
Core Psychiatry

Royal College of Psychiatrists Core Training
Curriculum (CT1 – CT3)

Version 1.0

August 2022

Purpose Statement

The purpose of the Core Psychiatry curriculum is to train medical doctors to specialise in the assessment, diagnosis, treatment and management of patients with mental disorders in a wide range of clinical settings in collaboration with the patient, other health professionals, and relevant others including families and carers of all ages.

Psychiatrists of the future will be well-equipped to:

- Maintain their key focus on developing and achieving the necessary professional values and behaviours, professional skills, and professional knowledge to build strong therapeutic relationships with their patients, their carers and families and to provide safe person-centred care.
- Embrace continuing person-centred¹, holistic² advances in Psychiatry, as well as developments in technology and practice, which are consistent with the principles of sustainability.
- Have the relevant specialist knowledge and communication skills to operate effectively in a range of service delivery landscapes.

It is recommended that Core Psychiatry training is undertaken over 36 months (WTE).

By the end of CT3 in Psychiatry, trainees will be able to diagnose and manage a range of psychiatric presentations in clinical practice under appropriate supervision, taking into account the needs and complexities of each individual patient. They will have a person-centred, holistic understanding of the patient experience, gained through working with patients with mental disorders across the lifespan in a range of specialties. Working with capacity and risk issues will form key elements of their skillset, as will advocacy and the reduction of stigma.

During core training it is recommended that trainees gain experience of two psychotherapeutic modalities as well as experience working with patients across the lifespan, including six months in Child & Adolescent Psychiatry and/or Psychiatry of Learning Disability, and with those with neurodevelopmental conditions.

Trainees are required to have sufficient experience of working in emergency settings including out-of-hours environments, to develop capabilities in emergency psychiatry. Reasonable adjustments will be made as necessary to achieve this (see Psychiatry Silver Guide).

¹ **Person-centred** – focuses on the patient as a person, with ‘personhood’ being its superordinate principle. Takes into account all protected characteristics in doing this.

² **Holistic model / approach** – understanding and applying the psychological, biological, social, cultural and spiritual context in the delivery of person-centred mental healthcare.

There will be a critical progression point at the end of the third year (CT3) to ensure trainees have the required experience and capabilities to progress to higher specialty training. Trainees will be required to meet all curriculum requirements, including passing the MRCPsych examination.

It is recommended that core trainees attend an approved postgraduate psychiatry course delivering the [MRCPsych syllabus](#) through the period of core training.

The course complements work experience, supervision, WPBAs with taught elements of relevant basic sciences and clinical psychiatry and associated communication skills and problem solving delivered by specialists in the field alongside peers and experts by experience to develop the relevant specialist/post graduate knowledge, skills and competencies needed to obtain the learning objectives of the post graduate psychiatric curriculum.

It is clear that the need for psychiatrists across the specialties is growing throughout the UK^{3 4 5}. The Five Year Forward View for Mental Health⁶ in England includes commitments to ensure access to high quality services for one million more people of all ages.

The Welsh Government's ten-year strategy to improve mental health and well-being⁷ has identified a range of areas that require attention. This includes providing better perinatal mental health care; ensuring each health board has Child & Adolescent Liaison Psychiatry and crisis services available seven days a week; the establishment of effective mental health psychiatric liaison capacity for district general hospitals; and to better address mental health/substance misuse needs of frequent attenders of emergency departments.

The Scottish Mental Health Strategy⁸ shifts the balance of care towards mental health, increasing the level of investment in mental health services and improving support in the crucial period from birth to young adulthood. This will help improve attachment and reduce trauma in early years and thus positively affect the developing brain and help to reduce mental disorders in adulthood.

³ "There are predicted to be two million more people with mental health conditions by 2030." [Facing the Facts. Shaping the Future – a draft healthy and care workforce strategy for England to 2027](#), Public Health England, 2017.

⁴ [Old Problems, New Solutions: Improving acute psychiatric care for Adults in England](#), The Commission to review the provision of acute inpatient psychiatric care for adults, 2016.

⁵ [The State of Care in Mental Health Services 2014 to 2017](#), Care Quality Commission, 2017

⁶ [The Five-Year Forward View for Mental Health](#), NHS England, 2016

⁷ [Together for Mental Health](#), Welsh Government, 2012

⁸ [Mental Health Strategy 2017-2027](#), Scottish Government, 2017

Northern Ireland has higher levels of mental ill health than any other region in the UK⁹ and it has been identified that building up the range of specialist mental health services is required to meet need¹⁰.

⁹ [*Making Life Better*](#), Northern Ireland Assembly, 2014

¹⁰ [*Evaluation of the 2009-2011 Bamford Action Plan*](#), Dept. of Health, Social Services and Public Safety, 2012

The Core Psychiatry curriculum will be flexible and adaptable, ensuring capabilities can be enhanced proactively in response to greater understanding of mental disorders and will be able to accommodate future mental health policy across the UK through regular review.^{11 12 13}

Psychiatry has limited interdependencies with other specialties, with the exception of General Practice, Paediatrics and Child Health and Core Medical Training within the context of Broad-Based Training (where available).

The professional values and behaviours, skills and knowledge that trainees develop and demonstrate in their early years of training will continue to be enhanced.

The Core curriculum will enable psychiatry trainees to work alongside members of multi-disciplinary and multi-professional teams.

The Core Psychiatry learning outcomes are mapped to the Generic Professional Capabilities Framework (GPCs) ensuring ease of transfer between medical specialties.

Through attainment of the High Level Outcomes (HLOs), Core Psychiatry trainees will demonstrate the ability to work in multidisciplinary and multi-professional teams, formulating person-centred holistic management plans, provide leadership, teaching and training, and participate in research in a variety of clinical settings.

This purpose statement has been endorsed by the GMC's Curriculum Oversight Group and confirmed as meeting the needs of the health services of the countries of the UK

¹¹ [Montgomery and shared decision-making: implications for good psychiatric practice \(2018\)](#)

¹² [GMC Good Medical Practice](#)

¹³ [RCPsych Core Values for Psychiatrists](#) (2017)

The below tables outline the High Level Outcomes (HLOs) and Key Capabilities (KCs) to be achieved under 16 key themes.

The reference in brackets below each HLO is to the GMC Generic Professional Capabilities. HLOs are mapped to the nine GPCs.

High Level Outcome 1 (GPC 1)	Demonstrate the professional values and behaviours required of a medical doctor in psychiatry, with reference to Good Medical Practice, and Core Values for Psychiatrists (CR204) and other relevant faculty guidance.
Themes	Key Capabilities (KCs). By the end of CT3, you will be able to:
1.1 Professional Relationships	Work collaboratively with patients, families, their carers of all ages and colleagues respecting their autonomy, diversity and valuing their contribution.
	Understand, recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and carers of all ages and on working relationships with colleagues.
	Consistently demonstrate a person-centred holistic clinical approach to patients that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism and boundaries.
	Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.
1.2 Professional Standards	Understand the impact of workload, patient and organisational dynamics on your own well-being.
	Use supervision and reflection effectively recognising your skills, limitations and your duty of candour.
	Develop strategies to take care of your wellbeing, seeking timely support and guidance, including acknowledging if you have a protected characteristic which might impact on your training or if you are having difficulties adapting to working in the UK.
	Use the method of receiving, reflecting and responding to understand and manage the emotional impact of work on yourself, the individual and the team, including the impact of suicide and homicide.
	Consistently demonstrate a positive and conscientious approach to the completion of your work.
	Make clear, accurate and contemporaneous records.
	Demonstrate the ability to use reflective practice during psychiatric supervision throughout core training, and through consistent attendance at a Balint group or case-based discussion group for a recommended minimum of a year.

	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.
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High Level Outcome 2.1 (GPC 2)	Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
2.1 Communication	Demonstrate an appropriate understanding of the ways in which you, as well as patients and others, communicate both verbally and non-verbally.
	Consistently demonstrate effective communication approaches with patients and relevant others, including those with neurodevelopmental disorders making reasonable adjustments and adaptations where appropriate, including the use of new technologies.
	Consistently use active listening skills and empathic language which respects the individual, removes barriers and inequalities, ensures partnership and shared decision-making and is clear, concise, non-discriminatory and non-judgemental.
	Demonstrate effective communication and shared decision making with patients, taking into consideration their ideas, values, concerns and expectations.
	Explain the outcome of assessment, treatment and management to patients, families, carers of all ages as well as relevant others.
	Demonstrate an inclusive approach which considers all aspects of communication, language, sensory and cognitive needs, as well as the ethnic, social, and cultural, context of a patient.

High Level Outcome 2.2 (GPC 2)	Demonstrate skill in the psychiatric assessment, formulation, diagnosis and person-centred holistic management of an appropriate range of presentations in a variety of clinical and non-clinical settings.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
2.2 Clinical Skills	Demonstrate an understanding of the history of psychiatry, the development of diagnostic concepts and psychiatric treatments, as well as the profession, and the historical relationships between psychiatry and society.
	Demonstrate an appropriate understanding of a person-centred holistic approach to mental disorders, including a knowledge of developmental, social, cultural, spiritual/religious, trauma, adversity, genetic and epigenetic risks (including resilience and vulnerability factors) and neuro-biological influences on mental disorders.
	Demonstrate an in-depth understanding of human psychology, including the importance of early relationships, attachment styles, parenting, the impact of adverse childhood experiences, and traumatic events throughout life.
	Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including awareness of normative as well as variations in presentations, for example with neurodevelopmental conditions and across cultures.
	Demonstrate an appropriate in-depth understanding of social determinants of health including the lived environment, deprivation and disadvantage and the impact these have on the aetiology and presentation of mental disorder across the lifespan.
	Apply knowledge of the pharmacodynamics, pharmacokinetics, efficacy, tolerability, interactions, and short and long-term side effects of medication.
	Receive a full psychiatric history from, perform a Mental State Examination (MSE) on, and assess capacity of, patients within a range of mental and neurodevelopmental disorders across the lifespan, in routine, urgent and emergency situations incorporating appropriate terminology
	Also assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.
	Assess the risk of self-harm, suicide, risk to others as well as other risks, and ensure a safety plan is in place.

2.2 Clinical Skills (continued)	Receive a collateral history from a range of informants involved in patient care.
	Conduct a thorough physical examination, undertaking relevant physical investigations and take responsibility for acting on your findings in a timely fashion.
	Thoroughly assess the general health of your patients, taking into account the interplay between physical health and psychiatric needs, considering nutritional, metabolic, endocrine, and reproductive factors, and the physical impact of substance use and addiction.
	Demonstrate skills in assessing and managing patients with addictions.
	Demonstrate an understanding of the inherent power imbalance between doctor and patient, particularly for those with protected characteristics, which can result in barriers to clinical effectiveness.
	Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.
	Clearly and concisely present the history, mental state examination, diagnosis and differential diagnosis, and findings of the physical examination using appropriate classification systems to other professionals.
	Use an appropriate formulation framework to devise a safe, systemic, effective, collaborative and co-productive management plan to ensure continuity of care in the immediate, short and longer term.
	Where appropriate, safely prescribe evidence-based pharmacological treatment referring to relevant guidelines.
	Demonstrate an understanding of how Electro-Convulsive Therapy (ECT) and other physical treatments can be used for the treatment of mental disorders and apply this under supervision.
	Demonstrate appropriate psychotherapeutic capabilities through having delivered treatment in a minimum of two psychotherapeutic modalities over both short and long durations in a suitable setting, under the governance of the Medical Psychotherapy Tutor.

High Level Outcome 2.3 (GPC 2)	Demonstrate an understanding of the various factors that contribute to complexity and uncertainty within psychiatric practice and the impact that they have on self, patients, carers of all ages, and colleagues.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
2.3 Complexity & Uncertainty	Demonstrate an understanding of unconscious processes, including transference, countertransference, projection and splitting and the impact of these on yourself and others.
	Review treatment and management plans of patients when the outcome is not as expected or hoped for.
	Understand the limits of your clinical capabilities, seeking timely support and supervision when appropriate.
	Observe, absorb, contain and reflect on complex clinical/non-clinical situations to develop a balanced response.
	Manage increasing levels of uncertainty safely under supervision.

High Level Outcome 3.1 (GPC 3)	Apply knowledge of relevant legislative frameworks across the UK to safeguard patients.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Apply knowledge of the current legislation governing the care and treatment of people with mental disorders.
	Balance the duty of care to the patient and the protection of others with the restriction of human rights when considering the use of legal powers.
	Meet the requirements to apply for relevant statutory approval where appropriate.

High Level Outcome 3.2 (GPC 3)	Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
3.2 Working within NHS and organisational structures	Demonstrate working knowledge of local health and social care services, national health and care services and regulatory authorities through your interactions with them, both routinely and in unforeseen circumstances.

High Level Outcome 4 (GPC 4)	Apply core knowledge of mental and physical health promotion and illness prevention for patients and the wider community.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
4.1 Health promotion and illness prevention in community settings	Apply an understanding of the factors contributing to health inequalities, and the social, cultural, spiritual and religious determinants of health.
	Promote mental well-being and prevention of mental disorders within the context of societal change and social technology, identifying and challenging stigma and discrimination against people experiencing mental disorder.

High Level Outcome 5 (GPC 5)	Apply teamworking and core leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.
Themes	Key Capabilities (KCs). By the end of CT3, you will be able to:
5.1 Teamworking	Demonstrate an awareness of how individual personal qualities, emotions and behaviours of both yourself and your team, impact on teamworking and the quality of patient care.
	Demonstrate a working knowledge of the roles and responsibilities of, and the interface between, multidisciplinary team members.

5.2 Leadership	Recognise the leadership skills of others in a range of contexts.
	Demonstrate the development and application of your own leadership skills.
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.

High Level Outcome 6 (GPC 6)	Participate in and promote activity to improve the safety and quality of patient care and clinical outcomes in your psychiatric practice of a person with mental disorder.
Themes	Key Capabilities (KCs). By the end of CT3, you will be able to:
6.1 Patient safety	Ensure patient safety is paramount by understanding the principles and engage with the systems of clinical governance that assure safety and quality of patient care.
6.2 Quality improvement	Demonstrate an understanding of the impact on quality improvement activities in improving patient outcomes and system performance.
	Undertake quality improvement activities relevant to your clinical practice.

High Level Outcome 7 (GPC 7)	Identify patients, their families and others from the wider community who may be vulnerable and work collaboratively in safeguarding their welfare.
Themes	Key Capabilities (KCs). By the end of CT3, you will be able to:
7.1 Safeguarding	Demonstrate knowledge of the individual and systemic factors contributing to the vulnerabilities and safeguarding concerns in people of all ages.
	Work within legislative frameworks and local procedures to raise and report safeguarding and welfare concerns in a timely manner and contribute to safeguarding processes.

High Level Outcome 8.1 (GPC 8)	Plan and provide effective education and training in clinical, academic and relevant multi-disciplinary settings.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
8.1 Education & Training	Apply the principles of lifelong learning to your own learning and teaching of others, including the principles of feedback.
High Level Outcome 8.2 (GPC 8)	Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
8.2 Supervision	Actively participate in clinical, psychiatric and educational supervision.
	Consider how unconscious processes are managed effectively and safely to help with ongoing clinical care via supervision and reflective practice.

High Level Outcome 9 (GPC 9)	Apply an up-to-date knowledge of research methodology, critical appraisal and best practice guidance to your clinical practice.
Theme	Key Capabilities (KCs). By the end of CT3, you will be able to:
9.1 Undertaking research and critical appraisal	Demonstrate knowledge of ethical frameworks and research methodologies when carrying out or appraising research.
	Discuss the differences between research, audit, and quality improvement and how these approaches can complement each other.
	Critically appraise research and understand generalisability of findings to different groups in the implementation of research findings in your clinical practice.
	Develop or participate in a research project where relevant research support is available.