Forensic Handbook

A guide to the Scottish National Training Programme
in Forensic Psychiatry

(Updated July 2017)

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The Training Programme

Introduction

Welcome to the National Training scheme in Forensic Psychiatry. This handbook is primarily intended for specialist trainees in forensic psychiatry, and can also be used by clinical supervisors as a source of reference.

Trainees can expect to spend two thirds of their training in one of four geographical hubs area identified at the beginning of training – West of Scotland, South East of Scotland, East of Scotland and North of Scotland. Most trainees will also spend time outside their deanery hub in order to gain essential competencies. Trainees will be expected to liaise closely with the Educational Supervisor in their area who should be their first port of call for guidance with regards to placements and approval of special interest sessions.

On appointment to the Training Scheme, trainees will be contacted by their hub Educational Supervisor who will allocate trainees to an approved training placement and an approved Clinical Supervisor.

Trainees are required to have one hour of clinical / educational supervision per week. This should be provided by their Clinical Supervisor. Times and a brief account of topics covered in supervision should be noted in the trainees portfolio. Before starting in a new location there should be induction – often there is both a general induction and a specific service induction. Induction to the training scheme occurs at the first national training day in Perth in early August or February.

For more information regarding the roles of Supervisors please see Appendix A.

The Curriculum

The training programme has the key function of allowing trainees to achieve the competencies as defined by the GMC approved 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. The e-portfolio allows linkage of curriculum topics to work place based assessments (blue dots!) trainees from autumn 2017 will be expected to use this system which will be reviewed at the ARCP.

The Curriculum can be found at the following link:

http://www.gmc-uk.org/Forensic_Psychiatry_Curriculum_May_2017.pdf_70532138.pdf

Planning the Training Programme

The Educational Supervisor will help trainees plan their training programme together with the Training Programme Director. Educational supervisors will be able to give a description of hub-based placements to trainees and local special interest opportunities. If a competency can be achieved within the trainee's geographical hub area it is expected that a placement outside the area will not be required. The scheme is designed however with flexibility in mind to best use educational opportunities and take account of personal circumstances. The Educational Supervisor will usually agree with the trainee their rotation of placements. Trainees should aim to meet periodically (at least biannually) with their Educational Supervisor to review their progress and complete level 2 reports on the e-portfolio. Trainees must resist any temptation to arrange placements without going through the Educational Supervisor.

The Forensic training programme offers a minimum of three months substantive placement 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 three months depending on trainee's geographical location and training need. Most services have integrated community/inpatient placements – in those it is important to strike a balance between inpatient and community work to achieve the required competency.

Trainees are strongly encouraged to gain experience, either as a short placement or as a sessional commitment 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
- Experience/ visits to services elsewhere in the UK
- Experience/ visits to international services
- Mental Welfare Commission
- The Restricted Patient Team at Scottish Government

In the final year trainees are strongly encouraged to make use of any 'acting up' opportunities – see below. Everyone is reminded that acting up experience is primarily educational and should always be arranged via Educational Supervisor and Training Programme Director.

Placements at the State Hospital are organised by the Educational Supervisor based there – currently Dr McCall – Educational Supervisors are encouraged to liaise with Dr McCall at an early stage to plan placements at State Hospital.

The Training Programme Director (Dr Crichton) has a particular role in advice regarding other placements outside the home hub. In cases of dispute about placements, the TPD has the role in deciding what's to be done.

Timetables, including "special interest sessions"

Trainees are expected to divide their 10 session week into 9 clinical sessions and 1 research/academic session (or pro rata part-time equivalent).

In addition trainees may be given permission by their Educational Supervisor to pursue 1 additional special interest session per week.

Educational supervisors may approve sessional placements in order for the trainee 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 time.

Special interest experience may be taken in brief blocks of a few weeks as an alternative to weekly sessions.

A note of the timetable should be kept in the portfolio and should include the monthly Perth Course (generally 1st Weds of the month – but often the second Wednesday in august to allow for local induction) and weekly clinical Supervision.

Training Agreement

On starting each year of training, trainees will agree the educational goals for the year with the Educational Supervisor in the Training Agreement.

Funding and organisation

Although trainees are funded by NES (NHS Education for Scotland) they are employed by their local Health Board and receive a Health Board pay slip. Work expenses and on call banding is paid by the Health Board as is the cost of section 20 accreditation (see below) The Training Programme Director is appointed by NES via the lead geographical area for the scheme (South East Scotland). Educational and Clinical supervisors are locally appointed but approved by NES.

Induction

Trainees should expect to undergo appropriate induction when they move to a new Health Board or clinical setting. It may involve both an induction to a hospital and an induction to a service. Educational Supervisors should ensure that suitable induction takes place. Protected time must be provided for induction. Any trainee who does not feel confident in that they have been properly inducted should raise this with their Clinical and or Educational Supervisor without delay.

Facilities

If it is not clear in the induction process trainees should discuss with their clinical supervisor the local processes for IT access, obtaining office space, ID badges, keys, car parking arrangements and on-call arrangements. Sometimes it is possible to arrange a pre-visit to a new training location prior to starting – that can be an excellent opportunity to complete IT access and name badge proforma.

Approved Medical Practitioner status (Section 22 Certification)

New trainees are expected to complete this training as soon as possible after starting their first post, if not already undertaken at the end of CT3.

Detailed up-to-date information about all aspects of this process are outlined at the following link:
http://www.rcpsych.ac.uk/members/divisions/rcpsychinscotland/mentalhealthact.aspx

In summary you should first complete an online MCQ self-assessment test (http://www.nes-mha.scot.nhs.uk/MCQtesting/default.asp). Once you have passed the self-assessment section, the Royal College of Psychiatrists in Scotland will contact you within 10 working days to send you a certificate and to register your details with Walkgrove Ltd for Part 2 of the training.

The next step towards being approved under Section 22 is to attend a 1-day MHA Training Day. You will receive an invitation to the course from Walkgrove Ltd as soon as your eligibility has been verified.

Completion of the s. 22 approval training does not mean you are automatically approved under the Act, as the College is not responsible for registration: 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. Once you are registered, your approval is transferable throughout Scotland (i.e. if you register with one Board and then move to a different area your approval moves with you during your training). Approval is 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 will be paid by the Health Board where they are principally based and not come out of the study leave budget.

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. It is still worthwhile for the trainee to double check their MHO Status remains on the primary Health Board register if there is a change of Health Board during the training or a break in training.

Each service 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. All MHA forms are available on line

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. The Scottish forensic training programme has a record of excellent performance in this survey. Trainees are emailed when the survey is available.

ARCP (Annual Review of Competence Progression)

The ARCP is a formal process organised by the South East Scotland Hub, which uses the evidence gathered by trainees relating to their progress in the training programme. This usually takes place in June. The Gold Guide and Curriculum provide authoritative guidance.

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 Level 2 reports, in conjunction with the clinical supervisor's level 1 reports at the end of year, which will be available at the ARCP.

Everyone in the scheme now must use the Royal College of Psychiatrsts online portfolio. The trainees are required to submit an electronic portfolio (The RCPsych Portfolio Online) and evidence documents/paperwork (WPBAs, certificates etc) to the Educational Supervisor at least 4 weeks in advance of the ARCP day. It is expected there will then be a meeting to populate and discus the level 2 report before final submission to NES 2 weeks prior to the ARCP. Trainees will be advised of exact dates by Emma Baker 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.

Currently all trainees are given the opportunity of brief feedback on the afternoon of the ARCP. This can be a useful opportunity to clarify future placements with educational representatives present across Scotland. In previous years trainees have organised training and social events on the day to make the most of the time.

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

The ARCP is also the mechanism of annual appraisal and revalidation. The totality of a trainees clinical work – including for example medical volunteering outside training - needs to be disclosed and discussed with the Educational Supervisor.

Trainees must also complete the probity and health sections of SOAR (Scottish Online Appraisal Resource) this must be completed annually prior to ARCP reviews – without completion an outcome 5 will be given.
Details from https://online.appraisal.nes.scot.nhs.uk/

Even if Out of Programme, trainees must complete SOAR declarations as part of their appraisal and revalidation requirements.

Trainees must also complete an absence record prior to the ARCP and send it to Emma Baker – Emma will send out reminders near the time and can be always contacted for advise on ARCP requirements.

Trainees who might require targeted training or additional educational time are usually identified far in advance of the ARCP day and usually a plan of action is put in place as soon as possible to meet any particular educational needs.

WPBA requirement

The RCPsych online eportfolio is now a requirement for all trainees to now use. The e-portfolio has been devised to support training and should be kept and updated regularly. 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. It must be stressed almost all trainees submit over 20 each year and the maximum has been over 50. Completion of the WPBAs is the trainees' responsibility; if no documentation is produced for the ARCP it is very likely that the trainee will fail to progress. Most trainees 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 WBPAs must be completed by a Consultant Psychiatrist.

The minimum mini-PAT has been reduced to 1 per year but trainees are strongly encouraged to undertake a mini-PAT in each placement of 3 months or longer. ESes may also advise on an additional mini-PAT and /or which colleagues should be invited to participate.

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.

ESes may also suggest additional specific WBPAs to address specific educational needs which trainees are very strongly advised to complete even if in excess of minimum numbers. These are usually highlighted in the ES report to the ARCP panel and looked at.

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 underway prior to final year. At a minimum experience of the Balint group at State Hospital is available.

Reflective Practice

The Curriculum says nothing about the number of reflective practice exercises. In recent years 6 per year have been advised. The STB has confirmed this is an ongoing requirement for all mental health trainees in Scotland. Again ESes may advise on an additional reflective piece.

Educational theory defines the concept of reflective practice as enabling the practitioner to access, understand and learn through his or her 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 systematizing and documenting the processes of reflective practice and critical appreciation. Refer to College/GMC guidance on this topic.

Psychotherapy Opportunities

Trainees will need to show their achievement of satisfactory Work Based Placed Assessments (WBPAs) and portfolio (e-logbook/portfolio) with activity log for their Annual Review of Competencies and Progression (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 underway prior to final year.

Trainees are strongly encouraged to take up all opportunities to acquire experience in psychotherapy in a range of modalities during the course of their training. Trainees should liaise with educational and clinical supervisors to identify locally available opportunities for involvement in psychotherapy.

For example, at the State Hospital, Dr Polnay currently runs a once-weekly reflective practice group for all ST doctors (ie ST 2-6). Other areas are looking at arranging more structured psychotherapy experience for trainees.

In West of Scotland a Balint group is run by Laurence Martean and this time is viewed as protected teaching time. Additional psychotherapy experience in the West is available via Dr Marteen or Dr Ruth Stocks, Consultant Forensic Psychologist.

Perth Forensic Registrar Teaching

The monthly Perth course is one of the trainees' most valuable training opportunities. The trainees organise and direct the course's contents. In the past Trainees have organized series of exciting visits across the UK and attracted nationally renowned speakers, such as Professor Dame Sue Bailey. The day will also include opportunities for peer support, career discussions, journal club presentations and case presentations.

The TPD will regularly attend the day to keep in touch with the trainees. The National Forensic Training Committee reviews the programme and can suggest speakers. Clinical supervisors must ensure trainees' timetables facilitate attendance at these meetings, which typically take place on the first Wednesday of the month. The Course is protected educational time and any conflict with other demands should be raised with the CS or ES.

A ‘good’ attendance is expected (75% and above is considered as ‘good’) and a note of this is made in portfolios as well as being monitored by the ES. Trainees are encouraged to aim for at least one presentation per year (this may include case or literature presentation).

Case Conferences, Journal Clubs and Special Lecture Series

Each area on the scheme has their own programme of case conferences and journal clubs. Trainees 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 the trainees’ portfolio.

The Division of Psychiatry at the University of Edinburgh holds a Special Lecture Series with guest speakers, in the small lecture theatre of the Kennedy Tower, on the 1st and 3rd Wednesday of the month during university term time. Any trainee is welcome to attend. There is also a journal club within the Orchard Clinic which trainees are expected to participate in.

In the West there are monthly UGASP presentations at the Reid Erskine Centre in Bishopton with guest speakers. They are held during the academic term on the 3rd Thursday of the month and are open to all trainees in the West of Scotland.

In the East there are weekly journal club meetings at the Carseview Centre, Dundee, along with a regular “CBD session” on Friday afternoons.

The State Hospital’s journal club is held over Monday lunchtime, and trainees will have the opportunity to present.

Courses and Conferences

Trainees are encouraged to attend one national or international conference a year. Most trainees will attend at some point the Royal College Forensic Faculty Conference (usually in early March), the Forensic Trainees conference (October) and the RCPsych Scotland Forensic Conference (in September or October).

The study leave budget can be used to fund these. International conferences are not usually fully funded from study leave but there may be other sources of funding and paid study leave will normally be approved. Attendance at the International Association of Mental Health Law, the International Association of Forensic Mental Health Services and the annual American Academy of Psychiatry & the Law have been particularly valued by past trainees.

Trainees are strongly encouraged to attend specific training in clinical supervision and teaching. Such courses have been integrated into the Perth Forensic Registrar Teaching sessions, but this is dependent on this being explicitly organized. South East Scotland also provides a Clinical Educator’s course. These training opportunities will assist trainees post CCT in evidencing Recognition of Training.

Trainees will be keen to complete risk assessment training. As a minimum, all trainees should aim for training in the HCR-20v3 and PCL-R. 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. Trainees should be wary of expensive training courses. The scheme has a number of accredited risk trainers such as Dr Doig and cost free risk training has been specially organised for the trainees every couple of years.

Royal College of Psychiatrists Forensic Faculty

Trainees are 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. http://www.rcpsych.ac.uk/workinpsychiatry/divisions/rcpsychinscotland.aspx

There are three College Forensic Faculty meetings in Scotland – two currently free - and two College wide meetings in Scotland. There are opportunities for subsidised attendance, poster, audit and research

presentations. The McHarg prize is open to trainees in Scotland to have their research recognised – it sometimes will go unawarded for lack of applicants.

The Forensic Network

Increasingly there are also events organized by the 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 a new and exciting development in Scotland and is a valuable resource when thinking about research. http://www.forensicnetwork.scot.nhs.uk/sofmh/

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.

Research, Academic Study and Audit

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

Trainees are expected to gain competencies in research and audit. Trainees should aim for at least one research publication (including posters at conference or conference abstracts) and one complete audit cycle 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 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. Dr 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. Trainees should be cautious 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.

MSc in Forensic Mental Health

Delivered jointly by University of the West of Scotland and the School of Forensic Mental Health this programme is the only Scottish MSc in Forensic Mental Health. It offers a unique opportunity to advance your knowledge and enhance your skills. 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.

The programme has been designed to be flexible. Students can opt to study the specialist forensic mental health modules individually for CPD purposes or as part of the Masters pathway with the potential to graduate with a postgraduate certificate, diploma or Masters degree (dissertation required). Students complete four taught modules – two in the first year and two in the second year; the third year will be dedicated to completing the Masters dissertation.

Enquiries regarding the MSc should made to Deborah Walker, SoFMH Administrator in the first instance. Deborah can be contacted at deborah.walker4@nhs.net or on 01555 842212

For more information about the school of forensic mental health visit:
http://www.forensicnetwork.scot.nhs.uk/school-of-forensic-mental-health/

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

Training on teaching is also available across Scotland – trainees should be mindful of the GMC requirement for Recognition of Training and prepare as best they can to be trainers in the future.

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:
http://www.scotlanddeanery.nhs.scot/your-development/leadership-and-management-programme/

Court Reports

Trainees must become competent in the provision of timely, high quality expert medico-legal reports. There is now specific guidance from the GMC about expert report writing, http://www.gmc-uk.org/guidance/ethical_guidance/21193.asp. Reports (including formal letters) for the courts, tribunals, Mental Welfare Commission and Scottish Government should all be considered by trainees as medico-legal reports. As a general rule trainees should aim to complete at least one medico-legal report per week. No report should be undertaken without the approval of the clinical supervisor or another consultant. All reports must be recorded in the portfolio.

In the first year the Clinical Supervisor will wish to go through reports with the trainee in detail. Towards the end of training trainees 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 the supervising consultant**. E.g. at the end: Dr A. Smith ST4 in Forensic psychiatry to Dr D Chiswick, Consultant Forensic Psychiatrist.

Trainees must never provide the second medical recommendation along with their Clinical supervisor for a compulsion order or Treatment Order.

Since the new Consultant contract, Consultants are not able to keep medico-legal report fees, known as category two fees, in the way they used to. 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 (and relatively modest) 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.

See Appendix B for more information on how to go about writing Court Reports.

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 and would be required to resign from their grace period.

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

Approval must be sought from the trainee's educational supervisor and TPD and a proforma completed which can be provided by Emma Baker. Once this has been completed with all the relevant signatures it should be submitted to the Postgraduate Dean South East Scotland for his approval.

Trainees undertaking 'acting-up' roles must have a clinical supervisor for the period of the role. They should continue to have educational supervision, complete WPBA and attend the Perth training days.

Flexible Training

Flexible trainees must complete a form for the College to obtain educational approval prior to starting training. A further letter must be sent if there are any significant changes e.g. a change of placement or a period of maternity leave.

Dr Alastair Leckie (alastair.leckie@nes.scot.nhs.uk) at the South East Scotland Deanery is the Associate Dean for Flexible Training. Trainees should contact her if they wish to discuss issues related to flexible training and forward any completed or required forms to Emma Baker.

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. 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.

Before applying for OOP, trainees must discuss their plans with their Educational Supervisor and/or Training Programme Director. This discussion will determine the suitability of the out of programme experience and ensures the proposed post will meet the educational needs of the trainee.

SE Deanery requires OOP Application Forms and supporting documentation to be submitted at least 3 months in advance of the proposed OOP start date; exceptions will only be agreed by the Post Graduate Dean. Trainees must inform their current employer at least 3 months in advance to ensure that the needs of patients are appropriately addressed.

The OOP Application Form is attached as Appendix C.

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

Two Scottish trainees have been awarded this scholarship in recent years.

On Call

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

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

Study Leave

The current study leave allowance is £500 per training slot per financial year (the year runs from April to April). Trainees will normally span 4 financial years and should plan accordingly.

Claims can be made upto three months after the leave – this creates a particular problem with the annual conference in March. Trainees are encouraged to submit their expenses as soon as possible so it is not taken from the next annual year's budget. If a trainee has been awarded over the £500 in one financial year this will be taken into account the following financial year. Sometimes additional funds can be released over the £500 allowence in January of each year.

As from January 2016 all applications for study leave must be made online through the TURAS database https://turasdashboard.nes.nhs.scot

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.

It is advisable to keep copies of all receipts and study leave form because receipts have been known to go missing in the process.

For further details please follow the weblink: http://www.scotlanddeanery.nhs.scot/trainee-information/study-leave/

Annual Leave

The amount of annual leave available to trainees should be noted in their contract. This is usually 30 days plus 10 public holidays *(if point 3 or above on pay scale).*

Annual leave should be agreed with the clinical supervisor and a record kept.

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

It is the trainee's responsibility to keep this up-to-date and they should liaise with their 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. Please note there is a separate LearnPro and mandatory training 'passport' for doctors in the South East.

Training committee

The National Forensic Psychiatry Training Committee follows the NES guidance on Speciality 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 SES.

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.

Medical Personnel (NHS)

Medical personnel has responsibility for sending out job offer letters, job contracts and can tell trainees about their annual leave entitlement. They also deal with the change forms for pay if trainees move to a different hospital or their OOH banding supplements change. The local Pay Office deals with any queries about Superannuation and Tax. Trainees should be aware of the childcare voucher scheme the NHS supports which is a way of paying for a proportion of childcare costs tax-free.

Maternity/Paternity Leave

Issues related to Maternity and Paternity pay and leave are dealt with by Medical personnel in the Health Boards. The TPD 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.

Complaints

The employing 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 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. Concerns about bullying or discrimination are taken very seriously and must be notified to the Training scheme who have a duty to report such instances to the GMC.

Travel Claims

Travel claim forms should be available from clinical supervisor/secretary; arrangements differ depending on the employing Health Board. Health Board Induction should provide guidance on how to complete these forms online with the date that they have to be in by for the expenses to be added to the next monthly payment. There is usually a 3-month time limit on claims. Local arrangements may vary.

Information Technology

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

IT access forms may be completed in advance of a placement commencing – many areas now have electronic notes.

There are various different local procedures depending on where trainees work. Training is available for packages locally and usually mandatory IT training in part of induction.

Trainees must take special care with the information put on social media, be aware that mechanisms are in place to monitor unauthorised examination of electronic patient records and there are complex rules in each Health Board area regarding the transmission of patient sensitive information by email. The safest route to legitimately send patient sensitive information is between nhs.net addresses.

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

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/

Pastoral Care

If trainees have any concerns regarding their training or if trainees have any other personal concerns impacting upon their training or work, please speak to their TPD / clinical supervisor/ educational supervisor for advice.

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. A health declaration is required on SOAR. Trainees should 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 completion date put back. Sickness absence must be recorded in the portfolio and shared with Emma Baker prior to the ARCP.

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. Trainees should know how to raise a safety concern via the DATIX system following Health Board induction.

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

Training is also available through the Scottish Prison Service, which a number of trainees have found not only helpful, but also interesting. SPS may require trainees to undergo special prison induction.

Trainees are advised to keep personal information confidential. As well as appropriate boundaries with patients, they should consider using the hospital as a GMC address, becoming ex-directory and asking for removal from the electoral register. A useful exercise is to see how easy it is to identify one's own address and telephone number on the person finding website 192.com. It is not possible to completely prevent patients or their associates from being able to identify where you live, but trainees should bear in mind the nature of their work and be alert to sensible steps that can be taken to minimise the risks they face.

Trainees 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.

Appendix A: The role of Supervisors

Roles of Director of Training Programme Director, Educational Supervisor and Clinical Supervisor.

From 'The Governance of Postgraduate Medical Education and Training, Scotland' NES 2009. (redacted)

Training Programme Director

The GMC requires that training programmes are led by Training Programme Directors (TPDs). Training Programme Directors and Educational Supervisors are educational and training appointments to specialty training programmes for which NHS Education for Scotland and its associated deaneries are responsible.

Each programme has a designated Training Programme Director. He or she has responsibility for managing foundation or specialty training programmes providing for doctors holding the following appointments: foundation; specialty registrar (StR); fixed term specialty training appointments (FTSTAs); and locum appointments for training (LATs)

The TPD should;

- Participate in or provide advice to NES *Specialty* and *Foundation Training Boards* (STBs);
- Participate in local arrangements (including *Specialty Training Committees* (STCs)) developed by the postgraduate dean to support and advise on the management of the specialty training programme(s) within the deanery or across deanery boundaries;
- Work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and national College/Faculty training *or Specialty Advisory Committees* (SACs) to ensure that programmes deliver the specialty urriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience;
- Take into account the collective needs of trainees in the programme when planning training for individual trainees;
- Ensure the allocation of trainees to appropriate placements and the coordination of rotational arrangements.
- Manage the provision of study leave within the programme.
- Coordinate and participate in the *Annual Review of Competence Progression* process;
- Be trained in equality and diversity to promote equality of opportunity and eliminate unfair discrimination;
- Provide support for clinical and educational supervisors within the programme;

- Contribute to the annual assessment outcome process in the specialty including the provision of an annual report to the deanery to support the *Annual Deanery Report* to GMC;
- Provide and validate programme information to support NES information services;
- Ensue that all trainees receive a comprehensive induction into the specialty and to ensure that any subsequent induction to placements within the programme takes place in a timely manner;
- Help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required;
- Provide advice on Out-of-Programme experience and how it may be accessed; and have adequate time within their job plans to undertake these responsibilities.
- TPDs also have a career management role. They will need to:
- Be familiar with the deanery policy for careers management and counselling which covers the needs of all trainees in their specialty programme.
- Have career management skills (or be able to provide access to them)
- Play a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates e.g. coordinating taster sessions during foundation training, career fair representation, or liaison with specialty leads and with Royal Colleges/Faculties.

Educational Supervisor

Educational Supervisors are educational and training appointments to specialty training programmes for which NHS Education for Scotland and its associated deaneries are responsible. The appointment process will involve the NES deaneries, the relevant Royal Colleges and their Faculties, and the service.

A trainee must have a named *educational supervisor* and also, for each placement, a named *clinical supervisor* who is usually a senior doctor responsible for ensuring that that appropriate supervision of the trainee's day to day clinical performance occurs at all times.

Educational supervisors:

- Are responsible for overseeing training to ensure that trainees are making the necessary clinical and educational progress;
- May provide educational supervision to individual trainees for the entirety of a programme, for part of a training programme or for trainees in a particular location e.g. hospital unit (In GP programmes there will normally be one educational supervisor for each trainee throughout the three or four year programme who will be based in general practice);
- Need to demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by GMC for the specialty;
- Are responsible for their educational role to the TPD and DME.
- Are also likely to be clinical supervisors.
- Some Educational Supervisors may assume a "functional role" to support a large programme or the deanery: e.g. developing and implementing polices on assessment; or administering the rotational placements within programmes of different trainees.

Clinical Supervisor

Each trainee must have a named *clinical supervisor* for each programme placement, usually a senior doctor, who is responsible for ensuring that appropriate clinical supervision of the trainee's day-to-day clinical performance occurs at all times, with regular feedback.

All clinical supervisors should:

- Understand their responsibilities for patient safety
- Be fully trained in the specific area of clinical care
- Offer a level of supervision necessary to the competences and experience of the trainee and tailored for the individual trainee
- Ensure that no trainee is required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise
- Ensure that trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care
- Consider whether it is appropriate (particularly out of hours) to delegate the role of clinical supervisor to another senior member of the healthcare team. In these circumstances the individual must be clearly

identified to both parties and understand the role of the clinical supervisor. The named clinical supervisor remains responsible and accountable overall for the care of the patient and the trainee.

- Be appropriately trained to teach, provide feedback and undertake competence assessment to trainees in the specialty
- Be trained in equality and diversity and human rights best practic

A brief reference guide for those involved in medico-legal work in Scotland (July 2013)

1 Introduction

1.1 Who does court reports?

All doctors are expected to have competencies in court report writing. Medico-legal work is part of the higher trainee curriculum of all psychiatric subspecialties.

1.2 Why do court reports?

There are different reasons why you would want to do court reports. One of the main reasons is to gain experience. Medico-legal work hones your clinical skills and exposes you to a different way of thinking. The court demands that all decisions and opinions are justifiable and justified in a concrete fashion. The potential adversarial nature of the court process forces doctors to consider alternatives and form an opinion in a much more structured way than what we are used to.

There is no denying that medico legal work can be a source of extra income. It is unlikely that the average NHS psychiatrist will make enough money from court reports alone to give up the day job (40% of your fee goes to Inland Revenue). Furthermore, depending on what stage of your career you are on, your NHS contract may stipulate restrictions on the number of court reports/private work you are allowed to do. Nevertheless, every little helps.

1.3 The small print

When you agree to provide a court report you are implying that you are fully competent to function as an expert witness. If this is not the case (for example you have been asked to produce a report on a clinical case outside your normal practice) you can, and should, refuse to do the report. The bottom line is that a court report is a public document and, if needed, you should be able to defend in court not only your opinion but also your expertise.

1.3.1 Trainee issues

Advice from the CLO (Central Legal Office) and medical defence unions suggests that while you are a trainee at any grade the court would not consider you to are able to act as an independent expert witness. Possession of a CCT and inclusion on the specialist register would indicate that a doctor is able to work at this level, however AMP status alone is not enough. This creates a difficult catch-22 situation where trainees are expected to gain competencies in medico legal work, but may be left vulnerable if they undertake such work. The solution to this problem is that whilst you are in training/ if you are not on the specialist register you should openly declare your situation for any reports you are undertaking and also make it clear that you were supervised by a consultant on the specialist register whilst carrying out the report. The degree of supervision should be negotiated between you and your supervisor.

If you don't make it clear what your situation is you are potentially making yourself vulnerable during the court process. Sadly, there have been several high profile cases where the court has referred an expert directly to the GMC for commenting on areas that were considered to be outwith their expertise and experience.

If your clinical supervisor does not feel that they are able to provide appropriate supervision for medico-legal work it is your responsibility to identify a consultant who would be able and willing to supervise. It would be good practice to agree to this arrangement with your clinical supervisor in advance . Special interest sessions focussing on court report writing can at times be offered to interested trainees through the Glasgow Forensic Directorate.

2. The particulars

2.1 How do you write up a court report?

The College has issued specific guidance regarding court work (College Report CR147 (2008)) . This is essential reading and covers all the details of how to write up a court report.

2.1.1 A few supplementary notes:

Make sure you have read and understood your instructions. If anything is unclear do not hesitate to ask for clarification. The report should answer clearly all of the questions posed by the instructing agency. There is no expectation (nor is it encouraged) to cover any other issues in your report.

Before interviewing the client make sure that you have read through the police report and any existing medical files. Collateral information is essential in psychiatry, but even more so for the purpose of making formal recommendations to the court based on your assessment of the client's risk.

There is no need for a written signed consent form (although this would be best practice). However, you should always clearly document the client's consent to interview and their consent for you to approach others for further information/collateral history.

Your report should be impartial and your opinion uninfluenced by any obligation to those providing instructions. Nevertheless, this does not affect your prerogative to be flexible and reconsider your views in view of new information or a convincing counter argument. In such an eventuality, one of your options is to provide a supplementary report for the court.

Keep your notes and report somewhere safe (be wary of confidentiality issues) for future reference. The notes may be required many years after completing the report. They should be kept under lock and key, ideally on secured NHS premises.

2.2 Housekeeping

In the process of preparing a court report you may have to conduct your interview in the prisons' agent's cubicle, local health centres, or even a solicitor's offices. Your safety should always come first, as per any other doctor consultation.

When arranging to see someone in prison, make sure that you bring along a photo ID. You may consider leaving your phone in your car since you will not be able to have it with you during the interview.

2.3 Pecuniary matters

When instructed to produce a court report you can expect that in most cases you will be paid by the hour. Set fees apply when doing a report for the Procurator Fiscal (PF): 1st Hour £54.00p, £36.00p per hour thereafter, £32.00p per report and 40p per mile. Solicitors do not have such an arrangement; it is up to the individual doctor to name their fee. However, good practice and prudence dictates that you are forthcoming about your rate and estimate of hours before doing the report as the funds available to solicitors may be capped by legal aid.

Be honest, transparent and meticulous regarding your time investment. Not all reports are created equal and some are more complicated than others. Timekeep and charge fairly not only for your interview time but also travelling time, medical file reviews, dictation and proof reading of the document.

If the client does not show up or refuses to be interviewed you are still entitled to charge for your time commitment, i.e. travel, and any time you spent reviewing their medical file in preparation for the interview.

Be appreciative of the effort and diligence put into this by those around you. Your secretary is likely to be typing up your court report, arranging appointments, making phone calls, requesting the medical files and more. Technically this is not part of their job description. It is up to you how to thank them, but the common approach is to offer them 10% of your final fee.

Medico-legal work is for the purpose of taxation private practice. Make sure that you have declared your activities to your defence union, and always factor in your personal financial estimate the 40%

tax deduction on your fee. It is imperative that you or your accountant accurately complete your self-assessment form listing your court report activities as a business.

*Court reports prepared by you during NHS time for the purpose of training are taxed as 'private work' but legally you are covered under NHS indemnity because this type of work is considered NHS work (one of the perks of being a trainee!). Nevertheless, all medico-legal work should be declared to your defence union for you to be fully protected for all eventualities.

Court reports prepared outwith NHS time are considered 'private practice' for all purposes.

3. A crash course on the criminal justice process in Scotland

Court reports on mentally disordered offenders are only one type of court report that psychiatrists may be called to produce. This document will focus exclusively on this type of report.

Depending on the situation the Procurator Fiscal (PF) may decide not to press charges for a particular offence. If this is the case and the individual is unwell enough to warrant an admission to hospital they can be brought in under an emergency or short term detention certificate (civil sections).

Depending on the gravity of the offence the summary or solemn procedure process can be followed. Exact details on what is involved in each path can be found in chapter one of volume 3 of the Mental Health (Care and Treatment) Act 2003 Code of Practice (the Code of Practice).

A general outline of the process is as follows:

3.1 Pleading diet

If an individual is formally charged with an offence , they ('the accused') can be remanded in prison or on bail whilst awaiting the pleading diet court hearing. A court report may be requested at that point by the PF (Procurator Fiscal) instructing you to offer an opinion (amongst any other issues) on the accused's fitness to plead and insanity at the time of the offence. There is no difference to your assessment and recommendation options whether the accused is remanded in prison or is in the community. At this stage of the process if they need to be diverted to hospital this would be under an Assessment or Treatment Order. Please note that in emergencies they can in fact be admitted to hospital under a civil section. Thus, there are situations where an accused is in hospital under both a forensic and a civil section running concurrently (which is perfectly legal).

A trial will be scheduled irrespective of whether the assessing psychiatrist prior to the pleading diet has made no recommendations, or the patient is in hospital (under an assessment/treatment order), and regardless of whether they have been deemed unfit to plead and/or insane at the time of the offence.

3.2 Unfitness to plead

Unfitness to plead i.e. 'insanity in bar of trial' leads the court to an examination of facts and at that point the person may be acquitted or found guilty. Unfitness to plead may follow a situation where the accused appeared to be 'insane' at the time of the offence, but the two concepts are essentially disparate. It is possible that an individual committed an alleged offence whilst mentally stable, and subsequently became unwell to the point of being unfit to plead.

If the person is deemed 'unfit to plead' and also convicted as 'insane at the time of the offence' mental health disposals will be as per insanity at the time of the offence.

If they are 'unfit to plead' but convicted as sane at the time of the offence (i.e. their offence was unrelated to their mental state), it is possible apart from the usual route of a mental health disposal to issue a custodial sentence but immediately divert the prisoner to hospital under a TTD.

If they are deemed 'unfit to plead' and an examination of facts concludes that they are innocent , they would no longer be involved with the criminal justice process. As such if their mental state requires it , they would have to be admitted to hospital under a civil section

3.3 Acquittal

If acquitted (found not guilty because they did not commit the offence) they are no longer involved with the criminal justice process and so if their mental state demands it they can be brought into hospital under a civil section. As such, a civil section may well follow a forensic section in these circumstances.

If acquitted on the grounds of insanity at the time of the offence (they were not responsible for what they did) a variety of disposals are available depending on their risk and mental state. Further information is available in the Code of Practice, volume 3.

3.4 Conviction

Should a mentally disordered individual be convicted of an offence (and not deemed insane at the time of the offence, or in bar of trial) a post conviction i.e. sentencing trial may be scheduled. At that point, a variety of mental health disposals are available to the court, but a mental health disposal is not inevitable. Depending on their mental state at the time of conviction, a prison sentence may be more appropriate with follow up from the prison mental health liaison team.

3.5 Mental illness in prisoners

Prisoners who become mentally unwell (irrespective of whether they were also unwell at the time of the offence) can be diverted to hospital under a Transfer for Treatment Direction (TTD). Depending on their progress they may end up being discharged to the community from hospital, be returned to prison to serve the remainder of their sentence or be put on a civil section once their sentence is served (if they continue to need hospital care).

*Forensic sections are only valid for the time period that the individual is subject to the criminal justice process. Thus, a TTD will expire as soon as the person has served their sentence and a Treatment Order is no longer valid if the person is acquitted. If an individual is returned to hospital on a Treatment Order following an acquittal urgent steps need to be taken for them to be placed under civil section, or their further detention is unlawful.

4. Recommendation options

The following section aims to give a rough overview of the mental health diversion/disposal options that can be recommended to the court at each stage of the process. This is not meant to be an exhaustive list and should only be used as a quick reference guide. Specific details and description of the practical details of each recommendation can be found in Volume 3 of the Code of Practice.

4.1 No recommendations

In many situations there is no need to make any formal recommendations to the court. This does not absolve you of your duties as a doctor. It would be good practice to forward your report or at least share your findings with the client's treating psychiatrist, or even to put in a new referral to the relevant team whenever the situation demands it. If the client is already remanded in prison you can forward your report or discuss your findings with the regular prison psychiatrist. Before doing this it is important to discuss with the agency commissioning the report whether they would consent to you forwarding the report to another party.

4.2 Pre – conviction

Pre – conviction the available options are recommendations for an Assessment or a Treatment Order. The Code of Practice dictates that such recommendations be made only after the doctor has discussed their intentions with a consultant from the unit where the person would be admitted and only after this consultant has agreed to admit the patient. As such, the doctor's work is not limited to making the recommendation, but also includes securing a bed. If a doctor is recommending a Treatment Order, best practice suggests that they will be identifying themselves another medical practitioner to do the second recommendation. It is of note that at least one doctor must be employed in the hospital where it is proposed that the person will be admitted. Incidentally, there is no absolute requirement that an individual under an Assessment/Treatment Order be treated in a secure forensic psychiatry unit, it all depends on the nature and magnitude of the risk they pose.

4.3 Insanity
When a person is likely to be found insane in bar of trial or acquitted on the grounds of insanity by the court, the doctor preparing the report should address the most appropriate mental health disposal, if any, to be made not only if the person is found insane but also if the person is not found insane but is convicted of the offence. The different disposal options are catalogued in the Code of Practice, volume 3 and I shall not endeavour to go into details here. When deciding on the most appropriate option it may be helpful to consult with the team most likely to end up treating the individual.

*On occasion when faced with the dilemma of whether an individual was or was not insane at the time of the offence/ in bar of trial a solution becomes apparent when considering what we can offer to him in each case instead of focusing exclusively on academic debates on his mental state at the time.

4.4 Post conviction- pre disposal
The available options in this case include Interim Compulsion Orders but also Assessment and Treatment Orders. Regarding Assessment and Treatment Orders it is of note that as the prosecutor is no longer involved, applications must be made by the Scottish Ministers instead.

4.5 Final disposal
Depending on the particulars of the situation the final mental health disposals available to the court include but are not limited to Compulsion Order without/ without a Restriction Order.

5. Unexpected situation

On occasion, what was expected to be a standard court report may prove to be more complicated. Most clients you will be interviewing in prison or in the community will be settled enough not to require immediate psychiatric intervention, but there's always exceptions.

A helpful heuristic approach is to treat each client as if they were attending for an outpatient psychiatry assessment. Should you happen to interview someone who you feel would require an immediate admission to a psychiatric hospital it would be your duty to facilitate this.

A quick rule of thumb is as follows: If the interview takes place in a venue from which the client is are technically free to leave (local health centre or solicitor's office for example) you should get in touch with the local psychiatric hospital to inform them of your intentions to admit, contact the MHO, and admit the patient under a Short Term Detention Certificate. Civil detention procedures would apply and subsequently an application should be made to the court for an assessment or treatment order.

If the interview takes place in a venue from which the client is not free to leave i.e. prison there is likely time available to apply for an Assessment or Treatment Order. If there is going to be a lengthy period between your assessment and the next court hearing, and admission is urgently required then you should contact the instructing agency, discuss the urgency of the situation and ask if the court date can be brought forward. As before, the onus would be on the doctor involved to get in contact with the local forensic services in order to secure a bed and arrange the admission.

6. Epilogue

For some medico-legal work is part of their daily working life, for others more of a 'hobby'. Whichever your involvement you are always expected to be nothing less than a professional and an expert in your field. The endeavour can appear daunting to the uninitiated. However, by following the rules of engagement you can ensure that you offer the best service for your clients and enjoy the diverse experience offered by this type of work.

7. Essential reading material

RCPsych, 'College Report CR147 (2008)' <http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr147.aspx> accessed 23 June 2013

Scottish Governmenent, 'Mental Health (Care and Treatment) (Scotland) Act 2003: Code of Practice - Volume 3 Compulsory Powers in Relation to Mentally Disordered Offenders' < http://www.scotland.gov.uk/Publications/2005/09/16121646/17037> accessed 23 June 2013

Prof J.J. McManus ,Prof LindsayThomson , *Mental Health & Scots Law in Practice* (W.Green & Son)

Dear Colleague,

The Scotland Deanery recognises that higher trainees in psychiatry should become competent in the provision of timely, high quality expert medico-legal reports.

Any reports completed on behalf of courts, solicitors, tribunals, the Mental Welfare Commission and the Scottish Government should all be considered by trainees as medico-legal reports. This includes work such as providing a second opinion for a solicitor on a compulsory treatment order or a guardianship report.

It has come to light that a minority of trainees are undertaking such work outwith their normal working hours and supervision arrangements. This raises a number of issues and this work has the potential to be in breach of the contract which trainees sign at the beginning of training. Relevant clauses from the contract are:

Clause 6: I understand my responsibilities within revalidation, that I must declare my full scope of practice (including locum positions) and that I will provide evidence for all areas of activity. I understand my responsible officer is the Post Graduate Dean and that Health Education England (HEE), NHS Education for Scotland (NES), the Wales deanery or the Northern Irish Medical and Dental Training agency (NIMDTA) is my designated body.

Clause 9***:*** *I agree that I will only assume responsibility or perform procedures in areas where I have sufficient knowledge, experience, and expertise as set out by the GMC, my employers and my clinical supervisors*

Clause 14: I will maintain a prescribed connection with HEE/NES/the Wales Deanery/NIMDTA, ***work in an approved practice setting*** until my GMC revalidation date (this applies to all doctors granted full registration after 02 June 2014) and comply with all requirements regarding the GMC revalidation process.

The final clause: *I acknowledge the importance of these responsibilities and understand that they are requirements for maintaining my registration with the Postgraduate Dean. If I fail to meet them, I understand that my training number may be withdrawn by the Postgraduate Dean.*

To address these issues, it is the view of the deanery that all medico-legal work carried out by doctors in training must only be carried out as part of a trainee's normal clinical duties and be supervised by the clinical supervisor the trainee has been allocated by the deanery, or as part of a special interest session, supervised by the consultant offering the session[1].

This work must also be discussed with the educational supervisor for the trainee, be included in the trainee's portfolio and be clearly linked to relevant learning objectives from that trainee's curriculum.

In undertaking any medico-legal report the trainee must make a clear statement in the body of the report that they are a doctor in training, this should include their training grade (e.g. St4) and specialty (e.g. forensic psychiatry). The report must contain a clear statement that it was undertaken with supervision, identifying the consultant supervisor. (e.g. This report was prepared under the supervision of Dr Smith, Consultant Forensic Psychiatrist, GMC 666 6666)

In addition, trainees undertaking any medico-legal work should have a clear understanding of potential conflicts of interest and these should be avoided. An example of this would be providing the second opinion for a CTO when the trainee's clinical supervisor is providing the other opinion.

There may be rare cases, for example when a trainee is already on the specialist register for another specialty, when they could carry out medico legal work in the specialty which they have a CCT in without supervision. For example, a trainee in psychotherapy who already has a CCT in old age psychiatry would be able to carry out guardianship reports in over 65s.

[1] If done as part of a special interest session the consultant offering the session must be currently on the GMC's specialist register and working within the NHS. The reports offered in this session should be those within that consultant's area of expertise.

In these cases, this should be discussed in advance with the clinical supervisor, educational supervisor and training program director to ensure there is a clear process for reviewing this work as part of the ARCP. In these cases, the paperwork submitted to the ARCP must as a minimum detail what medico legal work is being carried out, how many hours each week are being spent on this work and details of the clinical governance arrangements for this private practice, for example how confidential medical information is stored and how complaints relating to the private practice would be managed.

Yours sincerely

Professor Stewart Irvine
Medical Director & Deputy Chief Executive

Appendix C: Out of Programme Document

Out of Programme (OOP) / Acting-Up Request and Annual Review Document

For new requests, this form should be sent to the Postgraduate Dean, after it has been signed by your current educational supervisors and training programme director. The Postgraduate Dean will use this to support the request for prospective approval from the GMC where this is required.

For annual reviews and renewal of request, the document should be signed by the Trainee and the Training Programme Director and should be submitted to the ARCP panel

Trainee's name		Training number	
GMC number		GMC Post/Programme approval number	
E-mail address			
Contact address/e-mail address for duration of OOP if granted			
Specialty		Training Programme Director (TPD)	
Current indicative year of clinical programme		Current provisional expected end of training (CCT) date	

Have you discussed your plans to take time out of programme/continue your time out with your educational supervisor and/or training programme director?	Yes		No	
Please indicate if you are requesting time out for	***New request***		***On-going***	
Prospectively approved by the GMC for clinical training (OOPT)				
Clinical experience *not* prospectively approved for training by the GMC (OOPE)				
Research for a registered degree (OOPR)				
Career Break (OOPC)				

Give a brief description of what will be done during time out of programme and where it will take place (not required for on-going OOP). In addition, for

OOPT: attach details of your proposed training for which GMC prospective approval will be required if the training does not already have GMC approval (e.g. if it is part of a recognised training programme in a different Deanery if will already be recognised training). For on-going OOP this document should accompany the assessment documentation for ARCP.

OOPE: describe the clinical experience you are planning to undertake (e.g. overseas posting with a voluntary organisation). For on-going OOP, a short report from your supervisor confirming that you are still undertaking clinical experience should accompany this for the ARCP.

OOPR: attach your outline research proposal to this document and include the name/location of your research supervisor. For on-going OOP a report from the research supervisor needs to be attached to this document for the ARCP.

OOPC: please give a brief outline for your reasons for requesting a career break whilst retaining your training number.

How long would you intend to take time out/still remain on your OOP?	
What will be your provisional date for completing training if you take/continue with this time out of programme?	

If time out or your programme is agreed, you will be required to give your training programme director and current/next employer 3 months notice of leaving the programme

Date you wish to start your out of programme experience (which must take into account the 3 months notice period)	
Date you plan to return to the clinical programme	
What will be your predicated CCT date after you return?	

I am requesting approval from the Postgraduate Dean's office to undertake the time out of programme described above/continue on my current OOP whilst retaining my training number. I understand that:

a) Three years out of my clinical training programme will normally be the maximum time allowed out of programme. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the Postgraduate Dean.

b) I will need to liaise closely with my Training Programme Director so that my re-entry into the clinical programme can be facilitated. I am aware that at least six months notice must be given of the date that I intend on returning to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement.

c) I will need to return an annual out of programme report for **each year** that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. **Failure to do this could result in the loss of my training number.**

d) I will need to give at least 3 months notice to the Postgraduate Dean and to my employer before my time out of programme can commence.

Signed: _____ (Trainee's name) Print name: _____	Date: _____
Signed: _____ (Educational Supervisor) Print name: _____ This is confirmation of your support for this opportunity	Date: _____
Signed: _____ (Training Programme Director - TPD) Print name: _____ This is confirmation of your support for this opportunity	Date: _____

New requests: the Postgraduate Dean will only sign this document after it has been signed by the trainee's education supervisor and Training Programme Director. On-going OOPs: this document should be signed by the TDP and will need to be submitted to the ARCP panel.

Signed: _____ (Postgraduate Dean (or deputy)	Date: _____

CHECKLIST - Please Make Sure You Have

1. Signed the Deanery OOP Form
2. A statement detailing the purpose and structure of the OOPT or OOPR placement, including confirmation that the placement is subject to quality management in line with the GMC requirements
3. Details of the proposed programme, location, start and end dates and the following relevant documentation required - offer letter, job description / outline of what you will be doing, timetable, current CV, proof of funding
4. Letter from Royal College/Faculty Training Committee confirming provisional prospective approval of the placement OR a letter from host institution / Deanery confirming GMC approval of the placement
5. You have read and understood the requirements of trainees who undertake an OOP see relevant guidance from the Gold Guide 2010
6. **If your specialty is part of the JRCPTB, please include this form**
7. **Also check your relevant Royal College for forms they may require to be completed for OOP**
8. If your application is for OOP for a period of Acting Up. Give a brief description of what will be done during time of 'Acting Up' and where it will take place, including you're named educational supervisor and attach a Job description/job plan.

O**ut of Programme / Acting-Up Application Guidance**

Any application for Out of Programme must be approved and confirmed at least 3 months before the scheduled start of any activity. You will be required to give your TPD and current/next employer a minimum of 3 months notice of undertaking a period of out of programme.

Arrangements for taking 'Out of Programme' (OOP) are detailed in the Gold Guide 2010 paragraphs 6.66 to 6.69 of the main section of the guide.

All 'Out of Programme' training and research must be **prospectively** approved by the GMC. The GMC has set a number of requirements for obtaining this approval. There must be support from the Deanery, support from the relevant Royal College and documentary evidence relating to the placement they are going to. All of this information should be gathered and submitted in a specific format. The format for the application is as follows:

Step One: Deanery approval

1. Trainee downloads the 'Out of Programme' application form from the NES website.
2. Trainee submits the form along with details of the proposed programme, location, start and end dates and any relevant documents required such as evidence of guaranteed funding, offer letter job description, named Educational or Research Supervisor, timetable etc. The GMC require "A statement detailing the purpose and structure of the post, including confirmation that the post is subject to quality management in line with GMC requirements".
3. The OOP form must have signature of approval from the trainees' current Educational Supervisor and Training Programme Director, if you are dual training you must have support from both Training Programme Directors.
4. The Deanery will verify the application and supporting documentation and if appropriate the Postgraduate Dean will provide approval. This letter and application form can be used by the trainee to apply for Royal College approval.

Step Two: Specialty Royal College approval / support

1. The trainee must apply to the relevant Royal College for support of the OOP using the letter of support from the Postgraduate Dean.
2. Once the trainee has received a letter of support from the Royal College this needs to be forwarded to the Deanery to ensure that the application to the GMC is not unduly delayed.
3. GMC approval is only required if the OOPT or OOPR is to count toward the award of a Certificate of Completion of Training (CCT). If the time spent 'Out of Programme' for research or training is not required to count towards the award of a CCT, GMC approval or involvement is not necessary.

Only when there is a letter of support from the relevant Royal College can the trainee's application be submitted to the GMC. The GMC cannot accept applications from individual trainees or Colleges.

Step Three: GMC approval

1. Once approval has been confirmed by the Postgraduate Dean and the Royal College, all documents shall be submitted by the Deanery to the GMC.

Further information can be found at:
http://www.gmc-uk.org/education/approval_out_of_programme_post.asp

Important Notes for 'Acting Up as a Consultant (AUC)' application

1. **If this post is not part of the approved specialty programme but is to be counted towards CCT, OOP forms need to be completed and the deanery should apply for approval of the post the same way as for OOPT or OOPR.**
2. **'Acting-up' into a consultant post can only be undertaken by trainees in the final year of their training programmes and completed before the award of their CCT.**
3. **Trainees who wish to take up a Locum consultant post whilst in their period of grace will normally be required to resign from their NTN.**
4. **The maximum period of 'acting-up' is three months and normally only one period of 'acting-up' will be given Postgraduate Dean's approval.**
5. **Trainees undertaking 'acting-up' roles must have a named education supervisor for the duration of the 'acting-up' period.**
6. **The 'Acting Up' post will normally be within the United Kingdom.**
7. **Trainees will retain their NTN whilst undertaking the 'Acting Up' post.**
8. **If this specialty is part of a National Programme have you discussed this with you local Educational Supervisor.**

Important information prior to going OOP ARCP

During your OOP the trainee will be expected to submit evidence to the Deanery Annual ARCP panel and therefore it is recommend that WPBA continue and your e-portfolio is maintained and updated throughout the OOP period.

Employment Contracts, Pension, Work Permits, GMC

OOP is applied and granted through the Deanery and not the employer. When the OOP commences, the trainee undertaking and OOP typically leaves the NHS for the duration of the OOP, this means there will be an effect on pension and maternity rights and you need to speak to the local HR department. Please ensure that your medical staffing department (and any medical staffing department in Boards you are due to enter) have at least 3 months written notice that you are leaving the programme. **Failure to give this notice may result in permission to leave the programme being withdrawn.**

For OOP outside the UK, work permits, visas, medical registration etc. will be the responsibility of the trainee, including costs. To prevent difficulties in restarting work back in the UK, we strongly recommend you maintain your GMC registration while overseas.

References & Resources

Handbook for psychiatric trainees. Royal College of Psychiatrists

Workplace-based assessments in psychiatry. Royal College of Psychiatrists

The Trainee Doctor – a document produced by the GMC outlining various issues relating to all aspects of training. It outlines the standards for trainees, trainers and the key responsibilities of postgraduate deans:
http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf

The Gold Guide is the key guidance document for speciality training it can be found at:
http://www.mmc.scot.nhs.uk/key-documents/gold-guide.aspx

The GMC approved curriculum can be found at:
http://www.rcpsych.ac.uk/traininpsychiatry/training/curriculum.aspx

The Governance of Postgraduate Medical Education and Training in Scotland 2009 NES (can be obtained from Dr Crichton).

Additional educational guidance is found at the Royal College of Psychiatrists website which also hosts the electronic recording of WBPAs:
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.scotlanddeanery.nhs.scot/trainer-information/performance-support-unit/~~http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/resources/publications/doctors-in-difficulty-operational-guide.aspx~~

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)

A brand new forensic psychiatry version of the 'Cheese and Onion'_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 new 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.mwcscot.org.uk/

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Some useful papers relevant to Scottish Forensic Psychiatry:

Crichton, J.H.M. (1995) Psychiatric Patient Violence. Risk and Response. Editor. 160 pages London: Duckworths. Published 16/1/95.

Crichton J.H.M. & Sheppard D (1996) Learning lessons from Psychiatric Public Inquiries. In Jill Peay Ed Inquiries after homicide. London: Duckworths. Chapter 6, pp 65-78

Crichton J.H.M(1996) Psychiatric Inpatient Violence. In Nigel Walker (ed.) Dangerous People. Editor Professor. London: Blackstone. Chapter 6, pp 95-115.

Crichton J.H.M. (2005) Adults with Incapacity, Chapter 4 in Lindsay Thomson and James McManus (eds) Mental Health and Scots Law in practice. Thomson, W Green: Edinburgh.

Potts S, Crichton J.H.M. & Smyth R. (2010) Ethical and Legal Aspects, Chapter 26 in E.C. Johnstone et al (ed) Companion to Psychiatric Studies 8th Edition Churchill Livingston: Edinburgh

Quinn A & Crichton J.H.M (2011) Case managing High Risk Offenders with Mental Disorders in Scotland Chapter 14 in McSherry and Keyzer eds Dangerous People Routledge; New York.

Crichton J.H.M (1997) The response of nursing staff to psychiatric inpatient misdemeanour. The Journal of Forensic Psychiatry. 8 36-61.

Crichton J.H.M. (1998) Balancing restriction and freedom in the care of people with intellectual disability. Journal of Intellectual Disability Research 42 189-95.

Crichton J.H.M (1998) Psychodynamic perspectives on staff response to misdemeanour. Criminal Behaviour and Mental Health 8 256-265.

Crichton J.H.M. (1999) Correlation, coincidence or cause: the relationship between mental disorder and crime. The Journal of Forensic Psychiatry 10 659-677.

Crichton J.H.M. (2000) Mental incapacity and consent to treatment: the Scottish experience. The Journal of Forensic Psychiatry.11 457-64.

Crichton J.H.M. (2000) The physical, mental and moral health of prisoners and a policy for improvement. Annals of the London Medical Society. (London Medical Society/ Royal Society of Medicine). 116 86-95.

Crichton J.H.M. (2001) Confidentiality Journal of Forensic Psychiatry 12 671-676 letter 13 705

Crichton J.H.M. (2004) Definition of security levels in psychiatric inpatient facilities in Scotland. Forensic Mental Health Services Managed Clinical Care Network, Lanark. http://www.forensicnetwork.scot.nhs.uk/publications.html

Crichton J.H.M. (2005) Resolving Clinical Conflicts Between Forensic Mental Health Services in Scotland Forensic Mental Health Services Managed Clinical Care Network, Lanark. http://www.forensicnetwork.scot.nhs.uk/publications.html

Crichton J.H.M. (2005) Care Standards for Forensic Mental Health Inpatient Facilities in Scotland Forensic Mental Health Services Managed Clinical Care Network, Lanark. http://www.forensicnetwork.scot.nhs.uk/publications.html

Crichton J.H.M. (2007) Review of Critical Incident Reviews Procedures in Forensic Mental Healthcare in Scotland Forensic Mental Health Services Managed Clinical Care Network, Lanark. http://www.forensicnetwork.scot.nhs.uk/publications.html

Crichton J.H.M. (2009) Defining high, medium, and low security in forensic mental healthcare: the development of the Matrix of Security in Scotland. Journal of Forensic Psychiatry & Psychology, Volume 20, Issue 3, Pages 333 - 353

Crichton JHM (2011) A review of published independent inquiries in England into psychiatric patient homicide, 1995 -2010. Journal of Forensic Psychiatry & Psychology, Volume 22, Issue 6, 761-789

Crichton J.H.M., Darjee R. & Chiswick D. (2004) Diminished responsibility in Scotland: new case law Journal of Forensic Psychiatry & Psychology, 1478-9957, Volume 15, Issue 3, Pages 552 - 565

Crichton J.H.M., Darjee R., McCall-Smith A. & Chiswick D. (2001) Mental Health (Public Safety and Appeals) (Scotland) Act 1999: Detention of untreatable patients with psychopathic disorder. Journal of Forensic Psychiatry. 12 647-661.

Darjee, R. & Crichton, J.H.M. (2002) The MacLean Committee: Scotland's answer to the 'dangerous people with severe personality disorder' proposals? Psychiatric Bulletin 26 6-8

Darjee, R., McCall-Smith A., Crichton J.H.M. & Chiswick, D. (1999) Detention of patients with psychopathic disorder in Scotland: Canons Park wrongly decided? Journal of Forensic Psychiatry 10 649-658.

Darjee, R. and Crichton, J. (2003) Personality disorder and the Law in Scotland: a historical perspective. Journal of Forensic Psychiatry and Psychology 14: 394-425.

Darjee, R. and Crichton, J. (2005) Reid v UK: restricted patients and the European Convention on Human Rights. Journal of Forensic Psychiatry and Psychology 16: 508-522.

Hughes, N. S., Macaulay, A.M. & Crichton J.H.M. (2012) Kitchen knives and homicide by mentally disordered offenders: a systematic analysis of homicide inquiries in England 1994-2010. Journal of Forensic Psychiatry & Psychology, Volume 23, Issue 6, Pages 761-789

Quinn A., Darjee R., & Crichton J.H.M. (2009) Restricted patient appeal against initial mental health disposal. Journal of Forensic Psychiatry & Psychology, 1478-9957, Volume 20, Issue 2, Pages 167 – 173

Thomson, L.D.G. (2014), 'Psychiatric Systems and Services for Mentally Disordered Offenders', in J. Cherry and L.D.G. Thomson (eds), Mental Health and Scots Law in Practice, 2nd edition Edinburgh: W. Green & Sons

Thomson, L.D.G. (2005), 'A Step Forward or a Step into the Dark?: The Mental Health (Care and Treatment) (Scotland) Act 2003', Scottish Legal Action Group Journal, Issue 336 (October) 216-220 (Available at: http://www.martinfrost.ws/htmlfiles/SCOLAG336_2005Student.pdf) (Site accessed: 06/01/2013)

Thomson, L.D.G. (2005), 'The Mental Health (Care and Treatment) (Scotland) Act 2003: Civil Legislation', Psychiatric Bulletin, 29 (10) 381- 384 (Available at: http://pb.rcpsych.org/) (Site accessed: 06/01/2013)

Thomson, L.D.G. (2006), 'The Mental Health (Care and Treatment) (Scotland) Act 2003: Legislation for Mentally Disordered Offenders', Psychiatric Bulletin, 30 (11) 423-429 (Available at: http://pb.rcpsych.org/) (Site accessed: 06/01/2013)

Thomson, L.D.G., Galt, V. and Darjee, R. (2007), 'Professionalising the Role of Appropriate Adults', Journal of Forensic Psychiatry and Psychology, 18 (1) 99-119 (Available as an electronic resource via

the University of Edinburgh Library e-journals)

Chiswick, D. and Thomson, L.D.G. (2004), 'The Relationship between the Crime and Psychiatry', in E.C. Johnstone et al. (eds), Companion to Psychiatric Studies, 7th Edition, Edinburgh: Churchill Livingstone (Chapter 29) (Available as an electronic resource through the University of Edinburgh Library Catalogue