

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 purpose of the curriculum is 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 Trainee and Trainer's Guide to ARCPs that is set out later. The intended learning outcomes of the curriculum are structured under the Good Medical Practice (2013) headings that set out a framework of professional competencies. 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 Good Medical Practice headings as follows: -

1. Knowledge, Skills and Performance
2. Safety and Quality
3. Communication, Partnership and Teamwork
4. Maintaining Trust

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 organisation 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. 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. With these points in mind, this curriculum is based on a model of intended learning outcomes 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.

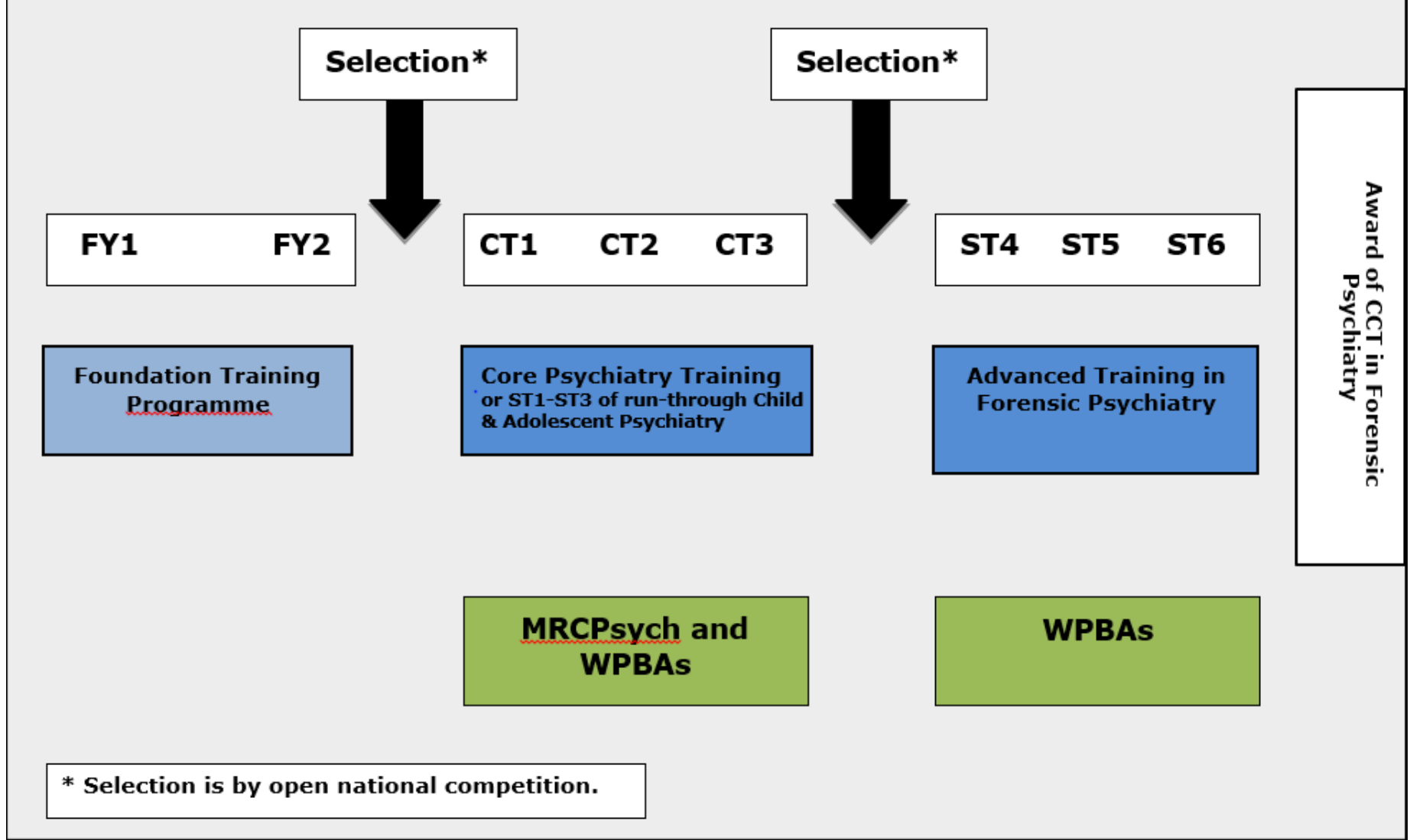
#### **4. Training pathway**

Trainees enter Forensic Psychiatry Specialty Training after successfully completing both the Foundation Training Programme (or having evidence of equivalence) and either the Core Psychiatry Training programme or the early years (ST-ST3) of the run-through Child and Adolescent Psychiatry Training programme. The progression is shown in Figure 1.

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; 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 or the early years (ST-ST3) of the run-through Child and Adolescent Psychiatry Training programme.



**Figure 1. Training pathway to obtain a Certificate of Completion of Training (CCT) in Forensic Psychiatry.**



## 5. Acting Up

Up to a maximum of three months whole time equivalent (for LTFT trainee the timescale is also three months, Gold Guide 6.105) 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 follows local procedures by making contact with the Postgraduate Dean and their team who will advise trainees about obtaining prospective approval
- 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
- The approval of the Training Programme Director and Postgraduate Dean is sought
- There is agreement from the employing trust to provide support and clinical supervision to a level approved by the trainee's TPD
- The trainee still receives one hour per week education supervision either face to face or over the phone by an appropriately accredited trainer
- Trainees retain their NTN during the period of acting up
- Full time trainees should 'act up' in full time Consultant posts wherever possible. All clinical sessions should be devoted to the 'acting up' consultant post (i.e., there must be no split between training and 'acting up' consultant work).
- In exceptional circumstances, where no full time Consultant posts are available, full-time trainees may 'act up' in part-time consultant posts, but must continue to make up the remaining time within the training programme.
- The post had been approved by the RA in its current form
- If a trainee is on call there must be consultant supervision
- If the period is sat the end of the final year of the training programme, a recommendation for the award of a CCT will not be made until the report from the educational supervisor has been received and there is a satisfactory ARCP outcome

If the post is in a different training programme\*, the usual Out of Programme (OOPT) approval process applies and the GMC will prospectively need to see an application form from the deanery and a college letter endorsing the AUC post

\*A programme is a formal alignment or rotation of posts which together comprise a programme of training in a given specialty or subspecialty as approved by the GMC, which are based on a particular geographical area.

## 6. 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](#).

## **7. 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 a 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 General Medical Council (GMC) 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 GMC 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:

- a. 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.
- b. Advising and supporting trainees in their learning by reviewing progress in psychotherapy
- c. 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:

1. 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)
2. Ensures that all core trainees have the opportunity to complete the psychotherapy requirements of the core curriculum
3. Advises and support core and higher trainees in their learning by reviewing progress in psychotherapy
4. 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

5. Oversees the establishment and running of the core trainee Balint/case based discussion group
6. Provides assessment and oversee the waiting list of therapy cases for core trainees and higher trainees
7. Monitors the selection of appropriate short and long therapy cases in accordance with the core curriculum
8. Selects and support appropriate therapy case supervisors to supervise and assess the trainees
9. 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)
10. Ensures the therapy case supervisors are trained in psychotherapy workplace based assessment
11. Ensures active participation of medical and non medical psychotherapy supervisors in the ARCP process
12. Maintains and builds on the curriculum standard of core psychotherapy training in the School of Psychiatry through the ARCP process.

## **Supervision**

Supervision in postgraduate psychiatry training encompasses three core aspects:

- Clinical Supervision
- Educational Supervision
- Psychiatric Supervision

Supervision is designed to:

- Ensure safe and effective patient care
- Establish an environment for learning and educational progression
- Provide reflective space to process dynamic aspects of therapeutic relationships, maintain professional boundaries and support development of resilience, well-being and leadership

This guidance sets out the varied roles consultants inhabit within a supervisory capacity. Key principles underpinning all types of supervision include:

- Clarity
- Consistency
- Collaboration
- Challenge
- Compassion

## Clinical Supervisors/Trainers

The clinical work of all trainees must be supervised by an appropriately qualified senior psychiatrist. All trainees must be made aware day-to-day of who the nominated supervisory psychiatrist is in all clinical situations. This will usually be the substantive consultant whose team they are attached to but in some circumstances this may be delegated to other consultants, to a senior trainee or to an appropriately experienced senior non consultant grade doctor during periods of leave, out-of-hours etc.

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;** 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; **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. Should be involved with teaching and training the trainee in the workplace.
2. 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
3. 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.
4. Will perform workplace-based assessments for the trainee and will delegate performance of WPBA's to appropriate members of the multi-disciplinary team
5. 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.

Time for providing clinical supervision must be incorporated into job planning, for example within teaching clinics.



## Educational Supervisors/Tutors

An Educational Supervisor/tutor will usually be 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.

## **Psychiatric Supervision**

Psychiatrists in training require regular reflective 1:1 supervision with a nominated substantive consultant who is on the specialist register. This will usually be the nominated consultant who is also providing clinical, and often education, supervision.

Psychiatric supervision is required for all trainees throughout core and higher levels and must be for one hour per week. It plays a critical role in the development of psychiatrists in training in developing strategies for resilience, well-being, maintaining appropriate professional boundaries and understanding the dynamic issues of therapeutic relationships. It is also an opportunity to reflect on and develop leadership competencies and is informed by psychodynamic, cognitive coaching models. It is imperative that consultants delivering psychiatric supervision have protected time within their job plans to deliver this. This aspect of supervision requires 0.25 PA per week.

The psychiatric supervisor is responsible for producing the supervisor report informing the ARCP process and will ensure contributions are received from key individuals involved in the local training programme including clinical supervisors. Often the psychiatric supervisor will also be the nominated educational supervisor.

## **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 local training course (e.g. MRCPsych course, for Core Psychiatry trainees)
  - a local postgraduate academic programme
  - the opportunity (and funding) to attend courses, conferences and meetings relevant to their level of training and experience
  - appropriate library facilities
  - the advice and support of an audit officer or similar
  - 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:
  - work to a signed educational contract
  - maximize the educational benefit of weekly educational supervision sessions
  - undertake workplace-based assessments, both assessed by their clinical supervisor and other members of the multidisciplinary team
  - use constructive criticism to improve performance
  - regularly review the placement to ensure that the necessary experience is being obtained
  - discuss pastoral issues if necessary
8. Must have regular contact with their Educational Supervisor/tutor to:
  - agree educational objectives for each post
  - develop a personal learning and development plan with a signed educational contract
  - ensure that workplace-based assessments and other means of demonstrating developing competence are appropriately undertaken
  - review examination and assessment progress
  - regularly refer to their portfolio to inform discussions about their achievements and training needs

- receive advice about wider training issues
  - 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.

## **8. 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.

## 9. The Intended Learning Outcomes FOR SPECIALIST TRAINING IN FORENSIC PSYCHIATRY

### Good Medical Practice, Domain 1: Knowledge, skills and performance

- *Develop and maintain professional performance*
- *Apply knowledge and experience to practice*
- *Record work clearly, accurately and legibly*

<b>Intended learning outcome 1</b>	
<i>The doctor will be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:</i>	
<ul style="list-style-type: none"> <li>• Presenting or main complaint</li> <li>• History of present illness</li> <li>• Past medical and psychiatric history</li> <li>• Systemic review</li> <li>• Family history</li> <li>• Socio-cultural history</li> <li>• Developmental history</li> </ul>	
<b>Intended Learning outcome 1a</b>	<b>Assessment methods</b>
<b>Knowledge</b> Demonstrate a knowledge of the principles of clinical supervision and their practical application (NB this competency applies across all the intended learning outcomes and subjects of this domain)	Mini-PAT, CBD, DONCS
describe the links between psychopathology, victimisation, mental disorder, behaviour and crime	CP, CBD
outline the criminology of offences relevant to forensic psychiatry and diversity	CP CBD
list the services for special groups of forensic patients	CP, CBD
outline safety policies and procedures relating to patient consultation	ACE, Mini-ACE, CP, CBD
<b>Skills</b> Tailor history to setting and context	ACE, Mini-ACE, CBD

<p>Appropriately obtain and document patient informed consent</p> <p>Offer psychiatric expertise to other practitioners to enhance the value of clinical assessments (e.g. through clinical supervision) to which the psychiatrist has not directly contributed</p> <p>Elicit information required for each component of a psychiatric history; in situations of urgency, prioritise what is immediately needed; and gather this information in difficult or complicated situations</p>	<p>ACE, Mini-ACE, CBD</p> <p>Mini-PAT, CBD, DONCS</p> <p>ACE, Mini-ACE, CBD</p>
<p><b>Attitudes demonstrated through behaviours</b></p> <p>Display willingness and availability to give clinical supervision to colleagues at all times (NB this competency applies across all the intended learning outcomes and subjects of this domain)</p>	<p>CBD, DONCS, Mini-PAT</p>
<p><b>1b Patient examination, including mental state examination and physical examination</b></p>	<p><b>Assessment methods</b></p>
<p><b>Knowledge</b></p>	
<p><b>Skills</b></p> <p>Tailor the examination to the purpose, setting and context</p> <p>Make an assessment of safety of environment for patient consultation and examination</p> <p>identify psychopathology in all clinical situations, including those that are urgent and/or complex</p> <p>assess and diagnose patients with multiple and complicated pathologies</p> <p>Able to elicit psychopathology and phenomenology relating to risk</p>	<p>ACE, Mini-ACE, CBD</p> <p>ACE, Mini-ACE, CBD</p> <p>ACE, Mini-ACE, CBD</p> <p>ACE, Mini-ACE, CBD</p> <p>ACE, Mini-ACE, CBD</p>
<p><b>Attitudes demonstrated through behaviours</b></p> <p>Display an awareness of complex needs</p> <p>Undertake mental state and physical examination and investigations sensitively in accordance with patients diversity needs</p>	<p>ACE, Mini-ACE, CBD, Mini-PAT</p> <p>ACE, Mini-ACE, CBD, Mini-PAT</p>

<b>Intended learning outcome 2</b>	
<b>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</b>	
<b>Intended learning outcome 2</b>	<b>Assessment methods</b>
<b>2a Diagnosis</b>	
<b>Knowledge</b> understand the impact of legal context on patient evaluation	ACE, Mini-ACE, CBD, CP, Mini-PAT
<b>Skills</b> perform an assessment of the behavioural abnormalities which increase risk	ACE, Mini-ACE, CBD, CP supervisor's report
<b>Attitudes demonstrated through behaviours</b>	
<b>2b Formulation</b>	<b>Assessment methods</b>
<b>Knowledge</b> Understand the balance between the primary duty of care to patients and protecting public safety and take proper account of this in professional decision-making  Understand the philosophy of retribution, incapacitation, deterrence	ACE, CBD, CP, supervisor's report  ACE, CBD, CP, supervisor's report
<b>Skills</b> collate and integrate of information from clinical, risk and legal evaluation into a detailed formulation  develop a psychodynamic formulation	CBD, CP, supervisor's report  CBD, CP, supervisor's report
<b>Attitudes demonstrated through behaviours</b> Recognise the contribution of MDT members and other agencies in assessing patients, incorporating patient perspective	CBD, CP, Mini-PAT, supervisor's report



<b>Intended learning outcome 3</b>	
<b>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</b>	
<b>3b Investigation</b>	<b>Assessment methods</b>
<b>Knowledge</b> describe the appropriate use of actuarial instruments relevant to forensic practice	ACE, Mini-ACE, CBD, CP
<b>Skills</b> Elicit a full mental state examination and undertake relevant investigations from a forensic patient across a variety of settings	ACE, Mini-ACE, CBD, CP
Undertake appropriate investigation in forensic settings	ACE, Mini-ACE, CBD, CP
<b>Attitudes demonstrated through behaviours</b>	
<b>3c Treatment planning</b>	<b>Assessment methods</b>
<b>Knowledge</b> describe the policies and procedures relating to the care programme approach and effective care coordination	CBD, CP, Supervisor's report
apply legislation relating to interagency working e.g. MAPPA framework, child protection	CBD, CP, Supervisor's report
describe the roles and responsibilities of other agencies, such as police, social work probation and the prison service	CBD, CP, supervisor's report
outline the statutory care requirements of detained and restricted patients and the role of the RMO	CBD, CP, supervisor's report
understand the impact of secure institutions	CBD, CP, supervisor's report

<p><b>Skills</b></p> <p>Demonstrate competence in the management of violence</p> <p>direct the therapeutic use of security to meet patients needs</p> <p>utilise relational, procedural and physical aspects of security to manage patients</p> <p>Mitigate against the negative effects of institutionalisation on patient rehabilitation</p> <p>Contribute to psychological understanding of the patient in the context of secure psychiatric institutions</p> <p>work therapeutically in non-clinical settings (prisons, police stations, courts etc)</p> <p>Seek and respond to legal advice</p> <p>Multi-agency working</p> <p>Manage patients in least restrictive setting</p>	<p>Mini-ACE, ACE, CBD, CP</p> <p>Mini-ACE, ACE, CBD, CP</p> <p>Mini-ACE, ACE, CBD, CP</p> <p>Mini-ACE, ACE, CBD, CP</p> <p>Mini-ACE, ACE, CBD, CP</p> <p>Mini-ACE, ACE, SAPE, CBD, CP</p> <p>CBD, CP, DONCS</p> <p>CBD, CP, DONCS</p> <p>CBD, CP, supervisor's report</p>
<p><b>Attitudes demonstrated by behaviours</b></p> <p>Use a full range of management strategies including seclusion, de- escalation, breakaway and care and restraint</p>	<p>CBD, CP, supervisor's report</p>

<b>Intended learning outcome 4</b>	
<b>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</b>	
<b>4a All clinical situations</b>	<b>Assessment methods</b>
<b>Knowledge</b> Understand Risk assessment methods and implications of use in forensic settings	CBD, CP, supervisor's report
<b>Skills</b> Undertake detailed risk assessment	CBD, CP, Mini-PAT, supervisor's report
Assess and manage a patient at risk in conjunction with multidisciplinary team	CBD, CP, Mini-PAT, supervisor's report
Formulate detailed risk management plan arising from risk assessment with multidisciplinary team	CBD, CP, Mini-PAT, supervisor's report
Implement risk management plans with multidisciplinary team	CBD, CP, Mini-PAT, supervisor's report
<b>Attitudes demonstrated through behaviours</b>	
<b>4b Psychiatric emergencies for all specialties</b>	<b>Assessment methods</b>
<b>Knowledge</b> Knows about principles underlying management and prevention of violence, hostage taking, self harm, suicide, absconsion, escape and recall of a restricted patient	ACE, Mini-ACE, CBD, CP, supervisor's report
<i>Knows about Policy and principles regarding management of seclusion</i>	CBD, supervisor's report
<b>Skills</b> Independently assess and manage patients with mental illnesses including uncommon conditions, in emergencies	CBD, CP, Mini-PAT, supervisor's report

Demonstrate expertise in applying the principles of crisis intervention in emergency situations	CBD, CP, Mini-PAT, supervisor's report
Make care plans in urgent situations where information may be incomplete	CBD, CP, Mini-PAT, supervisor's report
Risk assess situations in which incidents may occur or have occurred and institute appropriate management including contingency planning, crisis management and de-escalation techniques	CBD, CP, supervisor's report
maintain Breakaway techniques and keep these up to date	Supervisor's report
Demonstrate Short term control of violence including emergency use of medication, rapid tranquillisation, use of restraint and seclusion	CBD, CP, supervisor's report
Demonstrate Post event management	CBD, CP, supervisor's report, DONCS
Assess and manage a patient involved in an incident	ACE, Mini-ACE, CBD, CP
provide reports and documentation relating to incidents	CBD, DONCS, supervisor's report
Work with multidisciplinary and multi-agency colleagues to assess and manage incidents	CBD, DONCS, supervisor's report
Consider the need for emergency supervision support and feedback for staff, victim, other patients, carers as required	CBD, CP, DONCS
Demonstrate Resuscitation	DOPS, supervisor's report
<b>Attitudes demonstrated through behaviours</b> Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty	CBD, CP, Mini-PAT, supervisor's report

<p>Keep mandatory training up to date</p> <p>maintain professionalism in face of considerable clinical and legal pressure</p> <p>Offer help and support to others (patients, staff and carers)</p> <p>provide appropriate documentation of incidents</p> <p>Follow appropriate policies and procedures</p>	<p>Supervisor's report</p> <p>CBD, CP, Mini-PAT, supervisor's report</p> <p>CBD, CP, DONCS, supervisor's report</p> <p>CBD, DONCS, supervisor's report</p> <p>CBD, DONCS, supervisor's report</p>
<p><b>4c Mental health legislation</b></p>	<p><b>Assessment methods</b></p>
<p><b>Knowledge</b></p> <p>Demonstrate practical knowledge of the relevant mental health legislation, guidelines, local policies, procedures, codes of practice and guidance relating to: mental health, capacity, confidentiality, data protection, freedom of information, disability and discrimination, consent, bullying and harassment, human rights, public protection</p> <p>Demonstrate practical knowledge Criminal, civil and case law relating to forensic patients</p> <p>Demonstrate practical knowledge Other legislation relating to patient care in forensic settings</p>	<p>CBD, CP, DONCS, supervisor's report</p> <p>CBD, CP, DONCS, supervisor's report</p> <p>CBD, CP, DONCS, supervisor's report</p>
<p><b>Skills</b></p> <p>Demonstrate the competent assessment of a patient using relevant mental health legislation both in emergency and routine practice</p> <p>give testimony at an appropriately convened tribunal to review the detention of a compulsory patient</p>	<p>CBD, ACE, Mini-ACE,</p> <p>CBD, DONCS</p> <p>CBD, DONCS, ACE, Mini-ACE,</p>

<p>apply knowledge to forensic practice</p> <p>Application to services and to patient care</p>	<p>supervisor's report</p> <p>CBD, DONCS, ACE, Mini-ACE, supervisor's report</p>
<p><b>Attitudes demonstrated through behaviours</b></p> <p>Contribute to multidisciplinary team care of patients within relevant legal framework</p> <p>Contribute to patients' management during legal proceedings</p> <p>Demonstrate an understanding of need to balance rights and responsibilities, welfare and public protection</p> <p>Recognise duty to patients, carers and public safety, whilst working within appropriate practice guidelines for the use of mental health legislation</p> <p>Be prepared to give advice to others on the use of mental health and allied legislation</p>	<p>CBD, CP, DONCS, Mini-PAT, supervisor's report</p> <p>CBD, DONCS, ACE, supervisor's report</p> <p>CBD, DONCS, CP, supervisor's report</p> <p>CBD, DONCS, CP, supervisor's report</p> <p>CBD, DONCS, Mini-PAT, supervisor's report</p>
<p><b>4d Broader legal framework</b></p>	<p><b>Assessment methods</b></p>
<p><b>Knowledge</b></p> <p>Demonstrate awareness of specialist aspects of the law</p> <p>Understands the Purpose to which reports could be put and secondary uses</p> <p>Understands the Role of expert, professional witness and witness of fact</p> <p>Knows about Practical matters in preparing report</p> <p>Knows about Criminal/ civil legal issues to be considered</p>	<p>CBD, CP, DONCS, Mini-PAT, supervisor's report</p> <p>CBD, CP, DONCS, supervisor's report</p> <p>CBD, CP, DONCS, supervisor's report</p> <p>CBD, CP, DONCS, supervisor's report</p> <p>CBD, CP, DONCS, supervisor's</p>

<p>Understands the General principles of report writing including avoiding medical jargon</p> <p>knows about court procedures, both in Criminal and civil proceedings</p>	<p>report</p> <p>CBD, CP, DONCS, supervisor's report</p> <p>CBD, CP, DONCS, supervisor's report</p>
<p><b>Skills</b></p> <p>Prepare reports for Mental Health Review Tribunals, managers' hearings, Courts of Law (coroners, criminal and civil) other practitioners, criminal justice agencies</p> <p>Interpret legislation and explain the implications in jargon free language at a level for the specific situation</p> <p>Receive and negotiate instructions to prepare reports</p> <p>Develop a formulation of a case and write report to a high standard</p>	<p>CBD, CP, DONCS, supervisor's report</p> <p>DONCS, supervisor's report</p> <p>DONCS, supervisor's report</p> <p>CBD, supervisor's report</p>
<p><b>Attitudes demonstrated through behaviours</b></p> <p>Testify as an expert witness within limits of own expertise</p>	<p>DONCS, supervisor's report</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**

5a Psychological therapies	Assessment methods
<p><b>Knowledge</b>                      Apply contemporary knowledge and principles in psychological therapies</p> <p><i>Psychotherapeutic management of forensic patients</i></p> <p>Understands The therapeutic use of security</p> <p>Knows about Principles and evidence base for treatments</p>	<p>CBD, CP, SAPE</p> <p>CBD, CP, Mini-PAT, SAPE</p> <p>CBD, CP, supervisor's report</p> <p>CBD, CP, supervisor's report</p>
<p><b>Skills</b>                      Work With the MDT to deliver evidence based treatment including psychological treatments for forensic patients with complex needs</p> <p>Undertake assessments in different settings from community to high security</p> <p>Support the team in delivering psychotherapy appropriate for forensic patients</p> <p>Work therapeutically in a variety of non clinical settings within the constraints of those systems to treat patient needs effectively</p> <p>Safely manage therapy with forensic patients</p> <p>Demonstrate the acquisition of more advanced treatment skills</p> <p>Application of the range of treatment interventions including physical, psychological and social to patients with complex needs</p>	<p>CBD, CP, mini-PAT</p> <p>CBD, CP, ACE, Mini-ACE</p> <p>CBD, CP, DONCS</p> <p>CBD, CP, SAPE</p> <p>CBD, CP, SAPE</p> <p>CBD, CP, SAPE</p> <p>CBD, CP, supervisor's report</p>



Evaluate the outcome of psychological treatments delivered either by self or others and organise subsequent management appropriately	CBD, CP, Mini-PAT, SAPE
Explain, initiate, conduct and complete a range of psychological therapies, with appropriate supervision	ACE, Mini-ACE, CBD, Mini-PAT, SAPE
Display the ability to provide expert advice to other health and social care professionals on psychological treatment and care	CBD, DONCS, Mini-PAT
<b>Attitudes demonstrated through behaviours</b> Continue to practice and develop a range of treatment skills	Supervisor's report, SAPE

**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**

<b>7a Management of severe and enduring mental illness</b>	<b>Assessment methods</b>
<b>Knowledge</b>	
Understands the Impact of imprisonment on those with mental health disorders	CBD, CP
Understands the Motivational theory and stages of change in treatment	CBD, CP, SAPE
Principles and practice regarding social inclusion	CBD, CP
<b>Skills</b>	
Develop clinical effectiveness in the treatment and rehabilitation of forensic psychiatry patients with chronic disorders	CBD, CP, supervisor's report
Motivate patients and the team to adhere to the treatment plan and focus on the improvement	CBD, CP, DONCS
Treat and prevent further victimisation by individuals and the system	CBD, CP, supervisor's report

Demonstrate ability to utilise rehabilitation principles including recovery model to meet patient needs	CBD, CP, supervisor's report
Implement Care pathway management	CBD, CP, DONCS
Develop professional alliances with patients over the long-term	CBD, Mini-PAT, SAPE
Develop therapeutic optimism and hope	CBD, DONCS
Assist and guide trainees in assessing and managing patients with severe and enduring mental illness	
<b>Attitudes demonstrated through behaviours</b>	

<b>Intended learning outcome 8</b>	
<b>To develop an understanding of research methodology and critical appraisal of the research literature</b>	
<b>8a Research techniques</b>	<b>Assessment methods</b>
<b>Knowledge</b>	Supervisor's report, JCP, DONCS
Demonstrate an understanding of basic research methodology including both quantitative and qualitative techniques	Supervisor's report, DONCS
Demonstrates an understanding of the research governance framework including the implications for the local employer (NHS Trust or equivalent) of research.	Supervisor's report, DONCS
Demonstrates an understanding of the work of research ethics committees and is aware of any ethical implications of a proposed research study	Supervisor's report, DONCS
Demonstrate an understanding of how to design and conduct a research study	Supervisor's report, DONCS
Demonstrate an understanding of the use of appropriate statistical methods	Supervisor's report, DONCS
Describe how to write a scientific paper	Supervisor's report, DONCS

Demonstrate a knowledge of sources of research funding	Supervisor's report, DONCS
Use research methods to enrich learning about aetiology and outcomes within Forensic Psychiatry	Supervisor's report, DONCS
<b>Skills</b>	
Frame appropriate research questions	Supervisor's report, DONCS
write a research protocol and draw up a realistic time line for the proposed study	Supervisor's report, DONCS
apply successfully for R & D approval (if relevant)	Supervisor's report, DONCS
apply successfully to an ethics committee (if relevant)	Supervisor's report, DONCS
Carry out a research project and able to modify protocol to overcome difficulties. Can adhere to time lines. Enters data onto standard computer software, eg EXCEL, STATA, SPSS etc	Supervisor's report, DONCS
compare own findings with others	Supervisor's report, DONCS
prepare research for written publication and follow submission instructions for most appropriate journal	Supervisor's report, DONCS
present own research at meetings and conferences	Supervisor's report, DONCS
Apply research methods, including critical appraisal, in Forensic Psychiatry	Supervisor's report, DONCS

<p><b>Attitudes demonstrated through behaviours</b></p> <p>Demonstrate a critical spirit of enquiry</p> <p>Ensure subject confidentiality</p> <p>Work collaboratively in research supervision</p> <p>Demonstrate consistent compliance with the highest standards of ethical behaviour in research practice</p>	<p>Supervisor's report, DONCS</p> <p>Supervisor's report, DONCS</p> <p>Supervisor's report, DONCS</p> <p>Supervisor's report, DONCS</p>
<p><b>8b Evaluation and critical appraisal of research</b></p>	<p><b>Assessment methods</b></p>
<p><b>Knowledge</b></p> <p>Demonstrate an understanding of the principles of critical appraisal</p> <p>Demonstrate an understanding of the principles of evidence-based medicine, including the educational prescription</p> <p>Demonstrate knowledge of how to search the literature using a variety of databases</p>	<p>Supervisor's report, JCP</p> <p>Supervisor's report, JCP</p> <p>Supervisor's report, JCP</p>
<p><b>Skills</b></p> <p>Assess the importance of findings, using appropriate statistical analysis</p> <p>carry out a thorough literature search, critically analyse existing knowledge, synthesise information and summarise the relevant findings coherently.</p> <p>write a comprehensive literature review of a proposed topic of study</p> <p>communicate clearly and concisely with non-medical professionals, i.e. other members of the multidisciplinary team, and staff from other agencies, regarding the importance of applying research findings in everyday practice.</p> <p>translate research findings to everyday clinical practice. Inclusion of research findings in case summaries and formulations and in letters to medical colleagues.</p>	<p>Supervisor's report, JCP</p> <p>Supervisor's report, JCP</p> <p>Supervisor's report, JCP</p> <p>Supervisor's report, DONCS, JCP</p> <p>Supervisor's report, CBD, JCP</p>

appreciate the 'scientific unknowns' in the relevant field psychiatric practice	Supervisor's report, CBD, JCP
Adopt the principles of evidence based practice at a service level	Supervisor's report, CBD, DONCS
<b>Attitudes demonstrated through behaviours</b> Be able to appreciate the limitations and controversies within the relevant area of scientific literature	Supervisor's report, CBD, DONCS

**Good Medical Practice, Domain 2: Safety and Quality**

- *Contribute to and comply with systems to protect patients*
- *Respond to risks and safety*
- *Protect patients and colleagues from any risk posed by your health*

<b>Intended learning outcome 10</b>	
<b>Develop the ability to conduct and complete audit in clinical practice</b>	
<b>10a Audit</b>	<b>Assessment methods</b>
<b>Knowledge</b> Demonstrate a knowledge of different audit methods	Supervisor's report, DONCS
Demonstrate a knowledge of methods of sampling for audit	Supervisor's report, DONCS
Demonstrate a knowledge of obtaining feedback from patients, the public, staff and other interested groups	Supervisor's report, DONCS
Demonstrate an understanding of the structures of the NHS and social care organisations (or equivalents)	Supervisor's report, DONCS
Demonstrate an understanding of quality improvement methodologies	Supervisor's report, DONCS

Demonstrate an understanding of the principles of change management	Supervisor's report, DONCS
<b>Skills</b> set standards that can be audited  measure changes in practice  effectively apply audit principles to own work, to team practice and in a service wide context, including to relevant organisational and management systems  supervise a colleague's audit project in Forensic Psychiatry	Supervisor's report, DONCS  Supervisor's report, DONCS  Supervisor's report, DONCS  Supervisor's report, DONCS
<b>Attitudes demonstrated through behaviours</b> Hold a positive attitude to the potential of audit in evaluating and improving the quality of care  Show willingness to apply continuous improvement and audit principles to own work and practice  Show willingness to support and encourage others to apply audit principles	Supervisor's report, DONCS  Supervisor's report, DONCS  Supervisor's report, Mini-PAT, DONCS

<b>Intended learning outcome 11</b>	
<b>To develop an understanding of the implementation of clinical governance</b>	
<b>11a Organisational framework for clinical governance and the benefits that patients may expect</b>	<b>Assessment methods</b>
<b>Knowledge</b> Demonstrate a knowledge of relevant risk management issues; including risks to patients, carers, staff and members of the public	CBD, CP, supervisor's report,

Demonstrate a knowledge of how healthcare governance influences patient care, research and educational activities at a local, regional and national level	Supervisor's report, DONCS
Demonstrate a knowledge of a variety of methodologies for developing creative solutions to improving services	Supervisor's report, DONCS
<b>Skills</b>	
Develop and adopt clinical guidelines and integrated care pathways	Supervisor's report, DONCS
Report and take appropriate action following serious untoward incidents	Supervisor's report, CBD, CP, DONCS
Assess and analyse situations, services and facilities in order to minimise risk to patients, carers, staff and the public	Supervisor's report, CBD, CP, DONCS
Monitor the safety of services	Supervisor's report, DONCS
Demonstrate ability to deviate from care pathways when clinically indicated	Supervisor's report, CBD, CP
Question existing practice in order to improve service	Supervisor's report, CBD, CP, DONCS
<b>Attitudes demonstrated through behaviours</b>	
Demonstrate willingness to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service	Supervisor's report, CBD, CP, DONCS
Be open minded to new ideas	Supervisor's report, CBD, CP, DONCS
Support colleagues to voice ideas	Supervisor's report, CBD, CP, DONCS

**Good Medical Practice, Domain 3: Communication, partnership and teamwork**

- *Treat patients as individuals and respect their dignity*
- *Work in partnership with patients*
- *Work with colleagues in the ways that best serve patients' interests*

<b>Intended learning outcome 13</b>	
<b>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</b>	
<b>13a Within a consultation</b>	<b>Assessment methods</b>
<b>Knowledge</b>	
Knows the limits of their own expertise	Mini-PAT, supervisor's report
Know about Theoretical basis of effective communication	CBD, Supervisor's report
Knows How communication failures can occur and adversely affect clinical outcome	CBD, Supervisor's report
Understands the patients' and carers' perspectives	CBD, Supervisor's report
Know about Local complaints procedures	CBD, Supervisor's report
Knows about Carers' agencies	CBD, Supervisor's report
Knows about Role of advocacy services and PALS services	CBD, Supervisor's report
Knows what can go wrong when ending patient relationships	CBD, Supervisor's report
Confidentiality	CBD, Supervisor's report
<b>Skills</b>	
Stay within limits of their own expertise	ACE Mini-ACE, CBD, supervisor's report



Recognised different perspectives	ACE Mini-ACE, CBD, supervisor's report
Produce an accurate unbiased synthesis of all relevant information into a coherent logical communication which is understood by the recipient	ACE Mini-ACE, CBD, supervisor's report
Use information technology (audiovisual aids, software, telecommunication, e-mail etc) to aid communication	CBD, supervisor's report
Effectively participate in meetings	DONCS, Mini-PAT, supervisor's report,
<b>Attitudes demonstrated through behaviours</b>	

<b>Intended learning outcome 14</b>	
<b>To demonstrate the ability to work effectively with colleagues, including team working</b>	
<b>Intended learning outcome 14</b>	<b>Assessment methods</b>
<b>Knowledge</b>	
Maintain and apply a current working knowledge of the law as it applies to working relationships	DONCS, supervisor's report
Demonstrate an understanding of the responsibility of the team with regard to patient safety	CBD, Mini-PAT supervisor's report
Demonstrate an understanding of how a team works and develops effectively	CBD, Mini-PAT, DONCS
Demonstrate an understanding of time management, values based practice and information management	CBD, Mini-PAT, DONCS
Understand the role of the adult psychiatrist and how this relates to the structure and function of the multidisciplinary team	CBD, Mini-PAT, DONCS
Able to explain the role of different teams and services involved in the care of working age adults with psychiatric problems. Knowing when to change the patient's care setting	CBD, CP, Mini-PAT, DONCS

## Skills

Facilitate the leadership and working of other members of the team	CBD, Mini-PAT, DONCS
Recognise and resolve dysfunction and conflict within teams when it arises	CBD, Mini-PAT, DONCS
Competently manage a service, or a part of the service, alongside consultant trainer	CBD, Mini-PAT, DONCS, supervisor's report
Show competence in supervised autonomous working	CBD, Mini-PAT, DONCS, supervisor's report
Use effective negotiation skills	CBD, Mini-PAT, DONCS, supervisor's report
work with service managers and commissioners and demonstrate management skills such as understanding the principles of developing a business plan	Mini-PAT, DONCS, supervisor's report
Manage change, with the involvement of service users and carers in teamwork.	Mini-PAT, DONCS, supervisor's report
Utilise team feedback	Mini-PAT, DONCS, supervisor's report
Manage complaints made about services	Mini-PAT, DONCS, supervisor's report
Competently participate in the NHS Appraisal Scheme	Mini-PAT, DONCS, supervisor's report
Contribute to the interface between the Forensic Psychiatry team and other psychiatric teams, medical teams and service providers by working in a collaborative manner	Mini-PAT, DONCS, supervisor's report
Develop and maintain effective relationships with primary care services leading to effective referral mechanisms and educational systems	Mini-PAT, DONCS, supervisor's report

Work in a multi-disciplinary team where issues of responsibility can be described in detail	Mini-PAT, DONCS, supervisor's report
Manage divergent views about patient care or intervention	Mini-PAT, CBD, DONCS, supervisor's report
<b>Attitudes demonstrated through behaviours</b> Be prepared to question and challenge the performance of other team members when standards appear to be compromised	Mini-PAT, CBD, DONCS, supervisor's report
Be readily available to team members and other agencies for consultation and advice on Forensic Psychiatry issues	Mini-PAT, CBD, DONCS, supervisor's report

<b>Intended learning outcome 15</b>	
<b>Develop appropriate leadership skills</b>	
<b>Intended learning outcome 15</b>	
<b>Knowledge</b> Demonstrate an understanding of the differing approaches and styles of leadership	Mini-PAT, DONCS, supervisor's report
Demonstrate an understanding of the role, responsibility and accountability of the leader in a team	Mini-PAT, DONCS, supervisor's report
Understand and contribute to the organization of urgent care in the locality	Mini-PAT, DONCS, supervisor's report
Demonstrate an understanding of the structures of the NHS and social care organisations	Mini-PAT, DONCS, supervisor's report
Demonstrate an understanding of organisational policy and practice at a national and local level in the wider health and social care economy	Mini-PAT, DONCS, supervisor's report



<p><b>Attitudes demonstrated through behaviours</b></p> <p>Work collaboratively with colleagues from a variety of backgrounds and organisations</p> <p>Be prepared to question and challenge the performance of other team members when standards appear to be compromised</p>	<p>Mini-PAT, DONCS, supervisor's report</p> <p>CBD, supervisor's report</p>
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**Intended learning outcome 16**

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

<b>16b Communication with colleagues</b>	<b>Assessment methods</b>
<p><b>Knowledge</b></p> <p>Demonstrate an understanding of the requirements of outside agencies for reports that are timely, accurate and appropriate</p> <p>Understand the roles and responsibilities of an expert witness</p>	<p>Mini-PAT, CBD, DONCS, supervisor's report</p> <p>Mini-PAT, CBD, DONCS, supervisor's report</p>
<p><b>Skills</b></p> <p>Prepare and deliver reports for Mental Health Tribunals, Managers' Hearings, Coroners Courts and Courts of Law</p>	<p>Mini-PAT, CBD, DONCS, supervisor's report</p>
<p><b>Attitudes demonstrated through behaviours</b></p> <p>Produce reports that are comprehensive, timely, accurate, appropriate and within limits of expertise</p>	<p>Mini-PAT, CBD, DONCS, supervisor's report</p>

**Intended learning outcome 17**

**To develop the ability to teach, assess and appraise**

<b>Intended learning outcome 17</b>	<b>Assessment methods</b>
<p><b>Knowledge</b></p> <p>Demonstrate an understanding of the basic principles of adult learning</p> <p>Identify learning styles</p> <p>Develop a knowledge of different teaching techniques and demonstrate how these can be used effectively in different teaching settings</p>	<p>Supervisor's report, DONCS</p> <p>Supervisor's report, DONCS</p> <p>Supervisor's report, AoT, DONCS</p>

<b>Skills</b> Use a variety of teaching methods  Evaluate learning and teaching events  Facilitate the learning process and assess performance  Organise educational events	AoT, DONCS, supervisor's report  AoT, DONCS, supervisor's report  AoT, DONCS, supervisor's report  AoT, DONCS, supervisor's report
<b>Attitudes demonstrated through behaviours</b> Demonstrate a professional attitude to teaching	Supervisor's report, AoT, DONCS, mini-PAT

<b>17b Assessment</b>	<b>Assessment methods</b>
<b>Knowledge</b>	
<b>Skills</b> Use appropriate, approved assessment methods  Give feedback in a timely and constructive manner  Provide supervision to others undertaking these tasks	Supervisor's report, DONCS  Supervisor's report, DONCS  Supervisor's report, DONCS
<b>Attitudes demonstrated through behaviours</b> Be at all times honest when assessing performance	Supervisor's report, Mini-PAT, DONCS
<b>17c Appraisal</b>	<b>Assessment methods</b>
<b>Knowledge</b> Demonstrate an understanding of the principles of appraisal (including the difference between appraisal and assessment)  Demonstrate an understanding of the structure of appraisal interviews	Supervisor's report, DONCS  Supervisor's report, DONCS

<b>Skills</b> Conduct appraisal effectively and at the appropriate time	Supervisor's report, DONCS
<b>Attitudes demonstrated through behaviours</b> Show respect and confidentiality for the appraisee	Supervisor's report, DONCS

**Good Medical Practice, Domain 4: Maintaining Trust**

- *Be honest and open and act fairly with integrity*
- *Never discriminate unfairly against patients or colleagues*
- *Never abuse patients' trust or the public's trust in the profession*

<b>Intended learning outcome 19</b>	
<b>To ensure that the doctor acts in a professional manner at all times</b>	
<b>19a Doctor patient relationship</b>	<b>Assessment methods</b>
<b>Knowledge</b>	
<b>Skills</b> Support and advise colleagues (both medical and non-medical) in dealing with complex professional interactions	Supervisor's report, CBD, DONCS
<b>Attitudes demonstrated through behaviours</b>	
<b>19c Confidentiality</b>	<b>Assessment methods</b>
<b>Knowledge</b> Develop a good understanding of the needs for information of a range of agencies	Supervisor's report, CBD, DONCS
Appreciate the different sensitivities of patients to a range of information held about them particularly in relation to psychological material	Supervisor's report, CBD, DONCS
Be aware of the principles and legal framework of disclosure	Supervisor's report, CBD, DONCS
<b>Skills</b> Advise others (including non-healthcare professionals) on the safe and appropriate sharing of information	Supervisor's report, CBD, DONCS

<b>Attitudes demonstrated through behaviours</b> Ensure that reports, evidence and documents you have a responsibility for are complete, honest and accurate	Supervisor's report, CBD, DONCS
<b>19e Risk management</b>	<b>Assessment methods</b>
<b>Knowledge</b> Demonstrate a knowledge of matters such as health and safety policy	Supervisor's report, CBD, DONCS
<b>Skills</b>	
<b>Attitudes demonstrated through behaviours</b> Work in collaboration with patients and the multi-disciplinary team to enable safe and positive decision-making	Supervisor's report, CBD, DONCS
<b>19f Recognise own limitations</b>	<b>Assessment methods</b>
<b>Knowledge</b>	
<b>Skills</b> Provide clinical supervision	Supervisor's report, CBD, DONCS
<b>Attitudes demonstrated through behaviours</b>	



## 10. 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.

**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
- 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:

1. Account for clinical phenomena in psychological terms
2. Deploy advanced communication skills
3. Display advanced emotional intelligence in dealings with patients and colleagues and yourself.
4. Refer patients appropriately for formal psychotherapies
5. Jointly manage patients receiving psychotherapy
6. 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 Forensic 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 Forensic Psychiatry, trainees should have the opportunity to participate in original research.

## **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.

## 11. 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 Forensic 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 **Intended learning outcome 13**, 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 round of multi-source feedback a year, undertake their other WPBA tools regularly throughout the year (at least one per month) and have a minimum of 75% of their WPBAs completed by a consultant psychiatrist. 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.

**The suggested minimum number of WPBAs for ST4-ST6 trainees in Specialist Forensic Psychiatry Training is:**

WPBA	Minimum number required per year		
	ST4	ST5	ST6
ACE	1	1	1
mini-ACE	3	2	2
CbD	6	5	5
mini-PAT	1	1	1
SAPE	0	1	0
AoT	1	1	1
DONCS	2	3	4

## 12. Decisions on progress, the ARCP

Section 7 of the **Guide to Postgraduate Specialty Training in the UK** ("[Gold Guide](#)") 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 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 map 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.

13. Trainee and Trainer’s Guide to ARCPs in Advanced Training in Forensic Psychiatry ST4-ST6

Intended learning outcome	ST4	ST5	ST6
<p><b>Be able to perform specialist assessment of patients and document relevant history and examination on culturally diverse patients to include:</b></p> <ul style="list-style-type: none"> <li>- Presenting or main complaint</li> <li>- History of present illness</li> <li>- Past medical and psychiatric history</li> <li>- Systemic review</li> <li>- Family history</li> <li>- Socio-cultural history</li> <li>- Developmental history</li> </ul>	<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 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>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 patients in differing levels of security to identify clinical need and understand the balance needed for public protection.</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>Understand the legal context of forensic patient assessment. Understand the nature of forensic psychiatric services and differing institutions that may affect patient presentation.</p> <p>Understand the relevance of physical, procedural and relational security to patients' clinical needs and presentation.</p>		
<p><b>1b Patient examination, including mental state examination and physical examination</b></p>	<p>ACE of a new patient admitted to forensic inpatient unit</p> <p>CBD of a case to specifically explore links between risk issues and psychopathology.</p> <p>DOPS -assessing safety of examination facility for patient consultation.</p>	<p>ACE or CBD of a new assessment for potential admission to forensic unit.</p> <p>CBD of a forensic patient from a background where diversity issues are relevant to presentation, risk and management.</p>	<p>ACE or CBD of an urgent assessment e.g. in prison, police custody, NHS or independent hospital.</p> <p>DONCS to observe supervision of junior health professionals</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>

**2 Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses**

<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>

**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>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 of 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 of 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>

**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**

	<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>The trainee will give appropriate evidence to hospital managers, MHRT and equivalent hearings</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 on simple medico legal issues e.g. restriction order disposal</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.</p> <p>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 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</p>
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			<p>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 3<sup>rd</sup> parties including to courts legal representatives, 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>
<b>4a Risk assessments</b>	<p>DOPS or CBD demonstrating an understanding of the use of structured and actuarial risk assessment tools</p> <p>MINI-ACE of clinical risk assessment for forensic inpatient</p>	<p>MINI ACE/CBD of 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 of 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>

<p><b>4b Psychiatric emergencies</b></p>	<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 of assessment and review of a patient involved in incident demonstrating appropriate multidisciplinary assessment and management of the incident.</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 of assessment and review of an emergency presenting in police custody, prison and community</p>	<p>DONCS of Team management of a forensic psychiatric emergency including seclusion management.</p>
<p><b>4c Mental health legislation</b></p>	<p>MINI ACE of assessing a capacity to consent to treatment.</p> <p>CBD of legal issues of forensic patient detained on a restriction order.</p>	<p>CBD/Mini ACE of Medico-legal management of incompetent patient or capacitous patient refusing treatment.</p>	<p>CBD of medico legal aspects of emergency management of prisoners.</p> <p>CBD of management of a patient requiring recall.</p>
<p><b>4d Broader legal framework</b></p>	<p>CBD of several formal reports written for statutory review tribunals</p> <p>Ace of trainee giving evidence at a formal tribunal hearing</p>	<p>CBD of formal reports for above court hearings to address simple medico-legal issues including medical disposal at court, advice on Restriction Orders</p>	<p>CBD of formal reports of formal reports to 3<sup>rd</sup> parties including to courts legal representatives, judicial bodies covering complex issues.</p>

	Evidence of satisfactory completion of an appropriate course to gain approval to exercise powers under the relevant mental health legislation	DONCS of trainee giving evidence to a Court on simple medico legal issues e.g. restriction order disposal	DONCS of trainee giving evidence in a formal setting such as court or during a formal training exercise on more complex medico legal issues e.g. fitness to plead, defenses, dangerousness
<b>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</b>			
<b>5a Psychological therapies</b>	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.

<b>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</b>			
<b>7a Management of severe and enduring mental illness</b>	By the end of ST4, the trainee will demonstrate the ability to undertake assessments of forensic patients with long-term needs.	By the end of ST5, the trainee will demonstrate the ability to develop rehabilitation and management plans for long-term forensic patient with enduring problems demonstrating an understanding of  Institutionalization  Principles of recovery	By the end of ST6, the trainee will 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
<b>8 To develop an understanding of research methodology and critical appraisal of the research literature</b>			
	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

<b>8a research techniques</b>	Special Interest/research supervisor's reports or supervisor's report	Special Interest/research supervisor's reports or supervisor's report	Copies of forensic publications/dissertation (if applicable)  Special Interest/research supervisor's reports or supervisor's report
<b>8b Evaluation and critical appraisal of research</b>	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
<b>10 Demonstrate the ability to conduct and complete audit in clinical practice</b>			
<b>10a Audit</b>	By the end of ST4, the trainee will demonstrate the ability to undertake an audit relevant to forensic in patient service as part of the unit audit cycle.	By the end of ST5, the trainee will demonstrate the ability to conduct an audit project without direct supervision, be able to set standards and be able to demonstrate how the results of an audit project have contributed to quality improvement	By the end of ST6, the trainee will demonstrate the ability to initiate supervise and present a different audit project from 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

<b>11 to develop an understanding of the implementation of clinical governance</b>			
<b>11a Organisational framework for clinical governance and the benefits that patients may expect</b>	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)
	Supervisor's reports	Supervisor's reports	Supervisor's reports
<b>13 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</b>			
	By the end of ST4, the trainee will demonstrate the ability to effectively communicate 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.

<b>14 Demonstrate the ability to work effectively with colleagues, including team working</b>			
	<p>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.</p>	<p>By the end of ST5, the trainee will demonstrate the ability to work with multidisciplinary teams and identify and resolve dysfunction within the team.</p> <p>Develop awareness of institutional dysfunction at individual and organization level and to effectively report and facilitate the management of difficulties.</p>	<p>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.</p>
	<p>One round of Mini-PAT Supervisors' reports</p>	<p>One round of Mini-PAT Supervisors' reports</p>	<p>DONCS of contributing to and chairing S117 discharge meeting (or equivalent), MAPPA (Or equivalent), Victim liaison</p> <p>One round of Mini-PAT Supervisors' reports</p>

<b>15 Develop appropriate leadership skills</b>			
	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
<b>17 To develop the ability to teach, assess and appraise</b>			
	By the end of ST4, the trainee will demonstrate an ability to use a number of different teaching methods and an ability to conduct workplace-based assessments (WPBA's) for foundation or core trainees	By the end of ST5, the trainee will demonstrate an understanding of the basic principles of adult learning and of different learning styles and demonstrate ability to assess medical student/ foundation doctor	By the end of ST6, the trainee will demonstrate an ability to organise (including evaluate) educational events (if not completed in ST5) and an ability to conduct an appraisal of a colleagues
<b>17a The skills, attitudes, behaviours and practices of a competent teacher</b>	AoT of ward based undergraduate teaching.	CP of presentation of a forensic case to an academic forensic seminar	Record of an AoT performed on a junior colleague's teaching



	JCP of presentation of a paper from a relevant forensic journal  Appraisal	AoT of small group teaching (if not completed in ST4)	
<b>17b Assessment</b>	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
<b>17c Appraisal</b>		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)
<b>19 To ensure that the doctor acts in a professional manner at all times</b>			
	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

			<p>frameworks e.g. Human rights legislation, Duties of a Psychiatrist, GMC guidance, MAPPA (or equivalent) guidelines</p> <p>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.</p>
<b>19a Doctor patient relationship</b>	One round of Mini-PAT	One round of Mini-PAT	One round of Mini-PAT
<b>19b Confidentiality</b>	CBD on a case where confidentiality issues are salient.		Supervisor's report
<b>19d Risk management</b>	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
<b>19e Recognise own limitations</b>	Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.	<p>DONCS of providing clinical supervision (if not completed in ST4)</p> <p>Log of cases where discussion with a senior colleague has been sought, due to knowledge limitations, and lessons learnt.</p>	Log of cases where the trainee has provided clinical supervision

<b>19f Probity</b>	Supervisors' reports	Supervisors' reports	Supervisors' reports
<b>19g Personal health</b>	Supervisors' reports	Supervisors' reports	Supervisors' reports
<b>9 To develop the habits of lifelong learning</b>			
	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation	In this stage of training, the trainee will continue to demonstrate commitment to their professional development and to professionally-led regulation
<b>9a Maintaining good medical practice</b>	Supervisors' reports  Reflective prose on issues raised in relation to clinical practice around GMC "good medical practice"	Supervisors' reports  Reflective prose on issues raised in clinical practice around GMC "good medical practice"	Supervisors' reports  Reflective prose on issues raised in clinical practice around GMC "good medical practice"
<b>9b Lifelong learning</b>	An effective individual learning plan outlining learning needs, methods and evidence of attainment  Evidence of self reflection	An effective individual learning plan outlining learning needs, methods and evidence of attainment  Evidence of self-refection	An effective individual learning plan outlining learning needs, methods and evidence of attainment  Evidence of self-reflection
<b>9c Relevance of outside bodies</b>	Evidence of continued GM registration	Evidence of continued GMC registration	Evidence of continued GMC registration