

EUROPEAN TRAINING LOG-BOOK FOR CHILD AND ADOLESCENT PSYCHIATRY (UEMS)

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1. INTRODUCTION

The specialty of Child & Adolescent Psychiatry requires in-depth knowledge and skills in recognizing, curing alleviating and preventing mental illness or disorders in children and adolescents. The specialty also requires knowledge concerning the differences between psychopathologic symptoms in growing children and adolescents in contrast to adults.

Child and Adolescent Psychiatrists will pay very careful attention to issues of consent and the developing child's capacity to give consent. As part of this they will ensure that children and their parents are well-informed and provided with both written and oral information to help them make decisions. Child psychiatrists need to be particularly skilled in communicating with patients and colleagues as a core skill in their profession. At times they have a role in helping medical colleagues communicate effectively with young people and their families.

2. THE CURRICULUM FRAMEWORK

This document provides a curriculum framework (CF) for Child and Adolescent training of medical specialists in Europe. It is anticipated that countries will produce

their own curriculum that will cover the training encompassed in this CF and additional issues relevant to their national context. It is further anticipated that each country's curriculum will be able to be quality assured against this framework.

The specialty of Child and Adolescent Psychiatry is interdisciplinary, integrating the field of medical knowledge with knowledge of normal child and adolescent development, psychological and social knowledge. The specialty addresses outpatient and inpatient care, and it investigates, diagnoses and treats the child and adolescent psychiatric conditions described by current international psychiatric classification systems. These conditions are associated with severe suffering and/or poor prognoses, i.e. risk of premature death, future disability, impaired personal growth and development, and risks for the security of others. The specialty involves working with children, adolescent youths and their families and advising governmental bodies, communities and schools in the implementation of child mental health services that are “culturally relevant, responsible and responsive” (IACAPAP and other organisations 2008).

It is also recognised that it is not possible to achieve all the goals of training in a three year period and that few independent child psychiatrists will be equally competent in all the goals by the time they are accredited. We have therefore designated some goals as essential and to be acquired to a high level of skill by the time of qualification (Group A below). For the remaining training goals (Group B), we anticipate that trainees will acquire basic knowledge and skills for all the goals in group B and competence to practice as an independent doctor for most of these goals. (I think this is very good, well done- EB)

A) GOALS TO BE ACQUIRED TO A HIGH LEVEL OF SKILL BY ALL TRAINEES BY THE TIME THEY ARE RECOGNISED AS A QUALIFIED CHILD AND ADOLESCENT PSYCHIATRIST:

1. The doctor can establish and maintain therapeutic relationships with children and adolescents of all ages and with families.
2. The doctor has a thorough knowledge of normal child development and milestones. They will understand developmental pathways and the theoretical and empirical frameworks of child development. They will know how the child's development can be distorted by abnormal biology and environmental influences.
3. The doctor will ensure child and adolescent safeguarding and have a comprehensive knowledge of the legal framework.
4. The doctor can expertly assess and diagnose children and adolescents who have mental health problems using a biopsychosocial model, formulating the contributing issues and develop a treatment plan which they will review and revise over time as necessary.

5. The doctors will take into account issues of culture and diversity as they affect individual children, adolescents and families in the particular society in which they live.
6. The doctor can manage mental health emergencies occurring in children and adolescents including the risk to self and others. They can distinguish when the child or young person needs urgent referral to a paediatrician or other medical specialist.
7. The doctor has the knowledge and skills to manage the use of medication and understand the limitations of psychoactive medicines for children and adolescents.
8. The doctor has the knowledge and skills to use some psychological interventions and has enough knowledge and skill to work with colleagues from other disciplines who are more expert in the delivery of other psychological interventions /psychotherapy.
9. The doctor has the knowledge and skills to do neurological examinations and tests, and to work with colleagues from other disciplines who are more expert in assessing and treating child and adolescent neurological disorders.
10. Neuropsychiatry including ADHD, autism, seizures and the impact of other developmental and brain disorders on the mental health of children and adolescents.
11. The doctor has knowledge and skill to work in an intensive intervention service such as an inpatient child or adolescent service (and to work with a large multi-disciplinary team in such a setting).
12. The doctor will have the knowledge, skills and experience to analyse and appraise the research literature in child mental health and will undertake a piece of work to demonstrate this to an academic standard.
13. The doctor will have the knowledge and skills to ensure a smooth and effective care pathway for their child and adolescent patients, through different services when necessary, that maximises the mental health benefit for them.
14. The doctor has the skills to work with networks involving other colleagues in medicine and with multi-agency networks.

**B) GOALS THAT ARE REQUIRED TO A MINIMUM BASIC LEVEL
BUT THAT MAY NOT ALL BE OBTAINED TO A SPECIALIST
LEVEL BY THE TIME THE TRAINEE IS RECOGNISED AS A
QUALIFIED CHILD AND ADOLESCENT PSYCHIATRIST**

All trainees will need to acquire most of the goals listed below to the level of **competent independent doctor by the time they are recognised as a qualified child and adolescent psychiatrist**. They will be expected to have a reasonable knowledge and basic experience of the remaining goals in this section. The choices will be dictated by their likely future working context and interests. For example they may have knowledge but little clinical experience of some conditions by the time they qualify as independent doctor or they may have an intermediate level of knowledge and skills in a particular area.

1. Mental health of infants and under 5's
2. Specialist adolescent psychiatry and the transition to adult mental health services
3. Adolescent forensic psychiatry
4. Anxiety disorders
5. Disruptive behaviour disorders
6. Obsessional compulsive disorder
7. Depression
8. Psychosis
9. Bipolar disorders
10. Eating disorders
11. Emerging personality disorders
12. Work with traumatised children and adolescents and their families e.g war, natural disasters etc
13. Substance misuse
14. Paediatric liaison
15. Psychosomatic disorders & conversion phenomena
16. Learning Disability / mental impairment (handicap)
17. Quality assurance – service development
18. Management and leadership
19. Teaching
20. Medico-legal work
21. Ethics as applied to child mental health
22. Application of child mental health perspective to primary health care in different cultures

3. THEORETICAL KNOWLEDGE

The doctor can establish and maintain **therapeutic relationships** with children and adolescents of all ages and families.

Has advanced knowledge of normal **child development** and milestones and knows how the child's development can be distorted by abnormal biology and

environmental influences.

Ensures child and adolescent **safeguarding** and has a comprehensive knowledge of the **legal framework**

Masters evaluation and handling of **acute** child and adolescent psychiatric conditions.

Advanced knowledge of assessment, using a biopsychosocial approach, investigation and the use of international diagnostic systems (ICD and DSM),, medical treatment and follow up, course and prognosis of **common and serious child and adolescent disorders including:**

Developmental disorders

Externalising disorders

Internalising disorders

Neuropsychiatric disorders

Psychosomatic disorders

Advanced and up to date knowledge of **pharmacological treatment** of child and adolescent psychiatric conditions

Sound knowledge of psychological and **psychotherapeutic treatment** methods

4. SKILLS

- (1) **High level interviewing skills** both diagnostically and therapeutically working with children, young people and families
- (2) Good **written communication** skills
- (3) **Liaison skills** – across the multi-disciplinary team and working between agencies
- (4) Knowledge and skills to work in both **outpatient and in an intensive intervention** service such as an inpatient child and adolescent service
- (5) **Transcultural skills** – understands and skilfully takes account in their work of issues of culture and diversity as they affect individual children, adolescents and families in the particular society in which they live.
- (6) The skill to do a **neurological examination**, appropriate tests and to work with colleagues from other disciplines who are more expert in this field

- (7) The skill set to train and apply **psychotherapy for individuals, group or families according to behavioural/cognitive, psychoanalytic/dynamic, systemic methods or other appropriate psychological therapies**. The training should include theoretic seminars, supervised treatment techniques and individual or group self-awareness. It should be guided by the current UEMS-CAP Psychotherapy Guidelines (most recent version 2009)

Training must include, alongside the normal clinical work:

- clinical supervision which is an integral part of all practical training, and
- clinical co-operation with relevant institutions and professionals (e.g Liaison work)

- (8) Working with patients/families through **psychoeducation** and informing other doctors and co-workers as well as students

- (9) **Leadership competence**: Capable to mentor other doctors / co-workers / students. Will develop capability of leading using collaboration and dialogue with co-workers/students and have an understanding of one's individual role in the organisation.

5. PROFESSIONALISM IN CHILD AND ADOLESCENT PSYCHIATRY

5.1. Good Clinical care

- Expertise in child development and developmental psychopathology
- Ability to use multiple perspectives (bio-psycho-social-cultural) and strong analytic thinking to create a holistic picture of each patient and their family in the context of the child's developmental and social background and uses these skills to aid diagnostic and treatment formulations and plans
- demonstrate readiness and openness to seek advice and supervision when needed
- know the limits of their competence
- understand the impact of economic hardship on child development
- ensure that they and their colleagues work within the current legislation and ethical guidelines in the best interests of the child or young person

5.2. Relationships with patients

- Communication skills with different age groups, parents, institutions and systems
- Ability to work positively with children and families in complex situations that may entail problematic relationships with conflict
- Discusses with patients/carers the potential benefit and risks of treatments available in order to obtain informed consent
- Ensures patient and parent participation in the process of treatment
- Manages the complex issues of confidentiality posed in work with this age group
- Will show cultural sensitivity in their practice whilst maintaining child safety
- Will incorporate self-reflection and self-awareness in their dealings with patients and guard against prejudice from themselves or others
- Strives to ensure the provision of treatment to all children in need, irrespective of their social, racial and economic background
- Treats patients and represents child and adolescent psychiatry in public in a non-stigmatizing way

5.3. Maintaining Good Medical Practice

- The trainee and senior child and adolescent psychiatrist must be life-long learners
- Acknowledges the limitations of knowledge and expertise (their own and in the field of child and adolescent psychiatry)
- Adapts to new evidence, acknowledge their own learning needs and seek challenge to their views, practice in ways to provide oneself with new information and growing skills
- Set written standards and evaluate them in clinical practice, seek benchmarks
- Support research and audit to promote knowledge and best practice

5.4. Teaching and training, Appraising and Assessing

- Develops teaching skills for adult learning in small and large groups
- Supervises junior colleagues effectively

- Appraises others honestly and objectively when asked
- Writes honest objective references for trainees and colleagues

5.5. Working with colleagues

- Understands and uses reflective practice and self-awareness and has understanding of team dynamics
- Develops communication and leadership skills to work with multidisciplinary teams with the ability and skill to share knowledge in a respectful way
- Interacts with medical specialists in different fields (especially paediatrics, neurology, psychiatry) with professionalism
- Develops skills to contain anxiety amongst colleagues within the organisation and in partner organisations, carefully considering its origins and maintaining an open mind with a willingness to reappraise a given anxiety-provoking situation
- Learns to manage their own time effectively and has an understanding of the use and limitations of resources, so putting them to best effect

5.6. Probity and Health

- Knows and understands national and international ethical codes
- Understands the national legal frameworks within which they work
- Names conflicts of interest
- Prioritizes the welfare of the individual patient over conflicting interests unless there is an over-riding specific threat directly affecting the safety of other members of the public that requires the doctor to break patient confidentiality
- Abstains from personal gain in any context dealing with patients taking particular note of the vulnerability of young people for whom we care
- Behaves openly and honestly – with authenticity
- Acts publicly and in private to maintain the trust and confidence of the public

And finally, Consultant Child and Adolescent Psychiatrists must also be prepared for an unknown future. They must be able to provide leadership for their discipline, be able to teach the next generation of trainees, and engage in research and audit to ensure that best practice continues to be developed. They must be able to contribute to the development of services and act as an advocate for their client group.

6. ORGANISATION OF TRAINING

The main training should begin with service at a child and adolescent psychiatric unit (community or hospital setting). During this main training, a longer, uninterrupted period of service is of great importance. This is to allow the trainee the necessary opportunity to follow patients over a longer period of time (1 year). Trainees should also be assured of extensive experience in acute care and at least six months placement in a child and adolescent psychiatric in-patient setting during training. Follow-up of patients in some form during training is to be encouraged. This will allow the trainee to get some understanding of the impact of their interventions.

In its entirety, the training should give trainees the opportunity to acquire both broad and in-depth competence. The training should, therefore, be supplemented with service at a university clinic or the equivalent where appropriate.

6.1. TRAINING REQUIREMENTS FOR TRAINEES

1. Duties of trainees

The trainee will use a responsible adult learning approach to becoming a child and adolescent psychiatrist. There must be regular opportunities (minimum monthly) to attend clinical case conferences and to hear two or more senior staff members discussing clinical cases at presentations or clinical seminars. Creative use of video-conferencing, tele-medicine etc may help where this is difficult to achieve locally. This may also provide opportunities for sharing between training schemes to get teaching from regional or national experts. Journal clubs are an important element of formal training. In addition, there must be opportunities to attend formal seminars and conferences up to 60 hours each year during training). Both trainees and training schemes should be monitored to ensure that trainees are being offered and are taking the opportunity of teaching events.

There must be a substantial taught curriculum . We anticipate that about 15- 20% of working time will be dedicated to learning (by participation in courses, the national theoretical learning programme underpinning the curriculum, case conferences and discussions). Research skill development is desirable and could be supported with additional time.

Trainees will work with their training organisers to ensure that they acquire the knowledge, skills and attitudes required by the curriculum framework in this document through use of the academic programme and appropriate clinical placements. Trainees have a duty to inform their training director if they have concerns about the programme, about the clinical experiences they are offered or about the knowledge, skills or attitudes of particular trainers.

Trainees should record their progress through training through the use of a logbook record with evidence of the cases that they have seen (removing information that identifies the child and/or family). An appropriate example of such a logbook record

can be found at Appendix 2. However, nationally or more locally alternative versions may be used effectively.

Trainees are also expected to keep a record of reflective practice throughout their training that they should discuss with their educational supervisor on a regular basis during the course of their training.

The trainee will ensure that their clinical practise is observed regularly by their trainers during their training. This is a joint responsibility shared with their trainers as it provides an important source of feedback and learning.

The trainee will ensure that their case experience of each of the compulsory aspects of child and adolescent psychiatry exceeds the figures quoted in this document. The trainee will also ensure that in the goals to be acquired to a minimum level, that, for most of the goals, the experience and expertise they learn substantially exceeds the minimum requirement.

6.2. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

6.2.1. PROCESS FOR RECOGNITION AS TRAINING CENTRE

6.2.1.1. Organising Department: (OD) – The training should be organised by a postgraduate training organisation with knowledge, skill and access to a sufficient variety of placements to provide the training - it can provide or arrange provision of all the aspects of child and adolescent psychiatry contained in this curriculum framework.

6.2.1.2. The OD should have a link to a university department of psychiatry and where possible, a link to an academic department of child and adolescent psychiatry. Such links may be formal but may be very valuable even if they amount to informal cooperation.

6.2.2. TRAINING ARRANGEMENTS IN ORGANISING DEPARTMENT

6.2.2.1. The OD should appoint a training director (TD) who should take responsibility and who should be given the resources to organise and arrange delivery of the CAP training locally. This may well require the appointment of a deputy or the arrangement of a training committee in larger schemes. It may involve some training placements at a distance. When this is necessary, careful consideration must be given to the training benefit and the impact on the family life of the trainee.

6.2.3. Training Director

- 6.2.3.1. Will organise training and ensure its smooth delivery
- 6.2.3.2. Will ensure that there is an academic programme for the trainees that covers the topics in the curriculum framework.
- 6.2.3.3. Will ensure that the trainees get opportunity for developing skills in psychological treatments as well as psychopharmacology
- 6.2.3.4. Will encourage research and academic development in their trainees
- 6.2.3.5. Will ensure that trainees' progress through training is carefully monitored and that remedial action is taken to support a trainee in difficulties. Only if this has failed or if there is a major probity or health issue which cannot be remediated without further risk to patients, should consideration be given to stopping a trainee continuing their training in CAP. Such a decision to halt training for a trainee should not be taken by the TD alone but alongside senior staff of the institution of which the OD is a part.
- 6.2.3.6. Will work with the OD to appoint excellent trainers and will audit the practice of trainers on a regular basis to ensure that high standards of training, good role models from trainers and excellent clinical experience are available and reasonable expectations for trainees in the training scheme.
- 6.2.3.7. Training Directors must be allowed sufficient protected time in their own work timetable and sufficient resources to be able to organise a training scheme for a training organisation.
- 6.2.3.8. The TD must organise or work with the OD to audit the quality of training provided by clinical trainers and to support them in their task as clinical trainers (see also 8.1 and 8.3).

6.2.4. Education supervisors

- 6.2.4.1. Each trainee should have a senior educator (an educational supervisor - ES) providing educational supervision through the period of their training.

An educational supervisor (ES) is a trainer who works with the trainee throughout their training, providing an overview of their training needs over the entire period of child and adolescent psychiatry specialist training. The ES meets the trainee regularly over the training period (1 to 4 monthly over the whole training

period). They are responsible to the training programme director to provide feedback regarding the trainee's progress. The Training programme director will have a role in allocating an ES for each trainee.

The trainee may work with their ES clinically during part of their training but may well not do so.

The clinical supervisor (see 6.2.5 below) works with a trainee in a specific clinical placement and provides supervision during that placement only.

6.2.4.2. Educational supervisors are responsible to the TD. They will work closely with the TD. (In very small schemes, the TD may combine TD and ES role for all or some of the trainees). There is some advantage in separation of the roles.

6.2.4.3. Trainees may have occasion to ask for a change in educational supervisor either temporarily or for the remainder of their training. Normally such a request would be allowed though repeated requests would not normally be allowed.

6.2.4.4. Education supervisors should normally expect to meet individually with each of their trainees at least 3 times each year. These meetings are to monitor the training placement plan between the trainee and the clinical supervisor. This training contract should relate to the particular trainee's training requirements. They will vary by the stage of training, a trainee's previous experience and their particular interests. There will be further meetings to monitor progress midway through placement and to prepare for a formal annual review of a trainee's progress, whether this is locally organised, regionally or nationally organised.

6.2.5. Clinical Trainers:

a) Requested qualification and experience

Clinical Trainers will be expected to have achieved the nationally recognised qualification to allow them to practice as a specialist child and adolescent psychiatrist. If a trainee is in a short-term placement to give them experience outside direct child mental health practice (e.g. community paediatrics, neurology), there should continue to be some oversight supervision from a clinical trainer in child and adolescent psychiatry in addition to the consultant for the placement itself.

b) Core competencies

Clinical Trainers will be specialist child and adolescent psychiatrists. In addition, they will have had training in the principles of adult learning, supervision, appraisal and feedback. They will demonstrate through

their own continuing professional development an interest in education of trainees. They will treat their trainees with respect and honesty, recognising the power differential between themselves and their trainees and being very careful not to abuse this relationship in any way.

- 6.2.5.1. Should be appointed by the TD and representative(s) of the organisation in which he/she is taking responsibility for the training. Clinical trainers should have some training in the provision and principles of adult learning.

As part of their role clinical trainers undertake to:

- 6.2.5.2. Provide each trainee with one hour of dedicated individual supervision weekly.
- 6.2.5.3. Provide each trainee with opportunities to observe their own consultant clinical practice and for each trainee to have regular observations made of their clinical practice as trainees as formative learning episodes (FLE). This forms an important component of training.
- 6.2.5.4. should be responsible to the training programme director in terms of providing feedback regarding the trainee's progress
- 6.2.5.5. Clinical Trainers will have their own practice as trainers audited by the OD / TD on a regular basis. This should include an arrangement for regular anonymised feedback to the OD/TD of the trainees' experience in clinical placements. Consistent feedback both positive and negative of a trainees' experience with clinical trainers should be used by the TD in guiding future use of particular placements.

6.2.6. Training Opportunities

The OD, working with the TD, must provide or arrange provision of a variety of outpatient experiences in the community and in hospital to provide good learning experience to encompass the age range and the intellectual range of patients who will be seen by the trained child and adolescent psychiatrist in that country. Typically this will include all appropriate children and young people up to and including the age of 17 (ie up to 18th birthday) and the intellectual range of patients seen by child and adolescent psychiatrists in the country. Normally, at least six months inpatient experience or day-patient experience is a necessary component of training in child and adolescent psychiatry.

It may be necessary to provide some experience some distance from the training centre. This is allowed with certain caveats:

- (a) The experience must be part of the required or optional training experiences that cannot otherwise be fulfilled locally in the training timeframe or
- (b) An experience that the trainee particularly wants to gain for specialist aspects of their training and that the TD agrees that it is appropriate to arrange at a distance from the OD.
- (c) That the impact of training at a distance from the OD for a period has been given for the family life of the trainee.

6.2.7. Teacher/Trainee Ratio

The ratio between the number of qualified CAP specialists in the teaching staff and the number of trainees should provide for close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training.

6.2.8. Requirements for Equipment and Accommodation

- Own desk in a quiet room for office work
- Lockable filing cabinet
- Computer with internet access
- Library
- Bench books in clinical settings (ie a range of essential texts for the profession)
- Equipment to carry out basic medical physical examination
- Interview rooms that are appropriate for individual, family and group work.
- Library and access to online resources

6.2.9. Theoretical teaching

See p6 of this document

6.2.10. Clinical Experience

See p11 of this document

6.3. ASSESSMENT AND EVALUATION

6.3.1. Assessment:

As part of the training in psychiatry the trainee will pass a knowledge based examination. Interviewing skills should be assessed through episodes of observed practice when the trainee's clinical work is watched by a senior colleague. Short episodes as well as longer ones are

encouraged. There should also be opportunities to observe and assess the trainee's ability to chair clinical discussion meetings with colleagues, medical and non-medical.

Assessment methods and standards must be transparent and trainees must be aware of the processes involved in advance of assessment

There should be clear opportunities for formative assessments as well as those that will contribute to evaluating the trainee's developing skills (summative assessments).

There should be opportunities to hear cases presented to senior colleagues and discussion of the formulation and treatment plans developed for the patient by the trainee.

Trainees should have their teaching skills assessed by their peers and by senior colleagues.

Trainees should obtain annual feedback from peers, colleagues and patients using the national system has been created for assessing doctors in that country.

6.3.2. Evaluation:

Trainees should have their progress through training evaluated on an annual basis against transparent criteria of progress. The final evaluation leading to recognition on a national specialist register or equivalent must be against transparent criteria.

7. IMPLEMENTATION OF NATIONAL CURRICULUM

- 7.1. The curriculum provided should have national approval and periodic audit of its local implementation by the ODs in that country (not less than every 5 years). Such national oversight may be provided by a government designated organisation. In the absence of such an arrangement, the national body responsible for standards and excellence in CAP should take this responsibility.

8. QUALITY MANAGEMENT NATIONALLY

8.1. Manpower planning:

8.1.1. There should be national arrangements to monitor manpower needs for specialist child and adolescent psychiatrists taking into account national and European agreed norms for number of specialist child and adolescent psychiatrists. The norms should also take into account the nature of the local population, any index of deprivation, undergraduate and postgraduate teaching responsibilities, research responsibilities and managerial and leadership responsibilities.

8.2. External auditing:

8.2.1. There must be a national system for auditing the quality of training provided by the ODs within each country. This system should gain information through multiple sources including feedback from trainees and trainers. A system that involves periodic inspection of training schemes by peers has learning advantages. Were it possible to develop comparisons of quality of training between European countries this would have advantages.

8.3. QUALITY MANAGEMENT WITHIN TRAINING INSTITUTIONS

8.3.1. Regular report:

Training Organisations or TDs must monitor quality of training within the scheme. This could encompass: Placements and training opportunities offered; Educational supervisor feedback; Physical environment; Feedback from multiple sources.

8.3.2. Transparency of training programmes

Trainees are keen to know how training placements perform. Clear information about the composition and opportunities in each training scheme must be provided to potential applicants. The method and criteria of application to the training rotation, and selection criteria, should be clearly stated.

Each OD participating in the training of child and adolescent psychiatrists should publish information from both internal sources (trainees, trainers) and external quality evaluations (for example, summaries of external inspections should be freely available). Known strengths and limitations should be available to trainees.

Each OD must publicise details of the training it operates including placements, academic programme and research opportunities. The method of application and criteria for selection should also be publically available to candidates.

Progress through training and the reasons that decisions about progress are made should be mapped against transparently available criteria.

The criteria for completion of training must be publically available. The reasons for allowing qualification and the trainee's evidence that they have achieved the required standard should be audited regularly.

8.3.3. Quality management for trainers

The training institution will work with the organising department and with regional or national systems in the context of this document to ensure that the quality of training provided by recognised trainers is of a high standard. The use of confidential interviews with trainees, surveys etc will contribute to triangulated feedback of trainer performance.

9. STRUCTURE FOR COORDINATION OF TRAINING

Each training programme is a bit different so that it is not appropriate to be too didactic. In general a training committee of those who organise the training, one or two representatives of the clinical trainers and one or two trainees provides a useful management forum for discussing and resolving training issues about the scheme. A smaller body will need to consider difficulties in progress for individual trainees when this occurs.

It is hoped that difficulties should be identified early in training whenever possible. Appropriate remediation must be offered to allow trainees an opportunity to reach the required standard with support if necessary. Where this is not possible, appropriate career guidance and supports should be provided.

No decision to delay a trainee by longer than six months or to halt a trainee's progress through their training should be taken without reference to an external organisation. Often this would be organised at regional or national level. Where there are limited trainings available in a country the OD may have to come to an arrangement with an external organisation in psychiatry rather than in child and adolescent psychiatry.

APPENDIX 1 – CURRICULUM FRAMEWORK FOR CHILD AND ADOLESCENT PSYCHIATRY

A) GOALS TO BE ACQUIRED TO A HIGH LEVEL OF SKILL BY ALL TRAINEES BY THE TIME THEY ARE RECOGNISED AS A QUALIFIED CHILD AND ADOLESCENT PSYCHIATRIST:

1. The doctor can establish and maintain therapeutic relationships with children and adolescents of all ages and with families.
2. The doctor has a thorough knowledge of normal child development and milestones. They will understand developmental pathways and the theoretical and empirical frameworks of child development. They will know how the child's development can be distorted by abnormal biology and environmental influences.
3. The doctor will ensure child and adolescent safeguarding and have a comprehensive knowledge of the legal framework.
4. The doctor can expertly assess and diagnose children and adolescents who have mental health problems using a biopsychosocial model, formulating the contributing issues and develop a treatment plan which they will review and revise over time as necessary.
5. The doctors will take into account issues of culture and diversity as they affect individual children, adolescents and families in the particular society in which they live.
6. The doctor can manage mental health emergencies occurring in children and adolescents including the risk to self and others. They can distinguish when the child or young person needs urgent referral to a paediatrician or other medical specialist.
7. The doctor has the knowledge and skills to manage the use of medication and understand the limitations of psychoactive medicines for children and adolescents.

8. The doctor has the knowledge and skills to use some psychological interventions and has enough knowledge and skill to work with colleagues from other disciplines who are more expert in the delivery of other psychological interventions /psychotherapy.
9. The doctor has the knowledge and skills to do neurological examinations and tests, and to work with colleagues from other disciplines who are more expert in assessing and treating child and adolescent neurological disorders.
10. Neuropsychiatry including ADHD, autism, seizures and the impact of other developmental and brain disorders on the mental health of children and adolescents.
11. The doctor has knowledge and skill to work in an intensive intervention service such as an inpatient child or adolescent service (and to work with a large multi-disciplinary team in such a setting).
12. The doctor will have the knowledge, skills and experience to analyse and appraise the research literature in child mental health and will undertake a piece of work to demonstrate this to an academic standard.
13. The doctor will have the knowledge and skills to ensure a smooth and effective care pathway for their child and adolescent patients, through different services when necessary, that maximises the mental health benefit for them.
14. The doctor has the skills to work with networks involving other colleagues in medicine and with multi-agency networks.

B) GOALS THAT ARE REQUIRED TO A MINIMUM BASIC LEVEL BUT THAT MAY NOT ALL BE OBTAINED TO A SPECIALIST LEVEL BY THE TIME THE TRAINEE IS RECOGNISED AS A QUALIFIED CHILD AND ADOLESCENT PSYCHIATRIST

All trainees will need to acquire most of the goals listed below to the level of **competent independent doctor by the time they are recognised as a qualified child and adolescent psychiatrist**. They will be expected to have a reasonable knowledge and basic experience of the remaining goals in this section. The choices will be dictated by their likely future working context and interests. For example they may have knowledge but little clinical experience of some conditions by the time they qualify as independent doctor or they may have an intermediate level of knowledge and skills in a particular area.

1. Mental health of infants and under 5's
2. Specialist adolescent psychiatry and the transition to adult mental health services
3. Adolescent forensic psychiatry
4. Anxiety disorders
5. Disruptive behaviour disorders
6. Obsessional compulsive disorder
7. Depression
8. Psychosis
9. Bipolar disorders
10. Eating disorders
11. Emerging personality disorders
12. Work with traumatised children and adolescents and their families e.g war, natural disasters etc
13. Substance misuse
14. Paediatric liaison
15. Psychosomatic disorders & conversion phenomena
16. Learning Disability / mental impairment (handicap)
17. Quality assurance – service development
18. Management and leadership
19. Teaching
20. Medico-legal work
21. Ethics as applied to child mental health
22. Application of child mental health perspective to primary health care in different cultures

APPENDIX 2 – LOGBOOK TOOL

HOW TO USE THE LOGBOOK TOOL

This logbook tool is designed for trainees to document the evidence of attaining the learning outcomes as they are achieved from the intended learning objectives [ILO 1 to 20] through their 3 year minimum compulsory training in Child & Adolescent Psychiatry.

Each required learning outcome) is set out in a table format, where trainees can reference the appropriate source of evidence for each outcome from the ILO. Only outcomes relating to the ILO (A)s and (B)s for Years 1 and then for Year 3 of Child and Adolescent Psychiatry training have been included.

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

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

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

Acceptable Sources of Evidence

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

LB Log Book

O Observation of the trainee's clinical practise or formal assessment episodes

Final – 12th January 2014

SN Supervision notes

CC Anonymised clinical correspondence

Tr Training / Course Attendance

Annual Report of Progress

SL - Supporting Letter (e.g. from supervisor)

Te Teaching Facilitation / Presentation

TeF Teaching Feedback

AP Academic Programme

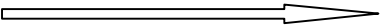
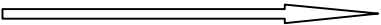
RN Reflective Notes

Pub/RR Research Report / Publication

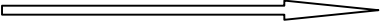
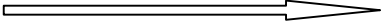
SDP Service Development Project (e.g. clinic development, care pathway etc.)

Au Audit

The format of each ILO is as follows:

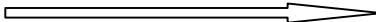
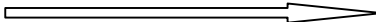
	Year 1 and 2				Year 3			
								
What is being assessed	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	Full learning outcome Achieved				Full learning outcome Achieved
	<p>Progress in development of this area of knowledge, skill, and behaviour – This can be indicated by signature in each box by Educational Supervisor indicating 25% progress, 50% progress etc to full achievement</p> <p>The box can also be used to link to a folder of evidence to support the particular aspect of training being recorded</p>							

Major ILO (A)1 The doctor can establish and maintain therapeutic relationships with children and adolescents of all ages and with families.

	Year 1 and 2				Year 3			
								
1. The doctor can establish and maintain therapeutic relationships with children and adolescents of all ages and with families.				Full learning outcome Achieved				Full learning outcome Achieved

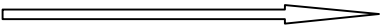
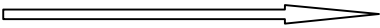
ILO A 2: Normal Child Development

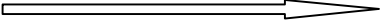
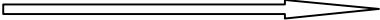
The doctor has a thorough knowledge of normal child development and milestones. They will understand developmental pathways and the theoretical and empirical frameworks of child development. They will know how the child's development can be distorted by abnormal biology and environmental influences.

	Year 1 and 2	Year 3								
										
The doctor has a thorough knowledge of normal child development and milestones. They will understand developmental pathways and the theoretical and empirical frameworks of child development. They will know how the child’s development can be distorted by abnormal biology and environmental influences.	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
			Full learning outcome Achieved							
			Full learning outcome Achieved							

ILO (A) 3: Safeguarding and Legal Framework

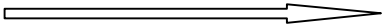
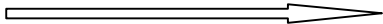
The doctor will ensure child and adolescent safeguarding and have a comprehensive knowledge of the legal framework

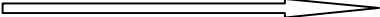
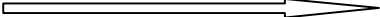
Level	Year 1 and 2 				Year 3 			
3.1 Detects alterations in children's development that might suggest the child has been maltreated or neglected				Full learning outcome Achieved				Full learning outcome Achieved
3.2 Works with the family and professional network to assess and manage safeguarding issues				Full learning outcome Achieved				Full learning outcome Achieved
3.3 Contributes to the assessment and treatment of				Full learning outcome Achieved				Full learning outcome Achieved

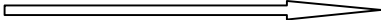
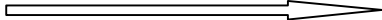
Level	Year 1 and 2	Year 3
		
children/young people who have been abused and/or neglected		

ILO (A) 4. Assessment, diagnosis and use of biopsychosocial framework

The doctor can expertly assess and diagnose children and adolescents who have mental health problems using a biopsychosocial model, formulating the contributing issues and develop a treatment plan which they will review and revise over time as necessary.

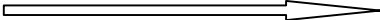
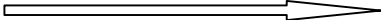
Sub learning outcome	Year 1 and 2 				Year 3 			
4.1 - History taking using developmental approach (from parents & child/adolescent) where appropriate				Full learning outcome Achieved				Full learning outcome Achieved
4.2 - Physical Examination				Full learning outcome Achieved				Full learning outcome Achieved
4.3 - Use rating scales/questionnaires/structured assessment instruments				Full learning outcome Achieved				Full learning outcome Achieved

Sub learning outcome	Year 1 and 2 				Year 3 			
4.4 - Seeking information from other sources				Full learning outcome Achieved				Full learning outcome Achieved
4.5 – Diagnosis, formulation & feedback of assessment and management plan to parents and child/ adolescent				Full learning outcome Achieved				Full learning outcome Achieved
4.6 - Note keeping & clinical correspondence				Full learning outcome Achieved				Full learning outcome Achieved

Sub learning outcome	Year 1 and 2	Year 3
		

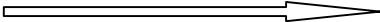
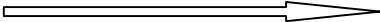
ILO A 5. Culture and Diversity

The doctors will take into account issues of culture and diversity as they affect individual children, adolescents and families in the particular society in which they live.

Sub learning outcome	Year 1 and 2				Year 3			
								
5. The doctors will take into account issues of culture and diversity as they affect individual children, adolescents and families in the particular society in which they live				Full learning outcome Achieved				Full learning outcome Achieved

ILO 6 A Mental health emergencies and risk assessment

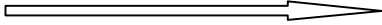
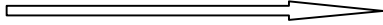
The doctor can manage mental health emergencies occurring in children and adolescents including the risk to self and others. They can distinguish when the child or young person needs urgent referral to a paediatrician or other medical specialist.

Level	Year 1 and 2 				Year 3 			
6.1 Assessment and management of psychiatric emergencies				Full learning outcome Achieved				Full learning outcome Achieved
6.2 - Management of young people presenting with risk in an emergency				Full learning outcome Achieved				Full learning outcome Achieved

6.3 Use of relevant legal frameworks for children and adolescents presenting in an emergency								
				Full learning outcome Achieved				Full learning outcome Achieved

ILO 7 A Medication management

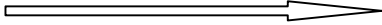
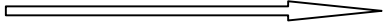
The doctor has the knowledge and skills to manage the use of medication and understand the limitations of psychoactive medicines for children and adolescents

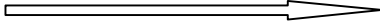
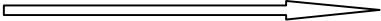
Level	Year 1 and 2 				Year 3 			
7.1- To recognise indications for drug treatment in child & young people				Full learning outcome Achieved				Full learning outcome Achieved
7.2 - Able to explain the risks and benefits and develop treatment decisions collaboratively				Full learning outcome Achieved				Full learning outcome Achieved

7.3 - Able to prescribe safely								
				Full learning outcome Achieved				Full learning outcome Achieved

ILO 8 A Psychological interventions for children and families

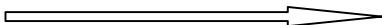
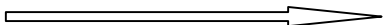
The doctor has the knowledge and skills to use some psychological interventions and has enough knowledge and skill to work with colleagues from other disciplines who are more expert in the delivery of other psychological interventions /psychotherapy.

Level	Year 1 and 2 				Year 3 			
8.1 Ability to assess suitability of children, adolescents and families for psychological therapy				Full learning outcome Achieved				Full learning outcome Achieved
8.2 Ability to refer appropriately and monitor progress of child and adolescent patients in therapy				Full learning outcome Achieved				Full learning outcome Achieved

Level	Year 1 and 2	Year 3								
										
8.3 Ability to deliver therapy to child and adolescent patients and families	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
			Full learning outcome Achieved							
			Full learning outcome Achieved							

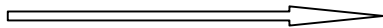
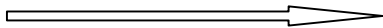
ILO A 9 Physical and neurological examination

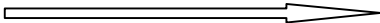
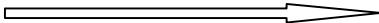
The doctor has the knowledge and skills to do neurological examinations and tests, and to work with colleagues from other disciplines who are more expert in assessing and treating child and adolescent neurological disorders.

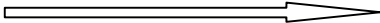
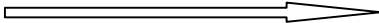
Level	Year 1 and 2 				Year 3 			
9.1 Ability to carry out a neurological examination in children and adolescents				Full learning outcome Achieved				Full learning outcome Achieved
9.2 Ability to refer and work with specialist colleagues in paediatrics and paediatric neurology				Full learning outcome Achieved				Full learning outcome Achieved

ILO 10 A Neuropsychiatry

Neuropsychiatry including ADHD, autism, seizures and the impact of other developmental and brain disorders on the mental health of children and adolescents.

Level	Year 1 and 2 				Year 3 			
10.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and learning complications of acquired brain injury and progressive neurological disorder				Full learning outcome Achieved				Full learning outcome Achieved
10.3 To be able to carry out an assessment of an individual with autism spectrum disorder				Full learning outcome Achieved				Full learning outcome Achieved
10.4 To be able to contribute to				Full				Full

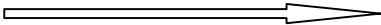
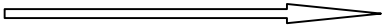
Level	Year 1 and 2	Year 3								
										
the management plan of an individual with autism spectrum disorder including use of psychotherapeutic and psychopharmacological interventions	<table><tr><td></td><td></td><td></td><td>learning outcome Achieved</td></tr></table>				learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>learning outcome Achieved</td></tr></table>				learning outcome Achieved
			learning outcome Achieved							
			learning outcome Achieved							
10.5 To be able to contribute to the management of neuroepileptic conditions	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
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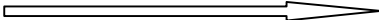
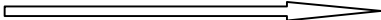
Level	Year 1 and 2	Year 3								
										
10.6 To be able to undertake a developmental assessment of child to make a diagnosis of learning disability and assess associated comorbid conditions	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
			Full learning outcome Achieved							
			Full learning outcome Achieved							

Level	Year 1 and 2	Year 3								
10.7 To be able to take part in a multidisciplinary assessment of a child with learning disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary assessment and treatment plan	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
			Full learning outcome Achieved							
			Full learning outcome Achieved							
10.8 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with learning disability and associated mental health problems	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
			Full learning outcome Achieved							
			Full learning outcome Achieved							

ILO A 11 Inpatient, daypatient intensive service skills

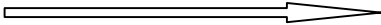
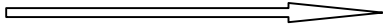
The doctor has knowledge and skill to work in an intensive intervention service such as an inpatient child or adolescent service (and to work with a large multi-disciplinary team in such a setting).

Level	Year 1 and 2 				Year 3 			
11.1 Manages children/young people with severe/complex mental health problems in inpatient or day-patient or other intensive setting				Full learning outcome Achieved				Full learning outcome Achieved
11.2 Provides day to day medical leadership for an inpatient or day-patient multi-disciplinary team or other intensive setting				Full learning outcome Achieved				Full learning outcome Achieved
11.3 Understands the legal frameworks in use in an inpatient or day-patient setting or				Full learning outcome Achieved				Full learning outcome Achieved

Level	Year 1 and 2	Year 3								
										
other intensive setting										
11.4 Manages the physical well-being of children/ young people in an inpatient or day patient setting or other intensive setting	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
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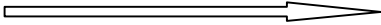
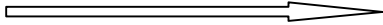
ILO A 12 Research literature appraisal

The doctor will have the knowledge, skills and experience to analyse and appraise the research literature in child mental health and will undertake a piece of work to demonstrate this to an academic standard.

Level	ST4/ST5 				ST6 			
12.1 Able to find and analyse research carried out by others				Full learning outcome Achieved				Full learning outcome Achieved

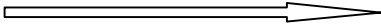
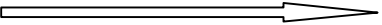
ILO A 13 Manages care pathways to maximise health benefit

The doctor will have the knowledge and skills to ensure a smooth and effective care pathway for their child and adolescent patients, through different services when necessary, that maximises the mental health benefit for them.

Level	Year 1 and 2 				Year 3 			
13.1 2 Can manage care pathways at all ages in child and adolescent psychiatry within the child psychiatry service				Full learning outcome Achieved				Full learning outcome Achieved

ILO A 14 Working with networks

The doctor has the skills to work with networks involving other colleagues in medicine and with multi-agency networks.

	Year 1 and 2				Year 3			
								
14.1 Can manage care pathways at all ages in child and adolescent psychiatry that involve multiple agencies				Full learning outcome Achieved				Full learning outcome Achieved

UEMS-CAP CURRICULUM SECTION B

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

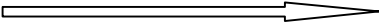
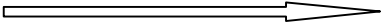
For ILO (B) conditions, the trainee will need to maintain a logbook of cases during training. As indicated in the introduction to the curriculum, trainees should expect to assess and when appropriate, treat approximately 10 cases of each common disorder and 5 cases of each of the less common disorders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

	1	2	3	4	5	6	7	8	9	10
Disorders under 5 years										
Specialist adolescent services and transition to adult services										
Anxiety disorder										
Oppositional defiant disorder										

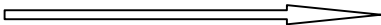
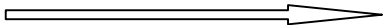
Conduct disorder										
Depression										
Psychosis										
Paediatric Liaison										
	1	2	3	4	5	6	7	8	9	10
Self Harm										
Learning Disability										
Autism										
ADHD										
Child psychiatry in primary care										
Tic Disorders										
Bipolar disorder										
Eating Disorders										
Emerging Personality Disorder										
Obsessional compulsive disorder										

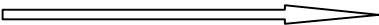
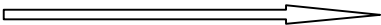
Working with traumatised children / PTSD										
Substance misuse										
Psychosomatic disorder / conversion disorder										
Adolescent Forensic										
Obsessional compulsive disorder										
Other presentations (not required)										

ILO B 17 Quality Assurance

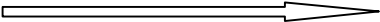
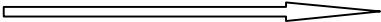
Level	Year 1 and 2 				Year 3 			
17 – Quality Assurance in a service May be demonstrated by audit such as:- surveys of medication or other treatment usage Safety of practice against standards etc Comparison of outcomes between similar services etc				Full learning outcome Achieved				Full learning outcome Achieved

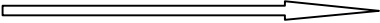
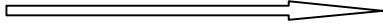
ILO B 18 Management and Leadership

Level	Year 1 and 2 				Year 3 			
18.1 – Managing Risk for individual patients and in a service				Full learning outcome Achieved				Full learning outcome Achieved
18.2 – Evidence-based Practice				Full learning outcome Achieved				Full learning outcome Achieved

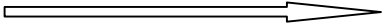
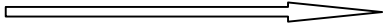
Level	Year 1 and 2				Year 3			
								
18.3 Involving service users				Full learning outcome Achieved				Full learning outcome Achieved

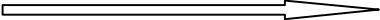
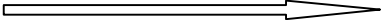
ILO B 19 Teaching

Level	Year 1 and 2 				Year 3 			
19.1 Is able to organise and deliver teaching sessions in a variety of formats				Full learning outcome Achieved				Full learning outcome Achieved
19.2 Can complete a structured assessment of another's performance and deliver constructive feedback				Full learning outcome Achieved				Full learning outcome Achieved



Level	ST4/ST5	ST6								
										
19.3 Can supervise another's clinical work	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
			Full learning outcome Achieved							
			Full learning outcome Achieved							

ILO B 20 Medicolegal Work

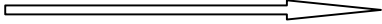
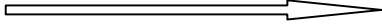
Level	Year 1 and 2 				Year 3 			
20.1 Prepare reports for the family courts or tribunal				Full learning outcome Achieved				Full learning outcome Achieved
20.2 Preparing reports for the criminal courts in child and adolescent mental health cases				Full learning outcome Achieved				Full learning outcome Achieved

Level	Year 1 and 2				Year 3			
								
20.3 Attend court or tribunal and present evidence				Full learning outcome Achieved				Full learning outcome Achieved

ILO B 21 Ethics as applied to Child and Adolescent Psychiatry

	Year 1 and 2	Year 3								
										
21.1 Practices Child & Adolescent Psychiatry in a professional and ethical manner	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved	<table><tr><td></td><td></td><td></td><td>Full learning outcome Achieved</td></tr></table>				Full learning outcome Achieved
			Full learning outcome Achieved							
			Full learning outcome Achieved							

ILO B 22 Child and Adolescent Psychiatry in Primary Health Care across cultures

	Year 1 and 2 				Year 3 			
21.1 Practices Child & Adolescent Psychiatry in primary health care in different cultures				Full learning outcome Achieved				Full learning outcome Achieved