

The Post-Graduate Training Programme for Psychiatry

Maltese Association of Psychiatry (MAP)

This postgraduate training programme has been created by the Maltese Association of Psychiatry (MAP) which represents the specialty of psychiatry on the Medical Specialist Accreditation Committee of Malta. The program has taken careful consideration of the work done for the initial postgraduate training programme in Malta, it has listened to and incorporated feedback from trainees and graduates of this program, and has drawn from evidence-based programs within the EU. Furthermore, the program shall seek to emulate the Charter on Training of Medical Specialists in the EU: Training Requirements for the Specialty of Psychiatry (UEMS 2017/08) and conform with the Malta Medical Specialist Accreditation Committee Framework Specialist Training Programme (2003).

Definition of Psychiatry

Psychiatry is the branch of medicine concerned with the study and application of biopsychosocial principles in the aetiology, assessment, diagnosis, treatment, rehabilitation, and prevention of mental, emotional and behavioural disorders alone or co-morbid with other medical disorders across the life span. (UEMS 2013)

Entry requirements

To join the post-graduate programme the following entry criteria must be met:

- The candidate must have obtained a primary medical qualification recognized by the Medical Council of Malta, and be registered with a recognized Medical Council, and
- There must be a training post available, recognized for the purpose by the Specialist Accreditation Committee, following the appropriate selection process of trainees, and
- The trainee must demonstrate ability to communicate in both English and Maltese at a level that allows for comprehensive psychiatric evaluations and communication with patients, caregivers, and colleagues.

The number of training posts will reflect the country's need for specialists as well as the country's capacity to offer training.

Training Principles:

- Trainees must hold a full-time remunerable post with the Department of Psychiatry, be registered with the Medical Council of Malta and continue to be of good conduct throughout their training, participate in all clinical activities of the Department of Psychiatry such as the care of out-patients and in-patients, on-call duties both during the day and night, and participate in educational activities, including the teaching of other health professionals, participation in clinical audits and quality improvement activities, and research projects.

- Arrangements for post-graduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave and maternity leave.
- The trainee must complete the eligibility criteria including successful completion of ongoing and annual assessments, educational expectations of training including regular attendance at regularly scheduled seminars and courses, clinical supervision and reflection groups, tutorials, and examinations leading to certification as a specialist in Psychiatry approved by the Maltese Association of Psychiatry.

Satisfactory completion of these criteria will confirm eligibility of the candidate to be recommended to the Malta Specialist Accreditation Committee to register as a Specialist in Psychiatry.

Overall Structure of Training Programme

1. Training shall be structured throughout with clearly defined targets to be met within specified intervals. An educational plan, which highlights the learning objectives to be met during each clinical rotation, shall be drawn up by the trainee in consultation with his or her educational supervisor and clinical supervisor at the beginning of each attachment and documented in the logbook or e-portfolio. By the end of each rotation the trainee will meet with their supervisors who will document whether the learning objectives have been met.
2. The duration of training shall be 6 years full time: in the first 36 months (basic specialist training, or BST) the trainee will be expected to achieve core competencies in general psychiatry; in the second 36 months (higher specialist training, or HST) the trainee shall develop these core competencies so as to reach the expected standards necessary for independent practice as a specialist in psychiatry. The trainee shall spend at least 12 months of their higher specialist training in an appropriate training post abroad which is approved by the Association, and satisfactory completion of this training abroad shall be an obligatory requirement leading to the trainee's eligibility to be recommended to the Specialist Accreditation Committee (SAC) to register as a specialist in Psychiatry. This requirement shall be subject to availability of training posts abroad.
3. Progress during training shall be monitored regularly by ongoing assessments by the clinical and educational supervisors, as well as formal annual assessment of the key competencies in psychiatry carried out by the Postgraduate Training Committee in collaboration with the Maltese Association of Psychiatry which shall involve an annual clinical examination and an annual review of competence progression.
4. The trainee shall be eligible to proceed to Higher Specialist training provided that
 - i) the trainee has satisfactory evidence of having completed at least 36 months of training in Psychiatry as BST 1, 2, and 3 level, and
 - ii) the trainee has passed all annual clinical assessments and annual review of competence progression (ARCP),

- iii) the trainee has successfully completed at least two supervised psychotherapy training cases, which should include one long case (minimum 20 sessions) and one short case (minimum 12 sessions), and
 - iv) the trainee has completed at least two cycles of two clinical audits,
 - v) the trainee has documented consistent participation in formal education sessions/seminars/courses, clinical supervision, and academic outcomes to the satisfaction of the postgraduate training committee, and
 - vi) the trainee has been successful in passing all sections of the UK MRCPsych examination or equivalent. The trainee must confirm equivalence with the Postgraduate Advisory Committee of the Maltese Association of Psychiatry prior to sitting for such examinations or presentation of certificates. Certificates other than successful Membership of the Royal College of Psychiatry (UK) will not be accepted unless there is prior written confirmation by the Postgraduate Advisory Committee of the Maltese Association of Psychiatry to the Postgraduate Training Committee in Psychiatry that this is an acceptable equivalent and approved by the Postgraduate Training Committee.
 - vii) The trainee has been awarded the certificate of completion of basic specialist training (CCBST) by the specialist accreditation committee (SAC).
5. Higher Specialist training in Psychiatry shall be of at least 36 months in duration, and entry shall occur following an interview as required by the public service commission.
 6. During BST year 3, the trainee shall (in consultation with the Educational Supervisor) select his/her ranking of areas of special interest for the HST 4-6 years in one of the following: General Adult Psychiatry, Child & Adolescent Psychiatry, Learning Disability, Old Age Psychiatry, Forensic Psychiatry, Medical Psychotherapy, or any other sub-specialty area (e.g. eating disorders, consultation liaison, substance misuse, rehabilitation psychiatry, and perinatal psychiatry) approved by the postgraduate training committee. Approval to enter in special interest areas at HST level shall be made by the postgraduate training committee, and shall be dependent on availability of local expertise/supervision and availability of an appropriate approved training post abroad. The Maltese Association of Psychiatry shall endeavour to work with the Postgraduate Training Committee and The Department of Psychiatry to provide the trainee with a suitable training 12-month training rotation in their special interest, though selection shall be dependent on the number of training posts available as well as service requirements, and may be subject to trainees' ranking in a competitive interview by the postgraduate training committee.
 7. Progress throughout higher specialist training shall be monitored by (a) an annual review of competence progression (ARCP) which shall include ongoing assessments by the clinical, educational, and external supervisors, workplace based assessments, documented evidence of reflective practice and supervision through the portfolio, as well as (b) formal annual clinical assessment carried out by the Postgraduate Training Committee in collaboration with the

Maltese Association of Psychiatry. For those trainees completing their obligatory training period abroad, the Association shall maintain close liaison with the relevant training authority abroad, and shall consider the trainee's appraisal by the training authority in lieu of local seminars and courses, clinical supervision and reflection groups, tutorials, and other clinical assessments.

8. Unless the postgraduate training committee is otherwise directed by the SAC or the Director of Postgraduate Training, all HST's shall be obliged to spend the final 6 months of their HST training with the Department of Psychiatry in Malta to allow for final assessment of eligibility for recommendation for the Certificate of Completion of Training to the Specialist Accreditation Committee in Malta. The Association shall not be responsible for a trainee's failure of meeting eligibility for registration for Specialist in Psychiatry locally or abroad due to failure to comply with regulations set by the SAC or the Director of Postgraduate Training.
9. The trainee shall be expected to complete one academic project by the end of HST training
To fulfill the training expectation of the academic project the trainee shall
 - (a) select a project title, and
 - (b) identify a suitable supervisor, and
 - (c) submit a brief proposal approved by the selected supervisor of the project to the postgraduate training committee for review and approval; the proposal may involve a suitable research project, creative educational or service initiative with outcome measures, or service evaluation, and
 - (d) provide evidence of dissemination of the results of the project in the form of an oral or poster presentation at an appropriate scientific or educational meeting, and
 - (e) report the results of the project in the form of manuscript of at least 3000 words suitable for submission to a peer-reviewed journal, which shall be assessed by the postgraduate training committee or other examiner appointed by the postgraduate training committee; the trainee will be expected to address any areas of concerns in the manuscript in the form of appropriate revisions and meet the standard expected by the training committee or appointed examiner.
 - (f) Trainees reading for a Master's degree involving a research component or MPhil, MD, PhD during their postgraduate training in psychiatry may submit their thesis for consideration in lieu of this training requirement with prior approval of the postgraduate training committee.
10. An HST shall complete one supervised psychotherapy case every year. The modality of psychotherapy shall be directly relevant to the area of training chosen in that year.
11. The conditions in the SAC document "Framework Specialist Training Programme" shall also apply.

At the end of the full training program and having satisfied all the above requirements the trainee will be eligible for the award of certificate of completion of higher specialist training in general psychiatry on recommendation by the Maltese Association of Psychiatry.

Educational Objectives of Training in Psychiatry

1. Aims

- To ensure that at the time of completion of higher specialist training, graduates will have attained standards of knowledge and specialist skills adequate to permit them to undertake fully independent clinical practice in psychiatry.
- To ensure that graduates achieve competencies in leadership and professional behavior in keeping with the practice of psychiatry.
- To encourage and develop skills in the critical appraisal of current practice and published literature, so as to be able to apply these skills towards evidence based practice and improvement of standards of psychiatric care.
- To instill in trainees and new graduates a passion for new knowledge and skills, ability to identify gaps in knowledge and skills, and a professional recognition of the need to take responsibility for their continuing education.

2 Quality Assurance of Training Programme

- Approval of the training programme is the responsibility of the SAC, which has the authority to withdraw recognition if necessary.
- The Association shall periodically invite external examiners to participate in annual assessments of trainees' progress, and shall address any concerns raised that may relate to the training programme.
- The Association shall periodically invite external expert reviewers of the programme for quality assurance purposes.

3. Assessment of trainees

All trainees will be formally evaluated on an annual basis. Progress during training shall be recorded in a log-book or e-portfolio listing experience in specific clinical skills and required core competencies including WPBA's, feedback from clinical, educational, and external supervisors, success at MRCPsych examinations or equivalent, as well as participation in audits, research, and educational activities. This will serve as their training portfolio, which will form the basis of the annual review of competence progression (ARCP).

Assessment during training will be of three types:

(a) Self-assessment

Trainees shall record in the log-book or e-portfolio an educational plan consisting of learning objectives at the beginning of each clinical rotation. The learning objectives shall include the specific WPBA's to be completed as well as the specific competencies to be mastered during the clinical rotation. Together with their clinical and educational supervisors, trainees shall document how these learning objectives will be met by the end of the rotation. Furthermore the portfolio shall contain progress in attaining these learning objectives and how they were met. This will include evidence of personal reflections on complex cases encountered, feedback forms on clinical supervision and teaching activities, log of seminars/teaching activities attended and reflections on new information acquired as well as gaps in knowledge identified and present a plan on how to address them, certificates of attendance and participation in conferences and other scientific meetings including presentation of results of projects and audits, publications, workplace based assessments, log of psychotherapy sessions and supervision, professional behavior and health, and a log of clinical, educational, and external supervision. This logbook / e-portfolio shall play an important part (in terms of evidence and marks being given) in the trainees' annual assessment through the annual review of competence progression.

(b) Formative Assessment & Personal Development

Clinical Supervisors shall, at regular intervals, record in the log-book /e-portfolio their assessment of the trainee's competence in specific clinical skills and provide feedback on the trainees' other key competencies in psychiatry including trainees' performance in their roles as expert, communicator, collaborator, manager, health advocate, scholar, and professional. Educational supervisors shall review the trainees' educational plan for each clinical attachment at the beginning of each clinical attachment, and review the trainees' progress at end of each clinical attachment.

As part of the Personal Development Module, each basic specialist trainee shall be assigned an external supervisor by the postgraduate training programme. The trainee shall meet with the external supervisor every three months during basic specialist training, and as recommended by the postgraduate training committee during higher specialist training. The role of the external supervisor shall be to assist the trainee in his or her professional development and to liaise with the postgraduate training committee regarding the trainees' professional behavior, health and probity. In the event that such concerns are identified, the postgraduate training committee shall meet the trainee and recommend a personal development plan to be taken to address the concerns raised. This plan shall be communicated to the external supervisor who shall assist the postgraduate training committee in monitoring the trainee's adherence with the personal development plan. Failure to do so shall be duly noted in the annual review of competence progression and may be grounds for extension, suspension, or dismissal from the training program.

(c) Annual Assessment of Trainees

Annual assessment shall be carried out on all trainees which shall include an annual clinical examination of the trainee's knowledge and clinical competence at his/her stage in training *and* an annual review of competence progression (ARCP) which shall include a log of the trainee's ongoing assessments of competence (including WPBA's and clinical, educational, and external supervisors' report), academic achievement, and professional behavior as documented in the log-book / e-portfolio. The trainee shall be required to pass both assessments as stipulated. Failure shall not automatically prevent a trainee from progressing or being recommended for a certificate of completion of training at HST6. The postgraduate training committee shall review the results of the Clinical Examination and ARCP and make a determination of one of six possible outcomes which fall in three main categories (satisfactory, unsatisfactory, or insufficient evidence of completion of training):

Satisfactory Progress: -

1. Achieving progress and the development of competencies at the expected rate – trainee may progress to the next training year or be recommended to the SAC for the CCBST in the case of trainees in the final year of basic specialist training.

Unsatisfactory or insufficient evidence: -

2. Development of specific competences required – additional training time *not* required but trainee provided with a time period in which to develop the specific competencies and provide the postgraduate training committee with written documentation of the trainee's progress with or without the need for an additional clinical examination to be determined by the postgraduate training committee depending on the overall performance of the trainee at the annual clinical examination and specific deficits in competencies noted on the ARCP.
3. Inadequate progress by the trainee – additional training time *is* required including repeating a year of training. Trainee provided with a time period up to one year in which to develop the specific competencies and provide the postgraduate training committee with written documentation of the trainee's progress as part of the ARCP *and* complete a clinical examination.
4. Recommendation for Dismissal from training programme. It is anticipated that in most situations this outcome will result only when a trainee with a prior outcome 3 has not progressed despite an additional period of training of up to one year.

5. Incomplete evidence presented – additional training time *may* be required. The trainee will be required to explain to the postgraduate training committee in writing the reasons for the deficiencies in the documentation. The fact that outcome 5 has occurred will remain as a part of the trainee’s record but once the relevant evidence has been submitted, a new outcome will be added according to the evidence evaluated by the postgraduate training committee. If the trainee’s explanation is deemed unsatisfactory, the postgraduate training committee may decide to issue outcome 2, 3 or even 4.

Recommended for completion of training: -

6. Gained all competencies, will be recommended as having completed the training programme and recommended to the SAC for the award of a CCT.

Additional Requirements for Progression

Trainees may only enter BST training and progress to HST training following requisite interviews required by the Public Service Commission. Progression from BST3 to HST1 shall be subject to the award of a certificate of completion of basic specialist training by the Specialist Accreditation Committee (SAC). The maximum duration of basic specialist training shall be four years full-time or equivalent, or as otherwise specified in future revisions of the Collective Agreement. The total limit of time to complete specialist training including both BST and HST training is ten years full time or equivalent, and shall follow the Collective Agreement and future revisions thereof. Basic Specialist Trainees who pass annual examinations fail to pass the ARCP due to failure to complete the MRCPsych examination (or equivalent) within the four-year time limit for BST training may sit for any outstanding examinations while working in a non-training (staff-grade) post in order to meet the expected requirements for completion of basic specialist training, though the postgraduate training programme cannot guarantee the availability of such a non-training post within the department. On completion of the outstanding requirement the trainee will be considered for recommendation to the SAC for the award of the CCBST.

Development of Clinical Competencies

During training, trainees must participate in a full range of appropriately supervised clinical activities involving out-patient and in-patient management as well as emergency care, night and emergency psychiatry duties, formal and informal teaching activities organized by the Programme and Association including interviewing skills, teaching seminars, tutorials, journal clubs, clinical case presentations, and conferences/courses, participation in audits and academic projects, leadership and management training, specific therapeutic competencies and skills including psychotherapy, pharmacotherapy, and brain stimulation therapies. The goal of teaching and other activities to support professional development shall be to provide the skills necessary to reach the clinical competencies required of a trainee to function as an independent specialist in psychiatry by the completion of training, and for successful completion of all MRCPsych examinations or equivalent by the end of basic

specialist training. The trainee is considered a mature independent learner, and didactic teaching shall not be expected to cover all topics and information required to pass the necessary examinations: the trainee is expected to monitor his or her own training needs and gaps in knowledge.

The trainee's attendance at teaching seminars and other conferences shall be reviewed periodically by the educational supervisors with the understanding that it is the trainee's responsibility to make up for the missed educational activity through self-directed learning. Attendance at educational activities shall be logged in the training portfolio which forms the basis of the annual assessment. Postgraduate trainees are expected to attend at least 70% of the core-learning seminars, tutorials, and other professional development activities organized by the Training Programme, and failure to do so shall be subject to detailed review at the ARCP. Trainees completing part of their training abroad shall be excused from this requirement, but shall be expected to attend educational activities at the training institution and provide evidence of this in their ARCP. For training abroad to count towards specialty training in Malta, it must receive prior approval by the postgraduate training committee, and clear evidence must be presented by the trainee upon return to Malta: it is at the discretion of the post graduate training committee to decide whether the training meets the required standards for Malta. The postgraduate training committee shall give special consideration to trainees on long leave due to illness or other personal or family commitments including maternity leave, including the possibility of postponing certain core learning modules that are repeated in subsequent years.

Workplace Based Assessment

Workplace Based Assessment (WPBA) is the assessment of a trainee's performance in those areas of professional practice best tested in the workplace. In order to maximize the benefits of WPBA's trainees shall be expected to complete them at regular intervals throughout their entire training program.

WPBA tools include:

- (a) Assessment of Clinical Expertise (ACE) modified from the Clinical Evaluation Exercise (CEX) used in the Foundation Program in which an entire clinical encounter is observed and rated thus providing an assessment of the trainee's ability to assess a complete case;
- (b) Mini-Assessed Clinical Encounter (mini-ACE) modified from the mini-CEX, which is a specific part of the clinical encounter for example history taking, risk assessment, mental state examination (MSE) or specific aspects of the MSE such as a cognitive assessment or the assessment of mental capacity;
- (c) Case-Based Discussion (CBD) is an assessment made on the basis of a structured discussion of a patient recently assessed or managed by the trainee;
- (d) Direct Observation of Procedural Skills (DOPS) is an adaptation of the mini-ACE to specific technical and procedural skills (e.g. ECT);
- (e) Multi-Source Feedback (MSF) is obtained using the Mini Peer Assessment Tool (mini-PAT) which is an assessment made by at least 10 co-workers/ mental health workers within the specialty they are currently working in chosen by the trainee and clinical supervisor;

- (f) Structured Assessment of Psychotherapy Expertise (SAPE) was developed by the Royal College of Psychiatry (UK) to provide evidence of satisfactory completion of a supervised psychotherapy case;
- (g) Direct Observation of non-Clinical Skills (DONCS) is designed to provide feedback on the trainee's performance on non-clinical skills related to the practice of psychiatry including chairing meetings, teaching, supervising students, and engaging in any other similar non-clinical procedure.
- (h) Case Presentation (CP) is an assessment of a major case presentation by the Trainee.
- (i) Journal Club Presentation (JCP) similar to CP is an assessment to be made of a Journal Club presented by the Trainee.

WPBA requirements for BST 1,2,3

For trainees completing their Core Training in Psychiatry at BST years 1-3, the following minimum number of WPBA's per year is shown in the following table. The postgraduate training committee may, on annual review, recommend more specific WPBA's in the following year for trainees failing specific components of the annual assessment (e.g. trainees receiving outcome 2 or 3 on the ARCP).

WPBA	BST 1	BST 2	BST 3
ACE	2	3	3
Mini-ACE	4	4	4
CBD	4	4	4
DOPS	*1	*1	*1
MSF	2	2	2
SAPE	-	1	1
CP	1	1	1
JCP	1	1	1

*indicates that the three minimum DOPS may be completed at anytime of the BST training period as the opportunity arises.

WPBA requirements for HST 1,2,3

For trainees completing their higher specialist training years 1-3, the following minimum number of WPBA's per year is shown in the following table. The postgraduate training committee may, on annual review, recommend more specific WPBA's in the following year for trainees failing specific components of the annual assessment.

WPBA	HST 1	HST 2	HST 3
ACE	2	1	1
Mini-ACE	2	2	2
CBD	6	4	4
DONCS	3	3	3
MSF	2	2	2
SAPE	1	1	1

Organization of Training

In addition to regularly scheduled conferences and continued medical education activities, the Maltese Association of Psychiatry together with the post graduate committee shall organize a series of seminars in clinical psychiatry and health services as well as clinical case conferences and journal clubs. The seminars in clinical psychiatry shall include but not restricted to psychopathology and comprehensive clinical assessment of patients presenting with mental health problems, history of psychiatry, clinical neuroscience, human psychological development and personality disorders, introduction to psychotherapy, theory and application of psychotherapeutic modalities, forensic and ethical issues in psychiatry, psychopharmacology, trans-cultural psychiatry, consultation-liaison psychiatry, management and leadership, research methodology, critical appraisal, statistics, and evidence based psychiatry, as well as specialist seminars at basic and higher specialist levels in child and adolescent psychiatry, perinatal psychiatry, eating disorders, geriatric psychiatry, forensic psychiatry, addictions, and learning disability. Seminars in Health Services shall address specific health and related social and community services directly relevant to mental health including but not restricted to NGO's involved in mental health service provision and advocacy, social welfare services, specialized services in eating disorders, addictions and rehabilitation, community housing, supported employment, correctional services, working with the courts and justice system, geriatric services, child and adolescent services, perinatal services, and brain stimulation services and other clinical neuroscience services.

Clinical Training & Supervision

The Maltese Association of Psychiatry considers the acquisition of clinical skills and competencies to be the primary goal in postgraduate training in psychiatry. To this end, training and ongoing assessment of bedside clinical skills shall be a primary focus of the postgraduate training program in psychiatry. These shall be accomplished through the following professional training modalities:

Clinical Supervision (rotations): BST's and HST's shall participate in clinical rotations that shall be arranged in collaboration between the postgraduate training committee and the department of psychiatry. While appreciating the necessity to address service requirements in line with the apprenticeship model of postgraduate training, the postgraduate training committee shall seek to ensure that all rotations provide the trainee with a relevant and appropriately supervised clinical training experience in keeping with the trainees' level of training, and that the training requirements are met. Trainees shall be assigned to a clinical supervisor throughout the clinical rotation, who shall be responsible for supervision of the trainee at a level that is in keeping with the trainee's level of training and shall in certain circumstances (e.g. after failure of a trainee in annual clinical assessment) adapt the level of supervision and/or bedside teaching to meet the needs of the trainee as advised by the postgraduate training committee. Each clinical supervisor shall dedicate at least one hour a week to face-to-face clinical supervision of cases being assessed or followed by the trainee. This supervision shall be carried at a mutually agreed time outside of the normal clinical duties to allow for time for presentation of cases, feedback, and discussion. Trainees shall log these clinical supervision sessions in their e portfolio and clinical supervisors shall sign off at the end of each rotation with feedback on the progress and performance of each trainee.

Educational Supervision: Each trainee shall be assigned an educational supervisor who shall meet with the trainee at least at the beginning of each training rotation to review the trainee's educational plan for the rotation, as well as review progress made towards these plans in the middle of each rotation. Educational supervisors shall serve as mentors, as well as mediate with the clinical supervisor and postgraduate training committee on any issues arising in the clinical rotation if these cannot be resolved by the trainee.

External Supervision: Each trainee shall be assigned to an external supervisor as part of the trainee's personal and professional development. The postgraduate training committee shall provide the educational supervisor with a regular report on the trainee's progress and shall highlight any areas of concern relating to the trainee's personal and professional development including professional behavior, health, and probity. The external supervisor shall in turn liaise with the postgraduate training program which may choose to meet the trainee and formulate a personal developmental plan in consultation with the external supervisor to be followed by the trainee and monitored as part of the trainee's annual review of competence progression (ARCP).

Psychotherapy Supervision: Trainees shall be expected to evaluate and follow at least five patients in supervised psychotherapy – at least one case to be seen over a period of > 20 sessions, and cases in brief psychotherapies lasting 12-20 sessions (at least one shall be in CBT). The trainees shall be provided with a list of potential psychotherapy supervisors, and shall receive regular supervision as recommended by the postgraduate training committee that is relevant for the specific therapy. Two supervised cases must be completed by the end of BST3, and one case shall be completed every year during higher specialist training typically using a therapeutic modality relevant to the area of higher specialist training being followed. At the beginning of each supervised case the trainee shall submit in writing to the postgraduate training committee a supervision plan to be completed with the supervisor specifying the objectives of the case supervision and the nature and frequency of supervision. The trainee's psychotherapy supervisor shall complete an assessment of psychotherapy expertise (SAPE) on completion of each supervised case.

Clinical Teaching (Clinical Skills & Competencies Training): Clinical assessment of skills and competencies (CASC) is a core component of the MRCPsych examination. The Association shall provide tutorials leading to the acquisition of clinical skills and competencies, and shall provide opportunities for mock CASC examinations leading to the MRCPsych CASC examination.

Journal Club / Clinical Case Conference & Debate: A series of journal clubs shall be organized periodically throughout the core and advanced training years.

Case based discussion groups (CBDG): All trainees are expected to join a case based discussion group organized by the postgraduate training committee for at least one year during basic specialist training. These groups shall run for at least one hour per week. The purpose of these CBDG's is to provide trainees an opportunity to reflect on the emotional and cognitive aspects that emerge in their clinical work with patients from a personal psychotherapeutic perspective.

Clinical Rotations

BST 1,2,3

Core training rotations in at BST 1, 2, & 3 shall occur in the first 36 months of training and shall be a minimum of 3 months and a maximum of 6 months each. Every effort shall be made to ensure that core training rotations in general psychiatry shall exceed the minimum of three months, though this shall depend on service requirements and human resource allocation. The areas in psychiatry covered by these clinical rotations shall consist of an adequate mix of general psychiatry as follows:

- (a) Inpatient Psychiatry where exposure shall consist of acute in-patient general psychiatry;
- (b) General Hospital Psychiatry where exposure shall consist of acute and emergency psychiatry, consultation-liaison psychiatry, neurology, neuropsychiatry, peri-natal psychiatry, eating disorders day and residential services, consultation-liaison psychiatry, and outpatient psychiatry;
- (c) Community Psychiatry where exposure shall consist of general adult community mental health and outreach including community clinics, and working with community teams in other therapeutic modalities including psycho-education and other support groups;
- (d) Child Psychiatry and Learning Disability where exposure shall consist of inpatient child psychiatry, outpatient, and school-based child & adolescent mental health services;
- (e) Forensic Psychiatry, Substance Misuse Psychiatry, Old-Age Psychiatry and Rehabilitation Psychiatry.

HST 1,2,3

Advanced clinical training at higher specialist level shall be for 36 months, and each rotation shall be 12 months in duration. The 36 months shall be made up as follows:

Twelve months in a general psychiatry placement that can offer both inpatient and outpatient experience, and two six-month placements in inpatient and outpatient settings (the former considered preferable given the advantages of a longitudinal experience in clinical training).

Twelve months in a more specialized area of general psychiatry, this can include an area of special interest to the trainee with prior approval by the postgraduate training committee.

Twelve months in another psychiatric specialty (which can also include general psychiatry) including forensic psychiatry, old age psychiatry, child and adolescent psychiatry, substance misuse psychiatry, learning disability, and medical psychotherapy.

Each trainee shall spend a period of at least 12 months in his or her area of special interest. All such requests may be subject to competitive interview in situations where limited availability of training rotations are available, and shall be subject to approval by the clinical chairperson of the department of psychiatry to ensure that service needs are adequately considered in this process.

At least 12 months of training must be spent abroad in a post approved by the postgraduate training committee to fulfill criteria for completion of clinical training, though this shall be subject to availability of training posts available abroad.

Special Considerations

Transition to New Curriculum: The full terms of the new curriculum will apply to all trainees joining the Postgraduate Training Program in Psychiatry in 2017-2018; those trainees already enrolled in training before the new curriculum is approved by the SAC shall have the option to opt out of the requirements for the MRCPsych examination, Training Abroad, and HST year 3. However should they wish to complete these parts of the program, the postgraduate training committee shall endeavour to support them in doing so. Similarly requirements for completion of clinical audit may not be feasible for trainees already enrolled in the program – they shall be likewise supported if they opt to complete this minimum requirement. The requirement for the academic project shall apply to all trainees, though those trainees already enrolled during this transition may submit their thesis as per requirements of the older curriculum.

Entry into Training Program: Entry into the training program shall be at BST year 1 and HST year 1, and shall be subject to PSC and SAC regulations. Trainees having previously completed their BST training and been awarded a certificate of completion of basic specialist training approved by the SAC, and who are eligible to apply for an HST post as per PSC regulations, shall be eligible to enter the Training Program at HST year 1.

Extended Leave of Absence including Maternity Leave: Trainees shall avail themselves of vacation leave, sick leave, and other special leave of absence including maternity leave as per Collective Agreement.

Interruption of Training: In special circumstances, and upon written approval by the postgraduate training committee, trainees may interrupt their training and re-enter training at a later time when he/she will be expected to make up for the gap in training including fulfilling requirements of the ARCP and annual examination. This timeframe is limited by the maximum duration of BST & HST posts allowed by the Collective Agreement between, as well as limitations set by examination boards including the Royal College of Psychiatry for eligibility to sit for the MRCPsych examinations.