



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

Prospectus

BOARD CERTIFICATION AS A SPECIALIST IN OLD AGE PSYCHIATRY

(To be effective from the year 2017)

BOARD OF STUDY IN PSYCHIATRY

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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.

1. Introduction

The Board of Study (BoS) in Psychiatry of the Postgraduate Institute of Medicine (PGIM) conducts a training programme in psychiatry and an examination, leading to the degree Doctor of Medicine in Psychiatry (MD in psychiatry). The successful trainees can opt to follow a post MD programme in one of four sub-specialties i.e. child and adolescent psychiatry, forensic psychiatry, old age psychiatry and addiction psychiatry. This prospectus provides information regarding the regulations and guidelines formulated by the BoS in Psychiatry and the PGIM pertaining to the structure of the training programme in old age psychiatry and Board certification.

In preparation of this document it was taken into account the unique mental health needs of the older people that cannot be met through training only in general psychiatry.

2. Mission, Justification and Proposed Outcome

The Mission

To produce a specialist in old age psychiatry who is competent in providing optimal care in a responsible and ethical manner to older people and their families in collaboration with stakeholders such as health, educational, legal and social agencies involved in their care.

Justification

According to World Bank, Sri Lanka has one of the fastest aging populations in the world. Population projections show that the population over 60 years would reach 28.5 percent by the year 2050 from the current value of 12.2 percent.

The needs of older people with regard to mental health are unique. Biological changes that occur with aging have an impact on the mental health of the individual. Each older person would have complex mental health needs that have to be dealt in a simple and versatile manner. Service provision has limitations as the health system is not geared to provide optimal service to this segment of the population. There is a considerable variation in relation to the presentation of disorders and their management, compared to the younger patients frequently encountered in general adult psychiatry. There is a legal context to the examination and treatment of older people which leads to an additional dimension in clinical practice. Mentally ill older people often present to psychiatry units in tragic and vulnerable circumstances. It is a challenge to make a proper assessment of such patients and their circumstances, provide proper treatment and support families through the crisis to achieve an optimal outcome.

In practice, old age psychiatry involves several dimensions that are not covered by general adult psychiatry. Firstly, the specialist in old age psychiatry needs to be equipped with specific knowledge on co-morbidities, diseases of old age and old age pharmacology.

Secondly, he/she should have a sound knowledge on varied presentations of psychopathology and should have skills in detecting them. Thirdly, appropriate involvement of the multidisciplinary team, social services, legal system and most importantly families and caregivers need to be decided as inappropriate approach would have disastrous consequences on older people. Fourthly, treatment and care should be provided in the most appropriate setting considering the diverse needs of the patient. Fifthly, old age psychiatrist needs to provide a considerable input to planning and development of services in old age psychiatry at local and national level. He/she should have skills in managing and liaising with other stake holders. Finally, he should be an opinion leader, a role model and a trendsetter to shape the future of older people of the nation.

The need for a higher professional training in old age psychiatry has been recognized worldwide. In Sri Lanka, Ministry of Health has formally recommended training of specialists in old age psychiatry. The Board of Study in Psychiatry has taken the initiative to commence the higher professional training in old age psychiatry to fulfil this need in Sri Lanka.

Training outcomes at the end of the programme

On completion of training, a specialist in old age psychiatry is expected to possess adequate knowledge and skills to manage elderly patients, contribute to service development and research, and to work with relevant stakeholders to provide a specialist mental health service to older people. He/she should be able to contribute to advancement of old age psychiatry, voice opinion with policy makers and contribute to raise public awareness.

Broad objectives of the training programme

- a) **Patient care:** The trainee is expected to learn from patients in multiple settings - outpatient, inpatient, day hospital, liaison and community.
- b) **Medical knowledge, skills and attitudes:** The trainee is expected to keep abreast with current knowledge in old age psychiatry, constantly attempt to learn new skills and sharpen existing skills and have a healthy attitude to practice.
- c) **Interpersonal and communication skills:** The trainee is expected to develop good skills in working with patients and families and the multidisciplinary team.
- d) **Professionalism and confidentiality:** 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.
- e) **Evidence-based approach to practice:** The trainee should apply evidence-based approach to practice as far as possible.

3. Training Content and Curriculum

Core knowledge a trainee shall acquire are listed in Annex 1. It is assumed that the trainee embarking on specialist training in old age psychiatry has already acquired adequate core knowledge and skills in general psychiatry. Hence the curriculum given in [Annex 1](#) is focused only on advanced training in old age psychiatry. Core areas in skills and attitude development are listed in [Annex 2](#).

The programme is designed to provide competency in knowledge, skills and attitudes in dealing with mental health problems and disorders in older people. In order to practice the specialty effectively and efficiently, the qualified clinician will keep his/her knowledge up-dated and engage in scientific research and audit.

The curricular content is incorporated into training activities for a period of twenty four months of training in Sri Lanka and twelve months period at an overseas training centre. The overseas training is expected to provide exposure to interventions where opportunity may have not been available in Sri Lanka.

4. Selection Process for the Training Programme and Guidance to Trainees

Successful completion of MD Psychiatry examination is a requirement to enter the post MD training programme in old age 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.

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

5. Training Programme Details and Structure

Details of training programme([Annex 3](#))

The post MD training of this programme will be 36 months, out of which twenty four months of training shall be in two different recognised centres in Sri Lanka and minimum of twelve months of training in a recognised centre abroad.

Local Training

The selected trainee would be appointed as Senior Registrar to suitable units for a period of 24 months. The trainee would have to do a rotation in units where old age psychiatry services are available. It is recommended that trainees work in two different institutions (National Institute of Mental Health, National Hospital of Sri Lanka, Colombo South Teaching Hospital, Colombo North Teaching Hospital, Teaching Hospital Kandy, Teaching Hospital Peradeniya, Teaching Hospital Karapitiya and any other unit accredited by the BoS in Psychiatry at the time of the allocation meeting). The recommended training period in a unit is a minimum of twelve months.

Overseas Training

The trainees have to complete twelve months of training in old age psychiatry in an overseas unit recognised by the BoS in Psychiatry. During this period of overseas training, the trainee should consolidate in areas such as psychotherapy in old age, specialised services for dementia, delivering community care for elderly patients living in community, elders homes and nursing homes, shared care with other stakeholders, and ethical and legal issues in old age psychiatry.

Research Project

Successfully carrying out a research project, directly relevant to old age psychiatry is mandatory prior to Board certification. A research proposal should be submitted to the BoS in psychiatry for review and approval, and ethical clearance obtained, prior to commencing data collection.

The BoS recommends the following when undertaking the study:

1. The study to be carried out preferably in Sri Lanka. Approval may be granted for a study conducted abroad if the subject of study is relevant to Sri Lanka.
2. To be a hospital or community based study.
3. To be a study based on a research proposal developed by the trainee.
4. Interventional studies have to be registered with the Sri Lanka Clinical Trials Registry.

See [Annex 4](#) for guidance to trainees on research projects.

Progress Reports (Record of Training)

Once selected to the training programme in old age psychiatry, the trainee will receive supervision and guidance from the consultant of the training unit, who will also monitor the progress of the trainee and provide written progress reports to the BoS (Board of Study) in Psychiatry.

At the conclusion of each six months of a training placement, the supervising consultant shall complete a progress report for the trainee, indicating whether the trainee has undergone training satisfactorily during that period. 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 BoS early for appropriate action.

The trainers shall submit the progress reports every six months from all training placements, and the second report of a given twelve months of training needs to be submitted in two weeks after the completion of each placement. All progress reports must be submitted to the PGIM prior to application for Board certification.

Portfolio

The trainees are required to maintain a portfolio from the beginning of the post MD training of the sub speciality. 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 old age psychiatry(See [Annex 5](#)).

The portfolio should be reviewed at least every six months by the local supervisor(s), with regular feedback to the trainee on how the portfolio may be improved. When the trainee is eligible for PBCA, three copies of the completed portfolio should be submitted to the PGIM Examinations Branch.

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 BoS 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 training programme.

6. Pre Board Certification Assessment (See [Annex 5](#))

A trainee who has completed requirements for PBCA shall apply in writing, within one month of completing such requirements, to the BoS in Psychiatry through the Director / PGIM seeking Board certification as a Specialist in old age psychiatry. The Pre Board Certification Assessment shall consist of a Portfolio Viva and an Oral presentation. Upon receiving such an application, the BoS shall recommend a panel of three examiners who will schedule the portfolio viva as required by the PGIM.

a. Oral presentation

The trainee should make a presentation of 20-30 minutes duration to the BoS indicating the details of post MD training and future vision for the development of services in the sub-speciality (old age psychiatry) in Sri Lanka. Upon successful completion of the PBCA BoS shall recommend to the Board of Management of the PGIM that the trainee be considered for Board certification as a specialist in old age psychiatry.

b. Portfolio Viva

Assessment of the trainee's portfolio at a viva will constitute part of the PBCA. The panel of examiners recommended by the BoS may accept the portfolio or suggest suitable amendments before acceptance.

7. Eligibility criteria for Board Certification

Prospective applicants must satisfy the following requirements:

- (a) passed the MD (Psychiatry) examination
- (b) satisfactory completion of post MD training programme
- (c) acceptance of the dissertation/research paper
- (d) acceptance of portfolio
- (e) passed pre-board certification assessment

8. Recommended Reading

During the post MD training of specialization in old age psychiatry, trainees are expected to read relevant chapters of recommended standard text books and relevant journal articles(See [Annex 6](#)).

9. Prospectus Development - Contributors

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Annex 1 – Core Knowledge

This knowledge should be developed through clinical practice during training, gathered by reading text books and journals, by attending academic events and by actively contributing to journal clubs and other CME activities.

- 1.1. Biological, psychological, socio-cultural, neurological and medical aspects of mental health and behaviour in elderly.
- 1.2. The full range of mental disorders affecting elderly, define their signs and symptoms. Mental health problems in elderly not amounting to mental disorders nevertheless have an impact on their quality of life.
- 1.3. Structured assessment formats, rating scales, standardized assessment schedules used in old age psychiatry, their use and shortcomings in terms of context and cultural limitations.
- 1.4. Theoretical basis and models of practice of psychological interventions in individual, family and group settings [cognitive behaviour therapy, (CBT), reminiscence therapy etc.]
- 1.5. Pharmacological treatment methods- their indications, dosage in relevance to age and medical co-morbidities, practice guidelines, scientific basis for their use in elderly, pharmacokinetics, pharmacodynamics, evidence base for their use, adverse effects and safe practice.
- 1.6. Prevention and early intervention - theory of universal, indicated and selective prevention; rationale for early intervention from current scientific evidence based knowledge in neurobiology.
- 1.7. Geriatric/Medical liaison - The range of mental health problems affecting elderly with chronic illness and terminal illness.
- 1.8. Aspects related to elder abuse and neglect, consequences of elder abuse, legal framework for elder protection and safeguarding elder's rights in Sri Lanka.
- 1.9. Ethical issues in the practice of old age psychiatry and guidelines regarding issues such as informed consent, autonomy, doctor-patient relationship, limits of confidentiality and privacy, respect of rights and legal boundaries.
- 1.10. Multidisciplinary team concept and working with other agencies, role of different disciplines in old age mental health care, qualities of effective and efficient leadership in teamwork.

Annex 2 – Skills and attitude development

A specialist in old age psychiatry should be able to,

- 1 Perform specialist assessment of older patients and document relevant history and examination on culturally diverse settings. e.g. Extended cognitive assessment and locally validated test instruments.
- 2 Demonstrate ability to construct formulations of patients' problems that include appropriate differential diagnoses, liaising with other specialists and making appropriate referrals and individual care plans.
- 3 Demonstrate ability to recommend relevant investigations and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological, socio-cultural and psychological investigations including psychometric assessments (neuropsychiatric, cognitive and ADL assessments).
- 4 Construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains. 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, ability to intervene effectively to minimize risk and ability to implement prevention methods against self-harm and harm to others.
- 5 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 individual and group therapy, reminiscence therapy, reality orientation, memory exercises and recreational therapies with a good evidence base.
- 6 Carry out specialist assessment and treatment of patients with common organic and acute and chronic mental disorders and to demonstrate effective management of these disease states.
- 7 Demonstrate knowledge of psychopharmacology in elderly and practice safe prescribing taking into consideration physical co-morbidities.
- 8 Demonstrate ability to manage challenging behaviour of elderly.
- 9 Use effective communication skills with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances.
- 10 Demonstrate ability to care for carers recognizing their needs.
- 11 Liaise with governmental organisations and NGOs, providing long term care to optimize service provision.

- 12 Demonstrate ability to work effectively with colleagues, including multidisciplinary team and collaborators.
- 13 Demonstrate ability to handle legal issues, write psychiatric reports and being an expert witness.
- 14 Demonstrate appropriate leadership skills.
- 15 Demonstrate knowledge, skills and behaviours to manage time and problems effectively.
- 16 Demonstrate ability to conduct and complete audit in clinical practice.
- 17 Demonstrate ability to teach, assess and appraise trainees in psychiatry and those of allied disciplines.
- 18 Demonstrate ability to describe research methodology and critical appraisal of the research literature.
- 19 Demonstrate ability to train health care workers and residential care staff working with elderly.
- 20 Demonstrate ability to play an advocacy role in the policymaking process.
- 21 Demonstrate ability in advocacy and guide programmes on promotion of mental health of the elderly.

Annex 3 - Structure of the training programme

The trainee is required to rotate, twelve months each in two units in different locations during the 24 months of local training.

A log book which should be a part of the portfolio will be provided to the trainee at the commencement of the training programme, which contains essential requirements that has to be fulfilled in each stage of training, including assessments. All training activities must be certified by the respective trainers and these certifications must be included in the portfolio.

Following guide will help trainee to prepare for sub-specialty training.

1. First twelve months of training

- 1.1 Knowledge - During the first twelve months of training, the trainee is expected to complete knowledge component listed in Annex 1.
- 1.2 Skills –Activities to achieve the learning outcomes listed under 5 above are expected to commence in the first twelve months, which must continue through the second twelve months of local training.
- 1.3 Research Project

The trainee is expected to complete following activities; selection of a topic, literature search, writing the proposal and grant applications, obtaining ethical clearance and seeking approval from BoS, commencing data collection.

Trainee should have minimum of 4 supervision sessions, with the supervisor on the research project, during the first twelve months of training.

1.4 Liaison with other disciplines

Trainee is expected to participate in ward rounds in general medicine and neurology specifically focussing on elderly patients, contributing to management plan. The trainee should have a minimum number of 4 sessions in each discipline, of which attendance is certified by the consultant of the discipline.

Trainee has to have one session with the General Practitioner and one session with the Medical Officer of the outpatient department.

1.5 Liaison with agencies providing care for the elderly

Trainee shall visit at least once the following agencies.

- a. Helpage Sri Lanka
- b. Sri Lanka Alzheimer's Association

- c. Residential care facility for the elderly
- d. Day care facility for the elderly
- e. Patient's home
- f. Dementia centre at Mallika Niwasa, Colombo
- g. Pain management clinic at National Cancer Institute, Maharagama
- h. Hospice
- i. Intensive care unit caring for an elderly patient

1.6 Participation in continuous medical education (CME) activities

Trainee is expected to include, in the portfolio, evidence of participation of (CME) activities attended and contributed in sub-specialty

Teaching –Trainee is expected to include, in the portfolio, evidence of teaching activities carried out during the first twelve months. Undergraduate teaching, teaching in allied health sciences are encouraged in the first twelve months.

1.7 Dissemination of knowledge

Use of media to disseminate knowledge in old age psychiatry and conducting programmes to target groups is considered as a part of learning experience. The articles and programmes must be certified by the trainer.

2. Second twelve months of training

2.1 Knowledge gathered during first twelve months of training is consolidated during second twelve months.

2.2 Skills – Enhancement of skills developed in the first twelve months and development of new skills that were not addressed in the first twelve months is a requirement of second twelve months of training. Sub sections 11, 13, 14, 16, 17, 20 and 21 of [Annex 2](#) of this prospectus must be given emphasis during the second twelve months of training.

2.3 Research: at the end of the second twelve months, the trainee is expected to submit the completed dissertation to the Board of study in Psychiatry.

2.4 Liaison with other agencies

Trainee is expected to liaise with relevant stakeholders; government and nongovernmental institutions/ organizations that provide care, guidance, advice and support to elders with mental health and social issues. Liaison work has to have approval by the supervising consultant or the BoS. Trainee is expected to keep records of such liaison activities, certified by the organization/ institution head in the

log book provided. A reflective writing is needed to be included in the portfolio.

2.5. Participation in continuous medical education (CME) activities

Trainee is expected to keep evidence of participation of (CME) activities he attended and contributed in sub-specialty. During the second twelve months of training, the trainee should provide evidence of being a resource person in a minimum of three CME activities.

2.6. Teaching – Post graduate teaching on the subspecialty training for registrars in psychiatry and allied disciplines are encouraged during second twelve months of training, while undergraduate and allied disciplines Trainee is expected to keep evidence of teaching activities carried out during the first twelve months. Undergraduate teaching, teaching in allied health sciences to continue in the second twelve months too.

2.7. Dissemination of knowledge

Use of media to disseminate knowledge in old age psychiatry and conducting programmes to target groups is considered should be continued during second twelve months. The articles and programmes must be certified by the trainer and to be included in the portfolio.

2.8. Management and policy planning

Trainee is encouraged to participate in management and policy planning meetings where ever possible. Trainees are expected to actively participate in policy planning meetings. In case conferences trainees are expected to chair multidisciplinary team meetings.

3. Overseas Training

The trainees have to complete twelve months of training in old age psychiatry in an overseas unit recognised by the BoS in Psychiatry.

During this period of overseas training, the trainee should consolidate in areas such as psychotherapy in old age, specialised services for dementia, delivering community care for elderly patients living in community, elders homes and nursing homes, shared care with other stakeholders, and ethical and legal issues in old age psychiatry.

The letter sent by the director PGIM to the overseas training coordinator shall include the expected learning outcomes during the overseas training that need to be strengthened along with the personal statement of the trainee. This statement should include training received in Sri Lanka highlighting strengths in local training and areas that the trainee has special interest to improve. Personal statement of the trainee containing about 1000 words should be forwarded through the BoS to the director PGIM.

Annex 4 - Generic guidance on research projects

The research proposal must be submitted to the BOS for approval before commencing the study. The proposal should be evaluated by at least one reviewer (preferably two) nominated by the BOS.

The proposal should have a reasonable timeline for completion. If the proposal is unsatisfactory, the reviewers may recommend modification of the proposal or submission of a different proposal. The trainee should commence the study only after obtaining approval of the BOS and ethical clearance.

Relevant ethics clearance, and in the case of clinical trials, registration with a Clinical Trials Registry must be obtained prior to commencement of the study.

The trainee is required to nominate a primary supervisor for the project, usually the trainee's current trainer.

The trainee must submit 6 monthly progress reports through the primary supervisor to the BOS.

Feedback would be provided to the candidate as to whether the project is progressing satisfactorily.

Acceptance of the research project by the BOS may be based on fulfilment of either of the following:

1. Publication of the research findings as an **original full paper** (not case reports) in a **peer-reviewed journal** (preferably indexed) with the trainee as first author. No further evaluation is required on the premise that a paper which is already peer-reviewed.
2. Submission of a detailed project report to the BOS. This should be evaluated by 2 assessors nominated by the BOS, and marked as either satisfactory, or unsatisfactory.
 - a. If the project is considered unsatisfactory by both assessors, the trainee will be requested to revise and resubmit, with written feedback on the required revisions. If the project report is still unsatisfactory, the trainee may, at the discretion of the BOS, be asked to extend the same research project or undertake a new research project which will have to go through the same procedure of approval as the initial project.
 - b. If there is disagreement between the two assessors, with only one assessor's decision being 'unsatisfactory', the project report should be sent to a third assessor for a final decision.
 - c. Presentation of the research findings at a recognized scientific congress, either local or international, as oral or poster presentation, with a published abstract, with the trainee as first author, should be given credit during the assessment process.

Once the research report is accepted by the BOS, the trainee should be encouraged to submit the research findings to a suitable conference or journal, if not already done.

Annex 5 - Pre-board certification assessment (PBCA)

The PBCA is to assess whether the trainee has acquired the following broad outcomes to function as specialist in old age psychiatry.

1. Subject expertise
2. Teaching
3. Research and audit
4. Ethics and medico-legal issues
5. Information technology
6. Life-long learning
7. Reflective practice

Assessment tool

The PBCA should be based on assessment of a portfolio maintained by the trainee during the period of post-MD training. The contents of the portfolio should encompass all of the above learning outcomes and contain evidence of achievement of these outcomes by the trainee. Although some of these may have been evaluated before the MD examination, the portfolio assessed at the PBCA should mainly contain evidence of achievements during post-MD training, either locally or overseas. All sections need not be of equal weight – for example, the section on Subject Expertise may be much more detailed than the others.

Contents of portfolio

The contents of the portfolio should be divided into sections according to the outcomes stated above, followed by a final section that contains evidence of reflective practice.

The following list sets out the type of evidence that may be relevant to each section. The details are to be determined by Board of study in Psychiatry.

1. Subject expertise:
 - Progress reports from supervisors on professionalism and skills, competencies and knowledge achieved in old age psychiatry (essential, should be according to prescribed format)
 - Supervisor feedback on communication skills
 - Log of procedures carried out
 - Results of any work-place assessments conducted
 - This section must include evidence that the trainee has acquired during the training including the essential knowledge, skills and competencies related to old age psychiatry, identified by the Board of study in

Psychiatry, and monitored with regular assessments throughout the period of post-MD training, e.g. Extended cognitive assessments, Administration of clinical test batteries, Case-Based Discussions, Direct Observation of Practical Skills

2. Teaching and dissemination of knowledge

- undergraduates
- postgraduates
- ancillary health staff
- service users, families and carers

3. Research and Audit relevant to old age psychiatry

- Dissertations / theses
- Research papers published or accepted for publication
- abstracts of presentations
- Clinical audit

4. Ethics and Medico-legal Issues

- Completed Professionalism Observation Forms (from integrated learning component of Professionalism Strand)
- Completed PTR forms during post-MD training

5. Information Technology

- Participation in training programmes / workshops
- Evidence of searching for information and application of findings in practice

6. Life-long learning

- Participation in conferences and meetings

7. Reflective practice

- narration of at least one learning event experienced by the trainee, in relation to each of the above outcomes, with reflection on what and how the trainee learned from this experience

Portfolio assessment

The portfolio should be reviewed at least every 6 months by the local supervisor(s), with regular feedback to the trainee on how the portfolio may be improved. When the trainee is eligible for PBCA, three copies of the completed portfolio should be submitted to the PGIM Examinations Branch.

The PBCA should take the form of a final, summative assessment of the trainee's portfolio, carried out by 3 independent examiners appointed by the Board of Study and approved by the Senate of the University of Colombo. The 3rd examiner should be from outside the discipline to improve objectivity.

The trainee should be called for an oral examination, during which he/she will be questioned on the portfolio. The trainee shall be required to start with a presentation of 10 – 15 minutes, on the post-MD training.

The overall assessment should be based on each of the main sections, which should be assessed as satisfactory or not on an overall basis. If the examiners consider that the performance is satisfactory the trainee shall be recommended for board certification.

If the examiners are of the view that the trainee's performance is unsatisfactory, and the trainee should not be recommended for Board Certification, the examiners must provide the trainee with written feedback on how the portfolio should be improved in order to reach the required standard. The trainee should then re-submit the portfolio in 3 months, and face another oral examination based on the re-submitted portfolio. If the trainee is successful at this oral examination, the date of Board Certification should be backdated as done routinely. If unsuccessful again, the date of Board Certification will be the date of passing the subsequent PBCA following further training for a minimum period of six months in a unit selected by the Board of Study.

Annex 6 – Recommended reading

1. Jacoby, R., Oppenheimer, C., Denning, T., Thomas, A., (2008) 'Mood Disorders' *Oxford Textbook of Old Age Psychiatry (Oxford Textbooks in Psychiatry)*. 1st edition. Oxford University Press, pp 519-572
2. Burns, A., Ames, D., O'Brien, J., (2005) *Dementia*. 3rd edition. CRC Press
3. Jacob, R., Gunn, M. and Holland, A. (2013) *Mental Capacity Legislation: Principles and Practice*, London: Royal College of Psychiatry.
4. National Institute for Health and Clinical Excellence guidelines [CG42] *Dementia: Supporting people with dementia and their carers in health and social care* (2006).
5. Sheehan, B., Karim, S., Burns, A., (2009) 'Neuropsychological examination procedures and interpretations' *Old Age Psychiatry (Oxford Specialist Handbooks in Psychiatry)*
6. Lindesay, J. (2002) 'Delirium: the psychiatric perspective' in Jacoby, R. & Oppenheimer, C., *Psychiatry in the elderly*. 3rd edition. Oxford University Press, Oxford.
7. Woods, R.T., Clare, L., (2008) *Handbook of the Clinical Psychology of Ageing*. 2nd edition
8. Hepple, J., Pearce, J. and Wilkinson, P. (eds), 2002. *Psychological Therapies with Older People: Developing treatments for effective practice*. Routledge.
9. Sheehan, B., Karim, S., Burns, A., (2009) 'Demographics of aging and epidemiology of mental disorders in old age' *Oxford specialist handbook of old age psychiatry*. Available at:
<http://fds.oup.com/www.oup.com/pdf/13/9780199216529chapter1.pdf>
10. Stephan, B. and Brayne, C., (2008) 'Prevalence and projections of dementia' Excellence in dementia care. Available at: <http://www.mcgraw-hill.co.uk/openup/chapter/9780335223756.pdf>
11. Denning, T., Thomas, A., (2013) *Oxford Textbook of Old Age Psychiatry (Oxford Textbooks in Psychiatry)*. 2nd edition. Oxford University Press
12. Rodda, J., Boyce, N., Walker, Z., (2008) *The Old Age Psychiatry Handbook: A Practical Guide*. 1st edition.
13. Sheehan, B., Karim, S., Burns, A., (2009) *Old Age Psychiatry (Oxford Specialist Handbooks in Psychiatry)*