

# Child and Adolescent Psychiatry

## Learning Outcomes and Developmental Descriptors

This document is to be used by trainees, supervisors and Directors of Advanced Training to support trainees/Fellows-in-training in developing competent performance in child and adolescent psychiatry practice. The learning outcomes and developmental descriptors are designed to provide supervisors and trainees/Fellows with a reference point for defining performance standards. It is anticipated that the descriptors will be of use supporting Workplace-Based Assessments and guiding the provision of formative feedback.

### ***Child and adolescent global ratings***

#### **Medical Expert:**

As medical experts, child and adolescent psychiatrists have particular skills in assessment in infants, children, adolescents and families. They apply and integrate a range of knowledge bases including medical, developmental, psychological and sociological, with skills and personal qualities to provide interventions at an individual, family/systemic and/or population level to improve mental health outcomes. Medical expertise is supported by the application of contemporary research, psychiatric research and treatment guidelines, as well as the application of mental health and related legislation in patient care.

#### **Communicator:**

As communicators, child and adolescent psychiatrists facilitate the relationship with children, their families and other persons and agencies involved in their care. Their interpersonal skills and communication enable effective service delivery and care for children, adolescents, their families and caregivers. Communication skills range from the ability to provide clear, accurate, contextually appropriate written communication about patients' conditions, to being able to enter into dialogue about psychiatric issues with the wider community.

#### **Collaborator:**

As collaborators, child and adolescent psychiatrists work in partnerships with a range of other professionals across settings to provide optimal patient- and family-centred care. They are able to work effectively with other psychiatrists, within multidisciplinary teams and with other health professionals, whilst working within relevant health, welfare, education or disability systems, as well as other government agencies. Child and adolescent psychiatrists are also able to work respectfully with patients, families, carers, carer groups and non-government organisations.

#### **Manager:**

As managers, child and adolescent psychiatrists are able to work within clinical governance structures in health-care settings, providing clinical leadership, and able to work within management structures within the health-care system; the ability to critically review and appraise different health systems and management structures is also requisite. Child and adolescent psychiatrists prioritise and allocate resources efficiently and appropriately, with the facility to perform appropriate management and administrative tasks within the healthcare system, applying health and other relevant legislation where appropriate. Child and adolescent psychiatrists also incorporate an awareness and application of ICT into their practice.

#### **Health Advocate:**

As health advocates, child and adolescent psychiatrists use their expertise and influence to responsibly promote, create and sustain the health and wellbeing of young people and their families at all stages of their development through individual and population based approaches.

#### **Scholar:**

As scholars, child and adolescent psychiatrists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of a range of knowledge bases. They have the ability to critically appraise and apply psychiatric and other health information for the benefit of patients. Child and adolescent psychiatrists are able to facilitate the learning of colleagues, trainees and other health professionals contributing to the development of mental health knowledge.

#### **Professional:**

As professionals, child and adolescent psychiatrists are committed to the health and wellbeing of young people, their families and society through ethical practice, professional led regulation and accountability and high standards of personal behaviours.

<b>Stage 3 Learning Outcomes</b>	<b>Certificate Child and Adolescent Psychiatry Learning Outcomes</b>	<b>Developmental Descriptor:</b> Advanced (end 12 months FTE Certificate training)	<b>Developmental Descriptor:</b> Consultant (end of Certificate training)
<p><b>1. Medical Expert:</b> As medical experts, child and adolescent psychiatrists have particular skills in assessment in infants, children, adolescents and families. They apply and integrate a range of knowledge bases including medical, developmental, psychological and sociological, with skills and personal qualities to provide interventions at an individual, family/systemic and/or population level to improve mental health outcomes. Medical expertise is supported by the application of contemporary research, psychiatric research and treatment guidelines, as well as the application of mental health and related legislation in patient care.</p>			
<p>1.1 ASSESSMENT: Conducts comprehensive, culturally appropriate, hypothesis-driven psychiatric assessments integrating information from all sources. Able to assess patients from a range of ages, including those with multiple/complex problems. Competently conducts risk assessments, taking into account immediate and long-term risks.</p>	<p>Elicits accurate and essential information to guide decision making from a range of sources.</p> <ol style="list-style-type: none"> <li>i. Takes history sensitive to individual, family, social, cultural and developmental context.</li> <li>ii. Information gathering is hypothesis driven.</li> <li>iii. Identifies and prioritises relevant sources of information which may include accurate physical examination and mental state examination, family assessment, liaison with other professionals and services.</li> <li>iv. Develops and enacts an efficient plan to gather further relevant information.</li> </ol>	<ul style="list-style-type: none"> <li>• With limited supervision, performs a detailed and comprehensive assessment of a child and family presenting with common or straightforward problems.</li> <li>• Uses relevant information from multiple sources to produce a clear biopsychosociocultural formulation. Takes account of developmental issues.</li> <li>• History taking is targeted according to the presentation and is hypothesis driven. Uses supervision to enhance understanding of relevant issues, including risks.</li> <li>• History taking shows awareness of cultural issues and of children's needs. Uses supervision to enhance understanding of family system dynamics and problem formulation.</li> <li>• Demonstrate the ability to perform and report a comprehensive mental state examination, which includes cognitive and developmental screening assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Performs a detailed and comprehensive assessment of a child and family presenting with complex or multiple problems, or in special groups such as Indigenous Australians.</li> <li>• Synthesises information from multiple sources, takes account of relevant biopsychosociocultural issues and places them in a developmental context. Seeks advice from peers or a senior colleague appropriately.</li> <li>• History taking is focused and hypothesis driven. Sophisticated understanding of risks of individual case.</li> <li>• Understands the interaction between culture and the individual child and family's presentation. Recruits specialist Indigenous or transcultural advice as needed.</li> <li>• Demonstrates familiarity with, and capacity to apply, the literature. Identifies gaps in own knowledge and seeks additional knowledge as required. Generates new questions for study.</li> </ul>

		<ul style="list-style-type: none"> <li>• Identifies areas of knowledge deficiency and reviews the existing literature to further develop understanding of the particular case and to develop general competencies. Uses supervision to enhance this process.</li> <li>• Shows awareness of rapport, engages each family member in the assessment process. Seeks supervision to further enhance this skill.</li> <li>• Undertakes relevant diagnostic procedures including physical examination, laboratory tests and questionnaires, with support.</li> <li>• Gathers relevant information from other professionals and informants to inform assessment.</li> <li>• Demonstrates awareness of importance of professional boundaries in patient care. Discusses these in supervision.</li> <li>• Demonstrates empathy with patients. Requires supervision to assist with countertransference issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Establishes and maintains an effective working alliance with each member of the family.</li> <li>• Independently undertakes and interprets relevant investigations in a resource effective and ethical manner.</li> <li>• Integrates information from other professionals to produce a complete and sophisticated understanding of complex cases.</li> <li>• Able to manage distressed or uncooperative patients empathically and without defensiveness. Actively seeks peer support/discussion with difficult or complex countertransference situations.</li> <li>• Complex understanding of interpersonal, intrapersonal and systemic issues in patient care. Uses this to inform assessment and management.</li> </ul>
<p>1.2 MENTAL STATE: Conducts and accurately presents comprehensive mental state examinations in patients from a range of ages, including those with multiple/complex problems. Mental state evaluations include appropriate, skilled cognitive assessments with specific tests tailored to the patient's</p>	<p>Integrates available information in order to formulate the patient's condition and make a diagnosis according to ICD or DSM.</p>	<ul style="list-style-type: none"> <li>• Understands the strengths and weaknesses of diagnostic systems in child and adolescent mental health.</li> <li>• With minimal supervision accurately assigns diagnosis according to internationally accepted standards.</li> </ul>	<ul style="list-style-type: none"> <li>• Understands the limitations of classification systems used.</li> <li>• Considers the use of alternative dimensional classification systems.</li> <li>• Accurately assigns diagnosis within organisational expectations of the utilisation of categorical</li> </ul>

<p>presentation which are conducted and interpreted accurately.</p>			<p>diagnostic systems such as ICD and DSM.</p>
<p>1.3 FORMULATION: Integrates and synthesises information to produce a sophisticated diagnostic formulation and risk formulation, and to make a diagnosis according to a recognised diagnostic system (DSM or ICD). Uses this synthesis to inform treatment and prognosis.</p>	<p>Sophisticated ability to formulate an integrated understanding of all the factors contributing to patient and family’s presentation.</p> <ol style="list-style-type: none"> <li>i. Accurately appraises information using a biopsychological and cultural framework to inform professional judgement and action.</li> <li>ii. Critiques, weighs and evaluates the quality and accuracy of this information.</li> <li>iii. Identifies important gaps and inconsistencies.</li> </ol>	<ul style="list-style-type: none"> <li>• Integrates information into a biopsychosocial and cultural framework and demonstrates problem solving and judgement for routine or common cases. Uses supervision to assist and learn from this process.</li> <li>• Uses supervision to integrate information from external professionals into overall assessment and formulation.</li> <li>• Identifies gaps and inconsistencies in information and develops a plan to address these, with support.</li> </ul>	<ul style="list-style-type: none"> <li>• Sophisticated integration of information on complex or unusual cases into a biopsychosociocultural framework.</li> <li>• Integrates complex information from all relevant sources, accurately evaluates the quality and accuracy of information and appropriately uses all information to inform the assessment and management plan.</li> <li>• Seeks additional missing information and clarifies inconsistent information efficiently.</li> </ul>
<p>1.4 MANAGEMENT: Develops, implements, monitors and appropriately revises comprehensive management plans, incorporating biological, psychological, social and cultural approaches, which are informed by the formulation and prognosis and which acknowledge barriers to implementation. Transfers management appropriately, managing termination issues and transfer of care.</p>	<p>Develop, negotiate, implement and evaluate outcomes of a comprehensive evidence-based biopsychosociocultural management plan (appropriately revise).</p> <p>A. Develops a feasible, comprehensive and highly relevant management plan.</p> <ol style="list-style-type: none"> <li>i. Applies up-to-date evidence-based knowledge.</li> <li>ii. Plan uses a systemic framework to guide action by the patient, their family and a range of services and disciplines.</li> <li>iii. Identifies and uses resources that are cultural, developmentally and socially relevant and available.</li> </ol>	<ul style="list-style-type: none"> <li>• Develops a comprehensive management plan that addresses issues identified in the formulation, with supervision.</li> <li>• Management plan is evidence-based for routine cases. Uses supervision to identify gaps in knowledge for more complex cases.</li> <li>• Aware of differences in patient preferences for management and uses supervision to develop alternate models.</li> <li>• Seeks informed consent from child and family.</li> <li>• Accurately documents the case assessment, formulation and management plan, with supervision.</li> </ul>	<ul style="list-style-type: none"> <li>• Develops a comprehensive management plan for complex or unusual cases.</li> <li>• Uses available scientific evidence to inform management plan.</li> <li>• Effectively communicates management plan and discusses its acceptability with the individual and family. Provides alternatives as required.</li> <li>• Seeks informed consent from child and family.</li> <li>• Produces a sophisticated report that provides salient and integrated information and plan that can also be used by others involved in the child’s care.</li> </ul>

	<p>iv. Identifies potential barriers to implementation and collaborates to develop alternatives to maximise patient outcome.</p> <p>B. Implements a collaborative, patient- and family-centred holistic management plan.</p> <p>i. Identifies roles and responsibilities within the entire system.</p> <p>ii. Consistently undertakes best practice treatment approaches that represent a sophisticated integration of knowledge, skills and personal qualities.</p> <p>iii. Engages and facilitates individuals, families, services and agencies in the plan.</p> <p>C. Ensures that there is a review process in place that is sensitive and responsive to individual, family and systemic change.</p>	<ul style="list-style-type: none"> <li>• Identifies roles of other team members in management plan.</li> <li>• With supervision, identifies and recruits additional services appropriately.</li> <li>• Awareness of costs and benefits of treatments, with supervision.</li> <li>• Implements the management plan with supervision.</li> <li>• Monitors the response to the management plan, including presence of benefits and side effects of treatments/therapies, with supervision.</li> <li>• Changes the management plan according to the patient and family's response to treatment, with supervision.</li> <li>• Follows up patients who fail to attend appointments, arranges alternative referral if needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruits other professionals appropriately to contribute to management.</li> <li>• Management plan takes account of availability and costs of resources.</li> <li>• Implements the management plan.</li> <li>• Appropriately follows up complex cases and monitors response to the management plan.</li> <li>• Flexibly changes the management plan as needed, according to patient response.</li> <li>• Ensures that all involved professionals are aware of patient's progress and that ongoing management changes in response to patient needs.</li> <li>• Aware of need for, and arranges, expert second opinion in situations of nonresponse or unusual cases.</li> </ul>
<p>1.5 TREATMENT SKILLS: Demonstrates skills in psychotherapeutic, pharmacological, biological and sociocultural interventions to treat patients with complex mental health problems and manage psychiatric emergencies</p>	<p>A. Demonstrates skills in psychotherapeutic, pharmacological, biological and sociocultural interventions to treat patients with complex mental health problems.</p>	<ul style="list-style-type: none"> <li>• Understands the principles of evidence-based psychotherapeutic, pharmacological, biological and sociocultural interventions.</li> <li>• Prescribing practice reflects an understanding of paediatric psychopharmacology, evidence-</li> </ul>	<ul style="list-style-type: none"> <li>• Implements psychopharmacological and somatic treatments effectively, independently seeking consultation when managing complex situations.</li> </ul>

<p>with appropriate referral and consultation.</p>		<p>based medicine and legislative requirements. May need supervision with uncommonly used treatments or in situations of complexity.</p> <ul style="list-style-type: none"> <li>• Applies principles of assessment and non-specific psychological interventions (e.g. therapeutic alliance, frame). Understands the roles and evidence base for the major modalities of psychotherapy.</li> <li>• Aware of the principles of family and systems therapy and with supervision demonstrates application of these principles in interactions with families and groups.</li> <li>• Demonstrates skills in psychotherapeutic interventions but needs supervision to adapt practice developmentally at times or where there is complexity.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates skills in a range of individual dynamic and structured therapies in variety of age groups.</li> <li>• Demonstrates skills in intervening with parents and families.</li> <li>• Demonstrates awareness of limits of competency in psychotherapeutic interventions and seeks appropriate supervision.</li> <li>• Applies skills in complex presentations.</li> </ul>
	<p>B. Identifies, assesses and manages emergency presentations in infant, child and adolescent mental health in a wide range of settings.</p>	<ul style="list-style-type: none"> <li>• Develops a feasible, comprehensive and highly relevant management plan in an emergency situation.</li> <li>• Reviews the outcome of any interventions.</li> <li>• Consults appropriately in situations of high risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides leadership in management of psychiatric emergencies to mitigate current and future risk.</li> <li>• Support the multidisciplinary team and other service providers to develop ongoing management plans including multilevel systemic risk review.</li> </ul>
<p>1.6 LEGISLATION: Demonstrates the ability to appropriately apply and manage mental health and related legislation in patient care (e.g. guardianship, advance directives, mental health act,</p>	<p>A. Applies mental health and related legislation in the care of children, adolescents and their families. B. Applies knowledge of child protection and family law to clinical practice.</p>	<ul style="list-style-type: none"> <li>• Aware of mental health, child protection and family law and related legislation as it applies to children and adolescents and able to implement independently.</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced understanding of medico-legal complexity and recognition of need for further expert opinion.</li> </ul>

<p>forensic issues). Understands the principles of medico-legal report writing, and relevant concepts and terminology.</p>	<p>C. Manages presentations of children and adolescents involved in justice systems including the medico-legal aspects.</p>	<ul style="list-style-type: none"> <li>• Completes comprehensive assessment and formulates management plans inclusive of the medico-legal issues, with supervision.</li> </ul>	
<p>1.7 CRITICAL APPRAISAL &amp; REFLECTIVE PRACTICE: Demonstrates the ability to critically appraise and apply contemporary research, psychiatric knowledge and treatment guidelines to enhance outcomes. Practises in a reflective and responsive manner, managing complexity and uncertainty and seeking further assistance, supervision or advice appropriately.</p>	<p>Demonstrates reflective practice, awareness of limitations and the ability to use and provide feedback constructively. Comfortably deals with complexity, ambiguity and uncertainty in relation to clinical practice.</p>	<ul style="list-style-type: none"> <li>• Demonstrate the ability to critically appraise and apply contemporary research, psychiatric knowledge and treatment guidelines in child and adolescent mental health to enhance patient outcomes.</li> <li>• Critically evaluates and integrates medical, developmental, psychological and sociological information and its sources and apply this appropriately to child and adolescent psychiatry practice.</li> <li>• Identifies with supervision their own and systemic responses to the presentation that may impede best practice.</li> <li>• Utilises clinical supervision and feedback to reflect on and enhance practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Reflects on and integrates knowledge of contemporary practice into management of infants, children and adolescents and their families.</li> <li>• Identifies and responds effectively to own and systemic issues that may impede best practice.</li> <li>• Understands limitations to own expertise and recognises need for further expert opinion or transfer of care.</li> </ul>
<p>1.9 PHYSICAL HEALTH MANAGEMENT: Demonstrates the ability to integrate and appropriately manage the patient's physical health together with their mental health problems. Organises and interprets relevant investigations and physical examination in a resource-effective and ethical manner.</p>	<p>A. Demonstrates the ability to organise or undertake relevant physical examinations and investigations.</p> <p>B. Integrates information about physical health into the assessment of mental health.</p> <p>C. Manages physical health problems that are associated with mental health disorder or a consequence of treatment of the disorder in a resource effective and ethical manner.</p>	<ul style="list-style-type: none"> <li>• Undertakes age appropriate physical examinations as part of assessment process and ongoing management of mental health disorder and treatment.</li> <li>• Recognises level of expertise in assessment and management of paediatric physical health disorder and seeks support from relevant experts.</li> <li>• Undertakes relevant diagnostic procedures with support.</li> </ul>	<ul style="list-style-type: none"> <li>• Organises and interprets relevant physical health assessment including physical examination and special investigations.</li> <li>• Liaises with relevant medical specialties to ensure best possible physical health outcomes.</li> </ul>

		<ul style="list-style-type: none"> <li>Follows up any abnormal findings with relevant medical experts.</li> </ul>	
<p><b>2. Communicator:</b>  As communicators, child and adolescent psychiatrists facilitate the relationship with children, their families and other persons and agencies involved in their care. Their interpersonal skills and communication enable effective service delivery and care for children, adolescents, their families and caregivers. Communication skills range from the ability to provide clear, accurate, contextually appropriate written communication about patients' conditions, to being able to enter into dialogue about psychiatric issues with the wider community.</p>			
<p>2.1 COMMUNICATION WITH PATIENTS AND FAMILIES: Demonstrates the ability to communicate effectively with a range of patients and their caregivers. Can convey the formulation and differential diagnoses so as to facilitate understanding, rapport and engagement. Discusses and negotiates treatment plans and interventions, including potential barriers. Effectively manages challenging communications including conflict with patients and families, aiming for positive outcomes.</p>	<p>Demonstrate the ability to communicate effectively (both directly and in writing) with a range of patients, carers and families.</p> <p>A. Develops and maintains therapeutic relationships with patients and their families to improve patient outcomes.</p> <ol style="list-style-type: none"> <li>i. Uses verbal and nonverbal communication (including eye contact, positioning, language etc.).</li> <li>ii. Uses culturally and developmentally appropriate verbal and nonverbal communication.</li> <li>iii. Responds to the clinical situation (e.g. passive listening or active direction).</li> <li>iv. Encourages discussion, questions and interaction within the clinical encounter.</li> <li>v. Responds to cues from patients, their families and others to communicate and deliver information to patients and their families.</li> <li>vi. Respects the diversity of children and the systems they</li> </ol>	<ul style="list-style-type: none"> <li>Adapts interactions to the developmental stage and background of the child and family in most circumstances with minimal supervision.</li> <li>Conveys information regarding formulation and differential diagnosis to facilitate understanding, rapport and engagement.</li> <li>Discusses and negotiates treatment plans and interventions including potential barriers.</li> <li>Level of assistance to select content with reference to possible positive and negative implications for children and families will depend on complexity and prior experience.</li> <li>Recognises challenging and conflicted communications and can manage these with minimal supervision in non-complex circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>Independently tailors interactions according to the developmental stage and background of the child and family.</li> <li>Selects content with reference to possible positive and negative implications for children and families.</li> <li>Recognises and responds to challenging communications and conflicted communication and manages these proactively, seeking supervision when required to promote positive outcomes.</li> </ul>

	<p>are embedded in and communicates accordingly.</p> <p>B. Uses technology to enhance communication for patient care where applicable, e.g. videoconferencing, information and communication technology (ICT).</p>	<ul style="list-style-type: none"> <li>• Determines how and when to use technology with minimal supervision.</li> <li>• Level of assistance to identify medium best suited to content and purpose of communication will depend on complexity and prior experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Determines which forms of technology may be effective and medico-legally appropriate without assistance.</li> <li>• Uses medium best suited to content and purpose of communication.</li> </ul>
<p>2.2 COMMUNICATION WITH COLLEAGUES, SERVICES AND AGENCIES: Demonstrates the ability to communicate effectively both directly and in writing (via reports and letters) with multidisciplinary teams, GPs, colleagues, other health professionals, social services, NGOs and similar agencies. Demonstrates leadership ability in interdisciplinary and administrative settings (ward rounds, meetings, teaching). Effectively manages challenging and conflicted communication and liaison, aiming for positive outcomes.</p>	<p>Develops and maintains effective relationships with the multidisciplinary team, GPs, colleagues and other health professionals and agencies drawing on the skills outlined in Communicator 2.1A. (Also see Collaborator role.)</p>	<ul style="list-style-type: none"> <li>• Able to tailor communication to be at level and manner that can be comprehended by most audiences but may need some support to adapt communication to audience.</li> <li>• See Collaborator role for developmental exemplars in working with multidisciplinary teams, agencies, GPs, colleagues and health professionals.</li> </ul>	<ul style="list-style-type: none"> <li>• Communicates at level and manner that can be comprehended by the audience being addressed.</li> <li>• See Collaborator role for developmental exemplars in working with multidisciplinary teams, agencies, GPs, colleagues and health professionals.</li> </ul>
<p>2.3 CULTURAL DIVERSITY: Appropriately adapts communication regarding assessment and management to the needs of culturally and linguistically diverse populations, including working with interpreters and cultural advisors.</p>	<p>Appropriately adapts communication regarding assessment and management to the needs of diverse populations including class, gender, culture, religion, disability, age, power, status, sexual orientation and value systems.</p>	<ul style="list-style-type: none"> <li>• Identifies diversity exists and demonstrates respect and impartiality in working with clients, their families and carers.</li> <li>• Seeks to understand diverse needs in community including disadvantaged populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Independently tailors communication to the needs of diverse range of patient, families and carers.</li> <li>• Proactively engages interpreters and cultural advice when required.</li> </ul>

		<ul style="list-style-type: none"> <li>• Respectfully collects and records information on the cultural background and language.</li> <li>• Articulates limits of own cultural understanding and knows when to seek cultural advice.</li> <li>• Identifies need for interpreter.</li> </ul>	
<p>2.4 WRITTEN COMMUNICATION AND SYNTHESIS: Demonstrates the ability to provide clear, accurate, contextually appropriate written communication about the patient's condition including written reports and letters (e.g. medico-legal reports, coronial inquiries, agency and GP letters). Can produce comprehensive and professional written case histories and formulations.</p>	<p>Effectively complies, synthesises and presents information verbally and in written reports including documentation in patient files and that required by employer.</p> <ul style="list-style-type: none"> <li>i. Can produce comprehensive and professional written case histories and formulations.</li> <li>ii. Content and tone of reports and letters (e.g. medico-legal reports, coronial inquiries, agency and GP letters) is tailored to the purpose of the correspondence.</li> <li>iii. Communication is clear and unambiguous and is succinct.</li> </ul>	<ul style="list-style-type: none"> <li>• With support provides relevant, synthesised (and where needed prioritised) information.</li> <li>• Demonstrates ability to produce sophisticated documentation, such as complex reports and clinical reviews under supervision.</li> <li>• With support can identify relevant parties to receive clinical information and timeframes.</li> <li>• Demonstrates an awareness of what information can reasonably be disclosed in a variety of clinical contexts without compromising confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>• Independently provides relevant, synthesised (and where needed prioritised) information.</li> <li>• Produces complex clinical documentation (such as medico-legal reports, briefs about critical incidents, etc.) with minimal input from supervisor.</li> <li>• Independently identifies relevant parties to receive clinical information and timeframes.</li> </ul>
<p>2.5 DOCUMENTATION: Records timely, clear and accurate documentation in patient files and maintains documentation as required by the employer (e.g. accurate prescribing, risk assessments, mental state evaluations, updated management plans with justifications of changes, discharge and transfer of care documentation, etc.).</p>	<p>Appropriately records timely, clear and accurate documentation in patient files and maintains documentation as required by the employer.</p>	<ul style="list-style-type: none"> <li>• Articulates medico-legal requirements for documentation.</li> <li>• Completes and maintains documentation as required by employer.</li> <li>• May need some support in situations of complexity to ensure documentation not over-inclusive or to correct minor gaps.</li> </ul>	<ul style="list-style-type: none"> <li>• Produces high-quality, relevant, well-synthesised and timely documentation.</li> <li>• Appraises and identifies issues with appropriate clinical documentation and addresses these within governance structures.</li> </ul>

**3. Collaborator:**

As collaborators, child and adolescent psychiatrists work in partnerships with a range of other professionals across settings to provide optimal patient- and family-centred care. They are able to work effectively with other psychiatrists, within multidisciplinary teams and with other health professionals, whilst working within relevant health, welfare, education or disability systems, as well as other government agencies. Child and adolescent psychiatrists are also able to work respectfully with patients, families, carers, carer groups and non-government organisations.

<p><b>3.1 COLLABORATION WITH TEAM MEMBERS, COLLEAGUES AND HEALTH PROFESSIONALS:</b> Demonstrates the ability to work effectively and collaboratively with other psychiatrists, within multidisciplinary teams and with other health professionals. Promotes collaboration in group settings such as clinical and administrative meetings.</p>	<p><b>A.</b> Demonstrates effective skills in a MDT to achieve quality patient outcomes.</p> <ul style="list-style-type: none"> <li>i. Describes and values the roles and responsibilities of professionals within the MDT.</li> <li>ii. Participates effectively in MDT team meetings.</li> <li>iii. Fosters the strengths of professionals and promotes involvement in the MDT.</li> <li>iv. Applies principles of system theory to support the function of MDT.</li> </ul> <p><b>B.</b> Demonstrates the ability to work effectively with psychiatrists and other health professionals across all areas of psychiatry practice to ensure quality care for young people and their families.</p>	<ul style="list-style-type: none"> <li>• Articulates a broad understanding of the roles and responsibilities of professionals in MDT.</li> <li>• Promotes cohesive MDT involvement with minimal support from supervisor.</li> <li>• Effectively takes leadership role in routine MDT meetings when indicated and can negotiate complex issues with minimal supervision.</li> <li>• Identifies important systems issues impinging on team functions and proposes possible solutions in supervision.</li> <li>• Articulates a broad understanding of the key roles and responsibilities of other psychiatrists in the system of care.</li> <li>• Utilises effective communication to enhance care (Communicator 2.1A), needing supervision in situations of conflict or complexity.</li> <li>• Understands the principles underpinning joint care and intersectorial liaison.</li> <li>• Liaises effectively with psychiatrists and other health professionals with minimal supervision in complex clinical situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Articulates sophisticated understanding of roles, values and responsibilities of MDT.</li> <li>• Effectively leads complex MDT meetings when indicated (for example following critical incidents).</li> <li>• Actively encourages contributions from all members of the MDT to promote efficient and effective MDT function.</li> <li>• Works with MDT to prevent, negotiate and resolve conflict and other issues within MDT independently but seeks support where indicated.</li> <li>• Articulates sophisticated understanding of key roles and responsibilities of other psychiatrists in the system of care.</li> <li>• Liaises effectively with psychiatrists and other health professionals in complex clinical situations.</li> <li>• Openly discusses strengths and limitations of different approaches.</li> <li>• Negotiates systems of care that enhance patient outcomes including identifying gaps in care.</li> </ul>
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<p>3.2 WORK WITH HEALTH SYSTEMS AND GOVERNMENT AGENCIES: Demonstrates the ability to work collaboratively within relevant health services and systems and with government agencies.</p>	<p>A. Demonstrates effective skills in the wider system of care involving key agencies relevant to infants, children and adolescents including education, welfare, justice, health and NGOs in order to improve outcomes for young people and their families. This includes:</p> <ul style="list-style-type: none"> <li>i. applying understanding of the roles and responsibilities of other agencies</li> <li>ii. recognising gaps in service provision</li> <li>iii. effectively liaising with relevant agencies.</li> </ul> <p>B. Provides effective consultation to agencies around individual patient care or broader systemic issues affecting the wellbeing of young people.</p>	<ul style="list-style-type: none"> <li>• Demonstrates detailed knowledge of the roles and responsibilities of key agencies as well as knowledge of a broad range of additional agencies.</li> <li>• Identifies gaps in service provision and can minimise the impact in most circumstances with supervision.</li> <li>• Liaises widely to relevant agencies with minimal support.</li> <li>• Provides consultation to relevant agencies and can develop both individual comprehensive management plans and systemic interventions with minimal supervisory support.</li> </ul>	<ul style="list-style-type: none"> <li>• Sophisticated knowledge of the roles and responsibilities of a wide range of agencies and how their services can be utilised effectively.</li> <li>• Identifies gaps in service provision in relation to complex clients and how to minimise the impact on the client and family. Works to reduce gaps in service provision.</li> <li>• Recognises complex issues related to liaison and contributes to higher level discussion or interagency working groups.</li> <li>• Consults effectively to multiple agencies around complex individual presentations and systemic issues.</li> </ul>
<p>3.3 COLLABORATION WITH PATIENTS: Demonstrates the ability to work respectfully and collaboratively with patients, families, and caregivers (including carer groups and NGOs).</p>	<p>Engages and develops a therapeutic alliance with patients, families and carers. (See Communicator role.)</p>	<p>(See Communicator role.)</p>	<p>(See Communicator role.)</p>
<p>3.4 INTERPERSONAL COLLABORATIVE SKILLS: Demonstrates the ability to use interpersonal skills to improve patient outcomes. Is reflective regarding own role in group settings and in therapeutic and professional relationships. Develops facilitation and conflict resolution skills.</p>	<p>Demonstrates the ability to use interpersonal skills to improve patient outcomes. Is reflective regarding own role in group settings and in therapeutic and professional relationships. Develops facilitation and conflict resolution skills.</p>	<ul style="list-style-type: none"> <li>• Utilises active problem solving in situations of conflict with supportive supervision.</li> <li>• Modulates own affect to enhance capacity to listen actively to content.</li> <li>• Reflects on challenging situations in supervision and is able to</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates capacity to reflect on own contribution to processes and modify communications to facilitate process that improves patient outcomes.</li> <li>• Uses skills to enhance interpersonal skills of other professionals.</li> <li>• Facilitates professional relationships to assist in reflective</li> </ul>

		identify own contribution to process.	processes for challenging interpersonal interactions.
<p><b>4. Manager:</b>  As managers, child and adolescent psychiatrists are able to work within clinical governance structures in health-care settings, providing clinical leadership, and able to work within management structures within the health-care system; the ability to critically review and appraise different health systems and management structures is also requisite. Child and adolescent psychiatrists prioritise and allocate resources efficiently and appropriately, with the facility to perform appropriate management and administrative tasks within the healthcare system, applying health and other relevant legislation where appropriate. Child and adolescent psychiatrists also incorporate an awareness and application of ICT into their practice.</p>			
<p>4.1 CLINICAL GOVERNANCE:  Demonstrates the ability to work within clinical governance structures in health-care settings, including quality improvement processes. Contributes to clinical governance forums.</p>	<p>A. Demonstrate a knowledge of clinical governance structures and the role of psychiatrists in providing leadership to the governance of child and adolescent services.</p> <p>B. Demonstrates the capacity to serve in administrative and leadership roles.</p> <p>i. Chairs and participates effectively in governance committees and meetings.</p> <p>ii. Participates proactively in healthcare change at all levels of care.</p> <p>C. Plans relevant elements of child and adolescent mental healthcare delivery.</p>	<ul style="list-style-type: none"> <li>Identifies issues but needs assistance to identify at what level feedback would be most effective within current governance structure.</li> <li>Articulates the principles of mental healthcare planning and delivery and with supervision can apply these to child and adolescent mental health services.</li> <li>Participates effectively as a member of committees and meetings but needs some guidance and support to function as chair.</li> </ul>	<ul style="list-style-type: none"> <li>Independently provides accessible and relevant feedback to the correct level of the system to create change.</li> <li>Applies the principles of mental healthcare planning and delivery to the development of child and adolescent mental health services.</li> <li>Participates effectively in committees and meetings in all roles including chair. Able to chair and participate in committees concerning service development and planning, capacity enhancement, financial and human resource allocation.</li> <li>Identifies strengths and gaps in current governance structures and is able to articulate strategies to address these to improve patient outcomes.</li> </ul>
<p>4.2 CLINICAL LEADERSHIP:  Demonstrates the ability to provide clinical leadership within management structures, services and teams. Understands clinical</p>	<p>Demonstrates the capacity to serve in clinical leadership roles.</p> <p>i. Chairs and participates effectively in clinical committees and meetings.</p>	<ul style="list-style-type: none"> <li>Identifies processes in meetings that undermine effective delivery of care.</li> <li>With supervision can engage in process to modify group</li> </ul>	<ul style="list-style-type: none"> <li>Effectively leads group clinical care discussion without supervision.</li> </ul>

leadership and management principles.	ii. Participates proactively in changes that improve patient outcomes at all levels of care.	processes at team level to enhance patient care.	<ul style="list-style-type: none"> <li>Participates proactively in changes that improve patient outcomes at all levels of care.</li> </ul>
4.3 RESOURCE PRIORITISATION: Demonstrates the ability to prioritise and allocate resources efficiently and appropriately.	<p>A. Contributes medical expertise to the provision of quality child and adolescent mental healthcare.</p> <p>i. Evaluates and provides feedback on efficiency of services.</p> <p>ii. Recognises the importance of just allocation of healthcare resources, balancing effectiveness and access with optimal patient care.</p> <p>iii. Effectively engages in organisational decision making, understand organisational processes, report of statistics, identify risk and articulate the role of governance.</p> <p>iv. Contributes to service development; planning, capacity enhancement, financial and human resource allocation.</p>	<ul style="list-style-type: none"> <li>Under supervision and with prompting identifies and contributes to discussion regarding resource allocation in at least one setting other than direct patient care (for example within the team or community).</li> <li>With supervision articulates the principles behind design, critical review and development of systemic quality evaluation processes.</li> <li>With supervision identifies gaps in service provision and critically discusses service development and planning, capacity enhancement, financial and human resource allocation.</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates a more comprehensive perspective of complexity and competing demands. Proactively contributes to discussions regarding resource allocation in a variety of settings.</li> <li>Articulates the principles behind design, critical review and development of systemic quality evaluation processes.</li> <li>Takes a leadership role in discussions regarding development and planning, capacity enhancement, financial and human resource allocation. Sophisticated understanding of funding for services.</li> </ul>
4.4 MANAGEMENT AND ADMINISTRATION: Performs appropriate management and administrative tasks within the healthcare system. Identifies and applies legislative or regulatory requirements and service policies.	Demonstrate the ability to contribute to the development of service policy and operational guidelines with reference to state and national regulations (for example reporting adverse incidents).	<ul style="list-style-type: none"> <li>Demonstrates understanding of and compliance with current policies.</li> <li>Reflects critically on the policy and guidelines with supervision.</li> </ul>	<ul style="list-style-type: none"> <li>Reflects on the adequacy of existing policy and guidelines.</li> <li>Understands the critical importance of the contribution of psychiatrists to development of policy and guidelines.</li> <li>Provides feedback to the process of policy development.</li> </ul>
4.5 ORGANISATIONAL REVIEW AND APPRAISAL: Understands the importance of review of and	Understands the importance of review and critical appraisal/audit of different health systems and of governance or	<ul style="list-style-type: none"> <li>Critically evaluates change processes and with supervision can proactively contribute to</li> </ul>	<ul style="list-style-type: none"> <li>Independently engages in change processes at all levels in a</li> </ul>

critical appraisal/audit of different health systems and of governance or management structures. Grasps principles of change management in service development.	management structures. Applies principles of change management to child and adolescent service development.	change in a manner that advances child and adolescent mental healthcare.	manner that advances child and adolescent mental healthcare.
<b>5. Health Advocate:</b> As health advocates, child and adolescent psychiatrists use their expertise and influence to responsibly promote, create and sustain the health and wellbeing of young people and their families at all stages of their development through individual and population based approaches.			
5.1 <b>ADVOCACY FOR PATIENTS AND CAREGIVERS:</b> Demonstrates the ability to use expertise and influence to advocate on behalf of patients and their families or caregivers. Addresses disparities that may increase vulnerability or be barriers to progress. Addresses stigma and inequality.	A. Assist young people, their families and their communities to create, sustain and promote mental health and wellbeing through: <ol style="list-style-type: none"> <li>i. identifying and linking young people and their families with advocacy groups</li> <li>ii. constructively engaging with multiple systems including health, welfare, education and disability services.</li> </ol> B. Constructively addresses competing attitudes towards mental health of children and adolescents as well as the systems in which they are embedded. C. Advocates for the best interests of the child in all aspects of clinical work.	<ul style="list-style-type: none"> <li>• Engages with individual patient and multiple systems with supervision to positively influence outcomes and diminish barriers to treatment.</li> <li>• Actively links young people and their families to relevant local and/or regional advocacy groups.</li>   <li>• Identifies competing attitudes towards mental health of infants, children, adolescents as well as the families caring for them.</li>   <li>• Advocates for the best interests of the child in direct clinical contacts and within the MDT.</li> </ul>	<ul style="list-style-type: none"> <li>• Engages with individual patient and multiple systems to positively influence outcomes.</li> <li>• Independently advocates for the young person and their family to promote resilience and minimise risk.</li> <li>• Actively links young people and their families to relevant local and/or regional advocacy groups.</li>   <li>• Actively addresses the competing attitudes towards mental health of infants, children and adolescents as well as the families caring for them.</li>   <li>• Advocates for the best interests of the child in wider systems involved with children, adolescents and their families.</li> </ul>
5.2 <b>PROMOTION AND PREVENTION:</b> Understands and applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness. Applies this	A. Applies the principles of prevention, promotion and early intervention to reduce the incidence and impact of mental illness on young people, their families and communities by:	<ul style="list-style-type: none"> <li>• Describes risk factors and possible resilience factors and may require supervision to incorporate these into management plan in complex or multi-system presentations.</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of risk and resilience factors incorporated in comprehensive management plan with highly complex and novel presentations. Identifies and seek support when required.</li> </ul>

<p>understanding to health policy and the impact on patients and the wider community of resource distribution.</p>	<p>i. applying knowledge of epidemiological principles and data to inform clinical decision making and service provision</p> <p>ii. applying knowledge of illness prevention and mental health promotion at a multi-system level.</p> <p>B. Applies knowledge of the epidemiology and principles of prevention and promotion in order to support agencies involved with children and families to develop processes that promote mental health and wellbeing.</p>	<ul style="list-style-type: none"> <li>Integrates principles of prevention and health promotion to planning and service provision in mental health services. With supervision can apply these to wider systems.</li> <li>Demonstrates a practical knowledge of epidemiology in child and adolescent psychiatry and can apply this to clinical work. With supervision can form judgements on how this might influence interventions at community or societal level.</li> </ul>	<ul style="list-style-type: none"> <li>Integrates principles of prevention and health promotion to planning and service provision in mental health settings and wider systems.</li> <li>Uses all available epidemiological data to inform clinical decision making and service provision for individuals, communities and societies.</li> </ul>
<p><b>6. Scholar:</b> As scholars, child and adolescent psychiatrists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of a range of knowledge bases. They have the ability to critically appraise and apply psychiatric and other health information for the benefit of patients. Child and adolescent psychiatrists are able to facilitate the learning of colleagues, trainees and other health professionals contributing to the development of mental health knowledge.</p>			
<p>6.1 COMMITMENT TO LIFE-LONG LEARNING: Demonstrates independent, self-directed learning practices through participation in a range of learning activities, including peer review.</p>	<p>A. Maintains and enhances professional practice through ongoing learning.</p> <p>i. Reflects on own practice.</p> <p>ii. Structures own learning and professional development.</p> <p>iii. Demonstrates an appropriate attitude to learning.</p> <p>iv. Changes practice subsequent to feedback and reflection.</p>	<ul style="list-style-type: none"> <li>Actively engages and participates reflectively in supervisory relationship to identify learning needs and ensure resultant performance development.</li> <li>Communicates plans to monitor and evaluate professional development to supervisor and modifies with feedback.</li> <li>Integrates prior learning with new learning; applies to practice with support.</li> </ul>	<ul style="list-style-type: none"> <li>Establishes and participates reflectively in mentoring relationships to ensure the ongoing identification of learning needs and ensure resultant performance development</li> <li>Integrates prior learning with new learning; applies to practice.</li> </ul>
<p>6.2 DEVELOPMENT OF KNOWLEDGE: Contributes to the development of knowledge in the area of mental health via research, peer</p>	<p>Contributes to the creation, dissemination, application and</p>	<ul style="list-style-type: none"> <li>Engages in a scholarly investigation with minimal supervision.</li> </ul>	<ul style="list-style-type: none"> <li>Conducts a scholarly investigation, in collaboration with relevant colleagues/organisations.</li> </ul>

review, presentation and critical analysis skills.	translation of new knowledge and practices.		
6.3 TEACHING AND SUPERVISION: Demonstrates the ability to educate and encourage learning in colleagues, other health professionals, students, patients, families and carers.	<p>A. Facilitates the learning of patients, families, students, residents, other health professionals, the public, colleagues and others.</p> <p>B. Utilises a range of teaching modalities to enhance learning.</p>	<ul style="list-style-type: none"> <li>Identifies the learning needs of others, prioritise these, select content and develop an effective educational strategy with minimal support.</li> <li>Reflects on a teaching encounter and develop a plan to meet learner's needs.</li> <li>Contributes to supervision of junior colleagues and students.</li> </ul>	<ul style="list-style-type: none"> <li>Identifies the learning needs of others, prioritise these, select content and develop an effective educational strategy utilising a range of tools.</li> <li>Reflects on a teaching encounter, respond in 'real time' and develop a subsequent plan to meet learner's needs.</li> <li>Engage in training and support to develop supervisory skills.</li> </ul>
<p><b>7. Professional:</b> As professionals, child and adolescent psychiatrists are committed to the health and wellbeing of young people, their families and society through ethical practice, professional led regulation and accountability and high standards of personal behaviours.</p>			
7.1 ETHICS: Demonstrates ethical conduct and practice in relation to patients, the profession, and society, including clear boundaries.	<p>A. Practises in an ethically responsible manner.</p> <p>i. Delivers high-quality care with integrity, honesty.</p> <p>ii. Practises within the limitations of their expertise.</p> <p>iii. Applies the principles embodied in the RANZCP Code of Ethics to guide decision making.</p> <p>iv. Recognises and manages conflicts of interest.</p> <p>v. Identifies and takes action to address the unprofessional conduct of others.</p> <p>vi. Recognises the principles and limits of confidentiality.</p>	<ul style="list-style-type: none"> <li>Delivers high-quality care with integrity and honesty.</li> <li>Understands limitations of their expertise and seeks support to address this.</li> <li>Identifies relevant ethical principles and can resolve these in familiar situations but will seek support where complexity exists.</li> <li>Recognises conflicts between the interest of the young person, family and communities and requires assistance to resolve them in complex situations.</li> <li>Identifies unprofessional conduct in others and seeks support to address this.</li> <li>Applies the principles and limits of confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>Delivers high quality care with integrity and honesty.</li> <li>Understands limitations of their expertise and seeks support to address this.</li> <li>Identifies relevant ethical principles but can resolve these in most situations. Identifies and seek support when required.</li> <li>Recognises conflicts between the interest of the young person, family and communities and resolves them in all situations.</li> <li>Identifies unprofessional conduct in others and acts to address this.</li> <li>Applies the principles and limits of confidentiality.</li> </ul>

	<p>B. Conducts oneself in a professional manner.</p> <ol style="list-style-type: none"> <li>i. Exhibits appropriate personal and interpersonal boundaries.</li> <li>ii. Shows a capacity for self-scrutiny and self-reflection.</li> <li>iii. Show appropriate respect for patients and their families.</li> </ol>	<ul style="list-style-type: none"> <li>• Ensures appropriate personal and interpersonal boundaries in clinical practice with young people and families and seeks supervision in complex situations.</li> <li>• Is professional in all encounters.</li> <li>• Applies self-scrutiny accurately but will need support in complex and confronting clinical situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Understands appropriate personal and interpersonal boundaries with young people and families.</li> <li>• Is professional in all encounters.</li> <li>• Applies self-scrutiny accurately.</li> </ul>
7.2 PROFESSIONALISM: Demonstrates compliance with relevant professional regulatory bodies. Participates in continuing professional and career development.	Demonstrates compliance with relevant professional regulatory bodies.	<ul style="list-style-type: none"> <li>• Complies with relevant professional regulatory requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Complies with relevant professional regulatory requirements.</li> </ul>
7.3 SELF-CARE: Demonstrate the ability to balance personal and professional priorities to ensure sustainable practice and wellbeing. Monitors own health and seeks help if needed.	<p>Assumes responsibility for effectively managing practice and career.</p> <ol style="list-style-type: none"> <li>i. Sets priorities and manages time to balance patient care, practice requirements, outside activities and personal life.</li> <li>ii. Implements processes to assume personal practice improvement.</li> <li>iii. Manages the boundaries between personal and professional roles within the community.</li> </ol>	<ul style="list-style-type: none"> <li>• Flexibly manages time priorities that best serves both personal and clinical interests with supervision.</li> <li>• Needs supervision to critically appraise and reflect on personal practice, plan and implement continuing practice improvement.</li> <li>• With supervision identifies and manages potential boundary difficulties even in complicated circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibly manages time priorities that best serves both personal and clinical interests.</li> <li>• Critically appraises and reflects on personal practice and is able to plan and implement continuing practice improvement.</li> <li>• Identifies and manages potential boundary difficulties in all circumstances and utilises peer review when required.</li> </ul>
7.4 RESPECT AND STANDARDS: Demonstrates integrity, honesty, compassion and respect for diversity.	<p>Ensures that compassionate and high-quality child and adolescent mental healthcare is provided.</p> <ol style="list-style-type: none"> <li>i. Practices in a well-organised, reliable and accountable manner.</li> </ol>	<ul style="list-style-type: none"> <li>• Reliably attends to routine responsibilities.</li> <li>• In complex situations, requires assistance to maintain a child, family and systemic focus.</li> <li>• Requires assistance to prioritise interventions in more complex situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Meets work demands responsibly and in a timely manner in complex and unfamiliar clinical situations.</li> <li>• Is child and family focused in all clinical situations and integrates a systemic approach to all interventions.</li> </ul>

	<ul style="list-style-type: none"> <li>ii. Ensures care is child and family focused with a systemic perspective.</li> <li>iii. Interventions are provided in a timely manner.</li> <li>iv. Demonstrates an understanding of the child and family's perspective.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires assistance to fully understand and respond sensitively to the child and family's perspective.</li> </ul>	<ul style="list-style-type: none"> <li>• Initiates consultation and support to manage complex and unfamiliar clinical problems.</li> <li>• Recognises and responds sensitively to the child and family's perspectives at all times.</li> </ul>
7.5 REFLECTION AND ATTITUDE TO FEEDBACK: Demonstrates reflective practice and the ability and willingness to use and provide constructive feedback.	<p>Exhibits a commitment to maintaining clinical competence (lifelong learning).</p> <ul style="list-style-type: none"> <li>i. Reflects on own practice.</li> <li>ii. Structures own learning and professional development.</li> <li>iii. Demonstrates an appropriate attitude to learning.</li> <li>iv. Changes practice subsequent to feedback and reflection.</li> </ul>	<ul style="list-style-type: none"> <li>• See Scholar role.</li> <li>• With supervision reflects on strengths and weaknesses in CanMEDS roles and develops learning plan for professional development.</li> </ul>	<ul style="list-style-type: none"> <li>• See Scholar role</li> <li>• Understands and commits to ongoing professional career development through structured self-reflective process.</li> <li>• Utilises peer-review processes effectively.</li> </ul>

## Revision Record

Contact	Training team		
Date	Version	Approver	Description
18/08/16	v1.0	SATCAP	New document.
<b>August 2018</b>			<b>NEXT REVIEW</b>