Health Education England

School of Psychiatry ARCP Standard Operating Procedure

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Name of originator/author(s):	Abhijeeth Shetty, Darran Bloye & Joy Owens
Name of Head of School:	Darran Bloye
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Contents

1. Introduction

1.1 The annual review of competency progression (ARCP) is a summative assessment of a period of training. This procedure sets out the process and minimum curriculum requirements for psychiatry Postgraduate Doctors in Training (trainees) in the Yorkshire and Humber region. It is not a comprehensive guide to rotation planning, supervision, training experiences and workplace-based assessments (WPBA).

1.2 Sources:

1.2.1 ARCP Operational Guidance (HEE YH 2016)
1.2.2 A Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide ~~Eighth~~ Ninth Edition 2022)
1.2.3 Recommendations of RCPsych Annual Review of Competency Progression (ARCP) Working Group (RCPsych 2018)
1.2.4 GMC approved RCPsych curricula for core, specialty and subspecialty psychiatry training (Psychiatry curricula ending in July 2024 and New Psychiatry curricula from August 2022, rcpsych.co)
1.2.5 ARCP recording where coronavirus (COVID-19) has impacted on trainee progression
1.2.6 ARCP delivery and arrangements in HEE working across Yorkshire and the Humber v4 (June 2021)
1.2.7 Covid 19 arrangements: The Royal College of Psychiatrists' decision aid for the Annual Review of Competency Progression (September 2021)

1.3 The ARCP panel can give the following outcomes:

- **Outcome 1**; satisfactory progress – achieving progress and the development of ~~competences~~ capabilities at the expected rate
- **Outcome 2**; development of capabilities required – additional training time not required
- **Outcome 3**; insufficient progress – additional training time required
- **Outcome 4**; released from training programme – with or without specified capabilities
- **Outcome 5**; incomplete evidence presented – an assessment of progression cannot be made
- **Outcome 6**; gained all required capabilities – will be recommended as having completed the training programme (core or specialty)
- **Outcome 8**; Out of programme for clinical experience, research or a career break (OOPE/OOPR/OOPC)
- **Outcome N**; no outcome awarded – these can be used for trainees on sick leave, maternity leave, those not in post long enough (less than full time trainees), inter-deanery transfer, resignations etc.
- **Outcome 10.1;** progress is satisfactory but the acquisition of capabilities by the trainee has been delayed by national emergency / force majeure disruption, trainee is not at a critical progression point in their programme and can progress to the next stage of their training.

- **Outcome 10.2;** progress is satisfactory but the acquisition of capabilities by the trainee has been delayed by national emergency / force majeure disruption, trainee is at critical progression point in their programme and additional training time is required.

1.4 Each trainee will have a minimum of one ARCP per calendar year. The frequency of ARCPs may be increased for trainees who have received a non-standard outcome or where concerns have been raised by the training programme director (TPD).

1.5 ARCPs are routinely held each summer (June-August) and each winter (December-February) towards the end of a trainee's CT/ST year. It is sometimes necessary to schedule an ARCP outside of these periods, for instance, trainees anticipating a move between CT/ST years outside the usual rotation dates due to time out of training (TOOT) or Less than Full Time (LTFT) status.

1.6 ARCP processes were streamlined by the Covid-19 pandemic. HEE YH and the School of Psychiatry adapted ARCP processes to reflect revised national guidelines and will endeavour to ensure assessments continue to demonstrate the values of fairness and transparency.

1.7 Where the acute impact of Covid-19 outbreaks impacts on the delivery of a full ARCP timetable then trainees facing revalidation or at a critical progression point (CT3 or ST6) will be prioritised. Other trainees may have their ARCPs temporarily suspended, they will receive an N13 outcome, specified as due to Covid, and will progress to the next stage of training.

1.8 Where training has been externally disrupted by the Covid-19 pandemic, leading to borderline or insufficient evidence of achievement, the ARCP panel will consider a no fault "Outcome 10 Covid" outcome. This acknowledges potential satisfactory progress and recognises additional training time may be required. There would follow an action plan for outstanding evidence, and an ARCP panel re-assessment at a later date. The trainees will be able to progress as normal.

2. Royal College ePortfolio

2.1 All trainees will use the RCPsych electronic portfolio. Trainees must allow access to their psychiatric (clinical) supervisor, educational supervisor, TPD and Head of School. A number of administrative staff from Health Education England (HEE) and the local employing trusts have access rights to set up ARCP forms on the portfolio and gain panel members' access.

2.2 Trainees must allow access to the designated members of the ARCP panel prior to the ARCP.

2.3 Trust Administrators supporting TPDs are responsible for organising summer and winter ARCP panels. HEE YH programme support staff will support the organisation of additional Head of School chaired (HOSC) ARCP panels and will document feedback discussions at the request of the Head of School.

2.4 Since the ARCP panel will make their decision based on the evidence presented on the portfolio trainees must ensure the relevant information is easily accessible to panel members, for instance, uploaded documents such as audit reports must be clearly signposted in the portfolio.

2.5 The portfolio must include all information relevant to a trainee's progress in training, including details of placement-specific PDPs, non-clinical activities, special interests, academic interests, complaints, serious incidents, and educational review meetings, as well as details of compliments and achievements.

2.6 The portfolio must not contain any patient identifiable data (e.g., name, date of birth, hospital number) but allowance is made for basic demographic and diagnostic details in respect of case logs and reflective practice entries.

2.7 Similarly, the trainee must take care not to use unprofessional language in their description of colleagues within reflective practice entries.

2.8 Where the impact of the Covid-19 pandemic has been sufficient to affect the delivery of training activities (e.g. WPBAs) there will be scope to reflect on this impact in supervisor reports, and wherever possible compensatory evidence (e.g. virtual learning) will be taken into account by the ARCP panel.

2.9 Trainees who are being assessed will need to provide as a minimum the documentation set out in section 4.

2.10 The psychiatric and educational supervisor reports are embedded within the Review section of the RCPsych portfolio. The form R, CCT calculator and Pre-ARCP checklist forms are available on the HEE YH School of Psychiatry website and will need to be uploaded to the portfolio prior to the ARCP (see section 4).

2.10 Once trainees are aware of their ARCP date they will need to ensure all the evidence is added to portfolios at least two weeks before the ARCP. TPDs need to be informed if the trainee is unable to complete a supervisor report due to external pressures or absence from work.

3. ARCP Panel Structure

3.1 ARCP panels will usually be chaired by the HoS or TPD. Trainees will usually be assessed by a panel chaired or co-chaired by their rotation TPD. In addition to the chair there will be a minimum of one or two members, who are educational supervisors, TPDs, clinical tutors, DMEs, College / Faculty representatives or Associate / Deputy Deans. In the case of an ACF there will be an academic representative.

3.2 The ARCP panel may meet face-to-face or via a video-conferencing platform, but the former will need to comply with infection control policies and guidelines pertaining to the host organisation. The dates of panels should be set 12 months in advance to facilitate planning by administrators and trainees. The TPDs will identify the trainees who would be eligible for an ARCP in the summer (June-August) or winter (December-February) periods, confirming dates and timetables with HEE YH programme support and the employer administrators. Trainees will usually receive notice of their ARCP 12 weeks in advance.

3.3 Where the ARCP decision is complex, because of performance, health, conduct, or other external factors, then the trainee ~~will~~ may be reviewed by the Head of School chaired panel. For less complex cases, where additional advice is required, the chair of the panel may contact an Associate Dean or the Head of School. For all trainees receiving outcomes 3, 4 or 10.2 a HEE representative will be available to minute the feedback discussion at the discretion of the panel chair.

3.4 For specialty trainees on dual training programmes there will need to be TPD or educational supervisor representation from the specialties experienced on placement since the previous ARCP. For instance, if a dual general adult / old age trainee undertakes placements in both specialties during the period being assessed then the ARCP panel will have representation from both specialty rotations.

3.5 Panels may wish to recognise trainees performing above and beyond curriculum requirements with a letter or certificate of commendation, or a trainee of the year recommendation.

3.6 The ARCP is a summative assessment and trainees do not participate in the decision. Trainees should, however, receive feedback on their performance. The HEE YH ARCP feedback process should be followed. (Appendix I -include flow chart form Point 6 of this document https://healtheducationengland.sharepoint.com/sites/TrainersResources-YH/Resource%20Library/Forms/AllItems.aspx?id=%2Fsites%2FTrainersResources%2DYH%2FResource%20Library%2FARCPs%2F2021%2E06%2E01%20ARCP%20Delivery%20in%20Yorkshire%20and%20the%20Humber%5FGuidance%5Fv4%2Epdf&parent=%2Fsites%2FTrainersResources%2DYH%2FResource%20Library%2FARCPs). The feedback will assist the trainee to develop their PDP and

where a feedback meeting cannot be arranged it is good practice to document feedback in a letter to the trainee.

3.7 When a trainee receives a non-standard ARCP outcome 2, 3, or 10.2, the ARCP form will contain a detailed action plan and the trainee will be reviewed by an ARCP panel no more than six months later.

3.8 If there is a potential conflict of interest, for instance, a panel member is the current clinical or educational supervisor of the trainee, then this will be acknowledged on the ARCP form.

3.9 Following a non-standard outcome, the trainee will receive written confirmation from HEE with details of Appeals procedures.

3.10 When an ARCP outcome 5 is awarded (incomplete evidence presented) it will last for a maximum of two weeks for missing evidence. Once the two weeks have passed, the trainee must be reviewed again, and an appropriate outcome awarded. In some instances, an ARCP outcome 5 may need to be awarded for up to four weeks in the case of pending MRCPsych examination results. When the follow up assessment is satisfactory, the chair of the panel may be delegated authority to sign off the anticipated outcome once the missing information is available on the portfolio.

4. ARCP Evidence

4.1 An ARCP cannot take place without the following:

4.1.1 ARCP panel access to the portfolio.

4.1.2 An up-to-date Form R Part B, which can be downloaded from the HEE School of Psychiatry website; Appendix B. This is an important standalone form required for revalidation and must include all work outside contracted employment (e.g. locum shifts or category 2 work), time out of training (TOOT) days, details of all untoward incidents and complaints, details of any ongoing investigations into performance / conduct / probity, and information on health conditions that may impact on performance. It should also include periods of sickness, isolation or shielding related to Covid-19, which alongside the CCT calculator will be helpful in determining any adjustment of CCT date. Electronic form Rs are also available from the HEE website.

4.1.3 RCPsych Psychiatric supervisor report: one for each placement (whatever the duration) since the last ARCP, completed by the clinical supervisor(s).

4.1.4 RCPsych Educational supervisor report completed prior to the ARCP by the Educational supervisor.

4.1.5 Pre-ARCP checklist completed by the Educational supervisor, which can be downloaded from the HEE School of Psychiatry website (Appendix A1/2).

4.1.6 Academic trainees (ACFs or Clinical Lecturers) must provide a "Report on Academic Trainees' progress form (Appendix 5 Gold Guide 9th edition), and academic training fellows (ATFs) will require a report from their academic supervisor.

4.1.7 An up-to-date RCPsych CCT calculator. This is important for LTFT trainees or trainees with TOOT >14 days since it enables panels the scope to re-calculate CCT date. TOOT >14 days does not necessarily require additional training time, providing capability progression has been satisfactory, and ARCP panels should be mindful of the factors listed by the GMC (Time Out of Training, GMC Position Statement 2012) and the Supported return to training (SuppoRTT) guidance (HEE YH 2019) in determining the decision. (Where ARCP panel chairs are uncertain there should be discussion with the Head of School or Deputy Postgraduate Dean).

4.1.8 Consideration of adding time to the CCT date should be part of the discussion between the trainee, the educational supervisor and the TPD within the Pre-absence, Initial Return and Return Review meetings as part of the SuppoRTT process. A supernumerary period of more than two weeks after return to work cannot be counted as training time whereas there is more discretion for periods of occupational health approved phased return or enhanced supervision periods where targeted training activities may contribute to competency development. If there is a difference of opinion regarding the question of recalculating CCT date, then the question should be considered by the Head of School or on-call Associate Dean. It is good practice that any consideration of recalculation of the CCT date is discussed with the trainee in advance of their ARCP.

4.1.9 Accrued annual leave taken at the end of statutory leave can add up to a month or more to the period of absence. Both the length and the timing of the accrued leave differ from periods of annual or study leave taken within training placements, which is likely to impact on clinical skills and knowledge. For some trainees, where there are pre-existing or subsequent concerns about ~~competency~~ capability progression, there is a case to add this period to the CCT date, particularly for trainees where he/she is supernumerary for more than two weeks after return to work, since this period cannot count towards training. Once again it is good practice that any consideration of adding time to the CCT date is discussed prospectively as part of the SuppoRTT process.

4.1.10 For trainees who elect to count accrued annual leave and Keeping in Touch days as training time the ARCP panel must be satisfied that evidence of competency progression is demonstrated for the whole period counted as training and not just the period after the actual return date. For instance, if a trainee works 4.5 months of a 6 month placement (the initial 1.5 months accrued annual leave counted as training), then the portfolio evidence base of capability progression will need to be equivalent to a 6 month period. These trainees will therefore benefit from enhanced supervision and targeted training objectives as part of the SuppoRTT process.

4.2 Additional information may be available to panel members that are not uploaded to the portfolio, for instance, exception reports or private correspondence, which may be of relevance to ARCP outcomes.

Where possible, the trainee should always be informed of any additional information submitted to panel members.

4.3 The Royal College of Psychiatrists introduced the GMC-approved new curricula as a pilot for new CT1, ST1 and ST4 starters in February 2022 and for all new starters and trainees progressing to CT2, ST2 and ST5 in August 2022. The "new curriculum" will be adopted by all trainees by August 2024 and trainees on the "old curriculum" will need to consult the transition timetable on the rcpsych.co website and liaise with their TPD to confirm their transition dates. The ARCP panels will therefore need to assess trainees against either the old or new curricula until summer 2025 depending on their transition dates. The evidence base required by ARCP panels for old and new curricula will not differ substantially, key differences are highlighted in sections 5. and 6.

4.4 Trainees and supervisors should be familiar with the intended learning outcomes (ILOs) from the old curricula, and the high level outcome (HLO) themes and key capabilities (KCs) from the new curricula. The portfolio allows linkage of evidence to ILOs and KCs to use as evidence prior to ARCP.

4.5 The ILOs and HLO themes are broad-ranging covering the whole scope of professional, academic and clinical practice. It is unlikely that one piece of evidence will determine an ARCP outcome, the panel will consider the whole scope of practice in determining an outcome, utilising their judgement based on experience as educators and knowledge of curriculum requirements. In addition to the new core, specialty and endorsement curricula, the RCPsych have provided a comprehensive set of exemplar Placement-specific PDPs and ARCP Decision Aids on the rcpsych.co website.

4.6 ~~However,~~ Whilst there are minimum requirements and expectations set out in the curricula that will almost certainly lead to a non-standard outcome if not achieved, trainees should recognise that mere completion of a minimum requirement or expectation (e.g. the recommended number of workplace-based assessments) is not necessarily sufficient to achieve a satisfactory outcome.

5. Core Curriculum ARCP Expectations

5.1 The MRCPsych examination (paper A, paper B, CASC) must be achieved before completion of core training. Trainees that do not engage with the exam schedule may receive an outcome 2 after 18 months of whole time equivalent (wte) training and an outcome 3 at the end of CT2 / ST2.

5.2 Workplace-based assessments (WPBAs) are formative assessments and minimum numbers required are specified in the table below:

	CT1 / ST1	CT2 / ST2	CT3 / ST3
ACE	2	3	3
Mini-ACE	4	4	4
CbD	4	4	4
CP	1	1	1
JCP	1	1	1
Mini-PAT	2	2	2
AOT	**	**	**
DOPS	**	**	**
DONCS	**	**	**
CBDGA	2*	-	-
SAPE	-	1*	2*
PACE	-	1*	1*
Total	**16**	**17**	**18**

* may be completed in other CT years
** no specified number – but at least one DOPS necessary to demonstrate ECT training (the new curriculum recommends at least 2 DOPS)

5.3 The WPBAs should in most cases be completed by consultants experienced in core training since they are more likely to be familiar with the curriculum and give constructive feedback. Other assessments may be completed by higher trainees, specialty doctors, and non-medical clinicians (band 7 or above). Written feedback by assessors is strongly encouraged so that undue weight is not given to scores.

5.4 The content of WPBAs in CT1 may be guided around the ten essential competencies set out in School of Psychiatry guidance Appendix C.

5.5 The mini-PAT will only be valid if there are a minimum of six responses from at least 10-12 members of staff who should ideally include no more than two assessors in any one professional position (at least one should be your clinical supervisor). The list of respondents should be checked in psychiatric supervision to ensure a balanced response list that includes a variety of clinical and non-clinical colleagues.

5.6 It is recommended trainees undertake two CbDs under the supervision of a local Addictions tutor during core training.

5.7 Psychotherapy competencies require satisfactory completion of a case-based discussion group of approximately 30 sessions (assessed by two CBDGAs), an individual short case of 12-20 sessions (assessed by one SAPE and one PACE) and an individual long case in a different therapy modality of 20-40 sessions (assessed by two SAPEs and one PACE). The SAPEs will usually be completed by the psychotherapy supervisor and the PACEs will usually be completed by the psychotherapy tutor.

5.8 Trainees must demonstrate evidence of ECT competency by the end of training with a satisfactory DOPS assessment. This competency is usually completed during old age placements in CT1 but can be completed during other placements in other CT years.

5.9 Trainees must evidence 50 emergency cases with first line management plans by the end of training and 55 nights on call. There is no uniform document to record emergency cases or nights on call across the rotations (other than declarations on the Pre-ARCP checklist). One example of good practice is an anonymised cumulative case log, contained on an uploaded Word or Excel document, providing a summary of the setting, presentation and first line management plan of each case. Further guidance on identifying and recording emergency cases is contained in Appendix D.

5.10 Trainees should aim to complete at least one Quality Improvement Project (clinical audit, service evaluation, service development) during each CT year utilising at least two different methodologies during the course of training. Evidence of completed projects, such as a written report or presentation, and a reflective template ~~must~~ should be uploaded to the portfolio. A statement of involvement or certificate is not sufficient. Guidance on the scope of projects available to demonstrate quality improvement, research or clinical governance competencies, and the reflective template, is contained in Appendix E.

5.11 Reflective practice entries are strongly encouraged. There are no minimum number of entries required. The ARCP panels will be more interested in the quality and depth of analysis across a variety of clinical, educational and professional domains, illustrating a capacity to learn through an understanding of broader psychological and systemic factors. Trainees should reflect on mini-PAT feedback, complaints and other clinical incidents; the content of the latter should be discussed with clinical or educational supervisors where there are concerns about sensitive or potentially incriminating material.

5.12 LTFT trainees will complete a pro rata number of clinical (ACE, mini-ACE, CbD, mini-PAT) WPBAs per calendar year, for instance, a 50% CT1 LTFT trainee will do a minimum of five ACE, mini-ACE and CbD, and one mini-PAT. Regarding other targets they will be expected to complete the same number of quality improvement projects, psychotherapy assessments, emergency cases and nights on call during the three years whole time equivalent of core training.

5.13 Academic trainees will need to demonstrate core capabilities during a shorter period of clinical placements (typically 27 months for ACF1-3 compared to 36 months for CT1-3/ST1-3). They should aim to complete the same curriculum requirements as trainees on a 36 month rotational training programme but there will be some scope for recognition of capabilities attained during the academic period of training, such as research, teaching, academic and leadership.

5.14 The RCPsych COVID-19 derogations allow a CT3, who has been unable to complete the final psychotherapy short or long case due to COVID-19 disruption to training, to progress to ST4 on a 10.1 outcome. Completion of core psychotherapy capabilities will then be reviewed at the ARCP towards the end of ST4. This derogation also applies to ECT capabilities.

6. Higher Specialty Curricula ARCP Expectations

6.1 Specialty trainees will be assessed according to one or more of the specialty curricula, depending on whether the trainee is a dual CCT or seeking an endorsement. The trainee and the supervisor will need to be familiar with the ILOs / HLO themes and KCs specific to their curriculum, linking evidence in their portfolio (see 5.1, 5.2).

6.2 The relevant curriculum or curricula should be consulted in respect of WPBA content and minimum numbers. The number of mini-PAT responses required is the same as 5.8.

The General Adult psychiatry curriculum recommends a minimum of:

	ST4 50/50 IP/OP	**ST5 (specialty)**	**ST6 (specialty)**
ACE	2	1	1
Mini-ACE	2	2	2
CbD	6	4	4
Mini-PAT	2	1	1
SAPE / PACE / CBDGA / SAPA	1	1	1
AoT	2	2	2
DONCS	3	3	3
Total	18	14	14

The Old Age Psychiatry curriculum recommends:

	ST4 50/50 IP/OP	ST5	ST6
ACE	2	1	1
Mini-ACE	2	2	2
CbD	6	4	4
Mini-PAT	1	1	1
SAPE	1	1	1
AoT	2	2	2
DONCS	3	3	3
Total	17	14	14

The Child and Adolescent (CAP) curriculum recommends:

	ST4	ST5	ST6
ACE	2	2	2
Mini-ACE	3	2	2
CbD	6	4	4
Mini-PAT	2	2	2
SAPE	1	1	1
AoT	1	1	1
DONCS	2	3	4
Total	17	16	16

The Forensic curriculum recommends:

	ST4	ST5	ST6
ACE	1	1	1
Mini-ACE	3	2	2
CbD	6	5	5
Mini-PAT	1	1	1
SAPE	0	1	0
AoT	1	1	1
DONCS	2	3	4
Total	14	14	14

The Learning Disability curriculum recommends:

	ST4	ST5	ST6
ACE	2	2	2
Mini-ACE	2	2	2
CbD	4	4	4
Mini-PAT	2	2	2
SAPE / CBDGA / CBD*	*	*	*
AoT	1	1	1
DONCS	3	3	3
Total	14	14	14

Note * no minimum number specified but consider using these WPBAs for psychotherapy experience

The Medical Psychotherapy curriculum recommends:

	ST4	ST5	ST6
ACE	2	2	2
Mini-ACE	*	*	*
CbD	4	4	4
Mini-PAT	1	1	1
SAPE	2	2	2
SAPA	1	1	1
PACE	1	1	1
AoT	1	1	1
DONCS	1	1	1
Total	13	13	13

Note * no minimum number specified, performed as require

6.3 Specialty trainees will also need to evidence:

6.3.1 Development of psychotherapeutic competencies: this will vary according to specialty curriculum guidance and the placement characteristics, an example of guidance for General Adult and Old Age Specialty trainees is shown in (Appendices F1 and F2)

6.3.2 Reflective practice: see 5.13

6.4 Protected professional development sessions (special interest sessions).

6.4.1 The PDS sessions will enable a higher trainee to develop a relevant clinical interest, a research interest, an academic interest (such as a higher qualification), or a leadership and management interest. These will consist of two sessions of four hours per week. Clinical PDS will require evidence of achievement, such as WPBAs, and a summative assessment by the nominated clinical supervisor on the Pre-ARCP checklist (Appendices A1 and A2).

6.4.2 Research or academic PDS (where applicable): these will be assessed by the relevant academic supervisor on the Protected professional development ~~Special interest~~ assessment form (Appendix G) and uploaded on the portfolio. Not all specialty trainees will undertake a research project but the curricula (see for instance ILO8 / HLO9.1

General adult psychiatry) require a more sophisticated understanding of applied research methodology and critical appraisal compared to core training, and additional evidence will need to be uploaded, for instance, attendance at generic HEE courses (e.g. “Research skills for the Specialty trainee”)

6.4.3 Quality Improvement Projects: the principles of 5.12 will apply - there should be evidence of at least one project per year, the use of at least two different methodologies across the three years, and the option to undertake one supervised research project across two years.

6.4.4 Clinical and organisational leadership and management: this could include evidence of - shadowing of an Executive Director, supervised leadership in project management, or chairing meetings. Leadership and management activity should be assessed by DONCS and included in reflective practice. In addition, specialty trainees should supplement experience with attendance at generic HEE courses (e.g. Management and leadership”) or similar academic activities such as the Edward Jenner programme.

6.4.5 Training and development: this could include – teaching undergraduates or postgraduate trainees, organising a teaching programme, and involvement in coaching, appraisal or mentoring. There should be evidence on the portfolio by way of: anonymised feedback, WPBAs (AOTs, DONCS) and reflective practice. In addition, specialty trainees should supplement experience with attendance at generic HEE courses (e.g. “Training the trainers”, “CV writing and self-presentation”, “Making the transition to consultant”, “Medical ethics” and “The job interview”).

6.5 Where trainees in ST4, ST5 or another penultimate year have been unable to complete a psychotherapy case due to significant impact of the COVID-19 pandemic, but were on a trajectory to complete a case and assessment, then the trainee will be allowed to continue the case into the next year without a~~n adverse~~ non-standard outcome. A trainee in ST6 or another final year who is not a Medical Psychotherapy trainee will not need to complete the psychotherapy case by extending training unless there are pre-existing concerns about psychotherapy competencies.

6.6 The principles set out in relation to LTFT and Academic trainees in 5.12 and 5.13 apply to higher training.

6.7 <u>Additional Specialty new curricula expectations</u>

6.7.1 The CAP curriculum recommends the experience of at least two psychological or psychotherapeutic modalities within higher training. A community CAP caseload of 20-30 mixed cases (per 1.0wte) within a placement, and an annual caseload of 50-75 new cases are recommended. Within the whole rotation there should be 55 or more on-call shifts and 50 or more emergency cases in this context. CAP trainees are expected to attend 30 half-day academic programme sessions annually and are expected to

complete one structured review of the relevant research literature under academic supervision before the end of ST5.

6.7.2 The Learning disability curriculum also specifies 55 or more on-call shifts during the whole rotation but if there is limited out of hours LD experience additional emergency work should be undertaken during the daytime. Trainees are recommended to engage in academic research with the aim of completing a research project of a standard appropriate for publication by the end of the training rotation.

6.7.3 The Forensic curriculum recommends that trainees provide 90 half day sessions within a custodial environment over the course of the rotation.