

Post-Graduate Training Programme in Psychiatry
Maltese Association of Psychiatry

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Forward

The postgraduate training programme in Psychiatry has been created by the Maltese Association of Psychiatry (MAP) which represents the specialty of Psychiatry on the Medical Specialist Accreditation Committee (SAC) of Malta. This updated and revised program has taken careful consideration of the initial postgraduate training programme; it has listened to and incorporated feedback from trainees and graduates of the 2017 programme and has drawn from evidence-based programs within the European Union (EU). Furthermore, the program shall seek to emulate the Charter on Training of Medical Specialists in the EU: Training Requirements for the Specialty of Psychiatry (UEMS 2017/08), with its ongoing updates, and conform with the Malta Medical Specialist Accreditation Committee Framework Specialist Training Programme (2003).

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Abbreviations

ACE	Assessment of Clinical Expertise
ARCP	Annual Review of Competency Progression
BST	Basic Specialist Training / Trainee
CBD	Case Based Discussion
CBDG	Case Based Discussion Groups
CCBST	Certificate of Completion of Basic Specialist Training
CCST	Certificate of Completion of Specialist Training
CP	Case Presentation
DONCS	Direct Observation of Non-Clinical Skills
DOPS	Direct Observation of Procedural Skills
EC	Executive Committee
ECT	Electroconvulsive Therapy
EU	European Union
HR	Human Resources
HST	Higher Specialist Training/ Trainee
JCP	Journal Club Presentation
MAM	Medical Association of Malta
MAP	Maltese Association of Psychiatry
MAPT	Malta Association of Psychiatric Trainees
Mini-ACE	Mini-Assessed Clinical Encounter
Mini-PAT	Mini-Peer Assessment Tool
MPGS	Malta Postgraduate School
MRCPsych	Membership of the Royal College of Psychiatry
MSE	Mental State Examination
MSF	Multi-Source Feedback
PDP	Personal Development Plan
PGTC	Postgraduate Training Committee
PMTC	Postgraduate Medical Training Centre
PMTP	Postgraduate Medical Training Programme
PSC	Public Service Commission
SAC	Specialist Accreditation Committee
SAPE	Structured Assessment of Psychotherapy Expertise
UEMS	European Union of Medical Specialists
UK	United Kingdom
WPBA	Workplace Based Assessments

Section 1: General Overview

1.1 Definition of Psychiatry

Psychiatry is the branch of medicine concerned with the study and application of biopsychosocial principles in the aetiology, assessment, diagnosis, treatment, rehabilitation, and prevention of mental, emotional, and behavioural disorders alone or co-morbid with other medical disorders across the life span. (UEMS, 2013)

1.2 Educational Objectives of Training in Psychiatry

- a) To ensure that graduates will have attained standards of knowledge and specialist skills adequate to permit them to undertake fully independent clinical practice in psychiatry.
- b) To ensure that graduates achieve competencies in leadership and professional behaviour in keeping with the practice of psychiatry.
- c) To encourage and develop skills in the critical appraisal of current practice and published literature, to be able to apply these skills towards evidence-based practice and improvement of standards of psychiatric care.
- d) To instil in trainees and new graduates a passion for new knowledge and skills, ability to identify gaps in knowledge and skills, and a professional recognition of the need to take responsibility for their continuing education.

1.3 Candidate Entry Requirements

To join the post-graduate programme the following entry criteria must be met:

- a) The candidate must have obtained a primary medical qualification recognised by the Medical Council of Malta, and be registered with the Medical Council Malta, and
- b) The candidate must have a license to practice medicine in Malta, and
- c) The candidate must have completed the Foundation Programme or equivalent experience as per the current Medical Association of Malta (MAM) agreement., and
- d) There must be a training post available, recognised for the purpose by the Specialist Accreditation Committee (SAC), following the appropriate selection process of trainees, and
- e) The trainee must demonstrate ability to communicate in English and Maltese at a level that allows for comprehensive psychiatric evaluations and communication with patients, caregivers, and colleagues.

The number of training posts will reflect the country's need for specialists as well as the country's capacity to offer training.

1.4 Programme Entry Requirements

Entry into the training program shall be at Basic Specialist Training (BST) year 1 and Higher Specialist Training (HST) year 1 and shall be subject to Public Service Commission (PSC) and SAC regulations. Applicants having previously completed their BST and been awarded a certificate of completion of BST approved by the Malta SAC, and who are eligible to apply for a HST post as per PSC regulations, shall be eligible to enter the Training Program at HST year 1.

1.5 Minimum and Maximum Duration of Training Period

Minimum and maximum duration of training is subject to PSC and SAC regulations.

Reference is also made to the Section 1.8 (b) and Section 3.5.

1.6 Suspension or Termination of Training

As per Postgraduate Medical Training Centre (PMTc) Common Framework Document, a suspension of training for a period not exceeding one year may be voluntarily requested by a trainee for a valid reason. The trainee shall submit in writing the request for suspension of training including the start and expected return dates and reasons for the request to the training coordinators. The request shall be presented to the postgraduate training committee (PGTC) and considered taking into consideration the merits of the reasons given by the trainee as well as clinical service needs as determined by the clinical chair. The PGTC shall issue a recommendation to the MAP whose ultimate responsibility it is to accede or otherwise to the request. The MAP shall write to the clinical chairperson with its decision. It is the prerogative of the chairperson to sign or otherwise for any leave of absence. The MAP shall forward the recommendation to the Heads of the PMTP and PMTC and the SAC including the exact dates and term of suspension of training and then respond to the trainee's request once formally approved by the SAC. The SAC shall be informed by the MAP representative at the end of the suspension whether the trainee has re-entered training, and if not on what measures are being taken by the MAP and Clinical Chairperson. This period may be extended in exceptional cases, at the discretion of the MAP in consultation with the Clinical Chairperson, with approval of the SAC. Following return from suspension of training the trainee shall be expected to make up for the gap in training including fulfilling requirements of the Annual Review of Competency Progression (ARCP) and annual examinations.

Should a trainee not present her/himself at the end of the period agreed with the MAP and Clinical Chairperson, without any notice given to the PGTC requesting an extension, the MAP shall inform the Clinical Chairperson in writing who shall notify the Human Resources (HR) Department. In such cases, the HR regulations will come into force. From a training perspective, if a trainee does not resume training as stipulated without asking for an extension in writing or following a refusal for extension, the MAP shall write to the trainee via gov.mail and registered mail to ask for an explanation. The trainee shall be given 14 working days to reply. In case there is no reply, or an unclear reply, the trainee shall be given up to a further 7 working days for a response. Following this time period, or if an unacceptable explanation, is received, the MAP shall provide final notice to the trainee in writing with a deadline for receipt of response from the trainee of 7 working days. If the trainee does not present for assigned duties, the MAP shall communicate with the Clinical Chair and PGTC who shall write to the Heads of the PMTP and PMTC recommending termination of training. If the recommendation

is approved, the Heads of the PMTP and PMTC shall inform the trainee in writing of the decision to terminate training copying the registrar of the SAC, the Clinical Chairperson, the President of the MAP, and the PGTC. This decision is independent of any decision taken by the HR Department regarding employment. Should the trainee wish to re-enter training at a later date, the trainee must comply with all application requirements by the PSC and enter training at the entry level as described in this training document.

The MAP, on the recommendation of the PGTC will inform the Heads of the PMTP and PMTC to suspend or terminate a trainee's postgraduate training in psychiatry. The reasons for this recommendation shall include concerns about a trainee's behaviour resulting in patient and staff safety concerns, persistent dereliction of duty and participation in postgraduate training requirements and teaching activities, or any serious concerns regarding professional behaviour or ability to perform clinical duties. These concerns can be raised outside of ARCP.

In the event that a trainee exceeds the maximum time allowed for training as per collective agreement without fulfilment of the set programme requirements for progression, termination from the training programme shall be considered at the ARCP. This ARCP outcome shall be forwarded by the postgraduate training coordinators to President of the MAP. The Training Coordinator(s) shall inform the Chair of the Department of Psychiatry, the Heads of the PMTP and PMTC, and the SAC, and the trainee in writing of the outcome of the ARCP decision.

1.7 Quality Assurance of Training Programme

- a) Approval of the training programme is the responsibility of the SAC, which has the authority to withdraw recognition if necessary.
- b) The MAP shall periodically invite external reviewers to participate in annual assessments of trainees' progress and shall address any concerns raised that may relate to the training programme.
- c) The MAP shall periodically invite external expert reviewers of the programme for quality assurance purposes.

1.8 Training Principles

- a) Trainees must hold a remunerable post with the Department of Psychiatry, be registered with the Medical Council of Malta and continue to be of good conduct throughout their training, participate in clinical activities of the Department of Psychiatry such as the care of out-patients and in-patients, on-call duties both during the day and night, and participate in educational activities, including the teaching of other health professionals, participation in clinical audits and quality improvement activities, and research projects. The minimum full-time equivalent on-call out of normal working hours clinical experience ("duties") for the purpose of training requirements is 24 duties per year. During the year of approved training abroad, on-call work shall be discussed prior to the start of the post, and the trainee shall be expected to partake in on-call rotas according to the practicable possibilities of the specific post/training programme. This is to be discussed with the training coordinators.
- b) The trainee must be and remain a member of Maltese Association of Psychiatry (MAP) and Malta Association of Psychiatric Trainees (MAPT) throughout training.

- c) Arrangements for post-graduate training must be compatible with national employment legislation and the Collective Agreement in relation to remuneration, hours of work and rights of employees in such matters as vacation leave, sick leave and other special leave of absence including maternity leave. A period of 14 weeks of maternity leave (in addition to the normal entitlement of annual leave) will count towards training, once during the whole training period. If more than 14 weeks are spent out of training the training will be extended pro rata. The PGTC shall give special consideration to trainees on long leave due to illness or other personal or family commitments including parental leave, including the possibility of postponing certain core learning modules that are repeated in subsequent years.
- d) The trainee must complete the eligibility criteria including successful completion of ongoing and annual assessments, educational expectations of training including regular attendance at scheduled seminars and courses, clinical supervision and reflection groups including scheduled case-based discussion groups, tutorials, and examinations leading to certification as a specialist in Psychiatry approved by the MAP. A minimum of 70% recorded attendance for each educational module is required. The above shall be evidenced throughout training on the PMTC approved ePortfolio and by records kept by PGTC.
- e) The trainee must complete a course of short-term personal psychotherapy (14-16 sessions) with a warranted psychologist/psychotherapist, during the training period, as a minimum once, throughout training. Written evidence of this requirement shall be submitted to PGTC upon completion.

Satisfactory completion of these criteria is required for annual progression and eventual recommendation to the Malta SAC for the award of Certificate of Completion of Basic Specialist Training (CCBST) and Certification of Completion of Specialist Training (CCST), the latter leading to registration as a Specialist in Psychiatry.

Section 2 - Institutional Framework, Roles, and Responsibilities

The Postgraduate Training Programme in Psychiatry is delivered in the context of an institutional framework that includes the SAC, The Malta PMTC, the Postgraduate Training Coordinators in Psychiatry, and the Psychiatry PGTC.

2.1 Specialist Accreditation Committee

A SAC for medical practitioners has been set up as established by the Health Care Professions Act, Laws of Malta Cap 464, Article 30. Details and functions of the SAC may be found on the SAC website.

2.2 Postgraduate Medical Training Centre

The PMTC was launched on the 1st of June 2008. The aim of the PMTC is to provide training, career pathways and professional support for medical trainees and their trainers in the various specialities to achieve and maintain high standards of practice. Details and functions of the PMTC may be found on the PMTC website.

2.3 Postgraduate Training Committee

The Psychiatry PGTC is constituted of the Training Coordinator/s as Chair of the Committee, the Chairperson of Psychiatry, one or more MAP Representatives. The role of the PGTC is to assess training, including the ARCP, develop, deliver and monitor appropriate policies to deliver a high standard of postgraduate training, and assist the training coordinators in the implementation of the training programme. The PGTC shall meet at least quarterly, and minutes of the meetings shall be forwarded to the Heads of the PMTP and PGTC. The term of the association representative/s shall be determined by the MAP Executive Committee (EC), and any other members shall be recruited from time to time by the training coordinators following discussion on committee and training requirements with the PGTC.

2.3.1 Postgraduate Training Subcommittee/s

The PGTC may, from time to time, appoint subcommittees as necessary, whose role is advisory to the PGTC, to aid its function. The subcommittee shall respond to the PGTC and any decisions of the PGTC shall be considered final.

2.4 Postgraduate Training Coordinators

The roles and responsibilities of the training coordinators are described in the expression of interest for postgraduate training coordinators, by the Ministry of Health. In order that they may fulfil their responsibility, the coordinators work closely with the Clinical Chair of the Department of Psychiatry and the Head of the PMTP to whom they are jointly and directly accountable. The coordinators are responsible for the management, administration, and implementation of the training programme in psychiatry, and chair the PGTC in order that they may contribute to the strategy and policy development related to training in the department. When more than one training coordinators are appointed to the PGTC, they shall rotate in their responsibilities in chairing the PGTC. They shall coordinate the annual appraisal and final assessment of the trainees as part of the ARCP process leading to annual progression and recommendation for the award of the CCBST and CCST.

The coordinators shall liaise with:

- The MAP and SAC in the interpretation of the Training Programme where questions arise,
- The clinical chair in recommending clinical rotations that fulfils the training requirements within the remits of departmental service requirements and to recommend the trainee numbers for the upcoming years,
- The trainees and the MAPT to appraise whether the programme is meeting their training needs, and
- The Head of the PMTP to whom they shall provide annual reports of the trainees' progress or other issues that arise from time to time related to postgraduate training in psychiatry.

2.5 Clinical Supervisors

Trainees shall be assigned to clinical supervisors by the training coordinators in consultation with the clinical chairperson and the PGTC.

The appointment of a clinical supervisor shall be for the term of the trainee rotation and shall not be considered a right, but a privilege associated with specific expectations and responsibilities related to the role of a clinical supervisor.

The PGTC shall select members of their clinical department to be clinical supervisors based on documented evidence of continuing medical education, training in clinical supervision from time to time, and ongoing evidence of consistent availability for clinical supervision.

The clinical supervisor shall provide a minimum of at least 30 minutes of individual supervision per week outside the regular "bedside" clinical supervision to discuss training progress and provide feedback on any specific aspects of clinical skills, communication, behaviour, and career progression. Trainees are encouraged to keep reflective notes on supervision throughout each rotation, which can be uploaded to the approved ePortfolio. As a minimum, the last meeting during a rotation shall be documented in the e-portfolio. To ensure patient safety and adequate supervision, the clinical supervisor shall be available for trainee supervision including direct observation of assessments and procedures, presentation and discussion of cases, and provision of feedback to the trainee. The expected level of supervision shall be commensurate with the trainee's level of training, difficulty and risks of procedures, and the trainee's clinical skills and competence in the specific area of the rotation.

2.6 Educational Supervisors

Trainees shall be assigned to educational supervisors by the training coordinators in consultation with the PGTC. The term of appointment of an educational supervisor to the trainee shall be determined by the PGTC but shall be no longer than three years. This shall not be considered a right, but a privilege associated with specific expectations and responsibilities. The appointment of an educational supervisor by the PGTC shall be based on documented evidence of ongoing medical education, training in educational supervision from time to time, and ongoing evidence of consistent availability for educational supervision. The educational supervisor shall be responsible for ensuring that the trainee is meeting the necessary educational objectives of the rotation and is demonstrating the necessary educational progress at the trainee's level of training. As a minimum the educational supervisor shall meet the trainee at the beginning/end of each clinical rotation and shall document the outcome of the end of rotation meeting in the trainee's e-portfolio.

2.7 Dealing with Concern

It is the remit of both the clinical and educational supervisors to communicate with each other should any concerns arise in the trainee's behaviour, clinical skills, and progress towards the learning objectives, or any other issues relating to probity or health of the trainee that may impact the trainee's ability to safely deliver care or to progress appropriately towards the expected rotation learning objectives. The clinical and educational supervisors shall inform the training coordinators of any such concerns and shall agree on an action plan with the trainee, informing the clinical chairperson and any other relevant authority within the department in the event of serious concerns. The supervisors or training coordinator may at any time consider referral of the trainee to the Trainee Support Service and/or refer to external supervision in consultation with the PGTC.

Should the trainee wish to raise any specific concerns about a training post, they should attempt to discuss with the clinical supervisor in the first instance. If for any reason, this is not possible, the trainee is to set up a meeting with the educational supervisor to discuss their concerns. The trainee and educational supervisor will raise these concerns in writing to the training coordinators, who shall in turn inform and discuss with PGTC. The PGTC may organise a meeting with the trainee and educational supervisor, as well as summarise the concerns in writing.

In exceptional circumstances, should the trainee feel that the only option they have is to raise concerns directly to the training coordinator(s), or a member of the PGTC, they may opt for this course of action in lieu of the above. Concerns should be communicated in writing.

Section 3 – Training Programme Structure

3.1 Overall Structure of Training Programme

Training shall be structured with clearly defined targets to be met within specified intervals. An educational plan, which highlights the intended learning objectives to be met during each clinical rotation, shall be drawn up by trainee and discussed with the clinical supervisor and tailored according to the individual trainee's specific educational needs. Subsequently this educational plan is discussed with the educational supervisor at the beginning of each rotation. This educational plan shall form the basis of the trainee's personal development plan (PDP) to be included in the e-portfolio. By the end of each rotation the trainee will meet with his or her supervisors who will document whether the learning objectives have been met.

1. The duration of training shall be 6 years full time (unless includes an extension): in the first 36 months (BST) the trainee will be expected to achieve core competencies in general psychiatry. If criteria for progress are achieved as set out in this programme, in the second 36 months (HST) the trainee shall develop these core competencies to reach the expected standards necessary for independent practice as a specialist in psychiatry. The trainee shall spend 12 months of their higher specialist training in an appropriate training post abroad which is approved by MAP, and satisfactory completion of this training abroad shall be an obligatory requirement leading to the trainee's eligibility to be recommended to the SAC to register as a specialist in Psychiatry. This requirement shall be subject to availability of training posts abroad and any other internal or external restrictions to send trainees on training abroad that may arise from time to time. In the event of such restrictions, the MAP shall inform the SAC in writing of the decisions taken, the rationale for the omission of this requirement for the specific trainee/s, and any other alternative training that will be provided to mitigate against the loss of this opportunity for training abroad.
2. Progress during training shall be monitored regularly by ongoing supervision by the clinical and educational supervisors, as well as formal annual assessment (ARCP) of the key competencies in psychiatry carried out by the PGTC in collaboration with the MAP which shall involve an annual clinical examination and review of the trainee's acquired competencies including evidence in the e-portfolio.
3. The trainee shall be eligible to proceed to Higher Specialist training provided that:
 - a) The trainee has satisfactory evidence of having completed at least 36 months of training in Psychiatry as BST 1, 2, and 3 level, and
 - b) The trainee has passed all annual clinical assessments and ARCP,
 - c) The trainee has successfully completed at least one case in each supervised psychotherapy modality provided, which should include at least one long case (minimum 20 sessions), and
 - d) The trainee has completed a closed cycle of at least one clinical audit,
 - e) The trainee has documented consistent participation in formal education sessions/seminars/courses, clinical supervision, and academic outcomes to the satisfaction of the PGTC, and the trainee has been successful in passing all sections of

the United Kingdom (UK) Membership of the Royal College Psychiatry (MRCPsych) examination or equivalent. The trainee must confirm in writing to the PGTC the equivalence of examinations other than the UK MRCPsych, prior to undertaking such an exam. The PGTC will subsequently confirm in writing the examination's equivalence.

- f) The trainee has been awarded the certificate of completion of CCBST by the SAC.
4. During BST year 3, the trainee shall (in consultation with the Educational Supervisor and Training Coordinators) select his/her ranking of areas of special interest for the HST 4-6 years in one of the following: General Adult Psychiatry, Child & Adolescent Psychiatry, Learning Disability, Geriatric Psychiatry, Forensic Psychiatry, Medical Psychotherapy, or any other sub-specialty area (e.g. eating disorders, consultation liaison, substance misuse, rehabilitation psychiatry, and perinatal psychiatry) approved by the PGTC. Approval to enter in special interest areas at HST level shall be made by the PGTC and shall be dependent on availability of local expertise/supervision, local service requirements and availability of an appropriate approved training post abroad. The MAP shall endeavour to work with the PGTC and the Department of Psychiatry to provide the trainee with a minimum of 12-month training rotation in their special interest, though selection shall be dependent on the number of training posts available as well as service requirements and may be subject to trainees' ranking in a competitive interview by the PGTC.
 5. Higher Specialist training in Psychiatry shall be of at least 36 months in duration, and entry shall occur following an interview as required by the PSC.
 6. Similar to BST progression, progress throughout HST shall be monitored by an ARCP based on a review of assessments by the clinical, educational, and external supervisors, workplace-based assessments, documented evidence of reflective practice and supervision through the portfolio, as well as a formal annual clinical assessment carried out by the PGTC in collaboration with the MAP. For those trainees completing their obligatory training period abroad, the training coordinators shall maintain close liaison with the relevant training authority abroad and shall consider the trainee's appraisal by the training authority in lieu of local seminars and courses, clinical supervision and reflection groups, tutorials, and other clinical assessments. Evidence of these activities must be documented in the local trainee ePortfolio or equivalent.
 7. The trainee shall be expected to achieve competencies related to research and service quality improvement throughout their training.

To achieve these competencies, the trainee shall complete one closed loop audit by the end of their BST years, and one other closed loop audit or PDSA cycle by the end of training. The trainee shall also complete one academic project by the end of HST training.

The academic project

The competencies to be achieved through this area of training are:

1. Recognise the principles, methodology and ethics of research and scholarly inquiry
2. Formulate a research question and conduct a systematic search for evidence
3. Select and apply appropriate methods to address the question

4. Analyse, interpret and report the results
5. Appropriately disseminate and utilise the findings of a study.

The trainee can achieve these competencies of the academic project through an internal research project, or through a psychiatry related master's degree (or higher-level academic accomplishment) completed during their post graduate training in psychiatry.

i. Internal Research Project

Trainees who opt to carry out an internal research project shall lead a self-directed study to address the research question. This can include but is not limited to a literature review, quantitative or qualitative research.

The trainee must report the results of the project in the form of manuscript of between 3000 and 5000 words or provide proof of this project having been submitted and accepted to a peer-reviewed journal.

ii. Psychiatry related master's degree

Trainees who opt to carry out a master's degree or higher-level academic accomplishment must complete the degree during psychiatry training. Any degrees that have been completed prior to the start of approved psychiatry training, must be presented to PGTC for written approval or otherwise of this part of training. In the case of a master's degree or higher-level academic accomplishment the thesis is to be submitted in lieu of the internal research project.

Process

The following process must be adhered to:

By the end of BST2 – the trainee shall have a meeting with their educational supervisor and later PGTC to plan service quality improvement and research components of training.

By the end of HST 1 – the trainee shall submit a brief outline of the academic project to PGTC, including identification of a project supervisor. Both the project and the supervisor will need to be approved by PGTC.

Throughout the project, the project supervisor must keep the trainee's educational supervisor updated of their progress and alert them about any concerns. The Educational supervisor is responsible for alerting the PGTC of any concerns that may arise and merit review.

Upon project completion, the project supervisor must sign off that the criteria as set out above have been met and submit to PGTC.

The internal project or master's degree completion will also involve providing evidence of dissemination of the results of the project in the form of an oral presentation at an appropriate scientific or educational meeting and / or dissemination in the form of a publication.

Providing a finalised version of this project shall remain the responsibility of the trainee.

The Educational supervisor is expected to inform PGTC when the trainee has completed all training components.

PGTC will schedule a viva whereby the trainee presents all the research and service quality improvement projects carried out throughout training. The trainee can apply to have this viva between HST2 and HST3 years and be signed off from this component of training.

Research Reviewers

PGTC might wish to appoint other reviewers to assist with any of the above aspects of the research and quality improvement projects.

8. An HST shall complete one supervised psychotherapy case every year, including during the year abroad. The modality of psychotherapy shall be directly relevant to the area of training chosen in that year. Trainees engaging in psychotherapy during their year abroad may avail of supervision provided/approved by the local training programme or by the service abroad with prior agreement with PGTC.
9. The conditions in the SAC document “Framework Specialist Training Programme” shall also apply.
10. At the end of the full training program and having satisfied all the above requirements the trainee will be recommended by the PGTC and MAP for the award of CCST in general psychiatry. The Association shall not be responsible for a trainee’s failure to meet eligibility for registration for Specialisation in Psychiatry locally or abroad due to failure to comply with regulations set by the SAC or the Heads of the PMTP and PMTC.

3.2 Organization of Training

In addition to regularly scheduled conferences and continued medical education activities, the MAP together with the PGTC shall organize the academic programme. The programme in clinical psychiatry shall include but not be restricted to psychopathology and comprehensive clinical assessment of patients presenting with mental health problems, history of psychiatry, clinical neuroscience, human psychological development and personality disorders, introduction to psychotherapy, theory and application of psychotherapeutic modalities, forensic and ethical issues in psychiatry, psychopharmacology, trans-cultural psychiatry, consultation-liaison psychiatry, management and leadership, research methodology, critical appraisal, statistics, and evidence based psychiatry, as well as didactics at basic and higher specialist levels in child and adolescent psychiatry, perinatal psychiatry, eating disorders, geriatric psychiatry, forensic psychiatry, addictions, and learning disability. Teaching in Health Services may address specific health and related social and community services directly relevant to mental health including but not restricted to NGO’s involved in mental health service provision and advocacy, social welfare services, specialized services in eating disorders, addictions and rehabilitation, community housing, supported employment, correctional services, working with the courts and justice system, geriatric services, child and adolescent services, perinatal services, brain stimulation services and other clinical neuroscience services.

1. Clinical Training & Supervision

The MAP considers the acquisition of clinical skills and competencies to be the primary goal in postgraduate training in psychiatry. To this end, training and ongoing assessment of bedside clinical skills shall be a primary focus of the postgraduate training program in psychiatry. These shall be accomplished through the following professional training modalities:

a) Clinical Supervision & Rotation

BST's and HST's shall participate in clinical rotations that shall be arranged in collaboration between the Training Coordinators and the Clinical Chairperson. While appreciating the necessity to address service requirements in line with the apprenticeship model of postgraduate training, the PGTC shall seek to ensure that all rotations provide the trainee with a relevant and appropriately supervised clinical training experience in keeping with the trainees' level of training, and that the training requirements are met. Trainees shall be assigned to a clinical supervisor throughout the clinical rotation, who shall be responsible for supervision of the trainee at a level that is in keeping with the trainee's level of training and shall in certain circumstances (e.g. after failure of a trainee in annual clinical assessment) adapt the level of supervision and/or bedside teaching to meet the needs of the trainee as advised by the PGTC. Each clinical supervisor shall dedicate at least 30 minutes a week to face-to-face clinical supervision of cases being assessed or followed by the trainee. This supervision shall be carried at a mutually agreed time. The purpose of clinical supervision is to allow time for presentation of cases, feedback, and discussion. Clinical supervision should be aimed at the ongoing development of the trainee towards specialization, whilst appropriate for their current level of training. Clinical supervision must not be a continuation of clinical duties or be utilized to discuss the day-to-day clinical work pertaining to the trainee's current rotation. Trainees are encouraged to log these clinical supervision sessions in their e-portfolio and clinical supervisors shall sign off at the end of each rotation with feedback on the progress and performance of each trainee.

b) Educational Supervision

Each trainee shall be assigned an educational supervisor who shall meet with the trainee at least at the beginning of each training rotation to review the trainee's educational plan for the rotation, as well as review progress made towards these plans in the end of each rotation. Educational supervisors shall serve as mentors, as well as mediate with the clinical supervisor and PGTC on any issues arising in the clinical rotation if these cannot be resolved by the trainee.

c) External Supervision

A trainee might be assigned to an external supervisor as part of the trainee's personal and professional development. This assignment might occur both at ARCP or at any other point during the academic year. The training coordinators shall provide written feedback to the external supervisor at the start of this support highlighting areas of concern relating to the trainee's personal and professional development including professional behaviour, health, and probity. The external supervisor shall in turn liaise with the PGTC on the formulation of a professional developmental plan to be followed by the trainee and monitored as part of the trainee's ARCP. Communication shall always be in writing with the external supervisor providing a report prior to the ARCP or at any other point as deemed necessary.

d) Psychotherapy Supervision

Trainees shall be expected to evaluate and follow at least five patients in supervised psychotherapy – at least one case to be seen over a period of >20 sessions, and cases in brief psychotherapies lasting 12-20 sessions. At least one shall be in CBT and at least one in Psychodynamic Psychotherapy. The trainees shall be provided with a list of potential psychotherapy supervisors and shall receive regular supervision as recommended by the PGTC that is relevant for the specific therapy. A minimum of two supervised cases must be completed by the end of BST3, and one case shall be completed every year during HST, including when training abroad, typically using a therapeutic modality relevant to the area of HST being followed. Once completing one case in CBT and another in psychodynamic, a trainee may opt to complete a case in another modality, provided that the trainee organises approved supervision in the modality. Prior to starting therapy, the trainee needs to inform the PGTC on the modality chosen for that year so that the supervisor is allocated. In situations when the trainee would like to subsequently change modality, this needs to be discussed with and approved by the PGTC, if the change is possible. The trainee's psychotherapy supervisor shall complete a structured assessment of psychotherapy expertise (SAPE) on completion of each supervised case.

e) Case based discussion groups

All trainees are expected to join a case based discussion group programme (CBDG) throughout BST organized by the PGTC. CBDGs are encouraged for trainees within HST. The purpose of these CBDGs is to provide trainees an opportunity to reflect on the emotional and cognitive aspects that emerge in their clinical work with patients from a personal psychotherapeutic perspective.

2. Clinical Rotations

2.1 BST 1,2,3

Core training rotations in BST 1, 2, & 3 shall occur in the first 36 months of training and shall be a minimum of 3 months and a maximum of 6 months each. Every effort shall be made to ensure that core training rotations in general psychiatry shall exceed the minimum of three months, though this shall depend on service requirements and human resource allocation. The areas in psychiatry covered by these clinical rotations shall consist of an adequate mix of general psychiatry, depending on service provision, as follows:

- a) Inpatient Psychiatry where exposure shall consist of acute and complex in-patient general psychiatry.
- b) General Hospital Psychiatry where exposure shall consist of acute and emergency psychiatry, consultation-liaison psychiatry, neuropsychiatry, perinatal psychiatry, and eating disorders.
- c) Community Psychiatry where exposure shall consist of general adult community mental health and outreach including community clinics and working with community teams in other therapeutic modalities including psychoeducation and other support groups.

- d) Child Psychiatry and Learning Disability where exposure shall consist of in-patient child psychiatry, outpatient, and school-based child & adolescent mental health services.
- e) Forensic Psychiatry, Substance Misuse Psychiatry, Old Age Psychiatry and Rehabilitation Psychiatry.

2.2 HST 1,2,3

Advanced clinical training at higher specialist level shall be for 36 months, and each rotation shall be a minimum of 6 months in duration.

This shall include:

- a) At least twelve months in general adult psychiatry
- b) Twelve months in an area of psychiatry of future career interest to the trainee. This period can include the year of training abroad, which shall be subject to availability of training opportunities abroad and any clinical service needs or other internal or external restrictions as determined by the PGTC and the Clinical Chairperson.

The Association plans on moving towards a “fellowship”-based elective process areas of interest. These shall involve identification of two-year subspeciality electives at HST level that may also include training abroad which shall be based on competitive interview by the PGTC and subject to departmental service needs. These fellowships shall follow the above training structure of clinical rotations for HSTs described above.

3.3 Development of Specialist Competencies

During training, trainees must participate in a full range of appropriately supervised clinical activities involving out-patient and in-patient management as well as emergency care, night and emergency psychiatry duties, formal and informal teaching activities organized by the PGTC and MAP including interviewing skills, teaching seminars, tutorials, journal clubs, clinical case presentations, and conferences/courses, participation in audits and academic projects, leadership and management training, specific therapeutic competencies and skills including psychotherapy, pharmacotherapy, and brain stimulation therapies. The goal of teaching and other activities to support professional development shall be to provide the skills necessary to reach the clinical competencies required of a trainee to function as an independent specialist in psychiatry by the completion of training, and for successful completion of all MRCPsych examinations or equivalent by the end of BST. The trainee is considered a mature independent learner, and didactic teaching shall not be expected to cover all topics and information required to pass the necessary examinations: the trainee is expected to monitor his or her own training needs and gaps in knowledge.

1. Didactic Teaching

The trainee’s attendance at teaching seminars and other conferences shall be reviewed periodically by the educational supervisors. Attendance at educational activities shall be logged in the training portfolio which forms the basis of the ARCP. Postgraduate trainees are expected to attend at least 70% of the core-learning seminars, tutorials, and other professional

development activities organized by the PGTC, and failure to do so shall be subject to detailed review at the ARCP. Trainees completing part of their training abroad shall be excused from this requirement but shall be expected to attend educational activities at the training institution and provide evidence of this in their ARCP. For training abroad to count towards specialty training in Malta, it must receive prior approval by the PGTC, and clear evidence of progress must be submitted in the quarterly report to the PGTC. Trainees should attend at least one scientific psychiatry conference during BST and HST years.

2. Workplace Based Assessment

Workplace Based Assessment (WPBA) is the assessment of a trainee's performance in those areas of professional practice best tested in the workplace. To maximize the benefits of WPBA's trainees shall be expected to complete them at regular intervals throughout their entire training program.

WPBA tools include:

- a) Assessment of Clinical Expertise (ACE) in which an entire clinical encounter is observed and rated thus providing an assessment of the trainee's ability to assess a complete case.
- b) Mini-Assessed Clinical Encounter (mini-ACE), in which a specific part of the clinical encounter is assessed. Examples include history taking, risk assessment, mental state examination (MSE), cognitive assessment or the assessment of mental capacity.
- c) Case Based Discussion (CBD) is an assessment made based on a structured discussion of a patient recently assessed or managed by the trainee.
- d) Direct Observation of Procedural Skills (DOPS) is an adaptation of the mini-ACE to specific technical and procedural skills (ex. Electroconvulsive Therapy (ECT), and Transcranial Magnetic Stimulation (rTMS)).
- e) Multi-Source Feedback (MSF) is obtained using the Mini Peer Assessment Tool (mini-PAT) which is an assessment made by at least 10 professionals within the specialty the trainee is currently working in. These are chosen by the trainee and their clinical supervisor.
- f) Structured Assessment of Psychotherapy Expertise (SAPE) provides evidence of satisfactory completion of a supervised psychotherapy case.
- g) Direct Observation of non-Clinical Skills (DONCS) is designed to provide feedback on the trainee's performance on non-clinical skills related to the practice of psychiatry including chairing meetings, teaching, supervising students, and engaging in any other similar non-clinical procedure.
- h) Case Presentation (CP) is an assessment of the trainee's presentation and discussion skills around a clinical case. This can be fulfilled through grand round presentations or other suitable fora as approved by the PGTC.
- i) Journal Club Presentation (JCP) is an assessment of the trainee's ability to appraise and present a research paper which can be fulfilled through the Journal Club as part of the training programme.

2.1 WPBA requirements for BST 1,2,3

For trainees completing their Core Training in Psychiatry at BST years 1-3, the following minimum number of WPBA's per year is shown in the following table. The PGTC may, on annual review, recommend more specific WPBA's in the following year for trainees failing specific components of the annual assessment (ex. trainees receiving outcome 2 or 3 in the ARCP).

WPBA	BST 1	BST 2	BST 3
ACE	2	3	3
Mini-ACE	4	4	4
CBD	4	4	4
DOPS	3*		
MSF	2	2	2
SAPE	-	1	1
CP	1	1	1
JCP	1	1	1

*Indicates that the DOPS may be completed at any time of the BST training period as the opportunity arises. A total of 3 DOPS by the end of BST 3 are required.

2.2 WPBA requirements for HST 1,2,3

For trainees completing their HST years 1-3, the following minimum number of WPBA's per year is shown in the following table. The PGTC may, on annual review, recommend more specific WPBA's in the following year for trainees failing specific components of the annual assessment.

WPBA	HST 1-3
ACE	2
Mini-ACE	2
CBD	5
DONCS	3
MSF	2
SAPE	1

3.4 **Assessment of Trainees**

All trainees will be formally evaluated on an annual basis. Progress during training shall be recorded in the MPTC approved e-portfolio listing experience in specific clinical skills and required core competencies including WPBA's, feedback from clinical, educational, and external supervisors, success at MRCPsych examinations or equivalent, as well as participation in audits, research, and educational activities. This will serve as their training portfolio, which will form the basis of the ARCP.

Assessment during training will be of three types:

1. Self-assessment

Trainees shall record in the e-portfolio an educational plan consisting of PDP at the beginning of each clinical rotation. The PDP shall include the specific intended learning objectives to be completed and reflected in the WPBA's in the clinical rotation. This shall be discussed with the clinical and educational supervisors. Furthermore, the e-portfolio will include evidence of personal reflections on complex cases, clinical and educational supervision, and teaching activities; certificates of attendance and participation in conferences and other scientific meetings including presentation of results of projects and audits, publications, log of psychotherapy sessions and supervision, professional behaviour, and any health concerns significantly impacting training.

The trainee is encouraged to identify gaps in knowledge and skill and address these throughout the course of training.

This e-portfolio shall play an important part in the trainees' annual assessment through the ARCP.

2. Formative Assessment & Personal Development

Clinical Supervisors shall, at regular intervals, through WPBA's record in the e-portfolio their assessment of the trainee's competence in specific clinical skills and provide feedback on the trainees' other key competencies in psychiatry including trainees' performance in their roles as expert, communicator, collaborator, manager, health advocate, scholar, and professional. Educational supervisors shall review the trainee's performance during the clinical rotation.

The training coordinators in agreement with the PGTC shall appoint an external supervisor to a trainee on a case-by-case basis. Once assigned, the trainee shall be expected to meet with the external supervisor on a regular basis. The role of the external supervisor shall be to assist the trainee in his or her professional development and to liaise with the PGTC regarding the trainees' professional behaviour, health, and probity. In the event that concerns are identified, the external supervisor shall address the concerns through the development and implementation of a PDP with the trainee. This plan shall be communicated to the training coordinators who may involve any relevant member of the Department who can further assist the trainee. The external supervisor shall provide the PGTC with a periodic report of the trainee's progress towards the PDP. Failure to meet the PDP shall be duly noted in the ARCP and may be grounds for extension, suspension, or dismissal from the training program.

3. Annual Assessment of Trainees

All trainees shall engage with the ARCP at a date and time as specified by the PGTC. The ARCP shall include a preparatory structured report to be handed in by all trainees to the PGTC by a specified date. All trainees will be requested to ensure that their e-portfolio is completed by the same date. The ARCP panel shall review the structured report, e-portfolio and the SAPE, prior to the ARCP. The ARCP panel members might require further clarification of the evidence submitted prior to or at ARCP.

The ARCP shall include an annual clinical examination of the trainee's knowledge and clinical competence at their level of training. Furthermore, the PGTC might invite the trainee to attend an interview in front of the ARCP panel. It is customary that trainees at the beginning and end of their training are invited to an ARCP interview. Trainees at any other level can be informed of an ARCP interview both in advance of the ARCP date, and on the day, as deemed necessary by PGTC.

The ARCP panel shall issue an outcome for all trainees following the ARCP and assign one of the six possible outcomes which fall into three main categories (satisfactory, unsatisfactory, or insufficient evidence of completion of training):

Satisfactory Progress

Outcome 1 - Achieving progress and the development of competencies at the expected rate – trainee may progress to the next training year or be recommended to the SAC for the CCBST in the case of trainees in the final year of BST.

Unsatisfactory or insufficient evidence

Outcome 2 - Development of specific competences required – additional training time not required but trainee provided with a time period in which to develop the specific competencies and provide the PGTC with written documentation of the trainee's progress with or without the need for an additional clinical examination to be determined by the PGTC depending on the overall performance of the trainee at the annual clinical examination and specific deficits in competencies noted at the ARCP.

Outcome 3 - Inadequate progress by the trainee – additional training time is required. The trainee is provided with a time period of up to one year in which to develop the specific competencies and provide the PGTC with written documentation of their progress as part of the ARCP and complete a clinical examination.

Outcome 4 - Recommendation for Dismissal from training programme. It is anticipated that in most situations this outcome will result only when a trainee with a prior outcome 3 has not progressed despite an additional period of training of up to one year.

Outcome 5 - Incomplete evidence presented – additional training time may be required. The trainee will be required to explain to the PGTC in writing the reasons for the deficiencies in documentation. The fact that outcome 5 has occurred will remain as a part of the trainee's record but once the relevant evidence has been submitted, a new outcome will be added according to the evidence evaluated by the PGTC. If the trainee's explanation is deemed unsatisfactory, the PGTC may decide to issue outcome 2, 3 or 4.

Recommended for completion of training.

Outcome 6 - Gained all competencies, will be recommended as having completed the training programme and recommended to the SAC for the award of a CCT.

Outcomes shall be communicated in writing to the trainee. The ARCP report shall be included in an annual report to the Malta Postgraduate School (MPGS).

3.5 Additional Requirements for Progression

Trainees may only enter BST training and progress to HST training following requisite interviews required by the PSC. Progression from BST3 to HST1 shall be subject to the award of a certificate of completion of basic specialist training by the SAC. The maximum duration of basic specialist training shall be four years full-time or equivalent, or as otherwise specified in future revisions of the Collective Agreement. The total limit of time to complete specialist training including both BST and HST training is ten years full time or equivalent part time and shall follow the Collective Agreement and future revisions thereof.

BSTs who pass annual examinations but fail to pass the ARCP due to failure to complete the MRCPsych examination (or equivalent) within the four-year time limit for BST training may sit for any outstanding examinations outside of training. On completion of the outstanding requirement the doctor will be considered for recommendation to the SAC for the award of the CCBST. Following the four-year period including extended training, as specified by the PSC, the trainee will receive an outcome 4 if not all training components are achieved within this specified time period.

The main major changes in this programme, including section 1.8e - personal psychotherapy requirement and expanded detail in section 3.1.7 on the end of training project will come into force for trainees joining the programme from 2026 onwards. All other minor changes apply to all current and future trainees. The additional section on appeals process comes into force for all trainees.