

**“This prospectus is made under the provisions of the Universities Act, the Postgraduate Institute of Medicine Ordinance, and the General By-Laws No. 1 of 2016 and By-Laws No. 2 of 2016 for Degree of Doctor of Medicine(MD) and Board Certification as a Specialist”**

**POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO, SRI LANKA**



**POSTGRADUATE COURSE  
CONDUCTED BY  
THE BOARD OF STUDY IN PSYCHIATRY  
FOR  
BOARD CERTIFICATION IN FORENSIC PSYCHIATRY**

**2013**

**BOARD CERTIFICATION IN FORENSIC PSYCHIATRY  
BOARD OF STUDY IN PSYCHIATRY**

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## **1. Introduction**

The Board of Study in Psychiatry of the Postgraduate Institute of Medicine (PGIM) will conduct a training programme in psychiatry and an examination, the Doctor of Medicine (MD) in Psychiatry examination. The successful trainees can select to follow the programme in one of the two subspecialties ie Child and adolescent Psychiatry or Forensic Psychiatry. This section of the prospectus provides information regarding the regulations and guidelines formulated by the Board of Study (BoS) in Psychiatry and the PGIM pertaining to the structure of training programme in Forensic Psychiatry and Board Certification.

## **2. Mission, Justification and Proposed Outcome Mission**

This document is the final proposal for inclusion of Forensic Psychiatry as a sub-specialty in Psychiatry, leading to Board Certification as **Forensic Psychiatrists**. It has taken into account the unique mental health needs of the mentally disordered offenders that cannot be met through training only in General Psychiatry

### **The Mission**

The mission is to produce a **Forensic Psychiatrist** who is competent in working with mentally abnormal offenders and their families and with health, legal, correctional, and social agencies and other stakeholders involved in the care of mentally disordered offenders, and to provide optimum care in a responsible and ethical manner.

### **Justification**

Forensic Psychiatry operates at the interface of two separate disciplines, namely psychiatry and law. Forensic psychiatry is now recognized by the Board of Study in Psychiatry as a subspecialty in Psychiatry. The scope of the subject is broad. All shades and degrees of psychopathology are seen. The subject comes from two main sources. Firstly, the individual psychopathology shaped by complex social, environmental, cultural and familial factors which make each patient, and the manner of his presentation unique. Secondly there is always a legal context to the examination and treatment of the patient which provides an additional dimension to clinical practice. Mentally ill patients commonly present to the forensic psychiatry units in the most dire and tragic circumstances. It is a challenging task to make a sound assessment of such patients, provide proper treatment and steer them through the ramifications of the criminal justice system. In practice, forensic psychiatry involves the clinical assessment and treatment of mentally disordered offenders in a variety of settings and under a range of circumstances. Non offender patients suffering from severe mental disorder in association with significant behavioural disturbance are also likely to be referred to forensic psychiatry services for both advice and treatment. Within the range of psychiatric populations, these latter patients, often with multiple psychopathologies, are among the most disturbed and difficult to manage. In addition, forensic psychiatrists should be knowledgeable in the application of the law to clinical practice. Forensic psychiatrist should be skilled and competent in presenting relevant psychiatric information and opinions to various legal and statutory agencies. Forensic psychiatry is a developing speciality. The issues and dimensions coming under forensic psychiatry is expanding and becoming complex with the development and advances in the field of medicine. Forensic psychiatry work will involve assessment and treatment of a wide range of patients in various clinical settings. Their work involves in-patient care in secure units, outpatient care, work in prisons, therapeutic work with victims. The need for a higher professional training in forensic psychiatry has been recognized worldwide. The Board of Study in Psychiatry of the PGIM has taken the initiative to commence the higher professional training in Forensic Psychiatry to fulfil this need in Sri Lanka

### **Proposed Outcome**

On completion of the training Forensic Psychiatrist is expected to have the following attributes

- Good clinical competence
- Natural curiosity
- Tolerance for difficult patients
- Balanced attitudes towards offenders
- Clear thinking and clear speaking
- Attention to detail
- Capacity to lead a clinical team
- Good self-organization and energy

### **3. Selection Process for the Training Programme and Guidance to Trainees**

The training programme in Forensic Psychiatry subspecialty falls within the Stage II training described in the MD (Psychiatry) prospectus. Trainees who wish to be Board Certified as a specialist in Forensic Psychiatry will select this programme. Successful completion of MD Psychiatry examination is a requirement to enter the training programme in Forensic Psychiatry. The number of trainees selected shall be decided by the BoS in Psychiatry, depending on the vacancies and the cadre approval by the Ministry of Health and availability of training placements.

#### **3.1 Selection Process**

The candidates will be selected on the merit based ranking results of the MD (Psychiatry) Examination. The positions available will be offered to the candidates by the Board of Study in Psychiatry

#### **3.2 Guidance through the Training Programme**

Once appointed to a training unit in Forensic Psychiatry for 12 months, the trainee will receive supervision and guidance from the consultant of that unit, who will also monitor the progress of the trainee and provide a written record to the BoS in Psychiatry

### **4. Training outcomes at the end of the programme**

The programme is designed to provide competency in knowledge, skills and attitude in dealing with mentally disordered offenders. In order to practice the speciality effectively and efficiently, the qualified clinician will keep his/her knowledge up dated and engage in scientific research and audit. The curricular content given below is incorporated into training activities over the 24 months training in Sri Lanka and 12 months at an approved overseas training centre. The overseas training is expected to provide exposure to interventions where opportunity may not have been available in Sri Lanka. The expected long term outcome of the training programme is to have Forensic Psychiatrist in adequate numbers working in forensic psychiatry units in Sri Lanka

### **5. Training Content and Curriculum**

The following is identified as core areas for developing competency. It is assumed here that the trainee embarking on specialist training in Forensic Psychiatry has already had the adequate grounding in core knowledge and skills in General Psychiatry. The curriculum given below is focused on advanced training in Forensic Psychiatry.

#### **5.1 Core knowledge**

This knowledge should be developed through clinical practice during training, gathered

by reading text books and journals, by collecting relevant information through domestic visits, visits to scene of crime and other relevant sources of information, by attending courts as an observer and writing forensic reports and giving evidence, by attending academic events and by actively contributing to journal clubs and other CME activities.

**5.1.1** Forensic Psychiatrist should have a wide range of practical experience encompassing many aspects of the field, including criminal law, civil law, domestic relations law, and corrections

**5.1.2** The criminal law experiences should include; competence to stand trial; competence to have confessed; competence to waive representation by counsel; evaluations for insanity defence cases; post conviction evaluation; assessments of persons when acquitted by reason of insanity may safely be released from secure settings

**5.1.3** The civil law experiences should address such matters as assessment of alleged psychiatric disability compensation cases; competence to make a will; competence to make a contract; competence to manage one's finances; and need for total guardianship

**5.1.4** The domestic-relations law experiences should include such issues as child custody cases; children-in-need of supervision cases; juvenile delinquency cases; termination of parental rights cases; child neglect and abuse cases; spouse and elder abuse cases; and competence to be married/to be divorced assessments

**5.1.5** The correctional experiences should include such matters as voluntary and involuntary treatment of incarcerated persons; inter-institutional transfers from correctional facilities to mental health facilities and from mental health facilities to correctional facilities; and evaluations to assist the parole service

**5.1.6** The experiences in legal psychiatry should include such concerns as competence to consent to treatment; competence to refuse treatment; competence to make a living will; competence to designate a health-care proxy decision-maker; competence to decline to be resuscitated; admission to a psychiatric hospital as an informal or voluntary or involuntary or emergency patient; confidentiality of communications and records; psychiatric malpractice; treatment boundaries in psychiatric practice; sexual misconduct in the therapist-patient relationship; law in relation to physical illness;

**5.1.7** Working knowledge about the mental health legislation; penal code as relevant to forensic psychiatry; **administration of criminal procedure as relevant to forensic psychiatry**

**5.1.8** Multidisciplinary Team concept and working with other agencies. Role of different disciplines in Forensic Psychiatry .Qualities of effective and efficient leadership in teamwork

**5.1.9** Ethical principles relevant to forensic psychiatry

## **5.2 Competences and attitude development**

There are essential competences that need to be acquired during the training programme. These include the following;

**5.2.1** Establish and maintain a therapeutic relationship with person's referred for assessment and their families. Respect privacy and confidentiality. Show sensitivity and understanding regarding concerns expressed by the persons interviewed. Gather information in a balanced unbiased manner. Communicate with referred people and their families at a level comprehensible by them and facilitate working together for the wellbeing of the person referred. Provide psycho-education in all relevant issues

**5.2.2** Comprehensive history taking, mental state examination and physical examination. Include developmental, socio-cultural, medical, family factors that contribute to the clinical presentation. Gather information from multiple sources. Make a risk assessment in relation to potential for self-harm, self-neglect, exploitation by others, aggression / violence. Make comprehensive and legible written or computerised documentation of the information for later reference

**5.2.3** Investigations including request for imaging studies and laboratory investigations where appropriate by providing adequate and relevant information

**5.2.4** Competence in performing neuro-psychiatric and neuro-psychological assessment, and the ability to interpret the medico-legal relevance

**5.2.5** Diagnostic formulation and differential diagnosis. Take systemic perspective in making the diagnostic formulation to include key biological, developmental and psychosocial aspects of the clinical presentation, contributory predisposing, precipitating and perpetuating factors, and risk and resilience factors. Provide a feedback to person concerned and family in a manner comprehensible to them.

**5.2.6** Objective oriented treatment planning that would allow objective measurement of outcome. Follow up care, vigilance about ongoing risks and vulnerabilities taking appropriate timely action. Modify and adopt known therapeutic intervention to suit individual person to obtain optimum outcome and avoid any possible adversities

**5.2.7** Use pharmacological treatment with appropriateness and safety in mind and with routine monitoring of relevant physical and psychological parameters

**5.2.8** Assess suitability for individual psychological therapy, objectify targets for change and outcome measures, select and implement strategies for intervention and monitor compliance and adversities

**5.2.9** Writing forensic reports, including receiving, and reviewing all discovery material and information that is necessary for forming an opinion, and writing reports demonstrating objectivity, detachment, humanity and professionalism

**5.2.10** Giving evidence, including the ability to educate the court about matters that are beyond the lay person's understanding by observing oral submissions in court, by participating in mock trials, and by giving evidence in person at trials

**5.2.11** Comprehensive assessment of children suspected of being abused, neglected or exploited. Specific skills required in the assessment of young children without verbal competence to communicate their experience. Therapeutic intervention for the individual victim and family members and deal with relevant child protection and legal authorities

**5.2.12** Management of psychiatric and behavioural emergencies such as deliberate self harm, violence and other severe behavioural problems, including clinical decision making to manage the emergency, ensuring safety of patient and others, pharmacotherapy and psychological / behavioural interventions, organising teamwork and supervision of the patient, monitoring outcome, follow up care and preventive measures

**5.2.13** Liaison with mental health (child psychiatrists) and non-mental health (judicial medical officers) professionals – provide assessment and guidance on management, and work cohesively with other teams in patients where joint management is indicated. Clear and relevant communication with the other team members

**5.2.14** Examination of physical illness in person's referred for assessment and enlisting the support of other consultants where necessary

**5.2.15** Working with other agencies involved in the care of abnormal offenders – relates to providing consultation and guidance to prisons, certified schools, probation and childcare services, national child protection authority, detention centres, human rights and advocacy groups, etc

**5.2.16** Management of person's with special clinical issues in forensic psychiatry which includes malingering, antisocial personality, dangerousness, violence, forensic neuro-psychiatric issues, psychological and psychiatric measures in forensic psychiatry practice, amnesia

**5.2.17** Teaching and training skills in all aspects of forensic psychiatry to a wide range of medical and non-medical groups

**5.2.18** Proficiency in research, select areas for study, seek ethical permission, use appropriate research techniques for data gathering and analysis, write scientific papers and make presentations at academic forums

**5.2.19** Conducting psychological autopsy

## **6. Training Programme Details and Structure**

### **6.1 Broad objectives of training programme**

**6.1.1 Patient care.** – In multiple settings of outpatient, inpatient, prison hospital, liaison setting and community.

**6.1.2 Medical knowledge, skills and attitude**

The trainee is expected to keep abreast with current knowledge in forensic psychiatry, constantly attempt to learn new skills and sharpen existing skills and have a healthy attitude to practice.

### **6.1.3 Interpersonal and communication skills**

The trainee is expected to develop good skills in working with patients and families and the multidisciplinary team

### **6.1.4 Professionalism**

The trainee should at all times be mindful of ethical principles and responsibilities in the areas of doctor-patient relationship, consent for treatment, and dealing with families and professional boundaries. Responsibility towards work, commitment, honesty is required. Comprehensive record keeping and good time management are other useful professional skills to develop.

### **6.1.5 Evidence-based approach to practice**

Although this may depend sometimes on availability of resources application of guidelines should be attempted as far as possible.

## **6.2 Details of logistics**

### **6.2.1 Local Training**

The selected trainee would be appointed as Senior Registrar to the Forensic Psychiatry unit at National Institute of Mental Health for a period of 24 months. During this period, the trainee is expected to broaden the experience through liaising with prisons, certified schools, detention centres for children, Judicial medical officers, Attorney General's department, State Counsel at High court, drug rehabilitation centres, voluntary organisations, etc.

### **6.2.2 Foreign Training**

The foreign training component should be in a forensic psychiatry service abroad, in UK or Australia or any other country approved by the Board of Study in Psychiatry. The training should be for a period of one (1) year with adequate supervision of training.

## **6.3 Research Project**

Successfully carrying out a research project, directly relevant to Forensic Psychiatry is mandatory prior to being Board Certified as a Forensic Psychiatrist. A research protocol should be submitted to the Board of Study in Psychiatry for review and approval, and ethical clearance obtained, prior to commencing data collection. The research should be carried out preferably in Sri Lanka. Approval may be granted for a research conducted abroad if the subject of study is relevant to Sri Lanka. It should be a prospective study, hospital or community based, and preferably an original study rather than a replication. Interventional studies have to be registered with the Sri Lanka Clinical Trials Registry. The supervisor for the research would be the consultant in whose Unit the trainee is working. The examination process for the completed research will follow the guidelines set by the Board of Study in Psychiatry.

## **6.4 Progress Reports (Record of Training)**

At the conclusion of each training placement in Stage II of the training programme, the supervising consultant shall complete a Progress Report for the trainee, indicating whether the trainee has satisfactorily completed that placement. Areas of concern regarding the trainee, if any, which would include any leave of absence from the training



programme, should also be recorded. If the supervisor is not satisfied with the trainee's performance, this should be referred to the Board of Study early for appropriate action.

The trainee shall submit the Progress Reports from all training placements, two weeks after the completion of each placement. All progress reports must be submitted to the PGIM prior to application for Board Certification.

**See annexure 3**

### **6.5 Leave of absence**

Trainees, who wish to avail themselves of an extended period of leave, including sick, maternity or other leave, are required to inform the Board of Study in Psychiatry and obtain approval for such leave at the earliest available opportunity.

Trainees availing themselves of such leave will be required to fulfil the PGIM requirement of 80% attendance in each training placement to be considered as having successfully completed Stage II of the training programme.

### **6.6 Portfolio**

The trainees are required to maintain a portfolio from the beginning of the Stage II Training of the subspeciality. The portfolio will form the basis of the Pre Board Certification Assessment (PBCA) which is a PGIM prerequisite for Board Certification as a specialist in Forensic Psychiatry. **See annexure 6**

### **6.7 Pre Board Certification assessment**

The PBCA has two components

#### **6.7.1 written components**

At the successful completion of 3 years of Stage II training, trainees have to sit for an assessment comprising of MCQ and a SEQ paper.

1. MCQ	30 questions	1 Hour	100 Marks
2. SEQ	2 questions	2 Hours	100 Marks

The MCQ paper will consist of 30 questions of five responses each of the multiple true false type to be answered in one hour. There will be negative marking within each question.

The SEQ paper will consist of 2 questions to be answered in two hours. Each question will be independently marked by two examiners.

Each candidate must obtain minimum of 50% in each component in order to pass the written component of the PBCA. Those candidates who are unsuccessful will have to sit again after 6 months of further preparation.

#### **6.7.2 Portfolio viva and oral presentation to the BoS.**

A trainee who has passed the written component (6.7.1) of the PBCA may apply in writing to the BoS in Psychiatry seeking Board Certification as a Specialist in Forensic Psychiatry.

### **I. Portfolio Viva**

Upon receiving such an application the Board of Study will appoint a panel of examiners who will schedule the portfolio viva as required by the PGIM. Assessment

of the Trainee's Portfolio at a viva will constitute part of the PBCA in Psychiatry. The Panel of examiners appointed by the Board of Study may accept the portfolio or suggest suitable amendments before acceptance.

## **II. Oral presentation**

The trainee should make a presentation of 20-30 minutes duration to the Board of Study indicating the details of training in Stage II and future vision for the development of services in the subspeciality (Forensic Psychiatry) in Sri Lanka. Upon successful completion of 6.7.2.i. and 6.7.2.ii the Board of Study shall recommend to the Board of Management of the PGIM that the trainee to be considered for Board Certification as a Forensic Psychiatrist in Sri Lanka.

## **7. Board Certification**

### **7.1 Eligibility**

Prospective applicants must satisfy the following requirement

1. Passed the MD (Psychiatry) Examination
2. Satisfactory completion of stage II of the training programme set out in section 6
3. Acceptance of the Dissertation
4. Acceptance of the Portfolio
5. Passed Pre Board Certification Assessment