

# A Competency Based Curriculum for Specialist Training in Psychiatry



Sub-Specialist  
Module in  
**Rehabilitation  
Psychiatry**

*Royal College of Psychiatrists*  
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## **Introduction**

This sub-module accompanied the College's Core and General curriculum and the Specialist Module in Adult Psychiatry. Many of the required competencies are set out in those curriculum documents and the ones given here are supplementary to them. Consequently, not all the domains of *Good Medical Practice* are covered here because they are set out elsewhere.

The range of additional competencies associated with Rehabilitation Psychiatry have, in the past, been grouped under headings of nine Key Competencies:

**Key Competencies 1 : Engage and sustain therapeutic relationships with patients and their carers and families**

**Key Competencies 2 : Undertake holistic assessment in partnership with patients, their families and carers**

**Key Competencies 3 : Provide holistic care and treatment for patients and their families across a range of settings**

**Key Competencies 4 : Contribute to the effective development and management of comprehensive services for patients and their families**

**Key Competencies 5 : Develop operational relationships to manage the clinical interface between Rehabilitation, General Adult, Adolescent, Old Age, Forensic and Substance Misuse services**

**Key Competencies 6 : Contribute to the training and supervision of other professionals involved in service delivery and development**

**Key Competencies 7 : Knowledge and Understanding - Legislation, Policy and Good Practice**

**Key Competencies 8 : Knowledge and Understanding – Concepts principles and theories**

**Key Competencies 9 : Knowledge and Understanding – Work with others to manage a team in order to deliver an ethical, high quality service**

In this document, in order to comply with PMETB requirements, and to be consistent with the other modules of the College curriculum, they are reclassified under *Good Medical Practice* headings.

# 1. GOOD CLINICAL CARE

## a) Providing a good standard of practice and care

### Major competencies:

- At first meeting, assess the capacity of an individual to engage and communicate.
- Communicate the purpose of the meeting in clear, appropriate language obtain consent to communicate with relevant others including families and carers.
- Obtain information from patients, their families and other relevant sources in relation to the patient's strengths, disabilities, risks and vulnerabilities.
- Attend to the practical needs of the patient, including housing, benefits, education, work and activities of daily living.
- Assess an individual's attitude to and understanding of their illness and how this affects their self-esteem and view of themselves.
- Attend to the social and leisure needs of patients and their families.
- Identify strengths and tensions in the relationship of patients with their families and carers and address appropriately.
- Identify sources of stress in relationships with other agencies including the Criminal Justice System, which may contribute to relapse.
- Identify relapse indicators in partnership with the patient and their family to promote the use of early intervention strategies and relapse management plans.

- Identify contributory factors including substance use, physical ill health, or offending behaviour which require intervention.
- Deal with challenging behaviour in a manner that is sensitive to the individual and sustains the therapeutic relationship
- Use structured repeatable assessment tools where appropriate to measure progress over time and to inform readiness to move between settings
- Describe relevant factors which contribute to an individual's quality of life
- Ensure that care plans are consistent with the patient's strengths and level of function, and that access to interventions is not precluded by disability.
- Involve the families and other carers as much as possible
- Provide care in settings which respect the principles of normalisation, are the least restrictive (consistent with risk assessment) and as close to the individual's roots as possible, taking into account relevant mental health legislation.
- Provide medical adherence therapy where appropriate
- Help patient develop awareness of early signs of relapse
- Provide education to patient and families about mental illness.
- Provide a range of psychological therapies according to need.

- Review long-term drug treatment in terms of the benefit to the patient and consider changing or stopping the treatment where the disability imposed by side effects outweighs that benefit.
- Involve Advocacy Services where appropriate
- Record unmet needs
- Develop specific plans to meet the needs of patients who are parents and children who are carers
- Sustain therapeutic optimism and hope for recovery that is realistic
- Sustain staff to work long-term with patients and their families where maintenance of function and quality of life is of equal value to a full recovery
- Provide a service that is comprehensive, flexible, supportive and inclusive
- Liaise effectively with a range of stakeholders, including user organisations, Advocacy Services, Independent service providers, CJS, Probation Services, patients' legal representatives and some pressure groups
- Reduce the impact of stigma and discrimination in all its manifestations
- Assess change in social function and predict capability to move between settings
- Monitor change and intervene to promote improvement and prevent deterioration
- Assess suitability for a range of psychological therapies

## **b) Decisions about access to medical care**

### **Major competencies:**

- Balance the risks to the patient of disengagement from services, with the potential benefit of long-term assertive follow-up and be prepared to implement assertive outreach.

## **d) Maintaining good medical practice**

- Take into consideration the contribution that ethnic or cultural issues should make to therapeutic engagement.
- Describe and implement criteria for working outside of standard health settings in circumstances where risks can be managed safely.
- Assess the prevalence and severity of mental illness, and the level of associated disability, across a defined area, as a basis for service development.
- Assess impact of Department of Health initiatives on local service provision.
- Involve patients and their families in the development of services
- Develop family sensitive services
- Use high level communication, negotiation and liaison skills with other stakeholders, including primary care, forensic and substance use services, CJS, prisons and Probation Services, and other independent providers as appropriate to develop flexible comprehensive services.
- Ensure that appropriate consultation occurs when services for low prevalence complex needs patients are planned to optimise cost effectiveness

- Maintain a focus on the provision of work, leisure, social and educational services for patients with severe mental illness
- Support and encourage other professional staff to work long-term with patients with severe mental illness in order to improve their quality of life.
- Contribute to the range of internal, local, regional and national policies relevant to the specialty.
- Work actively to combat discrimination and stigma
- Take into account the provision of other services and negotiate the clinical interface
- When necessary, adapt a service to patient group needs in the absence of specialist service provision.
- Apply in practise the principles of assessment of disability associated with primary and secondary impairment and tertiary handicap
- Carry out assessments of risk to and vulnerability of the individual patient
- Describe and apply systems theory
- Apply psychodynamic principles to the making and sustaining of a therapeutic alliance with “those who find it hard to stay in contact”
- Apply psychodynamic principles to families, teams, groups and institutions
- Outline the principle of “High Expressed Emotion” and work with family or carers to reduce its impact.
- Make appropriate use of Creative and Arts Therapies
- Take account of the principles of Compliance Therapy in practise

- Employ evidence based drug and psychological approaches for treatment of resistant disorders (including the evidence base for CBT)
- Appropriately apply the techniques of Motivational Interviewing
- Demonstrate in clinical practise the use of structured assessment tools
- Demonstrate competence when working in alternative settings
- Practises in a professional manner under circumstances where discrimination and stigma exist

## **e) Maintaining your performance**

### **Major competencies:**

- Involve the patients and their family, and members of the multi-disciplinary team, in the regular review of care.
- Reflect on the interpersonal processes contributing to therapeutic alliance (or its vulnerability) and obtain supervision where appropriate.
- Describe Local and National protocols and policies relating to Mental Health Provision in hospitals, residential day work and educational settings
- Describe in detail the requirements of the current Mental Health Act legislation and its major implications for care and professional practise
- Describe in detail the current Human Rights Act legislation and ensure that its requirements are adhered to in professional practice

- Ensure that clinical practise follows Good Practice Guidelines on consent, capacity and confidentiality, including the Caldicott Guidance
- Incorporation into practise the guidance published by relevant organisations (which may include BMA, Defence Associations etc)
- Ensure that decision making is fully informed by ethical principles

## **f) Teaching and training, appraising and assessing**

### **Major competencies:**

- Be involved in multi-disciplinary training and development
- Provide supervision and support to professionals from medical psychiatric and other disciplines
- Promote enthusiasm for and satisfaction with long-term work
- Encourage learning and service development through visits to alternative service provision
- Develop awareness of training needs of other agencies

## **h) Dealing with problems in professional practice**

- Deal with difficulties in engagement with sensitivity and skill, including the involvement of appropriate others.

## **2. WORKING WITH COLLEAGUES**

### **b) Working in teams**

#### **Major competencies:**

- Share a formulation of the patient's strengths and target problems with the multi-disciplinary team in order to create a care plan in partnership with the patient.

### **c) Leading teams**

#### **Major competencies:**

- Promote enthusiasm amongst junior trainees for long-term care and amongst higher trainees for service development.