

CORE COMPETENCIES OF GENERAL ADULT PSYCHIATRY TRAINING

The purpose of general adult psychiatry training is to provide an essential range of core and generic skills. What is set out in this document is the generic knowledge, skills, attitudes and behaviours, that we believe is common to all psychiatric specialties, together with those that are specific to specialists in general adult psychiatry.

These competencies include knowledge of common psychiatric disorders and their treatment, as well as skills in a range of assessment and therapeutic approaches. The competencies must be gained through working in a range of service settings and across the development range and should include adequate periods of subspecialty experience as stipulated by the Education Committee from time to time. In addition, experience in working in community settings for general adult psychiatric patients is considered an essential part of the training of a general adult psychiatrist.

- I. **MEDICAL KNOWLEDGE AND SKILLS:** to integrate medical knowledge, clinical skills, procedural skills and professional behaviours in patient care
 1. ***History taking and examination:*** ability to perform comprehensive assessment of patients and document relevant history and examination.
 - a. Be able to elicit clinical history about demographic data, chief complaint, history of present illness, past psychiatric history, medical history, family history, personal history and premorbid personality, and to perform and record thorough mental state examination and relevant physical examination.
 - b. To recognise the importance of gathering corroborative information from relevant sources.
 2. ***Formulation:*** ability to formulate patients' presenting problems, including differential diagnosis.
 - a. Be able to state typical signs and symptoms across the range of psychiatric disorders, including affective disorders, anxiety disorders,

disorders of cognitive impairment, psychotic disorders, personality disorders and common childhood disorders.

- b. Be familiar with the ICD or DSM diagnostic systems, and to use them to construct a differential diagnosis for common presenting problems.
 - c. Be able to formulate cases with various biological, psychological and social factors involved in the predisposition, precipitation and perpetuation of psychiatric disorders.
3. **Management:** ability to develop a plan of management including relevant investigations and treatment, taking into account biological, psychological and socio-cultural aspects.
- a. Understand the indications, risk and benefit and cost-effectiveness of key investigations, to interpret investigation results and to explain them to patient and relatives.
 - b. Show a clear understanding of physical treatment including knowledge on pharmacotherapy, prescribing practices and cost effectiveness, and electro-convulsive therapy.
 - c. Show understanding and preferably have experience in conducting different forms of psychotherapies, including individual cognitive behavioural therapy, psychodynamic therapy, group and family therapies.
 - d. Be able to apply evidence-based practice in formulating treatment plans.
 - e. Address individual factors including patients' preferences, co-morbid medical illnesses, and socio-cultural contexts in formulating treatment plans.
 - f. Show understanding of doctor/patient relationship and its impact to illness and its treatment.
4. **Risk assessment:** ability to comprehensively assess patient's potential risk to

self or others in clinical and emergency settings, with knowledge of involuntary treatment standards and procedures, and to carry out effective measures to minimise or prevent patient from posing risk to self or others.

- a. Be able to apply principles of risk assessment and management in clinical and emergency settings, including risk to self or others as well as awareness of child protection.
 - b. Show good judgment in the choice of treatment settings.
 - c. Institute appropriate risk management including contingency planning, crisis management, de-escalation techniques, emergency use of medication, rapid tranquillisation and the appropriate use of restraint and seclusion.
 - d. Demonstrate understanding of mental health ordinance and involuntary treatment, capacity and consent, and understand the legal responsibilities of psychiatrists.
5. ***Psychotherapy***: ability to conduct therapeutic interviews, with knowledge about different psychotherapeutic approaches including individual, group or family therapies and to integrate these into everyday treatment.
- a. Be able to foster a therapeutic alliance with patients.
 - b. Acquire knowledge, exposure and skills in psychotherapy relevant to prevailing clinical practice and needs.
6. ***Record keeping***: ability to accurately and legibly record relevant aspects of clinical assessment and management plan.
- a. Understand the legal implications of medical records and medico-legal reports, and the relevance of contemporary legislation pertaining to patient confidentiality.
 - b. Be able to record patient's history, examination, investigation, differential diagnosis, risk assessment and management plan concisely, accurately and legibly.

7. **Rehabilitation:** ability to assess and treat patients with chronic mental illness or disabilities.
 - a. Understand the role of rehabilitation and recovery services in patients with severe and enduring psychiatric illness.
 - b. Show awareness of the social needs of patients and resources available, and make appropriate referral to relevant disciplines.
 - c. Demonstrate appreciation of the effect of chronic disease states on patients and their families, and develop supportive relationships with patients, their families and their carers.

II. EFFECTIVE COMMUNICATION AND COLLABORATION: to facilitate effective therapeutic relationships and communication, striving for mutual understanding and facilitation of a shared plan of care.

1. **Communication:** ability to use effective communication with patients, relatives and colleagues.
 - a. Be able to structure a clinical interview, demonstrate interviewing skills and establish rapport, including use of non-verbal cues.
 - b. Be able to communicate information to patients and their families in a clear manner with use of familiar language.
 - c. Involve patients in decisions and respect patients' views and preferences.
 - d. Ensure that dress, appearance and attitudes are appropriate to the clinical situation.
2. **Teamwork:** ability to work effectively with colleagues.
 - a. Show understanding of the role and responsibilities of different disciplines of the team.

b. Be able to communicate and work effectively with team members.

III. **ORGANISATIONAL PROFICIENCY:** to be an integral participant in healthcare organisation, making decision about allocating resources and contributing to the effectiveness of the service.

1. **Leadership:** ability to develop appropriate leadership skills.

a. Show understanding of the relationship between clinical responsibility and clinical leadership.

b. Display enthusiasm, integrity, determination and professional credibility.

2. **Time management and decision making:** ability to manage time and problems effectively.

a. Demonstrate knowledge of clinical priority. Recognise when to re-prioritise or call for help.

b. Be able to analyse and manage clinical problems and make appropriate decision in best interest of patients. Be flexible and willing to change in the light of changing condition.

c. Show awareness of local complaints procedure. Appropriately manage dissatisfied patients and relatives and anticipate potential problems. Be prepared to apologise if appropriate and accept responsibility.

d. Show flexibility for cover of clinical colleagues. Ensure satisfactory completion of reasonable task at the end of the shift/day with appropriate handover.

3. **Audit:** ability to conduct and complete audit in clinical practice.

a. Understand the importance of audit and its place within the framework of clinical governance.

b. Be able to affectively apply audit principles to own work, team practice and in a service wide context.

- c. Be able to implement findings of audit and reassess.
 - d. Be able to undertake and present an audit.
4. **Clinical Governance:** to understand the implementation of clinical governance
- a. Understand the component part of clinical governance.
 - b. Show awareness of the advantage and disadvantage of clinical guidelines.
 - c. Show an appreciation of the importance of reporting serious and untoward incidents.
- IV. **COMMUNITY EDUCATION:** to show commitment to promote public understanding of mental health issue and social inclusion.
1. **Education:** ability to inform and educate patients effectively.
- a. Understand the impact of stigmatisation and its impact on the care of patients.
 - b. Be aware of strategies to enhance patient understanding and potential self-management.
 - c. Understand factors that influence the aetiology and course of mental disorder, and advice on environmental and lifestyle changes.
 - d. Understand the effects of substance misuse on health and psychosocial wellbeing. Show awareness the link between risk and substance misuse, relevant support service and agencies. Work with other agencies to provide non-judgmental help and support.
- V. **CONTINUED PROFESSIONAL DEVELOPMENT:** to engage in a lifelong pursuit of knowledge of their domain of expertise, recognise the need for continuing professional development, and to contribute to the creation, dissemination and application of medical knowledge.

1. *Assessment and Appraisal*

- a. Understand of principles of appraisal including the difference between appraisal and assessment.

2. *Research*: to understand research methodology and critical appraisal of research literature.

- a. Understand basic research methodology including quantitative and qualitative techniques.
- b. Understand principles of critical appraisal, evidence-based medicine, and demonstrate knowledge of how to search the literature using a variety of database.
- c. Strive to base practice on best evidence.

3. *Lifelong learning*

- a. Keep up to date with clinical advances and legislation concerning patient care and apply to any aspect of professional practice.

VI. **PROFESSIONAL INTEGRITY: To provide best practice with high ethical standards and exemplary personal behaviours.**

1. *Maintaining Trust*: to ensure doctors acts in a professional manner at all times.

- a. Understand all aspects of professional relationships including the power differential between psychiatrists and patients.
- b. Understand the boundaries surrounding the consultation.
- c. Understand the rights of doctors, patients, carers and the public and the management in the context of Mental Health Ordinance.

- d. Understand contemporary legislation and practice in relation to patient confidentiality. Respect the rights and limitations of patient confidentiality.
- e. Understand professionally prescribed codes of ethical conduct. Practice and behave at all times in accordance with the contemporary standards of professional practice.