CURRICULUM FRAMEWORK FOR CHILD AND ADOLESCENT PSYCHIATRY

Section of Child and Adolescent Psychiatry
Union Européenne des Médecins Spécialistes (UEMS)

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1. INTRODUCTION

Training is mostly set at a national, sometimes regional level across Europe. Those concerned with training child psychiatrist across the EU and beyond can use the UEMS-CAP curriculum framework for inspiration and guidance as it has been developed and updated by a large group of international CAP trainers from across Europe and with wider consultation.

The curriculum framework for postgraduate training in child and adolescent psychiatry constitutes a major part of the European Training Requirements, covering the content of training in the first five chapters of this document. The other chapters provide guidance on the organization of training, the implementation of national curricula, the quality management within training institutions and the structure of coordination of training.

Functions of a curriculum framework

A curriculum framework serves as a roadmap for constructing training programs. It provides guidance and maps out training goals for trainees. It helps them to get an overview of where to go and at what stage they are in their training process. For training program directors, trainers and for all those concerned with training, the framework can help to provide focus and ensure all relevant parts of training are included in the program.

On an individual as well as a group level, it helps to identify which learning goals have already been achieved. This allows a shift in focus for their education, providing time for new goals. It can allow for fast tracking some trainees and build in extra depth or new areas of learning (e.g. research, teaching, leadership, advocacy, psychotherapy). If a trainee is struggling, it can alert them and their trainer to offer remedial support or rarely, to halt their training.

The revision processes

The revision process of the 2014 version of the curriculum framework was started at the UEMS-CAP annual section meeting in Ljubljana in October 2019. The section established a working group that conducted an iterative process involving editing and commenting on an online platform. Several rounds were conducted presenting consecutive drafts to members of the working group and a broader group of UEMS-CAP delegates. The revised curriculum framework draft was presented to a variety of stakeholders in the member countries (national CAP associations, junior CAP doctors´ organizations and patient-carer groups in the fields of child mental health). Respondents were asked to provide feedback via an online consultation platform from November 2020 to June 2021. The feedback was analyzed and presented at a virtual roundtable meeting in September 2021. Changes were incorporated into the final version that was adopted at the UEMS-CAP Virtual Annual Meeting October 2nd 2021. After this internal validation, the curriculum framework is ready for inclusion in the official UEMS procedure for revision of European Training Requirements, which will be prepared in 2022.

Reading guide

As a trainee, you can read through the document to get an overview of what is (internationally) thought to be of importance in your training program. As a trainer, you can gain an overview of where your trainees are going and search through the learning goals to get a better idea of your

own core competencies and knowledge, and what trainees can learn best from you. Also, it may help trainers to reflect on where they might need additional training or development to better undertake the trainer role. Training program directors or national associations can use this framework to compare or adjust their own national curriculums.

The revised Curriculum Framework consists of several sections following this introduction covering essentials of child and adolescent psychiatry, theoretical knowledge, clinical practice (skills, conditions and settings) and professionalism in child and adolescent psychiatry. The order of the chapters and the numerical assignments within the chapters do not imply importance / hierarchy but are derived from logical sequences in clinical work or organization of knowledge, skills and professional behaviors.

The document is available at the UEMS-CAP website ready to guide the development and refinement of national curricula in child and adolescent psychiatry. National bodies will adapt the specific content to their own context and the format to the structure chosen in their national postgraduate training regulations. The UEMS-CAP section respects cultural and context differences across Europe and realizes that the application and use of the framework should take these into account. Nonetheless, this curriculum framework summarizes the essentials of CAP training. It provides a range and standard that we think families across Europe are entitled to expect.

2. ESSENTIALS OF CHILD AND ADOLESCENT PSYCHIATRY

Essential principles for specialists in child and adolescent psychiatry:

1. To ensure that the best interests of the child or adolescent are central to their work.
2. To establish, develop, maintain and conclude relationships with children and adolescents of all ages and with families in both assessment and therapeutic interventions.
3. To have a thorough knowledge of typical child and adolescent development (language, motor skills, emotions, cognition, social skills, sexuality and issues of identity formation, sleep-wake cycles); trajectories of atypical development; child and adolescent developmental psychopathology; and an understanding of risk and protective factors.
4. To expertly assess and diagnose children and adolescents who have mental health problems using a biopsychosocial model identify contributing risk and protective factors; assess functional impact; to synthesize a formulation incorporating current classification systems; and to develop a treatment plan (including relevant allied professions), to be reviewed and revised over time as necessary.
5. To be aware of the impact of childhood adversity (trauma, abuse, neglect and/or economic hardship, as well as consequences of natural and man-made disasters); transgenerational influences (interactions between mental health of children and parents); culture and diversity issues for individual children, adolescents and families within their unique social contexts.
6. To independently manage mental health emergencies occurring in children and adolescents, assess and manage risk to self and others and identify when the child or young person needs urgent referral or sustained inter-professional or inter-agency collaboration with a pediatrician, other medical specialists and other agencies with clearly defined responsibilities, shared risk and hand-over procedures.
7. To perform physical and neurological examinations, order and interpret appropriate tests, and cooperate with colleagues from other disciplines.
8. To provide up-to-date biological treatment understanding the risks and benefits of psychoactive medicines for children and adolescents; to deliver appropriate psychopharmacological information; to jointly reach collaborative informed decisions on the psychopharmacological treatment plan including regular reviews, with patients and their carers.
9. To incorporate evidence-based psychosocial, psychoeducational and psychotherapeutic interventions in treatment plans in close collaboration with patients, carers and other professionals, as well as provide guidance on parenting to families and advice to other professionals (healthcare and educational professionals, social care and youth justice services, Police, and also voluntary sector professionals).
10. To provide excellent and efficient clinical care in outpatient settings and in intensive intervention services such as inpatient child and adolescent services (and work with large multi-disciplinary teams in these settings).
11. To ensure a smooth and effective care pathway of evidence-based assessment and treatment, prioritizing, timing and integrating activities with other specialties / services / agencies when necessary, to optimize recovery and functional impairment.
12. To offer consultation to primary health care, schools and youth welfare / social services from a child and adolescent mental health perspective.

13. To promote smooth and efficient transition to appropriate services in adulthood if necessary.
14. To lead on child and adolescent safeguarding and have a comprehensive up-to-date knowledge of the legal framework within the jurisdiction they are operating in

Contribution to the improvement and organization of care and teaching

15. To promote evidence-based methods and contribute to quality improvement and research projects in clinical and organizational contexts.
16. To promote child and adolescent mental health in different settings and engage in prevention of mental health difficulties and early identification / intervention efforts together with other agencies.
17. To teach, supervise and mentor both intra- and inter-professionally.
18. To accept leadership and other roles at different levels in clinical, academic and professional organizations.
19. To reflect on and engage in dialogue on ethical issues regarding their field of practice making appropriate changes as a result of that process.

Sustained personal development

20. To commit to and engage in lifelong learning.
21. To analyze and critically appraise the research literature in child and adolescent mental health.
22. To keep up to date with developments in technology and communication systems and critically reflect on the implications for their daily practice.
23. To embrace blending the learning from evidence, clinical experience and expertise of other professionals, patients and their carers.
24. To take care of their own well-being and work sustainability; to prevent burn-out; to promote well-being in the workplace for all colleagues.

3. THEORETICAL KNOWLEDGE

Specialists in child and adolescent psychiatry must have a comprehensive knowledge of:

1. **Epidemiology** and the individual, familial, societal and economic burden of child and adolescent mental disorders
2. **Typical development** in domains like language, motor skills, social competencies including play, emotions, cognition, moral judgement, growth and changes in body functions including sexual development, sleep-wake cycles as well as management of digital lives
3. **Child and adolescent developmental psychopathology** including coping / resilience capacities and the influence of adverse childhood events on mental and somatic health
4. Principles from **(epi-)genetics** encompassing gene-environment interactions, external effects on neurobiological development and their application to child and adolescent psychiatry
5. Principles of **brain imaging and electrophysiological techniques** (and other relevant technologies as they develop) in their application to child and adolescent psychiatry
6. Principles of **mental wellbeing** and prevention

7. **Systems approaches** to assessment and treatment
8. Principles of **assessment**, using a biopsychosocial approach and recognized diagnostic systems
9. **Specific disorders** in child and adolescent psychiatry (see chapter 4.B.)
10. **Somatic disorders** relevant for assessment and treatment in child and adolescent psychiatry
11. Principles of **psychosocial, psycho-educative and psychotherapeutic treatment** of common child and adolescent psychiatric conditions based on evidence-based models
12. **Psychopharmacological treatment** of common child and adolescent psychiatric conditions including pharmacokinetics, pharmacodynamics, pharmacogenetics and interactions of psychoactive substances
13. **Ethical-legal framework** relevant to the jurisdiction they are working in including aspects such as compulsory treatment, physician-patient relations (e.g. informed consent), youth criminal law / forensic care and general safety in families
14. **Research methodology** including basic statistics, critical appraisal, appraisal, quantitative and qualitative methods and translating and implementing the results in clinical practice

4. CLINICAL PRACTICE: SKILLS, CONDITIONS AND SETTINGS

4.A. CLINICAL SKILLS

Specialists in child and adolescent psychiatry need to be skilled in:

1. **Communicating** in an age-, development- and context-sensitive fashion
2. I**nterviewing** to clarify diagnoses and to work therapeutically with children, young people, families and their networks
3. Observing and interpreting **interactions between infants, children and adolescents and their parents** / caregivers
4. Selecting and using **appropriate diagnostic interviews and questionnaires** (also for treatment outcome monitoring)
5. **Communicating and assessing risk** when presented with agitated, aggressive and suicidal behaviour
6. **Providing consultations via telepsychiatry tools**, understanding when to use remote technology and when to use face to face consultations
7. **Transcultural adaptation** – understanding and skillfully taking into account issues of trauma experience, transgenerational influences, culture and diversity as they affect individual children, adolescents and families within their unique living situations
8. **Detection, management and documentation of trauma, abuse and neglect**
9. **Detection of mental illness and other challenges affecting parenting skills** providing advice, signposting and reflecting on the impact on their child and opportunities for change
10. **Performing physical and neurological examinations,** ordering and interpreting appropriate biomedical tests and cooperating with colleagues from other disciplines

11. **Basic training and application of psychotherapy for individuals, group or families according to behavioral/cognitive, psychoanalytic/dynamic, systemic/narrative methods or other appropriate evidence-based psychological therapies**; liaising with other therapists in a comprehensive treatment plan and resolving difficulties arising in the course of treatment
12. **Communicating in writing** being sensitive to the purpose / context of the document
13. **Psycho-education** for patients, carers and their networks
14. **Guidance and education** for other doctors and co-workers as well as students
15. **Liaison work**– across the multi-disciplinary team and working between agencies
16. **Facilitating transition to adult services** such as early detection and management of at-risk mental health states and preparing adolescents for autonomy in accessing care

4.B. CLINICAL CONDITIONS AND SETTINGS

All trainees need to demonstrate that they can practice as **competent independent doctors by the time they become qualified child and adolescent psychiatrists** - see high-level requirements in the table below. They may also require a reasonable knowledge and basic experience in other areas, depending on their likely future working context and interests.

Trainees are unlikely to be able to gain excellent competencies in all areas of child and adolescent psychiatry during postgraduate training. Trainees, once they have gained in-depth knowledge and skills in some areas, will be able to self-assess their level of knowledge and skills, and understand how to develop further expertise by seeking help and additional training.

The level of competency required will depend on:

a) The frequency with which the child and adolescent psychiatrist will be required to manage particular disorders in their practice / whilst on call and their complexity

b) The need to make urgent decisions which restricts opportunity for reflection and consultation with others

Clinical disorders are listed according to ICD11 (corresponding diagnostic categories in DSM5 apply) keeping in mind the fluidity of nosology and nomenclature. The listing of clinical settings refers to areas where the specialist in child and adolescent psychiatry will apply competencies and does NOT necessarily imply the necessity of workplace based learning / clinical rotations in postgraduate training.

National bodies can upgrade their curriculum demands according to their own context.

Level	Clinical disorders	Clinical settings
High level – providing competent independent practice	1. Neurodevelopmental disorders 2. Schizophrenia or other primary psychotic disorders 3. Mood disorders 4. Anxiety or fear-related disorders	Out-patient services In-patient services Pediatric liaison Acute and emergency services

	5. Obsessive-compulsive and related disorders 6. Disorders specifically associated with stress 7. Feeding or eating disorders 8. Elimination disorders 9. Disorders due to substance use or addictive behaviors 10. Disruptive behavior or dissocial disorders 11. Personality disorders and related traits 12. Tic disorders	
Minimum basic level - Able to conduct primary assessment and to decide to manage on basic level or refer to expert setting - Requiring supplementary learning to achieve competent independent practice	1. Sleep-wake disorders 2. Catatonia 3. Dissociative disorders 4. Disorders of bodily distress or bodily experience 5. Impulse control disorders 6. Paraphilic disorders 7. Factitious disorders 8. Neurocognitive disorders 9. Mental or behavioral disorders associated with pregnancy, childbirth or the puerperium 10. Gender incongruence	Mental health of infants and under 5's Acute outreach services Adolescent forensic psychiatry

5. PROFESSIONALISM IN CHILD AND ADOLESCENT PSYCHIATRY

Specialists in child and adolescent psychiatry

5.1. Apply good clinical care

1. Show ability to use multiple perspectives (bio-psycho-social-cultural) and strong analytic thinking to create a holistic picture of each patient and their family in the context of the child's or young person´s developmental and social background and use these skills to aid diagnostic and treatment formulations and plans
2. Acknowledge the impact of their patients´ digital lives including their presence and experiences in social media and as virtual personae on their real-life perceptions of self and others
3. Demonstrate readiness and openness to seek advice and supervision when needed
4. Know the limits of their competence
5. Ensure that they and their colleagues work within the current legislation and ethical guidelines in the best interests of the child or young person including a thoughtful approach to coercive measures such as involuntary treatment in hospital / with medication or food.

5.2. Build relationships with patients and families

1. Show high level communication skills with different age groups, parents / carers / relatives, institutions and systems using a person-centered approach
2. Show ability to work positively with children and families in complex situations that may entail problematic relationships that can be emotionally charged and conflictual
3. Co-create treatment plans guided by shared decision making, discussing with patients and carers the potential benefits and risks of treatments available in order to reach informed consent, and collaborate with patients and carers continuously in evaluation and revision of treatment plans
4. Manage complex confidentiality issues
5. Show cultural sensitivity in their practice whilst maintaining child safety
6. Incorporate self-reflection and self-awareness when managing patients and guard against prejudice from themselves or others
7. Engage in productive cooperation with patient and carer groups and other public partnerships
8. Strive to ensure the provision of treatment to all children in need, irrespective of their social, cultural, racial, gender and economic background
9. Treat patients and represent child and adolescent psychiatry in public in a non-stigmatizing way

5.3. Maintain good medical practice

1. Reflect and question themselves in their typical reactions, conflict resolution strategies and leadership styles
2. Develop skills to assess own learning needs, plan and implement learning initiatives and evaluate learning outcomes as a lifelong learner

3. Acknowledge the limitations of knowledge and expertise (their own and in the field of child and adolescent psychiatry) asking for and accepting help offered by colleagues and other professionals if needed
4. Adapt to new evidence and seek challenge to their views and practice in ways to provide oneself with new information and growing skills
5. Evaluate their clinical practice according to explicit standards of care, seeking bench marks
6. Support research and audit to promote knowledge and best practice

5.4. Teach and train, appraise and assess

1. Develop teaching skills for learning in small and large groups
2. Supervise junior colleagues effectively
3. Provide constructive appraisal of others when asked
4. Take part in structured assessment of junior colleagues` learning
5. Write constructive and objective references for trainees and colleagues

5.5. Work in teams

1. Understand and use reflective practice and self-awareness and have understanding of team dynamics
2. Develop communication and leadership skills to work with multidisciplinary teams with the ability and skill to share knowledge in a respectful way and incorporate others´ contributions in a joint assessment of a clinical situation or the development of a coordinated procedure
3. Interact with medical specialists in different fields (especially pediatrics, neurology, psychiatry and family medicine) with professionalism
4. Take into account the emotional impact of clinical situations on colleagues within the organization and in partner organizations, carefully considering its origins and maintaining an open mind with a willingness to stimulate team reflection and modify their own and the team´s approach
5. Manage their own time effectively and have an understanding of the use and limitations of resources, so putting them to best effect

5.6. Show probity in practice, advocacy and leadership

1. Know and understand national and international ethical codes
2. Understand the national legal frameworks concerning their work
3. Have knowledge and skills in advocacy and promotion of mental health and prevention of mental disorders by engaging in collaboration with other agencies and user and carer groups
4. Show leadership competencies by understanding and adopting different roles in the organization in a flexible and creative way, leading clinical teams, mentoring junior colleagues / coworkers and students, contributing to the organization´s goals and participating in evaluation and planning quality improvement initiatives
5. Are aware of the potential and pitfalls of the use of new technology in their clinical practice and other aspects of their lives

6. Prioritize the welfare of the individual patient over conflicting interests unless there is an over-riding specific threat directly affecting the safety of other members of the public that requires the doctor to break patient confidentiality
7. Abstain from personal gain in any context dealing with patients taking particular note of the vulnerability of young people in their care
8. Behave openly, transparently and honestly and name conflicts of interest
9. Act publicly and in private to maintain the trust and confidence of the public