

Specialty Training Requirements (STR)

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| Name of Specialty: | Psychiatry |
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Scope of Psychiatry

Psychiatry is a medical specialty focused on the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders.

Purpose of the Residency Programme

The purpose of the Psychiatry Residency Programme is to train proficient general Psychiatrists, and to provide a strong foundation for further subspecialisation. The graduates will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, together with other common medical and neurological disorders related to the practice of psychiatry. In order to prevent fragmentation of care within Psychiatry, fully trained Psychiatrists would be broad in medical knowledge, clinical assessment and diagnosis. In addition, they are expected to be proficient in the standard management of a broad repertoire of common conditions across different subspecialty areas. They are also expected to be proficient in the initial management for urgent and severe subspecialty conditions.

Admission Requirements

At the point of application for this residency programme:

- a) Applicants must be employed by employers endorsed by Ministry of Health (MOH); and
- b) Residents who wish to switch to this residency programme must have waited at least one year between resignation from his/her previous residency programme and application for this residency programme.

At the point of entry to this residency programme, residents must have fulfilled the following requirements:

- a) Hold a local medical degree or a primary medical qualification registrable under the Medical Registration Act (Second Schedule);
- b) Have completed Post-Graduate Year 1 (PGY1); and
- c) Have a valid Conditional or Full Registration with Singapore Medical Council (SMC).

Selection Procedures

Applicants must apply for the programme through the annual residency intake matching exercise conducted by Ministry of Health Holdings (MOHH).

Continuity plan: Selection should be conducted via a virtual platform in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

Less Than Full Time Training

Less than full time training is not allowed. Exceptions may be granted by Specialist Accreditation Board (SAB) on a case-by-case basis.

Non-traditional Training Route

The programme should only consider the application for mid-stream entry to residency training by an International Medical Graduates (IMG) if he/she meets the following criteria:

- a) He/she is an existing resident or specialist trainee in the United States, Australia, New Zealand, Canada, United Kingdom and Hong Kong, or in other centres/countries where training may be recognised by the Specialist Accreditation Board (SAB)
- b) His/her years of training are assessed to be equivalent to local training by JCST and/or SAB.

Applicants may enter residency training at the appropriate year of training as determined by the Programme Director and RAC. The latest point of entry into residency for these applicants is Year 1 of the senior residency phase.

Separation

The PD must verify residency training for all residents within 30 days from the point of notification for residents' separation / exit, including residents who did not complete the programme.

Duration of Specialty Training

The training duration must be 60 months, comprising 36 months of Junior Residency and 24 months of Senior Residency.

Maximum Candidature: All residents must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 36 months beyond the usual length of their training programme. The total candidature for Psychiatry specialty is 60 months Psychiatry residency + 36 months candidature.

“Make-up” Training

“Make-up” training must be arranged when residents:

- Exceed days of allowable leave of absence / duration away from training; or
- Fail to make satisfactory progress in training.

The duration of make-up training should be decided by the CCC and should depend on the duration away from training and / or the time deemed necessary for remediation in areas of deficiency. The CCC will review residents' progress at the end of the “make-up” training period and decide if further training is needed.

Any shortfall in core training requirements must be made up by the stipulated training year and/or before completion of residency training.

Learning Outcomes: Entrustable Professional Activities (EPAs)

Residents must achieve level 4 of the following EPAs by the end of residency training:

| | Title |
|--------------|---|
| EPA 1 | Assessing and managing suicidal risk |
| EPA 2 | Assessing and managing risk of violence |
| EPA 3 | Assessing and managing psychiatric disorders in inpatient and consultation liaison settings |
| EPA 4 | Assessing and managing psychiatric disorders in outpatient and community care settings |
| EPA 5 | Assessing and managing psychiatric emergencies |
| EPA 6 | Leading and working in a clinical team within inpatient and outpatient settings |
| EPA 7 | Providing expert clinical or forensic opinion |

Learning Outcomes: Core Competencies, Sub-competencies and Milestones

The programme must integrate the following competencies into the curriculum, and structure the curriculum to support resident attainment of these competencies in the local context.

Residents must demonstrate the following core competencies:

1) Patient Care and Procedural Skills

Residents must demonstrate the ability to:

- Gather essential and accurate information about the patient
- Counsel patients and family members
- Make informed diagnostic and therapeutic decisions
- Prescribe and perform essential medical procedures
- Provide effective, compassionate and appropriate health management, maintenance, and prevention guidance

Residents must demonstrate the ability to perform:

- Psychiatric Evaluation
- Psychiatric Formulation and Differential Diagnosis
- Treatment Planning and Management
- Psychotherapy
- Somatic Therapies

2) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioural sciences, as well as the application of this knowledge to patient care.

Residents must demonstrate knowledge of:

- Development Through the Life Cycle (Including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology)
- Psychopathology
- Clinical Neuroscience
- Psychotherapy
- Somatic Therapies
- Practice of Psychiatry

3) System-based Practice

Residents must demonstrate the ability to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in inter-professional teams to enhance patient safety and improve patient care quality. This includes effective transitions of patient care and structured patient hand-off processes.
- Participate in identifying systems errors and in implementing potential systems solutions

4) Practice-based Learning and Improvement

Residents must demonstrate a commitment to lifelong learning.

Resident must demonstrate the ability to:

- Investigate and evaluate patient care practices
- Appraise and assimilate scientific evidence
- Improve the practice of medicine
- Identify and perform appropriate learning activities based on learning needs

5) Professionalism

Residents must demonstrate a commitment to professionalism and adherence to ethical principles including the SMC's Ethical Code and Ethical Guidelines (ECEG).

Residents must:

- Demonstrate professional conduct and accountability
- Demonstrate humanism and cultural proficiency
- Maintain emotional, physical and mental health, and pursue continual personal and professional growth
- Demonstrate an understanding of medical ethics and law

6) Interpersonal and Communication Skills

Residents must demonstrate ability to:

- Effectively exchange information with patients, their families and professional associates.
- Create and sustain a therapeutic relationship with patients and families
- Work effectively as a member or leader of a health care team
- Maintain accurate medical records

Other Competency: Teaching and Supervisory Skills

Residents must demonstrate ability to:

- Teach others
- Supervise others

Learning Outcomes: Others

Residents must attend Medical Ethics, Professionalism and Health Law course conducted by Singapore Medical Association (SMA) and Geriatric Medicine Modular Course by Academy of Medicine Singapore (AMS).

Residents must have weekly sessions with their respective supervisor to review their training, including discussion of cases logged.

Curriculum

The curriculum and detailed syllabus relevant for local practice must be made available in the Residency Programme Handbook and given to the residents at the start of residency.

The PD must provide clear goals and objectives for each component of clinical experience.

Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions

Residents must attend a minimum of 80% of dedicated educational and learning activities as indicated in the table below.

In the event of an outbreak whereby face-to-face on-site teaching sessions are disallowed, these learning activities should be conducted online.

The programme must schedule the following learning activities:

| | Mandatory Didactic and Classroom Session | Frequency | Minimal Attendance Required |
|---|---|---------------|-----------------------------|
| Multi-Disciplinary Conference | Grand Rounds | 1 – 2 Monthly | 80% |
| Journal or Evidence-Based Reviews | Journal Club | 1 – 2 Monthly | 80% |
| Teaching Sessions | Didactic | Weekly | 80% |
| Computer aided Instruction, Workshops and CME Conferences | E-learning on Common Curriculum e.g. Patient Safety, Quality Improvement, EBM, CITI, Physician Self Care | 1 – 2 Yearly | 100% |
| Seminars, Workshops | Common Curriculum Workshops E.g. Introduction to Communication Skills, ECT course, Mastering Adverse Outcome, Ethics Course | 1 – 2 Yearly | 100% |

Multi-Disciplinary conferences, journal or evidence-based reviews, teaching sessions can be converted to online learning sessions if required.

Learning Methods and Approaches: Clinical Experiences

In Year 1, residents must rotate through:

- 4 months in General Medicine at TTS defence, NUH or SGH
- 2 months in Neurology at NNI, NUH or SGH
- 6 months in Inpatient Psychiatry at IMH, TTS defence, NUH, SGH or CGH.

In Year 2, residents must rotate through:

- 3 months of Child & Adolescent Psychiatry at IMH or NUH
- 3 months of Elective at IMH, TTS defence, KTPH, CGH, SGH, NUH
- 3 months of Geriatric Psychiatry at IMH, CGH, or NUH
- 3 months of Addiction Medicine at IMH

In Year 3, residents must rotate through:

- 12-month continuity clinic at IMH, TTS defence, KTPH, NUH, NTFGH, SGH or CGH, with concurrent weekly session in Psychodynamic Psychotherapy and Cognitive Behavioural Therapy.

In Year 4, residents must rotate through:

- 3 months of Emergency Psychiatry at IMH
- 3 months of Forensic Psychiatry at IMH
- 3 months of Inpatient Psychiatry at IMH, TTSH, NUH, SGH or CGH
- 3 months of Consultation Liaison Psychiatry at TTSH, KTPH, SGH, SKH, CGH, NUH or NTFGH

In Year 5, residents must have:

- Rotations in Child and Adolescent Psychiatry (Outpatient) and Geriatric Psychiatry (inpatient and outpatient) for a total of 6 months
- Elective rotation(s) for 6 months

Abbreviations:

| | |
|-------|------------------------------------|
| CGH | Changi General Hospital |
| IMH | Institute of Mental Health |
| KKWCH | KK Women's and Children's Hospital |
| KTPH | Khoo Teck Huat Hospital |
| NNI | National Neuroscience Institute |
| NTFGH | Ng Teng Fong General Hospital |
| NUH | National University Hospital |
| SAF | Singapore Armed Forces |
| SGH | Singapore General Hospital |
| SKH | Sengkang General Hospital |
| TTSH | Tan Tock Seng Hospital |

Residents must rotate through hospitals in all 3 the clusters during their training period.

In the event of a protracted outbreak, arrangements should be made for requisite postings to be done within the same hospital or re-arrangements to the order of the postings within the same training year should be made, to allow for the postings to be completed in due course.

Learning Methods and Approaches: Scholarly / Teaching Activities

Residents must complete the following scholarly activities:

| | Name of activity | Brief description: nature of activity, minimum number to be achieved, when it is attempted |
|----|-----------------------------|---|
| 1. | Research project | One oral / poster presentation (as first / second author) at local / overseas conference or one published paper in a peer reviewed journal (as first/second author) based on a research project, by end of R5 |
| 2. | Quality Improvement Project | One QIP project, by end of R5 |

In the event of a protracted outbreak, research and quality improvement projects should continue (*as they are conducted within the site of practice*), with meetings for the research and quality improvement projects conducted via virtual platforms.

Learning Methods and Approaches: Documentation of Learning

Residents must log a minimum of 5 cases related to their respective clinical rotation every 3 months.

Programme must monitor the case logs and proactively address inadequacies.

Summative Assessments

| | | Summative assessments | |
|----|----------|---|-------------------------|
| | | Clinical, patient-facing, psychomotor . | Cognitive, written etc. |
| R5 | Nil | Exit Examination: VIVA – 4 stations: <ul style="list-style-type: none"> • 1 Long Vignette • 3 Short Vignettes/Topical Cases | |
| R5 | Nil | Part 1 – MCQ administered by ABMS | |
| R4 | Nil | Nil | |
| R3 | MRCPsych | MRCPsych | |
| R2 | Nil | Nil | |
| R1 | Nil | Nil | |

| S/N | <u>Learning outcomes</u> | <u>Summative assessment components</u> | | | |
|-----|--|--|-----------------------------|------------------|------------------------|
| | | Component a: WBAs | Component b: Logbook Review | Component c: MCQ | Component d: Viva Exit |
| 1 | EPA 2: Assessing and managing risk of violence | ✓ | ✓ | ✓ | ✓ |
| 2 | EPA 3: Assessing and managing psychiatric disorders in inpatient and consultation liaison settings | ✓ | ✓ | ✓ | ✓ |
| 3 | EPA 4: Assessing and managing psychiatric disorders in outpatient and community care settings | ✓ | ✓ | ✓ | ✓ |
| 4 | EPA 5: Assessing and managing psychiatric emergencies | ✓ | ✓ | ✓ | ✓ |

| | | | | | |
|---|--|---|---|---|---|
| 5 | EPA 6: Leading and working in a clinical team within inpatient and outpatient settings | ✓ | ✓ | x | ✓ |
| 6 | EPA 7: Providing expert clinical or forensic opinion | ✓ | ✓ | x | ✓ |