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UNIVERSITY OF COLOMBO



**POSTGRADUATE INSTITUTE  
OF MEDICINE OF SRI LANKA**

**Regulations and Guidelines  
for  
MD in Psychiatry**

**2008**

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## 1. Introduction

This booklet provides information on regulations and guidelines set by the PGIM, pertaining to the training programme in MD Psychiatry.

MD Psychiatry training programme provides specialist training to practice Psychiatry in Sri Lanka.

## 2. Objectives

At the end of this training programme, the trainee is expected to have attained competency in:

- providing ethical and responsible clinical care
- teaching medical undergraduates and training postgraduates
- training other healthcare personnel
- planning and developing mental health care services
- conducting research
- engaging in continued professional development

## 3. MD Psychiatry training programme

### 3.1 Entry to the MD (Psychiatry) training programme

A prospective trainee will be accepted to the training programme on success at the MD (Psychiatry) Selection Test.

#### Eligibility Criteria

Prospective applicants must satisfy the following requirements.

- (a) A medical/dental degree registered \* with the Sri Lanka Medical Council.
- (b) Satisfactory completion of internship acceptable to the Sri Lanka Medical Council.
- (c) Satisfactory completion of one year of post internship in Medical/Clinical practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM.
- (d) The criteria prescribed in paragraphs (a) to (c) must have been satisfied by the applicants as at the date of closure of applications,

provided that where a short-fall has occurred due to any reasons including Sick, Maternity or Other leave, the doctor concerned should complete such shortfall in order to become eligible to apply for the Selection examination.

- (e) Any other requirement/s stipulated by the Board of Study relevant to a particular field of study concerned that has/have been approved by the Board of Management.

\* foreign nationals who seek to apply to register for selection examinations should possess a medical degree registrable with the Sri Lanka Medical Council. The decision of the Board of Management will be final in all such applications.

A quota for the private sector is presently available for most courses

### 3.2 Stage 1 of training

This stage involves 36 months of structured, supervised basic specialty training and will end with successful completion of MD (Psychiatry) Part II examination

### 3.3 Stage 2 of training

Successful completion of Stage 1 will be followed by

- a) further structured, supervised training for two years in general adult Psychiatry  
or
- b) three years, if the trainee opts for sub specialization in psychiatry of which one year in General Psychiatry
- c) submission of a dissertation.

- (i) If the trainee does not opt for sub specialization, the training will include

- a) one year of training in a centre in Sri Lanka recognized by the Board of Study in Psychiatry with one year of training in an overseas centre recognized by the Board of Study.

OR

- b) Both years of training within the country, in two centres recognized by the Board of Study. The training will be assessed on a portfolio and progress reports from the Supervisory Consultants pertaining to satisfactory completion of prescribed training.

- (ii) For the trainees who opt for sub specialization, the training will include a period of training for three years in the relevant sub speciality.

The training will be assessed on a portfolio and progress reports on satisfactory completion of training from the Supervisory Consultants.

**3.4. Board Certification** – successful training will culminate in Board Certification as a specialist in General Adult Psychiatry or in the relevant sub speciality.

#### **4.1 Contents of the curriculum**

The candidate is expected to have an adequate knowledge in basic and clinical sciences in relation to psychiatry.

The details of subject contents and the recommended books are given in Annexure I

#### **4.2. MD (Psychiatry) Selection Test**

The Selection Test consists of the following components.

- Component I - a multiple choice question paper (two hours).
- Component II - (i) a structured essay paper of ten questions (three hours)  
and  
(ii) an objective structured clinical examination (OSCE)

Only those who obtain a minimum mark of 50% from the Component I will become eligible to sit the Component II.

Candidates who are successful from the MD (Psychiatry) Selection Test are eligible to enter the Stage 1 of the training program (See under 3.2).

##### **4.2.1. Number of attempts**

A candidate will be allowed any number of attempts at the MD (Psychiatry) Selection Test.

#### **4.2.2. Exemptions from MD Part I examination**

Doctors who possess a postgraduate qualification in Psychiatry from a centre recognized by the Board of Study may apply to the PGIM for an exemption along with supportive documents. Those who are granted such exemption are required to undergo a specified period of training as recommended by the Board of Study in order to sit the MD (Psychiatry) Part II examination.

### **5.1 Stage 1 of the MD Psychiatry training programme**

#### **5.1.1. Organization of clinical training**

All trainees on entry into the training programme will undergo a compulsory orientation programme of one week, which will introduce the trainee to general topics relevant to practice of psychiatry. These include

- Communication skills
- Human rights
- Culture and mental health
- Stigma
- Mental health legislation
- Ethical issues in the practice of psychiatry
- Introduction to the log book

#### **5.1.2. Stage 1 comprises of 36 months of clinical training**

All trainees should complete at least 24 months of training in general adult psychiatry before embarking on any sub speciality attachments. The training is in 6 monthly rotations which will provide for gaining experience in different training centres which include the Institute of Psychiatry, general hospital psychiatric units and university psychiatric units.

#### **5.1.3. Training Units**

Training Units are those settings that fulfill the standard required in terms of resources to provide satisfactory training. Such units have to be approved by the Accreditation Subcommittee of the Board of Study in Psychiatry and recommended to the Board of Management for accreditation as Training Units. The accreditation subcommittee of the

Board of Study in Psychiatry will monitor the suitability of the training units to offer continued training to postgraduates in psychiatry.

#### **5.1.4. Training placements**

Placement of a trainee in a particular training unit will be the decision of an Allocation Subcommittee of the Board of Study in Psychiatry. The position of the trainee in the merit order, requests made by individual trainees and shortfalls in training experiences are some of the criteria that will be considered in giving a placement.

#### **5.1.5. Clinical supervisors**

Clinical supervisors are expected to provide at least one hour per week of one to one supervision which should be over and above the other weekly contacts with the trainee regarding patient care. This supervision time can be utilized for the best benefit of the trainee. The trainee will provide a feedback on the supervisor on a structured format at the end of each six months of training.

A compulsory minimum periods of training is required in,

General adult psychiatry – 24 months out of which six months of training should be at the Institute of Psychiatry, Angoda

Child and adolescent psychiatry	-	3 months
Forensic psychiatry	-	3 months

In the remaining six months of training, which could be spent mainly in general psychiatry, the trainees should gain experience in the following sub specialties in psychiatry. This training could be organized based on set educational guidelines in that particular sub speciality, during a general psychiatry attachment, or carried out at any other institution approved by the Board of Study in Psychiatry.

Substance misuse	-	1 month
Neurology in relation to psychiatry	-	2 months
Community psychiatry and rehabilitation	-	2 months
Old age psychiatry	-	1 month

Evidence of training will be assessed from the portfolio (see 7.2.2) and a report on satisfactory completion of training should be obtained from

the clinical supervisor of each of the sub speciality that the trainee underwent. In the event of attachments to other organizations approved by the Board of Study in Psychiatry, certification of satisfactory completion of training should be obtained from the clinical supervisor to whom the trainee is allocated for those six months of training by the allocation subcommittee of the board of study.

#### **5.1.6. Portfolio assessment including Log Book**

Trainees are expected to maintain a portfolio on the training at different stages of the programme. The log book will be a part of the portfolio.

#### **5.1.7. Case Book**

In addition to the portfolio, the trainee is expected to submit a case book of ten case discussions on patients seen during the 36 months training. The guidelines for the casebook are detailed in the annexure II.

### **5.2 Duties and responsibilities of trainees**

During the training period, the trainees are responsible for the clinical care of patients. The trainees should fulfill obligations of “on-call” duties at the respective training unit.

The trainee is expected to discuss with the trainer and arrange supervision times.

### **5.3 Other training activities**

- 5.3.1** Trainees are expected to participate in;
- case conferences
  - journal clubs
  - psychotherapy training groups and individual supervision sessions
  - lectures in subject areas related to psychiatry and mental health
  - training programme conducted by the PGIM

Active participation and compliance with 80% attendance is expected at these training events.

#### **5.3.2 Trainee feedback**

The trainees are expected to provide feedback on the quality of trainers, training units and training process. This feedback is important to maintain a high standard of training.

Annexure V gives the format for trainee feedback.

## 6. Examinations

### 6.1 OSCE at the end of first 12 months of training

Trainees who have satisfactorily completed 12 month training are eligible to sit for the OSCE. This examination will be conducted twice a year. Trainees are required to obtain a pass grade as decided by the BOS in the OSCE prior to sitting the M.D. Psychiatry Part II examination.

The OSCE will mainly focus on the assessment of:

- Basic clinical skills including eliciting psychopathology
- Communication skills

### 6.2. MD Examination

#### 6.2.1 Eligibility to sit MD Part II examination

In order to be eligible to sit the Part II examination, trainees should have fulfilled the following requirements at the time of closure of applications.

- Satisfactory completion of the stage 2 of training programme and certified so by the clinical supervisors
- Successful completion of OSCE examination.
- Approval of the casebook
- Approval of the portfolio completed and submitted on or before the date set by the Board of Study

#### 6.2.2 MD Psychiatry Part II examination

Recommended books for Part II are given in Annexure III

#### 6.2.3 Format of the Examination

The MD Psychiatry Part II examination is comprised of written and clinical components.

##### **Written component**

- Multiple Choice Question paper of 40 questions (2 hours) - 40 marks
- Essay paper (1 hour) choice of one out of three questions - 20 marks
- Structured Essay Paper of 6 questions (3 hours) - 40 marks

##### **Clinical Component -**

One 'Long Case' (1 hour)

- 50 marks

Two Short Cases (15 minutes each)

- 40 marks

Patients Management Problems -(15 minutes)

- 10 marks

The trainee should obtain a minimum mark of 50% in each of the written and clinical components to be considered as having passed Part II.

The total mark for Part II will be compiled from marks from clinical and written components.

#### 6.2.4 Number of attempts

A candidate is allowed only six attempts to sit the Part II, which should be completed within a total period of eight years from the date of passing Part I examination.

#### 6.2.5 Professor Andrew Sims Gold Medal

To be eligible, the candidates should obtain a minimum total mark of 65% on the first attempt at the Part II examination. Out of those, the gold medal will be awarded to the candidate with the highest mark.

## 7. Stage 2 of the training Programme

Successful completion of the MD Part II Examination will be followed by further supervised training as detailed in 3.3.

### 7.1 Training requirement for Stage 2

During the one year of post-MD training in Sri Lanka, the trainee is expected to take the following general responsibilities:

- Take clinical responsibility for managing patients in different settings

including on call duties

- Organize training activities in the individual units
- Engage in administrative activities of the individual units where indicated in order to improve its functioning and service provision
- Engage in activities that would promote professional development.
- Engage in training undergraduate postgraduates and health care personnel whenever possible

Six monthly progress reports from the supervising consultants are mandatory.

## **7.2. Training in a subspeciality**

Training in a subspeciality in psychiatry will require three years of training in a recognized training setting in Sri Lanka or abroad (The total period of post MD training would be three years and out of that at least one year training would be in an approved centre overseas). The number of training places in each subspeciality will be based on the need of the country and the availability of clinical supervisors.

### **7.2.1. Provisions may be available for training in the following sub specialities.**

- Child and Adolescent Psychiatry and Learning Disability
- Forensic Psychiatry
- Psychiatry of Old Age
- Addiction Psychiatry

The subspeciality training programme provides intensive specialist training to practice independently in a subspeciality in Sri Lanka. At the end of this training, the trainee is expected to have competency in the following areas.

- Provision of ethical and responsible clinical care
- Training of other postgraduates in psychiatry and related specialities
- Training of other healthcare personnel
- Provide a consultation service to other specialities in medicine and other relevant government and non-governmental institutions and organizations
- Development of mental health services in the given subspeciality
- Conduct research
- Engage in continued professional development

In addition to the above mentioned general objectives, some specific areas in individual sub specialities in which competence should be developed, are given below.

### **General Adult Psychiatry**

This training period will be for two years in two approved centres in Sri Lanka (one year each) or two years training in which one year training is in an approved centre abroad.

### **7.2.2. Trainee Portfolio Assessment for Subspeciality Training**

The trainee should submit evidence of training in a Portfolio which would be assessed by two examiners for the purpose of accreditation of the training. The submissions should be with relevance to general adult or subspeciality training and contain the following items.

- Three case discussions where the trainee was responsible for therapy and follow up care (1000-1500 words)
- Brief case studies on specialized assessments and interventions
- Case reports on atypical, unusual and rare presentations
- Reports on research experience, publications and presentations at scientific sessions
- Reports from clinical supervisors including progress reports

## **8. Board Certification**

Trainee will be eligible for board certification as a Specialist in Psychiatry on successful completion of training stages 1 and 2.

### **8.1 Board certification in a subspeciality Pre requisites for Board certification:**

#### **8.1.1 Training requirement in Post MD sub speciality training**

#### **8.1.2 Child and Adolescent Psychiatry**

### **Educational mission**

- To guide the education of Child Psychiatrists as clinicians who can integrate the biological, psychological, family and social factors in the diagnosis, treatment and care of disturbed infants, children and adolescents and those at risk of such disturbances with psychological ill health.
- A Child Psychiatrist requires a diversity of clinical and interpersonal skills and should be able to lead multidisciplinary teams and act as a primary, secondary and tertiary consultant in a variety of settings.
- It is expected that a Child Psychiatrist will have an interest in research, in keeping up to date with developments in the field, to teach, to advocate and to respond creatively to societal and economic influences which impact upon young people.

### **General instructional objectives**

#### **Following this training, a trainee is expected to be able to explain and or to carry out**

- The nature of the diagnostic process and diagnostic formulation.
- Theories of development including psychoanalytic, genetic and social cognitive views.
- Cultural and ethnic influences on child development, psychopathology and attitude to the health system.
- Psychological and psycho educational testing.
- The principles of management planning
- The principles of individual psychotherapy, play therapy, group therapy, family therapy, parental therapy, cognitive behavioural therapy and psychopharmacology.
- Indications for hospitalization, alternatives to hospitalization need of residential care, day hospitalization and outpatient treatment.
- Principles of paediatric and community consultation and liaison
- Major psychiatric syndromes and disorders of children and adolescents.
- Principles of management in children with learning disability.
- Forensic child psychiatry including psychiatric report writing and the techniques of being an expert witness.
- Improvement of child psychiatry services.
- Research in child and adolescent psychiatry.
- Identification of at risk groups and prevention of mental disorders.

### **The philosophy of learning**

The course in child psychiatry training focuses on offering wide clinical experience and supervision through clinical placement at an accredited training centre with in and out patient care and community care facilities. This is supplemented with series of seminars and workshops. It is expected that trainees show considerable initiative and interest in pursuing their education through the use of the resources proactively.

### **Overview of the Post MD training in child and adolescent psychiatry.**

#### **Major components;**

- Clinical work conducted at the training centre
- Supervision at the trainees clinical placement
- A programme of seminars of the training day
- Progress report by the supervisors
- Log book
- Dissertation in relation to child psychiatry.

#### **Prerequisite for training**

The trainee should possess the degree of MD Psychiatry

#### **Clinical placement**

Clinical placements are decided by the Board of Study in Psychiatry

#### **Duration of the training**

Post MD training course in child and adolescent psychiatry is for a period of three years that includes minimum of one year training in an approved centre overseas in child and adolescent psychiatry

### **8.1.3 Addiction Psychiatry**

#### **Educational mission**

This course is intended to guide a Consultant in addiction services who should be able to integrate biological, psychological and social factors in understanding, formulating and managing problems related to substances of addiction in Sri Lanka.

## Objectives

### Following the training the trainee is expected to;

- illustrate a comprehensive awareness of the theories of addiction and behaviours related to addiction psychiatry.
- describe cultural aspects related to addiction in Sri Lanka.
- carry out a comprehensive assessment and arrive at a detailed diagnostic formulation.
- show competency in drawing up a management plan
- be competent in treatment interventions including both pharmacological and
- psychological for stabilization and detoxification.
- be able to manage co-morbid drug and alcohol addiction in patients with major psychiatric disorders.
- show competency in liaising with patients with addiction problems in general medical and surgical units
- be competent in counseling brief interventions for changing behaviour, motivational interviewing, assertive training, social skills training, cognitive behaviour therapy and pharmacotherapy related to addiction psychiatry.
- work with families of patients with addiction.
- work closely with primary health care workers, regional mental health teams, probation and social services, police and sexually transmitted disease units.
- be familiar with strategies for prevention of addiction behaviour in different groups.
- be competent in net-working with relevant governmental and non-governmental organizations and support groups relating to improving the service provision of addiction services.

## Overview of Post MD Training in Addiction Psychiatry

### Major components

- Clinical work conducted at a training centre
- A weekly training session
- Progress reports by the supervisors
- Log book
- A dissertation in addiction psychiatry.

## Pre requisites for training

The trainee should possess the degree of MD Psychiatry

## Clinical placement

Clinical placements are decided by the Board of Study in Psychiatry.

## Duration of training

Post MD training in Addiction Psychiatry is for three years. This includes a mandatory training of one year in an approved centre overseas.

### 8.1.4 Forensic Psychiatry

#### Educational Mission

This course is intended to guide a Consultant in Forensic Psychiatric services who should be able to integrate biological, psychological and sociological factors in understanding, formulating and managing problems in relation to crimes and mental illnesses.

It is expected that a forensic psychiatrist will have an interest in research, in keeping up to date with developments in the fields of criminology, human rights, medical ethics and mental health legislation, to teach, to advocate and to respond creatively to societal and economic influences which impact on society.

#### Objectives

#### Knowledge

#### Following the training the trainee is expected to have;

- Knowledge of the psychopathology and natural history of clinical disorders, with particular emphasis on disorders associated with antisocial and offending behaviours.
- Knowledge of the pathogenesis of aggression and physical and sexual violence and management of violence in clinical settings.
- A detailed knowledge of the services that are necessary to manage the mentally disordered offenders and those who present a serious degree of violence.

- Knowledge of the methods of management of mentally disordered offenders and those who present with a history of violence, including the psychological, social and psychopharmacological methods of treatment.
- Knowledge and understanding of the legal and ethical framework of psychiatric practice, including an expertise in the working of the relevant legal framework for the detention of patients and the development of legislations that are necessary, such as the proposed Mental Health Act.
- Expertise in criminal and civil law in relation to mental health and in the assessment of mentally abnormal offenders, making court reports and giving evidence in courts.
- An understanding of criminological issues, such as cultural and social factors and providing expert opinion to prison and legal services.

#### **Skills:**

- Ability to carry out detailed clinical assessments of mentally abnormal offenders, including obtaining a personal history, assessing physical and mental states and obtaining corroborative information.
- Expertise in the treatment of patients in a secure setting using a range of treatment skills and using the security as part of the treatment.
- Expertise in the assessment of risk and dangerousness.
- Ability to develop and maintain a system for risk management, including assessment of dangerousness, risk of suicide, self-harm and abuse.
- Expertise in the rehabilitation of patients who present potential risk to others.
- The ability to take responsibility to in-patient and community services in forensic psychiatry and to be able to ensure that all legal, clinical and ethical needs of patients are fully met.
- Ability to manage crises, both in health service settings and in the community.
- Ability to work in a multi-disciplinary team and provide leadership to the team and coordinate the care and treatment of patients in a forensic setting.
- Ability to conduct prison assessments.
- Ability to write court and other clinical and management reports and giving evidence in courts.

- The ability to formulate opinions clearly (both written and verbal) and providing appropriate advice and guidance to professional colleagues and present them to other professionals.

### **Overview of Post MD Training in Forensic Psychiatry**

#### **Major components**

- Clinical work conducted at a training centre
- A weekly training session
- Progress reports by the supervisors
- Log book
- A dissertation in forensic psychiatry.

#### **Pre requisites for training**

The trainee should possess the degree of MD Psychiatry

#### **Clinical Placement**

Clinical placements are decided by the Board of Study in Psychiatry.

#### **Duration of training**

Post MD training in Addiction Psychiatry is for three years. This includes a mandatory training of one year in an approved centre overseas.

### **8.1.5 Old age psychiatry**

#### **Educational mission**

At the completion of training the old age psychiatrist shall demonstrate a general knowledge of biological, psychological and social factors in the aetiology, diagnosis, treatment and care of psychologically disturbed elderly persons and those at risk of developing such disturbances.

An old age psychiatrist requires a diversity of clinical and interpersonal skills and should be able to lead multidisciplinary teams in a variety of settings.

It is expected that an old age psychiatrist will have an interest in research, in keeping up to date with developments in the field, to teach, to advocate, to respond to social and economic influences which upon elderly population.

Following this training, the trainee is expected to be able to explain and or carry out

- The nature of the assessment, diagnostic process and diagnostic formulation.
- Psychological testing, standard assessment of ADL and neuropsychiatric disturbances
- Common organic and functional psychiatric illnesses of old age.
- The principles of management planning and individual case management.
- The principles of individual psychotherapy, group therapy, reminiscence therapy, reality orientation, memory exercise, recreational therapy and psychopharmacology.
- The principles of management of carers.
- Indications for acute inpatient care, specialized dementia care, out patient treatment, the need for residential care and level of care, day hospitalization and long term community based care.
- Principles of age care and community consultation and liaison with relevant governmental and non-governmental organizations.
- Principles of management of patients with challenging behaviours.
- Legal issues, psychiatric reports and techniques of being an expert witness.
- Development of new health care models which are sensitive to the requirements of the population.
- Research in old age psychiatry.
- Identification of at risk groups and prevention of psychiatric morbidity among elderly.
- Training health care workers and residential care staff who work with elderly to recognize common psychiatric morbidity and appropriate referrals.

### **Pre requisites for training**

The trainee should possess the degree of MD Psychiatry

### **Clinical placement**

Clinical placements are decided by the Board of Study in Psychiatry.

### **Duration of training**

For a period of three years including a minimum of 2 years training in an approved centre overseas in old age psychiatry.

The Board Certification will be as a specialist in general adult psychiatry or as a specialist in the relevant subspecialty in psychiatry.

### **Annexure I**

Detailed contents of subject areas and the recommended books for MD Part I

Neuroanatomy  
Neurophysiology  
Neurochemistry  
General pathology  
General psychology  
Psychopathology  
Psychopharmacology  
Genetics  
Statistics and research methods  
Clinical neurology  
Clinical medicine  
Social and cultural aspects of medicine

### **Annexure II**

#### **Guidelines for the Case Book**

Compiled by the Education Subcommittee of the Board of Study in Psychiatry

1. The case book should contain a total of ten case discussions on patients seen and managed by the trainee during the 36 months of training.
2. Three cases should be selected for the case book on patients seen during adult psychiatry attachments and two on child and adolescent patients.
3. The other cases included in the case book should be on those seen during any of the subspecialties listed under 7.2.1 that the trainee was involved in.
3. Cases should be selected for the case book during each training attachment, (except in the first 6 months of training). Selection of cases should be done with the consensus of the supervisor, who will guide you on their suitability

to be included in the case book. The case discussions written during any given training attachment should be submitted to the supervisor and certified as satisfactory before the final submission to the Board of Study.

Includes 2 cases should on patients seen during adult psychiatry attachment and 2 on child and adolescent patients. The case book should also include cases seen during each of the subspecialties listed under 7.2.1 that the trainee was involved in.

At the end of each training attachment (except in the first 6 months of training), the case discussion written during that attachment should be submitted to the supervisor and certification should be obtained as satisfactory.

#### 4. Structure for writing the case discussions

- History
- Mental state examination
- Formulation
- Diagnosis giving reasons
- Management
- Prognosis

#### 5. Formulation

- Relevant features in the history
- Relevant psychopathology
- Important aetiological factors (biological, psychological, socio-cultural)
- Impact of illness on day-to-day life, learning, occupation, relationships and personal well being of the patient
- Assessment of risk in terms of risk of harm to self and others, neglect, non-compliance, exploitation and any other risks

#### 6. Management

- Should be objective and rational
- Should include pharmacological, psychological and social managements where relevant
- Should include follow up care and rehabilitation
- Should include assessment of outcome of the interventions carried out

#### 7. Discussion

The purpose of the discussion is to compare the findings in terms of presentation of symptoms and signs in the patient, aetiological factors, and the process of management of a particular case with the published literature on similar

cases. Particular attention should be paid to established evidence base practice guidelines and justifiable reasons for difficulties in following such guidelines if any, in Sri Lanka. Hence, the discussion should include the following.

- Important phenomenology and psychopathology
- Important aetiological perspectives
- Important cultural perspectives
- Impact of the illness on the life of the patient, relatives and the society
- Importance in terms of developing mental health services.
- Value of the case as a learning experience to the trainee

The discussion should be supported with relevant references from the literature. Either Vancouver or Harvard method should be uniformly used for all references.

#### Annexure III

Recommended books for MD Part II and sub speciality training. The trainees are expected to read the most current publications.

##### General Psychiatry

Companion to Psychiatric Studies.

A.K. Zealley & R.E. Kendell.

Publisher: Churchill Livingstone

Organic Psychiatry: The Psychological Consequences of Cerebral Disorders.

W.A. Lishman.

Publisher: Blackwell Scientific.

Symptoms of the Mind: An Introduction to Descriptive Psychopathology.

Andrew Sims.

Publisher: W.B. Saunders

New Oxford Textbook of Psychiatry

M. Gelder

Publisher: Oxford University Press

Kaplan's Comprehensive Textbook of Psychiatry

Publisher: Williams and Wilkins, Baltimore

The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines World Health Organization, Geneva  
Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR)  
American Psychiatric Association, Washington DC

The Psychological Care of Medical Patients: A Practical Guide (CR 108)  
Royal College of Physicians, Royal College of Psychiatrists  
Publisher: RCP/RCPsych, London

Common Mental Disorders in Primary Care  
D. Goldberg  
Publisher: Routledge, London  
Psychopharmacology  
Essential Psychopharmacology  
Stephen Stahl.  
Publisher: Cambridge University Press

Use of Drugs in Psychiatry  
J. Cookson & D. Tayler  
Publisher: Gaskell

Psychological Therapies  
Cognitive Therapy of Personality Disorders  
A. Beck & A. Freeman  
Publisher: Guilford Press

Introduction to Psychotherapy: An Outline of Psychodynamic Principles and Practice  
D. Brown & A. Bateman  
Publisher: Routledge

Cognitive Behaviour Therapy for Psychiatric Problems.  
Hawton, Salkovski, Kurt & Clark  
Publisher: Oxford Medical Press

Child and Adolescent Psychiatry  
Child Psychiatry  
R. Goodman & S. Scott.  
Publisher: Blackwell Science

Child and Adolescent Psychiatry  
M. Lewis  
Publisher: Lippincott, Williams & Wilkins.

Clinical Child Neuropsychiatry.  
Gillberg  
Publisher: Cambridge University Press

Child and Adolescent Clinical Psychopharmacology  
W.H. Green  
Publisher: Lippincott, Williams and Wilkins.

Child Psychiatry: A Developmental Approach  
P. Graham & J. Turk  
Oxford University Press

Child and Adolescent Psychiatry  
M. Rutter  
Publisher: Blackwell Science

### **Forensic Psychiatry**

Early Prevention of Adult Antisocial Behaviour  
D. Farrington  
Publisher: Cambridge University Press

Faulk's Basic Forensic Psychiatry  
M. Faulk  
Publisher: Blackwell Science  
Forensic Psychiatry: Clinical, Legal and Ethical Issues  
J. Gunn & P. Taylor  
Publisher: Butterworth-Heinemann

### Psychiatry of Old Age

Psychiatry in the Elderly  
R. Jacoby  
Publisher: Oxford University Press

Depression in Old Age  
C. Katona  
Publisher: Wiley

Assessing and Treating Late-life Depression  
M. Karel, S. Ogland-Hand & M. Gatz  
Publisher: Basic Books

Dementia  
A. Burns, J. O'Brien & D. Ames  
Publisher: Oxford University Press

Practical Psychiatry of Old Age  
J. Wattis & S. Curren  
Publisher: Radcliffe Medical Press

### Psychiatry of Addiction

Drugs and Addictive Behaviour: A Guide to Treatment  
A.H. Ghodse  
Publisher: Cambridge University Press

Treatment Approaches for Alcohol and Drug Dependence: An Introductory Guide  
T. Jarvis, J. Tebbutt & R.P. Mattick  
Publisher: John Wiley & Sons

Working with Substance Misusers: A Guide to Theory and Practice  
T. Peterson & A. Macbride  
Publisher: Routledge

### **Annexure IV**

Format for appraisal of clinical training  
This is given as a separate document - Trainee Logbook for MD Psychiatry.  
This document should be obtained by all trainees from the PGIM office.

### **Annexure V**

Format for trainee feedback on training and trainers

- This document will be made available to the trainees at different stages of their training to be completed and returned.