

A Competency Based Curriculum for Specialist Training in Psychiatry

Specialists in Forensic Psychiatry



Royal College of Psychiatrists

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Specialists in forensic psychiatry work with others to assess, manage and treat people with mental disorders, associated with offending and dangerous behaviour. On completion of a competency based training, specialists in forensic psychiatry will be able to:

- Contribute to the assessment, treatment and management of forensic psychiatry patients within the relevant multidisciplinary team in collaboration with other agencies.
- Contribute to the development and delivery of effective and comprehensive forensic psychiatry services.
- Demonstrate knowledge and application of law and relevant aspects of criminology to forensic, psychiatric practice.
- Demonstrate expertise, knowledge and application of diversity issues in relation to forensic psychiatry, including gender, ethnicity, culture and special needs.
- Demonstrate knowledge and application of organisation management to forensic psychiatry services. Demonstrate knowledge and application of clinical governance to forensic psychiatric practice.

1. Introduction

The advanced curriculum provides the framework to train Consultant Psychiatrists for practice in the UK to the level of CCT registration and beyond and is an add-on to the [Core Curriculum](#). Those who are already consultants may find it a useful guide in developing new areas of skill or to demonstrate skills already acquired.

What is set out in this document is the generic knowledge, skills and attitudes, or more readily assessed behaviour, that we believe is common to all psychiatric specialties, together with those that are specific to specialists in Forensic Psychiatry. This document should be read in conjunction with *Good Medical Practice* and *Good Psychiatric Practice*, which describe what is expected of all doctors and psychiatrists. Failure to achieve satisfactory progress in meeting many of these objectives at the appropriate stage would constitute cause for concern about the doctor's ability to be adequately trained.

Achieving competency in core and generic skills is essential for all specialty and subspecialty training. Maintaining competency in these will be necessary for revalidation, linking closely to the details in *Good Medical Practice* and *Good Psychiatric Practice*. The Core competencies are those that should be acquired by all trainees during their training period starting within their undergraduate career and developed throughout their postgraduate career. **The Core competencies need to be evidenced on an ongoing basis throughout training.** It is expected that trainees will progressively acquire higher levels of competence during training.

2. Rationale

The purposes of the curriculum are to outline the competencies that trainees must demonstrate and the learning and assessment processes that must be undertaken:

For an award of a certificate of completion of training (CCT) in Forensic Psychiatry.

The curriculum builds upon competencies gained in Foundation Programme training and Core Psychiatry Training and guides the doctor to continuing professional development based on *Good Psychiatric Practice* after they have gained their CCT.

3. Specific features of the curriculum

The curriculum is outcome-based and is learner-centred. Like the Foundation Programme Curriculum, it is a spiral curriculum in that learning experiences revisit learning outcomes. Each time a learning outcome is revisited in the curriculum, the purpose is to support the trainee's progress by encouraging performance in situations the trainee may not have previously encountered, in more complex and demanding situations and with increasing levels of autonomy. The details of how the Curriculum supports progress is described in more detail in the two Guides to ARCP panels (the Core Psychiatry and Advanced Training in Forensic Psychiatry guides) that are set out later. The intended learning outcomes of the curriculum are structured under the CanMEDS (2005) headings that set out a framework of professional competencies. These can be mapped to the headings of *Good Medical Practice*, which were used in the first edition of this curriculum, but CanMEDS has been found to form a more practical structure.

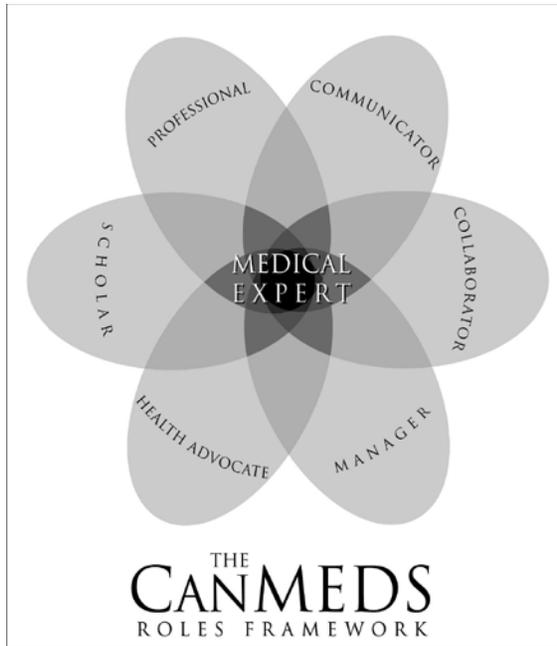
The curriculum is learner-centred in the sense that it seeks to allow trainees to explore their interests within the outcome framework, guided and supported by an educational supervisor. The Royal College of Psychiatrists has long recognised the importance of educational supervision in postgraduate training. For many years, the College recommended that all trainees should have an hour per week of protected time with their educational supervisor to set goals for training, develop individual learning plans, provide feedback and validate their learning.

The competencies in the curriculum are arranged under the CanMEDS headings as follows: -

1. MEDICAL EXPERT
2. COMMUNICATOR
3. COLLABORATOR
4. MANAGER

5. HEALTH ADVOCATE
6. SCHOLAR
7. PROFESSIONAL

They are, of course, not discrete and free-standing, but overlap and inter-relate to produce an overall picture of the Psychiatrist as a medical expert.



It is important to recognise that these headings are used for structural organization only. The complexity of medical education and practice means that a considerable number of the competencies set out below will cross the boundaries between different categories, as the diagram above illustrates. Moreover, depending on circumstances, many competencies will have additional components or facets that are not defined here. This curriculum is based on meta-competencies and does not set out to define the psychiatrist's progress and attainment at a micro-competency level. To do so would result in a document of quite impracticable length and detail which would almost inevitably require constant revision.

With these points in mind, this curriculum is based on a model of intended learning outcomes (which are summarised below) with specific competencies given to illustrate how these outcomes can be demonstrated. It is, therefore, a practical guide rather than an all-inclusive list of prescribed knowledge, skills and behaviours.

4. How the curriculum was developed

The Royal College of Psychiatrists commenced work on a revision of the curriculum almost immediately upon completion of first approved document. This was because the College felt that the first document was uneven in its coverage of clinical and non-clinical domains and that the structure did not easily lend itself to the psychosocial aspects of the specialty. Feedback from trainers and trainees confirmed this impression, as well as giving a message about difficulties with navigation and an overall problem with “user friendliness”.

The College Curriculum Committee, which includes lay membership, had a small working group led by one of the Associate Deans; this working group involved the Dean, Chief Examiner, Chair of the Trainees Committee and College Educational Advisor. The group worked at all times closely with faculties with whom it held individual meetings to explore reception of the current curriculum, suggestions for improvement, and thoughts on progress with regard to in-service assessment. These meetings were held individually, faculty by faculty, and special interest group by special interest group. The group’s work was also discussed within the regular meeting of the Heads of Postgraduate School’s of Psychiatry, a group that facilitates communication between the College and the national faculty of psychiatric educators. The group consulted with the College Education and Training Committee, which is the central committee within the Royal College of Psychiatrists for all matters in post-graduate medical education, as well as the College Modernising Medical Careers Working Group. This was to ensure that developments were in-line with any other structural changes in training and career pathways.

The group proposed a number of different models for the curriculum and felt that the CanMED’s model afforded the right way ahead for psychiatry at this point in time. However, the approach of a mixed economy was taken as the views and arguments of some individuals and specialties around the fact that they felt that changing the format may initially lose some important changes to content and thus the presentation of specialties in slightly different formats and varying degrees of detail in terms of content.

The work has proceeded in consultation with the above mentioned groups, as well as those involved intimately in the day to day delivery of teaching and training, including the college tutors and training programme directors, and, most

importantly, those involved in learning, the trainees. Presentations have been made at key meetings, for example, the College Annual Medical Education Conference and discussions and feedback received.

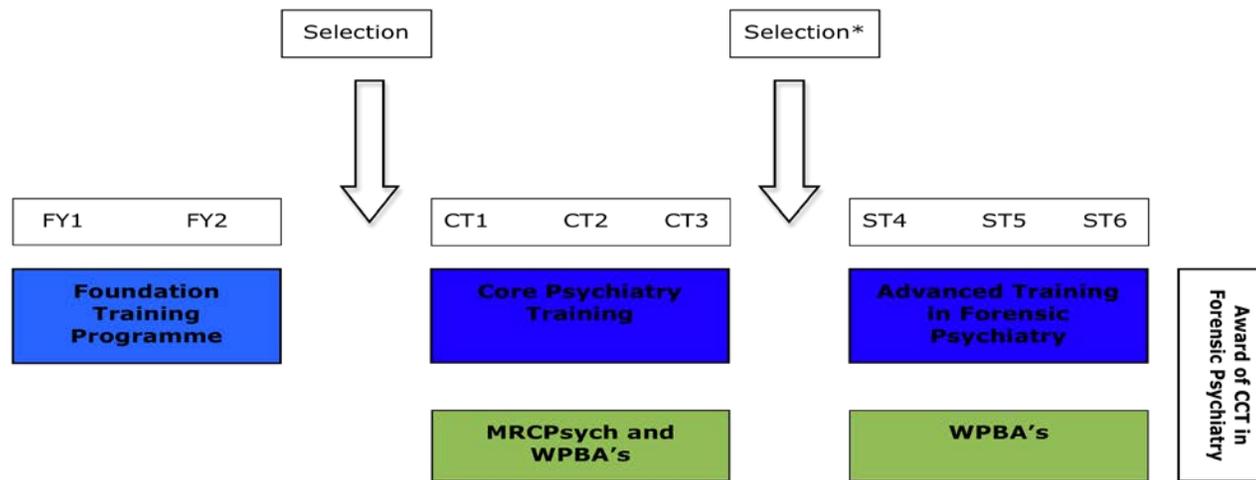
The next stage, in terms of communication, will be a strategy for implementation. The College has learned from its successful approach to the implementation of workplace based assessments and will be undertaking a UK wide exercise communicating the content and use of the curriculum, including up-dated information on the assessment programme to fit with examinations and the ARCP and quality management.

The development of the curriculum is a continuing process that involves a wide community including lay people, trainees, medical managers, psychiatry experts, and trainers. The College Education and Training Committee (ETC) delegated the governance of the curriculum to the Curriculum Committee, which will coordinate the input of all these groups. Each College Faculty has an Education and Curriculum Committee (FECC), which is charged with monitoring its Specialty or Sub-specialty Curriculum. From 2009 onwards, every FECC hosted an annual meeting consulting with their Training Programme Directors to review the implementation of its Curriculum. The FECCs report to the Curriculum Committee. The Curriculum Committee also receives input from the College Quality Assurance Committee, which provides the College Annual Specialty Report, from the College Psychiatry Trainees' Committee and from the College Medical Managers' Group. In 2011, after two cycles of annual review, the Curriculum Committee will host a symposium at the autumn College Medical Education Conference to consolidate our learning about the curriculum and to launch the next phase in its evolution.

5. Training pathway

Trainees enter Forensic Psychiatry Specialty Training after successfully completing both the Foundation Training Programme (or having evidence of equivalence) and the Core Psychiatry Training programme. The progression is shown in Figure 1.

Psychiatry training was 'decoupled' in August 2008. Since that date, trainees have had to successfully complete the three-year Core Psychiatry Training programme before applying in open competition for a place in a programme leading to a certificate of completion of training (CCT) in one of the six psychiatry specialties. Trainees who were appointed to Psychiatry Specialty Training prior to August 2008 were generally appointed to 'run-through' training posts. The content of their learning and assessment in Forensic Psychiatry is essentially the same as 'decoupled' trainees except that they do not apply to a post in Forensic Psychiatry in open competition. Instead, Schools of Psychiatry will have internal systems for selecting into advanced training programmes.



*Selection at this point may be by open or by internal competition. See text for explanation

Figure 1, Training pathway to obtain a CCT in Forensic Psychiatry

At the present time, the six psychiatry specialties are Child and Adolescent Psychiatry, Forensic Psychiatry, General Psychiatry, Old Age Psychiatry, the Psychiatry of Learning Disability and Medical Psychotherapy. In addition, there are three sub-specialties of General Psychiatry: Substance Misuse Psychiatry, Liaison Psychiatry and Rehabilitation Psychiatry. Specialty training in Forensic Psychiatry is therefore one of the options that a trainee may apply to do after completing Core Psychiatry Training.

6. Acting Up

Up to a maximum of three months whole time equivalent (or three months on a pro-rata basis for less than full time trainees) spent in an 'acting up' consultant post may count towards a trainees CCT as part of the GMC approved specialty training programme, provided the post meets the following criteria:

- The trainee is in their final year of training (or possibly penultimate year if in dual training)
- The post is undertaken in the appropriate CCT specialty
- It is on secondment from a higher training programme
- The approval of the Training Programme Director and Postgraduate Dean is sought
- The trainee still receives one hour per week education supervision either face to face or over the phone by an appropriately accredited trainer
- All clinical sessions are devoted to the 'acting up' consultant post (i.e., there must be no split between training and 'acting up' consultant work). Full-time trainees cannot 'act up' in a part-time consultant post.

7. Accreditation of Transferable Competences Framework (ATCF)

Many of the core competences are common across curricula. When moving from one approved training programme to another, a trainee doctor who has gained competences in core, specialty or general practice training should not have to repeat training already achieved. The Academy of Medical Royal Colleges (the Academy) has developed the Accreditation of Transferable Competences Framework (ATCF) to assist trainee doctors in transferring competences achieved in one core, specialty or general practice training programme, where appropriate and valid, to another training programme.

This will save time for trainee doctors (a maximum of two years) who decide to change career path after completing a part of one training programme, and transfer to a place in another training programme.

The ATCF applies only to those moving between periods of GMC approved training. It is aimed at the early years of training. The time to be recognised within the ATCF is subject to review at the first Annual Review of Competence Progression (ARCP) in the new training programme. All trainees achieving Certificate of Completion of Training (CCT) in general practice or a specialty will have gained all the required competences outlined in the relevant specialty curriculum. When using ATCF, the doctor may be accredited for relevant competences acquired during previous training.'

The Royal College of Psychiatrists accepts transferable competences from the following specialties core medical training, Paediatrics and Child Health and General Practice. For details of the maximum duration and a mapping of the transferable competences please refer to our [guidance](#) .

8. RESPONSIBILITIES FOR CURRICULUM DELIVERY

It is recognised that delivering the curriculum requires the coordinated efforts of a number of parties. Postgraduate Schools of Psychiatry, Training Programme Directors, Educational and Clinical Supervisors and trainees all have responsibility for ensuring that the curriculum is delivered as intended.

Deanery Schools of Psychiatry

Schools of Psychiatry have been created to deliver postgraduate medical training in England, Wales and Northern Ireland. The Postgraduate Deanery manages the schools with advice from the Royal College. There are no Schools of Psychiatry in Scotland. Scotland has four Deanery Specialty Training Committees for mental health that fulfil a similar role.

The main roles of the schools are:

1. To ensure all education, training and assessment processes for the psychiatry specialties and sub-specialties meet Postgraduate Medical Education and Training Board (PMETB) approved curricula requirements
2. To monitor the quality of training, ensuring it enhances the standard of patient care and produces competent and capable specialists
3. To ensure that each Core Psychiatry Training Programme has an appropriately qualified psychotherapy tutor who should be a consultant psychotherapist or a consultant psychiatrist with a special interest in psychotherapy.
4. To encourage and develop educational research
5. To promote diversity and equality of opportunity
6. To work with the Postgraduate Deanery to identify, assess and support trainees in difficulty
7. To ensure that clear, effective processes are in place for trainees to raise concerns regarding their training and personal development and that these processes are communicated to trainees

Training Programme Directors

The Coordinating/Programme Tutor or Programme Director is responsible for the overall strategic management and quality control of the Forensic Psychiatry programme within the Training School/Deanery. The Deanery (Training School) and the relevant Service Provider (s) should appoint them jointly. They are directly responsible to the Deanery (School) but also have levels of accountability to the relevant service providers(s). With the increasing complexity of training and the more formal monitoring procedures that are in place, the role of the Programme Director/Tutor must be recognized in

their job plan, with time allocated to carry out the duties adequately. One programmed activity (PA) per week is generally recommended for 25 trainees. In a large scheme 2 PA's per week will be required. The Training Programme Director for Forensic Psychiatry:

1. Should inform and support College and Specialty tutors to ensure that all aspects of clinical placements fulfil the specific programme requirements.
2. Oversees the progression of trainees through the programme and devises mechanisms for the delivery of co-ordinated educational supervision, pastoral support and career guidance.
3. Manages trainee performance issues in line with the policies of the Training School/Deanery and Trust and support trainers and tutors in dealing with any trainee in difficulty.
4. Ensures that those involved in supervision and assessment are familiar with programme requirements.
5. Will provide clear evidence of the delivery, uptake and effectiveness of learning for trainees in all aspects of the curriculum.
6. Should organise and ensure delivery of a teaching programme based on the curriculum covering clinical, specialty and generic topics.
7. Will attend local and deanery education meetings as appropriate.
8. Will be involved in recruitment of trainees.
9. Ensures that procedures for consideration and approval of LTFT (Less Than Full Time Trainees), OOPT (Out of Programme Training) and OOPR (Out of Programme Research) are fair, timely and efficient.
10. Records information required by local, regional and national quality control processes and provides necessary reports.
11. Takes a lead in all aspects of assessment and appraisal for trainees. This incorporates a lead role in organisation and delivery of ARCP. The Tutor/Training Programme Director will provide expert support, leadership and training for assessors (including in WPBA) and ARCP panel members.

There should be a Training Programme Director for the School/Deanery Core Psychiatry Training Programme who will undertake the above responsibilities with respect to the Core Psychiatry Programme and in addition:

1. Will implement, monitor and improve the core training programmes in the Trust(s) in conjunction with the Directors of Medical Education and the Deanery and ensure that the programme meets the requirements of the curriculum and the Trust and complies with contemporary College Guidance & Standards (see College QA Matrix) and PMETB Generic Standards for Training.
2. Will take responsibility with the Psychotherapy Tutor (where one is available) for the provision of appropriate psychotherapy training experiences for trainees. This will include:
 - Ensuring that educational supervisors are reminded about and supported in their task of developing the trainee's competencies in a psychotherapeutic approach to routine clinical practice.

- Advising and supporting trainees in their learning by reviewing progress in psychotherapy
- Ensuring that there are appropriate opportunities for supervised case work in psychotherapy.

Medical Psychotherapy Tutor

Where a scheme employs a Psychotherapy Tutor who is a Consultant Psychiatrist in Psychotherapy there is evidence that the Royal College of Psychiatrists' Psychotherapy Curriculum is more likely to be fulfilled than a scheme which does not have a trained Medical Psychotherapist overseeing the Core Psychiatry Psychotherapy training (Royal College of Psychiatrists' UK Medical Psychotherapy Survey 2012). This evidence has been used by the GMC in their quality assurance review of medical psychotherapy (2011-12).

It is therefore a GMC requirement that every core psychotherapy training scheme must be led by a Medical Psychotherapy Tutor who has undergone higher/advanced specialist training in medical psychotherapy with a CCT (Certificate of Completion of Training) in Psychotherapy. The Medical Psychotherapy Tutor is responsible for the organisation and educational governance of psychotherapy training in the core psychiatry training scheme in a School of Psychiatry in line with the GMC requirement of medical psychotherapy leadership in core psychotherapy training (GMC medical psychotherapy report and action plan, 2013).

Where there is no Medical Psychotherapy CCT holder in a deanery a period of derogation up to two years will be accepted by the GMC. Within this period a Medical Psychotherapy Tutor post will be required to be established in the deanery or LETB. The College will ask the Heads of School of Psychiatry what the interim arrangements are to develop the Medical Psychotherapy posts.

The Medical Psychotherapy Tutor:

- Provides a clinical service in which their active and ongoing psychotherapy practice provides a clinical context for psychotherapy training in accordance with GMC requirements (2013)
- Ensures that all core trainees have the opportunity to complete the psychotherapy requirements of the core curriculum
- Advises and support core and higher trainees in their learning by reviewing progress in psychotherapy
- Will be familiar with the ongoing psychotherapy training requirements for psychiatry trainees beyond core training and will lead on ensuring this learning and development continues for higher trainees in line with curriculum requirements

- Oversees the establishment and running of the core trainee Balint/case based discussion group
- Provides assessment and oversee the waiting list of therapy cases for core trainees and higher trainees
- Monitors the selection of appropriate short and long therapy cases in accordance with the core curriculum
- Selects and support appropriate therapy case supervisors to supervise and assess the trainees
- Ensures the therapy case supervisors are aware of the aims of psychotherapy training in psychiatry and are in active practice of the model of therapy they supervise according to GMC requirements (2013)
- Ensures the therapy case supervisors are trained in psychotherapy workplace based assessment
- Ensures active participation of medical and non medical psychotherapy supervisors in the ARCP process
- Maintains and builds on the curriculum standard of core psychotherapy training in the School of Psychiatry through the ARCP process.

Educational Supervisors/Tutors

An Educational Supervisor/tutor is a Consultant, Senior Lecturer or Professor who has been appointed to a substantive consultant position. They are responsible for the educational supervision of one or more doctors in training who are employed in an approved training programme. The Educational Supervisor will require specific experience and training for the role. Educational Supervisors will work with a small (no more than five) number of trainees. Sometimes the Educational Supervisor will also be the clinical supervisor/trainer, as determined by explicit local arrangements.

All trainees will have an Educational Supervisor whose name will be notified to the trainee. The precise method of allocating Educational Supervisors to trainees, i.e. by placement, year of training etc, will be determined locally and will be made explicit to all concerned.

The educational supervisor/tutor:

1. Works with individual trainees to develop and facilitate an individual learning plan that addresses their educational needs. The learning plan will guide learning that incorporates the domains of knowledge, skills and attitudes.
2. Will act as a resource for trainees who seek specialty information and guidance.
3. Will liaise with the Specialty/Programme tutor and other members of the department to ensure that all are aware of the learning needs of the trainee.
4. Will oversee and on occasions, perform, the trainee's workplace-based assessments.
5. Will monitor the trainee's attendance at formal education sessions, their completion of audit projects and other requirements of the Programme.

6. Should contribute as appropriate to the formal education programme.
7. Will produce structured reports as required by the School/Deanery.
8. In order to support trainees, will: -
 - a) Oversee the education of the trainee, act as their mentor and ensure that they are making the necessary clinical and educational progress.
 - b) Meet the trainee at the earliest opportunity (preferably in the first week of the programme), to ensure that the trainee understands the structure of the programme, the curriculum, portfolio and system of assessment and to establish a supportive relationship. At this first meeting the educational agreement should be discussed with the trainee and the necessary paperwork signed and a copy kept by both parties.
 - c) Ensure that the trainee receives appropriate career guidance and planning.
 - d) Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified.

Clinical Supervisors/Trainers

A clinical supervisor/trainer is a consultant, senior lecturer or professor who has been appointed to a substantive consultant position.

Clinical supervision must be provided at a level appropriate to the needs of the individual trainee. **No trainee should be expected to work to a level beyond their competence and experience.**

The clinical supervisor/trainer works with the trainee not solely for the benefit of patients for whom they are jointly responsible but also works with the trainee to foster the professional development (e.g. clinical and personal skills) of the individual doctor in training. **Clinical supervisors work in close collaboration with the nominated Educational Supervisor (if they are not the same person)**

Supervision of clinical activity must be appropriate to the competence and experience of the individual trainee; no trainee should be required to assume responsibility for or perform clinical techniques in which they have insufficient experience and expertise; trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence so to do; ***both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.***

The clinical supervisor:

1. Ensures that specialty and departmental induction occurs

2. Should be involved with teaching and training the trainee in the workplace and should help with both professional and personal development.
3. Must support the trainee in various ways:
 - a) direct supervision, in the ward, the community or the consulting room
 - b) close but not direct supervision, e.g. in the next door room, reviewing cases and process during and/or after a session
 - c) regular discussions, review of cases and feedback
4. May delegate some clinical supervision to other members of clinical team as long as the team member clearly understands the role and the trainee is informed. The trainee must know who is providing clinical supervision at all times.
5. Will perform workplace-based assessments for the trainee and will delegate performance of WPBA's to appropriate members of the multi-disciplinary team
6. Will provide regular review during the placement, both formally and informally to ensure that the trainee is obtaining the necessary experience. This will include ensuring that the trainee obtains the required supervised experience in practical procedures and receives regular constructive feedback on performance.
7. Will produce structured reports as required by the School/Deanery
8. Will hold a documented one-hour meeting with the trainee per week. This is regarded as a minimum; there can be other ad hoc meetings. As described above the fixed "one-hour per week" meeting is focussed on the trainee doctor's personal learning and development needs.
9. Make clear arrangements for cover in the event of planned absence.

The time required to discharge these responsibilities is estimated as 0.25PA's per week per trainee. This time must be identified in the supervisor/trainer's job plan and should be allocated from within the 'Direct Clinical Care' category.

Assessors

Assessors are members of the healthcare team, who need not be educational or clinical supervisors, who perform workplace-based assessments (WPBA's) for trainee psychiatrists. In order to perform this role, assessors must be competent in the area of practice that they have been asked to assess and they should have received training in assessment methods. The training will include standard setting, a calibration exercise and observer training. Assessors should also have up to date training in equality and diversity awareness. While it is desirable that all involved in the training of doctors should have these elements of training, these stipulations do not apply to those members of the healthcare team that only complete multi-source feedback forms (mini-PAT) for trainees.

Trainees

1. Must at all times act professionally and take appropriate responsibility for patients under their care and for their training and development.
2. Must ensure they attend the one hour of personal supervision per week, which is focused on discussion of individual training matters and not immediate clinical care. If this personal supervision is not occurring the trainee should discuss the matter with their educational supervisor/tutor or training programme director.
3. Must receive clinical supervision and support with their clinical caseload appropriate to their level of experience and training.
4. Should be aware of and ensure that they have access to a range of learning resources including:
 - a) a local training course (e.g. MRCPsych course, for Core Psychiatry trainees)
 - b) a local postgraduate academic programme
 - c) the opportunity (and funding) to attend courses, conferences and meetings relevant to their level of training and experience
 - d) appropriate library facilities
 - e) the advice and support of an audit officer or similar
 - f) supervision and practical support for research with protected research time appropriate to grade
5. Must make themselves familiar with all aspects of the curriculum and assessment programme and keep a portfolio of evidence of training.
6. Must ensure that they make it a priority to obtain and profit from relevant experience in psychotherapy.
7. Must collaborate with their personal clinical supervisor/trainer to:
 - a) work to a signed educational contract
 - b) maximize the educational benefit of weekly educational supervision sessions
 - c) undertake workplace-based assessments, both assessed by their clinical supervisor and other members of the multidisciplinary team
 - d) use constructive criticism to improve performance
 - e) regularly review the placement to ensure that the necessary experience is being obtained
 - f) discuss pastoral issues if necessary
8. Must have regular contact with their Educational Supervisor/tutor to:
 - a) agree educational objectives for each post
 - b) develop a personal learning and development plan with a signed educational contract
 - c) ensure that workplace-based assessments and other means of demonstrating developing competence are appropriately undertaken
 - d) review examination and assessment progress
 - e) regularly refer to their portfolio to inform discussions about their achievements and training needs

- f) receive advice about wider training issues
 - g) have access to long-term career guidance and support
9. Will participate in an Annual Review of Competence Progression (ARCP) to determine their achievement of competencies and progression to the next phase of training.
 10. Should ensure adequate representation on management bodies and committees relevant to their training. This would include Trust clinical management forums, such as Clinical Governance Groups, as well as mainstream training management groups at Trust, Deanery and National (e.g. Royal College) levels.
 11. On appointment to a specialty training programme the trainee must fully and accurately complete Form R and return it to the Deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis to ensure that the trainee re-affirms his/her commitment to the training and thereby remains registered for their training programme.
 12. Must send to the postgraduate dean a signed copy of the Conditions of Taking up a training post, which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. The return of the Form R initiates the annual assessment outcome process.
 13. Trainees must ensure they keep the following records of their training:
 - Copies of all Form Rs for each year of registering with the deanery.
 - Copies of ARCP forms for each year of assessment.
 - Any correspondence with the postgraduate deanery in relation to their training.
 - Any correspondence with the Royal College in relation to their training.
 14. Must inform the postgraduate dean and the Royal College of Psychiatrists of any changes to the information recorded.
 15. Must make themselves aware of local procedures for reporting concerns about their training and personal development and when such concerns arise, they should report them in a timely manner.

9. ADVANCED TRAINING IN FORENSIC PSYCHIATRY

Having completed Core Training, the practitioner may enter Advanced Training in their chosen psychiatric specialty. The outcome of this training will be an autonomous practitioner able to work at Consultant level. This Curriculum outlines the competencies the practitioner must develop and demonstrate before they may be certificated as a Specialist in Forensic Psychiatry. Because this level of clinical practice often involves working in complex and ambiguous situations, we have deliberately written the relevant competencies as broad statements. We have also made reference to the need for psychiatrists in Advanced Training to develop skills of clinical supervision and for simplicity, rather than repeat them for each component in the Good Clinical Care Domain; we have stated them only once, although they apply to each domain and will also apply to all specialties and sub-specialties.

The Advanced Training Curriculum builds on Core Psychiatry Training in two ways.

Firstly, Specialty Registrars in Psychiatry all continue to achieve the competencies set out in the Core Psychiatry Training throughout training, irrespective of their psychiatric specialty. This involves both acquiring new competencies, particularly in aspects such as leadership, management, teaching, appraising and developing core competencies such as examination and diagnosis to a high level and, as an expert, serving as a teacher and role model.

Secondly, the Advanced Curriculum set out those competencies that are a particular feature of this specialty. These include competencies that are specific to the specialty, or that feature more prominently in the specialty than they do elsewhere, or that need to be developed to a particularly high level (mastery level) in specialty practice

Some of the intended learning outcomes set out in the Core Curriculum are not included in this Advanced Curriculum. However, for consistency, the numbering system for the intended learning outcomes has been left unchanged here. Therefore, there are gaps in the sequence below.

The primary purpose of training in forensic psychiatry is the development of a psychiatrist who has the appropriate knowledge, skills, and attitudes to work independently and effectively as a consultant forensic psychiatrist or as a senior member of an academic department in forensic psychiatry. All trainees will need experience in clinical practice in a variety of forensic settings within multidisciplinary teams, and in academic and research activities, management, clinical governance and teaching. Training should be individually tailored to the needs of the trainee in order to facilitate learning. Training will need to be provided within schemes that offer this wide variety of experiences under the

supervision of approved trainers and in training programmes approved by the GMC and Deanery. Once the competencies set out in the curriculum are achieved, the Forensic Psychiatrist will be able to:

- Undertake the assessment, treatment and management of forensic psychiatric patients within the relevant multidisciplinary team.
- Practice as a consultant in a variety of settings including secure hospital services at all levels of security, community based forensic services and custodial settings
- Contribute to the development and delivery of effective and comprehensive forensic psychiatric services
- Demonstrate knowledge and application of law and relevant aspects of criminology to forensic psychiatry practice
- Demonstrate expertise, knowledge and application of diversity issues in relation to forensic psychiatry, including gender, ethnicity, culture and special needs.
- Demonstrate knowledge and application of organisation management to forensic psychiatry services
- Demonstrate knowledge and application of clinical governance to forensic psychiatry practice

There is an expectation that trainees will require three years experience in specialist forensic placements to achieve these competencies. Placements will usually be of twelve months duration to enable trainees to gain sufficient breadth and depth of experience to acquire the necessary competencies. Some short placements of unspecified duration may be undertaken to acquire specific competencies not otherwise achievable in the placements offered by the scheme.

A training scheme may not have as part of its approved rotation some experiences e.g. the provision of low secure services, high secure services or prison in reach services. The qualified Forensic Psychiatrist would however be expected to have the competencies to be able to work as a consultant in those settings. It is the responsibility of the TPD with the post graduate Deanery to ensure the trainee is able to have sufficient relevant experience to meet those competencies. Therefore significant clinical experience of those services will be required and determined by the TPD in approved training placements or special interest sessions

The curriculum is set for trainees in the United Kingdom and those who meet the competencies will be eligible to practice in all parts of the UK However as there is variation in relevant legislation in different parts of the UK where the curriculum refers to specific legal issues it is intended that the equivalent legal issue for the part of the UK in which the trainee works is adopted.

10. The Intended Learning Outcomes FOR SPECIALIST TRAINING IN FORENSIC PSYCHIATRY

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- Presenting or main complaint
- History of present illness
- Past medical and psychiatric history
- Systemic review
- Family history
- Socio-cultural history of individual and cultural group
- Developmental history

Intended learning outcome 2

The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses, liaising with other specialists and making appropriate referrals

Intended learning outcome 3

The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological, socio-cultural and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

Intended learning outcome 4

Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

Intended learning outcome 5

Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is

to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

Intended learning outcome 7

Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

Intended learning outcome 8

Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

Intended learning outcome 9

To demonstrate the ability to work effectively with colleagues, including team working

Intended learning outcome 10

Develop appropriate leadership skills

Intended learning outcome 11

Demonstrate the knowledge, skills and behaviours to manage time and problems effectively

Intended learning outcome 12

To develop the ability to conduct and complete audit in clinical practice

Intended learning outcome 13

To develop an understanding of the implementation of clinical governance

Intended learning outcome 15

To develop the ability to teach, assess and appraise

Intended learning outcome 16

To develop an understanding of research methodology and critical appraisal of the research literature

Intended learning outcome 17

Intended learning outcome 1

The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:

- **Presenting or main complaint**
- **History of present illness**
- **Past medical and psychiatric history**
- **Systemic review**
- **Family history**
- **Socio-cultural history**
- **Developmental history**

Intended Learning outcome 1	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate a knowledge of</p> <ul style="list-style-type: none">• the principles of clinical supervision and their practical application (NB this competency applies across all the intended learning outcomes and subjects of this domain)• the links between psychopathology, victimisation, mental disorder, behaviour and crime. <p>Demonstrates knowledge of the presenting symptoms and diagnoses of particular relevance to forensic psychiatry including:</p> <ul style="list-style-type: none">• Personality disorders especially Antisocial personality disorder and emotionally unstable personality disorder	<p>Mini-PAT, CBD, DONCS</p> <p>ACE, Mini-ACE, CP, CBD</p>	<p>1, 2</p>

<ul style="list-style-type: none"> • Developmental disorders including Autistic Spectrum Disorders, ADHD • Neuro developmental disorders including Learning Difficulties • Schizophrenia and related psychosis • Mood disorders • Alcohol and Substance misuse disorders • Sexual paraphilias • Organic disorder including withdrawal states • Neurotic disorder including dissociative states, OCD • Factitious disorders <p>Demonstrates a knowledge of how culture and diversity issues can affect presentation, symptom profile and diagnosis of mental disorder in a forensic context</p> <p>Demonstrate knowledge of the criteria for admission to specialist forensic services including</p> <ul style="list-style-type: none"> • Secure psychiatric hospitals <ul style="list-style-type: none"> ○ High ○ Medium ○ Low • Specialist personality disorder services <ul style="list-style-type: none"> ○ Dangerous and Severe Personality Disorder (DSPD) services in hospital and prison ○ Personality Disorder (PD) inpatient units ○ PD community services • Specialist forensic Learning Disability services <ul style="list-style-type: none"> ○ Secure inpatient at various levels of security\Community forensic • Specialist services for women • Camhs forensic services <p>Demonstrate knowledge of safety policies and procedures relating to patient consultation</p>	<p>ACE, Mini-ACE, CP, CBD</p> <p>ACE, Mini-ACE, CP, CBD</p> <p>Supervisors report</p>	
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<ul style="list-style-type: none"> • Respond to requests for consultation in a timely manner • Demonstrate flexible working and an ability to prioritise • Participate actively in personal supervision • Give clinical supervision to colleagues at all times (NB this competency applies across all the intended learning outcomes and subjects of this domain) 	supervisorsreport	
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1-1b Patient examination, including mental state examination and physical examination	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate knowledge of</p> <ul style="list-style-type: none"> • clinical psychopathology in all clinical situations including those that are urgent and complex and take into account • relevant equality and diversity issues • safety issues in the environment for patient consultation and examination 	ACE, Mini-ACE, CBD supervisors report	1
<p>Skills</p> <p>Demonstrates the ability to</p> <ul style="list-style-type: none"> • Tailor the examination to the purpose, setting and context • Assess and diagnose patients with multiple and complicated pathologies including: 	ACE, Mini-ACE, CBD supervisors report	1

<ul style="list-style-type: none"> ○ Personality disorders especially Antisocial and emotionally unstable personality disorder ○ Developmental disorders including Autistic Spectrum Disorders, ADHD ○ Neuro developmental disorders including Learning Difficulties ○ Schizophrenia and related psychosis ○ Mood disorders ○ Alcohol and Substance misuse disorders ○ Sexual paraphilias ○ Organic disorder including withdrawal states ○ Neurotic disorder including dissociative states, OCD ● Factitious disorders <ul style="list-style-type: none"> ● Elicit psychopathology and phenomenology relating to risk for all diagnosis and link this to the relevant evidence 		
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate willingness to</p> <ul style="list-style-type: none"> ● Develop an awareness of complex needs of forensic psychiatric patients ● Undertake mental state and physical examination and investigations sensitively in accordance with patients diversity needs ● Undertake relevant diversity training 	<p>ACE, Mini-ACE, CBD Supervisors report</p>	<p>1</p>

Intended learning outcome 2
The doctor will demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses, liaising with other specialists and making appropriate referrals

Intended learning outcome 2	Assessment methods	GMP Domains
1.2a Diagnosis		
Knowledge Demonstrate knowledge of <ul style="list-style-type: none"> the legal context of patient evaluation Standard diagnostic classifications including International Classification of Diseases (ICD) by WHO Emerging psychiatric conditions of relevance to forensic practice e.g. autistic spectrum disorder(ASD), Attention Deficit Hyperactivity Disorder (ADHD) 	ACE, Mini-ACE, CBD, CP,	1
Skills Demonstrate an ability <ul style="list-style-type: none"> to accurately diagnose patients presenting complaints. to develop a differential diagnosis for a forensic patient to describe potential behavioural and risk problems arising from diagnosis perform an assessment of the behavioural abnormalities which increase risk Demonstrate an ability to liaise with relevant professionals <ul style="list-style-type: none"> To gather information 	ACE, Mini-ACE, CBD, CP supervisors report ACE, Mini-ACE, CBD, CP supervisors report	1

<ul style="list-style-type: none"> • Take account of patient and carer views 		
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1.2b Formulation	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate knowledge of the balance between the primary duty of care to patients and protecting public safety.</p> <p>Demonstrate knowledge of the bio psychosocial context of psychiatric patients in forensic services.</p>	<p>ACE, CBD, CP, supervisors report</p> <p>ACE, CBD, CP, supervisors report</p>	1
<p>Skills</p> <p>Demonstrate ability</p> <ul style="list-style-type: none"> • to collate and integrate information from clinical evaluation, taking into account the risk and legal context. • to develop a forensic psychiatric formulation which includes • Bio psychosocial aetiology • To provide a detailed risk formulation 	<p>CBD, CP, supervisors report</p>	1
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate willingness to recognise the contribution of MDT members and other agencies in assessing patients. Willing to incorporate patient perspective</p>	<p>Mini-PAT, supervisors report</p>	1

Intended learning outcome 3

The doctor will demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains

<ul style="list-style-type: none"> • Psychiatric hospitals • Probation hostels • Community settings <p>Demonstrate ability to describe the appropriate use of risk assessments and understand their evidence base including</p> <ul style="list-style-type: none"> • Standardised risk assessment tools e.g.HCR20 (Historic Clinical Risk-Assessing Risk for Violence) , HONOS (Health of the Nation Outcome Scale for Users of Secure and Forensic Services) • Clinical risk assessment 	<p>ACE, Mini-ACE, CBD, CP</p>	
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate willingness to undertake detailed analysis of complex information from a variety of sources and liaise in an enquiring and open way with other professions and carers</p> <p>Undertake relevant diversity training</p>	<p>Mini-PAT, supervisors report</p>	<p>1</p>

<p>1.3c Treatment planning</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
<p>Knowledge</p> <p>Demonstrate knowledge of the Care Programme Approach (CPA), care pathways and effective care coordination</p> <p>Demonstrate Knowledge of legislation relating to forensic patient management including</p> <ul style="list-style-type: none"> • Mental Health Act • Mental Capacity Act • Human Rights legislation • Common law "Best Interest" Principles • Interagency working e.g. MAPPA framework, child protection, vulnerable adults protection 	<p>CBD, CP, Supervisors report</p> <p>CBD, CP, Supervisors report</p>	<p>1</p>

<p>Demonstrate knowledge of the roles and responsibilities of other agencies, such as police, social work, probation and the prison service</p> <p>Demonstrate knowledge of the statutory care requirements of detained and restricted patients and the role of the Responsible Clinician and Approved clinician or Responsible Medical Officer under the terms of respective and relevant UK Mental Health Act legislation</p>	<p>CBD, CP, Supervisors report</p> <p>CBD, CP, Supervisors report</p>	
<p>Skills</p> <p>Demonstrate ability to develop and record a comprehensive bio psycho social treatment plan for forensic psychiatric patients in conjunction with the patient, carers and other professional disciplines in a collaborative way. The treatment plan should address and incorporate the following issues and principles</p> <ul style="list-style-type: none"> • Able to demonstrate therapeutic strategies to reduce the risk of violence or harm to others. • Can employ the legal framework to meet patients needs and be able to detain or discharge patients • Is able to utilise relational, procedural and physical aspects of security to manage patients • Use appropriate evidence based appropriate pharmacotherapy • Use appropriate psychotherapeutic interventions • Mitigate against the negative effects of institutionalisation on patient rehabilitation • Promote rehabilitation of acute and long term forensic patients utilizing appropriate evidence based strategies including the "Recovery Model" • Determine the least restrictive setting for treatment commensurate with effective risk management 	<p>Mini-ACE, ACE, CBD, CP supervisors report</p>	<p>1</p>

<ul style="list-style-type: none"> • HCR 20 • HoNos secure 	supervisors report	
Skills Demonstrate the ability to utilize both clinical and actuarial risk assessment methods in clinical settings and will be able to :- <ul style="list-style-type: none"> • Assess and manage a patient at risk in conjunction with multidisciplinary team • Undertake detailed risk assessment • Formulate a detailed risk management plan with the multidisciplinary team arising from risk assessment • Implement with the multidisciplinary team a risk management plan 	CBD, CP, Mini-PAT, supervisors report	1
Attitudes demonstrated through behaviours Demonstrate willingness to <ul style="list-style-type: none"> • Work with MDT • Attend relevant training courses 	CP, Mini-PAT, supervisors report	1

1-4b Psychiatric emergencies for all specialties	Assessment methods	GMP Domains
Knowledge Demonstrate knowledge of the principles and management of psychiatric emergencies presenting in Forensic settings including the management and prevention of <ul style="list-style-type: none"> • Violence • Sexual violence 	ACE, Mini-ACE, CBD, CP, supervisors report	1

<ul style="list-style-type: none"> • Hostage taking • Absconding • Escape • Recall of patients • Self harm • Suicide <p>Demonstrate knowledge of the Policy and principles regarding management of seclusion including local requirements and National Guidance such as Mental Health Act Codes of Practice</p>	<p>CBD, supervisors report</p>	
<p>Skills Demonstrate ability to: -</p> <ul style="list-style-type: none"> • Assess and manage patients with mental disorders presenting as emergencies including managing patients out of office hours and at night. They will be able to effectively manage <ul style="list-style-type: none"> ○ Emergency detention under mental health law ○ Emergency prison transfers ○ Episodes of self harm ○ Violent incidents ○ Seclusion ○ Episodes of absconding from care ○ Episodes of Escape from care ○ Recall of patients ○ Weapon usage ○ Hostage taking ○ Fire setting ○ Emergency use of leave • Risk assess situations and institute appropriate management including contingency planning, crisis management and de-escalation techniques 	<p>ACE, Mini-ACE CBD, CP, supervisors report</p> <p>ACE, Mini-ACE CBD, CP, supervisors</p>	<p>1</p>

<ul style="list-style-type: none"> • Develop expertise in the short term management of violence including emergency use of medication, rapid tranquillisation, use of appropriate restraint and seclusion • Be able to engage in effective post event management and be able to <ul style="list-style-type: none"> ○ Consider use of law enforcement agencies where appropriate to manage extreme risk ○ Facilitate and consider appropriate reporting when a criminal offence is committed ○ Involve MDT with care planning ○ Participate in MDT review clinically ○ Participate in Governance procedures including the provision of reports and documentation relating to incidents ○ Consider the need for emergency supervision support and feedback for staff, victim, other patients, carers as required 	<p>report</p> <p>ACE, Mini-ACE CBD, CP, supervisors report</p> <p>ACE, Mini-ACE CBD, CP, supervisors report</p>	
<p>Attitudes demonstrated through behaviours</p> <p>Maintain professional attitudes and appropriate boundaries when responding to situations of ambiguity and uncertainty and in the face of clinical or legal pressures</p> <p>Accept responsibility to keep mandatory training up to date.</p> <ul style="list-style-type: none"> • Have training in Breakaway techniques and regularly maintain training. • Maintain up to date training in emergency medical care including Resuscitation as part of hospital mandatory training to include CPR and AED 	<p>CBD, CP, Mini-PAT, supervisors report</p> <p>Supervisors report</p> <p>Certificated by course attendance,</p>	<p>1</p>

	supervisors report	
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1-4d Broader legal framework	Assessment methods	GMP Domains
<p>Knowledge Demonstrate knowledge of specialist aspects of the law including for example</p> <ul style="list-style-type: none"> • The Homicide act or equivalent in relation to diminished responsibility and provocation • Coroners and Justices act 2009 • Dangerousness provisions in law • Fitness to Plead criteria • Insanity provisions • Police and Criminal Evidence Act 	CBD, CP, DONCS, Mini-PAT, supervisors report	1

<p>Skills</p> <p>Demonstrate ability to prepare medicolegal reports for the following</p> <ul style="list-style-type: none"> • Government or equivalent agencies managing restricted patients • Hospital managers for review of detention • MHRTs (Mental Health Review Tribunals) • Criminal courts • Civil courts <p>Demonstrate ability to provide written formal reports for a variety of purposes. Reports should</p> <ul style="list-style-type: none"> • Be tailored for purpose • Be comprehensive to suit that purpose • Be clear and structured • Use appropriate language avoiding jargon • Interpret legal instructions appropriately • Be objective • Refer to all sources of information • Use standard classification systems • Give a balanced opinion based on evidence <p>Demonstrate ability to give live testimony in a formal setting including</p> <ul style="list-style-type: none"> • Managers hearings • MHRTs • Magistrate courts • Crown courts 	<p>CBD, CP, DONCS, supervisors report</p> <p>CBD, CP, supervisors report</p> <p>CBD, CP, supervisors report</p>	<p>1</p>
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<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate:</p> <ul style="list-style-type: none"> • Acceptance of professional regulation • Promotion of professional attitudes and values • Probity and the willingness to be truthful and admit errors 	<p>supervisors report</p>	<p>1</p>

Intended learning outcome 5

Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions

1-5a Psychological therapies	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate knowledge of</p> <ul style="list-style-type: none"> • psychotherapeutic principles underlying the assessment and management of forensic patients including <ul style="list-style-type: none"> ○ Motivational interviewing ○ Dialectic Behaviour therapy ○ Cognitive Behaviour therapy ○ Mentalisation ○ Psychodynamic therapies • factors influencing the forensic psychiatric patients reaction to the psychiatrist and others • boundaries with individuals presenting with attachment problems and dependency needs especially those with emotionally unstable personality disorder or other personality disorders • transference and countertransference issues with patients who may be <ul style="list-style-type: none"> ○ demanding, ○ aggressive and violent ○ Provocative 	<p>CBD, CP, supervisors report</p>	<p>1</p>

<ul style="list-style-type: none"> ○ Seductive ○ Withdrawn and isolated ○ Sexually violent 		
<p>Skills Demonstrate ability with the MDT</p> <ul style="list-style-type: none"> ● to safely deliver evidence based treatment including psychological treatments for forensic patients with complex needs in a variety of clinical settings including hospital, prison and community venues. ● Work therapeutically in a variety of non clinical settings within the constraints of those systems to treat patient needs effectively ● Evaluate the outcome of psychological treatments delivered either by self or others and organise subsequent management appropriately ● to provide expert advice to other health and social care professionals on psychological treatment and care 	<p>CBD, CP, ACE, Mini-ACE supervisors report, mini PAT</p>	<p>1</p>
<p>Attitudes demonstrated through behaviours Demonstrate willingness to</p> <ul style="list-style-type: none"> ● Use authority sensitively and assertively to resolve conflict and disagreement ● develop a range of treatment skills 	<p>Supervisors report, SAPE</p>	<p>1</p>

MANAGING LONG-TERM PSYCHIATRIC ILLNESS

Intended learning outcome 7

Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

<p>1-7a Management of severe and enduring mental illness</p>	<p>Assessment methods</p>	<p>GMP Domains</p>
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<p>Knowledge Demonstrate knowledge of :-</p> <ul style="list-style-type: none"> ○ the impact of involuntary detention on those with mental health disorders ○ the impact of stigma and institutionalization ○ the Principles and practice regarding social inclusion/exclusion 	<p>CBD, CP supervisors report Mini-PAT</p>	<p>1</p>
<p>Skills Demonstrate ability to</p> <ul style="list-style-type: none"> ○ Manage the treatment and rehabilitation of forensic psychiatry patients with long term disorders ○ utilise rehabilitation principles including recovery model to meet patient needs 	<p>CBD, CP, supervisors report</p>	<p>1</p>
<p>Attitudes demonstrated through behaviours Demonstrate willingness to</p> <ul style="list-style-type: none"> • Attend User /Carer groups • Undertake 360 degree patient appraisal 	<p>supervisors report Mini-PAT</p>	<p>1</p>

Intended learning outcome 8
Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances

<p>2-8a Within a consultation</p>	<p>Assessment</p>	<p>GMP</p>
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	methods	Domains
<p>Knowledge</p> <p>Demonstrate knowledge of</p> <ul style="list-style-type: none"> • how to communicate with forensic patients and their carers to elicit history and psychopathology • how to impart information in a sensitive way taking account of any cultural, language and diversity issues • when and how to use professional interpreters. • how communication failures can occur and adversely affect clinical outcomes • the roles of <ul style="list-style-type: none"> ○ The patient ○ Carers ○ Carer agencies ○ Advocacy services ○ Local complaints procedures 	<p>CBD, CP supervisors report Mini-PAT</p>	<p>3</p>
<p>Skills</p> <p>Demonstrate ability to</p> <ul style="list-style-type: none"> • Communicate effectively in written form maintaining accurate appropriate records of clinical encounters and plans • Produce written accurate unbiased evidence based reports • Manage challenging encounters with forensic patients and carers • Utilise information technology (audiovisual aids, software, telecommunication, e-mail etc) to aid communication • Accurate unbiased synthesis of all relevant information into a coherent logical communication which is understood by the recipient • Respect and manage confidentiality and be aware of the principles and 	<p>ACE Mini-ACE, CBD, supervisors report Mini-PAT,</p>	<p>3</p>

practice of Information Governance		
Attitudes demonstrated through behaviours Demonstrate willingness to <ul style="list-style-type: none"> Attend ward community meetings Attend user- carer group meetings 	Supervisors report	3

Intended learning outcome 9
To demonstrate the ability to work effectively with colleagues, including team working

Intended learning outcome 9	Assessment methods	GMP Domains
Knowledge Demonstrate knowledge of <ul style="list-style-type: none"> the law as it applies to working relationships the responsibility of the team with regard to patient safety how a team works and develops effectively the role of the forensic psychiatrist and how this relates to the structure and function of the multidisciplinary team 	CBD, Mini-PAT supervisors report	3

<ul style="list-style-type: none"> the role of different teams and services involved in the care of working age adults with psychiatric problems in forensic services. when to change the patient's care setting e.g. between different levels of security and liaise effectively with professional colleagues to achieve this. 		
<p>Skills</p> <p>Demonstrate ability to</p> <ul style="list-style-type: none"> Facilitate the leadership and working of other members of the team Recognise and resolve dysfunction and conflict within teams when it arises Competently manage a service, or a part of the service. Show competence in supervised autonomous working Use effective negotiation skills work with service managers and commissioners and demonstrate management skills. Manage change, with the involvement of service users and carers in teamwork. Utilise team feedback Manage complaints made about services <p>Demonstrate ability to</p> <ul style="list-style-type: none"> contribute to the interface between the Forensic Psychiatry team and other psychiatric teams, medical teams and service providers by working in a collaborative manner <ul style="list-style-type: none"> Develop and maintain effective relationships with primary care services leading 	<p>CBD, Mini-PAT, DONCS, supervisors report</p> <p>CBD, Mini-PAT, supervisors report</p>	<p>3</p>

<p>to effective referral mechanisms and educational systems</p> <ul style="list-style-type: none"> • Work in a multi-disciplinary team where issues of responsibility can be described in detail • Manage divergent views about patient care or intervention 		
<p>Attitudes demonstrated through behaviours Demonstrate willingness to</p> <ul style="list-style-type: none"> • question and challenge the performance of other team members when standards appear to be compromised • Be readily available to team members and other agencies for consultation and advice on Forensic Psychiatry issues • Undertake 360 degree appraisal. 	<p>Mini-PAT, CBD, supervisors report</p>	<p>3</p>

Intended learning outcome 10
Develop appropriate leadership skills

Intended learning outcome 10	Assessment methods	GMP Domains
Knowledge		3

<p>Demonstrate knowledge of</p> <ul style="list-style-type: none"> • the differing approaches and styles of leadership • the role, responsibility and accountability of the leader in a team ensuring patient care is the priority • Understand different leadership styles within an MDT and differering organisations <p>Demonstrate knowledge of the structures of service providers and social care organizations relevant to Forensic psychiatry including</p> <ul style="list-style-type: none"> • High secure services • Medium secure services • Low secure services • Community forensic services • Private sector providers and commissioning arrangements • Voluntary sector providers • Organisational policy and practice at a national and local level in the wider health and social care economy • The principles of identifying and managing available financial and personnel resources effectively 	<p>Mini-PAT, supervisors report</p> <p>supervisors report</p>	
<p>Skills</p>		<p>3</p>

<p>Demonstrate ability to undertake a range of appropriate leadership and supervision skills including:</p> <ul style="list-style-type: none"> • Coordinating, observing and being assured of effective team working • Setting intended learning outcomes <ul style="list-style-type: none"> • Planning • Motivating • Delegating • Organising • Negotiating • Example setting • Mediating / conflict resolution • Monitoring performance • Design and implement programmes for change, including service innovation 	<p>Supervisors report</p>	
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate Willingness</p> <ul style="list-style-type: none"> • to work collaboratively with colleagues from a variety of backgrounds and organisations • to question and challenge the performance of other team members when standards appear to be compromised 	<p>Mini-PAT, DONCS supervisors report</p>	<p>3</p>

TIME MANAGEMENT AND DECISION MAKING

<ul style="list-style-type: none"> Magistrates courts Crown courts MAPPA (Multi Agency Public Protection Arrangement) meetings 		
<p>Attitudes demonstrated through behaviours</p> <p>Produce reports that are comprehensive, timely, accurate, appropriate and within limits of expertise</p>	Mini-PAT, CBD, DONCS, supervisors report	3

Intended learning outcome 12
Develop the ability to conduct and complete audit in clinical practice

4-12a Audit	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate a knowledge of</p> <ul style="list-style-type: none"> different audit methods methods of sampling for audit obtaining feedback from patients, the public, staff and other interested groups quality improvement methodologies 	Supervisors report, DONCS	2
<p>Skills</p> <p>Demonstrate an ability to</p> <ul style="list-style-type: none"> set standards that can be audited measure changes in practice 	Supervisors report, DONCS	2

<ul style="list-style-type: none"> • apply audit principles to own work, to team practice and in a service wide context, including to relevant organisational and management system • supervise a colleague's audit project in Forensic Psychiatry 		
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate Willingness to</p> <ul style="list-style-type: none"> • Undertake audit to evaluate and improve quality of care • apply continuous improvement and audit principles to own work and practice • Supervise others involved in audit including trainees and other disciplines. 	Supervisors report, DONCS	2

CLINICAL GOVERNANCE

Intended learning outcome 13

To develop an understanding of the implementation of clinical governance

4-13a Organisational framework for clinical governance and the benefits that patients may expect	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate a knowledge of relevant risk management issues; including risks to patients, carers, staff and members of the public</p> <p>Demonstrate a knowledge of how healthcare governance influences patient care, research and educational activities at a local, regional and national level</p> <p>Demonstrate a knowledge of a variety of methodologies for developing creative solutions to improving services</p>	<p>CBD, CP, supervisors report,</p> <p>Supervisors report, DONCS</p> <p>Supervisors report, DONCS</p>	2

<p>Demonstrate knowledge of National standards reports and working frameworks as they apply to forensic psychiatry including</p> <ul style="list-style-type: none"> • NICE (National Institute for Health and Clinical Excellence) guidelines on treatment • CQC (Care Quality Commission) standards • GMC 'Good medical Practice' • National Confidential Enquiry into Suicides and Homicides • Homicide enquiry reports • Safeguarding arrangements 	<p>CBD, CP, supervisors report</p>	
<p>Skills Demonstrate an ability to</p> <ul style="list-style-type: none"> • Develop and adopt clinical guidelines and integrated care pathways • Report and take appropriate action following serious untoward incidents • Understand methodologies relevant to the investigation of Serious Untoward Incidents e.g. root cause analysis • Assess and analyse situations, services and facilities in order to minimise risk to patients, carers, staff and the public • Monitor the safety of services • Demonstrate awareness of mechanisms which raise concerns about care or management of patients or services through appropriate pathways e.g. Safeguarding, and "Whistle blowing" 	<p>CBD, CP, supervisors report</p>	<p>2</p>
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate willingness to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service</p>	<p>Supervisors report, CBD, CP, DONCS</p>	<p>2</p>

Intended learning outcome 15**To develop the ability to teach, assess and appraise**

Intended learning outcome 15	Assessment methods	GMP Domains
Knowledge Demonstrate knowledge of <ul style="list-style-type: none">the basic principles of adult learninglearning stylesdifferent teaching techniques and demonstrate how these can be used effectively in different teaching settings	Supervisors report, DONCS	1
Skills Demonstrate an ability to use a variety of teaching methods including: <ul style="list-style-type: none">Delivering a lecturePresenting a clinical seminarChairing an academic meetingSmall group teachingIndividual teachingUse experiential techniques such as role playUse appropriate educational aids including 'Power Point'Organise educational eventsAssess performance	Supervisors report	
Attitudes demonstrated through behaviours Demonstrate willingness to become involved in all teaching activities to multiprofessional groups	Supervisors report, AoT, DONCS, mini-PAT	1

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6-15b Assessment	Assessment methods	GMP Domains
Knowledge Demonstrate knowledge of how to assess other professionals performance using summative and formative techniques.	Supervisors report,	1
Skills Demonstrate ability to <ul style="list-style-type: none"> • Use appropriate, approved assessment methods including work based assessment tools • Give feedback in a timely and constructive manner 	Supervisors report, miniPAT	
Attitudes demonstrated through behaviours Demonstrate willingness to be independent and objective when assessing performance	Supervisors report, Mini-PAT, DONCS	4

6-15c Appraisal	Assessment methods	GMP Domains
Knowledge Demonstrate knowledge of <ul style="list-style-type: none"> • the principles of appraisal (including the difference between appraisal and assessment) • an understanding of the structure of appraisal interviews 	Supervisors report, DONCS	1
Skills Demonstrate ability to conduct appraisal effectively and at the appropriate time	Supervisors report, DONCS	

Attitudes demonstrated through behaviours Demonstrate willingness to show respect and confidentiality for the appraisee	Supervisors report, DONCS, miniPAT	1

Intended learning outcome 16
To develop an understanding of research methodology and critical appraisal of the research literature

6-16a Research techniques	Assessment methods	GMP Domains
Knowledge Demonstrate knowledge of <ul style="list-style-type: none"> • basic research methodology including both quantitative and qualitative techniques • the research governance framework including the implications for the local employer (NHS Trust or equivalent) of research. • the work of research ethics committees and is aware of any ethical implications of a proposed research study • research methods to enrich learning about aetiology and outcomes within Forensic Psychiatry 	Supervisors report,	1
Skills Demonstrate ability to <ul style="list-style-type: none"> • Frame appropriate research questions • Undertake literature review 	Supervisors report, DONCS	1

<ul style="list-style-type: none"> • to present own research at meetings and conferences • Apply research methods, including critical appraisal, in Forensic Psychiatry • write a paper or case report relevant to forensic psychiatry 		
<p>Attitudes demonstrated through behaviours Demonstrate willingness to be supportive of research undertaken in local organisation</p>	Supervisors report, DONCS	1

6-16b Evaluation and critical appraisal of research	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate knowledge of</p> <ul style="list-style-type: none"> • the principles of critical appraisal • how to search the literature using a variety of databases 	Supervisors report,	1
<p>Skills</p> <p>Demonstrate ability to carry out a thorough literature search, critically analyse existing knowledge, synthesise information and summarise the relevant findings coherently.</p>	Supervisors report,	1

<p>Attitudes demonstrated through behaviours Demonstrate willingness to</p> <ul style="list-style-type: none"> • appreciate the limitations and controversies within the relevant area of scientific literature • incorporate the evaluation of research findings in clinical practice 	Supervisors report, CBD, DONCS	1

MAINTAINING TRUST

Intended learning outcome 17
To ensure that the doctor acts in a professional manner at all times

7-17a Doctor patient relationship	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate knowledge of the importance and relevance of the following in doctor patient relationships and interactions for forensic patients</p> <ul style="list-style-type: none"> • The role of empathy • The importance of clear communication without using jargon • The involvement of patients in treatment planning when appropriate • The importance of regular meaningful contact with patients • Transparency in therapeutic initiatives • Maintenance of appropriate boundaries • Maintenance of confidentiality • Understanding the limits of confidentiality 	Supervisors report, mini PAT	4

<p>Skills</p> <p>Demonstrate ability with forensic patients to</p> <ul style="list-style-type: none"> • Empathise • Communicate clearly • Maintain boundaries • Manage confidentiality 	Supervisors report, mini PAT	4
<p>Attitudes demonstrated through behaviours</p> <p>Demonstrate willingness to</p> <ul style="list-style-type: none"> • attend and participate in User care groups. • attend ward community meetings on a regular basis 	Supervisors report, miniPAT	4

7-17b Confidentiality	Assessment methods	GMP Domains
<p>Knowledge</p> <p>Demonstrate knowledge of</p> <ul style="list-style-type: none"> • the legal duties and practical issues in relation to Data Protection • the parameters in relation to sharing information • Relevant professional guidelines in relation to patient confidentiality and data protection including from the GMC and the Royal College of Psychiatrists. 	Supervisors report, CBD, DONCS	4
<p>Skills</p>		4

Demonstrate ability to <ul style="list-style-type: none"> Advise others (including non-healthcare professionals) on the safe and appropriate sharing of information 	Supervisors report, CBD, DONCS	
Attitudes demonstrated through behaviours <ul style="list-style-type: none"> Ensure that reports, evidence and documents are complete, honest and accurate 	Supervisors report, CBD, DONCS	4

7-17d Risk management	Assessment methods	GMP Domains
Knowledge Demonstrate a knowledge of local health and safety policy	Supervisors report, CBD, DONCS	4
Skills		4
Attitudes demonstrated through behaviours Demonstrate ability to work in collaboration with patients and the multi-disciplinary team to enable safe and positive decision-making	Supervisors report, CBD, DONCS	4

7-17e Recognise own limitations	Assessment methods	GMP Domains
Knowledge		4
Skills Demonstrate ability to participate in clinical supervision and reflective practice	Supervisors	4

	report, CBD, DONCS	
Attitudes demonstrated through behaviours		4
Demonstrate willingness to undertake regular clinical supervision and reflective practice	Supervisors report, CBD	

11. METHODS OF LEARNING AND TEACHING

The curriculum is delivered through a number of different learning experiences, of which experiential workplace learning with supervision appropriate to the trainee's level of competence is the key. This will be supported by other learning methods as outlined below: -

1. Appropriately supervised clinical experience
2. Psychotherapy training
3. Emergency psychiatry experience
4. Interview skills
5. Learning in formal situations
6. Teaching
7. Management experience
8. Research
9. ECT Training
10. Special interest sessions

Appropriately supervised clinical experience

Trainees must at all times participate in clinical placements that offer appropriate experience i.e. direct contact with and supervised responsibility for patients. **All training placements must include direct clinical care of patients.**

Placements based on observation of the work of other professionals are not satisfactory. **Each placement must have a job description and timetable. There should be a description of potential learning objectives in post.** Training placements should not include inappropriate duties (e.g. routine phlebotomy, filing of case notes, escorting patients, finding beds, etc) and must provide a suitable balance between service commitment and training.

In Core Psychiatry Training the Curriculum Outcomes are met by way of a trainee working in a purpose-designed programme. Within the programme each placement should be clearly designated as providing experience in general psychiatry, one of its three recognised sub specialties, or one of the five other recognised specialties. Placements may be of four or six months' duration. Where placements offer a mixture of experience between specialities/sub specialties, the proportion of time spent in each clinical area should be clearly stated. Posts should provide the trainee with the experience and assessments necessary to achieve full coverage of the curriculum. Individual programmes of training provided by Deaneries must be able to meet contemporary requirements with regard to examination eligibility. Trainees are required to complete the required numbers and types of workplace-based assessment (WPBA) appropriate to their level of training and opportunities for this must be made available within the placements.

The first twelve months of Core Psychiatry Training should normally be in General Psychiatry, or a combination of psychiatry of old age and General Psychiatry. Each individual placement does not necessarily have to include both hospital and community experience but each training scheme must provide an overall balance of hospital and community experience. So that the programme must ensure that the rotation plan for an individual trainee enables them to gain the breadth of experience required. This will require monitoring by the trainee through their portfolio and by the scheme through its operational management processes.

The contribution of specialty/sub-specialty placements to Core Psychiatry Training programmes is as follows: -

General Psychiatry Experience gained in General Psychiatry must include properly supervised in-patient and out-patient management, with both new patients and follow-up cases, and supervised experience of emergencies and 'on call' duties. Training placements will afford experience in hospital and/or community settings. Increasingly training in General Psychiatry will be delivered in functional services that specialise a single area of work such as, crisis, home treatment, early interventions, assertive interventions or recovery models. Thus not all posts will provide all experiences as detailed below. During their rotation a trainee must document experience in all of the below; a trainee may need two or more complimentary placements (e.g. an in-patient placement and a home treatment team placement) to achieve the required breadth of experience: -

- Assessment of psychiatric emergencies referred for admission.
- Assessment and initial treatment of emergency admissions.
- Day to day management of psychiatric inpatients.
- Participation in regular multi-disciplinary case meetings.
- Prescribing of medication and monitoring of side-effects.
- Administration of ECT.
- Use of basic psychological treatments.
- Use of appropriate mental health legislation.
- Assessment of new outpatients.
- Continuing care of longer-term outpatients.
- Psychiatric day hospital.
- CMHT- joint assessments in the community with other professionals.
- Crisis intervention.
- Home treatment.

General psychiatry sub-specialties may offer experience as follows: -

- a) **Substance misuse:** trainees in General Psychiatry should receive appropriate experience in this area. Where a specific service exists for the treatment of alcohol and/or drug dependence it should be possible to offer a whole time or part time placement. For this to be regarded as sub-specialty experience, the trainee must spend at least half their time in the service.
- b) **Liaison psychiatry:** experience in liaison psychiatry may be gained during General Psychiatry training or via a specialist training post. All trainees should receive adequate supervised experience in the assessment and management of deliberate self-harm, psychiatric emergencies in general and surgical wards and the accident and emergency department. Other valuable experience might include training in renal units, pain clinics and intensive care units.
- c) **Rehabilitation:** attachment to a rehabilitation team with particular emphasis on the care of patients with severe chronic disability is recommended. Such experience should involve not only inpatient care but also community facilities including day centres, hostels, supervised lodgings and sheltered workshops.
- d) **Eating disorders, neuropsychiatry and perinatal psychiatry:** as these potential sub-specialties become established, it will be possible to offer whole or part time specialist training posts.

Psychiatry of old age Particular importance is attached to experience in this area because of the increasing numbers of elderly people in the population and the special considerations needed in diagnosis and treatment. The psychiatry of old age should constitute a separate attachment within the rotational training scheme. It is important that trainees gain experience in the acute and chronic functional disorders of older people, in addition to the assessment and management of organic illnesses. This should include both hospital and community experience and an opportunity to work as part of the multidisciplinary team. Experience of pharmacological and non-pharmacological strategies and treatments should be gained, including the drugs used to treat cognitive and behavioural symptoms in dementia.

Forensic psychiatry Some experience may be gained in General Psychiatry but a specialist attachment in forensic psychiatry is recommended. Apart from the experience of the provision of psychiatric care in secure settings it is valuable for trainees to accompany consultants when patients are seen at prisons, hospitals, secure units, remand centres and other establishments. It may be helpful for trainees to prepare shadow court reports for discussion with their consultants. Specific instruction is needed in the principles of forensic psychiatry, detailed risk assessment and management and medico-legal work.

Psychiatry of learning disability There should be sufficient exposure to give the trainee an awareness of the nature and scope of the problems with an emphasis on integrated psychiatric and psychological treatment rather than basic physical care. Trainees must get experience of community facilities as well as hospital care.

Child and adolescent psychiatry Trainees should play an active part in patient care and not be expected to adopt a passive observer role. The experience should include extensive community experience and include both medical and psychological approaches to treatment.

Not all trainees will have the opportunity to have a post in child and adolescent psychiatry during Core Psychiatry Training. Aspects of developmental psychiatry are important for all psychiatric trainees whatever specialty within psychiatry they subsequently choose. Trainees need to understand child development and the influences that can foster this or interfere with it. To do this they need to understand the bio-psycho-social approach and the varying balance of influences at different stages of development. They need to understand both aberrant development and also how normal development can be disrupted. Whilst this is best learned through clinical experience in a developmental psychiatry post (child and adolescent psychiatry or adult learning difficulties), there will be a few trainees who have to gain these skills through in other ways. The knowledge base will come from clinical experience coupled with lectures, seminars and private study including study for examinations. Those who do not get a post in developmental psychiatry are strongly advised to negotiate a clinical attachment during another placement to best prepare them to undertake the child and adolescent WPBA's that they will be expected to achieve during this stage of their training.

All Core Psychiatry Training (CT1-3) trainees are likely to be responsible for seeing young people who present to Accident and Emergency Departments with self-harm whilst they are undertaking out of hours on call duties. This means that they have to understand safeguarding issues and the assessment of risk for these young people. To ensure that they are supported in this, there are competencies appropriate to CT1-3 in safeguarding (Intended Learning Outcome 2) and Managing Emergencies (Intended Learning Outcome 4). In addition, it has become increasingly clear that developmental disorders such as ADHD and autism can continue into adult life and that they have been under-recognised in adulthood. Competence in recognising these disorders is required for all trainees. Depression is an important illness that often starts in adolescence and this is referred to in the ARCP Guide to Core Psychiatry Training.

The clinical experience in the Advanced Training Programme in Forensic Psychiatry will consist of the equivalent of three years full time experience all of which must be spent in designated forensic psychiatry. Most training is likely to encompass core forensic psychiatric practice and the main training placements will usually be in medium secure settings, with experience of community management of forensic patients, prisons as well as high and low secure placements. During the programme, trainees should have the opportunity to gain experience in the following settings:

- Medium secure unit
- High Secure Hospital

- Low secure services
- Forensic in-patient ward ,e.g. locked, open, rehabilitation
- Out-patient clinic (including supervision of Restricted patients)
- Community management of forensic patients
- Penal establishments for remand and sentenced prisoners
- Criminal courts
- Mental Health Review Tribunals
- Court diversion schemes
- Civil courts
- Forensic learning disability units
- Adolescent and child forensic psychiatry services, e.g. secure units
- Victim services
- Specialist penal establishments, i.e. young persons, life-sentenced prisoners, high security, Vulnerable prisoner units, care of females, special units
- Services for the homeless

Trainees should also gain experience by visiting the following settings:

- Home Office
- Parole board
- Other High Secure Hospitals
- Other medium secure units
- Police facilities
- Therapeutic communities
- Privately organised forensic services

It is possible that some of the experiences outlined above will not be available in a trainee's local deanery and therefore they may be required to travel outside the deanery to acquire some of the essential experience and training necessary to attain a CCT, this is particularly so for High Secure hospital experience.

Clinical placements in advanced training in Forensic Psychiatry should last 12 months for a full-time trainee. This gives sufficient time for a realistic clinical experience and allows the completion of treatment programmes and time to build up and close down a clinical service. However, placements of up to 15 months may be acceptable if there are problems with rotational dates. It must be emphasised that advanced training in Forensic Psychiatry is not simply an extension of Core Psychiatry Training and the duties performed by advanced trainees must reflect this. There should not be a routine

expectation that the higher trainee continues to work at a level appropriate for Core Psychiatry training. The specialty registrar (ST4-6) works more independently and has a greater supervisory, leadership and managerial role. There must be opportunity for the specialty registrar to develop supervisory skills. The clinical load should not be so heavy so as to jeopardise the research, teaching and managerial functions.

Psychotherapy training

The aim of psychotherapy training is to contribute to the training of future consultant psychiatrists in all branches of psychiatry who are psychotherapeutically informed, display advanced emotional literacy and can deliver some psychological treatments and interventions. Such psychiatrists will be able to:

- Account for clinical phenomena in psychological terms
- Deploy advanced communication skills
- Display advanced emotional intelligence in dealings with patients and colleagues and yourself.
- Refer patients appropriately for formal psychotherapies
- Jointly manage patients receiving psychotherapy
- Deliver basic psychotherapeutic treatments and strategies where appropriate

A senior clinician with appropriate training (preferably a consultant psychotherapist) should be responsible for organising psychotherapy training within a School in line with current curriculum requirements. There are two basic requirements: -

Case based discussion groups (CBDG) are a core feature of early training in psychotherapeutic approach to psychiatry. They involve regular weekly meetings of a group of trainees and should last around one and one and a half hours. The task of the meeting is to discuss the clinical work of the trainees from a psychotherapeutic perspective paying particular attention to the emotional and cognitive aspects of assessment and management of psychiatric patients in whatever setting the trainee comes from. Trainees should be encouraged to share their feelings and thoughts openly and not to present their cases in a formal or stilted manner. Most trainees should attend the group for about one year. Attendance and participation in the CBDG will be assessed.

Undertaking specific training experiences treating patients is the only reliable way to acquire skills in delivering psychotherapies. The long case also helps in learning how to deal with difficult or complicated emotional entanglements that grow up between patients and doctors over the longer term. Patients allocated to trainees should be appropriate in terms of level of difficulty and should have been properly assessed. Trainees should be encouraged to treat a number of psychotherapy cases during their training using at least two modalities of treatment and at least two durations of input. This experience must be started in Core training and continued in Advanced Training, so that by the end of Core Training the trainee must have competently completed at least two cases of different durations. The psychotherapy supervisor will assess the trainee's performance by using the SAPE.

Care should be given in the selection of psychological therapy cases in Advanced Training in Forensic Psychiatry to make the experience gained is relevant to the trainee's future practice as a consultant. For example trainees forensic psychiatry may well wish to develop skills in motivation enhancement therapy, while trainees with an interest in personality disorders should consider developing their knowledge of treatments such as dialectical behaviour therapy, mentalisation based therapy and cognitive analytic therapy.

The psychotherapy tutor should have selected supervisors. Psychotherapy supervisors need not be medically qualified but they should possess appropriate skills and qualifications both in the modality of therapy supervised and in teaching and supervision.

Emergency Psychiatry

Trainees must gain experience in the assessment and clinical management of psychiatric emergencies and trainees must document both time spent on-call and experience gained (cases seen and managed) and this should be "signed off" by their Clinical Supervisor/Trainer.

A number and range of emergencies will constitute relevant experience. During Core Psychiatry training, trainees must have experience equivalent to participation in a first on call rota with a minimum of 55 nights on call during the period of core specialty training (i.e. at least 50 cases with a range of diagnosed conditions and with first line management plans conceived and implemented.) (Trainees working part time or on partial shift systems must have equivalent experience.)

Where a training scheme has staffing arrangements, such as a liaison psychiatric nursing service, which largely excludes Core Psychiatry trainees from the initial assessment of deliberate self-harm patients or DGH liaison psychiatry consultations, the scheme must make alternative arrangements such that trainees are regularly rostered to obtain this clinical experience under supervision. Such supervised clinical experience should take place at least monthly.

Psychiatric trainees should not provide cross specialty cover for other medical specialties except in exceptional circumstances where otherwise duty rotas would not conform to the European Working Time Directive. No trainee should be expected to work to a level beyond their clinical competence and experience.

Where daytime on call rotas are necessary, participation must not prevent trainees attending fixed training events.

Advanced trainees in Forensic Psychiatry must have opportunities to supervise others as part of their experience of emergency psychiatry. They should not routinely perform duties (such as clerking emergency admissions) that would normally be performed by less experienced practitioners.

Interview skills

All trainees must receive teaching in interviewing skills in the first year Core Psychiatry Training (CT1). The use of feedback through role-play and/or video is recommended. Soliciting (where appropriate) the views of patients and carers on performance is also a powerful tool for feedback.

Learning in formal situations

Learning in formal situations will include attending a number of courses for which the trainee should be allowed study leave: -

- It is essential that trainees in Core Psychiatry Training attend an MRCPsych course that comprises a systematic course of lectures and /or seminars covering basic sciences and clinical topics, communication and interviewing skills.
- Local postgraduate meetings where trainees can present cases for discussion with other psychiatrists, utilising information technology such as slide presentations and video recordings.
- Journal clubs, where trainees have the opportunity to review a piece of published research, with discussion chaired by a consultant or specialty registrar (ST4-ST6), Postgraduate meetings where trainees can present and discuss audit.
- Multi-disciplinary/multi-professional study groups.
- Learning sets which can stimulate discussion and further learning.
- Trainees must also exercise personal responsibility towards their training and education and are encouraged to attend educational courses run by the College's divisional offices.

Experience of teaching

It is important that all trainee psychiatrists have experience in delivering education. In Core Psychiatry training, trainees should have opportunities to assist in 'bedside' teaching of medical students and delivering small group teaching under supervision. Advanced trainees in General Psychiatry should be encouraged to be involved in teaching CT1-3 trainees on the MRCPsych course and to be involved in the design, delivery and evaluation of teaching events and programmes.

Management experience

Opportunity for management experience should be available in all training programmes and should begin with simple tasks in the clinical, teaching and committee work of the hospital or service.

Attending courses and by shadowing a medical manager to get insight into management. For example, the final month of a ST4 placement could be spent working with a manager.

"Hands on" experience is especially effective, e.g. convening a working group, and it may be possible for a trainee to be given a relevant management task to complete.

Opportunity for involvement in administration and collaboration with non medical staff at local level on the ward or unit, at Trust level or on the training scheme itself to gain familiarity with and an understanding of management structure and process as part of a trainee's professional development as a psychiatrist.

ECT Training

All Core Psychiatry training programmes must ensure that there is training and supervision in the use of ECT so that trainees become proficient in the prescribing, administration and monitoring of this treatment.

Research

Opportunities must be made available for trainees to experience supervised quantitative or qualitative research and a nominated research tutor should be available within the programme to advise trainees on the suitability of projects. In Core Psychiatry training, research may be limited to case reports or a small literature review. In advanced training in General Psychiatry, trainees should have the opportunity to participate in original

Special interest sessions

It is educationally desirable that Advanced Trainees in Forensic Psychiatry have the ability to gain additional experiences that may not be available in their clinical placement. Two sessions every week must be devoted during each year from ST4-6 for such personal development, which may be taken in research or to pursue special clinical interests. Special interest sessions are defined as "a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee". For instance, a special interest session in substance misuse could be of direct relevance to a forensic trainee. Special interest sessions may also be used for gaining psychotherapy experience that builds upon the experience the trainee had in Core Training. This experience must be appropriately managed, supervised and assessed. The Training Programme Director must prospectively approve the use of special interest time. Special interest and research supervisors must provide reports for the trainee's ARCP as required by the School of Psychiatry.

12. THE ASSESSMENT SYSTEM FOR ADVANCED TRAINING IN FORENSIC PSYCHIATRY

Purpose

The Royal College of Psychiatrists Assessment System has been designed to fulfill several purposes:

- Providing evidence that a trainee is a competent and safe practitioner and that they are meeting the standards required by Good Medical Practice
- Creating opportunities for giving formative feedback that a trainee may use to inform their further learning and professional development
- Drive learning in important areas of competency
- Help identify areas in which trainees require additional or targeted training
- Providing evidence that a trainee is progressing satisfactorily by attaining the Curriculum learning outcomes
- Contribute evidence to the Annual Review of Competence Progression (ARCP) at which the summative decisions regarding progress and ultimately the award of the Certificate of Completion of Training (CCT) are made.

Assessment blueprint

The Assessment Blueprint supplement to this Curriculum shows the assessment methods that can possibly be used for each competency. It is not expected that all trainees will be assessed by all possible methods in each competency. The learning needs of individual trainees will determine which competencies they should be assessed in and the number of assessments that need to be performed. The trainee's Educational Supervisor has a vital role in guiding the trainee and ensuring that the trainee's assessments constitute sufficient curriculum coverage.

Trainees must pass the MRCPsych examination and successfully completed core training before entering Advanced Training in Forensic Psychiatry.

Workplace Based Assessment (WPBA) is the assessment of a doctor's performance in those areas of professional practice best tested in the workplace. The assessment of performance by WPBA will continue the process established in the Foundation Programme and will extend throughout Core Psychiatry Training and Advanced Training in General Psychiatry. It must be understood that WPBA's are primarily tools for giving formative feedback and in order to gain the full benefit of this form of assessment, trainees should ensure that their assessments take place at regular intervals throughout the period of training. All trainees must complete at least one case-focused assessment in the first month of each placement in their training programme. A completed WPBA accompanied by an appropriate reflective note written by the trainee and evidence of further development may be taken as evidence that a trainee demonstrates critical self-

reflection. Educational supervisors will draw attention to trainees who leave all their assessments to the 'last minute' or who appear satisfied that they have completed the minimum necessary.

An individual WPBA is not a summative assessment, but outcomes from a number of WPBA's will contribute evidence to inform summative decisions.

The WPBA tools currently consist of:

Assessment of Clinical Expertise (ACE) modified from the Clinical Evaluation Exercise (CEX), in which an entire clinical encounter is observed and rated thus providing an assessment of a doctor's ability to assess a complete case

Mini-Assessed Clinical Encounter (mini-ACE) modified from the mini-Clinical Evaluation Exercise (mini-CEX) used in the Foundation Programme, part of a clinical encounter, such as history-taking, is observed and rated.

Case Based Discussion (CBD) is also used in the Foundation Programme and is an assessment made on the basis of a structured discussion of a patient whom the Trainee has recently been involved with and has written in their notes.

Direct Observation of Procedural Skills (DOPS) is also used in the Foundation Programme and is similar to mini-ACE except that the focus is on technical and procedural skills.

Multi-Source Feedback (MSF) is obtained using the Mini Peer **Assessment Tool (mini-PAT)**, which is an assessment made by a cohort of co-workers across the domains of *Good Medical Practice*.

Case Based Discussion Group Assessment (CBDGA) has been developed by the College to provide structured feedback on a trainee's attendance and contribution to case discussion groups (also known as Balint-type groups) in Core Psychiatry Training.

Structured Assessment of Psychotherapy Expertise (SAPE) has been developed by the College to provide evidence of satisfactory completion of a psychotherapy case.

Case Presentation (CP) developed at the College; this is an assessment of a major case presentation, such as a Grand Round, by the Trainee.

Journal Club Presentation (JCP) similar to CP, and also developed at the College, this enables an assessment to be made of a Journal Club presented by the Trainee.

Assessment of Teaching (AoT) has been developed at the College to enable an assessment to be made of planned teaching carried out by the Trainee, which is a requirement of this curriculum.

Direct Observation of non-Clinical Skills (DONCS) has been developed by the College from the Direct Observation of Procedural Skills (DOPS). The DONCS is designed to provide feedback on a doctor's performance of non-clinical skills by observing them chairing a meeting, teaching, supervising others or engaging in another non-clinical procedure.

WPBA for Advanced Trainees

Doctors in Advanced Training Programmes should participate in at least one or two rounds of multi-source feedback a year and have at least one other WPBA performed a month. It is likely that the CbD will be an important assessment tool for these doctors because this tool permits a deep exploration of a doctor's clinical reasoning. The mini-ACE may be less important for most advanced trainees, except perhaps those engaged in areas of clinical work that they had not encountered in core training. As stated above, the College is developing the DONCS as a means of assessing performance of skills in situations that do not involve direct patient encounters. In time, it is possible that some psychiatric sub-specialty Advanced Training Curricula may introduce novel WPBA tools for specialised areas of work. Detailed information is contained in the Guide to ARCP panels.

13. Decisions on progress, the ARCP

Section 7 of the **Guide to Postgraduate Specialty Training in the UK** ("Gold Guide" available from www.mmc.nhs.uk) describes the **Annual Review of Competence Progression (ARCP)**. The ARCP is a formal process that applies to all Specialty Trainees. In the ARCP a properly constituted panel reviews the evidence of progress to enable the trainee, the postgraduate dean, and employers to document that the competencies required are being gained at an appropriate rate and through appropriate experience.

The panel has two functions: -

1. To consider and prove the adequacy of the trainee's evidence.
2. Provided the documentation is adequate, to make a judgment about the trainee's suitability to progress to the next stage of training or to confirm that training has been satisfactorily completed

The next section is a guide for ARCP panels regarding the evidence that trainees should submit at each year of Core Psychiatry and Advanced Specialty training in Forensic Psychiatry. There are several different types of evidence including WPBA's, supervisor reports, the trainee's learning plan, evidence of reflection, course attendance certificates etc. The evidence may be submitted in a portfolio and in time, this will be done using the College e-portfolio.

Trainees may submit WPBA's that have been completed by any competent healthcare professional who has undergone training in assessment. In a number of cases, we have stipulated that a consultant should complete the assessment. WPBA's in developmental psychiatry (i.e. in children and patients with learning disability) should be performed by a specialist child psychiatrist or learning disability psychiatrist.

The trainee should indicate the evidence that they wish to be considered for each competency. A single piece of evidence may be used to support more than one competency.

14. Guide for ARCP panels in Advanced Training in Forensic Psychiatry ST4-ST6

Intended learning outcome	ST4	ST5	ST6
<p>1 Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:</p> <ul style="list-style-type: none"> • Presenting or main complaint • History of present illness • Past medical and psychiatric history • Systemic review • Family history • Socio-cultural history • Developmental history 			
	<p>By the end of ST4 the trainee will be able to take a comprehensive history from a patient presenting to an inpatient forensic service. Core conditions to be assessed are in particular schizophrenia, affective disorders, all other psychotic conditions in ICD, all personality disorder especially antisocial, paranoid</p>	<p>By the end of ST5 the trainee will be able to independently assess under supervision any patient presenting to a specialist forensic service e.g. prison, police station, NHS or Independent hospital.</p> <p>Assess forensic</p>	<p>By the end of ST6 the trainee will be able to supervise the assessment of a forensic patient by a core trainee. They will be able to independently assess the most complex cases, involving multilayered complicating factors including personality disorder, substance misuse, medico legal and diversity issues.</p>

	<p>and borderline, developmental disorders including Aspergers syndrome and organic disorders. The understanding and assessment of substance misuse and its role in forensic presentation and risk is essential.</p> <p>Understand the legal context of forensic patient assessment. Understand the nature of forensic psychiatric services and differing institutions that may affect patient presentation. Understand the relevance of physical, procedural and relational security to patients' clinical needs and presentation.</p>	<p>patients in differing levels of security to identify clinical need and understand the balance needed for public protection.</p>	
<p>1b Patient examination, including mental state examination and physical examination</p>	<p>ACE of a new patient admitted to forensic inpatient unit</p> <p>CBD of a case to specifically explore</p>	<p>ACE or CBD New assessment for potential admission to forensic unit.</p> <p>CBD of a forensic</p>	<p>ACE or CBD Urgent assessment eg, in prison, police custody, NHS or independent hospital.</p>

	<p>links between risk issues and psychopathology.</p> <p>DOPS Assessing safety of examination facility for patient consultation.</p>	<p>patient from a background where diversity issues relevant to presentation, risk and management.</p>	<p>DONCS Observe supervision of other health professional at more junior level.</p> <p>CBD of a new patient with complex and multiple psychopathology including mental illness, substance misuse, personality disorder. To formulate the case and present management plans</p>
<p>2 Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses</p>			
	<p>By the end of ST4, the trainee will, be able to independently construct a formulation for a patient in a specialist forensic inpatient unit</p>	<p>By the end of ST5, the trainee will independently construct a formulation of a patient presenting newly to a specialist forensic service.</p>	<p>By the end of ST6, the trainee will be able to supervise students, foundation and core trainees in the development of an appropriate formulation for patients in a forensic service.</p>

	<p>CBD of several Patients discussing mental health act and issues surrounding detention, relevant sections appeals procedures, process of transfer from prison and court ordered detention.</p>	<p>CBD of several cases of forensic patients with different diagnoses to develop formulations, taking account of psychopathology and risk.</p>	<p>CBD of several cases of forensic patients where there are medico-legal issues e.g. Fitness to plead, fitness to interview, insanity, diminished responsibility, provocation, risk assessment and sentencing.</p>
<p>3 Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains</p>			
	<p>By the end of ST4, the trainee will be able to independently formulate a plan of investigations and treatment for a newly admitted forensic inpatient.</p>	<p>By the end of ST5, the trainee will be able to independently formulate a plan of investigation and treatment for a new patient presenting to specialist forensic services, especially in prison, police custody and the community.</p>	<p>By the end of ST6, the trainee will be able to comprehensively manage a forensic patient presenting a range of complex conditions including personality disorder, mental illness, learning disability with a multidisciplinary team, including managing, the CPA process, prison transfers and independent liaison with relevant third parties: -police, government agencies, courts, solicitors.</p>

	<p>CBD of a new referral to demonstrate the use of relevant investigations i.e. physical, psychiatric, social, legal including liaison with multi professional groups.</p> <p>CBD Of treatment plans for newly admitted forensic patients</p>	<p>MINI ACE Management of seclusion following local policy and agreed national standards.</p> <p>CBD of referral of Forensic patient to another service highlighting relevant factors in diagnosis, risk and demonstrating appropriate use of resources with short and long term treatment planning.</p>	<p>CBD Patient moving between levels of security, highlighting issues of clinical needs in context of security.</p> <p>Mini Ace to demonstrate an ability to grant leave to a forensic patient ensuring multidisciplinary appraisal within a relevant legal framework.</p>
<p>4 Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimise</p>			

risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies

	<p>By the end of ST4, the trainee will be able to develop comprehensive clinical risk assessment of forensic patients.</p> <p>The trainee will have gained recognized approval under relevant MHA and will demonstrate an understanding of the legal framework for detention and treatment of forensic inpatients including restriction orders.</p> <p>The trainee will demonstrate ability to write formal reports for Mental Health Review Tribunals (MHRT), hospital managers, and equivalents as well as discharge letters and reports for the relevant Government bodies that administer Restriction Orders.</p>	<p>By the end of ST5 the trainee will competently Use standardized risk assessment tools understanding theory, strengths and limitations of actuarial approaches</p> <p>The trainee will demonstrate skill in developing plans for Medico-legal management of incompetent forensic inpatient or capacitous patient refusing treatment.</p> <p>Demonstrate skills in writing formal reports addressing simple medico-legal issues including medical disposal at court, advice on Restriction Orders.</p> <p>Demonstrate ability to give evidence to courts</p>	<p>By the end of ST6 the trainee will demonstrate the ability to develop risk management plans with a multidisciplinary team. Able to manage risks of forensic patients as inpatients, community patients, prisoners and other specialist facilities. Management of the specific risks of Specialist populations of forensic patients presenting with high risk behaviours particularly persistent severe self harm, and including those at high risk in prisons</p> <p>Understand and develop plans for the medico legal management of patients out with hospital for the purposes of MH legislation including the transfer of prisoners</p>
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	<p>The trainee will give appropriate evidence to hospital managers, MHRT and equivalent hearings</p>	<p>on simple medico legal issues e.g. restriction order disposal</p>	<p>and those in police custody. Understand legal clinical and ethical issues of the emergency treatment of prisoners under common law.</p> <p>The trainee will be able to manage a patient requiring recall to hospital.</p> <p>Manage legal aspects of discharging a patient including remission to prison, discharge to step down services, discharge to the community including compulsory treatment in the community.</p> <p>Understand the management of a potential hostage situation</p> <p>The trainee will demonstrate the ability to write formal reports to 3rd parties including to courts legal representatives,</p>
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			<p>judicial bodies covering complex issues especially fitness to plead, mental condition defenses, dangerousness and sentencing.</p> <p>The trainee will be able to give evidence to courts on more complex medico legal issues e.g. fitness to plead, defenses, dangerousness</p>
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4a All clinical situations	<p>DOPS or CBD demonstrating an understanding of the use of structured and actuarial risk assessment tools</p> <p>MINI-ACE Clinical risk assessment for forensic inpatient</p>	<p>MINI ACE/CBD Risk assessment for external agencies including MHRT, courts.</p> <p>DOPS or CBD demonstrating an understanding of the use of structured and actuarial risk assessment tools.</p>	<p>MINI-ACE CPA of forensic patient dealing with risk management in multi-professional setting.</p> <p>DONCS of organising and leading a multidisciplinary team to assess and manage a forensic psychiatric emergency developing both short and long term plans.</p>
4b Psychiatric emergencies	<p>Mini-ACE or CbD of managing a psychiatric emergency in a forensic inpatient setting, including rapid tranquilization, seclusion management and reporting arrangements.</p> <p>MINI ACE/CBD Assessment and review of a patient involved in incident demonstrating</p>	<p>Mini-ACE or CbD of the assessment and management a psychiatric emergency presenting to forensic services including in police custody, prison, or in the community.</p> <p>CbD or DONCS of the management of an incident of absconding</p> <p>MINI ACE/CBD</p>	<p>DONCS Team management of a forensic psychiatric emergency including seclusion management.</p>

	appropriate multidisciplinary assessment and management of the incident.	Assessment and review of an emergency presenting in police custody, prison and community	
4c Mental health legislation	MINI ACE of assessing a capacity to consent to treatment. CBD of legal issues of forensic patient detained on a restriction order.	CBD/Mini ACE Medico-legal management of incompetent patient or capacitous patient refusing treatment.	CPD of medico legal aspects of emergency management of prisoners. CBD of management of a patient requiring recall.
4d Broader legal framework	CBD of several formal reports written for statutory review tribunals Ace of trainee giving evidence at a formal tribunal hearing Evidence of satisfactory completion of an appropriate course to gain approval to exercise powers under the relevant	CBD of formal reports for above court hearings to address simple medico-legal issues including medical disposal at court, advice on Restriction Orders DONCS of trainee giving evidence to a Court on simple medico legal issues e.g. restriction order disposal	CBD of formal reports of formal reports to 3 rd parties including to courts legal representatives, judicial bodies covering complex issues. DONCS of trainee giving evidence in a formal setting such as court or during a formal training exercise on more complex medico legal

	mental health legislation		issues e.g. fitness to plead, defenses, dangerousness
5 Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions			
5a Psychological therapies	By the end of ST4, the trainee will be able to perform an assessment of a forensic patient to review psychological treatment needs. The trainee will demonstrate an understanding of different psychotherapeutic approaches and the impact and therapeutic use of security.	By the end of ST5, the trainee will demonstrate the ability to engage in psychological treatment of forensic psychiatric patient.	By the end of ST6, the trainee will demonstrate the ability to manage a CPA of a forensic patient, discussing psychological issues and prescribing relevant psychological therapies. The will demonstrate an understanding of the impact of victims in the management of a forensic patient
	CBD of assessment of psychological needs.	SAPE of relevant psychological treatment of forensic psychiatric patient.	Mini-ACE of CPA focused on psychological understanding and treatment approaches.
7 Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states			
7a Management of severe and enduring mental illness	By the end of ST4, the trainee will	By the end of ST5, the trainee will	By the end of ST6, the trainee will

	demonstrate the ability to undertake assessments of forensic patients with long-term needs.	demonstrate the ability to develop rehabilitation and management plans for long-term forensic patient with enduring problems demonstrating an understanding of <ul style="list-style-type: none"> - Institutionalization - Principles of recovery 	demonstrate the ability to manage a CPA of a forensic patient with long-term enduring problems of intractable symptoms and risk
	ACE or CBD of an assessment of a forensic patient with long-term needs.	CBD of management strategies for long term patient	DONCS of conducting a CPA review
8 Demonstrate effective communication with patients, relatives and colleagues. This includes the ability of the doctor to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances			
	By the end of ST4, the trainee will demonstrate the ability to effectively communication with forensic patients, relatives and professional colleagues.	By the end of ST5, the trainee will demonstrate the ability to conduct an independent assessment of patient with carers – especially information gathering, imparting relevant information, and understanding levels of confidentiality.	By the end of ST6, the trainee will demonstrate the ability to conduct an independent assessment of patient with communication difficulties. As part of which they will organise and appropriately utilise interpreters.

	Mini Ace of interaction with forensic patient	Mini ACE or CBD of interaction with carers and sensitive handling of information within limits of confidentiality.	ACE, mini ACE or CBD to explore how communication from disability or cultural differences affects assessment and management.
9 Demonstrate the ability to work effectively with colleagues, including team working			
	By the end of ST4, the trainee will be able to describe and understand the role of a forensic psychiatrist and the roles and responsibilities of other members of an MDT. Understand the legal responsibilities of a forensic psychiatrist.	By the end of ST5, the trainee will demonstrate the ability to work with multidisciplinary teams and identify and resolve dysfunction within the team. Develop awareness of institutional dysfunction at individual and organization level and to effectively report and facilitate the management of difficulties.	By the end of ST6, the trainee will demonstrate the ability to effectively contribute to and where appropriate lead MDTs including CPA, discharge planning (S.117 or equivalent), Multi-Agency Public Protection Arrangements (MAPPA) (or Public Protection Arrangements Northern Ireland), Victim liaison, NHS management.
	One round of Mini-PAT	One round of Mini-PAT	DONCS of contributing

	Supervisors' reports	Supervisors' reports	to and chairing S117 discharge meeting (or equivalent), MAPPA (Or equivalent), Victim liaison One round of Mini-PAT Supervisors' reports
10 Develop appropriate leadership skills			
	By the end of ST4, the trainee will demonstrate the ability to lead the MDT assessment of a forensic psychiatric patient, to coordinate and agree an initial management strategy.	By the end of ST5, the trainee will demonstrate the ability to lead the MDT clinical management meeting concerning a forensic psychiatric patient, setting treatment goals both short and long term	By the end of ST6, the trainee will demonstrate the ability to participate in a change management project, demonstrating an understanding of leadership strategies within the wider management framework.
	DONCS of trainee conducting a ward round One round of Mini-PAT Supervisors' reports	DONCS of trainee chairing the multidisciplinary team meeting One round of Mini-PAT Supervisors' reports	DONCS of trainee chairing a CPA/MAPPA (or equivalent) meeting One round of Mini-PAT Supervisors' reports
11 Communication with colleagues			
	By the end of ST4, the trainee will	By the end of ST5, the trainee will	By the end of ST6, the trainee will

	demonstrate ability to write formal reports for Mental Health Review Tribunals (MHRT), hospital managers, and equivalents as well as discharge letters and reports for the relevant Government bodies that administer Restriction Orders. (CBD, supervisor's reports)	Demonstrate skills in writing formal reports addressing simple medico-legal issues including medical disposal at court, advice on Restriction Orders. (CBD, supervisor's reports)	demonstrate the ability to write formal reports to 3 rd parties including to courts legal representatives, judicial bodies covering complex issues especially fitness to plead, mental condition defenses, dangerousness and sentencing. (CBD, supervisor's reports)
	Give appropriate evidence to hospital managers, MHRT and equivalent hearings (mini ACE, ACE, CBD, supervisors report)	Give evidence to courts on simple medico legal issues e.g. restriction order disposal (mini ACE, ACE, CBD, supervisors report)	Give evidence to courts on more complex medico legal issues e.g. fitness to plead, defences, dangerousness (mini ACE, ACE, CBD, supervisors report)
12 Demonstrate the ability to conduct and complete audit in clinical practice			
12a Audit	By the end of ST4, the trainee will demonstrate the ability to undertake an audit relevant to forensic in patient service as part	By the end of ST5, the trainee will demonstrate the ability to conduct an audit project without direct supervision, be able to	By the end of ST6, the trainee will demonstrate the ability to initiate supervise and present a different audit project from

	of the unit audit cycle.	set standards and be able to demonstrate how the results of an audit project have contributed to quality improvement	those conducted in ST4 and 5, with a junior colleague.
	Completed audit report	JCP of audit project	Audit presentation to MDT and completed audit report
13 Develop an understanding of the implementation of clinical governance			
13a Organisational framework for clinical governance and the benefits that patients may expect	By the end of ST4, the trainee will demonstrate an awareness of risk management issues and healthcare governance issues	By the end of ST5, the trainee will demonstrate an understanding of risk management issues and healthcare governance issues. Develop a capacity to use governance data e.g. monitor pattern of incidents in a secure unit and develop management strategies.	By the end of ST6, the trainee will demonstrate an ability to handle a Singular Untoward Incident (SUI) and ability to work nationally, regionally or locally to develop and implement clinical guidelines and care pathways (if not completed in ST5)
	Supervisors reports	Supervisors reports	Supervisors reports
15 Develop the ability to teach, assess and appraise			
	By the end of ST4, the trainee will demonstrate an ability to use a number of different teaching	By the end of ST5, the trainee will demonstrate an understanding of the basic principles of adult	By the end of ST6, the trainee will demonstrate an ability to organise (including evaluate) educational

	methods and an ability to conduct workplace-based assessments (WPBA's) for foundation or core trainees	learning and of different learning styles and demonstrate ability to assess medical student/ foundation doctor	events (if not completed in ST5) and an ability to conduct an appraisal of a colleague
15a The skills, attitudes, behaviours and practices of a competent teacher	AoT of ward based undergraduate teaching. JCP of presentation of a paper from a relevant forensic journal Appraisal	CP of presentation of a forensic case to an academic forensic seminar AoT of small group teaching (if not completed in ST4)	Record of an AoT performed on a junior colleague's teaching
15b Assessment	Record of WPBA's conducted on others	DONCS of shadow supervision session to core or foundation trainee	Log of supervision or support to non-medical members of the team assessing core or foundation trainees
15c Appraisal		Record of discussion of educational supervisor's ARCP report	Record of discussion of educational supervisor's ARCP report DONCS on completion of foundation or core trainee shadow ARCP appraisal form (if not

			completed in ST4)
16 Develop an understanding of research methodology and critical appraisal of the research literature			
	By the end of ST4, the trainee should be able to frame an appropriate research question in a forensic area, conduct a relevant literature search, write a comprehensive review of this literature and write a research protocol (this may be for a project that the trainee will conduct or it may be in 'shadow' form	By the end of ST5, the trainee should demonstrate the ability to collect data and enter it into standard computer software (this may be from the trainee's own research or audit) and be able to demonstrate the incorporation of research findings in their everyday practice	By the end of ST6 should demonstrate the ability to prepare findings of research, audit or similar work for dissemination beyond the trainee's workplace and be able to communicate the importance of applying research findings to colleagues
16a research techniques	Special Interest/research supervisors reports or supervisor's report	Special Interest/research supervisors reports or supervisor's report	Copies of forensic publications/dissertation (if applicable) Special Interest/research supervisors reports or supervisor's report

16b Evaluation and critical appraisal of research	DONCS on the evaluation of an original research paper of relevance to in-patient or out-patient forensic psychiatry. Supervisor's report	Supervisor's report	DONCS on the evaluation of an original research paper in a specialist area Supervisor's report
17 Ensure that the doctor acts in a professional manner at all times			
	By the end of ST4 the trainee will demonstrate an understanding of the issues surrounding confidentiality and the appropriate sharing of information and the need for safe and positive decision-making with respect to risk management with respect to risk management in forensic inpatients	By the end of ST5, the trainee will demonstrate an understanding of the need for safe and positive decision-making with respect to risk management for community forensic patients and specialised populations e.g. prisons	By the end of ST6 will not only exemplify the highest standards of professionalism in their own practice but will also demonstrate an ability to support and advise colleagues in dealing with complex professional interactions, including the safe and appropriate sharing of information, understanding relevant legal and professional frameworks e.g. Human rights legislation, Duties of a Psychiatrist, GMC guidance, MAPPA (or

			equivalent) guidelines The trainee will demonstrate the ability to recognise the limits of expertise when preparing formal reports or giving evidence to formal bodies such as courts.
17a Doctor patient relationship	One round of Mini-PAT	One round of Mini-PAT	One round of Mini-PAT
17b Confidentiality	CBD on a case where confidentiality issues are salient.		Supervisor's report
17d Risk management	Mini-ACE or CBD on assessment of risk in a complex case		Mini-ACE or CBD on assessment of risk in a complex case in a specialist area (e.g EIP, AO, crisis, eating disorders, neuropsychiatry etc) if not conducted in ST5
17e Recognise own limitations	Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.	DONCS of providing clinical supervision (if not completed in ST4) Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.	Log of cases where the trainee has provided clinical supervision

