

Forensic Handbook

A guide to the Scottish National Training Programme
in Forensic Psychiatry

August 2019 – Dr Nick Hughes, Dr Gordon Cowan, Dr Andrew Bailey



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1. Key Personnel contact information

National Training Programme Director

Dr Nick Hughes
Consultant Forensic Psychiatrist
Rohallion Clinic, Murray Royal Hospital,
Perth. PH2 7BH
Tel: 01738 562457
nickhughes1@nhs.net

Educational Supervisor / Local Programme Leads

East Scotland

Dr Michelle McGlen
Consultant Forensic Psychiatrist
Rohallion Clinic, Murray Royal Hospital,
Perth. PH2 7BH
Tel: 01738 562206
michelle.mcglen@nhs.net

North Scotland

Dr Daniel Bennett
Consultant Forensic Psychiatrist
Blair Unit, Royal Cornhill Hospital,
Aberdeen.
danielmbennett@nhs.net

S.E. Scotland

Dr Debbie Nelson
Consultant Forensic Psychiatrist
Orchard Clinic, Royal Edinburgh
Hospital
Tel: 0131 537 5824
debbie.nelson@nhsllothian.scot.nhs.uk

West Scotland

Dr Brian Gillatt
Consultant Forensic Psychiatrist
Rowanbank Clinic
Balornock Rd, Glasgow G21 3UL
Tel: 0141 232 6400
brian.gillatt@nhs.net

The State Hospital

Dr Callum McCall
Consultant Forensic Psychiatrist
The State Hospital, Carstairs, Lanark.
ML11 8RP
cmaccall@nhs.net

National Programme Trainee Rep

Dr Andrew Bailey
abailey1@nhs.net

Training Scheme Support

Lynda Service
NHS Education for Scotland
Forest Grove House
Foresterhill Road
Aberdeen
AB25 2ZP
Direct Line: 01224 805132
lynda.service@nes.scot.nhs.uk

Study Leave

Via Turas
study.leave@nes.scot.nhs.uk

Postgraduate Dean

Dr Amjad Khan
NHS Education for Scotland
Westport 102, West Port
Edinburgh EH3 9DN
Rachel.brandsmith@nes.scot.nhs.uk
(PA)

Associate Postgraduate Dean

Dr Rhiannon Pugh
NHS Education for Scotland
Westport 102, West Port
Edinburgh EH3 9DN
Rhiannon.pugh@nes.scot.nhs.uk

The Training Programme

2. Introduction

Welcome to the National Training scheme in Forensic Psychiatry! Congratulations on getting onto this highly competitive training programme: we very much look forward to supporting you in achieving excellence as you work towards completing training and gaining eligibility to apply for consultant posts.

This handbook is primarily intended for specialty trainees in forensic psychiatry, but it can also be used by clinical supervisors as a source of reference.

Trainees can expect to spend around two thirds of their training in their 'home' region of the Scotland Deanery (Aberdeen, Edinburgh, Glasgow or Perth). As a national programme, all trainees will also spend time outside their deanery hub in order to gain essential experience. Trainees will be expected to liaise closely with the Educational Supervisor/Regional Lead in their area who should be their first port of call for guidance with regards to placements. On appointment to the Training Scheme, trainees will be contacted by their regional Educational Supervisor who will allocate trainees to an approved training placement and an approved Clinical Supervisor. If trainees do not hear from the Educational Supervisor they can contact them directly. Contact details are provided in this handbook.

3. The Curriculum

The training programme has the key function of allowing trainees to achieve the competencies as defined by the RCPsych Curriculum. This should be the first point of reference for all trainees and should be referred to regularly throughout, with evidence sought by trainees to demonstrate that competencies have been achieved. We would however encourage you to remember that the Curriculum outlines only the **minimum** standards needed to gain a CCT in forensic psychiatry. You are encouraged to continue the long established tradition in the Scottish forensic training scheme of seeking not just competence, but true excellence in order to give you the edge over other candidates when you reach the stage of applying for consultant level posts (as well as to make your transition to consultant life easier).

The Curriculum can be found at the following link:

https://www.gmc-uk.org/-/media/documents/forensic-psychiatry-curriculum-march-2019_pdf-77954934.pdf

4. Supervisors

Training Programme Director (TPD)

The TPD's role is to provide oversight and strategic leadership of the whole training programme and to support the educational and clinical supervisors in their roles. The TPD has a number of responsibilities, including liaison with the College, supporting regional leads with any difficulties in the allocation of placements and approval of study leave requests, alongside ensuring the quality of training within the programme.

The TPD for forensic psychiatry is Dr Nick Hughes. He is based at Rohallion Clinic, Murray Royal Hospital. It is usually best to contact him via email on nickhughes1@nhs.net though feel free to call him via his secretary on 01738 562457.

Educational Supervisor (ES) (aka "Named Educational Supervisors", "Regional Leads")

Educational Supervisors have responsibility for monitoring and supporting your overall training progress over the 3+ years of higher training. Within the national forensic training programme your educational supervisor plays a major role in the overall structure and management of your training.

You will meet with your named educational supervisor within the first month of both 6 month posts and around 1 month prior to your ARCP. You should also meet at the mid-point of placements: this will be subject to discussion at your initial induction meeting. The named ES will complete an "ARCP Educational Supervisor Summary Report" prior to your ARCP which will assist the ARCP panel in making decisions about how well you are doing and whether or not you may require additional support or time to complete training.

Clinical Supervisor (CS) (aka “Named Clinical Supervisors”, “Psychiatric Supervisors”)

Clinical Supervisors are the named consultant with responsibility for you clinically during each 6-12 month placement. They will have a key role in providing an induction to the job and providing clinical supervision. Clinical supervision will include an hour of protected time each week during which your clinical skills will be further developed in line with the Curriculum and work place based assessments will be completed. Clinical supervisors have a responsibility to act as a point of liaison should you have any difficulties and will be the person to approach with regard to requests for leave. If you are sick they will undertake return to work interviews as necessary in line with local arrangements. At the end of each 6 month post, it is important to meet with your clinical supervisor and ask them to complete a “Psychiatric Supervisor” report which will be used by the ES to monitor how you are progressing. Please note that if you are staying in the same placement for a whole year, two Psychiatric Supervisor reports will be required for ARCP purposes.

You should keep a record of every **supervision** you have and must provide **evidence of this in your portfolio**. There is a specific form within the portfolio that can be used for this purpose. This is perhaps best done as a brief minute, but a supervision might also form the basis of a reflective practice note. Should you find that for any reason you and your CS are struggling to meet on a weekly basis, please raise this firstly with your CS, then with your ES, then the TPD in the unlikely situation this is not being adequately resolved. Individual clinical supervision is one of the cornerstones of psychiatric training and it is very important to make sure that you are able to benefit from this.

Depending on the placement you may also work with *supervising clinicians*, who will be consultants or senior specialty doctors who have a lead role with certain patients with whom you may be involved.

5. Immediate Priorities at the start of higher training (first month)

1. Read through this handbook (ideally prior to starting).
2. Induction – within your hospital, within your team (from your clinical supervisor), and educational induction (from your ES and TPD)
3. Put together a draft personal development plan (PDP)
4. Arrange to meet with your clinical supervisor in the first week to agree your weekly job plan
Arrange to meet with your educational supervisor within the first 2-3 weeks of your post to agree your Personal Development Plan (PDP) and sign your training agreement
5. Familiarise yourself with your Portfolio and start adding evidence. Complete your first WPBA within the first two weeks.
6. Nominate your clinical supervisor, educational supervisor and training programme director as supervisors within your Portfolio.
7. Familiarise yourself with the Forensic Psychiatry Curriculum
8. Register for AMP core and capacity training if not already achieved
9. Get stuck into reading about, gaining clinical experience of and mastering your new specialty!

6. Training Calendar

August	Local service; induction meeting/PDP/ <i>educational agreement</i> with educational supervisor; induction to national programme with TPD Ensure that you complete at least one ACE with CS in first 2-3 weeks to allow CS and ES to establish your baseline level
October	Mid-point review meeting with ES to discuss progress and identify any early difficulties.
Early November	Consider a round of mini-PAT Placement meeting: TPD and ESs
Late December/ Early January	CS to complete Psychiatric Supervisor report to summarise progress with achieving Curriculum competencies in first placement

February	Commence new placement (if appropriate). Meet with ES to update PDP and assess progress. Start final planning for ARCP. Ensure at least one WPBA is completed with CS in first 2-3 weeks if changing placements.
Late March/ Early April	Consider a round of mini-PAT Ensure placements have been agreed and TPD/training programme administrator is aware to ensure Turas data is accurate
May	CS to complete Psychiatric Supervisor report
Late May	Ensure that ARCP Curriculum Evidence has been completed and address any gaps. Meet with ES to discuss progress and highlight any final issues in anticipation of ARCP. Discuss with ES future placements. Ensure any required SOAR declarations have been made. ES if possible to meet with CS; ES to complete ARCP Educational Supervisor Summary Report. Please note that it is Scotland Deanery policy that all evidence, including supervisor reports, must be submitted no less than two weeks prior to the ARCP date otherwise trainees will receive an automatic outcome 5.
June	ARCP – Desktop meeting of trainers and face to face interviews

7. Planning your higher training

Your Educational Supervisor will help you plan your training programme, with the support of the Training Programme Director. Educational Supervisors will be able to give you a description of Deanery-based placements and local special interest opportunities. Your Educational Supervisor will usually agree with you a local rotation of placements. You should aim to meet periodically (at the very least biannually) with your Educational Supervisor to review your progress.

The Curriculum sets out the minimum requirements for experience in different forensic settings. The Scottish Forensic training programme recommends that all trainees should include a minimum of three months (or its whole time equivalent) in each of:

- Low secure forensic psychiatry
- Medium secure forensic psychiatry
- High secure forensic psychiatry
- Community forensic psychiatry

Most of these placements will be 6 months or longer but one or two may be as short as 6 weeks - 3 months depending on your geographical location and training need. The placement length is dependent upon whether you have met the required competencies: shorter placements are an exception, not the rule.

Trainees are encouraged to gain experience in:

- Forensic Learning Disability
- Forensic Child and Adolescent Psychiatry
- Forensic Psychiatric Female Services
- Forensic Psychotherapy
- Prison Psychiatry
- Court and Police liaison

There may also be experience in the following (usually in the final year):

- Sex Offender Liaison Service (Edinburgh)
- Experience in England
- Experience abroad
- Mental Welfare Commission
- Scottish Government Restricted Patients Team

Placements at the State Hospital are organised by the Educational Supervisor based there, Dr Callum McCall. Please ensure that you and your ES get in touch with Dr McCall sooner rather than later so that he can make the necessary plans and ensure that there are sufficient places available at any one time for all trainees looking for high secure experience.

The Training Programme Director has a particular role in advice regarding placements outside the regional hub. In cases of dispute, the TPD will have the final authority regarding placements.

8. Timetables, including “special interest sessions”

Higher trainees are expected to divide their 10 sessions up into 9 clinical sessions and 1 research/study session (or part-time equivalent).

In addition trainees have the option to pursue one additional special interest session per week. This should be discussed with the Clinical Supervisor in the first instance to ensure appropriate use of time.

Educational Supervisors may approve sessional placements in order for you to achieve competencies which may be difficult to get within standard placements e.g. Child and Adolescent Forensic Psychiatry. Where the trainee has a particular interest which does not support the required competencies (i.e. it goes further than the curriculum), then they are encouraged to discuss this with their Educational Supervisor and consider whether a project may be undertaken in the topic during academic/research time.

Special interest experience may be taken in brief blocks of a few weeks as an alternative to weekly sessions. If trainees wish to do this they should discuss with their Educational Supervisor. It is normally expected that the trainee will ‘save up’ special interest sessions prior to using them for a placement i.e. 10 weeks worth of special interest sessions would be equivalent to a one week full time block.

A note of your weekly timetable should be kept in your portfolio and should include the monthly Perth Course (generally the first Wednesday of the month) and weekly clinical supervision.

9. Training Agreement

On starting your training, you will be sent a Training Agreement by the South East Scotland Deanery, which you should sign along with your supervisor.

10. Lead Employer Arrangements

As of August 2018, trainees on national training programmes, including forensic psychiatry, moved to a “lead employer model”. Trainees are employed and paid by one Health Board for the duration of the training programme. In the case of the forensic psychiatry programme this is NHS Lothian. They will issue contracts to cover individual placements on behalf of each “placement board” you will work in. Queries about pay, contracts, banding etc. should be made to NHS Lothian HR / payroll – and not to other regional health boards.

Please note that from February 2020, all trainees on national programmes will be employed by NHS Education for Scotland. You will receive more information about this as it becomes available.

Given that these arrangements are still relatively new, from time to time unanticipated issues have been found to arise from the changes. Please flag these up to NHS Lothian HR in the first instance, and do let your ES know so that they can support you to navigate the system and ensure we all learn from any challenges that arise.

11. Induction

You should expect to undergo appropriate induction when you move to a new health board or clinical setting. Educational Supervisors and Clinical Supervisors should ensure that such induction takes place. The TPD will provide a national induction that is separate from local induction programmes; this will focus on the training programme rather than regional issues.

12. Facilities

Please discuss with your Clinical Supervisors about the local processes for obtaining office space, ID badges, keys, car parking arrangements and on-call arrangements.

13. Approved Medical Practitioner status (Section 22 Certification)

New Specialty Registrars are expected to complete this training as soon as possible after starting their first post, if not already undertaken prior to commencing higher training.

Detailed up-to-date information about all aspects of this process are outlined at the following link:
<https://www.scotlanddeanery.nhs.scot/your-development/amp-training/amp-initial-training/>

Completion of the Section 22 approval training does not mean you are automatically approved under the Act, as the College is not responsible for approval, this is a Health Board responsibility. The final step is to show your two certificates to your local Medical Manager and ensure that they have registered you with the local Health Board. Approvals are valid for 5 years at which point you will be required to attend a refresher-training course. New trainees are expected to complete this training as soon as possible after starting their first post. The fee for that training should be paid by the health board that you are working for at the time, and should not come out of the study leave budget. There is also a forensic AMP update that should be completed once every five years. Please liaise with your ES regarding any changes in relation to this issue which has been subject to significant change in the last couple of years.

It has been agreed that trainees approved by one health board area do not need to reapply when they move health board area during their training. When moving between health boards trainees should confirm that they remain registered as Section 22 approved with the original health board. Each hospital will have a Mental Health Act Administrator. They can be very helpful to obtain forms or help with any other enquiries regarding the administration of the MHA.

14. GMC Survey

The GMC monitors the experiences of trainees on all training programmes on an annual basis (or more frequently if problems are identified). Evidence of participation in the survey is required during the ARCP process. Trainees are encouraged to give accurate feedback – but equally should not feel that this is the only means by which to give feedback. We are all very open to trying to make changes as and when they are required to anything that is not going well, and we would not want you to wait until late in the year before flagging things up! The Scottish forensic training programme has a record of excellent performance in the GMC training survey.

15. ARCP (Annual Review of Competence Progression)

The ARCP is a formal process organised by the South East Scotland Deanery, which uses the evidence gathered by trainees relating to their progress in the training programme. This usually takes place in June.

The ARCP process will allow evidence to be presented that trainees have successfully completed training and are eligible for a CCT (certificate of completion of training). The CCT needs to be registered with the GMC after which the trainee will appear on the specialist register and be able to take up a substantive consultant post. Educational Supervisors will complete a structured supervisor's report, in conjunction with the Clinical Supervisor at the end of year, which will be available at the ARCP.

The South East Scotland Deanery will inform trainees nearer the time what will be required for the ARCP. You are required to submit an electronic portfolio (The RCPsych Portfolio Online) and evidence documents/paperwork (WPBAs, certificates etc). You will be advised of exact dates by Fiona Fourie in advance, but are encouraged to check with your peers/trainee reps to ensure that they do not miss out on this information and present the required ARCP paperwork on time.

It is important to be clear that although the ARCP is not at the end of the year (it is actually some 6-8 weeks prior to the end of year changeover date), you are expected to have **everything completed in advance of the submission date** for documentation, which is 2 weeks prior to the "desktop ARCP". This includes all supervisor reports so you need to make sure you organise yourself well in advance of the submission date. If you do not do this you will automatically receive an outcome 5 (see below for what this means). This is very easily avoided by good time management – and you should consider it to be good preparation for managing MHA order renewals as an RMO!

The detail of minimum requirements for evidence submitted to the ARCP panel are agreed at the level of the Scotland Deanery. Up to date information can be found at <http://www.scotlanddeanery.nhs.scot/trainee-information/annual-review-of-competence-progression-arcp/required-evidence-for-arcp/>

The ARCP outcomes are as follows:

- **Outcome 1:** if the evidence provided at your ARCP is satisfactory, the panel will recommend outcome 1, indicating successful transition to the next training year

- **Outcome 2:** if there are any deficiencies in your training or areas of poor performance, the panel will recommend outcome 2, which is a recommendation for targeted training to help you address these issues; if you complete this targeted training successfully, there'll be no delay to your progression towards completing training
- **Outcome 3:** if the panel identifies that you require a formal additional period of training that will extend the duration of your training programme, they will recommend an outcome 3.
- **Outcome 4:** if there's still insufficient and sustained lack of progress despite having had sufficient additional training to address concerns over progress, the panel will recommend outcome 4, which would release you from the training programme. We will try very hard to support you to avoid this happening!
- **Outcome 5:** incomplete evidence presented – additional training time may be required.
- **Outcome 6:** This will be recommended once the ARCP panel members have agreed that all competencies have been met and the forensic psychiatry training programme has been completed.

You are not absolutely *required* to attend your ARCP in person unless you get an “unsatisfactory outcome”, but the national forensic programme asks everyone to attend for a brief meeting on ARCP date: this is an opportunity for you to meet the ARCP panel and for us to meet you, as well as to give and receive feedback. Please do not worry about this meeting! You do not need to dress any differently from how you would normally dress for work. It is an opportunity for us to meet and, if appropriate, to agree plans to support you in addressing any identified difficulties. Please be reassured that the ARCP is designed to be as helpful as possible and to ensure that you reach your maximum potential. In recent years, forensic STs have used the day as an opportunity to meet up and celebrate everyone's success; it has also occasionally been used as an opportunity to hold additional training events which the Specialty Training Committee would strongly encourage.

There is an appeal mechanism if a trainee is not satisfied with the ARCP outcome. This process is governed by the 'Gold Guide'.

Trainees are requested to complete SOAR (Scottish Online Appraisal Resource) this must be completed annually prior to ARCP reviews – without completion an outcome 5 will be given. Details can be found at <http://www.appraisal.nes.scot.nhs.uk/>

Further details about the ARCP process can be accessed at <https://www.scotlanddeanery.nhs.scot/trainee-information/annual-review-of-competence-progression-arcp/>

16. WPBA requirement

The RCPsych online portfolio is a requirement for all trainees. The portfolio has been devised to support training and should be updated regularly throughout the year. The College website gives information on WPBAs.

For a successful outcome from the ARCP a minimum of 14 satisfactory WPBAs is required each year with a good spread of type of these assessments. Completion of the WPBAs is the trainees' responsibility; if no documentation is produced for the ARCP it is very likely that you will fail to progress. You should expect to comfortably exceed this minimum requirement, with a target of around 20 WPBAs a reasonable aim. Please note a Curriculum requirement is that 75% of WPBAs must be completed by a Consultant Psychiatrist.

The minimum mini-PAT has been reduced to 1 per year but you are strongly encouraged to undertake a mini-PAT in each placement of 3 months or longer.

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

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

AoT	1	1	1
DONCS	2	3	4

The dual training expectation is for a pro rata minimum number if time is split between specialties during the year.

17. Reflective Practice

Educational theory defines the concept of reflective practice as enabling the practitioner to access, understand and learn through their personal experiences and thereby to take appropriate action towards developing increasing effectiveness. Elements of this process include critical appreciation, critical analysis and critical interpretation. Personal Development Plans (PDPs) facilitate systematising and documenting the processes of reflective practice and critical appreciation. Refer to College/GMC guidance on this topic.

Reflective practice and its documentation became an unexpectedly controversial topic as a result of the Bawa-Garba case. There is no longer a requirement for a certain number of reflective notes to be completed per year; however the Curriculum still requires trainees to evidence their ability to reflect. In recent years 6 reflective notes per year has been encouraged and this number continues to be considered by the Scottish forensic STC as a reasonable number to aim for as a way to evidence this competence. We also recommend that you use the forms included in the portfolio. You are of course welcome to evidence this competence in any other way if you prefer.

18. Psychotherapy Opportunities

The curriculum for psychotherapy is approved by the GMC. You will need to show evidence of achievement of satisfactory Work Based Placed Assessments (WBPAs) and portfolio (e-logbook/portfolio) with an activity log for the ARCP. There must be pragmatism regarding the Structured Assessment of Psychotherapy and realistically this may not be complete until ST6; however by end of ST4 there should be a clear plan of action and the expectation is that psychotherapy experience is well under way prior to final year. The curriculum makes no *specific* requirements regarding psychotherapy other than a SAPE must be completed during higher training and that the progress with developing competences commenced in core training should continue to be developed. You should therefore aim to undertake a case that is relevant to your practice.

The STC is aware of the challenges in accessing opportunities for psychotherapy cases across Scotland and will aim to be as flexible as possible. However, it should be noted that this does not mean that the requirement can be ignored and every trainee has managed to find some way of addressing this competency in recent years. You should prioritise addressing this matter early on in higher training to avoid problems at a later stage.

You are strongly encouraged to take up all opportunities to acquire experience in psychotherapy in a range of modalities during the course of higher training. You should liaise with your educational and clinical supervisors to identify locally available opportunities for involvement in psychotherapy. For example, at the State Hospital, Dr Polnay currently runs a twice monthly reflective practice group for all CT and ST doctors and there is a Balint Group for forensic trainees at the monthly teaching in Perth which is run by Dr Siobhan Murphy, an experienced forensic psychotherapist.

19. Perth Forensic Registrar Teaching

The monthly Perth teaching is one of the training scheme's most valuable training opportunities. The trainees organise and direct the course's contents, with support from the Specialty Training Committee. In the past trainees have organised a series of exciting visits across the UK and attracted nationally renowned speakers. The day will also include opportunities for career discussions, journal club presentations and case presentations.

A 'good' attendance is expected (75% and above is considered as 'good') and a note of this should be made in portfolios. You are encouraged to aim for at least one presentation per year (this may include case or literature presentation). Clinical Supervisors will ensure trainees' timetables facilitate attendance at these meetings, which normally take place on the first Wednesday of the month. The trainee rep will contact you to advise you of the details of this course.

20. Case Conferences, Journal Clubs and Special Lecture Series

Each area on the scheme has its own programme of case conferences and journal clubs. You are expected to attend these regularly and to regularly present cases and papers found in journals. A note of these presentations should be recorded in your portfolio.

21. Courses and Conferences

We strongly encourage you to take advice from your supervisors and consider your PDP when deciding which conferences, training events or focused teaching you wish to attend. Most trainees benefit from attending national and international conference especially if they have the opportunity to present; these meetings also provide excellent opportunities to meet trainees and consultants from across Scotland, the UK and further afield.

Many trainees will attend the Royal College Forensic Faculty Conference (usually in late February), the Forensic Trainees conference (Autumn) and the RCPsych in Scotland Forensic Conference (in Autumn). The study leave budget can be used to pay for these – but you should be aware that funding is limited and you may need to pay to attend some events yourself.

Trainees are strongly encouraged to attend specific training in clinical supervision and teaching. Such courses have sometimes been integrated into the Perth Forensic Registrar Teaching sessions, but this is dependent on this being explicitly organised.

You will be keen to complete risk assessment training. Such training is offered through the Forensic Network, and a number of other courses are frequently advertised via the Forensic Faculty at the Royal College of Psychiatrists.

22. Royal College of Psychiatrists Forensic Faculty

You are strongly encouraged to join the Forensic Faculty of the Royal College of Psychiatrist: <http://www.rcpsych.ac.uk/workinpsychiatry/faculties/forensic.aspx>

The RCPsych in Scotland also has a forensic executive committee, and trainees can request to be placed on the mailing list to receive information regarding upcoming events.

23. The Forensic Network

Numerous highly worthwhile events are organized by the Scottish Forensic Network, many of which are free or subsidised. See the Forensic Network website for more details (www.forensicnetwork.scot.nhs.uk).

The School of Forensic Mental Health is an exciting development in Scotland and is a valuable resource when thinking about research. <http://www.forensicnetwork.scot.nhs.uk/school-of-forensic-mental-health/>

The School has also developed the **New to Forensic Programme**, which would be suitable for trainees at the start of their higher training. It has also developed a prospectus of various courses, many of which will be of relevance to forensic psychiatry trainees.

24. Research, Academic Study and Audit

You will have a session per week of research and academic study (refer to section under Timetables, including special interest) approved by your Educational Supervisor.

You are expected to gain competencies in research and audit. You should aim for at least one research publication (including posters at conferences or conference abstracts) and one complete audit or QI project by the end of training. Each year at the ARCP successful progression will partly depend on the demonstration that trainees have used their session well and are progressing to these goals. Exceeding this minimum outcome will be possible for most trainees and will stand them well at competitive consultant interviews.

Many trainees become rather anxious about the research competencies mentioned in the Curriculum. We cannot emphasise enough how important it is to start working to address these from very early on in the training programme – do not put off working on this area to ST6 otherwise you are likely to struggle!

Many trainees do questionnaire surveys or interview-based clinical studies, with varying degrees of assistance, supervision and success. Some have specific ideas or plans that are thwarted by their inexperience and lack of support. It is better to complete a modest project than to leave incomplete an ambitious one.

Lindsay Thomson, Professor of Forensic Psychiatry, University of Edinburgh, is always happy to discuss research possibilities with trainees and the State hospital has particularly well-structured research and audit activities. Prof

John Crichton is another useful person to contact in order to get involved in research projects. Educational Supervisors will be able to give advice on which senior colleagues locally have particular research interests.

Some trainees use part of their research time to complete a taught higher degree, for example in medical jurisprudence. You should be cautious about this approach, because some of these courses have little relevance to forensic psychiatry. Successful completion of such a course does not obviate the need to demonstrate competencies in research and audit but some courses require a dissertation that can be research based. It is generally not appropriate to use study leave budgets for such courses.

25. MSc in Forensic Mental Health

Delivered jointly by the University of the West of Scotland and the School of Forensic Mental Health this programme is the only Scottish MSc in Forensic Mental Health. The programme is designed for those who are employed in a forensic setting and is suitable for professionals with backgrounds in nursing, social care, psychology, psychiatry and security.

For more information visit:

<http://www.forensicnetwork.scot.nhs.uk/school-of-forensic-mental-health/academic-courses/masters-msc-forensic-mental-health/>

26. Teaching

There are teaching opportunities in all areas; teaching medical students, FY2 doctors and Core Psychiatry trainees. Liaise with your Educational/Clinical Supervisors for further information.

Training on teaching for South East trainees is organised by SEFCE on their clinical educators programme. It is free and of a high standard. Visit the website for more information: www.sefce.net/

27. Leadership and Management Training

There is now a formal programme of training in leadership and management provided by NHS Education for Scotland: LaMP. It consists of a series of online modules and practical sessions complemented by workplace based activities. Completion of LaMP by the end of training is recommended, but not compulsory, and other courses/experience can be used to demonstrate competency in this area.

Full information is available at the following link:

<https://www.scotlanddeanery.nhs.scot/your-development/leadership-and-management-development/leadership-and-management-programme-lamp/>

The Royal College of Psychiatry in Scotland also offer a one day course in Leadership and Management which is specifically for trainees in psychiatry (usually in February).

28. Court Reports

You must become competent in the provision of timely, high quality expert medico-legal reports. Reports (including formal letters) for the courts, tribunals, Mental Welfare Commission and Scottish Government should all be considered as medico-legal reports. As a general rule you should aim to complete at least one medico-legal report per week. No report should be undertaken without the approval of your Clinical Supervisor or another consultant. All reports must be recorded in the portfolio.

In the first year your Clinical Supervisor will normally wish to go through reports with you in detail. Towards the end of training you are encouraged to undertake more challenging reports. There is more than one acceptable form for psychiatric reports in Scotland, but trainees must always produce reports on NHS headed paper and identify themselves as trainees with the name of a consultant. E.g. at the end: Dr J. Bloggs, ST4 in Forensic psychiatry to Dr D Walsh, Consultant Forensic Psychiatrist. The report should also include a line stating that they were supervised by a consultant in the preparation of the report and should identify the consultant.

There have been significant issues with information governance and court report work in recent years. Please ensure that you follow your NHS's board requirements in relation to filing and storing information relating to court work. Your clinical supervisor will be able to provide advice on this complex matter.

Trainees should never provide the second medical recommendation along with their Clinical Supervisor for a mental health recommendation e.g treatment order, compulsion order etc.

For Consultants some report fees may be retained if they are minimally disruptive or reports are done in non-NHS time. Generally it is considered that the practices, which operated for category two fees under the old Consultant contract, remain acceptable for trainees. This is a matter for the local health board employer; the Clinical Supervisor should guide the trainee accordingly. Irrespective of local arrangements, health boards must nevertheless facilitate trainees in their acquisition of competency in this area.

If a trainee retains a fee it is a matter of probity that tax is paid and any additional fee for medicolegal indemnity is paid if appropriate: contact your medicolegal indemnity provider to discuss this. There must be openness with the Clinical Supervisor regarding retained fees and all medicolegal reports should be recorded in the portfolio. Normally standard rates of fee from the Scottish Legal Aid Board or the Crown should be accepted. Clinical Supervisors are encouraged to monitor the trainee's clinical activity to ensure the right balance is struck and check there is no temptation to gain excessive experience in fee-paying work.

Please be aware that tax rules change regularly and you are strongly encouraged to seek professional advice from an accountant. You may be advised of certain tax rules by other colleagues, but you are strongly encouraged to remember that professional competencies relating to probity are taken very seriously by the GMC. The most useful advice you can be given by medical colleagues would be the name of a good accountant who is experienced in providing services to doctors.

A more detailed document about writing Court Reports is being developed currently.

29. Acting-up

'Acting-up' consultant posts can only be undertaken by trainees in the final year of their training programme and completed before the award of their CCT. Post-CCT holders can only undertake locum consultant posts.

The maximum period for 'acting-up' posts is three months and normally only one period of 'acting-up' will be given the Postgraduate Dean's approval.

Approval must be sought from your Educational Supervisor and TPD. Once this has been obtained, an application form with all the relevant signatures should be submitted to the Postgraduate Dean for their approval. Trainees undertaking 'acting-up' roles must have a nominated Educational Supervisor for the period of the role.

30. Out of Programme

Out of Programme (OOP) relates to trainees that wish to participate in an experience that is out of their planned programme of training e.g. the John Hamilton travelling fellowship (see below). There are a number of circumstances that trainees may wish to spend time out of programme: to gain training or clinical experience, to undertake research or to take a career break.

Time out of programme will not normally be agreed until a trainee has been in a training programme for at least a year and will not normally be allowed in the final year of training other than in exceptional circumstances.

For further information regarding OOP training please refer to the deanery website <https://www.scotlanddeanery.nhs.scot/trainee-information/out-of-programme-oop/>

31. Less Than Full Time (LTFT)

The Gold Guide and the Scotland deanery website state that annual reviews of LTFT training should be provided to trainees (Version GG6 Feb 2016V 6.77 d). It has been decided that these annual reviews will no longer be conducted as part of the ARCP process, but instead will be done separately.

These reviews will be primarily a paper based exercise, and it is envisaged that face-to-face reviews will only be required for a very small number of trainees.

We send out Form Cs to all the LTFT trainees and ask them to complete the trainee section and to then return the forms to ourselves by a planned date.

Once we have all the Form Cs, the TPDs and FPDs will be contacted with respect to any trainees in their programme who have expressed the intention of continuing LTFT. A spread-sheet will be sent out with columns to be completed for the following questions, with respect to each LTFT trainee:

- 1) Does continued LTFT training meet training requirements e.g. on-call commitments?
- 2) Are there any educational reason why LTFT should not continue?
- 3) Any other feedback regarding LTFT training?

Also, if there are any trainees that the TPD/ FDP feels would benefit from a face-to-face interview, then they should let us know at that stage, so that a mutually convenient appointment can be arranged between the APGD, TPD/ FPD and the trainee.

For further information regarding flexible training please refer to the deanery website
<https://www.scotlanddeanery.nhs.scot/trainee-information/less-than-full-time-training-ltft/>

32. The John Hamilton Travelling Fellowship

This travelling fellowship is awarded from funds bequeathed by Dr John Hamilton, past Honorary Secretary of the then Forensic Section, and College Fellow. Dr Hamilton trained and worked in Edinburgh before he took up a post as senior lecturer in forensic psychiatry at the Maudsley Hospital, and consultant forensic psychiatrist at Broadmoor Hospital. He went on to become Medical Director at Broadmoor until his untimely death. He visited Russia as a representative of the College and was particularly keen on the development of forensic psychiatry services in other countries. This travelling fellowship is intended to encourage psychiatrists working in the field of forensic psychiatry to broaden their knowledge and experience through travel to recognised forensic centres. Proposals to visit developing forensic services in order to support, advise and teach will also be considered. Though not essential, candidates may wish to pursue a research topic or a comparative study. Visits are expected to be no longer than two to four weeks.

Prize: £2,000 Frequency: Biannual

Eligible: Applicants must hold the MRCPsych and be either on an approved higher training scheme in forensic psychiatry, or hold a consultant forensic psychiatrist post.

Where presented: Faculty residential meeting, usually held in February each year

Regulations:

- I. Applicants must work in the UK or the Republic of Ireland.
- II. Applicants should submit the following – by email:
 - a) An application form, including details of two referees
 - b) A detailed proposal as to how the time abroad will be spent
 - c) Information about the host centre, with confirmation that the proposal is acceptable to them
 - d) An identified supervisor at the host centre
 - e) Confirmation from the employing authority that study leave will be granted if the applicant is successful.
- III. A panel of forensic psychiatry assessors nominated by the Faculty Chair will award the Fellowship.
- IV. The successful candidate will be expected to submit a report to the Faculty Chair.

Application form: Download from:

<http://www.rcpsych.ac.uk/specialties/faculties/forensic/faculty/prizesandbursaries.aspx>

Submissions to: By email to Stella Galea, Committee Manager: sgalea@rcpsych.ac.uk

33. On Call

Trainees will be allocated an on-call rotation in their region and local to the clinical placement where possible.

Most STs will be on non-residential rotas and these are not likely to be subspecialty-specific.

34. Annual Leave

The amount of annual leave available to trainees will be noted in their contract. This is currently 30 days (*if point 3 or above on pay scale*) plus 10 public holidays per year. This needs to be taken *pro rata* over individual three or

six-month placement. Annual leave requests should be discussed with your Clinical Supervisor and any necessary clinical cover arranged. If the request is authorised, this should be sent to medical staffing in your “placement Health Board”.

35. Study Leave

In a similar way to annual leave, study leave requests should initially be discussed with your Clinical Supervisor and any necessary clinical cover arranged. If the request is authorised, this should be recorded on local paperwork and sent to medical staffing in your “placement Health Board”.

You will also need to request study leave (along with any associated funding you want to request) via Turas (<https://turastpm.nes.nhs.scot/>). Once your request is authorised by your TPD, you can send receipts etc. to NES for payment using the details in the email you will receive.

Whilst there are no hard and fast rules about how far in advance study leave can be requested, the necessary processes require the TPD to find time to undertake a number of administrative tasks. Whilst every effort will be made to be flexible, it will not be possible to *guarantee* that the TPD will be able to consider your study leave requests unless you get requests in with at least four weeks’ notice - so please aim to do this if you can. The study leave policy can be found on the NHS Education for Scotland (NES) website at http://www.nes.scot.nhs.uk/media/144540/study_leave_policy_and_operational_guide.pdf

The Study Leave Team can also be contacted by email at study.leave@nes.scot.nhs.uk if you have any study leave related queries.

Study leave must be approved before being taken, and must be done at least one month before the course / conference or the application will be rejected.

The current study leave allowance is £437 per training slot per annum (the year runs from April to April.). It was previously £500 but the higher trainee group voted in 2019 that part of their allowance should be used to pay for a monthly Balint group at teaching. The study leave budget is allocated at the discretion of the TPD in conjunction with the Specialty Training Committee. The allocation of the study leave budget is a surprisingly complicated process due to a number of factors. The total number of trainees varies slightly each year, as does the number of trainees at different stages of training. Above all else, the allocation of funds is made difficult by the mismatch between the academic year (August to August) and the financial year (April to April). Significant efforts are made to ensure fairness to all trainees, and a degree of understanding is asked for!

36. Health Board Mandatory Training

This refers to training that is required by employing health boards, and is applicable to all employees within that health board. Note that mandatory training is used in the sense that health boards require this of all employees; it is therefore a matter of probity and appraisal (done as part of the ARCP). The only mandatory training, in terms of achieving a CCT, relates to the competences in the Curriculum.

Health board mandatory training typically includes:

- Violence & Aggression/Manual Handling/ Breakaway
- Resuscitation/Basic Life Support
- Infection control
- Fire Safety
- Health and Safety
- Child Protection
- Adult Support & Protection

It is your responsibility to keep this up-to-date and you should liaise with your Clinical Supervisor about this as local arrangements vary.

LearnPro NHS is a valuable online source for mandatory training in many Scottish health boards:

<http://nhs.learnprouk.com>.

37. Specialty Training Committee, STC

The National Forensic Psychiatry Specialty Training Committee (STC) follows the NES guidance on Specialty Training committees. Membership consists of: the TPD, Associate Postgraduate Dean, Educational Supervisors; and Service User, College, Academic and Trainee representatives. The group reports quarterly to the Postgraduate Dean.

The committee advise on and support the management and delivery of specialist training programmes to individual trainees to standards set by the Postgraduate Medical Education and Training Board (GMC). They also facilitate planning education and training at local (Deanery) level and at a national level for any 'national programme' for which their sponsoring deanery is responsible.

38. Maternity/Paternity Leave

Issues related to Maternity and Paternity pay and leave are dealt with by HR in the "employing Health Board", NHS Lothian. Your ES will be able to advise about this. Arrangements must be made prospectively. Information can be obtained via the Partnership Information Network website at the Scottish Government.

39. Complaints

The placement health board has primary responsibility for managing complaints by a trainee or about a trainee, health problems and general probity issues. From a training perspective it is important to document these in the portfolio. Concerns directly related to the training programme should, in the first instance, be discussed with the Clinical Supervisor. Any serious problems (related or unrelated to training) should be brought to the attention of the Educational Supervisor who may involve the Training Programme Director and the Dean.

40. Travel Claims

Travel claim forms can be found online at the "lead employer hub". These need to be completed monthly, authorised by your "placement health board" and returned to NHS Lothian for further authorisation and payment. Travel expenses can be claimed for "business travel" and also travel to the monthly teaching in Perth. You will need to arrange car insurance which covers business travel and supply both this and details of your car to medical staffing in your "placement Health Board" before you can start to make travel claims.

41. Information Technology

You should contact your local IT department for an email address if you are new to the service. We would also encourage trainees to have an @nhs.net address, which can be provided by most Health Boards.

There are various different local procedures depending on where trainees work. Training is available for packages locally.

42. Libraries

All NHS Scotland Staff can apply for an Athens account, which allows them to use the NHS Scotland e- library. Trainees can register at <http://www.knowledge.scot.nhs.uk/home.aspx>

The largest Forensic Psychiatry library in Scotland is based at the State Hospital. The librarian there has been very supportive of trainees in obtaining various papers or books. Her e-mail is: learningcentre.tsh@nhs.net

The Royal College of Psychiatrists also has a book-lending scheme.

The forensic network website has a large number of policy documents, government papers and academic papers published in Forensic Psychiatry from Scotland: <http://www.forensicnetwork.scot.nhs.uk/publications/key-documents-useful-links/>

For information about the Courts in Scotland and to access the database of searchable judgements look at the Scottish courts website on: <http://www.scotcourts.gov.uk/>

43. Pastoral Care

Forensic psychiatry is a specialty that demands not only knowledge and skill: it also places a considerable emotional burden on all practitioners working in the specialty. It is important to look after your well-being!

We really hope that you won't have any problems during the training programme, but unfortunately things can go wrong. If you have any issues that you wish to discuss such as personal difficulties, bullying at work, feeling undermined, problems with your supervisors/colleagues or anything else that may be relevant, please speak to your clinical supervisor, educational supervisor, or TPD; or anyone you work with who you feel able to trust. In the unlikely situation that your particular problem might be with all of these named individuals, please approach one of the individuals in the Deanery listed at the start of this handbook: above all else, please do not feel that you are on your own and unable to deal with a problem that might arise.

It is important to seek support sooner rather than later. This is particularly true given the nature of our work: sometimes things going on in our lives can have an impact on our ability to function effectively at work. In certain circumstances this can have an impact on patient safety. Unfortunately, in such situations the affected individual is often poorly placed to make a judgement call about the potential risks they might pose to patient safety since there is a natural tendency to minimise such things. Please do get support if things aren't going so well – all trainers will be very keen to ensure that additional assistance is available to help you through difficult times. Access can be arranged to counselling services and occupational health should this be appropriate or necessary. Your supervisors can give you guidance about how to access this.

The Royal College of Psychiatrists also offers the *Psychiatrists' Support Service*. This is a free, confidential support and advice service for members, trainee members and associates of the Royal College of Psychiatrists who find themselves in difficulty or in need of support. There is a dedicated telephone helpline, where calls are kept separate from the main College phone line, and this will be answered by the service manager. If appropriate, you will be put in touch with another psychiatrist who will be able to talk through the issues with you and offer support or signpost you to appropriate services. For more information please see their webpage at <http://www.rcpsych.ac.uk/workinpsychiatry/psychiatristssupportservice.aspx>

44. Health & Probity

It is a trainee's responsibility to monitor their own health and discuss at an early point any matters, which could impact on their ability to practice. You must be registered with a General Practitioner. Liaison with the Educational Supervisor, Clinical Supervisor and local Health Board Occupational Health Service is important. Trainees absent from training for a lengthy period may have their CCT date put back. Sickness absence must be recorded in the portfolio.

45. Safety of Trainees

Safety is of paramount importance. Everyone involved in the training scheme has a responsibility for identifying safety issues. If a safety issue is identified then it will require timely rectification for trainees to continue in that particular placement.

You have a responsibility to take part in mandatory training, which is for your own safety. Safety is a topic that must be addressed in each clinical setting's induction.

Personal Protection Training (PPT) is also available through the Scottish Prison Service, and is normally mandatory in order to work in prison health centres. A number of trainees have found this training not only helpful, but also interesting.

You are strongly advised to keep personal information confidential. As well as appropriate boundaries with patients, you should consider using the hospital as a GMC address, becoming ex-directory and asking for removal from the electoral register. It is not possible to completely prevent patients or their associates from being able to identify where you live, but you should bear in mind the nature of your work and be alert to sensible steps that can be taken to minimise the risks you face. You should be particularly cautious regarding the use of social networking sites, such as Facebook and Twitter. The GMC provides guidance with regard to various issues concerning the use of such services (predominantly with respect to confidentiality and professionalism), but there are also concerns about identifying details about yourself to members of the public which may put you at risk. Users of such media should ensure they are suitably proficient at utilising privacy settings correctly, and use common sense when posting information on such services.

References & Resources

Handbook for psychiatric trainees. Royal College of Psychiatrists

Workplace-based assessments in psychiatry. Royal College of Psychiatrists

The Gold Guide is the key guidance document for speciality training it can be found at:

<https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition>

The GMC approved curriculum can be found at:

https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/curricula-tw-tr-forensic-psychiatry-curriculum-august-2017.pdf?sfvrsn=833f68e5_2

The Governance of Postgraduate Medical Education and Training in Scotland 2009 NES

Additional educational guidance is found at the Royal College of Psychiatrists website www.rcpsych.ac.uk

Additional guidance on forensic mental health services in Scotland can be found at the Forensic Network's website at: <http://www.forensicnetwork.scot.nhs.uk>

Trainee doctors in difficulty guidance can be found at:

http://www.nes.scot.nhs.uk/media/182663/mgmt_of_doctors_in_difficulty_framework_may_2009.pdf

The Knowledge Network: a useful source of information, journals and other literature for those working in NHS Scotland

<http://www.knowledge.scot.nhs.uk/home.aspx>

The Journal of Forensic Psychiatry and Psychology

<http://www.tandfonline.com/toc/rjfp20/current> (accessible using Athens password)

Forensic Psychiatry (Oxford Specialist Handbooks in Psychiatry) Eastman et al 2011

Codes of Practice for the Mental Health Care and Treatment Scotland Act 2003

Vol 1 (principles etc): <http://www.scotland.gov.uk/Publications/2005/08/29100428/04289>

Vol 2 (civil orders): <http://www.scotland.gov.uk/Publications/2005/08/30105347/53499>

Vol 3 (forensic): <http://www.scotland.gov.uk/Publications/2005/09/16121646/16474>

Mental Health and Scots Law in Practice, Thomson Second Edition

www.legislation.gov.uk – a useful reference for accessing primary legislation

Criminal Justice & Licensing (Scotland) Act 2010: A piece of legislation of major concern to forensic psychiatrists (part 7) was enacted in 2012; it is therefore essential reading! A helpful document is available at the following link:

<http://www.scotland.gov.uk/Resource/0039/00393737.pdf>

Memorandum of Procedures 2010: a comprehensive document covering all aspects of the management of restricted patients. <http://www.scotland.gov.uk/Publications/2010/06/04095331/0>

Mental Welfare Commission for Scotland: a useful source of information, and includes a number of inquiries which will be essential reading for forensic trainees. <http://www.mwscot.org.uk/>