant training period

TRAINEE NAME	**SIGNATURE**	**DATE**

College of Psychiatrists of Ireland

Trainee Portfolio

HST Endpoint Supervisor's Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty							
Surname							
First name							
Medical Council No.							
CPsychI No.							

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.

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Trainee e-mail _____

Educational Supervisor e-mail _____

Clinical and Non-Clinical Activities

What I wanted to be able to do better at the end of this post	What I have done to increase my ability in this area	How I have demonstrated this ability	Plans for continued development

End-Point Assessment

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Psychiatric Interview				
Physical Examination and Medical Management				
Collateral History Taking				
Communication				
Formulation				
Risk Assessment and Management				
Clinical Management and Care Planning				
Pharmacotherapeutics and Physical Treatments				
Psychosocial interventions				
Psychotherapy				
Professional Behaviour*				
Clinical Governance				
Team Working				
Audit				
Research				
Teaching				
Ethics and Law				

***Learning outcomes attained in relation to *Professional Behaviour* that are not documented elsewhere either by WPBA or other learning activities.**	
Learning outcome	**Supervisor's comment**

Strengths	Weaknesses

Describe how the trainee has performed in this post

Suggestions for further development & agreed further action

Confirm that previous Training Placement Plan been reviewed	YES	NO
Confirm that you have reviewed the learning outcomes attainment grid with the Trainee	YES	NO

SUPERVISOR DECLARATION

Based on my observations and the results of workplace based place assessments, I find that the above-named Trainee:

Is meeting the standard to progress in an approved period of supervised training and is achieving the criteria set out by the College for Basic / Higher Specialist Training	
Is NOT meeting the standard to progress in an approved period of supervised training and must address issues identified above with agreed further action to meet the criteria set out by the College for Basic / Higher Specialist Training	
Is NOT meeting the standard to progress in an approved period of supervised training and is not achieving the criteria set out by the College for Basic / Higher Specialist Training	

I confirm that:

I have checked this review and can confirm that to the best of my knowledge it represents a complete and accurate review of the Trainee's evidence.

SUPERVISOR NAME	SIGNATURE	DATE
MENTOR NAME		

Trainee's Level of Satisfaction with Report

Level of Satisfaction with Report	Not satisfied	Reasonably	Very

To be filled in by the Trainee			**satisfied**		**satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

TRAINEE DECLARATION

I confirm that:

The portfolio evidence I have submitted is a complete and accurate record of the evidence collected and assessments undertaken during the relevant training period

TRAINEE NAME	**SIGNATURE**	**DATE**

College of Psychiatrists of Ireland

Trainee Portfolio

BST / HST Summary of Supervision Sessions

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL EVERY 12 WEEKS TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Summary of Supervision Sessions

Please fill in this form for every week of your attachment. If no supervision occurred during a particular week, please indicate on the form the reason why it did not occur, e.g. Supervisor on annual leave.

No.	Date	Topic
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Level of Satisfaction with Supervision Session *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Supervisor: please fill in this form and sign it at the end of every 12 weeks.

Trainee Name	
Signature	
Supervisor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Audit Project

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Audit projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

Audit Report Form	
Date audit commenced	
Date audit concluded	
Title	
Background	
Aim(s) of the audit	
Ethical considerations	
Comparison Standard (Best Practice/Gold Standard)	
Methodology	
Results of 1st audit cycle	
Intervention	
Results of re-audit	
Recommendations & action plan	
Evidence of completion of audit cycle	
Presentation / Publication resulting from audit	

Assessor Feedback

Anything especially good?

Suggestions for further development & agreed further action

Level of Satisfaction with Audit *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio
HST Care Plan

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Care Plans supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

CARE PLAN

Clinical Setting	
Clinical Problem	
Level of Complexity	Low ☐ Moderate ☐ High ☐

Under the following headings, how would you rate this doctor's performance at this stage of training?	Below Expected Standard	Meets Expected Standard	Above Expected Standard	Unable to Comment
	1	2	3	4
Identification of physical health needs				
Identification of mental health needs				
Identification of social needs				
Identification of recreational needs				
Identification of appropriate interventions				
Collaboration with the patient in completing the care plan				

Assessor Feedback

Anything especially good?

Suggestions for further development & agreed further action

Time taken to complete assessment _____minutes

Level of Satisfaction with Care Plan *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

Identification of management challenges				
Identification of possible future interventions				

Assessor Feedback

Anything especially good?

Suggestions for further development & agreed further action

Time taken to complete assessment _____minutes

Level of Satisfaction with Case Conference *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Case Review

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Case Reviews supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

CASE REVIEW

Clinical Setting	
Clinical Problem	
Level of Complexity	Low ☐ Moderate ☐ High ☐

This is not a Case Presentation, Case Conference or Case Based Discussion. Please see the Curriculum for Basic and Higher Specialist Training in Psychiatry for details of the task involved in a Case Review.

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Accuracy of content				
Accuracy of grammar and syntax				
Comprehensiveness of review				
Organisation of review				
Risk Assessment				
Assessment of previous treatments				
Diagnosis/identification of diagnostic challenges				
Identification of management challenges				
Identification of possible future interventions				

Assessor Feedback

Anything especially good?

Suggestions for further development & agreed further action

Time taken to complete assessment _____minutes

Level of Satisfaction with Case Review *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio
HST Court Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Court Reports supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Structure				
Clarity				
Main findings and conclusions				
Avoidance of unnecessary jargon and technical terms				
Review of background case material				
Clinical reasoning				
Consideration of potential ethical issues				
Concordance with professional guidelines and legal framework				

Supervisor comments and feedback

Level of Satisfaction with Review of Court Report *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	

Assessor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Development and Appraisal of a Teaching Programme

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname									
First name									
Medical Council No.									
CPsychI No.									

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Details of Teaching Programme

List which learning outcomes are being attained	**Outcome attained?**	
	Yes	**No**

Your role and contribution to the teaching programme

Describe how the programme was appraised Include a copy of the feedback form

Based on the feedback received, what would you change in future?

Supervisor's Comments and Feedback

Level of Satisfaction with Development and Appraisal of a Teaching Programme *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Literature Review

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Literature Reviews supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

LITERATURE REVIEW

To be filled in by Trainee

The context underlying why you chose to perform this literature Review	

Specific question to be addressed by the Literature Review	

Describe the Search Strategy Utilised in Conducting your Literature Review and the Number of Papers Reviewed	

Title of key selected papers and brief summary of how these papers were evaluated	

Application of selected papers to clinical question	

To be completed by Assessor

Level of Complexity of underlying topic:	Low ☐ Moderate ☐ High ☐

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Systematic retrieval of best available evidence				
Critical appraisal of evidence for validity				
Critical appraisal of evidence for clinical relevance				
Critical appraisal of evidence for applicability				
Application of results to practice				

Assessor Feedback

Anything especially good?

Suggestions for further development & Agreed further action

Level of Satisfaction with Literature Review *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						

Comments

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio
HST Risk Assessment

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Risk Assessments supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

RISK ASSESSMENT

Clinical Setting	
Clinical Problem	
Risk Assessment Tool Used to Undertake Assessment	
Level of Complexity	Low ☐ Moderate High ☐

List which learning outcomes are being attained	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Comprehensiveness of review of sources of information				
Clinical judgement/conclusions				

Assessor Feedback

Anything especially good?

Suggestions for further development & agreed further action

Time taken to complete assessment _____minutes

Level of Satisfaction with Risk Assessment To be filled in by the Trainee	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**

Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Research Participation

Initial Research Proposal

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Research Supervisor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Research Projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, RESEARCH SUPERVISOR AND EDUCATIONAL SUPERVISOR

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Research Supervisor e-mail _____

INITIAL RESEARCH PROPOSAL

DETAILS OF RESEARCH

To be filled in by Trainee

Name of project	
Names / details of other research collaborators	
Description of project	
Your proposed role in the project	
Proposed methodology of the project	
Proposed analysis of the research	

Planned destination of the research (include names targeted journals for publication or higher degree)	

To be filled in by Research Supervisor

Expectations of the trainee in this project over the next 6 months:
Additional comments

Trainee Name	**Trainee Signature**	**Date**
Research Supervisor Name	**Research Supervisor Signature**	**Date**
Educational Supervisor Name	**Educational Supervisor Signature**	**Date**

College of Psychiatrists of Ireland

Trainee Portfolio

HST Research Participation

Six Monthly Progress Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Research Supervisor Details

Please Tick: **Supervising Consultant ☐ Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Research Projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, RESEARCH SUPERVISOR AND EDUCATIONAL SUPERVISOR

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Research Supervisor e-mail _____

Educational Supervisor e-mail _____

SIX MONTHLY RESEARCH PROGRESS REPORT

DETAILS OF RESEARCH

To be filled in by Trainee

Name of project	
Names / details of other research collaborators	
Describe the progress of the project	
Describe in detail how your weekly research day is being utilised.	
Are there any ethical considerations to document? (Include ethics committee application/approval)	

To be filled in by Research Supervisor

Comment on trainee's progress in meeting the aims of this project
Additional comments

Level of Satisfaction with Research Project *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	**Trainee Signature**	**Date**
Research Supervisor Name	**Research Supervisor Signature**	**Date**
Educational Supervisor Name	**Educational Supervisor Signature**	**Date**

College of Psychiatrists of Ireland

Trainee Portfolio

HST Research Participation

End of Year Progress Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Research Supervisor Details

Please Tick: **Supervising Consultant ☐ Other Consultant ☐**

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous research projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, RESEARCH SUPERVISOR AND EDUCATIONAL SUPERVISOR

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Research Supervisor e-mail _____

Educational Supervisor e-mail _____

END OF YEAR RESEARCH PROGRESS REPORT

DETAILS OF RESEARCH

To be filled in by Trainee

Name of project	
Names / details of other research collaborators	
Progress Report: Describe in detail how your weekly research day was utilised. Include a copy of your submission for publication/published article.	

To be filled in by Research Supervisor

Comment on contribution by the trainee to the planning, execution and completion of the project.

Additional comments

Level of Satisfaction with Research Project *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	**Trainee Signature**	**Date**
Research Supervisor Name	**Research Supervisor Signature**	**Date**
Educational Supervisor Name	**Educational Supervisor Signature**	**Date**

College of Psychiatrists of Ireland

Trainee Portfolio

HST Supervision Project

PLEASE FULLY COMPLETE THIS FORM AND RETURN TO THE COLLEGE BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

HST Supervision Project

Educational Project	
Clinical Project	

Description & aims of project	

Role of HST	

Outcome of the Project	

Date Commenced	

Date completed	

To be completed by Supervising Consultant:

Under the following headings, how would you rate the Senior Registrar at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Communication				
Motivation of Trainee(s) by SR				
Organisation				
SR appraisal of Trainee(s) activity				
Quality of feedback given by SR to supervisee(s)				
Overall rating of SR performance				

Assessor Comments on the Project	

Assessor Comments on Trainee's Role in Project	

Level of Satisfaction with HST Supervision Project *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Senior Registrar						
Comments						

Trainee Name	**Trainee Signature**	**Date**
Supervisor Name	**Supervisor Signature**	**Date**
Educational Supervisor Name	**Educational Supervisor Signature**	**Date**

College of Psychiatrists of Ireland

Trainee Portfolio

HST Special Interest Record (Initial Outline)

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details:

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE, EDUCATIONAL SUPERVISOR AND SPECIAL INTEREST SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Special Interest Supervisor e-mail _____

HST Special Interest Record

Outline of activity	

Reasons why special interest was chosen	

Learning outcomes	

How learning outcomes will be achieved	

How learning outcomes will be assessed	

Trainee Name	**Trainee Signature**	**Date**
Special Interest Supervisor Name	**Special Interest Supervisor Signature**	**Date**
Educational Supervisor Name	**Educational Supervisor Signature**	**Date**

College of Psychiatrists of Ireland

Trainee Portfolio

HST Special Interest Record (Midpoint Update)

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details:

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE, EDUCATIONAL SUPERVISOR AND SPECIAL INTEREST SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Special Interest Supervisor e-mail _____

HST Special Interest Record

To be filled in by Trainee:

Outline of activity	

Learning outcomes	

Progress Report	

To be filled in by Special Interest Supervisor:

Comment on Trainee progress	

Level of Satisfaction with Special Interest Activity *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	**Trainee Signature**	**Date**
Special Interest Supervisor Name	**Special Interest Supervisor Signature**	**Date**
Educational Supervisor Name	**Educational Supervisor Signature**	**Date**

College of Psychiatrists of Ireland

Trainee Portfolio

HST Special Interest Record (Endpoint)

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details:

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE, EDUCATIONAL SUPERVISOR AND SPECIAL INTEREST SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Special Interest Supervisor e-mail _____

HST Special Interest Record

To be filled in by Trainee:

Outline of activity	

Learning outcomes	

How were the learning outcomes attained and assessed?	

Comment box for Trainee	

To be filled in by Special Interest Supervisor:

I hereby certify that the learning outcomes listed above **have been** / **have not been** assessed and attained

Comment box for Special Interest Supervisor	

Level of Satisfaction with Special Interest Activity *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	**Trainee Signature**	**Date**

Special Interest Supervisor Name	Special Interest Supervisor Signature	Date
Educational Supervisor Name	**Educational Supervisor Signature**	**Date**

College of Psychiatrists of Ireland

Trainee Portfolio
HST Reflective Note

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Consultant with whom the experience was discussed

Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

Reflective Note

The Trainee must discuss a written reflective note with a Consultant Psychiatrist.
Instead of the Trainee submitting the written note (as was the case prior to July 2017), the Consultant must comment on the reflection demonstrated by the Trainee. The comment from the Consultant does not need to reference any specific details of the incident that the Trainee is reflecting upon and the Trainee's written note is not required to be submitted.

Please tick one box below:

General Clinical Note	
General Non-Clinical Note	
Note in relation to tribunal attendance	
Note in relation to role as a responsible Consultant Psychiatrist at a tribunal	
Note in relation to role as a responsible Consultant Psychiatrist at a review board	
Note in relation to Acting-up	

Comments on the extent of reflection by the Trainee

List which learning outcomes are being assessed as part of this assessment. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	**Outcome attained?**	
	Yes	**No**

Consultant Signature	
Trainee Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Risk Management Project

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO
PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details:

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

HST Risk Management Project

Description of identified risk

Analysis of risk

Risk reduction strategy

Measures to monitor risk

Impact of the risk management project on the service

Describe how the impact of the risk management project was assessed

Assessor's comments and further suggestions

Level of Satisfaction with Risk Management Project *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Supervisor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Service Development Project

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

To be filled in by the Trainee

Description of the aspect of the service that is being developed

What is the current practice in the service?

Description of the stage of development and obstacles that had to be overcome

Trainee's role in the service development

Describe how the service development plan was assessed

Describe the assessment of the impact of the development on the service

To be filled in by the Assessor

Describe the assessment of the impact of the development on the service

Assessor's comments on the contribution of the Trainee

Level of Satisfaction with Service Development Project *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Supervisor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

HST Reflective Practice Group Attendance Record

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Group Facilitator e-mail _____

Attendance at Reflective Practice Group

Trainee Name	
Session	**Date**
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
I hereby certify that the above named Trainee has attended the reflective practice group on the above dates	

Facilitator Name		
Signature		**Date**

College of Psychiatrists of Ireland

Trainee Portfolio

HST Record of On Call Sessions

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO BOTH E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

On Call Site:

Clinical Site:

Is the On Call on site or off site?

Does the On Call include a commitment to an Emergency Department?

Record of On Call Sessions:

	Date(s)	**Consultant On Call**	**Senior Registrar On Call**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

TRAINEE NAME _____ Signature _____Date_____

CONSULTANT NAME _____ Signature _____Date_____

College of Psychiatrists of Ireland

Trainee Portfolio

HST Structured Assessment of Psychotherapy Expertise (SAPE)

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Assessor Details **Please Tick:** **Supervising Consultant ☐ Other Consultant ☐ Other ☐**
(Please specify) _____

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous SAPE assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Educational Supervisor e-mail _____

Structured Assessment of Psychotherapy Experience

Clinical Setting	
Clinical Problem	
Number of Sessions of Psychotherapy	
Level of Complexity	Low ☐ Medium ☐ High ☐
Modality	

List which learning outcomes are being assessed as part of this WPBA	**Outcome attained?**	
	Yes	**No**

Under the following headings, how would you rate this doctor's performance at this stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to Comment**
	1	**2**	**3**	**4**
Attitude towards patient				
Application of the principles of a mode of therapy				
Provision of a working formulation of patient's difficulties				
Development of an empathic and responsive relationship with patient				
Establishment of a framework for treatment				
Use of therapeutic techniques				
Monitoring of the impact of therapy				
Ending of treatment				
Supervision use				
Quality of documentation				

Assessor Feedback

Anything especially good?

Suggestions for further development & agreed further action

Level of Satisfaction with SAPE *To be filled in by Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

Notes on Structured Assessment of Psychotherapy Experience

	Below Expected Standard	Meets Standard	Above Standard
Attitude towards patient	Failure to adequately justify assumptions, appreciate patient's position or evidence of derogatory, intrusive or disrespectful view	Respectful and non-judgmental	Informed by realistic but positive view of patient's potential
Application of the principles of a mode of psychotherapy	Inadequate application of principles Unable to explain rationale of treatment Limited exploration of patient's difficulties	Can apply the modality's principles to allow exploration of the patient's difficulties	Application of the principles resembles the skill of a more experienced therapist
Provide working formulation of patient's difficulties	Poor understanding of concept of formulation with limited attempt to formulate case If attempted may be incomplete or inaccurate	Adequate account of predisposition to, precipitation and maintenance of problems	Formulation is cogent, personalised and theoretically sound
Develop empathic and responsive relationship with patient	Deficits in consideration of patient's perspective Paucity of rapport with patient affecting therapeutic alliance	Earns patient's trust and confidence from ability to listen and appreciate their feelings	Developed capacity to feel and imagine events from patient's perspective
Establishing frame for treatment	Inappropriate consideration of setting, time management Inconsistencies in management of personal boundaries	Manages setting, time, and personal boundaries consistently	Optimises working collaboration by adjusting approach to patient
Use of therapeutic techniques	Poor consideration of applying session to patient's needs Ineffective or variable efficacy of interventions with recurrent poor execution	Well-chosen interventions are usually carried out thoughtfully and competently	Interventions are sensitively timed and phrased and linked to positive change
Monitor impact of therapy	Failure to recognise effects of treatment (positive/negative) on patient and consider associated risks	Describes impact of therapy on patient comprehensively and accurately	Aware of interrelationship between different aspects of change during treatment
Ending treatment	Failure to sign post patient to end of treatment varying from abandoning patient without warning to poor attention to impact of end of treatment or ending too abruptly/ at unsuitable time	Patient is prepared for ending of treatment and its consequences are anticipated	Patient helped to continue to develop after cessation of treatment
Use of supervision	Poor or inconsistent use of supervision i.e. misses sessions, cynical attitude, lack of investment or inability to accept feedback	Attends regularly, participates honestly and openly in discussion, uses advice received	Allies sensitivity with creativity in reflections about the therapy
Documentation	Poor record keeping varying from major gaps or inaccuracies to omission of key events or overly general uninformative statements	Record of treatment sessions is focused and clear; final summary /letter apt and comprehensive	Records resembles those of a more experienced therapist

College of Psychiatrists of Ireland

Trainee Portfolio
HST Mental Health Review Board Report

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	

Assessor Details

Please Tick: **Supervising Consultant ☐** **Other Consultant ☐**

Specialty / Subspecialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR

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Trainee e-mail _____

Educational Supervisor e-mail _____

Assessor e-mail _____

In relation to the preparation of a court report, how would you rate this doctor's performance at their present stage of training?	**Below Expected Standard**	**Meets Expected Standard**	**Above Expected Standard**	**Unable to comment**
	1	**2**	**3**	**4**
Structure				
Clarity				
Main findings and conclusions				
Avoidance of unnecessary jargon and technical terms				
Review of background case material				
Clinical reasoning				
Demonstration of criteria for mental disorder				

Supervisor comments and feedback

Level of Satisfaction with Review of Report *To be filled in by the Trainee*	**Not satisfied**		**Reasonably satisfied**		**Very satisfied**	
	1	**2**	**3**	**4**	**5**	**6**
Trainee						
Comments						

Trainee Name	
Signature	
Supervisor Name	
Signature	
Date	

College of Psychiatrists of Ireland

Trainee Portfolio

BST / HST Post Appraisal by Trainee

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

Attachment Date:

From **To**

Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, VICE-DEAN (BST), MENTOR (HST) AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

BST Vice-Dean or HST Mentor e-mail _____

Educational Supervisor e-mail _____

Clinical Site

Appraisal of Clinical Post

Under the following headings, how would you rate your experience at this particular setting	**Below my expectation**		**Met my expectation**		**Above my expectation**		**Unable to comment**
	1	**2**	**3**	**4**	**5**	**6**	
Induction programme							
Academic programme							
Educational supervision							
Clinical supervision							
Reflective Practice Group							
Opportunities to attain learning outcomes							
Level of support in Portfolio completion							
Attention to safety within the work environment							
Library facilities							
Internet and computer access							
On-call facilities							
Research opportunities							
Audit opportunities							

How have you developed as a doctor in this job?

Was there anything particularly good about this attachment?

Would you recommend any changes to this post?

Additional comments:

Would you recommend this post to a colleague?

Trainee Name and Signature	
Date	

College of Psychiatrists of Ireland

HST Declaration of Non-Annual & Non-Educational Leave

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO PORTFOLIO@IRISHPSYCHIATRY.IE

Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1 2 3	HST	1	2	3	Other		DATE	

Supervisor Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, MENTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail _____

Mentor e-mail _____

Educational Supervisor e-mail _____

Declaration of Non-Annual & Non-Educational Leave

Training Year	**Please indicate the number of working days out of HST due to non-annual & non-educational leave for each year in the spaces below.**
Year 1	**Please specify (i) No. of days & (ii) relevant dates** No. of Days: Dates:
Year 2	**Please specify (i) No. of days & (ii) relevant dates** No. of Days: Dates:
Year 3	**Please specify (i) No. of days & (ii) relevant dates** No. of Days: Dates:
Year 4 (if applicable)	**Please specify (i) No. of days & (ii) relevant dates** No. of Days: Dates:
Year 5 (if applicable)	**Please specify (i) No. of days & (ii) relevant dates** No. of Days: Dates:
Year 6 (if applicable)	**Please specify (i) No. of days & (ii) relevant dates** No. of Days: Dates:

Notes:

- Trainees who spend longer than 6 years in HST (e.g. due to part-time working) may need additional rows in the above table. In that case, please submit a second Declaration of Non-Annual & Non-Educational Leave document.
- If a Trainee is on a leave of absence for an entire post, they should enter 'Not in Training' in the relevant cell of the table above.

Trainee Name	
Signature	
Trainer Name	
Signature	
Date	

Learning Outcome Attainment Grids

FOUNDATION YEAR LEARNING OUTCOMES ATTAINMENT GRID				***Revised June 2016***
Trainee name: **Medical Council Registration Number:**				
TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR			**TO BE COMPLETED BY ARP PANEL**	
PORTFOLIO CHECKLIST	**Date Completed**	**Total**	**Verified**	**Comments**
Training Placement Plan (post 1)				
Midpoint Supervisor's Report (post 1)				
Endpoint Supervisor's Report (post 1)				
Post Appraisal (post 1)				
Training Placement Plan (post 2)				
Midpoint Supervisor's Report (post 2)				
WPBAs [minimum of 7 WPBAs per 6-month placement] (List each WPBA completed to date) 1 ACE to be done per 6 month placement 2 miniACEs to be done per 6 month placement 1 CBD to be done per 6 month placement 1 of CP/AoT/JCP/DONCS to be done per 6 month placement and all to be done by the end of BST				

Reflective Note(s) *2 Reflective Notes must be submitted in each placement*				
Summary of Supervision Sessions				
Reflective Practice Group Attendance Record *40 Sessions to be attended by the end of BST*				
Audit Report *To be submitted by the end of BST*				
Research Participation *To be submitted by the end of BST*				
Literature Review *To be submitted by the end of BST*				
Care Plan *To be submitted by the end of BST*				
Risk Assessment *To be submitted by the end of BST*				
Case Review *To be submitted by the end of BST*				
Case Conference *To be submitted by the end of BST*				

Home Visit *To be submitted by the end of BST*				
Declaration of Non-Annual & Non- Educational Leave *To be submitted once per placement*				
Training Courses *(Insert title(s) of training course(s) attended)*				
E-Modules *(Insert title(s) of e-module(s) completed)*				
Current Basic Life Support Course Certificate				
Current Non Violent Crisis Intervention Course Certificate				

Clinical Domain

1. The Psychiatric Interview

(History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1(a)	Obtain detailed and accurate histories from patients with psychoses.		ACE, CBD, CP				
1(b)	Obtain detailed and accurate histories from patients with mood disorders.		ACE, CBD, CP				
1(c)	Obtain detailed and accurate histories from patients with anxiety disorders.		ACE, CBD, CP				
1(d)	Obtain detailed and accurate histories from patients with personality disorders.		ACE, CBD, CP				
1(e)	Obtain detailed and accurate histories from patients with addictions.		ACE, CBD, CP				
2 (a)	Elicit psychopathology from patients with psychoses.		ACE, miniACE				
2 (b)	Elicit psychopathology from patients with mood disorders.		ACE, miniACE				

2 (c)	Elicit psychopathology from patients with anxiety disorders.		ACE, miniACE				
2 (d)	Elicit psychopathology from patients with personality disorders.		ACE, miniACE				
2 (e)	Elicit psychopathology from patients with addictions.		ACE, miniACE				
3	Describe mental state in an accurate and structured manner.		CBD, CP				
4	Present information obtained in a clinical encounter in a structured and professional manner.		CBD, CP				
5	Accurately document clinical findings in a standardised format.		CBD				
6	Formulate and defend a logical differential diagnosis based on the clinical findings.		CBD, CP				
7	Interview patients in an empathic and effective manner.		ACE, miniACE				
8	Demonstrate awareness of the impact of cultural differences on a psychiatric interview.		ACE, miniACE, CBD				
9	Prioritise and elicit essential information in challenging clinical encounters.		ACE, miniACE, CBD				
10	Recognise common forms of psychopathology (refer to Descriptive Psychopathology section of the		CBD, CP				

	syllabus).						

2. Physical Examination and Medical Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Recognise medical emergencies and facilitate urgent referral of same.		CBD, DOPS				
2	Perform immediate resuscitation and stabilisation of patients in medical emergencies.		BLS COURSE, DOPS				
3	Recognise and assess medical comorbidities.		DOPS, miniACE, ACE, CBD				
4	Identify and appropriately refer those patients who require further specialist medical treatment.		CBD, CP				
5	Identify and appropriately manage patients who require alcohol detoxification.		CBD				

3. Collateral History Taking

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	With consent, obtain histories from carers in an effective and empathic manner.		miniACE				
2	Obtain collateral history from general practitioners and other health professionals.		CBD, miniACE				
3	Document collateral history in an appropriate manner.		CBD				

4. Communication

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Elicit emotional expression and thought content from patients.		ACE, miniACE				
2	Communicate clearly and effectively with other team members.		DONCS				

3	Provide clear and appropriate written communication to GPs and other agencies.		CBD				
4	Demonstrate legible, structured and accurate clinical note taking.		CBD				
5	Present clinical findings in a clear manner to senior medical staff in an on call situation.		Supervisor's Report				
6	Present to a group in a clear and informative manner.		CP, JCP, AoT				

5. Formulation

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1(a)	Develop formulations on adult patients with psychoses.		CBD, CP				
1(b)	Develop formulations on adult patients with mood disorders.		CBD, CP				
1(c)	Develop formulations on adult patients with anxiety disorders.		CBD, CP				

6. Risk Assessment and Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Assess risk of self harm and suicide.		ACE, CBD				
2	Assess other potential risks to the patient.		ACE, CBD				
3	Ensure personal safety in clinical practice.		NVCI COURSE				
4	Assess potential risks to others from the patient.		ACE, CBD				

7. Clinical Management and Care Planning

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Manage acute behavioural disturbance.		CBD, ACE				
2	Manage suicidal intent.		CBD, ACE				

8. Pharmacotherapy and Physical Treatments

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1(a)	Safely prescribe antidepressant medication.		CBD, CP				
1(b)	Safely prescribe antipsychotic medication.		CBD, CP				
1(c)	Safely prescribe anxiolytic medication.		CBD, CP				
1(d)	Safely prescribe mood stabilising medication.		CBD, CP				
1(e)	Safely prescribe hypnotic medication.		CBD, CP				
2	Utilise psychotropic medication as part of the emergency management of disturbed behaviour.		CBD				
3	Write clear, accurate, appropriate and generic prescriptions in accordance with relevant prescribing guidelines.		CBD				

9. Psychosocial Interventions

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Actual Assessment Method(s)**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Utilise the skills of other mental health professionals providing social interventions.		CBD				

10. Psychotherapy

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Establish and maintain supportive relationships with adult patients.		ACE, SAPE, miniACE				
2	Discuss the factors involved in the therapeutic alliance.		CBD, SAPE				

Professional Domain

11. Professional Behaviour

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Care for patients, in a sensitive, and compassionate manner.		ACE, CBD, miniACE				
2	Demonstrate appropriate decision making ability in clinical practice.		ACE, miniACE, DOPS, CBD				
3	Describe the importance of continuity of care in handover situations.		CBD				
4	Recognise personal limitations.		DOPS, Reflective Note				
5	Demonstrate honesty and integrity in all aspects of professional activity.		Supervisor's Report				
6	Display initiative both in clinical and non-clinical settings.		Supervisor's Report				
7 (a)	Demonstrate appropriate professional boundaries with patients.		Supervisor's Report				
7 (b)	Demonstrate appropriate professional boundaries with carers.		Supervisor's Report				

7 (c)	Demonstrate appropriate professional boundaries with colleagues.		Supervisor's Report				
8	Demonstrate appropriate dress and behaviour which is respectful of patients and which is appropriate to the professional situation.		Supervisor's Report				
9	Manage difficulties with colleagues.		Reflective note				

13. Team Working

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Recognise the expertise of other MDT members.		CBD, Reflective Note				
2	Maintain professional relationships with colleagues to provide quality care.		Supervisor's Report				

16. Teaching

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Participate in local teaching programmes.		CP, JCP, AoT				

17. Ethics and the Law

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Observe and maintain patient confidentiality.		CBD, CP				
2	Recognise when a breach of confidentiality is appropriate.		Reflective Note, CBD				
3	Recognise when mandatory reporting of a child protection issue must occur.		CBD, CP				
4	Explain the principle of informed consent.		CBD, CP				
5	Describe the principle of patient autonomy.		CBD, CP				

6(a)	Utilise the Mental Health Act, 2001 appropriately in relation to the involuntary admission of patients.		CBD, miniACE				
6(b)	Utilise the Mental Health Act, 2001 appropriately in relation to the detention of voluntary patients.		CBD, miniACE				
7(a)	Utilise the Mental Health Act, 2001 appropriately in relation to the restraint of patients.		CBD, miniACE				
7(b)	Utilise the Mental Health Act, 2001 appropriately in relation to the seclusion of patients.		CBD, miniACE				
8	Comply with the provisions of the Data Protection Act 1988 in relation to data storage and all forms of communication about patients.		CBD				

B1 / B2 / B3 LEARNING OUTCOMES ATTAINMENT GRID *Revised July 2021* **Trainee name:** **Year:** **Medical Council Registration Number:**				
TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR			**TO BE COMPLETED BY ARP PANEL**	
PORTFOLIO CHECKLIST	**Date Completed**	**Total**	**Verified**	**Comments**
Previous ARP				
Previous Endpoint Supervisor's Report				
Previous Post Appraisal				
Training Placement Plan (post 1)				
Midpoint Supervisor's Report (post 1)				
Endpoint Supervisor's Report (post 1)				
Post Appraisal (post 1)				
Training Placement Plan (post 2)				
Midpoint Supervisor's Report (post 2)				
WPBAs [minimum of 7 WPBAs per 6-month placement] (List each WPBA completed to date) 1 ACE to be done per 6 month placement				

2 miniACEs to be done per 6 month placement 1 CBD to be done per 6 month placement 1 of CP/AoT/JCP/DONCS to be done per 6 month placement and all to be done by the end of BST				
Reflective Note(s) *2 Reflective Notes must be submitted in each placement*				
Summary of Supervision Sessions				
Reflective Practice Group Attendance Record *40 Sessions to be attended by the end of BST*				
Record of On Call Sessions				
Audit Report *To be submitted by the end of BST*				
Research Participation *To be submitted by the end of BST*				
Literature Review *To be submitted by the end of BST*				
Care Plan *To be submitted by the end of BST*				
Risk Assessment				

To be submitted by the end of BST				
Case Review *To be submitted by the end of BST*				
Case Conference *To be submitted by the end of BST*				
Home Visit ***To be submitted by the end of BST***				
Declaration of Non-Annual & Non- Educational Leave *To be submitted once per placement*				
Training Courses *(Insert title(s) of training course(s) attended)*				
E-Modules *(Insert title(s) of e-module(s) completed)*				
Current Basic Life Support Course Certificate				
Current Non Violent Crisis Intervention Course Certificate				

Outcomes that are marked with * must only be attained by trainees who wish to pursue higher specialist training in child and adolescent psychiatry. Such trainees must do 12 months of basic specialist training in child and adolescent psychiatry.

Specific learning outcomes that must be completed more than once during BST have been identified and marked with**. These learning outcomes are now considered 'plural':

Clinical Domain

1. The Psychiatric Interview

(History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
11**	Obtain detailed and accurate histories from patients with eating disorders.		ACE, CBD, CP				
12**	Obtain detailed and accurate histories from patients with organic disorders.		ACE, CBD, CP				
13**	Elicit psychopathology from patients with eating disorders.		ACE, miniACE				
14**	Elicit psychopathology from patients with organic disorders.		ACE, miniACE				
15	Detect co-morbid psychiatric and psychoactive substance use disorders.		ACE, CBD, CP				
16	Diagnose according to current ICD or DSM criteria.		CBD, CP				
17	Utilise interpreter services when patients or carers are not proficient in English.		miniACE, ACE				

18 (a)	Recognise medical conditions that contribute to psychiatric disorders and their treatment.		ACE, CBD, CP				
18 (b)	Recognise medical conditions that are consequential to psychiatric disorders and their treatment.		ACE, CBD, CP				
19	Identify delirium and differentiate it from other psychiatric disorders.		CBD, CP				
20 (a)	Identify normal physical and psychological development in a child or adolescent.		CBD				
20 (b)	Identify delayed or abnormal physical and psychological development in a child or adolescent.		CBD				
21(a)	Identify intellectual disabilities in children or adolescents.		ACE, CBD				
21 (b)	Identify intellectual disabilities in adults.		ACE, CBD				
22 (a)	Perform a detailed developmental history with particular reference to the impact of adverse life events in children or adolescents.		ACE, miniACE, CBD, CP				
22 (b)	Perform a detailed developmental history with particular reference to the impact of adverse life events in adults.		ACE, miniACE, CBD, CP				
22 (c)	Perform a detailed developmental history with particular reference to		ACE, miniACE,				

	the impact of intellectual disability.		CBD, CP				
23	Take a psychosexual history in a sensitive manner.		miniACE, ACE				
24	Identify unconscious factors influencing the patient's symptoms and presentation.		CBD				
25	Evaluate the significance of psychosexual development on the presentation of psychiatric disorder.		CBD				
26	Evaluate the significance of gender on the presentation of psychiatric disorder.		CBD				
27 (a)	Adapt history taking style and method and mental state examination to patients with moderate or severe cognitive impairment.		ACE, miniACE				
27 (b)	Adapt history taking style and method and mental state examination to patients with dysphasia.		ACE, miniACE				
27 (c)	Adapt history taking style and method and mental state examination to patients with sensory or other physical impairments.		ACE, miniACE				
28	Diagnose or exclude psychiatric disorder in the presence of confounding physical illness.		CBD, ACE				

29	Describe the psychological responses to injury and illness in patients.		CBD				
30	Describe the psychological responses to injury and illness in families and carers.		CBD				
31(a)	Identify psychological problems in a general hospital setting.		CBD, CP				
31 (b)	Identify psychiatric disorders in a general hospital setting.		CBD, CP				
32	Evaluate the impact of older age on the presentation of depression.		CBD, CP				
33	Evaluate the impact of older age on the presentation of non-affective non organic psychosis.		CBD, CP				
34	Take a history or collateral history to elicit the psychopathology of dementia.		CBD, ACE, miniACE				
35	Perform a full biopsychosocial assessment of an adult with intellectual disability, presenting with psychiatric or behavioural symptoms.		ACE, CP, CBD				
36	Assess the impact of intellectual disability on the clinical presentation of psychiatric disorder.		ACE, CP, CBD				
37	Elicit psychopathology in people with mild to moderate intellectual disability.		miniACE, ACE,				

38(a)	Assess activities of daily living and social functioning in children or adolescents.		ACE, miniACE, CBD				
38(b)	Assess activities of daily living and social functioning in adults.		ACE, miniACE, CBD				
38 (c)	Assess activities of daily living and social functioning in people with dementia.		ACE, miniACE, CBD				
39	Conduct a family interview in a way that enables all family members to participate in supplying a family history and to explain their personal perspective on the problem.		ACE				
40	Adapt interviewing style and use age appropriate interviewing skills in the mental state examination of children and adolescents.		ACE, miniACE				
41(a) **	Obtain detailed and accurate histories of ADHD from children or adolescents and their parents.		ACE, CBD				
41(b) **	Obtain detailed and accurate histories of mood disorders from children or adolescents and their parents.		ACE, CBD				
41(c) **	Obtain detailed and accurate histories of anxiety disorders from children or adolescents and their parents.		ACE, CBD				

41(d)**	Obtain detailed and accurate histories of behavioural disorders from children or adolescents and their parents.		ACE, CBD				
41(e)**	Obtain detailed and accurate histories of eating disorders from children or adolescents and their parents.		ACE, CBD				
41(f)	Obtain detailed and accurate histories from children or adolescents who may have psychotic disorders and their parents.		ACE, CBD				
41(g)*	Obtain detailed and accurate histories of autism spectrum disorder from children or adolescents and their parents.		ACE, CBD				
41(h)*	Obtain detailed and accurate histories of tic disorders from children or adolescents and their parents.		ACE, CBD				
41(i)*	Obtain detailed and accurate histories of gender identity disorder from children or adolescents and their parents.		ACE, CBD				
41(j)*	Obtain detailed and accurate histories of psychoactive substance use disorders from children or adolescents and their parents.		ACE, CBD				

41(k) *	Obtain detailed and accurate histories of specific learning difficulties from children or adolescents and their parents.		ACE, CBD				
341(l) *	Obtain detailed and accurate histories of communication disorder from children or adolescents and their parents.		ACE, CBD				
42(a)	Evaluate the impact of developmental age on the presentation of psychiatric disorders in a child or adolescent.		CBD				
42(b)	Evaluate the impact of developmental age on the presentation of emotional disorders in a child or adolescent.		CBD				
42(c)	Evaluate the impact of developmental age on the presentation of behavioural disorders in a child or adolescent.		CBD				
43	Identify biopsychosocial risk factors associated with the potential abuse of children.		CBD				

2. Physical Examination and Medical Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
6(a)	Utilise an appropriate range of investigations to complete the diagnostic process and document the results in children or adolescents.		CBD				
6(b)	Utilise an appropriate range of investigations to complete the diagnostic process and document the results in adults.		CBD				
7	Interpret ECGs.		CBD				
8	Interpret Chest X-rays.		CBD				
9	Interpret basic blood investigations.		CBD				
10	Interpret the results of urinalysis.		CBD				
11	Interpret the results of MSU.		CBD				
12	Interpret the results of a urine drug screen.		CBD				
13	Interpret the results of neuroimaging.		CBD				
14	Perform the Mini Mental State Examination.		miniACE				
15	Perform the Montreal Cognitive		miniACE				

	Assessment.						
16	Assess frontal lobe function		miniACE				
17(a) *	Recognise and evaluate the physical signs of psychoactive substance use in children or adolescents.		CBD, DOPS				
17 (b)	Recognise and evaluate the physical signs of psychoactive substance use in adults.		CBD, DOPS				
18(a)	(i) Perform and (ii) document and interpret examinations, of the CNS.		(i) DOPS and (ii) CBD				
18(b)	(i) Perform and (ii) document and interpret examinations, of the cardiovascular system.		(i) DOPS and (ii) CBD				
18(c)	(i) Perform and (ii) document and interpret examinations, of the respiratory system.		(i) DOPS and (ii)CBD				
18(d)	(i) Perform and (ii) document and interpret examination of the musculoskeletal system.		(i) DOPS and (ii) CBD				
18(e)	(i) Perform and (ii) document and interpret examinations, of the gastrointestinal system.		(i) DOPS and (ii) CBD				
18(f)	(i) Perform and (ii) document and interpret examinations, of the external genitourinary system in clinically appropriate situations.		(i) DOPS and (ii) CBD				

19	Measure the growth and development of a child or adolescent using a standardised assessment tool.		DOPS				
20	Judge when to use a chaperone when performing a physical examination.		CBD				
21	Collaborate with patients in promoting a healthy lifestyle.		CBD, miniACE				
22	Discuss the results of investigations with patients.		ACE, miniACE				
23*	Identify and appropriately refer children and adolescents who require further specialist medical treatment.		CBD				

3. Collateral History Taking

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
4	Analyse the importance of collateral history in the overall clinical context.		CBD				
5	Recognise the impact of carer burden.		CBD, CP				

6	Obtain a collateral history relevant to a person with a mild or moderate intellectual disability and a psychiatric disorder.		CBD				
7	Obtain a developmental history on a child or adolescent from parents or carers.		CBD, ACE				
8	Analyse the importance of the developmental history of a child or adolescent obtained from parents or carers in the overall clinical context.		CBD				
9	With consent, obtain a detailed and accurate history from multiple informants in relation to a child or adolescent.		CBD				

4. Communication

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
7	Disclose diagnoses effectively and sensitively.		ACE, miniACE				
8(a)	Discuss diagnosis, and treatment with adults in a professional and effective manner.		ACE, miniACE				

8(b)	Discuss diagnosis and treatment with children and adolescents in a professional and effective manner.		ACE, miniACE				
8(c)	Discuss diagnosis and treatment with carers in a professional and effective manner.		ACE, miniACE				
9	Communicate empathically and in a developmentally appropriate way with children and adolescents using verbal and non-verbal techniques.		ACE, miniACE				
10	Discuss a diagnosis or treatment plan with a person with an intellectual disability.		ACE, miniACE				
11	Elicit emotional expression and thought content from a child or adolescent.		ACE, miniACE				
12*	Communicate with a child or adolescent with a communication disorder.		ACE, miniACE				

5. Formulation

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
2 (a)	Develop formulations on adult		CBD, CP				

**	patients with personality disorders.						
2 (b) **	Develop formulations on adult patients with addictions.		CBD, CP				
2 (c) **	Develop formulations on adult patients with eating disorders.		CBD, CP				
2 (d) **	Develop formulations on adult patients with organic disorders.		CBD, CP				
3**	Apply formulation to the development of treatment plans.		CBD				
4	Perform a basic functional analysis of challenging behaviour.+ +This also encompasses history taking, diagnosis, collateral history taking and professional domains.		CBD, CP				
5**	Develop formulations on child and adolescent patients.		CBD, CP				

6. Risk Assessment and Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
5	Recognise child protection issues and utilise child protection procedures.		CBD				

6	Consult with other team members and senior colleagues in response to identified risks.		CBD				
7	Implement risk management plans in response to identified risks.		CBD				
8	Document risk factors and management plan in clinical notes.		CBD				
9	Communicate risks to carers, family members or others where appropriate.		CBD, miniACE				
10	Apply the MHC rules regarding the management of seclusion.		CBD				
11	Conduct a comprehensive risk assessment of a patient utilising a standardised risk assessment instrument.		CBD, Risk Assessment Form				
12	Assess the potential risk to children of abuse and neglect where the parent has a psychiatric disorder.		CBD				
13	Assess the potential risk to others from a child or adolescent with a psychiatric disorder.		CBD				
14	Assess risk of self-harm and suicide in children and adolescents.		ACE, miniACE, CBD				
15	Assess the potential risk of abuse and neglect of a vulnerable adult.		CBD				

16*	Evaluate the impact of abuse or neglect on a child or adolescent.		CBD				
17*	Develop a risk management plan for a child or adolescent.		CBD				
18	Assess frontal lobe function in the context of a risk assessment		miniACE, Risk Assessment				

7. Clinical Management and Care Planning

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
3(a)	Complete a care plan document for an adult.		CBD, Care Plan				
3(b)	Complete a care plan document for a child or adolescent.		CBD, Care Plan				
4	Involve the carers of patients with dementia in care planning.		CBD, miniACE				
5	Involve the parents/guardians of children or adolescents with psychiatric disorder in care planning.		CBD, miniACE				
6(a)	Utilise the skills of the different team members in implementing care plans for adults.		CBD				

6(b)	Utilise the skills of the different team members in implementing care plans for children or adolescents.		CBD				
7	Develop care plans that recognise the involvement of other agencies in the patient's care.		CBD, Care Plan				
8	Prepare pre and post case conference reports.		Case Conference Form				
9	Perform a case review of a patient with a long or complex history.		Case Review Form				
10(a)	Involve adult patients as central agents in care planning.		miniACE, Care Plan				
10(b)	Involve child or adolescent patients as central agents in care planning.		miniACE, Care Plan				
11	Outline the structures and resources required to support persons with severe psychiatric disability in the community.		CBD				
12(a)	Devise immediate treatment strategies.		CBD				
12 (b)	Devise short-term treatment strategies.		CBD				
12 (c)	Devise long-term treatment strategies.		CBD				
13*	Attend a multidisciplinary child		CBD, Reflective				

	protection case conference.		Note				
14*	Refer a child or adolescent to an inpatient unit.		CBD				

8. Pharmacotherapy and Physical Treatments

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
4(a)	Describe the potential risks and benefits of psychotropic drugs to an adult patient.		ACE, miniACE,				
4(b)*	Describe the potential risks and benefits of psychotropic drugs to a chid or adolescent patient.		ACE, miniACE				
5(a)	Explain the dose, route of administration, frequency of administration and potential interactions of a medication to an adult.		miniACE				
5(b)*	Explain the dose, route of administration, frequency of administration and potential interactions of a medication to a child or adolescent.		miniACE				
6	Explain the mode of action of a drug		miniACE				

	to a patient.						
7	Describe the process involved in providing electro- convulsive therapy (ECT) to a patient.		miniACE				
8	Describe the potential risks and benefits of ECT to a patient.		ACE, miniACE,				
9(a)	Describe the factors that may affect concordance with treatment in an adult.		CBD				
9(b)	Describe the factors that may affect concordance with treatment.in a child or adolescent.		CBD				
10(a)	Address the factors that may affect concordance with treatment in an adult.		miniACE				
10(b)*	Address the factors that may affect concordance with treatment in a child or adolescent.		miniACE				
11(a)	Manage the side effects of psychotropic medication in an adult.		CBD, miniACE				
11(b)	Manage the side effects of psychotropic medication in a child or adolescent.		CBD, miniACE				
12(a)	Recognise the impact of physical illness and medical treatments on pharmacokinetics and pharmacodynamics in an adult.		CBD, CP				

12(b) *	Recognise the impact of physical illness and medical treatments on pharmacokinetics and pharmacodynamics.in a child or adolescent.		CBD, CP				
13(a)	Safely prescribe psychotropic medications for adults with physical health problems.		CBD				
13(b) *	Safely prescribe psychotropic medications to children or adolescents with physical health problems. Post 2		CBD				
14	Safely and appropriately prescribe for elderly people.		CBD				
15	Safely and appropriately prescribe for people with treatment resistant schizophrenia.		CBD				
16	Safely and appropriately prescribe for people with treatment resistant depression.		CBD				
17	Safely and appropriately prescribe for people with intellectual disability.		CBD				
18	Safely and appropriately prescribe for pregnant and breastfeeding women.		CBD				
19	Manage benzodiazepine withdrawal.		CBD				

20	Manage opiate withdrawal.		CBD				
21	Discuss nicotine replacement, prescribed medication and support services for the management of nicotine withdrawal, with patients who are ceasing to smoke.		miniACE				

9. Psychosocial Interventions

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
2(a)	Utilise social, cultural, voluntary, educational or self-help organisations for an adult.		CBD				
2(b)	Utilise social, cultural, voluntary, educational or self-help organisations for a child or adolescent.		CBD				
3	Identify when it is appropriate to refer to a psychiatric rehabilitation service.		CBD				
4(a)	Conduct domiciliary assessments of patients to determine necessary interventions for an adult.		CBD, CP, Home Visit Form				
4(b)*	Conduct domiciliary assessments to determine necessary interventions		CBD,CP, Home Visit				

	for a child or adolescent.		Form				
5	Use motivational interviewing in those with psychoactive substance use.		ACE, miniACE				

10. Psychotherapy

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
3	Participate in a Reflective Practice Group.		Reflective Practice Attendance Record				
4 (a)	Recognise transference and discuss how it may impact on the doctor-patient relationship.		CBD				
4(b)	Recognise counter transference and discuss how it may impact on the doctor patient relationship.		CBD				
5	Assess psychological mindedness.		ACE, CBD				
6 (a)	Identify potentially suitable adult patients for psychotherapy.		ACE, miniACE, CBD				

6 (b)	Identify potentially suitable child or adolescent patients for psychotherapy.		ACE, miniACE, CBD				
7	Establish and maintain supportive relationships with children or adolescents.		CBD, CP				
8(a)	Explain CBT to an adult.		miniACE				
8(b)*	Explain CBT to a child or adolescent.		ACE, miniACE				
9(a)	Explain family therapy to an adult.		miniACE				
9(b)*	Explain family therapy to a child or adolescent.		ACE, miniACE				
10	Explain psychoanalytic psychotherapy to an adult.		miniACE				
11(a)	Explain group therapy to an adult..		miniACE				
11(b)*	Explain group therapy to a child or adolescent.		ACE, miniACE				
12(a)	Explain interpersonal therapy to an adult.		miniACE				
12(b)*	Explain interpersonal therapy to a child or adolescent.		ACE, miniACE				
13(a)	Explain dialectical behaviour therapy to an adult.		miniACE				

(13(b)*	Explain dialectical behavior therapy to an adolescent.		ACE, miniACE				
14	Explain cognitive analytical therapy to an adult.		miniACE				
15*	Explain play therapy to a child		ACE, miniACE				
16*	Explain creative therapies to a child or adolescent.		ACE, miniACE				
17(a)*	Refer a child or adolescent appropriately for family therapy.		CBD, CP				
17(b)*	Refer a child or adolescents appropriately for CBT		CBD, CP				
17(c)*	Refer a child or adolescent appropriately for group therapy.		CBD, CP				
17(d)*	Refer a child appropriately for play therapy.		CBD, CP				
18	Complete at least one psychotherapy case (minimum of 12 sessions) under supervision.		SAPE				
19	Develop a psychotherapeutic formulation using a recognised model of psychotherapy.		CBD, CP, SAPE				
20	Discuss the factors involved in developing a therapeutic relationship with a child or adolescent.		CBD, CP				

21	Evaluate the challenges to developing a therapeutic relationship with a child or adolescent.		CBD, CP				
22	Describe normal attachments between parents/guardians and children.		CBD, CP				
23*	Discuss the impact of attachment problems in children and adolescents.		CBD, CP				

Professional Domain

11. Professional Behaviour

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
10	Develop appropriate therapeutic alliances with patients.		miniACE, Supervisor's Report, ACE, CBD				
11	Discuss the challenges of maintaining appropriate boundaries with patients.		CBD, reflective note				
12	Evaluate the impact of diversity on individuals and their psychiatric presentations.		CBD, ACE				

13	Evaluate the effects of one's own behaviour on others.		Reflective Note, Supervisor's Report				
14	Demonstrate good time management.		Supervisor's Report				
15	Show awareness of the stigmatisation of people with psychiatric disorders.		CBD, Reflective Note				
16	Advocate appropriately for patients with psychiatric disorders.		Reflective Note				
17	Identify barriers to accessing health care.		CBD, CP				
18	Balance personal and professional priorities to ensure personal health and professional sustainability.		Reflective Note				
19 (a)	Describe the importance of continuity of care in maintaining a doctor patient relationship over time.		CBD				
19 (b)	Describe the importance of continuity of care when other specialties are involved.		CBD				

12. Clinical Governance

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Apply the principles of clinical governance to your professional practice.		JCP, CBD, Audit Report				

13. Team Working

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
3	Work effectively within a multidisciplinary team.		Reflective Note, Supervisor's Report				
4	Discuss the challenges of team working.		Reflective note				

14. Audit

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Perform a complete audit cycle.		Audit Report				

15. Research

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
1	Describe the following study designs: (m) Cohort (n) Case Control (o) RCT (p) Systematic Review (q) Meta analysis (r) Economic analysis (s) Convergent parallel design (t) Explanatory sequential design (u) Exploratory sequential design (v) Embedded design (w) Transformative design (x) Multiphase design		JCP				

2	Critically appraise studies using each of the quantitative designs above (a to f) and one of the mixed methods (g to l)..		JCP				
3	Conduct a literature review of a topic relevant to clinical psychiatry.		Literature Review Form				
4	Describe any ethical considerations prior to conducting a research study.		Research Report, Reflective Note				
5	Show evidence of participation in a research project.		Research Report				

16. Teaching

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
2 (a)	Facilitate learning in students.		AoT, JCP, CP				
2 (b)	Facilitate learning in trainees.		AoT, JCP, CP				
2 (c)	Facilitate learning in health professionals.		AoT, JCP, CP				
3	Develop learning outcomes for teaching sessions.		AoT, JCP, CP				

4	Obtain feedback from participants involved in teaching sessions personally delivered. (Describe on the AoT form how feedback was obtained.)		AoT				
5 (a)	Recognise the importance of consent when patients are involved in educational events.		CBD, Reflective Note				
5 (b)	Recognise the importance of data protection (use of and storage of confidential material) when patients are involved in educational events.		CBD, Reflective Note				

17. Ethics and the Law

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPETED BY ARP PANEL**
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Comments**
9	Assess capacity to consent to treatment.		ACE, miniACE				
10	Describe the provisions in the Mental Health Act, 2001 for the administration of treatment without consent.		CBD, CP				
11	Obtain consent from the parents/guardians of a child or adolescent for treatment.		miniACE				

12	Recognise the issues of consent and guardianship when children are not living with parents, are in voluntary care or are on full care orders.		CBD				
13	In educational supervision, discuss the Irish Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*.		Supervisor's Report				
14	Discuss the principles of common law.		CBD				
Trainees who did part of training in a different jurisdiction and did not do foundation year in Ireland must also attain the following learning outcomes:							
15	Utilise the Mental Health Act, 2001 appropriately in relation to the involuntary admission of patients.		CBD, miniACE				
16	Utilise the Mental Health Act, 2001 appropriately in relation to the detention of voluntary patients.		CBD, miniACE				
17	Utilise the Mental Health Act, 2001 appropriately in relation to the restraint of patients.		CBD, miniACE				
18	Utilise the Mental Health Act, 2001 appropriately in relation to the seclusion of patients.		CBD, miniACE				
19	Comply with the provisions of the Data Protection Act 1988 in relation to data storage and all forms of communication about patients.		CBD				

HST LEARNING OUTCOMES ATTAINMENT GRID				Revised July 2021
Trainee name: **Year:** **Specialty:** **Medical Council Registration Number:**				
TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR			**TO BE COMPLETED BY ARP PANEL**	
PORTFOLIO CHECKLIST	**Date Completed**	**Total**	**Verified**	**Comments**
Previous ARP				
Previous Endpoint Supervisor's Report				
Training Placement Plan				
Midpoint Supervisor's Report				
WPBAs (List each WPBA completed in this year of training)				
Summary of Supervision Sessions				
Audit Report				
Care Plan				

Case Conference				
Case Review				
Court Report(s)				
Development and Appraisal of a Teaching Programme				
Home Visit Report				
Literature Review Report				
Initial Research Proposal				
Six Monthly Research Progress Reports				
Previous End of Year Research Progress Report				
Initial Outline Special Interest Record				
Midpoint Update Special Interest Record				
Previous Endpoint Special Interest Record				
Post Appraisal				
Risk Assessment				
Risk Management Project				

Reflective Note(s)				
Reflective Practice Group Attendance Record				
Service Development Project				
Supervisor's Assessment of Psychotherapy Expertise				
Supervision Project				
Record of On Call Sessions				
Mental Health Review Board Report (Forensic Psychiatry only)				
Current NVCI certificate				
Current BLS certificate				
Training Courses *(Insert title(s) of training course(s) attended)*				
E-Modules *(Insert title of e-module(s) completed)*				

For every CSCST or annotation, a Risk Management Project and a Service Development Project must be done in each specialty/subspecialty.

The HST learning outcomes must be demonstrated as being attained in challenging or complex cases (where there may be psychiatric co-morbidities, physical health co-morbidites, communication difficulties, multiple psychiatric diagnoses or complex issues relating to risk management, governance, team working, ethics, the law, treatment resistance or difficult family dynamics). Most outcomes must be demonstrated more than once over the course of training.

In sections 1-17 the learning outcomes marked with * are not required for a CSCST in Child & Adolescent Psychiatry.

Clinical Domain

1. The Psychiatric Interview
(History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Interview patients in an effective and empathic manner.		ACE, miniACE					
2	Prioritise and elicit essential information in challenging clinical encounters.		ACE, miniACE, CBD					
3	Diagnose or exclude psychiatric disorder in the presence of confounding physical illness and biological symptoms.		CBD, ACE					
4	Recognise medical conditions that contribute to psychiatric disorders and their treatment.		ACE, CBD, CP					

5	Recognise medical conditions that are consequential to psychiatric disorders and their treatment.		CBD, ACE					
6	Identify intellectual disabilities in individuals.		ACE, CBD					
7	Identify individuals on the autism spectrum.		ACE, CBD					
9	Perform a detailed developmental history with particular reference to the impact of adverse life events.		ACE, miniACE, CBD, CP					
10	Identify unconscious factors influencing the patient's symptoms and presentation.		CBD					
11(a)*	Adapt history taking style and method and mental state examination to patients with cognitive impairment.		ACE, miniACE					
11(b) *	Adapt history taking style and method and mental state examination to patients with dysphasia.		ACE, miniACE					
11(c)	Adapt history taking style and method and mental state examination to patients with intellectual disability.		ACE, miniACE					
12	Identify the psychological factors in the presentation of medical illness in a general hospital setting.		CBD, CP					

13	Diagnose and manage psychiatric disorders in a general hospital setting.		CBD, CP					
14(a)*	Evaluate the impact of older age on the presentation of depression.		CBD, CP					
14(b)*	Evaluate the impact of older age on the presentation of non-affective non-organic psychosis.		CBD, CP					
15*	Take a history or collateral history to establish a diagnosis of dementia.		CBD, CP					
16	Assess activities of daily living and social functioning.		ACE, miniACE, CBD					
17*	Assess activities of daily living and social functioning in patients with dementia.		CBD					
18	Judge whether the presence of a co-interviewer or co-therapist is appropriate.		CBD					
19	Conduct a family interview in a complex or challenging case in a professional manner.		ACE					
20	Utilise interpreter services when patients or carers are not proficient in English.		miniACE, ACE					
21	Utilise interpreter services when a		miniACE , ACE,					

	patient or carer is deaf.		CBD					

2. Physical Examination and Medical Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Perform a comprehensive physical examination of all systems.		DOPS					
2	Present the findings of a comprehensive physical examination.		CBD					
3	Recognise and apprpriately manage acute medical presentations in those with psychiatric disorders.		DOPS, miniACE, ACE, CBD					
4	Identify and appropriately refer those patients who require other specialist medical treatment.		CBD, CP					
5	Manage patients who require shared psychiatric and medical care.		CBD					
6	Recognise and evaluate the physical signs of psychoactive substance use.		CBD, DOPS					
7	Utilise and interpret an appropriate range of investigations.		CBD, CP					

8	Interpret urine tests for psychoactive substance use.		CBD					
9	Interpret the results of neuroimaging.		CBD					
10	Interpret the significance of the results of a neuropsychological assessment.		CBD, CP					
11*	Asses when cognitive screening is appropriate.		CBD, CP					
12	Select cognitive screening instruments which are appropriate to the case.		CBD, CP					
13	Intperpret the results of cognitive screening.		CBD, CP					

3. Collateral History Taking

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	With consent, obtain collateral information from patients' relatives and carers where there are challenging family or psychosocial		CBD, miniACE					

	factors.							
2	Assimilate information from multiple collateral sources.		CBD, CP					
3	Recognise the impact of carer burden.		CBD, CP					

4. Communication

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Disclose diagnoses effectively and sensitively.		ACE, miniACE					
2	Discuss diagnosis and treatment with patients.		ACE, miniACE					
3	Discuss diagnosis and treatment with carers.		ACE, miniACE					
4	Discuss prognosis with patients.		ACE, miniACE					
5	Communicate clearly and effectively with other team members.		Supervisor's Report					
6	Respond appropriately to a complaint.		CBD, Reflective Note					

7	Write informative, accurate and professional letters about a variety of patients.		CBD					

5. Formulation

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Develop formulations on a wide range of patients.		CBD, CP					
2	Apply formulation to the development of treatment plans.		CBD					
3	Use the formulation to develop risk management plans.		CBD					

6. Risk Assessment and Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Assess and manage risk of self harm and suicide.		CBD					
2	Assess and manage other potential risks to the patient.		CBD					
3	Assess and manage potential risks to others from the patient.		CBD					
4	Recognise child protection issues and utilise child protection procedures.		CBD					
5	Consult with other team members and senior colleagues in response to identified risks.		CBD, Reflective Note					
6	Implement risk management plans in response to identified risks.		CBD, CP					
7	Communicate risks to carers, family members and others where appropriate.		CBD					
8	Ensure personal safety in clinical practice.		NVCI Course					
9	Apply the MHC rules regarding the		CBD					

	management of seclusion.							
10	Apply the MHC code of practice regarding the use of physical restraint.		CBD					
11	Conduct a comprehensive risk assessment of a patient utilising a risk assessment instrument.		Risk Assessment					
12	Identify the risks associated with the admission of vulnerable people to hospital or other care settings.		CBD, CP					
13	Identify an area of risk in a service, analyse the risk and develop a risk management plan in collaboration with your clinical supervisor and the local management team.		Risk Management Project					

7. Clinical Management and Care Planning

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Manage acute behavioural disturbance.		CBD					
2	Manage co-morbid psychiatric and psychoactive substance use disorders.		CBD, CP					

3	Coordinate a care plan for a complex and enduring psychiatric disorder.		Care Plan					
4	Identify the structures and resources required to support persons with severe psychiatric disability in the community.		CBD, CP					
5	Involve patients as central agents in care planning.		miniACE, Care Plan					
6(a)	Incorporate significant cultural factors into a patient's care plan.		CBD, Care Plan					
6(b)	Incorporate significant religious factors into a patient's care plan.		CBD, Care Plan					
6(c)	Incorporate significant ethnic factors into a patient's care plan.		CBD, Care Plan					
6(d)	Incorporate the impact of social marginalisation into a patient's care plan.		CBD, Care Plan					
7	Organise and chair a case conference.		DONCS					
8	Jointly manage a case that requires input from another specialist service.		CBD					
9	Perform a comprehensive assessment of need.		CBD, CP, Care Plan					
10	Apply recovery principles to care planning.		CBD, Care Plan					
11	Perform a case review.		Case Review					

12	Manage carer burden that has a significant impact on the case.		CBD					
13	Identify when social interventions are appropriate and incorporate them into care plans.		CBD, Care Plan					
14	Access appropriate social interventions or supports from community agencies.		CBD					
15	Collaborate with a psychologist or psychotherapist in the management of a case.		CBD					
16	Manage patients in the following settings:							
(a)	Home		CBD					
(b)	Outpatient clinic		CBD					
(c)	Day Hospital		CBD					
(d)	Approved centre		CBD					
(e)	Emergency department		CBD					
(f)	High support hostel		CBD					
(g)	Residential care		CBD					
(h)	Medical/Surgical ward		CBD					
17*	Liaise with specialised services within adult mental health services such as assertive outreach team, perinatal psychiatry service, homeless psychiatry							

	team or rehabilitation psychiatry teams.							

8. Pharmacotherapy and Physical Treatments

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Utilise psychotropic medication as part of the emergency management of disturbed behaviour.		CBD, CP					
2*	Identify a patient for whom ECT may be appropriate.		CBD					
3*	Administer ECT.		DOPS					
4	Manage non concordance with treatment.		miniACE, ACE, CBD					
5	Manage the side effects of psychotropic medication.		CBD, CP, miniACE					
6	Manage potential drug interactions in patients prescribed drugs for		CBD, CP					

	medical illnesses.							
7	Safely and appropriately prescribe for people with intellectual disability.		CBD, CP					
8	Safely prescribe psychotropic medications for those with significant medical co-morbidities.		CBD, CP					
9*	Safely and appropriately prescribe for older people.		CBD, CP					
10*	Safely and appropriately prescribe antipsychotic medication for people with dementia.		CBD, CP					
11*	Safely and appropriately prescribe for pregnant and breast feeding women.		CBD, CP					
12*	Safely and appropriately prescribe for people with treatment resistant schizophrenia.		CBD, CP					
13*	Safely and appropriately prescribe for people with treatment resistant depression.		CBD, CP					

9. Psychotherapy

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Complete a long psychotherapy case (minimum of 24 sessions) under supervision.		SAPE					
2	Develop a psychotherapeutic formulation using a recognised model of psychotherapy.		CBD					
3	Participate in a Reflective Practice Group (minimum of 26 sessions over the duration of HST) – *for HSTs entering training from July 2019 onwards.*		Reflective Practice Group Attendance Record					
4	Apply psychotherapeutic principles in the management of patients.		CBD					

Professional Domain

10. Professional Behaviour

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Care for patients in a sensitive and compassionate manner.		ACE, CBD, mini ACE					
2	Demonstrate appropriate decision making ability in clinical practice.		ACE, miniACE, DOPS, CBD					
3	Describe the importance of continuity of care in handover.		CBD					
4	Recognise personal limitations.		DOPS, Reflective Note, Supervisor's Report					
5	Demonstrate honesty and integrity in all aspects of professional activity.		Supervisor's Report					
6	Display initiative both in clinical and non-clinical settings.		Supervisor's Report					
7	Evaluate the impact of diversity on individuals and their psychiatric presentations.		CBD, ACE					

8	Develop, implement and document a personal continuing education strategy.		Supervisor's Report					
9	Demonstrate appropriate professional boundaries with patients.		miniACE, ACE, Supervisor's Report					
10	Demonstrate appropriate professional boundaries with carers.		miniACE, ACE, Supervisor's Report					
11	Demonstrate appropriate professional boundaries with colleagues.		miniACE, ACE, Supervisor's Report					
12	Evaluate the effect of one's own behaviour on others.		AoT, Supervisor's Report					
13	Demonstrate good time management.		Supervisor's Report					
14	Show awareness of the stigmatisation of (a) people with psychiatric disorders, (b) their carers and (c) the mental health profession.		Reflective Note, CBD					
15	Advocate appropriately for people with mental disorders.		Reflective Note					
16	Identify barriers to accessing health care.		CBD					
17	Balance personal and professional priorities to ensure personal health and professional sustainability.		Supervisor's Report,					

			Reflective Note					
18	Discuss the Medical Council's Guide to Ethical Conduct in a supervision session.		Supervisor's Report					

11. Clinical Governance

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Maintain an evidence based approach to the clinical care of patients.		CP, JP, CBD					
2	Adopt new practice where a deficiency exists or new evidence emerges.		CBD, CP, Audit Report					
3	Participate in risk management systems and protocols in an organisation.		Risk Management Project					
4	Involve patients and carers in an aspect of service provision.		Reflective Note, Service Development Project					
5	Use information and information technology to measure outcomes		Audit Report, Risk					

	and plan service delivery in a health care organisation.		Management Project, Service Development Project					
6	Describe the process of reporting a critical incident.		CBD					
7	Participate in a critical incident review.		CBD, Reflective Note					
8	Discuss the impact of a critical incident on individual clinicians and a team.		CBD, Reflective Note					
9	Advocate for safe working conditions.		Reflective Note					
10	Participate in a management committee.		Reflective Note					

12. Team Working

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Recognise the expertise of other MDT members.		CBD					
2	Maintain professional relationships with colleagues to provide quality		Reflective Note, Supervisor's					

	care.		Report					
3	Work effectively within a multidisciplinary team.		Supervisor's Repport					
4	Manage conflict in the workplace.		Reflective Note					
5	Evaluate and manage junior colleagues' performance.		Supervision Project					
6	Supervise the clinical work of junior colleagues.		DONCS, Supervision Project					
7	Work with a clinical nurse specialist or clinical nurse manager to deliver a specialist component of a service.		Reflective Note and Supervisor's Report					

13. Management and Leadership

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Chair a clinical meeting.		DONCS					
2	Chair a management meeting.		DONCS					
3	Discuss with a member of the management team the allocation of resources within a mental health		Reflective Note					

	service.							
4	Appraise an institution's culture.		Reflective Note					
5	Discuss an organisation's service development plan with a clinical director.		Reflective Note					

14. Audit

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Perform a complete audit cycle.		Audit Report					
2	Supervise junior colleagues through the audit cycle process.		Reflective Note, Supervision Project					

15. Research

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes/No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Chair a journal club (on a minimum of 6 occasions).		DONCS					
2	Conduct a literature review of a topic relevant to clinical psychiatry.		Literature Review Form					
3	Collect data for a research or pilot study.		Research Report					
4	Present research findings at an internal academic meeting.		DONCS					
5	Present a poster or give an oral presentation at a research conference.		DONCS					
6	Supervise a student or a postgraduate trainee in a research study.		Reflective Note and Supervisor's Report					

16. Teaching

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	(a) Organise and (b) appraise the teaching programme in your service during one SR placement.		Development and Appraisal of a Teaching Programme					
2	Facilitate active learning in medical students.		AoT					
3	Facilitate a workshop.		AoT					
4	Prepare and deliver a lecture to medical students.		AoT					
5	Participate in a teaching programme for other health professionals.		AoT					
6	Develop learning outcomes for teaching sessions. (List the outcomes on the AoT form. The assessor must comment specifically on these in the comments section of the WPBA form.)		AoT					
7	Obtain feedback from participants involved in teaching sessions		AoT					

	personally delivered. (Describe on the AoT form how feedback was obtained. The assessor must comment specifically on this in the comments section of the WPBA form.)							

17. Ethics and the Law

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							**TO BE COMPLETED BY ARP PANEL**	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Observe and maintain patient confidentiality.		CBD					
2	Recognise when a breach of confidentiality is appropriate.		CBD					
3	Recognise when mandatory reporting of a child protection issue must occur.		CBD					
4(a)*	Utilise the Mental Health Act, 2001 appropriately in relation to the involuntary admission of patients.		CBD					

4(b)*	Utilise the Mental Health Act, 2001 appropriately in relation to the detention of voluntary patients.		CBD					
5	Utilise the Mental Health Act, 2001 appropriately in relation to the restraint of patients.		CBD					
6	Utilise the Mental Health Act, 2001 appropriately in relation to the seclusion of patients.		CBD					
7	Comply with the provisions of the Data Protection Act 1988 in relation to data storage and all forms of communication about patients.		CBD					
8	Assess capacity to consent to treatment.		ACE, miniACE					
9	Describe the provisions in the Mental Health Act, 2001 for the administration of treatment without consent.		CBD					
10	Balance risk management and autonomy in the management of the patient.		CBD, CP					
11	Recognise the ethical and legal issues in research.		Research Report					
12	Apply common law principles.		CBD					
13	Liaise with Gardaí, legal representatives, probation and		CBD					

	welfare services and TUSLA, where appropriate.							
14	Write a court report.		Court Report					
15*	Attend at least three mental health tribunals.		Reflective Note					
16*	Perform and document an assessment of testamentary capacity.		CBD					
17*	Complete a formal assessment of capacity in an older person.		miniACE					
18*	Apply the Medical Fitness to Drive Guidelines.*		CBD					
19	Attend the Coroner's Court.		Reflective Note					
20*	Perform and document an enduring power of attorney assessment.		CBD					
21*	Perform and document a ward of court assessment.		CBD					

18. General Adult Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Diagnose the following:							
1.1	Delirium							
1.2	Dementia		CBD, CP					
1.3	Organic psychosis		CBD, CP					
1.4	Organic mood disorder		CBD, CP					
1.5	Organic amnesic syndrome		CBD, CP					
1.6	Alcohol dependence		CBD, CP					
1.7	Opiate dependence		CBD, CP					
1.8	Novel psychoactive substance dependence		CBD, CP					
1.9	Other psychoactive drug dependence		CBD, CP					
1.10	Psychoactive drug induced amnesic syndrome		CBD, CP					
1.11	Schizophrenia		CBD, CP					
1.12	Delusional disorder		CBD, CP					

1.13	Schizoaffective disorder		CBD, CP					
1.14	Depression		CBD, CP					
1.15	Bipolar affective disorder		CBD, CP					
1.16	Cyclothymia		CBD, CP					
1.17	Panic disorder		CBD, CP					
1.18	Generalised anxiety disorder		CBD, CP					
1.19	Mixed anxiety and depressive disorder		CBD, CP					
1.20	Agoraphobia		CBD, CP					
1.21	Social phobia		CBD, CP					
1.22	OCD		CBD, CP					
1.23	PTSD		CBD, CP					
1.24	Adjustment disorders		CBD, CP					
1.25	Dissociative disorders		CBD, CP					
1.26	Somatoform disorders		CBD, CP					
1.27	Anorexia Nervosa		CBD, CP					
1.28	Bulimia nervosa		CBD, CP					
1.29	Personality disorders		CBD, CP					
2	Manage the following:							
2.1	Delirium		CBD, CP					

2.2	Cognitive impairment due to Alzheimer's disease		CBD, CP					
2.3	Behavioural problems associated with dementia		CBD, CP					
2.4	Behavioural and emotional problems associated with head injury		CBD, CP					
2.5	Alcohol withdrawal		CBD, CP					
2.6	Opiate withdrawal		CBD, CP					
2.7	Novel psychoactive substance withdrawal							
2.8	First episode schizophrenia		CBD, CP					
2.9	Chronic schizophrenia		CBD, CP					
2.10	Treatment resistant schizophrenia		CBD, CP					
2.11	Schizoaffective disorder		CBD, CP					
2.12	Recurrent depressive disorder		CBD, CP					
2.13	Depression		CBD, CP					
2.14	Treatment resistant depression		CBD, CP					
2.15	Mania		CBD, CP					
2.16	Cyclothymia		CBD, CP					
2.17	Panic disorder		CBD, CP					
2.18	Generalised anxiety disorder		CBD, CP					

2.19	Mixed anxiety and depressive disorder		CBD, CP					
2.20	Agoraphobia		CBD, CP					
2.21	Social phobia		CBD, CP					
2.22	OCD		CBD, CP					
2.23	PTSD		CBD, CP					
2.24	Adjustment disorders		CBD, CP					
2.25	Dissociative disorders		CBD, CP					
2.26	Somatoform disorders		CBD, CP					
2.27	Anorexia nervosa		CBD, CP					
2.28	Bulimia nervosa		CBD, CP					
2.29	Personality disorders		CBD, CP					
2.30	Adult ADHD		CBD, CP					
3.1	Manage older people with enduring psychiatric disorders.		CBD, CP					
3.2	Manage young adults with psychiatric disorders.		CBD, CP					
3.3	Manage psychiatric disorders in pregnant women.		CBD, CP					
3.4	Manage psychiatric disorders in people with mild intellectual disability.		CBD, CP					

19. Learning Disability

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained** **Yes / No**	**Assessment** **Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Perform a full biopsychosocial assessment of adults with intellectual disability, presenting with psychiatric or behavioural symptoms.		ACE, CP, CBD					
2	Assess the impact of intellectual disability on the clinical presentation of psychiatric disorder.		ACE, CP, CBD					
3	Elicit psychopathology in people with mild to moderate intellectual disability.		miniACE, ACE					
4	Elicit psychopathology in people with severe intellectual disability.		ACE, miniACE					
5	Observe a full psychological assessment, completed by a clinical psychologist, leading to the diagnosis of an intellectual disability.		CBD					
6	Assess the difficulties of living with a person with an intellectual disability.		CBD, CP, miniACE					
7.	Diagnose the following:							
(a)	Dementia in people with intellectual disability		CBD, CP					

(b)	Depression in people with intellectual disability		CBD, CP					
(c)	Mania in people with intellectual disability		CBD, CP					
(d)	Psychosis in people with intellectual disability		CBD, CP					
(e)	Psychoactive substance use in people with intellectual disability		CBD, CP					
(f)	Anxiety disorders in people with intellectual disability		CBD, CP					
(g)	OCD in people with intellectual disability		CBD, CP					
(h)	PTSD in people with intellectual disability		CBD, CP					
(i)	Organic psychosis in people with intellectual disability		CBD, CP					
(j)	Psychiatric disorders in people with autism spectrum disorder and intellectual disability		CBD, CP					
(k)	ADHD in people with intellectual disability		CBD, CP					
8	Manage the following:		CBD, CP					
(a)	Dementia in people with intellectual disability		CBD, CP					

(b)	Depression in people with intellectual disability		CBD, CP					
(c)	Mania in people with intellectual disability		CBD, CP					
(d)	Psychosis in people with intellectual disability		CBD, CP					
(e)	Psychoactive substance use in people with intellectual disability		CBD, CP					
(f)	Anxiety disorders in people with intellectual disability		CBD, CP					
(g)	OCD in people with intellectual disability		CBD, CP					
(h)	PTSD in people with intellectual disability		CBD, CP					
(i)	Organic psychosis in people with intellectual disability		CBD, CP					
(j)	Psychiatric disorders in people with autism spectum disorder and intellectual disability		CBD, CP					
(k)	ADHD in people with intellectual disability		CBD, CP					
9.	Perform an assessment of cognitive function in a person with intellectual disability.		ACE, miniACE					
10.	Safely and appropriately prescribe the following for people with intellectual		CBD, CP					

	disability and psychiatric disorders:							
(a)	Antidepressant medication		CBD, CP					
(b)	Antipsychotic medication		CBD, CP					
(c)	Anti-epileptic medication		CBD, CP					
11.	Manage the interaction between physical and psychiatric disorders in people with intellectual disability.		CBD, CP					
12.	Assess and manage people with intellectual disability who may have been abused.		CBD					
13.	Discuss behavioural phenotypes of genetic syndromes in people with intellectual disability by presenting two cases, one with Fragile-X syndrome.		CP					
14.	Assess and manage mental health problems arising in a person with intellectual disability and epilepsy.		CBD, CP					
15.	Use standardised psychiatric instruments in people with intellectual disability.		CBD					
16.	Apply an intellectual disability-specific diagnostic system to a person with intellectual disability and mental health problems (e.g. DC-LD, DM-ID).		CBD, CP					
17.	Lead a multidisciplinary treatment plan for an individual with intellectual disability, psychiatric disorder and		CBD, CP					

	challenging behaviour.							
18.	Conduct assessments in multiple care settings:		CBD					
(a)	Home		CBD					
(b)	Residential unit		CBD					
(c)	Day service		CBD					
(d)	Outpatient clinic		CBD					

20. Psychiatry of Old Age

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**AssessmentMethod(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Diagnose the following conditions in older people:							
(a)	Delirium		CBD,CP					
(b)	Alzheimer's dementia		CBD, CP					
(c)	Mixed Alzheimer's and vascular dementia		CBD, CP					
(d)	Lewy Body dementia		CBD, CP					
(e)	Frontotemporal dementia		CBD, CP					
2	Manage the following conditions in older people:		CBD, CP					
(a)	Delirium		CBD, CP					
(b)	Alzheimer's dementia		CBD, CP					
(c)	Mixed Alzheimer's and vascular dementia		CBD, CP					
(d)	Lewy body dementia		CBD, CP					
(e)	Frontotemporal dementia		CBD, CP					
3	Assess behavioural and psychological symptoms in:		CBD, CP					

(a)	Mixed Alzheimer's and vascular dementia		CBD, CP					
(b)	Lewy body dementia		CBD, CP					
(c)	Frontotemporal dementia		CBD, CP					
(d)	Psychoactive substance dependence		CBD, CP					
(e)	Late onset schizophrenia and delusional disorders		CBD, CP					
(f)	Depression		CBD, CP					
(g)	Anxiety disorders		CBD, CP					
4	Manage the behavioural and psychological symptoms of dementia.		CBD, CP					
5	Conduct assessments in multiple care settings:							
(a)	Home		CBD					
(b)	Long stay unit		CBD					
(c)	Hospital		CBD					
(e)	Day centre		CBD					
(f)	Day hospital		CBD					
(g)	Outpatient clinic		CBD					
6	Take a detailed collateral history from carers of people with behavioural and psychological symptoms of dementia.		CBD					
7	Take a detailed collateral history from carers of people with a psychiatric		miniACE, ACE,					

	disorder other than dementia.		CBD					
8	Collaborate in the end of life management of a patient with dementia.		CBD					
9	Liaise with (a) statutory, (b) voluntary agencies and (c) general practitioners involved in the care of older people.		CBD, CP					
10	Assess an older person's need for continuing care.		CBD					
11	Manage the interactions between physical and mental disorders in older people.		CBD, CP					
12	Perform a detailed assessment of cognitive function using (a) MMSE (b) MoCA (c) Addenbrooke's Cognitive Examination (ACE-R) and (d) frontal assessment battery.		ACE, miniACE					
13	Identify and manage risk factors for elder abuse.		CBD, CP					
14	Perform a risk assessment of an older person with dementia living in the community.		CBD, CP					
15	Identify when a neuropsychological assessment is required for a patient with cognitive impairment.		CBD					
16	Interpret a neuropsychological report in a patient with cognitive impairment.		CBD					

17	Disclose a diagnosis of dementia to a patient or carer/relative.		ACE, miniACE					
18	Discuss diagnosis, treatment and prognosis of dementia with (a) patients and (b) carers.		ACE, miniACE					
19	Recognise the impact of carer burden in dementia.		CBD					
20	Utilise the Mental Health Act 2001 appropriately with severe dementia and behavioural and psychological symptoms of dementia.		CBD					
21	Manage older patients with the following in medical/surgical settings:							
(a)	Depression		CBD					
(b)	Medically unexplained symptoms		CBD					
(c)	Self harm		CBD					
(d)	Suicidal ideation		CBD					
(e)	Alcohol dependence		CBD					
(f)	Dementia		CBD					
(g)	Delirium		CBD					
22	Manage patients with psychiatric disorders in collaboration with medicine for the elderly teams.		CBD					
23	Interpret (a) CT brain and (b) MRI brain		CBD					

	images in older people.							
24	Appropriately refer older people for psychological interventions.		CBD					
25	Apply the Medical Fitness to Drive Guidelines to an older person.		CBD					

21. Liaison Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Manage patients with psychiatric disorder and physical illness in the following settings:							
(a)	General Medical		CBD					
(b)	Surgical		CBD					
(c)	Emergency Department		CBD					
2	Manage patients with suicidal ideation in the following settings:							
(a)	General Medical		CBD					
(b)	Surgical		CBD					
(c)	Emergency Department		CBD					
3	Manage patients with self harm in the following settings:							
(a)	General Medical		CBD					
(b)	Surgical		CBD					
(c)	Emergency Department		CBD					

4	Manage patients with acute behavioural disturbance in the following settings:							
(a)	General Medical		CBD					
(b)	Surgical		CBD					
(c)	Emergency Department		CBD					
5	Discuss with patients the psychological origins of their physical symptoms.		miniACE					
6	Evaluate the pathophysiological links between the mind and body in stress.		CBD					
7	Develop formulations in patients with somatoform disorder.		CBD					
8	Manage patients in medical and surgical settings with somatoform disorders.		CBD					
9	Jointly manage a patient with a somatoform disorder with a medical or surgical MDT.		CBD					
10	Manage a patient with an eating disorder in a medical or surgical setting.		CBD					
11	Manage psychological responses to stress in:							
(a)	Medical settings		CBD					

(b)	Surgical settings		CBD					
12	Evaluate the psychiatric sequelae of harmful use of/dependence on alcohol in							
(a)	Medical settings		CBD					
(b)	Surgical settings		CBD					
13	Collaborate with a medical or surgical team in the management of a patient with alcohol withdrawal.		CBD					
14	Collaborate with a medical or surgical team in the management of a patient with amnesic syndrome due to alcohol.		CBD					
15	Manage patients with psychoactive drug dependence in the following settings:							
(a)	General Medical		CBD					
(b)	Surgical		CBD					
(c)	Emergency Department		CBD					
16	Manage the psychiatric sequelae/co-morbidity of patients with neurological disorders.		CBD					
17	Collaborate with medical teams in the management of psychiatric sequelae/co-morbidity in patients with dementia.		CBD					

18	Manage a patient with a personality disorder in the following settings .							
(a)	Emergency Department		CBD					
(b)	Medical or surgical in-patient ward		CBD					
(c)	Medical or surgical out-patient department		CBD					
19	Collaborate with medical and surgical teams in the management of delirium.		CBD					
20	Collaborate with medical and surgical teams in the use of the Mental Health Act 2001.		CBD					
21	Collaborate with medical and surgical teams in the use of common law principles.		CBD					
22	Develop a therapapeutic alliance with a patient who may not see the need for psychiatric input.		CBD					
23	Present a case at the hospital's grand rounds.		CP					

22. Forensic Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Take detailed histories, which include psychosexual, intoxicant use and personal offending histories and are supported by corroborative sources.		CBD, CP					
2(a)	Assess and treat mentally disordered offenders who are sentenced.		CBD					
2(b)	Assess and treat mentally disordered offenders who are on remand.		CBD					
2(c)	Assess and treat mentally disordered offenders who are in a secure hospital.		CBD					
2(d)	Assess and treat mentally disordered offenders who are in the community.		CBD					
3	Participate in the court diversion of a person on remand.		CBD, CP					
4	Perform risk assessments using at least three risk assessment instruments, at least one of which must involve specialist risk assessment for sexual violence.		Risk Assessment					

5	Perform comprehensive risk assessments on patients referred from other mental health services, one of which must be a specialist risk assessment for stalking and one which must be for risk of sexual violence.		CBD					
6	Develop risk management plans on patients who are risks of (a) violence (b) sexual violence and (c) stalking.		CBD, CP					
7	Communicate risk assessment and management plans to relevant stakeholders.		CBD					
8(a)	Prepare a report for a review board.		Review Board Report					
8(b)	Prepare a report for a mental health tribunal.		CBD					
9(b)	Prepare five court reports, one of which must relate to an alleged sex offence and one which must relate to alleged harassment or stalking.		Court Report					
10	Give evidence at three mental health review boards.		Reflective Note					
11	Give evidence as an expert witness in court.		DONCS					
12	Identify and manage feigned mental illness in a custodial setting.		CBD, CP					

13	Manage the following in custodial settings:							
(a)	Female prisoners		CBD					
(b)	Adolescents		CBD					
(c)	People with intellectual disability		CBD					
(d)	Sexual offenders		CBD					
(e)	Stalkers		CBD					
14	Receive instruction from a solicitor regarding a request for a psychiatric report.		CBD					
15	Triage referrals for admission to a secure forensic hospital by chairing a bed management meeting.		DONCS					
16	Utilise the Criminal Law (Insanity) Act 2006 in relation to admission of patients from prison or courts to a designated centre.		CBD					
17	Assess fitness to be tried.		miniACE, CBD, CP					
18	Prepare an opinion as to whether a person who has committed a crime was not guilty by reason of insanity.		CBD, CP					

23. Addiction Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Diagnose psychoactive substance use disorders using ICD or DSM classification systems.		CBD, CP					
2	Manage patients with psychoactive substance use.		CBD, CP					
3	Establish and maintain therapeutic relationships with people with psychoactive substance use.		CBD, miniACE, ACE					
4	Diagnose psychoactive substance dependence in patients with psychiatric disorders.		CBD, CP					
5	Manage psychoactive substance dependence in patients with psychiatric disorders.		CBD, CP					
6	Manage pregnant women with psychoactive substance use.		CBD, CP					
7	Prescribe opiate substitutes in accordance with the Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations and the Methadone Protocol.		CBD					

8	Initiate and stabilise people with opiate dependence on opioid substitutes.		CBD					
9	Prescribe psychotropic agents that promote abstinence.		CBD					
10	Collaborate with the following in the management of people with psychoactive substance use:							
(a)	General Adult Services		CBD, CP					
(b)	Forensic Psychiatry Services		CBD, CP					
(c)	Criminal Justice Services		CBD, CP					
(d)	General Practitioners		CBD, CP					
(e)	General Hospitals		CBD, CP					
(f)	Maternity Services		CBD, CP					
(g)	Social Agencies		CBD, CP					
(h)	Child and Adolescent Psychiatric Services		CBD, CP					
(i)	Non- statutory agencies		CBD, CP					
11	Manage a consultation request of a complex patient with psychoactive		CBD					

	substance use from one of the above.							
12	Assess people with psychoactive substance use in the following settings:							
(a)	General Hospitals		CBD					
(b)	Addiction Services		CBD					
(c)	Prisons		CBD					
(d)	Community Settings		CBD					
(e)	Residential Settings		CBD					
(f)	Outpatient Clinics		CBD					
13	Use a psychological therapy in the treatment of a person with psychoactive substance use.		CBD, SAPE					
14	Prepare 3 court reports on people with psychoactive substance use.		Court Report					
15	Interpret the results of (a) a breathalyser (b) saliva analysis and (c) urine drug testing		CBD					
16	Interpret abnormal biological markers in those with psychoactive substance use.		CBD					

24. Social and Rehabilitation Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Perform needs assessments on complex patients.		CBD, CP					
2	Manage treatment resistant schizophrenia.		CBD, CP					
3	Collaborate with the following:							
(a)	General Adult Services		CBD, CP					
(b)	Forensic Services		CBD, CP					
(c)	Addiction Services		CBD, CP					
(d)	Social agencies		CBD, CP					
(e)	Carers or family members							
4	Assess cognitive impairment in patients with schizophrenia.		miniACE and CBD					
5	Assess and manage the physical health needs of patients with chronic psychotic disorders.		CBD					
6	Assess and manage metabolic syndrome.		CBD					

7	Use a standardised rehabilitation assessment tool.		CBD					
8	Evaluate the principles of recovery in chronic and enduring psychiatric disorders.		CBD					
9	Promote personal resourcefulness and empowerment of patients with chronic and enduring psychiatric disorders.		Care Plan and CBD					
10	Promote the social inclusion of patients with chronic psychiatric disorders.		Care Plan and CBD					
11	Promote the reduction of stigma for patients with chronic and enduring psychiatric disorders.		Care Plan and CBD					
12	Advocate for the carers of people with chronic and enduring psychiatric disorders.		CBD					

25. Child and Adolescent Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Obtain detailed and accurate histories from children or adolescents (and their parents) with:							
(a)	ADHD		ACE, CBD					
(b)	Mood disorders		ACE, CBD					
(c)	Anxiety disorders		ACE, CBD					
(d)	Eating disorders		ACE, CBD					
(e)	Self-harm		ACE, CBD					
(f)	Emotional disorders with onset specific to childhood		ACE, CBD					
(g)	Tic disorders		ACE, CBD					
(h)	Conduct disorders		ACE, CBD					
(i)	Autism spectrum disorders		ACE, CBD					
(j)	Psychotic disorders		ACE, CBD					
(k)	Psychoactive substance use		ACE, CBD					

(l)	Attachment disorders		ACE, CBD					
(m)	Adjustment disorders		ACE, CBD					
(n)	Disorders of personality development		ACE, CBD					
(o)	Gender identity disorder		ACE, CBD					
(p)	Somatoform disorders		ACE, CBD					
(q)	Non-organic encopresis		ACE, CBD					
(r)	Non-organic enuresis		ACE, CBD					
(s)	Sleep disorders		ACE, CBD					
(t)	Somatoform disorders		ACE, CBD					
2	Develop management plans for patients with each of the above disorders.		CBD, CP					
3	Perform a developmental assessment of a child to identify possible intellectual disability.		ACE, CBD					
4	Perform a neurological examination of a child or adolescent.		DOPS					
5	Assess for the presence of co-morbid psychiatric disorders in a child or adolescent with an intellectual disability.		ACE, CBD					
6	Identify children or adolescents with (a) cognitive impairment (b) speech and language impairments and (c)		CBD					

	sensory or other physical impairments.							
7(a)	Adapt history taking style and method to a child or adolescent's developmental stage.		ACE, miniACE					
7(b)	Adapt history taking style and method when a child or adolescent has cognitive impairment.		ACE, miniACE					
7(c)	Adapt history taking style and method when a child or adolescent has speech and language impairments.		ACE, miniACE					
7(d)	Adapt history taking style and method when a child or adolescent has sensory or other physical impairments.		ACE, miniACE					
8	Utilise principles of creative therapies or play therapy in the assessment and treatment of a child or adolescent.		ACE, miniACE					
9	Utilise principles of behaviour therapy in the assessment and treatment of a child or adolescent.		ACE, miniACE					
10	Utilise principles of family therapy in the treatment of a child or adolescent.		ACE, miniACE					
11	Utilise principles of CBT in the treatment of a child or adolescent with depression, anxiety or OCD.		ACE, miniACE SAPE					
12	Collaborate with a family therapist in the delivery of family therapy to a child or adolescent.		SAPE					

13	Utilise DBT principles in the management of a child or adolescent.		ACE, miniACE					
14	Co-work with multidisciplinary team members in the management of a child or adolescent.		CBD					
15	Safely and appropriately prescribe for children or adolescents with the following conditions:							
(a)	Tic disorders		CBD, CP					
(b)	Mood disorders		CBD, CP					
(c)	ADHD		CBD, CP					
(d)	Psychotic disorders		CBD, CP					
(e)	Sleep disorders		CBD, CP					
(f)	Anxiety disorders		CBD, CP					
(g)	Physical illness and co-morbid psychiatric disorders		CBD, CP					
16	Devise a structured plan for monitoring and managing side effects of psychotropic drugs.		CBD					
17	Evaluate the impact on a child or adolescent of possible emotional, physical, or sexual abuse or neglect.		CBD					
18	Identify and manage co-morbid medical and psychiatric illnesses in children and adolescents.		CBD					

19	Assess the capacity of children or adolescents to consent to or to refuse treatment.		miniACE, CBD					
20	Evaluate the risks of inappropriate child or adolescent behaviour e.g. sexual activity, criminal activity, truancy or absconsion.		CBD					
21	Evaluate the potential risks to mental health for a child or adolescent within the care system.		CBD					
22	Assess the risk to a child or adolescent where a parent has a mental illness.		CBD					
23	Conduct a school assessment to determine necessary interventions for a child or adolescent.		CBD					
24	Utilise the Mental Health Act in the course of an involuntary admission of a child or adolescent.		CBD					
25	Manage the transition of an adolescent to an adult mental health service.		CBD, CP					
26	Formulate, implement and co-ordinate a multidisciplinary treatment programme for a child or adolescent with a psychiatric disorder using a biopsychosocial model.		CBD, CP					
27	Contribute to the development of a CAMH service for children and adolescents.		Reflective Note, Service Development					

			Project					

26. Child and Adolescent Psychiatry with a Special Interest in Intellectual Disability

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Communicate effectively with (a) children and adolescents with an intellectual disability, (b) their families and (c) other care-givers.		ACE, miniACE					
2	Lead a multi-disciplinary assessment of a child or adolescent with intellectual disability (with or without an autism spectrum disorder) and associated psychiatric disorder, utilising a biopsychosocial model.		CBD					
3	Formulate, implement and co-ordinate a multi-disciplinary treatment programme for a child or adolescent with intellectual disability (with or without an autism spectrum disorder) and associated psychiatric disorder, utilizing a biopsychosocial model.		CBD					
4(a)	Safely prescribe medication for children and adolescents with		CBD					

	intellectual disability (with or without autism spectrum disorder.							
(b)	Assess for side effects of psychotropic medication in children or adolescents with intellectual disability.							
(c)	Assess the outcome of pharmacological treatment in children or adolescents with intellectual disability.							
5	Manage the psychiatric sequelae of epilepsy in children with a intellectual disability.		CBD					
6	Effectively liaise with child health colleagues and other professionals in associated agencies (including schools) regarding the assessment, diagnosis and management of a child or adolescent with intellectual disability (with or without an autism spectrum disorder) and associated psychiatric disorder(s).		CBD, DONCS					
7	Contribute to the development of a specialist mental health service for children and adolescents with intellectual disability and autism spectrum disorders.		Reflective Note, HST Service Development Project					

27. Academic Psychiatry

This section is optional.

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1	Develop and maintain an evidence-based approach to teaching methods		Reflective Note Literature Review					
2	Liaise with university agencies involved in undergraduate teaching provision.		Reflective Note and Supervisor's Report					
3	Participate in organising and administering the local undergraduate teaching programme.		Reflective Note and Supervisor's Report					
4	Deliver tutorials to medical students.		AoT					
5	Obtain and reflect on feedback from an undergraduate course teacher.		AoT and Reflective Note					
6	Contribute to the development of the undergraduate course curriculum.		Reflective Note and Supervisor's Report					

7	Participate in organising examinations for medical students.		Reflective Note and Supervisor's Report					
8	Contribute to setting written exam questions for medical students.		Reflective Note and Supervisor's Report					
9	Mark written exam questions for medical students.		Reflective Note and Supervisor's Report					
10	Participate in the examination of medical students in clinical exams.		DONCS					
11	Submit an original research paper or a review paper for publication.		Research report					
12	Peer review a paper for a medical or scientific journal.		Reflective Note and Supervisor's report					
13	Prepare a research proposal for a funding application or ethical approval.		Reflective Note and Supervisor's Report					
14	Participate in organising a symposium or session at a national or international conference.		Reflective Note and Supervisor's Report					

28. Eating Disorders Psychiatry

Learning outcomes in section 28 are applicable to HSTs allocated to Eating Disorders Psychiatry training posts. For CAP HSTs allocated to six-month Eating Disorders posts, only learning outcomes marked with ** are applicable

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1 **	Diagnose (i) Anorexia nervosa (AN), (ii) Bulimia nervosa (BN) (iii) binge eating disorder (BED) and (iv) Avoidant/ restrictive food intake disorders (ARFID), Rumination regurgitation disorder and Other Specified Feeding and Eating disorders (OSFED) utilising diagnostic criteria		CBD, CP					
2 **	Assess and manage (i) acute and (ii) chronic medical issues arising from eating disorders utilising best practice guidelines		CBD					
3 **	Manage patients utilising Junior MARSIPAN or MARSIPAN		CBD					
4 **	Communicate medical and psychiatric risk information effectively to patients with eating		ACE, mini ACE					

	disorders							
5 **	Collaborate with other clinicians who provide care for patients with eating disorders to include (i) medical (ii)paediatric * (iii) emergency departments and (iv) primary care		CBD					
6 **	Use principles of (1) family therapy (ii) CBT-E, motivational interviewing, meal coaching in delivery of a treatment plan		ACE, Mini ACE, CBD					
7 **	Safely and appropriately prescribe psychotropic medication for those with eating disorders		CBD					
8 **	Use and interpret clinical outcome measures in eating disorders treatment including CROMS, PROMS and PREMS		ACE, mini ACE, CBD					
9	Participate in a teaching programme on eating disorders to other healthcare professionals		AoT					
10 **	Formulate, implement and co-ordinate a multi-disciplinary treatment programme for a patient with an eating disorder		CBD					
11 **	Reflect on the application of psychodynamic and systemic principles of working with people		Reflective Note, CBD					

	with eating disorders							
12	Contribute to the development of an eating disorder service		Service development project					
13	Conduct a literature review on a topic relevant to eating disorders		Literature review					
14 **	Document and communicate relevant findings from mental health assessment to other healthcare professionals for a patient with an eating disorder		CBD					
15 **	Discuss refeeding syndrome and the associated risks		CBD					
16 **	Utilise and interpret an appropriate range of investigations		CBD					
17 **	Obtain collateral history from families/ carers where there are challenging family or psychosocial factors		CBD, miniACE					
18	Balance personal and professional priorities to ensure personal health and professional sustainability		Supervisors Report, Reflective Note					
19 **	Advocate appropriately for those with eating disorders		Reflective Note					
20 **	Recognise the ethical and legal issues involved in the management		CBD					

	of patients with eating disorders							

29. Perinatal Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	**Attained Yes / No**	**Assessment Method(s)**	**Assessment Method(s) Used**	**Date(s) Attained**	**Supervisor / Assessor Name(s)**	**Verified**	**Comments**
1(a)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Mood disorders		CBD					
1(b)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Anxiety disorders		CBD					
1(c)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Psychotic disorders		CBD					
1(d)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Psychoactive substance misuse or dependence		CBD					

1(e)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Adjustment disorders		CBD					
1(f)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Personality disorders		CBD					
1(g)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Somatoform disorders		CBD					
1(h)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Alcohol dependence		CBD					
1(i)	Obtain detailed and accurate histories for patients in the perinatal period with the following: Substance dependence		CBD					
2	Develop management plans for each of the disorders/ presentations in 29.1(a-i)		CBD					
3(a)	Carry out a Perinatal Risk Assessment		CBD, Risk Assessment					
3(b)	Implement risk management plan in response to identified risks		CBD, Risk Management Project					

4	Manage the interaction between physical and psychiatric disorders in those presenting to perinatal psychiatry services		CBD					
5	Recognise the importance of the mother-infant attachment in assessments		CBD					
6	Develop and discuss formulations and apply these formulations to treatment plans on a wide range of patients in the perinatal period		CBD					
7(a)	Document relevant findings from perinatal mental health assessments		CBD					
7(b)	Communicate relevant findings to other health care professionals		CBD					
8	Advocate on behalf of women with mental illness with respect to their obstetric care		CBD					
9	Manage patients in the perinatal period who have high risk pregnancies requiring shared care with obstetric/antenatal teams		CBD					
10	Give pre-conception advice to a woman with an enduring mental illness		mini ACE					
11(a)	Recognise when it advisable to seek advice regarding Safeguarding.		CBD, CP					

11(b)	Recognise when mandatory reporting of a child protection issue must occur in a perinatal setting		CBD, CP					
12	Lead a multidisciplinary treatment plan for an individual with a complex presentation to perinatal mental health service		CBD, CP					
13	Deliver a component of a teaching programme for other healthcare professionals		AoT					
14	Liaise with (a) statutory, (b) voluntary agencies and (c) general practitioners involved in the care of patients in pregnancy and postnatal period		CBD, CP					
15	Discuss the role of the partner/ father and wider family in the care of a women with mental health disorder in the pregnancy or postnatal period		CBD, Reflective Note					
16	Safely prescribe psychotropic medications for those with significant medical co-morbidities who are (a) pregnant and (b) post-partum.		CBD, mini ACE					
17	Safely and appropriately prescribe for pregnant and breast-feeding women		CBD, CP					

18	Provide appropriate information to patients and partners/ family on risks of psychotropic medication, discontinuing psychotropic medication during pregnancy and breast feeding		Mini ACE					
19	Jointly manage a case, presenting in the perinatal period, that requires input from another specialist service		CBD					
20	Apply psychotherapeutic principles in the management of patients during pregnancy and in postnatal period		CBD, CP, Reflective Note, SAPE					
21	Complete a formal assessment of capacity for a patient during the perinatal period, including assessing patient's capacity to parent and safeguard children.		CBD					
22	Utilise interpreter services when patients or families presenting to perinatal psychiatry services are not proficient in English.		CBD, miniACE					
23	Demonstrate appropriate professional boundaries with patients, carers and colleagues		Supervisors Report					
24	Show commitment to service development		Service Development Project					
26	Demonstrate awareness of the		Reflective					

	barriers to accessing appropriate care for patients with mental health disorders in the perinatal period		Note					