Appendix E

The Yorkshire and Humber School of Psychiatry CT1 Essential Competencies

Introduction

Within the School of Psychiatry there are a number of factors driving the change to a more focussed delivery of the core curriculum. The introduction of workplace-based assessments provided a process for regular formative assessment of clinical and other professional competencies but the variability in implementation and standards has led to ARCP recommendations in respect of the minimum number of assessments (≥10 CbD/ACE/mini-ACE) per year and the seniority of the assessor (>50% by consultant).

The next stage is a clearer definition of the objectives and content of the learning outcomes that are being assessed. These are difficult to specify for each sub-speciality or CT2/3 year levels. Having considered the Royal College guidance on WPBAs and the London Competency Checklist the School have identified ten essential clinical competencies that will need to be assessed during CT1. These competencies provide a framework to clinical assessment that is a fundamental to all future psychiatric practice:

- Elicit a clinical history
- Perform a mental state examination
- Perform cognitive screening assessment
- Perform a suicide risk assessment
- Present a clinical case (with basic management plan)
- Perform physical examination
- Prescribe safely in psychiatry
- Write a clinical letter or report
- Assessment of capacity
- Interview skills

It is expected that the early stages of the first CT1 placement would include close review of these areas with necessary coaching and intervention to address any immediately identified issues. Acquisition and portfolio demonstration of the competencies would be reviewed initially by the clinical supervisor, educational supervisor and TPD at the first mid-placement review, and then subsequently by the clinical and educational supervisor in cases where there are no concerns (plus TPD where there are concerns) at six and nine months.

The new standards require at least ten WPBAs to cover each of the competencies in the first three months of training (one per competency). This may appear daunting at first glance but a number of competencies could be assessed simultaneously in a single assessment (e.g. an observed long case could provide a mini-ACE each for: eliciting a clinical history, performing a mental state examination, performing a cognitive assessment, interview skills and presenting a clinical case).

The aim of the three month assessment is threefold:

1. Ensure the new CT1 doctor has the psychiatric competencies equivalent to those expected of a doctor with foundation competencies who is entering core psychiatric training.
2. Identify any gaps in knowledge or skills that require early remediation.

3. Confirm the CT1 doctor is able to work without direct supervision.

Subsequent WPBAs will continue to match the essential competencies in order to chart progress over the course of the first year of training. Evidence of attainment will be recorded on revised mid/end placement and annual structured reports.

Further details of the essential competencies and their assessment are outlined in table 1.

Table 1. CT1 Essential Competencies: summary guidance

ESSENTIAL COMPETENCY	SUGGESTED WPBA
1. Elicit a clinical history This assessment will examine the trainee's ability to take a full psychiatric history and present a summary of the findings to the assessor. The order may vary according to the patient's particular presentation or narrative but there should be satisfactory enquiry into the following areas: • Introduction: name, age, current circumstances, reason for referral • Presenting complaint • History of presenting complaint • Family history • Childhood development • Education • Employment • Psychosexual history and relationships • Social history • Forensic history • Substance use history • Past medical history • Past psychiatric history • Assessment of personality	ACE/Mini-ACE The trainee should be observed taking the history of a new patient e.g. acute admission, new outpatient, new community assessment.
2. Perform a mental state examination This assessment will examine the trainee's ability to observe and enquire about the common signs and symptoms of psychopathology, and present the findings to the assessor. The examination should include: • Appearance • Behaviour • Speech • Mood and affect • Suicidal or violent thoughts • Thought form • Thought content • Perception • Cognitive function (orientation, attention/concentration, memory) • Insight	ACE/Mini-ACE The trainee should be observed undertaking the mental state examination, perhaps in conjunction with the clinical history.

3. Perform a cognitive screening assessment This assessment will specifically examine the trainee's ability to undertake a more detailed assessment of cognitive function, to include for instance: frontal lobe signs, language and communication, and general intellectual abilities. Use of a standardised screening assessment of cognitive function e.g. MMSE or ACE-R can be incorporated. The trainee should present their findings to the assessor.	Mini-ACE This assessment will have specific relevance to placements in old age psychiatry or within general adult psychiatry where there are concerns about cognitive function.
4. Perform a suicide risk assessment This assessment will also focus on a specific area of the history and mental state in more detail. The trainees will be expected to elicit: • Relevant historical factors, e.g. history of suicide attempts, psychiatric history, life events, substance misuse, social isolation or recent separation, personality traits (e.g. impulsivity) • Relevant mental state factors, e.g. suicidal ideation, depressed affect, hopelessness • Recent attempts and current intention • Protective factors, e.g. social support Once again the trainee should present their findings to the assessor, demonstrating that they have analysed the level of immediate/short term/long term risk.	Mini-ACE The trainee can be observed assessing a patient in an emergency setting or following a recent suicide attempt.
5. Present a clinical case (with basic management plan) This assessment will examine the trainee's ability to coherently present the history and mental state of a patient they have assessed. A sophisticated formulation is not expected but the trainee should be able to discuss differential diagnosis, relevant aetiological factors, immediate investigations and a basic management plan.	CbD This assessment could be combined with competencies **1** and **2**, or separately during clinical supervision.
6. Perform a physical examination This assessment will ensure that the trainee can complete a full physical examination. The examination will include cardiovascular, respiratory, gastrointestinal, musculoskeletal and neurological systems, and the assessment will include discussion of any relevant findings and the quality of documentation.	Mini-ACE This assessment will be relevant to a new admission clerking or an acute assessment of a physical health problem.
7. Prescribe safely in psychiatry This assessment will focus on a trainee's ability to prescribe psychotropic medication in a setting where they will not necessarily be directly supervised. An important example would be prescribing rapid tranquilisation according to recognised local/national guidelines in an emergency situation. The assessment would review the trainee's assessment of clinical need, discussion with other professionals, explanation given to the patient, and the quality of documentation (including legibility/accuracy of the prescription chart).	CbD/Mini-ACE The assessment could be observed in real time via a Mini-ACE but it is more likely to be undertaken retrospectively in clinical supervision. Alternatively, the

	assessment could take place as a simulation exercise.
8. Write a clinical letter or report This assessment will examine the trainee's ability to write a letter or a report to another healthcare professional or as part of the clinical team's assessment. Examples include: admission summaries, discharge letters, outpatient letters or assessment letters following an emergency assessment. The quality of written communication will be assessed in respect of: structure, grammar, spelling, relevance and clarity of conclusions/recommendations. Trainees should be confident of using a Dictaphone at an early stage.	CbD This assessment will usually be undertaken retrospectively as the clinical supervisor proof reads a report or evaluates a selection of letters.
9. Assessment of capacity This assessment will examine the trainee's understanding and approach to assessments of a patient's decision-making capacity. The specific assessment can vary, but will usually involve capacity to consent to a medical treatment or investigation. Trainees will be expected to: • Assess the patient's ability to understand the decision in question • Assess the patient's ability to comprehend information relating to the decision in question • Assess the patient's ability to evaluate the decision in question • Assess the patient's ability to communicate the decision in question	CbD/Mini-ACE This assessment may be discussed retrospectively following an emergency assessment or observed directly by the assessor
10. Interview skills This assessment is integral to the observed ACE/Mini-ACE clinical assessments that evaluate the majority of the essential competencies. Good communication skills are a foundation for the acquisition of higher level clinical skills and can be developed through regular assessment and coaching. Trainees should obtain at least one WPBA in the first three months that focuses specifically on interview skills. In particular, trainees should demonstrate the ability to: • Introduce their role and the purpose of the interview • Gain consent • Establish rapport and demonstrate empathy • Use appropriate open/closed questions • Avoid jargon and repetition • Control and guide the interview • Handle and reflect on emotionally laden information • Clarify ambiguous information • Summarise findings • Explain options and advice • Allow time for further questions • End the interview appropriately	ACE/Mini-ACE This competency will be further assessed at the end of CT1 by way of the FACS (formative assessment of communication skills)