



**JOHANNESBURG
ACADEMIC OFFICE**

CMSA

The Colleges of Medicine of South Africa NPC

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THE COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA

R E G U L A T I O N S

FOR ADMISSION TO THE EXAMINATION FOR THE POST-SPECIALISATION

SUBSPECIALTY CERTIFICATE

IN

FORENSIC PSYCHIATRY Cert Forensic Psychiatry (SA)

1.0 COMPONENTS

There is a single exit examination.

2.0 PURPOSE OF PROGRAMME

To supply South Africa with a sufficient number of well-trained, accredited and competent forensic psychiatrists to attend to the requirements of providing forensic psychiatric assessments in both criminal and civil juridical contexts, and of treating and rehabilitating mentally disordered offenders. Some of these psychiatrists will contribute to the academic needs such as training health and related professionals, and conducting research. This Fellowship will be used in the first instance to confer accreditation and credibility on those who practice forensic psychiatry, and to be used for registration as a subspecialist with the Health Professions Council of South Africa (HPCSA).

3.0 ADMISSION TO THE EXAMINATION

(to be read in conjunction with the Instructions for Admission to CMSA Examinations: www.cmsa.co.za)

3.1 For admission to the examination the candidate must:

3.1.1 Be registered as a specialist psychiatrist with the HPCSA.

3.1.2 Have not less than 18 months of satisfactory full-time experience (or part-time equivalent thereof) as the holder of a clinical appointment as subspecialist trainee acceptable to the CMSA Senate or its Examinations and Credentials Committee at the time of sitting the examination. Training must occur under the direction of a qualified forensic psychiatrist within an accredited forensic psychiatry training unit that is associated with an academic department of psychiatry, and must be supervised throughout. The total minimum duration of full-time training for registration as a subspecialist is 24 months. Part-time training of up to 50% of the time will be recognised, and up to a maximum of 4 years of training (see 3.3. below).

- NB Training is valid for a period of three years from the date of completion in a numbered subspecialty training post. Candidates who do not successfully complete the subspecialty examination within this period must motivate with support from their HOD to the College of Psychiatrists for a once-off extension.
- 3.1.3 Have submitted to the CMSA a letter from the Head of Department or forensic psychiatry unit confirming acceptance of the forensic psychiatry portfolio of learning (see Appendix B). The portfolio must be retained in the respective department for 3 years for the purposes of possible audit.
 - 3.1.4 Receive satisfactory supervised experience and training, as defined in the curriculum, in the field of forensic psychiatry. If facilities are not available, alternative arrangements which provide equivalent experience can be submitted in advance for approval by the CMSA Senate or its Examinations and Credentials Committee.
 - 3.1.5 Submit proof of satisfactory progress in exit-level outcomes as certified by the Head of Department or accredited forensic psychiatry unit (see Appendices A and B).
- 3.2. On application to the CMSA Senate, exemption may be granted from part of the examination or certain requirements for those who present evidence of acceptable training and/or examination in one of the Colleges with which there is an arrangement or reciprocity.
 - 3.3. The CMSA may accept from trainees part-time training of up to 50% of the training required for admission to the examination, provided the candidate submits evidence of prior approval by the HPCSA of a part-time training programme acceptable for subspecialist registration.
 - 3.4. Examinations must be passed within 2 years after completion of the training period. Re-certification will be required if the examination is not passed within this time.
 - 3.5 Carry-over of written examination
A candidate who has been invited to the clinical examination and fails the oral aspect of the examination, shall be allowed to re-do ONLY THE ORAL ASPECT AT THE NEXT EXAMINATION (without re-writing the written aspect of the examination).

The carry-over of the written examination is allowed only once ie for the next examination only. Should the candidate fail the oral examination again, then the candidate must re-write the full examination at their next attempt.

Written examination carry-over applies with immediate effect according to the Colleges of Medicine of South Africa Senate meeting held on the 26 October 2017.

4.0 FORMAT OF THE EXAMINATION

The examination comprises two components, a written and a clinical section. The written examination must be passed in order to be eligible for the clinical examination.

In general, the examination will stress clinical competence, but will be sufficiently searching to ensure that the successful candidate has the necessary scientific background upon which to base rational assessments and management strategies.

CONDUCT OF THE EXAMINATION

4.1 WRITTEN EXAMINATION

- 4.1.1 ONE written paper of 3 hours, comprising a minimum of four questions, the format of which may vary.
- 4.1.2 Candidates must write the paper at one single sitting of the examination of the Colleges of Medicine of South Africa
- 4.1.3 In order to *pass the written paper and be eligible for the clinical component* of the examination, a candidate must:
 - achieve an average of 50% or more for the paper AND
 - achieve a minimum of 50% for THREE (3) of the FOUR (4) questions

4.2 CLINICAL EXAMINATION¹

- Candidates will conduct a clinical interview (unobserved), either with a remand detainee that has been referred for psychiatric observation, OR with a state patient who is undergoing rehabilitation. Candidates will present their cases to examiners, and be assessed on clinical findings, forensic assessment and management.
- A clinical oral examination, (viva) separate from the clinical case presentation will be conducted as well.
- Candidates must pass both components with at least 50% in each in order to pass.
- Candidates that have passed the written examination, but failed the clinical will be exempted from the written examination in the next semester. This will be allowed for one cycle only (see 3.5).

¹ Format of clinical examination

APPENDIX A**1.0 GUIDELINES TO THE SYLLABUS FOR THE CERTIFICATE IN THE SUBSPECIALTY OF FORENSIC PSYCHIATRY – Cert Forensic Psychiatry(SA)**

This document is meant as a guide to important topics, which candidates can expect to meet in the examinations.

It does not, however, exclude a basic knowledge of other aspects of these subjects that may be relevant to forensic psychiatry or recent advances that may follow the publishing of these guidelines.

A1: EXIT-LEVEL OUTCOMES AND ASSOCIATED ASSESSMENT CRITERIA

The assessment criteria are the criteria against which the candidate's performance demonstrating the attainment of learning outcomes can be judged.

EXIT-LEVEL OUTCOMES (knowledge, skills, values)	ASSOCIATED ASSESSMENT CRITERIA
1. Critical cross-field outcomes (generic to all teaching and learning)	<ul style="list-style-type: none"> • Satisfactory knowledge of general legal and criminological principles pertinent to forensic psychiatry • Ability to link forensic mental health theory to clinical practice
2. General outcomes (contextually demonstrated general knowledge, skills and values of the programme)	<ul style="list-style-type: none"> • Ability to function satisfactorily in the following settings: <ul style="list-style-type: none"> ▪ Assessments in accordance with the requirements of the Criminal Procedure Act ▪ Assessments of children and adolescents (especially in regard to the Child Justice Act) ▪ Assessments in a variety of civil proceedings, such as determination of competence/capacity, disability claims, child custody, testamentary capacity, sterilisation procedures, curatorship, third party claims, etc. ▪ Writing of psycholegal reports ▪ Provision of expert testimony ▪ Risk assessment and management of those at risk for violent behaviour ▪ Treatment and rehabilitation of state patients ▪ Monitoring of mentally disordered offenders in the community ▪ Ethical issues: especially those concerning dual agency, conflict of interest, demands of justice, autonomy etc
3. Specific outcomes, including professional outcomes, contextually demonstrated	<ul style="list-style-type: none"> • Ability to assess, diagnose, investigate and manage forensic mental health problems • Knowledge of the basic neurosciences that are important in the assessment and management of forensic cases • Knowledge and use of investigative modalities relevant to the field, insight into cost-effectiveness, and appropriate interpretation of findings in the forensic context • Ability to provide assessments and manage forensic cases. This will include documentary evidence of satisfactory supervised experience in: <ul style="list-style-type: none"> ▪ assessing, managing and report writing of at least 40 forensic cases (which may include observations, State Patients, mentally ill prisoners and civil cases) ▪ leadership of the forensic multidisciplinary team, entailing at least 200 ward round hours ▪ court attendance in at least 5 cases (at least 2 of which must entail the provision of expert testimony in court) ▪ managing a state patient ward ▪ applications for reclassification / conditional discharge / unconditional discharge

	<ul style="list-style-type: none"> • Ability to maintain good patient records, to develop and use meaningful data gathering systems (including costing data), and to meet all standard administrative requirements • Knowledge of relevant ethical, legal and policy requirements in forensic practice • Ability to make sound judgements, and to be able to communicate with various stakeholders in the forensic mental health services • Ability to competently manage state patients and mentally ill prisoners in respect of administrative, clinical, rehabilitative and ethical issues • Knowledge and use of currently used forensic risk assessment approaches (clinical and actuarial eg HCR-20, START, etc) • Ability to manage and rehabilitate mentally disordered offenders with empathy and due regard to principles of good practice • Ability to provide leadership within the multidisciplinary team, to trainees, and to other relevant lay and professional groups • Professional and empathic attitude and approach at all times toward remand detainees, patients, caregivers and colleagues
4. Lifelong learning and teaching	<ul style="list-style-type: none"> • Ability to access and assess both new and familiar information critically, process it into a useful form and share it with health care and other colleagues at all levels in ongoing teaching activities. • Ability to communicate effectively in lectures, seminars, workshops, tutorials, journal clubs, and/or conferences, as well as in written forensic reports and correspondence • Adequate attendance of learning, teaching and supervision activities during the training period • Ability to initiate planning and promotion of programmes for mental health education within a community context
5. Research	<ul style="list-style-type: none"> • Ability to identify areas in the field of forensic psychiatry that require further research in order to extend and strengthen the knowledge base with particular reference to the South African situation • Ability to plan and carry out forensic psychiatric research projects • Ability to critically evaluate current forensic psychiatric research findings in order to practice “evidence based psychiatry”

A2: CURRICULUM

1. The law and mental health

- 1.1 Principles of litigation and civil law
- 1.2 The concept of competence/capacity
- 1.3 Principles of criminal law
- 1.4 South African legislation
 - Constitution of RSA (esp Bill of Rights)
 - National Health Act
 - Mental Health Care Act
 - Criminal Procedure Act
 - Child Justice Act
 - Other legislation relevant to forensic mental health
- 1.5 Contractual and testamentary capacity

2. The forensic assessment and process

- 2.1 The criminal defendant
- 2.2 Risk assessment
- 2.3 Alcohol and other substances in the forensic context
- 2.4 Domestic violence
- 2.5 Sexual assault

3. Civil litigation

- 3.1 Psychiatric impairment and disability assessment
- 3.2 Child custody and access
- 3.3 Contractual and Testamentary capacity
- 3.4 Curatorship and Administratorship
- 3.5 Malpractice and negligence
- 3.6 Third party claims assessments

4. Special groups in the forensic context

- 4.1 Prisoners
- 4.2 Children & adolescents
- 4.3 Women
- 4.4 Elderly
- 4.5 Learning disabilities
- 4.6 The impaired health professional
- 4.7 Victims & survivors

5. Professional skills & ethics

- 5.1 Detection of malingering
- 5.2 Writing forensic reports & disclosure of information
- 5.3 Expert evidence & liaising with legal practitioners
- 5.4 Ethical issues:
 - Basic ethical principles & dilemmas, conflict of interest and dual agency etc

A3: RECOMMENDED READING

- Allan, A. (2008). *Law and Ethics in Psychology*. Somerset-West: Inter-Ed Publishers
- Bluglass, R. & Bowden, P. (Eds.) (1990). *Principles and practice of forensic psychiatry*. Edinburgh: Churchill-Livingstone
- Gunn, J & Taylor, P.J. (eds) (2014). *Forensic Psychiatry. Clinical, legal and ethical issues*. Boca Raton: CRC Press (Taylor & Francis Group)
- Grisso, T. (1998). *Forensic Evaluation of Juveniles*. Sarasota: Professional Resource Press
- Heilbrun, K., Grisso, T. & Goldstein, A.M. (Eds.) (2009). *Foundations of forensic mental health assessment*. Oxford: Oxford University Press.
- Kaliski, S. (Ed.) (2006). *Psycholegal assessment in South Africa*. Oxford: Oxford University Press.
- Rosner, R. (Ed.) (2003). *Principles and practice of forensic psychiatry*. 2nd edition. London: Hodder Arnold
- Snyman, C.R. (2002). *Criminal law*. 4th edition. Durban: Butterworths.
- Stone, J.H., Roberts, M., O'Grady, J., Taylor, A.V. & O'Shea, K. (Eds.) (2000). *Faulk's basic forensic psychiatry*. 3rd edition. Oxford: Blackwell Science.
- Simon, R.I. & Gold, L.H. (Eds.) (2004). *Textbook of forensic psychiatry*. Arlington: American Psychiatric Publishing.
- Soothill, K., Rogers, P. & Dolan, M. (Eds.) (2008). *Handbook of forensic mental health*. Devon: Willan Publishing.
- Sparta, S N., & Koocher, G.P. (eds). (2006) *Forensic Mental Health Assessment of Children and Adolescents*. Oxford. Oxford University Press

ADDITIONAL READING

- Ackerman, M.J. (1999). *Essentials of forensic psychological assessment*. New York: John Wiley & Sons
- Appelbaum, P.S. & Gutheli, T.G. (2000). *Clinical handbook of psychiatry and the law*. 4th edition. Philadelphia: Lippincott Williams & Wilkins.
- Drennan, G. & Alred, D. (2012). *Secure Recovery. Approaches to recovery in forensic mental health settings*. London: Routledge
- Fernando, S., Ndegwa, D. & Wilson, M (1998). *Forensic Psychiatry, Race and Culture*. London: Routledge

- Gudjonsson, G.H. & Haward, L.R.C. (2005). *Forensic psychology: a guide to practice*. London: Routledge.
- McMurrin, M., Khalifa, N. & Gibbon, S. (2009). *Forensic mental health*. Devon: Willan Publishing.
- Packer, I.K. (2009). *Evaluation of criminal responsibility*. Oxford: Oxford University Press.
- Weiner, I.B. & Hess, A.K. (Eds.). (2006). *The handbook of forensic psychology*. New Jersey: John Wiley & Sons.
- Wen-Shing T., Matthews, D. & Elwyn, T.D. (2004). *Cultural Competence in Forensic Mental Health*. New York; Brunner-Routledge
- Wix, S. & Humphreys, M. (Eds.) (2005). *Multi-disciplinary working in forensic mental health care*. London: Elsevier.
- Zapf, P.A. & Roesch, R. (2009). *Evaluation of competence to stand trial*. Oxford: Oxford University Press.

APPENDIX B

1.0 CERTIFICATE OF TRAINING – CERT FORENSIC PSYCHIATRY(SA)

The certificate of training must be submitted on application to write the Cert Forensic Psychiatry(SA) examination. All sections must be signed off by the supervising forensic psychiatrist and the Head of Department

NAME:

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INSTITUTION:

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SUBSPECIALTY TRAINING TIME:

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DATE OF COMMENCEMENT:

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DATE OF COMPLETION:

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This candidate has had satisfactory experience and is competent to write the FSFP (SA) examination.

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HOD OR DELEGATE

.....

DATE