

Forensic Handbook

A guide to the Scottish National Training Programme
in Forensic Psychiatry

2025 update –Dr Geraldine Scullin, Dr Reagan Ozuzu, Dr Michelle McGlen



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1. Key Personnel Contact Information

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The Training Programme

2. Introduction

Welcome to the National Training scheme in Forensic Psychiatry! Congratulations on getting appointed to a post on our 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 resident doctors in forensic psychiatry, but it can also be used by clinical and educational supervisors as a source of reference.

You can expect to spend around two thirds of your training in your '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. You will be expected to liaise closely with the Educational Supervisor/Regional Lead in your area who should be your first port of call for guidance with regards to placements. On appointment to the programme, you will be contacted by your regional Educational Supervisor who will allocate you to an approved training placement and an approved Clinical Supervisor. If for some reason you do not hear from your Educational Supervisor, you 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 seek not just competence, but 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). All newly appointed trainees will use the new forensic psychiatry curriculum as of August 2022.

The NEW Curriculum can be found at the following link

https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/2022-curricula/forensic-psychiatry-curriculum-final-16-june-22.pdf?sfvrsn=f72e88e3_4

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 Michelle McGlen. She is based at Rohallion Secure Care Clinic. Her contact details are detailed above.

Educational Supervisor (ES) (aka "Named Educational Supervisors", "Local Programme 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 should arrange to 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/Level 2 Form" 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)

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, knowledge and expertise 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 you arrange 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 session 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. Draft a Placement Specific Personal Development Plan (PSPDP) for your post within your eportfolio with the support of your clinical supervisor (PDP)
4. Arrange to meet with your clinical supervisor in the first week to agree your weekly job plan.
5. Arrange to meet with your educational supervisor within the first 2-3 weeks of your post to agree your Placement Specific Personal Development Plan (PSDP) and sign your training agreement
6. Familiarise yourself with your Portfolio and start adding evidence. Aim to complete your first WPBA within the first two weeks.
7. Nominate your clinical supervisor, educational supervisor and training programme director as supervisors within your Portfolio.
8. Familiarise yourself with the Forensic Psychiatry Curriculum (see link above)
9. Register for AMP core and capacity training if not already completed
10. 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 review progress and identify any early difficulties.
Early November	Consider a round of mini-PAT. Placement meeting: TPD and ESs
Late December/ Early January	Arrange meeting with CS to complete Psychiatric Supervisor report to summarise progress with achieving Curriculum competencies in first placement.
February	Commence new placement (if appropriate). If moving post, develop PSPDP for new post. Meet with ES to agree PDP and assess progress. Start 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 to ensure results available for ARCP. Ensure placements have been agreed with ES for August and that TPD/training programme administrator are aware to ensure Turas data is accurate. Training Programme Administrator will send reminder about ARCP and deadline for submission of paperwork.
May	Arrange meeting with CS to complete Psychiatric Supervisor report.
Late May	Ensure that ARCP Curriculum Evidence has been completed, uploaded to eportfolio 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 all required SOAR declarations have been made. ES, if possible, to meet with CS; ES to complete ARCP ES Summary Report. Please note 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. Please note all trainees on our programme are invited to a face to face interview for ARCP.

7. Planning your higher training

Your Educational Supervisor will help you plan your training programme, with the support of the Training Programme Director as required. 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. The placement length is dependent upon whether you have met the required competencies: shorter placements are an exception, not the rule. The updated Silver guide recommends that the majority of placements are 12 months in duration to allow the continuity and consistency required to develop key capabilities. A recommended 12 months is usually spent within medium security.

Resident doctors 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):

- Serious Offender Liaison Service (SOLS - 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 Prathima Apurva. Please ensure that you and your ES get in touch with Dr Apurva sooner rather than later so that she 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”

Resident doctors in Forensic Psychiatry are expected to divide their 10 sessions up into 9 clinical sessions and 1 research/study session (or pro rata for part-time equivalent).

In addition you have the option to use one of your clinical sessions as a special interest session each week. This should be discussed with the Clinical Supervisor in the first instance to ensure appropriate use of time. Special interest experience may be taken in blocks of a few weeks as an alternative to weekly sessions. If you wish to do this, please speak with your Educational Supervisor. It is normally expected that the trainee will ‘save up’ special interest sessions prior to using them for a placement; 10 weeks’ worth of special interest sessions would be equivalent to a one week full time block.

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.

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

9. Training Agreement

On starting your training, through Turas you will receive a training agreement, which you should sign to confirm that you accept the responsibilities associated with a training post.

10. Lead Employer Arrangements

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 NES National Education for Scotland. 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 NES via their digital service desk at the following link:

<https://nesdigital.atlassian.net/servicedesk/customer/portals>

Although to maximise your user-experience of the Service Desk, NES would recommend creating an account, this is not essential – queries can be submitted by simply inputting your email address and completing some drop-down questions.

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 Supervisor 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. The AMP training consists of Part 1, which involves completing 6 online learning modules via Turas. Completion of all modules within Part 1 is required before attending Part 2 which involves attending a one day online workshop. All modules within Part 1 must be completed at least 1 week before attending the online Part 2 workshop. Your part 1 certificate is valid for 3 months. If you do not manage to complete the workshop in that time then the modules will need to be completed again.

Detailed up-to-date information about all aspects of this process are outlined at the following link:

[Approved Medical Practitioner \(AMP\)](#)

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 and you still need to be placed on a Health Board AMP list. Your local AMP list administrator will need to have sight of your certificate so they can maintain your place on the list. It is your responsibility to ensure you are on an AMP list.

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 AMP training should be claimed via and paid for by the health board that you are working for at the time and should not come out of the study leave budget.

AMP status is transferable across Health Boards. If an AMP is listed on a Board list, then they are able to work in any Board area. You are not required to be on multiple Board lists. 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. When you move Health Boards and choose not to transfer lists, please ensure you do not fall off the original Health Board's List. You need to ensure that you remain registered in a Health Board, regardless of where that is.

A link identifying the AMP list administrators for each board area can be found here: [AMP list administrators](#)

For existing AMPs, it is mandatory to complete update training every 5 years. If you specialise in Forensic psychiatry, then you need only complete the appropriate AMP Forensic Update Training course to complete your mandatory update training. If no Forensic course is available, an AMP may complete the Multi-Specialty update course instead to allow them to meet their Update training requirements, without having to additionally complete the CAMHS or Forensic course, although the specialist course remains the recommended route.

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 usually has a record of excellent performance in the GMC training survey.

<https://www.gmc-uk.org/education/how-we-quality-assure-education-and-training/evidence-data-and-intelligence/national-training-surveys>

15. ARCP (Annual Review of Competence Progression)

The ARCP is a formal process which uses the evidence gathered by doctors in training relating to their progress in the training programme. This usually takes place in June, but may be at a different times depending on your individual circumstances, i.e., December/January for February start trainees or at other times of the year if there have been periods of absence.

The ARCP process will allow evidence to be presented to demonstrate the doctors in training 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 doctor in training will appear on the specialist register and be able to take up a substantive consultant post. Clinical supervisor reports should be completed every 6 months. Educational Supervisors will complete a structured supervisor's report, in conjunction with the Clinical Supervisor at the end of year to summarise the progress in training and this will be reviewed as part of the ARCP process alongside the portfolio evidence..

You are required to submit an electronic portfolio (The RCPsych Portfolio Online) and evidence documents/paperwork (WPBAs, certificates etc.). The Royal College of Psychiatrists is planning to implement a new portfolio later this year and further details of the roll out are awaited. You will be advised of the exact date of your ARCP and the date of the deadline for submitting evidence in advance by our Training Programme Administrator, Lynda Service. You are also 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 usually scheduled some 6-8 weeks prior to the end of year or 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 explanation of ARCP outcomes). 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

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 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.
- **Outcome 8:** Out of programme for clinical experience, research or career break

You are not absolutely *required* to attend your ARCP in person (attendance via Microsoft Teams) unless you get an "unsatisfactory outcome", but the national forensic programme routinely invites and asks everyone to attend for a brief meeting on ARCP date (via Microsoft Teams). The purpose of this is to provide you with an opportunity 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 areas for development. Please be reassured that the ARCP is designed to be as helpful as possible and to ensure that you reach your maximum potential. At present this meeting takes place online via MS TEAMS and Lynda Service our Training Programme Administrator will notify you in advance of the time you should attend. If there are any difficulties in attending, then please inform Lynda Service (TPA) and Dr McGlen (TPD) as soon as possible.

There is an appeal mechanism if a trainee is not satisfied with the ARCP outcome. This process is governed by the 'Gold Guide'. The most recent edition can be found at <https://www.copmed.org.uk/publications/gold-guide/gold-guide-10th-edition>

Trainees are required to complete SOAR (Scottish Online Appraisal Resource) prior to the evidence submission deadline 2 weeks prior to the 'desktop' ARCP. This must be completed annually prior to ARCP reviews – without completion an outcome 5 will be given. Details can be found at [Medical Appraisal Scotland](#).

Further information on the ARCP process can be found here:

<https://www.scotlanddeanery.nhs.scot/trainee-information/annual-review-of-competence-progression-arcp/>

16. Workplace Based Assessments

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 and aim to comfortably exceed this minimum requirement, with a target of around 20 WPBAs as a reasonable aim. Please note that as a higher resident doctor in forensic psychiatry there would be an expectation that the majority of WPBAs are completed by a Consultant Psychiatrist. The [Silver Guide](#) advises that for WPBAs being completed at ST4-6 level, nurses, psychologists, AHPs and social workers should be Band 8 or equivalent to be an assessor. We would recommend trainees check with their CS/ES if they are unsure about the suitability of a particular assessor.

The Silver Guide recommends a minimum number of WPBAs for ST4-ST6 trainees in Specialist Forensic Psychiatry Training as detailed below (pro rata for LTFT):

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 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 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. Placement Specific Personal Development Plans (PSDPs) 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 and you can discuss this with your clinical and educational supervisor.

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) to demonstrate competence in your portfolio (e-logbook/portfolio) for the ARCP. There must be pragmatism regarding the Structured Assessment of Psychotherapy and realistically this may not be completed until ST6; however by end of ST4, there should be a clear plan of action of how to progress and evidence psychotherapy competencies and the expectation is that psychotherapy experience is well under way prior to your 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 so far 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. Examples of psychotherapy cases that trainees have previously completed include brief psychodynamic therapy, CAT, specialist risk psychology services, and co-facilitating groups or student Balint groups.

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.

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 content, with support from the TPD and 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 teaching attended (either reflection or log) should be made within your portfolio. 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 second Wednesday of the month. The programme for teaching is shared by the trainee reps who will contact you to advise you of the dates and details of the teaching. Following COVID, the teaching programme has been adapted in to a Hybrid model of online (Teams) and in person face to face teaching. In person face to face teaching (currently every 3rd sessions) usually takes place at Rohallion Clinic, Perth. The sessions in between are online. This hybrid approach appears to be of benefit in supporting important social interaction between peers on the programme, whilst acknowledging the benefits of online facilities in being able to attract speakers from further afield.

In many health boards, there are also locally run general psychiatry higher trainee teaching programmes. This is usually on a fortnightly or monthly basis. You are strongly encouraged to attend these programmes where possible. You can find out what is on offer locally through discussions with your supervisors. Continuous professional development and evidencing engagement in teaching activities and development of teaching competencies is relevant to your training and it is also a great opportunity to meet and network with your colleagues from other subspecialties who you may be making referrals to in the very near future! Local induction in your new health board should cover arrangements for teaching.

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 present cases and papers found in journals. A note of these presentations should be recorded in your portfolio and you are encouraged to obtain WPBA's for any teaching presentations delivered.

21. Courses and Conferences

We strongly encourage you to take advice from your supervisors and consider your PSPDP when deciding which conferences, training events or focused teaching you wish to attend. Most trainees benefit from attending national and international conferences 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 RCPsych Forensic faculty conference (usually in late February/early March), 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 and applications for study leave should be submitted through TURAS. However, 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 Psychiatrists: <https://www.rcpsych.ac.uk/members/your-faculties/forensic-psychiatry>

The RCPsych in Scotland also has a forensic executive committee and doctors in training can request to be placed on the mailing list to receive information regarding upcoming events. Higher Forensic residents are also encouraged to put themselves forward as trainee representatives on the committee when vacancies become available.

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 about events (<https://forensicnetwork.scot.nhs.uk/events>)

The School of Forensic Mental Health is an exciting development in Scotland and is a valuable resource when thinking about research. <https://forensicnetwork.scot.nhs.uk/training/>

The School of Forensic Mental Health has also developed the **New to Forensic Programme**, which higher forensic residents are encouraged to complete 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/audit/academic study time (refer to section under Timetables, including special interest) approved by your Educational Supervisor.

You are expected to gain competencies in research, audit and quality improvement as set out within the Curriculum. 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 you have used your research and audit session well and are progressing towards meeting 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 until 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 and Dr Daniel Bennett (Blair Unit) are other helpful points of contact who can offer advice and support to trainees with research projects. Educational Supervisors will be able to give advice on which senior colleagues locally have particular research interests and in some areas there are research matching programmes.

Some trainees have in the past used 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:

<https://www.uws.ac.uk/study/postgraduate/postgraduate-course-search/forensic-mental-health/>

26. Teaching

There are teaching opportunities in all areas; teaching medical students, FY2 doctors and Core Psychiatry trainees. Higher trainees often become involved with the local MRCPsych teaching course for core trainees or delivery of psychiatry teaching as part of the local undergraduate and postgraduate programmes. The local teaching universities are often looking for mock OSCE sessions for medical students, and examiners for the OSCEs. Liaise with your Educational/Clinical Supervisors for further information on local opportunities.

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. For medical and dental trainees, funding for this course has already been 'top sliced' from the study leave budget therefore it will not cost you anything extra to attend. You must demonstrate and evidence development of leadership and management competencies in your higher training. Completion of LaMP, or a similar course, by the end of training is therefore recommended. Evidence of leadership and management training should be recorded within your portfolio.

Full information on LaMP and how to book on to a course 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 Psychiatrists in Scotland also sometimes run one day courses in Leadership and Management which is specifically for trainees in psychiatry.

28. Court Reports

You must become competent in the provision of timely, high quality expert medico-legal reports. Engagement in medico-legal work and expert report writing is a core fundamental part of your training. 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. An anonymous log of all medico-legal reports completed should be recorded/uploaded to your training portfolio for review at the ARCP.

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 who has supervised them. This should be a forensic psychiatrist, and will usually be your clinical supervisor. It is standard practice to add a statement at the end of your report stating who you were supervised by, but highlighting that the consultant did not assess the patient and the opinions in your report are your own.

There have been significant issues with information governance and court report work in previous 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. You will be required to be registered as a Data Controller and follow all relevant procedures should you choose to undertake private defence reports. This involves a rolling annual fee.

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 medico-legal 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 that 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.

29. 'Acting-up' and 'Acting As' Posts

In your final year on the training programme (ST6) you are encouraged to consider undertaking an 'Acting-up' or 'Acting As' consultant post. This must be completed before the award of your CCT. Post-CCT holders can only undertake locum consultant posts. The maximum period for 'acting-up' or 'acting as' posts is three months (pro rata for LTFT) and normally only one period of 'acting-up' or 'acting as' will be approved. Doctors in training undertaking 'Acting Up' or 'Acting as' roles must have a named educational supervisor for the duration of the 'Acting Up/As' period. The post must be within the United Kingdom.

Details on Acting Up and Acting As posts can be found on the NES deanery website via the following link: <https://www.scotlanddeanery.nhs.scot/trainee-information/out-of-programme-oop/oop-acting-up/>

Approval must be sought from your Educational Supervisor and TPD for 'Acting As' posts. 'Acting Up' posts require in addition out of programme approval by the Postgraduate Dean. If you are considering an Acting As or Acting Up post please discuss this further with your Educational Supervisor and TPD.

30. Out of Programme

Out of Programme (OOP) relates to trainees that wish to participate in an experience that is not part of their planned programme of training e.g. the John Hamilton travelling fellowship (see below). There are a number of circumstances that may lead to trainees wanting 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 approved in the final 3 months 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 Training (LTFT)

The deanery website has useful information regarding LTFT training: [Less Than Full Time Training | Scotland Deanery](#).

The application process for LTFT has recently changed. As of 26th May 2025, Training Programme Directors will now be responsible for approving applications on behalf of the Deanery. The Trainee Development & Wellbeing Service remains available should any resident doctor require advice or support in regard to an LTFT request (tdws@nes.scot.nhs.uk). Resident doctors can also continue to request a meeting with an APGD from the Trainee Development & Wellbeing Service if they wish to discuss their request prior to submitting an application.

LTFT training is available for doctors in training who wish not to train full-time because of well-founded individual reasons and those with eligible child care responsibilities. It is an important part of NHS Scotland's ambition to create family friendly policies and to ensure all members of staff are able to contribute their full potential to the service. Formal requests for LTFT training should be made at least 3 months prior to taking up post/wishing to take up LTFT training. Further details on the application process can be found here: [Final NES LTFT Guide.pdf](#)

If a doctor in training who is working LTFT wishes to amend their hours at a later stage in training, then a request for consideration needs to be submitted using a Form D which can be found here: [form-d.docx](#)

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 substantive consultant forensic psychiatrist post in the UK.

Further details on how to apply for the fellowship including what is required can be found on the RCPsych website via the following page: <https://www.rcpsych.ac.uk/members/your-faculties/forensic-psychiatry/prizes-and-bursaries>

33. On Call

Trainees will be allocated an on-call rotation in their region and local to their clinical placement where possible. An introduction to the on call requirements in your area should be provided through local induction processes.

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 resident doctors will be noted in their contract. This is currently 33 days (*if point 3 or above on pay scale*) plus 8 public holidays per year. This needs to be taken *pro rata* over individual three or six-month placements. Annual leave requests should be discussed with and authorised by your Clinical Supervisor and any necessary clinical cover arranged. If the request is authorised, signed approval paperwork should be sent to medical staffing in your placement Health Board.

35. Study Leave

Details on how to apply for study leave can be found through the deanery website ([Study Leave | Scotland Deanery](#))

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) online via Turas. Once you have submitted your request on Turas, your TPD will review the application and consider authorisation. You will receive email confirmation following this advising on whether the request has been approved or not. If a study leave application is approved with funding, a claim can be created on the app. Attached receipts are approved and processed by NES and the details will be exported to finance for BACS Payment. If receipts are missing, the claim will be rejected on Turas and the trainee will be asked to re-submit the correct paperwork before the claim is processed.

Applications for study leave should ideally be made a minimum of six weeks in advance of the activity to ensure approval of the activity and any related expenses. All trainees are encouraged to make prospective applications wherever possible.

A guide on how to apply for study leave on Turas can be found at the following link: <https://www.scotlanddeanery.nhs.scot/media/891796/turas-study-leave-trainee-guide.pdf>

The study leave policy can be found on the NHS Education for Scotland (NES) website at [pdf https://www.scotlanddeanery.nhs.scot/trainee-information/study-leave/](https://www.scotlanddeanery.nhs.scot/trainee-information/study-leave/)

The Study Leave Team can also be contacted by email (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 £600 per training slot per annum (the financial study leave year runs from April to April.). 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 Speciality Training committees. Membership consists of: the TPD, Associate Postgraduate Dean, Educational Supervisors; and College, Academic and Trainee representatives. The group reports quarterly to the Postgraduate Dean.

The committee advises on and supports 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 and Parental Leave

Issues related to Maternity and Paternity pay and leave are dealt with by HR in NES. Your ES will be able to offer advice about this. Arrangements must be made prospectively. Your Placement board will also require notification. Further details can be found at the following link: [Parental Leave - FAQs - Scotland Deanery](#)

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 your 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, Relocation and Removal Expenses

Travel claims will be submitted and reimbursed through NES. Contact your local medical staffing administrator because there are different processes in each Health Board. However, make sure that your car insurance covers business travel, you have a valid driving licence, and a current MOT (unless your car is exempt). After approval, you can start submitting travel claims and they should appear the month after in your payslip.

You can read NES guidance on travel expenses here: [Travel and subsistence | Hub](#)

Forensic Psychiatry resident doctors relocating to Scotland from other regions, or rotating to placements at a significant distance from their current residence, may be eligible to claim relocation and removal expenses. It is essential that all relevant receipts and invoices including those for travel, temporary accommodation, rental costs, and essential visits to view their new accommodations are retained to support any claims. Expenses must be reasonable, necessary, and in accordance with NES policy. Trainees are encouraged to familiarise themselves with the full guidance prior to incurring any costs. Comprehensive information and application details can be found at the following link: [Relocation and removal expenses | Hub](#)

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 a @nhs.scot email, 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 & Reading Material

All NHS Scotland Staff can apply for an Athens account, which allows them to use the NHS Scotland e-library. Resident doctors can register at: <https://www.athensregistration.scot.nhs.uk/>

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. Their 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: [Publications - Forensic Network](#)

For information about the Courts in Scotland and to access the database of searchable judgements look at the Scottish courts website on: [Home | Scottish Courts and Tribunals Service](#)

43. Pastoral Care and NES Trainee Development and Wellbeing Service (TDWS)

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 sometimes additional support is required. 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 the Associate Postgraduate Dean 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.

NES also provides a Trainee Development and Wellbeing Service (TDWS) to support all doctors in training. The service offers confidential and non judgemental support for areas including wellbeing, careers advice, exams, work adjustments, ARCP guidance and more. Trainees are encouraged to self refer to the service through the website by completing a form but can also be referred by trainers. Further details on the TDWS and what is available can be found here: [Trainee Development and Wellbeing Service](#)

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 <https://www.rcpsych.ac.uk/members/workforce-wellbeing-hub/psychiatrists-support-service?searchTerms=psychiatrists%20support%20service>

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 practise. You must be registered with a General Practitioner. Liaison with your 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. Trainees have a responsibility for following absence policy and sickness absence must be reported to your local workplace and also the Training Programme Administrator. Dates of absence should also be recorded in your 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.

46. Prison experience and supervision guidance

The Silver Guide recommends that during the course of their training, a Forensic trainee should provide 90 half day sessions within a custodial environment and in addition should carry out assessments of patients in custody to consider transfer to hospital. The Forensic STC recognises that there may be reasons why a trainee can not meet this requirement and have agreed to take a pragmatic approach to assessing competency in this area. An anonymised log of your prison experience should be kept in the training portfolio.

The Forensic STC have agreed guidance in relation to supervision arrangements for resident doctors undertaking clinic sessions in prison and outpatient settings. Where possible, there is an expectation that trainees undertaking any prison or outpatient clinic work do so with their consultant supervisor present on site. The STC recognises that there may be occasions/circumstances where it is not possible for the consultant supervisor to be present on site at the same time as the trainee's clinic. Off site supervision may be acceptable in such instances, providing the guidance detailed below is followed and the trainee has a direct means of accessing support and supervision should any issue arise at the time of the clinic (i.e by contacting their supervisor by telephone or MS Teams), as per GMC guidelines.

Off site supervision arrangements need to be carefully considered and discussed with the trainee in advance, taking in to account the trainee's level of experience, confidence and competency to work without direct on site supervision in the clinic setting. Supervisors should ensure that trainees have been fully inducted to site and feel confident and safe to work without direct on site supervision before considering off site arrangements. An assessment of the trainee's competency in undertaking assessments and safe prescribing within the clinic setting is also required before considering the suitability of off site supervision.

The Forensic STC recommends that trainees new to prison and outpatient clinics should undertake prison clinics with on site clinical supervision for a sufficient period of time before consideration is given to off site supervision arrangements. This is to ensure that the trainee has developed both the confidence and appropriate competencies required to work without direct on site supervision within the setting. Confirmation of the supervision arrangements agreed between the trainer and trainee should be documented within the portfolio.

If a trainee or supervisor has any uncertainty or concern about the appropriate level of supervision in place or required then please discuss this further with your local programme lead or TPD.

47. Applying for your CCT

As you approach the end of ST6 your attention will turn towards applying for your CCT. The steps you need to follow are set out on the Royal College of Psychiatrists website. Up to date information about the processes you need to follow can be found at:

<https://www.rcpsych.ac.uk/training/your-training/applying/end-of-training-apply-for-certification?searchTerms=applying%20for%20CCT>

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:

[Gold Guide - 10th Edition - Conference Of Postgraduate Medical Deans](#)

The GMC approved 2022 curriculum for Forensic Psychiatry can be found at:

https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/2022-curricula/forensic-psychiatry-curriculum-final-16-june-22.pdf?sfvrsn=f72e88e3_4

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>

NES Trainee Development and Wellbeing Service details can be found at:

[Trainee Development and Wellbeing Service](#)

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 – 2nd Edition) Eastman et al 2023

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, 2014 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: [Criminal Justice and Licensing \(Scotland\) Act 2010](#)

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.mwcscot.org.uk/>