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DOCTOR OF PSYCHIATRY

TRAINING & ASSESSMENT GUIDEBOOK

A Comprehensive Reference for Specialist Training, Clinical Competency & Professional Development

EXAMINATION & ASSESSMENT

CLINICAL TRAINING & CASE DISCUSSION

TEACHING & LEARNING

RESEARCH & DIGITAL COMPETENCIES

CLINICAL EXCELLENCE
Competent, Compassionate Psychiatric Care

EVIDENCE-BASED PRACTICE
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PROFESSIONALISM & ETHICS
Integrity, Respect & Accountability

EDUCATION & LEADERSHIP
Learning, Mentorship & System Strengthening

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DOCTOR OF PSYCHIATRY (DrPsych) POSTGRADUATE TRAINING GUIDEBOOK

Faculty of Medicine
Universiti Kebangsaan Malaysia

Doctor of Psychiatry (DrPsych)
Postgraduate Training Guidebook

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This guidebook outlines the structure, curriculum, assessment framework, and professional expectations of the Doctor of Psychiatry programme at Universiti Kebangsaan Malaysia (UKM). It serves as a reference for trainees, supervisors, and stakeholders to ensure a consistent, high-quality standard of specialist training in psychiatry.

PREFACE

The Doctor of Psychiatry programme at Universiti Kebangsaan Malaysia (UKM) represents a structured and rigorous pathway in the formation of future psychiatric specialists within Malaysia's healthcare system.

This guidebook has been developed as a comprehensive reference to support trainees, supervisors, and stakeholders in navigating the complexities of postgraduate psychiatric training. It reflects a commitment to academic excellence, clinical competence, and the cultivation of professional integrity in accordance with national standards.

Psychiatry is a discipline that extends beyond the mastery of scientific knowledge. It requires discernment, ethical responsibility, and a deep understanding of the human condition. In caring for individuals at their most vulnerable, the psychiatrist carries both a clinical and moral responsibility one that demands not only skill, but wisdom and humility.

The curriculum presented in this guidebook is aligned with the National Postgraduate Medical Curriculum (NPMC) and incorporates contemporary developments in neuroscience, psychotherapy, and community-based mental healthcare. Emphasis is placed on competency-based training, reflective practice, research engagement, and leadership development.

It is our aspiration that this guidebook will serve not merely as a procedural manual but as a steady reference throughout the training journey, guiding the transition from foundational learning to independent specialist practice.

In the pursuit of knowledge and service, we are reminded that the true value of expertise lies not only in what is known but in how it is applied with integrity, compassion, and responsibility towards others.

ABOUT THIS GUIDEBOOK

This guidebook serves as a structured reference for the Doctor of Psychiatry programme at Universiti Kebangsaan Malaysia (UKM), designed to support postgraduate trainees, supervisors, and training institutions.

It outlines:

- Curriculum structure and progression
- Competency expectations
- Assessment frameworks
- Research requirements
- Supervision and supervisors' roles
- Administrative guidelines
- Remediation policy and faculty support system

This guidebook is aligned with:

- National Postgraduate Medical Curriculum (NPMC)
- National Conjoint Board (Psychiatry)
- Malaysian Medical Council (MMC) standards

It is intended to ensure consistency, transparency, and quality assurance in psychiatric specialist training across institutions.

LIST OF ABBREVIATIONS

Abbreviation	**Meaning**
UKM	Universiti Kebangsaan Malaysia
NPMC	National Postgraduate Medical Curriculum
MMC	Malaysian Medical Council
WBA	Workplace-Based Assessment
CBT	Cognitive Behavioural Therapy
BPT	Brief Psychodynamic Therapy
OSCE	Objective Structured Clinical Examination
MOLC	Modified Observed Long Case
MCQ	Multiple Choice Question
EMQ	Extended Matching Question
OBA	Objective-Based Assessment
NAT	Negative Automatic Thought

FOREWORD

It is with great pleasure that I present this *Doctor of Psychiatry (DrPsych) Postgraduate Training Guidebook* developed by the Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia (UKM).

This guidebook reflects the Department's steadfast commitment to excellence in postgraduate medical education and the cultivation of highly competent psychiatrists. The Doctor of Psychiatry programme at UKM is developed in alignment with national standards, guided by the National Postgraduate Medical Curriculum (NPMC), while remaining responsive to the evolving needs of mental healthcare both locally and globally.

The strength of this programme lies not only in its comprehensive curriculum and rigorous assessment framework, but also in its strong emphasis on professionalism, personal growth, ethical practice, and multidisciplinary collaboration. Psychiatry, as a discipline, requires a careful balance between scientific knowledge and human understanding, a balance that this programme strive to instil in every trainee.

This guidebook serves as an essential reference for both trainees and supervisors, providing clarity in expectations, consistency in training, and alignment with the competencies required of a psychiatrist. It is our hope that it will support trainees in navigating their training journey with purpose, discipline, and integrity.

As advancements in knowledge and clinical practice continue to unfold, we are reminded that the true measure of a psychiatrist lies not only in technical expertise, but also in the ability to serve with compassion, uphold dignity, and exercise wisdom in the care of others.

I would like to extend my sincere appreciation to the editorial committee, contributors, and reviewers for their dedication and invaluable efforts in the development of this guidebook.

Professor Dr. Nik Ruzyanei Nik Jaafar
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Disclaimer

This guidebook is intended for academic and training purposes. While every effort has been made to ensure the accuracy and relevance of its contents, Universiti Kebangsaan Malaysia shall not be held liable for any errors, omissions, or changes in policy. The contents are subject to revision in accordance with institutional and national regulatory updates.

EDITORIAL COMMITTEE

PANEL OF REVIEWERS

This guidebook has undergone review by appointed experts to ensure alignment with national standards and current best practices in psychiatric training.

Internal Reviewers:

Professor Dr Chan Lai Fong

Associate Professor Dr Wan Salwina Wan Ismail

Faculty of Medicine
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The department gratefully acknowledges their valuable contributions and professional insights in strengthening the quality and integrity of this guidebook.

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Chapter 1: Overview of the Psychiatry Postgraduate Training at UKM

This chapter provides a comprehensive overview of the Doctor of Psychiatry (Doktor Pakar Psikiatri) program at Universiti Kebangsaan Malaysia (UKM), detailing its institutional identity, history, and the standardised framework governing psychiatric training in Malaysia.

1.1 Institutional Identity: Universiti Kebangsaan Malaysia

UKM is dedicated to being a forward-looking institution that shapes a dynamic and moral society through knowledge and innovation.

- **UKM Vision:** To be the leading university that precedes the steps of society and its time to form a dynamic, knowledgeable, and virtuous community.
- **UKM Mission:** To be the university of choice that upholds the Malay language and globalises knowledge based on national culture.
- **UKM Goals:**
    - Uphold Malay as a language of knowledge.
    - Develop a dynamic and moral society.
    - Internationalise UKM's image and contribution to the global community.
    - Generate technology beneficial to society.
- **UKM Educational Goal:** To produce graduates who are nationally aspirated, competent, competitive, and innovative.

1.2 History and Program Evolution

The National Conjoint Board (Psychiatry) was established in 2003 with UKM, the University of Malaya (UM), and Universiti Sains Malaysia (USM) as the three pioneer universities. This board standardises the curriculum, examinations, and assessments for the Doctor of Psychiatry (as well as MMed and MPM programs) across public universities to ensure a high national standard of practice. In response to evolving developments in psychiatric practice, advances in medical education, and the need for alignment with national standards, the Doctor of Psychiatry programme at Universiti Kebangsaan Malaysia underwent a comprehensive curriculum revision.

This revised UKM curriculum was implemented for trainees commencing from the November 2022 intake. The updated structure reflects a strengthened emphasis on competency-based training, integration of digital and research competencies, enhanced

workplace-based assessments, and alignment with the National Postgraduate Medical Curriculum (NPMC).

The revision ensures that the programme remains relevant, responsive, and consistent with contemporary clinical, academic, and professional requirements, while maintaining the high standards expected of specialist training in psychiatry.

1.3 Program Justification and Sustainability

The program is critical for national development due to a severe shortage of mental health specialists. As of December 2018, Malaysia had only 410 psychiatrists, resulting in a ratio of 1:120,000, which is far below the World Health Organisation's (WHO) target of 1:10,000. The UKM curriculum is reviewed periodically to ensure it remains relevant to current developments in psychiatry and international market demands while aligning with the National Postgraduate Medical Curriculum (NPMC).

1.4 Program Educational Objectives (PEO)

The UKM program aims to produce psychiatrists who can:

- **PEO 1:** Practice scientific knowledge and digital technology in psychiatry to improve patient care treatment methods.
- **PEO 2:** Lead, communicate, and interact effectively with all stakeholders.
- **PEO 3:** Demonstrate competence in self-management, personal development, lifelong learning, and innovation in psychiatry.
- **PEO 4:** Exhibit behaviour based on the principles of medical ethics and professionalism.

1.5 Program Learning Outcomes (PLO)

Upon successful completion, graduates shall be able to:

1. Explain neuroscience knowledge and psychiatric theories for safe clinical practice.
2. Apply psychiatric knowledge and scientific approaches in patient treatment decisions.
3. Practice clinical skills related to psychiatry in treating patients.

4. Interact efficiently and collaboratively with multidisciplinary staff (e.g., psychologists, social workers).
5. Practice effective information communication in clinical and educational settings.
6. Demonstrate digital literacy in clinical practice.
7. Evaluate numerical data and statistics in psychiatric research literature.
8. Show relationship-building and leadership skills within the healthcare ecosystem.
9. Practice life skills for personal and professional development.
10. Manage psychiatric services and identify entrepreneurial opportunities.
11. Comply with medical ethics and professionalism.

1.6 Admission Requirements

To be eligible for the program at UKM, candidates must meet the following criteria:

- Basic Qualification: A graduate from a university recognised by the Malaysian Medical Council (MMC) and the University Senate.
- Professional Registration: Must be registered with the MMC and possess a full registration certificate.
- Clinical Experience: Minimum of one year of clinical experience after full registration as a medical practitioner.
- Entrance Assessments: Pass the Psychiatry Pre-Admission Examination (MeDex) Band 4 or Parts A or B of the MRCPsych (UK) and pass an interview conducted by the Psychiatry Speciality Committee.
- Language Proficiency:
    - Malay: Satisfactory proficiency for effective patient communication; candidates must attend university Malay language classes.
    - English: For international candidates, a minimum IELTS score of 6.5 or equivalent is required.
    - International Candidates: Must also undergo a minimum of three months of observational clinical training with assessment at the UKM Faculty of Medicine.

For international candidates applying to the Doctor of Psychiatry program at Universiti Kebangsaan Malaysia (UKM), the specific admission requirements, in addition to the general criteria, are as follows:

- English Language Proficiency: Candidates must demonstrate English mastery with a minimum IELTS score of 6.5 or an equivalent qualification approved by the University Senate.
- Mandatory Clinical Training: International applicants must undergo a minimum of three (3) months of clinical training with assessment at the UKM Faculty of Medicine before being fully admitted.
- Malay Language Requirement: Candidates must possess satisfactory Malay language skills to ensure effective communication with patients. Additionally, they are required to attend official Malay language classes offered by the university throughout the duration of the program.
- Basic Medical Qualification: The applicant's medical degree must be from a university recognised by both the Malaysian Medical Council (MMC) and the UKM Senate.
- Professional Registration: Candidates must be registered with the MMC and hold a full registration certificate.
- Entrance Assessments: Applicants must pass the Psychiatry Pre-Admission Examination (MeDex) Band 4 or Parts A or B of the MRCPsych (UK)
- Clinical Experience: A minimum of one year of clinical experience after obtaining full registration as a medical practitioner is required.

1.7 Curriculum Structure and Teaching Methods

The program is a **four-year full-time** coursework course. It is structured into a **three-phase model**:

- **Phase I (Year 1):** Focuses on **Foundational Sciences** (Neurosciences and Basic Psychiatry) and General Psychiatry.

- **Phase II (Years 2 & 3):** Focuses on **Clinical Rotations** (Addiction, Child & Adolescent, Geriatric, Forensic, Neuropsychiatry, and Community Psychiatry) and **Research**.
- **Phase III (Year 4):** The **Consultant-in-training** phase, focusing on Advanced General Psychiatry, Consultation-Liaison Psychiatry, and Leadership and Administrative Management.

Teaching and Learning Methods:

- **Blended learning** is utilised for theoretical teaching in Year 1.
- Face-to-face training for clinical skills and subspecialties.
- Workplace-based teaching, including **CME, Grand Ward Rounds**, and clinical practicums in the Psychiatry Clinic.
- Use of digital technology to create a conducive learning environment.

1.8 Master List of Course Codes and Module Titles

Based on the curriculum structure for the Doctor of Psychiatry program at **Universiti Kebangsaan Malaysia (UKM)**, the following table lists the **29 mandatory courses** in English, organised by their respective codes and modules.

Syllabus Course Codes and Modules (UKM-Specific)

Year/Semester	Course Code	Course Module (English Name)
Year 1, Sem 1	**FFFS 6115**	Neuroscience I
	FFFS 6215	Phenomenology and Psychopathology I
	FFFS 6316	General Clinical Psychiatry I
	FFFQ 6611	Personal and Professional Development I
Year 1, Sem 2	**FFFS 6125**	Neuroscience II
	FFFS 6225	Phenomenology and Psychopathology II
	FFFS 6326	General Clinical Psychiatry II
	FFFQ 6621	Personal and Professional Development II

Year 2, Sem 1	**FFFS 6136**	General Clinical Psychiatry III
	FFFS 6235	Psychiatry Subspecialty I
	FFFS 6332	Research (Psychiatry) I
	FFFQ 6631	Personal and Professional Development III
Year 2, Sem 2	**FFFS 6145**	Psychiatry Subspecialty II
	FFFS 6245	Psychiatry Subspecialty III
	FFFS 6345	Psychiatry Subspecialty IV
	FFFQ 6641	Personal and Professional Development IV
Year 3, Sem 1	**FFFS 6155**	Psychiatry Subspecialty V
	FFFS 6255	Psychiatry Subspecialty VI
	FFFS 6352	Research (Psychiatry) II
	FFFQ 6651	Personal and Professional Development V
Year 3, Sem 2	**FFFS 6166**	General Clinical Psychiatry IV
	FFFS 6262	Research (Psychiatry) III
	FFFQ 6661	Personal and Professional Development VI
Year 4, Sem 1	**FFFS 6175**	Liaison Psychiatry
	FFFS 6272	Research (Psychiatry) IV
	FFFQ 6671	Personal and Professional Development VII
Year 4, Sem 2	**FFFS 6186**	General Clinical Psychiatry V
	FFFS 6284	Research (Psychiatry) V
	FFFQ 6681	Personal and Professional Development VIII

Summary of Course Classifications

- **Neuroscience Modules (FFFS 6115, 6125):** Focus on the scientific basis of psychiatry, including neuroanatomy, neurophysiology, and psychopharmacology.
- **Phenomenology Modules (FFFS 6215, 6225):** Cover communication skills, psychiatric history-taking, and symptom formation.

- **General Clinical Psychiatry Series (FFFS 6316 – 6186):** Covers comprehensive clinical practice from foundational (Phase I) to advanced consultant-in-training levels (Phase III).
- **Psychiatry Subspecialty Series (FFFS 6235 – 6255):** Dedicated rotations in specialised areas such as Geriatrics, Child and Adolescent, Addiction, Forensic, and Community psychiatry.
- **Personal and Professional Development Series (FFFQ 6611 – 6681):** Focuses on leadership, medical ethics, professionalism, and administrative management.
- **Research (Psychiatry) Series (FFFS 6332 – 6284):** Tracks the mandatory research process from proposal writing and ethics submission to the final dissertation defence.

1.9 Assessment Framework Overview

The program integrates two categories of assessment:

1. **Formative Assessments:** Continuous workplace-based assessments (WBAs) such as **Case-Based Discussion (CBD)**, **Mini-CEX**, and **Procedure/Intervention-Based Assessments (PBA/IBA)**.
2. **Summative Assessments:** High-stakes evaluations conducted at the end of each phase:
    - **Part I:** Written theory (MCQ/EMQ/SBA) and 2 Short Cases Clinical Examination.
    - **Part II:** Written theory (Long Essays/Critical Appraisals), OSCE, and Modified Observed Long Case.
    - **Part III (Exit Exam):** Research Dissertation Viva and Consultation Viva.

Candidates must pass the written and clinical examinations independently with a minimum of **50%**. Candidates who fail the same examination **three times** are subject to termination of candidature.

Chapter 2: Curriculum Structure and Syllabus

2.1 Curriculum Overview

The Doctor of Psychiatry program at UKM is a **four-year, full-time coursework program**. The curriculum is designed to produce specialists with advanced clinical skills and scientific reasoning, built upon seven core syllabus modules: **Neurosciences, Basic Psychiatry, Psychiatric Disorders, Leadership and Administrative Management, Assessment and Therapeutic Skills, Research, and Specialised Areas**.

2.2 Teaching and Learning Methods

UKM employs diverse pedagogical approaches to ensure trainees achieve the required clinical and professional competencies:

- **Year 1:** Theoretical components for general clinical modules are delivered through **blended learning**.
- **Years 2–4:** Training shifts to **face-to-face** instruction, including subspecialty rotations, workplace-based teaching, **CME (Continuing Medical Education), Grand Ward Rounds**, and clinical practicums in psychiatric clinics.
- **Digital Integration:** The program utilises the latest digital technology to create a modern and conducive learning environment.

2.3 UKM Course Structure (29-Course Plan)

The curriculum is organised into **29 mandatory courses** distributed across eight semesters.

Year 1: Foundational Sciences and Basic Psychiatry

- **Semester 1:** Neuroscience I (FFFS 6115), Phenomenology and Psychopathology I (FFFS 6215), General Clinical Psychiatry I (FFFS 6316), and Personal and Professional Development I (FFFQ 6611).
- **Semester 2:** Neuroscience II (FFFS 6125), Phenomenology and Psychopathology II (FFFS 6225), General Clinical Psychiatry II (FFFS 6326), and Personal and Professional Development II (FFFQ 6621).

Year 2: Clinical Rotations and Research Initiation

- **Semester 1:** General Clinical Psychiatry III (FFFS 6136), Psychiatry Subspecialty I (FFFS 6235), Research (Psychiatry) I (FFFS 6332), and Personal and Professional Development III (FFFQ 6631).
- **Semester 2:** Psychiatry Subspecialty II (FFFS 6145), Psychiatry Subspecialty III (FFFS 6245), Psychiatry Subspecialty IV (FFFS 6345), and Personal and Professional Development IV (FFFQ 6641).

Year 3: Advanced Subspecialties and Research Progress

- **Semester 1:** Psychiatry Subspecialty V (FFFS 6155), Psychiatry Subspecialty VI (FFFS 6255), Research (Psychiatry) II (FFFS 6352), and Personal and Professional Development V (FFFQ 6651).
- **Semester 2:** General Clinical Psychiatry IV (FFFS 6166), Research (Psychiatry) III (FFFS 6262), and Personal and Professional Development VI (FFFQ 6661).

Year 4: Consultant-in-Training

- **Semester 1:** Liaison Psychiatry (FFFS 6175), Research (Psychiatry) IV (FFFS 6272), and Personal and Professional Development VII (FFFQ 6671).
- **Semester 2:** General Clinical Psychiatry V (FFFS 6186), Research (Psychiatry) V (FFFS 6284), and Personal and Professional Development VIII (FFFQ 6681).

2.4 Syllabus Module Highlights

Module 1: Neurosciences This module provides the scientific basis for understanding psychiatric conditions, covering neuroanatomy, neurophysiology, neurochemistry, psychopharmacology, immunology, and genetics. Trainees learn to integrate neuroscience evidence into the pathophysiology of clinical disorders.

Module 2: Basic Psychiatry This focuses on the fundamentals of phenomenology and psychopathology, alongside the influence of socio-cultural factors, religion, and spirituality on mental health. Trainees must master psychiatric interviewing and the systematic presentation of findings.

Module 3: Psychiatric Disorders Trainees study a comprehensive list of common and rare conditions, including depressive and anxiety disorders, schizophrenia spectrum, bipolar disorders, obsessive-compulsive disorder, trauma-related disorders, personality disorders, and neurocognitive disorders.

Module 4: Specialised Areas (Subspecialty Rotations) Trainees rotate through six essential areas to build broad clinical expertise:

- **Psychogeriatrics (Subspecialty I):** Safe practice and management of mental health in older adults.
- **Community and Rehabilitation (Subspecialty II):** Recovery-oriented care and collaboration with stakeholders in the community.
- **Forensic Psychiatry (Subspecialty III):** Legal aspects of psychiatry and management of patients within the justice system.
- **Addiction Psychiatry (Subspecialty IV):** Treatment and prevention of substance use and behavioural addictions.
- **Child and Adolescent Psychiatry (Subspecialty V):** Management of psychiatric conditions in young populations.
- **Neuropsychiatry/Neuromedical (Subspecialty VI):** Managing psychiatric issues related to neurological diseases.
- **Consultation-Liaison Psychiatry:** Assessing and treating psychiatric symptoms in patients with comorbid physical illnesses.

Module 5: Assessment and Therapeutic Skills. Trainees must attain proficiency in high-stakes clinical tasks.

- **Assessments:** Suicide risk, mental capacity for treatment consent/refusal, and violence risk management.
- **Therapies:** CBT, Brief Psychodynamic Therapy, Supportive Psychotherapy, Crisis Intervention, and Family Therapy.
- **Biological:** Mastery of correct techniques and post-treatment monitoring for Electroconvulsive Therapy (ECT).

Module 6: Research. This mandatory sequence (Research I to V) guides trainees through literature searching, proposal defence, ethical approval, data collection, and manuscript writing, culminating in a viva voce thesis defence.

Module 7: Leadership and Personal/Professional Development is delivered through the FFFQ course series. This module builds skills in medical ethics, effective communication, decision-making, and leadership within the healthcare ecosystem.

2.5 Standardised Competency Levels

Trainees are assessed against standardised levels of knowledge and skill (Levels 1 to 6) as they progress.

- **Knowledge Levels:** Range from basic description (Level 1) to the ability to adopt advanced, evidence-based research into practice (Level 6).
- **Skill Levels:** Range from observation (Level 2) to the independent management of complex cases and potential complications (Level 6)

The following standardised competency tables outline the levels of knowledge and skills required for trainees in the Doctor of Psychiatry program at UKM. These frameworks ensure that trainees progress from foundational understanding to independent specialist practice.

2.5.1 Standardised Knowledge Competency Levels

This table defines the six levels of theoretical understanding used to evaluate a trainee's progression throughout the four-year program.

Level	Knowledge Descriptor	Example: General Psychopathology
Level 1	**No specific knowledge**	Able to describe the basic knowledge of basic psychopathology.
Level 2	**Knows of**	Able to explain common psychiatric psychopathology.
Level 3	**Knows basic concepts**	Able to apply essential psychopathology in clinical practice (e.g., disorders of thought and speech).
Level 4	**Knows generally**	Able to relate various psychopathology and phenomenology with common basic theories (e.g., personality or cognitive theories).
Level 5	**Knows specific diagnosis**	Able to formulate and integrate the clinical manifestations of the individual patient with underlying psychopathology and theories.
Level 6	**Knows specifically and broadly**	Able to synthesise existing theories and adapt new, current explanations for manifestations of psychiatric illnesses on an individual basis.

2.5.2 Standardised Clinical Skill Competency Levels

This framework is used to assess a trainee's ability to perform clinical tasks, ranging from observation to complex, independent management.

Level	Skill Descriptor	Example: Management of Clinical Disorders
Level 1	**No experience expected**	Able to describe the basic management of psychiatric disorders.
Level 2	**Has observed or knows of**	Able to identify the necessary skills and techniques for the management of the disorder.
Level 3	**Can manage with assistance**	Able to develop skills such as interviewing, history taking, and choosing a correct diagnosis under supervision.
Level 4	**Can manage whole with assistance**	Able to perform comprehensive clinical skills and assess underlying factors contributing to a diagnosis with minimal assistance.
Level 5	**Able to manage without assistance**	Able to formulate/evaluate complex cases and develop treatment plans independently, including managing potential common complications.
Level 6	**Able to manage complex cases**	Able to implement and adopt updated evidence-based management for highly complex cases and their associated potential complications.

2.5.3 Competency Example: Specialised Areas (Forensic Psychiatry)

Trainees must demonstrate specialised competencies during their subspecialty rotations in Phases II and III.

Level	Knowledge in Forensic Psychiatry	Skills in Forensic Psychiatry
Level 3	Knows basic concepts in forensic psychiatry.	Can develop skills like interviewing and eliciting relevant signs/symptoms in a forensic setting with supervision.
Level 4	Able to relate general psychiatry knowledge into a forensic setting.	Can perform comprehensive clinical skills to assess underlying factors in forensic issues with assistance.

Level 5	Able to identify common symptoms, justify psychopharmacology, and knows related law.	Able to formulate/evaluate complex forensic cases and develop treatment plans without assistance.
Level 6	Advanced knowledge (testamentary capacity, court proceedings, and expert report writing).	Able to implement and adopt the most updated evidence-based management in forensic cases.

2.5.4 Competency Example: Therapeutic Skills (Cognitive Behavioural Therapy)

For psychotherapies like **CBT** and **Brief Psychodynamic Therapy (BPT)**, trainees are evaluated on their ability to move from theory to supervised practice, eventually reaching a level suitable for independent practice (Minimum Level 3 required).

Level	Knowledge of CBT	Skills in CBT
Level 1	Describe general knowledge of CBT.	Perform proper clerkship and use essential interview techniques for a therapeutic relationship.
Level 2	Describe a brief procedure for CBT.	Use **Socratic questioning** to elicit automatic negative thoughts and carry out relaxation/breathing techniques.
Level 3	Explain basic concepts and brief procedures for conducting CBT.	Elicit, challenge, and replace negative thoughts; motivate patients toward behavioural change under supervision.
Level 4	Explain underlying psychological models and detailed step-by-step procedures.	Integrate all psychological skills and develop effective therapeutic relationships independently.
Level 5	Explain suitability criteria for patients and justify treatment options.	Formulate and use CBT for managing highly complex cases and develop treatment plans without assistance.
Level 6	Explain advanced and updated research/evidence related to CBT.	Enhance CBT techniques and adopt the latest evidence into specialised therapy for complex cases.

2.5.5 Summary of Target Competencies by Phase

Trainees are expected to reach specific milestones (K = Knowledge, S = Skill) by the end of each training year:

- **On Entry:** Typically, **K1–K3** and **S1–S2**. Focus is on basic medical sciences.
- **Specialist Phase 1 (Year 1):** Target **K4** and **S3**. Focus is on general clinical psychiatry and foundational neurosciences.
- **Specialist Phase 2–3 (Years 2 & 3):** Target **K5** and **S4–S5**. Focus is on subspecialty rotations and initiating independent management.
- **Specialist Phase 4 (Year 4):** Target **K6** and **S6**. Trainees act as **Consultants-in-training**, managing complex cases, leading teams, and finalising research.

2.6 Detailed Module Content and Learning Requirements

The detailed content for each of the seven core modules in the **Doctor of Psychiatry** program at **Universiti Kebangsaan Malaysia (UKM)** is outlined in the table below. This content is designed to advance trainees through progressive knowledge and skill levels over four years.

To provide a comprehensive study guide, the following sections detail the seven modules of the Malaysian Psychiatric Curriculum at UKM, including specific topics, symptoms, diagnostic skills, and required interventions as outlined in the curriculum.

Module 1: Neurosciences

This module establishes the scientific foundation for clinical management.

- **1A: Neuroanatomy:** Students must understand the gross brain structure (lobes, sulci, ventricles), cranial nerves, spinal pathways, blood supply, the limbic system (emotional regulation), and the basal ganglia.
- **1B: Neurophysiology:** Focuses on action potentials, the autonomic nervous system (ANS), sensory/motor systems, the physiology of sleep and consciousness, endocrine physiology, and electroencephalography (EEG).
- **1C: Psychopharmacology:** Covers pharmacokinetics and pharmacodynamics. Students must master the mechanism of action, efficacy, and safety profiles of antipsychotics, antidepressants, anxiolytics, and mood stabilisers.
- **1D: Neurochemistry:** Includes the synthesis and pathways of neurotransmitters and neuropeptides, and the structure/function of receptors.
- **1E: Basic Immunology:** Focuses on cellular and humoral immune responses.

- **1F: Genetics:** Covers chromosomes, DNA synthesis, modes of inheritance, and the emerging fields of psycho-genomics and epigenetics.
- **1G: Psychological Sciences:** Includes theories of learning, motivation, memory, emotions, intelligence, personality, and psychological development.

Module 2: Basic Psychiatry

This module provides the basis for understanding symptom formation.

- **2A: Phenomenology & Psychopathology:** Includes in-depth study of disorders of perception (hallucinations/illusions), thought (content and form), speech, memory (amnesia/paramnesia), consciousness, and emotion. It also covers theories of personality and Beck's cognitive theories.
- **2B: Socio-Cultural Psychiatry:** Examines the impact of industrialisation and family structure changes, health-seeking behaviours, and ethnography in Malaysia's multi-racial society, including culture-bound syndromes.
- **2C: Religion and Spirituality:** Focuses on the relationship between core beliefs and mental health, the bio-psycho-social-spiritual formulation, and spiritual interventions.

Module 3: Psychiatric Disorders

Trainees must prioritise disorders into **Common** vs. **Rare/Critical** conditions.

- **3A: Depressive Disorders:** MDD and Persistent Depressive Disorder are common. **Key symptoms:** Persistent low mood, guilt, reduced concentration, and suicidality.
- **3B: Anxiety Disorders:** Includes GAD, Panic, Social Phobia, and Selective Mutism (rare). **Key diagnostic skill:** Differentiating medical vs. psychiatric causes through physical exams.
- **3C: Schizophrenia Spectrum:** Focuses on delusions, hallucinations, negative symptoms, and cognitive deterioration. **Treatments:** Antipsychotics, family intervention, and psychosocial rehabilitation.
- **3D: Bipolar Disorders:** Bipolar I and II. **Key symptoms:** Elevated/expansive mood, **grandiosity**, and flight of ideas.
- **3E: Neurocognitive Disorders:** Includes Delirium, Alzheimer's, and Vascular dementia. Trainees must manage Behavioural and Psychological Symptoms of Dementia (BPSD) and evaluate caregiver needs.

- **3F: Personality Disorders:** Focuses on Borderline PD (common) and clusters A, B, and C. **Intervention:** Dialectic Behavioural Therapy (DBT) and supportive psychotherapy.
- **3G: Substance Abuse:** Covers intoxication, withdrawal management (delirium tremens), dual diagnosis, and harm reduction (e.g., substitution therapy).

Module 4: Specialised Areas

- **4A: Addiction:** Focuses on alcohol, illicit substances, and behavioural addictions (e.g., gambling/internet).
- **4B: Child & Adolescent:** Includes ASD, ADHD, conduct disorders, and child abuse/neglect.
- **4C: Community & Rehab:** Covers the National Mental Health Policy, Mental Health Act 2001, and vocational rehabilitation.
- **4D: Consultation-Liaison:** Managing psychiatric symptoms in the medically ill, including HIV, psycho-oncology, and renal transplants.
- **4E: Forensic Psychiatry:** Involves legal terminology, criminal responsibility, and expert report writing.
- **4F: Geriatric:** Focuses on healthy aging, end-of-life care, and mental capacity.
- **4G: Neuropsychiatry:** Managing psychiatric presentations of epilepsy, brain **injuries**, and demyelinating diseases.

Module 5: Assessment & Therapeutic Skills

Trainees must attain proficiency in high-stakes clinical tasks.

- **Assessments:** Suicide risk, mental capacity for treatment consent/refusal, and violence risk management.
- **Therapies:** CBT, Brief Psychodynamic Therapy, Supportive Psychotherapy, Crisis Intervention, and Family Therapy.
- **Biological:** Mastery of correct techniques and post-treatment monitoring for Electroconvulsive Therapy (ECT).

Module 6: Research in Psychiatry

- **6A: Clinical Epidemiology & Biostatistics in Psychiatry:** This module develops trainees' ability to interpret psychiatric research, apply statistical reasoning, and practice evidence-based care. It covers core concepts in epidemiology, study design, bias, and commonly used statistical methods, with emphasis on real-world clinical application.
- **6B: Research:** Students must navigate the full research cycle: topic identification, proposal defence, ethical approval (IRB), data analysis, and viva voce. They must learn to critically appraise research methodology and bias.

Module 7: Leadership and Administrative Management

This module prepares future specialists for governance roles. It covers medical ethics, professionalism, conflict resolution, and managing psychiatric services within the healthcare ecosystem

2.7 Subspecialty Posting Schedule and Durations

During **Phase II (Years 2 and 3)** of the psychiatry program, trainees undergo rotations in six core psychiatric subspecialties. These rotations are designed to provide advanced clinical exposure and build competency in specialised patient care.

The specific subspecialties and their typical placement durations are as follows:

- **Addiction Psychiatry:** 3 months.
- **Child and Adolescent Psychiatry:** 4 months.
- **Geriatric Psychiatry (Psychogeriatrics):** 3 months.
- **Forensic Psychiatry:** 3 months.
- **Neurology / Neuropsychiatry:** 3 months.
- **Community and Rehabilitation Psychiatry:** 3 months.

In addition to these subspecialty placements, the 24-month duration of Phase II also includes approximately **5 months of General Psychiatry II** to maintain core clinical skills. During this phase, trainees are also required to initiate their **research project** and complete supervised training in **Cognitive Behavioural Therapy (CBT)** and **Brief Psychodynamic Therapy (BPT)**.

2.8 Research: Structural Framework and Timeline

2.8.1 Research Philosophy and Ethical Integrity

All psychiatric research must be grounded in ethical integrity. Studies involving human participants **must obtain ethical approval** from the respective Institutional Review Board (IRB) or Research Ethics Committee before data collection commences.

- **Mandatory Requirement for Part II Exam:** It is **compulsory** for students to submit **proof of ethics submission** (or approval) as part of the eligibility criteria to sit for the **Part II Summative Examination**.

2.8.2 Acceptable Research Types

The research must be relevant to mental health and demonstrate originality and clinical significance. Acceptable formats include:

- **Quantitative studies** (observational, interventional, cohort, or cross-sectional).
- **Qualitative studies** (phenomenological, grounded theory, or thematic analysis).
- **Mixed-methods research**.
- **Systematic reviews or meta-analyses**.

2.8.3 Supervision Structure

Each candidate is assigned an approved **Research Supervisor** who is typically the candidate's Academic Supervisor (and co-supervisor if necessary), typically during Phase II or III. Supervisors are responsible for guiding topic formulation, methodological design, ethical submissions, and manuscript preparation. Candidates must document meetings and progress reports in their logbook, and supervisors must submit a report every six months (February and August).

2.8.4 Research Timeline and Milestones

The research structure follows a progressive timeline with specific mandatory gates:

Phase/Year	Activity & Mandatory Requirements
Year 1	Identify research area, literature review and feasibility discussion.
Year 2 (Early)	Develop a detailed proposal and conduct a **Departmental Proposal Defence**.

Year 2 (Mid)	**Mandatory Gate:** Submit **Proof of Ethics Submission** to the relevant IRB/Ethics Committee. This is a prerequisite for Part II Examination eligibility.
Year 2–3	Conduct data collection and maintain regular supervisor meetings.
Year 3 (Late)	Complete data analysis and begin drafting the manuscript.
Year 4	Finalise manuscript in IMRAD format and prepare for evaluation.
Graduation	**Mandatory Gate:** Submit **Proof of Manuscript Submission** to an **indexed journal** (e.g., SCOPUS, WOS) as a core criterion for graduation.

2.8.5 Manuscript Submission and Graduation Criteria

Upon completion of the research project, trainees must prepare their findings in a manuscript format that complies with the "Instructions for Authors" of a target-indexed journal.

1. **Exemption Policy:** Candidates whose research has been **accepted for publication** in an indexed scientific journal (e.g., SCOPUS, WOS) may be considered for exemption from the dissertation viva, subject to university regulations.
2. **Compulsory Criterion for Graduation:** Regardless of viva exemption, all candidates are required to provide **proof of manuscript submission** to an indexed journal. This documentation must be included in the final portfolio submission to be eligible for the conferment of the degree.

2.8.6 Evaluation and Viva Voce

The evaluation remains a two-stage process:

- **Stage 1:** Manuscript review by two appointed assessors.
- **Stage 2:** Oral defence (**Viva Voce**) assessing the trainee's understanding of methodology, data interpretation, and clinical implications.
- Successful completion of the research project and a **satisfactory portfolio review** are mandatory prerequisites for eligibility to sit for the Part III Exit Examination. The final mark is typically weighted, for example, 70% for the written component and 30% for the viva presentation.

Proof of both **ethics' submission** (at the Phase II stage) and **manuscript submission** (at the Phase III stage) is an essential component of the **satisfactory portfolio** required to complete the program.

2.9 Psychotherapy: Supervised Training and Protocol Requirements

Psychotherapy training is a mandatory component of the **Syllabus Module 5: Assessment Procedures and Therapeutic Skills**, designed to transition trainees from theoretical knowledge to clinical proficiency. While initial exposure begins in **Phase I (Year 1)**, the intensive supervised training occurs during **Phase II (Years 2 and 3)**.

2.9.1 Mandatory Protocols and Case

To demonstrate clinical competence, every trainee must complete and submit **two satisfactory psychotherapy protocols**. These cases must be conducted under the supervision of a trained psychiatrist or appointed assessor.

- **Case 1:** One protocol for **Cognitive Behavioural Therapy (CBT)**.
- **Case 2:** One protocol for **Brief Psychodynamic Therapy (BPT)**.
- **Additional Modalities:** Trainees are also required to cover and be assessed on **Supportive Psychotherapy** and **Psychoeducation** as part of their broader clinical skills.

2.9.2 Psychotherapy Assessment Process (IBA/PBA)

Assessments are formative and workplace-based, conducted through **Intervention-Based Assessments (IBA)**.

- **Frequency:** For each supervised protocol case (CBT and BPT), the trainee must undergo **three structured assessments**: the **initial session**, a **mid-course session**, and the **final session**.
- **Evaluation Evidence:** Assessments are based on direct observation or the review of **session recordings**, **narrative transcripts**, and **process notes**.
- **Competency Rating:** Trainees are rated on a **1 to 5 scale** across four domains: **Case formulation, Therapeutic alliance, Interventional technique**, and **Self-reflection**.

- **Requirement for Independent Practice:** Trainees must achieve at least **Level 3** (Able to perform with supervision) to **Level 4** (Competent to perform unsupervised) before engaging in independent psychotherapy practice.

2.9.3 Cognitive Behavioural Therapy (CBT) Requirements

CBT training focuses on understanding cognitive models and identifying negative automatic thoughts (NATs).

- **Knowledge Milestones:** Trainees must progress from describing brief procedures to explaining underlying psychological theories and detailed step-by-step methods.
- **Skills Covered:** Use of Socratic questioning, positive reinforcement, emotional validation, and rehearsing behavioural techniques (e.g., relaxation and breathing).
- **Goal:** The candidate should be able to formulate and evaluate complex cases and adapt CBT for individual psychiatric illnesses independently (Year 4).

2.9.4 Brief Psychodynamic Therapy (BPT) Requirements

This modality focuses on increasing the patient's self-awareness and understanding the relationship between the past and present.

- **Structure:** Typically involves a time-limited frame of 12 to 15 weekly sessions, though some curriculum validation forms note a range of 15 to 25 sessions.
- **Key Competencies:** Trainees must master transference and countertransference management, the identification of attachment styles, and managing patient resistance.
- **Process:** Includes 1–4 assessment sessions followed by the development of a collaborative treatment objective and a clear contract for termination.

2.9.5 Documentation and Portfolio Review

Proper documentation is a prerequisite for sitting for summative examinations.

- **Logbook:** Trainees must record every session conducted, dates, and supervisor comments, each validated by a signature.
- **Portfolio:** Summaries of psychotherapy cases and their corresponding evaluation forms must be compiled into the printed portfolio.

- **Reflective Practice:** Both the trainee and the trainer are required to write self-reflective reports following IBA sessions.
- **Satisfactory Review:** A trainee's portfolio must be certified as "Satisfactory" during the annual appraisal to progress to the next phase of training.

2.9.6 Assessment Criteria for Psychotherapy Sessions (IBA)

Trainees are assessed during their psychotherapy sessions (initial, mid, and final) using structured validation worksheets that define positive and negative clinical behaviours.

A. Brief Psychodynamic Therapy (BPT) Criteria

The assessor evaluates the trainee's ability to manage the therapeutic frame and unconscious processes.

Domain	Positive Behaviours (Competency Requirements)	Negative/Passive Behaviours (Failure Criteria)
Consent & Contract	Adequately describes the therapy (15–25 sessions), establishes weekly frequency, and forms objectives collaboratively.	Fails to discuss consent or excludes patient opinion in deciding treatment focus.
Deliberation	Selects a suitable patient indicated for brief therapy.	Selects patients who are acutely psychotic, actively abusing substances, or unable to commit to regular sessions.
Preparation	Discusses the case with the supervisor after every session and forms an initial psychodynamic formulation.	Rarely discusses the case or starts the first session without a formulation or diagnosis.
Technique	Develops alliance via empathy/affirmation; listens with "evenly-suspended attention"; employs an active stance.	Fails to explore unconscious motivations, development trajectory, or attachment styles.
Transference	Identifies and manages countertransference; manages the transference process throughout the therapy.	Regularly acts on countertransference without processing it or remains unaware of transference.

B. Cognitive Behavioural Therapy (CBT) Criteria

The focus is on the trainee's ability to apply the cognitive model and behavioural techniques effectively.

Domain	Positive Behaviours (Competency Requirements)	Negative/Passive Behaviours (Failure Criteria)
Consent	Adequately describes nature and frequency through mutual dialogue; collaboratively forms treatment objectives.	Ignores the patient's right to knowledge; forms unrealistic objectives and forces patient acceptance.
Preparation	Obtains adequate history to form an initial cognitive formulation.	Initiates therapy without a formulation or misses relevant core issues.
Interventional Technique	Educates patient on the cognitive model; teaches and rehearses behavioural techniques (e.g., relaxation).	Haphazardly describes the model; simplistically teaches techniques without ensuring patient understanding.
NATs & Beliefs	Competently identifies, monitors, and challenges Negative Automatic Thoughts (NATs) and core beliefs.	Ignores NATs or identifies them but fails to replace them with positive alternative beliefs.
Termination	Prepares patient for termination based on mutual agreement; motivates client for future empirical testing.	Fails to prepare the patient for the end of the therapeutic relationship.

Chapter 3: Assessment and Monitoring Tools

3.1 Introduction and Framework

The Doctor of Psychiatry program employs a continuous, competency-based assessment framework that integrates both formative and summative evaluations throughout the four years of training. The primary functions of this strategy are to monitor learning, identify training gaps, assess readiness for progression, and ensure that trainees can provide safe and effective patient care as specialists. The curriculum emphasises direct observation, timely feedback, and reflective practice.

3.2 Formative Assessments: Workplace-Based Assessments (WBAs)

Formative assessments are "in-training" measurements designed to facilitate the learning process through structured feedback. These assessments are conducted by arrangement between the trainer and trainee throughout the clinical postings.

WBA Tools:

- **Mini-Clinical Evaluation Exercise (Mini-CEX):** Focuses on clinical interviewing, Mental State Examination (MSE), and communication skills. Trainees require a minimum of 4–6 per year.
- **Case-Based Discussion (CBD):** A discussion regarding a case managed by the trainee to assess clinical reasoning, decision-making, and documentation. Trainees require a minimum of 4–6 per year.
- **Professional Presentation (PP):** Observation of a trainee presenting a psychiatric topic to an audience, assessing their ability to prepare and discuss scientific material. A minimum of 2 per year is required.
- **Procedure-Based Assessment (PBA) & Intervention-Based Assessment (IBA):** Used to assess technical skills in specialised procedures (e.g., suicide risk assessment) and interventions (e.g., psychoeducation or crisis intervention).

According to the National Postgraduate Medical Curriculum (NPMC) standards followed by Universiti Kebangsaan Malaysia (UKM), trainees are required to complete a specific minimum number of workplace-based assessments (WBAs) each year:

- Year 1: Minimum of 15 assessments.
- Year 2: Minimum of 16 to 19 assessments.

- Year 3: Minimum of 16 to 19 assessments.
- Year 4: Minimum of 15 assessments.

3.2.1 Mandatory WBAs by Phases

Phase I (Year 1: General Psychiatry)

Trainees must complete a **total of 15** assessments:

- **CBD:** 4 per year.
- **Mini-CEX:** 4 per year.
- **Professional Presentation (PP):** 2 per year.
- **PBAs:**
    - Suicide risk assessment (1).
    - Violence risk assessment (1).
- **IBAs:**
    - Psychoeducation (1).
    - Supportive Psychotherapy (1).
    - Electroconvulsive Therapy (ECT) (1).

Phase II (Years 2 & 3: Subspecialty Rotations)

Trainees must complete **16–19** assessments each year:

- **CBD:** 6 per year.
- **Mini-CEX:** 6 per year.
- **Professional Presentation (PP):** 2 per year.
- **IBAs:**
    - Problem solving (1 in Year 2; 1 in Year 3).
    - Family intervention (1 in Year 3).
    - Motivational Interviewing (1 in Year 2).
    - Cognitive Behaviour Therapy (CBT): 3 assessments (Initial, Middle, and Termination sessions).

- **Psychodynamic Psychotherapy:** 3 assessments (Initial, Middle, and Termination sessions).

Phase III (Year 4: Advanced Clinical & Leadership)

Trainees must complete a **total of 15** assessments:

- **CBD:** 4 per year.
- **Mini-CEX:** 4 per year.
- **Professional Presentation (PP):** 3 per year.
- **PBAs:**
  - Mental capacity assessment (1).
- **IBAs:**
  - Problem solving (1).
  - Crisis intervention (1).
  - Family intervention (1).

Summary Table of Minimum Requirement

Assessment Type	Phase I (Year 1)	Phase II (Year 2)	Phase II (Year 3)	Phase III (Year 4)
CBD	**4**	**6**	**6**	**4**
Mini-CEX	**4**	**6**	**6**	**4**
PP	**2**	**2**	**2**	**3**
PBA	**2**	**-**	**-**	**1**
IBA (General)	**3**	**2**	**2**	**3**
IBA (Psychotherapy)	**-**	**6**	**-**	**-**
Total	**15**	**22**	**16**	**15**

3.3 Monitoring Tools: Logbook and Portfolio

Trainees are responsible for maintaining longitudinal records of their progression.

- **Clinical Logbook:** A longitudinal record documenting patient encounters, procedures (including ECT), and teaching activities. It must be updated regularly and verified by supervisors at the end of each phase.
- **The Portfolio:** A cumulative record of the postgraduate journey. It must include:
    - Records of all WBAs, logbooks, and supervisor reports.
    - Reflective practice entries (minimum 2 per phase).
    - Certificates of Continuous Professional Development (CPD).
    - Research progress, ethics approval, and proof of manuscript submission.
    - Psychotherapy protocols and evaluations.

3.4 Psychotherapy Evaluation Criteria

Psychotherapy training (CBT and BDT) is assessed via structured IBA forms.

- **Assessment Structure:** Each case requires **three assessments** (initial, mid, and final sessions) based on recordings, process notes, and reflections.
- **Competency Rating:** Trainees are rated on a **1–5 scale** covering formulation, alliance, technique, and reflection.
- **Progression:** A minimum competency of **Level 3** (Able to perform with minimal supervision) is required before moving to independent practice.

3.5 Summative Assessments

Summative assessments serve as mandatory milestones for completing different phases of training. They are conducted simultaneously for all qualified candidates at specified times.

Phase	Timing	Assessment Components
Phase I (Part 1)	End of Year 1	**Written:** MCQ (MTF, SBA, EMQ) and Short Notes. **Clinical:** Short Cases (History taking/HOPI and MSE).
Phase II (Part 2)	End of Year 3	**Written:** Short Notes, Long Essays, and Critical Appraisals. **Clinical:** OSCE and Modified Observed Long Case (MOLC).

Phase III (Part 3)	End of Year 4	**Dissertation Viva:** Defence of the research. **Consultation Viva:** Testing leadership, ethics, and liaison psychiatry.

3.5.1 Part I Summative Assessments

The passing criteria for the **Part I Summative Examination** are strictly defined to ensure trainees have mastered the foundational medical sciences and basic clinical skills before progressing to Phase II.

3.5.1.1 Core Passing Requirements

Candidates must pass the written (theory) and clinical examinations **independently**.

- **Written Examination:** Minimum **50%** aggregate mark.
- **Clinical Examination:** Minimum **50%** aggregate mark.

3.5.1.2 Written (Theory) Examination Details

The written portion evaluates theoretical knowledge and basic medical sciences.

- **Components:** This includes **Paper 1 (MCQ, EMQ, SBA)** and **Short Notes (SN)**.
- **Compensation:** Compensation across these written components is permitted, meaning a higher score in one can offset a lower score in the other, provided the overall written average is at least 50%.
- **Progression Gate:** Candidates **must pass the written examination** before being permitted to sit for the clinical examination.

3.5.1.3 Clinical (Short Case) Examination Details

The clinical component focuses on interviewing skills, psychiatric history taking, and eliciting relevant signs.

- **Format:** It consists of two cases: **History of Presenting Illness (HOPI)** and **Mental State Examination (MSE)**.
- **Marking Allocation:** Total clinical marks are derived 50% from HOPI and 50% from MSE.

- **The 22.5% Rule:** To pass, a candidate must not only achieve a 50% overall clinical average but must also pass each case with a specific minimum. Achieving **less than 22.5% in either the HOPI or MSE case** results in an automatic failure of the clinical examination.
- **Overall Mark Failure:** A candidate will also be considered to have failed if their overall aggregate mark for the clinical examination is **less than 45%**.
- **Non-Compensation:** Clinical marks **cannot** be compensated by written examination marks or by other phases of assessment.

3.5.1.4 Prerequisites and Progression

- **Portfolio Eligibility:** A candidate is only eligible to sit for the Part I exam if their **portfolio (logbook and WBA)** is certified as "Satisfactory" by their supervisor.
- **Remediation:** A candidate who fails the clinical examination but passes the written component is only required to **repeat the failed clinical component** during the next scheduled assessment period.

3.5.2 Part II Summative Assessments

The passing criteria for the **Part II Summative Examination** are structured to ensure that trainees have achieved advanced competence in both theoretical knowledge and clinical subspecialties.

3.5.2.1 Core Independent Passing Requirements

Candidates must pass the written (theory) and clinical examinations **independently** with a minimum of **50% marks** in each.

- **Non-Compensation Rule:** Clinical marks **cannot** be compensated by written examination marks, nor can one component of the clinical examination compensate for another.

3.5.2.2 Part II Written (Theory) Examination

The written examination evaluates theoretical knowledge, clinical reasoning, and the ability to integrate basic sciences with practice.

- **Components:** This includes **Short Notes**, **Long Essays**, and **Critical Appraisals**.

- **Passing Mark:** Minimum **50% aggregate**.
- **Compensation:** Compensation across these different written components **is permitted** to reach the overall 50% mark.
- **Progression Gate:** Candidates **must pass the written examination** before they are permitted to sit for the clinical examination.

3.5.2.3 Part II Clinical Examination Components

The clinical examination consists of two distinct components, both of which must be passed with a minimum of **50% independently**.

A. Objective Structured Clinical Examination (OSCE)

- **Aims:** To assess clinical competency in psychiatric subspecialties (e.g., Addiction, Geriatrics, Forensics) and professional attitudes.
- **Format:** Typically consists of 6 stations (4 manned with simulated patients and 2 unmanned).
- **Passing Criteria:** Minimum **50% marks** required to pass this component.

B. Modified Observed Long Case (MOLC)

- **Aims:** To assess history-taking, mental state examination, diagnostic formulation, and biopsychosocial case conceptualisation of a real patient.
- **Format:** A single long case involving 20 minutes of examination observed by two examiners, followed by a 20-minute presentation and discussion.
- **Passing Criteria:** Minimum **50% marks** required to pass this component.

3.5.2.4 Prerequisites for Sitting the Exam

A trainee is only eligible to sit for the Part II examination if they meet the following criteria:

- **Successful Completion of Phase I:** Must have passed the Part I examination.
- **Portfolio Review:** Must submit a **satisfactory portfolio** (including logbooks and WBAs) verified by the supervisor at least **three months before** the exam.
- **Supervisor's Report:** Must obtain a **satisfactory supervisor's report** regarding attitude, attendance, and skills.

- **Psychotherapy Protocols:** Must have submitted **two satisfactory psychotherapy protocols** (one CBT and one BDT) and **passed both case protocols with a minimum 50% marks.**

3.5.2.5 Remediation

A candidate who passes the written component but fails the clinical component is permitted to **repeat only the failed clinical component** (OSCE or MOLC) during the next scheduled assessment period

3.5.3 Part III Summative Assessments

The **Part III (Final/Exit) Examination** is the culminating assessment of the four-year training program, designed to determine a trainee's readiness for independent specialist practice. To pass this phase, candidates must succeed in both major components **independently**.

3.5.3.1 Independent Passing Requirements

Candidates are required to achieve a minimum mark of **50% in each of the two components**:

- **Dissertation Viva Examination**
- **Consultation Viva Examination**

Marks from one component **cannot** be used to compensate for a failure in the other. If a candidate fails one component but passes the other, they are required to **repeat only the failed component** during the next assessment period, typically six months later.

3.5.3.1a Part III Dissertation Details

This component evaluates the trainee's ability to conduct and defend a scientific research project.

- **Marking Allocation:** The total mark for research is 100, weighted as follows:
    - **Written Research Report:** 70% (evaluated by two assessors prior to the viva).
    - **Oral Dissertation Viva:** 30%.

3.5.3.1b Written Research Report

The passing criteria for the research component of the Doctor of Psychiatry program at UKM are structured around mandatory milestones, a two-stage summative evaluation, and specific graduation requirements.

3.5.3.1c Core Passing Grade and Weighting

The research project is recorded as a **Pass or Fail** outcome. To achieve a "Pass," candidates must obtain a minimum aggregate mark of **50%**. The marks are allocated as follows:

- **Research Report (Manuscript/Dissertation):** 70% of the final mark.
- **Dissertation Viva Voce:** 30% of the final mark.

3.5.3.1d Two-Stage Evaluation Process

Trainees must successfully navigate two distinct stages at the end of Phase III (Year 4):

- **Stage 1 – Manuscript Review:** The written work is evaluated by **two appointed assessors** before the viva. Candidates must address all feedback and required corrections provided by these assessors before they are permitted to proceed to the oral presentation.
- **Stage 2 – Viva Voce Examination:** Candidates orally defend their work before a panel. They are assessed on their understanding of the research topic, methodological rigour, data interpretation, and the clinical/ethical implications of their findings.

3.5.3.1e Detailed Marking Component Breakdown

The 70 marks assigned to the written report are typically broken down as follows:

- **Abstract:** 5 marks
- **Introduction and Literature Review:** 10 marks
- **Objectives:** 5 marks
- **Methodology:** 15 marks
- **Results:** 15 marks
- **Discussion:** 15 marks

- **References:** 5 marks

3.5.3.1f Mandatory Prerequisites and Graduation Criteria

In addition to the numerical score, there are two "mandatory gates" that serve as passing criteria for progression and completion:

- **Part II Exam Eligibility:** Trainees are required to submit **proof of ethics submission** (or approval) to the relevant Institutional Review Board (IRB) to be eligible to sit for the Part II Summative Examination (as established in section 2.8.1).
- **Graduation Requirement:** To successfully exit the program and graduate, trainees must provide **proof of manuscript submission to an indexed journal** (e.g., SCOPUS or WOS).

3.5.3.1g Exemption and Remediation Rules

- **Viva Exemption:** Candidates whose research has been **accepted for publication** in an indexed scientific journal (minimum SCOPUS) may be considered for exemption from the dissertation viva, subject to university-specific regulations.
- **Failure and Resubmission:** Candidates who do not meet the passing standard are permitted **one resubmission**. This must be completed within **six months** or a timeframe specified by the university's postgraduate regulations.
- **Time Limit:** All components, including the exit examination, must be passed within a maximum of **seven years** from the date of registration

3.5.3.2 Part III Consultation Viva Details

The Consultation Viva assesses clinical competency in complex settings, administrative leadership, and ethical reasoning.

- **Format:** The exam lasts 30 minutes and consists of **four scenarios** put sequentially by a panel of four examiners.
- **Scenarios Covered:**
    1. Administrative Management in Psychiatry.
    2. Consultation-Liaison Psychiatry.
    3. Complex Psychiatric Cases.

4. Ethical Issues in Psychiatry.

- **Marking Scheme:** A maximum of **50 marks** is awarded. Each of the four scenarios carries 10 marks, with an additional 10 marks awarded for the **overall impression** of the trainee.
- **Passing Score:** A minimum of **25 out of 50 (50%)** is required to pass.

3.5.4 Prerequisites for Eligibility

Before being permitted to sit for the Part III examination, trainees must meet the following criteria:

- **Passed Part II:** Successful completion of the Phase II (Year 3) exams.
- **Satisfactory Portfolio:** Submission of a complete portfolio (including logbooks and WBAs) verified as "Satisfactory" by a supervisor at least **three months before** the exam.
- **Research Completion:** Mandatory completion and submission of the research manuscript

3.6 Personal and Professional Development (PPD)

In the Doctor of Psychiatry program at UKM, **Personal and Professional Development (PPD)**—also referred to as *Pembangunan Personal dan Profesional*—is a longitudinal component integrated throughout all four years of training. These components focus on soft skills, ethics, leadership, and administrative management.

3.6.1 Personal and Professional Development (PPD) Components

The PPD curriculum consists of eight mandatory modules (one for each semester) designed to ensure that trainees develop the professional attributes required of a consultant. Each PPD course focuses on a specific professional domain, assessed continuously throughout the semester:

Year/Sem	Course Code	Core Component / Focus Area
Year 1, S1	**FFFQ 6611**	**Effective Decision-Making:** Incorporating current theories and respecting individual diversity.
Year 1, S2	**FFFQ 6621**	**Interpersonal Skills:** Integrating moral and ethical values into clinical practice.
Year 2, S1	**FFFQ 6631**	**Patient Safety:** Implementing safe and professional practical steps during clinical management.
Year 2, S2	**FFFQ 6641**	**Medical Ethics:** Practising high standards of professionalism according to the code of conduct.
Year 3, S1	**FFFQ 6651**	**Communication:** Demonstrating effective, empathetic, and professional communication with patients and families.
Year 3, S2	**FFFQ 6661**	**Leadership:** Leading oneself and others in a multidisciplinary team and committing to lifelong learning.
Year 4, S1	**FFFQ 6671**	**Digital Literacy:** Applying digital skills and current technology safely within medical practice.
Year 4, S2	**FFFQ 6681**	**Risk Management:** Safely evaluating patient data and performing clinical risk assessments.

3.6.2 Assessment Methodology for PPD

Assessment for PPD modules is distinct from core clinical subjects as it emphasises **continuous formative evaluation** rather than a final summative exam.

- **Primary Tool: Supervisor Report (*Laporan Penyelia*):** Performance in each PPD module is evaluated using structured reports completed by the supervisor based on direct observation of the trainee's conduct and skills.

- **Assessment Activities:** Evaluations are derived from case studies, group work, demonstrations during clinical duties, clinical projects, and reflective practice.
- **Portfolio Integration:** Evidence of completion for all eight PPD modules must be compiled in the **printed portfolio**. A "Satisfactory" portfolio review, which includes these PPD supervisor reports, is a mandatory prerequisite for sitting the Part III Exit Examination.
- **Exit ELA:** During Phase III, PPD components are further measured through **Exit Essential Learning Activities (ELA)**, such as demonstrating leadership in a mental health project or workshop.

Ultimately, the PPD components ensure that graduates meet the **Programme Educational Objectives (PEOs)** of demonstrating ethical conduct, professionalism, and readiness to lead within the healthcare ecosystem

Chapter 4: Supervision and the Role of Supervisors

4.1 Introduction and Framework

Effective supervision is the cornerstone of the Doctor of Psychiatry program, ensuring safe clinical practice, the achievement of **National Postgraduate Medical Curriculum (NPMC)** competencies, and the fostering of professional development. Supervisors are responsible for guiding trainees in clinical reasoning, providing evidence-based care, and mentoring them in leadership and ethical decision-making within both clinical and research settings.

4.2 Types of Supervision

The program utilises a three-tier supervision structure to provide comprehensive oversight throughout the four-year training period.

- **Clinical Supervision:** Focuses on direct patient care, clinical competence, and procedural skills. A Clinical Supervisor (CS) is assigned for the duration of a specific rotation (e.g., Geriatric or Forensic Psychiatry) and provides day-to-day management and immediate feedback.
- **Academic/Educational Supervision:** Focuses on overall educational planning and progress monitoring. An Academic Supervisor (AS) is appointed as a permanent mentor for the entire four-year duration of the program. They conduct annual progression reviews, verify logbooks, and act as the trainee's professional advocate.
- **Research Supervision:** Appointed typically during Phase I to guide the mandatory research project or clinical audit. This includes overseeing proposal development, data analysis, manuscript preparation, and viva voce defence.

4.3 Supervisor Eligibility and Credentialing

To maintain high training standards, psychiatrists must meet specific criteria to be appointed as supervisors or trainers:

- **Qualifications:** Must possess a recognised postgraduate qualification in psychiatry (e.g., DrPsych, MMed, Master of Psychological Medicine, or MRCPsych).
- **Registration:** Must be registered with the **National Specialist Register (NSR)** of the Malaysian Medical Council.

- **Experience:** Requires a minimum of one year of experience working as a psychiatrist post-NSR registration.
- **Training:** Completion of a certified **Training of Trainer (TOT)** course organised by NPMC Course Directors is mandatory.
- **Appointment:** While they may be based in Ministry of Health (MOH) hospitals, their appointment is formally issued or recognised by the University to ensure assessment inputs are legally valid within the academic program.

4.4 Roles and Responsibilities of Supervisors

Supervisors act as both educators and assessors. Their primary duties include:

- **Clinical Instruction:** Instruction and coaching in interview techniques, case formulations, and psychiatric interventions.
- **Supervision Minimums:** It is mandatory for the trainee to be personally supervised by the clinical supervisor for a minimum of **four hours a week**.
- **Formative Assessment:** Conducting workplace-based assessments (WBAs) such as Mini-CEX and CBDs, followed by immediate feedback sessions.
- **Reporting:** Clinical supervisors must complete structured evaluation reports at the end of every rotation, while academic supervisors complete a comprehensive portfolio review every six months.
- **Professional Integrity:** Ensuring adherence to ethical standards, including patient consent and confidentiality, during all training activities.

4.5 Responsibilities of the Trainee

Postgraduate training is a co-responsibility, and trainees must actively engage in the supervisory process. Key duties include:

- **Arranging Sessions:** Trainees are responsible for initiating and arranging all required supervisory meetings and formative assessments.
- **Portfolio Maintenance:** Keeping an up-to-date logbook and portfolio that accurately records all patient encounters, procedures, and teaching activities.
- **Feedback Integration:** Being receptive to supervisor feedback and actively working on agreed-upon remediation or developmental plans.

- **Professionalism:** Abiding by all Ministry of Health and University rules, maintaining ethical conduct, and informing supervisors of any personal issues that may impact progression.

4.6 Learning Opportunities and Settings

Supervision occurs across various formal and informal settings to provide a holistic training experience.

Learning Type	Setting / Activity	Intended Outcome
Formal	Scheduled Teaching (Seminars, Journal Clubs)	Theoretical knowledge and critical analysis.
	Workshops & Simulation	Exam readiness and acquisition of procedural skills.
	Research & Audit	Mastery of methodology and evidence-based practice.
Experiential	Ward Rounds & Inpatient Care	Clinical assessment, risk evaluation, and team management.
	Outpatient Clinics	Longitudinal care and family engagement.
	Emergency (On-Calls)	Crisis intervention and decision-making under pressure.
	Consult-Liaison	Integration of psychiatric and physical health care.

Trainees may also undertake an elective attachment for a maximum of 30 days during Year 4 to explore specialised psychiatric fields, provided it is approved by their clinical supervisor.

Chapter 5: Leave of Absence, Termination, and Disciplinary Procedures

5.1 Leave of Absence and Attendance Policy

The program requires consistent clinical presence to ensure the achievement of competencies. Trainees are expected to adhere to the following leave and attendance regulations:

- **Annual Leave:** Trainees are allocated **28 days of annual leave** per year.
- **Absence Limits:** An officer's period of absence shall not exceed **28 days per year** or **14 days per semester** (every six months).
- **Leave Carry-Forward:** In accordance with General Order Chapter C, trainees undergoing courses exceeding 12 months are **not permitted to carry forward** any annual leave balance during their study period.
- **Medical Leave:** Trainees are allocated **14 days of medical leave** per year.
- **Attendance Conduct:** Trainees are prohibited from leaving work without permission or arriving late on a consistent basis. Failure to report to work as scheduled without prior notice to a supervisor is a breach of conduct.

5.2 Postponement and Deferment of Studies

Trainees may apply for a formal postponement (leave of absence) based on medical, personal, or other valid grounds.

- **Application Process:** Applications must be submitted in writing to the Postgraduate Deputy Dean of the Faculty through the Head of Department for approval by the Faculty Board and University Senate.
- **MOH Deferment:** For trainees under the Ministry of Health, deferment is allowed for a period of **six months**, subject to approval from the Training Management Division and the Head of Field Speciality.
- **Frequency and Duration:** Postponement may be granted **twice** during the program, with the total cumulative period typically not exceeding **one academic year**.
- **Valid Grounds:** Deferment is generally only permitted for health problems, performing the Hajj pilgrimage, or changes in the study/examination period.

- **Candidature Status:** During an approved postponement, the trainee is **not considered an active student,** and the period is not counted toward the total duration of the candidature.

5.3 Standards of Conduct and Discipline

Postgraduate trainees must maintain high professional and ethical standards. Violations of conduct are grounds for disciplinary action, categorised into four progressive levels:

1. **Level 1 – Oral Reprimand or Warning:** For minor infractions where informal advice and discussion are maintained, an informal record.
2. **Level 2 – Written Reprimand:** A formal letter is prepared and placed in the trainee's file; this can escalate to dismissal if behaviours persist.
3. **Level 3 – Suspension:** A severe action following a prompt investigation of pertinent facts.
4. **Level 4 – Dismissal:** The most severe disciplinary action, resulting in the termination of the trainee from the program.

Prohibited Behaviours: These include plagiarism (taking credit for others' ideas), fabrication of data, falsification of academic records, and bullying or harassment of colleagues or the public.

5.4 Grounds for Termination of Candidature

The University Senate, upon recommendation from the Faculty Board, may terminate a candidate’s studies under the following conditions:

- **Unsatisfactory Progress:** Consistent failure to show academic or clinical progress as determined by the Faculty Postgraduate Committee.
- **Examination Failure:** Failing the **same examination three times** (including Part I, Part II, or the Exit Examination).
- **Registration Lapse:** Failing to register for any academic year without formal university approval.
- **MMC Status:** Termination, suspension, or revocation of registration with the **Malaysian Medical Council (MMC)**.
- **Unfitness to Practice:** Being found physically or mentally unfit such that the trainee may endanger patients, colleagues, or the public.

- **Unbecoming Conduct:** Conduct that brings disrepute to the medical profession, the university, or the training institution.
- **Time Limit Breach:** Failure to pass the Exit Examination or complete the portfolio within the maximum allowed period (typically **seven years** from registration).

5.5 Appeals Process

Trainees have the right to contest examination outcomes or disciplinary decisions through a formal appeal process.

- **Grounds for Appeal:** Valid grounds include administrative errors, procedural irregularities, evidence of bias or discrimination, or the emergence of new information not available during the initial assessment.
- **Timeline:** A formal written appeal must be submitted to the Head of Department within **14 working days** from the date of the official notification of the result or decision.
- **Notification:** Candidates will be formally informed in writing of the outcome of the appeal by the designated university authority, and the decision of the Senate is generally final and binding.

Chapter 6: Remediation and Faculty Support System

The postgraduate psychiatry program recognises that medical training is a high-performance environment that can be inherently stressful. To ensure the success and well-being of trainees, the program utilises a dual approach of structured remediation and a comprehensive faculty support network.

6.1 Identifying Trainees in Difficulty

Trainees may face challenges stemming from personal performance, health issues, or workplace stressors such as bullying or harassment. Signs that a trainee may need support include:

- **Behavioural changes**: Fits of anger, withdrawal, or avoidance of work and colleagues.
- **Performance gaps**: Consistent failure in examinations or suboptimal day-to-day clinical work.
- **Psychological symptoms**: Manifestations of anxiety or depressive features.

6.2 The Faculty Support Network

Support is integrated across several levels of the university and clinical hierarchy to provide a safety net for trainees.

- **Academic and Clinical Supervisors**: Act as the first point of contact for mentoring and identifying learning gaps.
- **Supervisory Sessions**: These sessions serve as a dedicated space to discuss difficulties and receive constructive feedback without waiting for formal reviews.
- **Psychiatry Speciality Committee**: Provides regional and national oversight to ensure alignment and standardisation of support across training centres.
- **University Student Services**: Access to professional assistance, including specialised counselling and independent psychiatric consultation to maintain confidentiality.

6.3 Reporting and Escalation Pathway

When difficulties arise, the program follows a clear escalation procedure to ensure issues are acknowledged quickly and effective action plans are implemented:

1. **Direct Supervisor**
2. **Program Director/Coordinator**
3. **Head of Department**
4. **Dean of the Faculty**

6.4 Remediation and Corrective Measures

If a trainee's progress is deemed unsatisfactory, the faculty implements specific remedial measures tailored to the individual's needs:

- **Targeted Mentoring**: Ongoing coaching and close mentoring by assigned trainers.
- **Additional Rotations**: Further placements in specific clinical areas requiring development.
- **Administrative Flexibility**: Use of unrecorded or medical leave and deferment programs based on university regulations.
- **Extension of Training**: If targets set by the local training committee are not achieved, training may be extended to allow more time for competency attainment.

CONCLUSION

The Doctor of Psychiatry programme at Universiti Kebangsaan Malaysia is committed to producing competent, ethical, and future-ready psychiatric specialists.

Through structured training, continuous assessment, and professional development, this programme aims to contribute meaningfully to the national mental health workforce and uphold the standards of psychiatric care in Malaysia.

This guidebook reflects that commitment not only as a framework for training, but as a reference for excellence in practice.

APPENDIX 1: Weekly Timetable

	Morning	Afternoon	After office hours
Monday	Ward rounds, Specialist clinic Electroconvulsive therapy	General Clinics	Self-study or on-call
Tuesday	Grand Ward Round Critical Appraisal (Every two weeks) Drug lunch talk	General Clinics Ketamine therapy	Self-study or on-call
Wednesday	Ward rounds, Specialist clinic Electroconvulsive therapy	General Clinics	Self-study or on-call
Thursday	Ward rounds, Specialist clinic	General Clinics Ketamine therapy	Self-study or on-call
Friday	Journal club Professorial Case Conference Electroconvulsive therapy	Seminars/self-study	Self-study or on-call
Saturday	Self-study or on-call		
Sunday	Self-study or on-call		

APPENDIX II: Formative Assessments

Minimum Number of Formative Assessments*

	Minimum Number required per year			
	Year 1 General	Year 2 General Geriatric Psychiatry Addiction Forensic	Year 3 General Child and Adolescent Neurology Community & Rehabilitation	Year 4 General Consultation-Liaison
CBD	4	6	6	4
Mini-CEX	4	6	6	4
PP	2	2	2	3
PBA				
Suicide risk assessment	1	-	-	-
Violence risk assessment	1	-	-	-
Mental capacity assessment	-	-	-	1
IBA				
Psychoeducation	1	-	-	-
Supportive Psychotherapy	1	-	-	-
Problem solving	-	1	1	1
Crisis intervention	-	-	-	1
Family intervention	-	-	1	1
Motivational Interviewing	-	1	-	-
CBT	-	3		-
Psychodynamic Psychotherapy	-	3		-
ECT	1	-	-	-
TOTAL	15	16-19	16-19	15

*In formative assessment, a trainee is reassessed until the trainee at least meets the expectationfor each phase of training.

APPENDIX III: Portfolio checklist

All assessment forms and evidence of learning activities must be included in the portfolio.

Evidence	Description	Volume of evidence
Logbook records of psychiatry experience	A trainee must present their entire logbook in the recommended format showing that all required procedures, patient's hospital registration number, signature of supervisors have been completed	One (1) clinical logbook
Procedure Based Assessments (PBA)	A trainee must achieve a minimum of three (3) specified essential PBA by the end of training. The trainee must present the full set of completed PBA assessment sheets together with a summary sheet. The records must demonstrate a completion of assessments on a regular basis throughout training	Minimum three (3) PBA assessment sheets must show progression and completion
Intervention Based Assessments (IBA)	A trainee must achieve a minimum of nine (9) specified essential IBA by the end of training. The trainee must present the entire collection of completed IBA assessment sheets together with a summary sheet. The records must demonstrate the completion of assessments on a regular basis throughout training	Minimum nine (9) IBA assessment sheets must show progression and completion

Evidence	Description	Volume of evidence
MiniCEX	A trainee must achieve a minimum of six (6) specified essential MiniCEX by the end of training. The trainee must present the entire collection of completed MiniCEX assessment sheets together with a summary sheet. The records must demonstrate the completion of assessments on a regular basis throughout training	Minimum six (6) MiniCEX assessment sheets must show progression and completion
Professional Presentation (PP)	A trainee must achieve a minimum of two (2) specified essential PP by the end of training. The trainee must present the entire collection of completed IBA assessment sheets together with a summary sheet. The records must demonstrate the completion of assessments on a regular basis throughout training	Minimum two (2) PP assessment sheets must show progression and completion
Case Based Discussions (CBD)	A trainee must achieve a minimum of six (6) specified essential CBD by the end of training. The trainee must present the entire collection of completed CBD assessment sheets together with a summary sheet. The records must demonstrate the completion of assessments on a regular basis throughout training	Minimum six (6) CBD assessment sheets must show progression and completion
Exit Essential Learning Activities (ELA)	The portfolio must contain evidence of the completion of the exit ELA and their assessment ELA assessment will be based on reflective writing drawing evidence from CBD and PBA	All exit ELA to be completed satisfactorily, with evidence for each by supervisor's report
Attendance at continuing professional development events	Attendance certificates from courses and conferences relating to the curriculum's content, demonstrating the trainee's commitment to Professional Development and their competence in learning. Where a conference may cover a number of topics the actual sessions attended should be listed with a reflective note from each session	Minimum of 20 points CPD as per APC requirement
Compulsory courses / workshops	Attendance certificates and assessment certificates where relevant. Original certificates to be submitted with a reflective note	Minimum two (2)
Research	A trainee has to complete either a research project or a clinical audit. A complete report has to be prepared to be assessed by the assessor	Either one (1)
Exit Assessment from the Speciality Training Programme	A trainee has completed the programme and **must obtain a satisfactory report** of their portfolio A trainee from the MOHE programme will have successfully passed the Part 3 examination set by the respective University. The university will send a letter of confirmation and followed by an award of the degree A trainee following the Ministry of Health psychiatric parallel pathway will have successfully passed the assessment set by the Psychiatric Parallel Pathway Committee. MOH will award a letter of confirmation	

APPENDIX IV: Formative Assessments

Phases	Theory examinations	Clinical examinations
I **(Year 1)**	Paper I: MCQ Paper II: EMQ and OBA Short notes	2 Short Cases
II **(Year 2 & 3)**	Short notes Long Essays Critical Review	1 Modified Long Case OSCE (6 subspecialty stations)
III **(Year 4)**		Consultation Viva Dissertation Viva

APPENDIX V: Syllabus

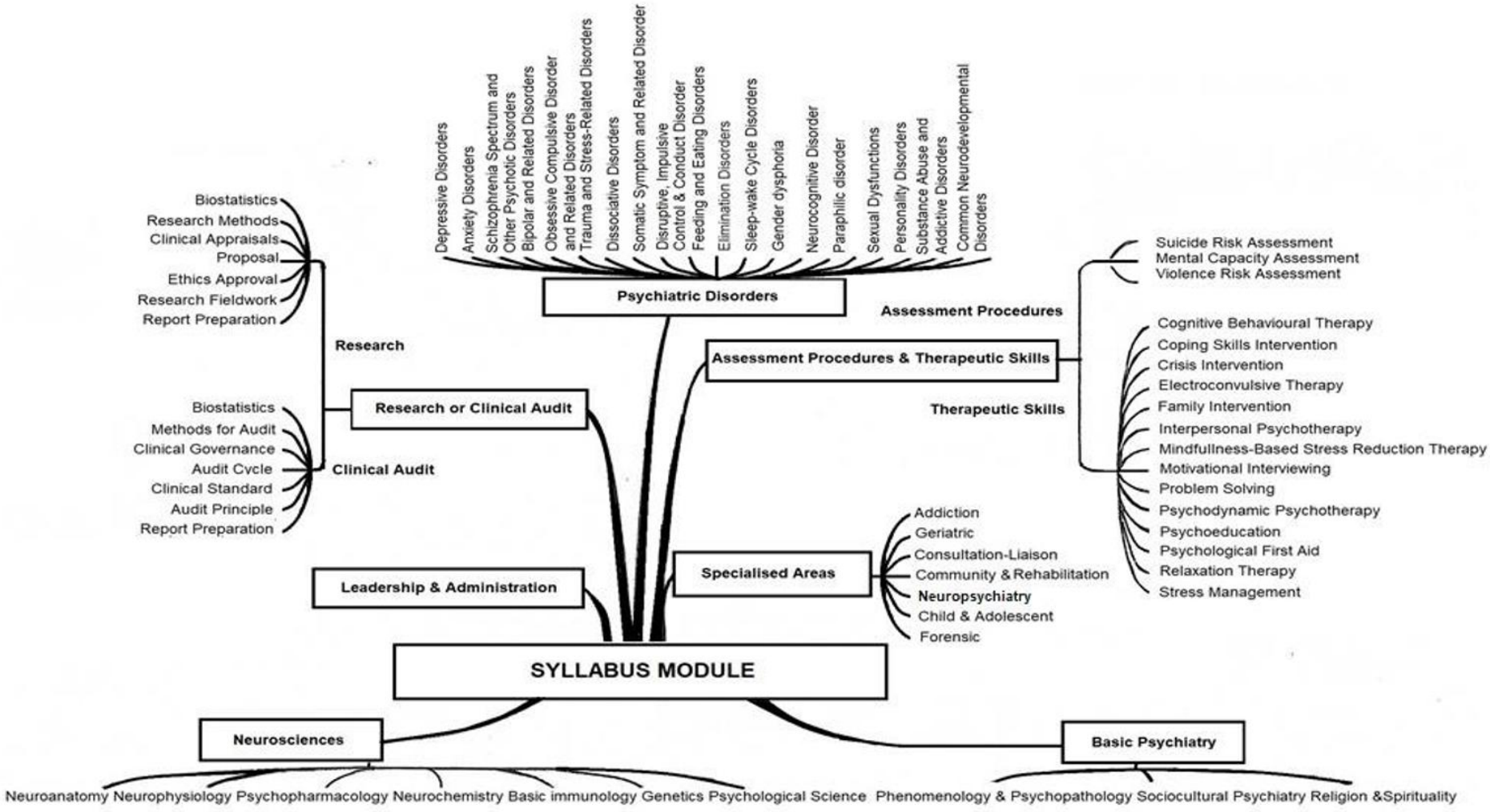

Figure 1A: Syllabus module (adapted from Psychiatry Postgraduate Training Guidebook, 2021)

Syllabus Module 1: Neurosciences

The following table shows examples for the level of knowledge for Neurosciences

Level	Knowledge Level	Example: Neuroanatomy
1	No specific knowledge	Able to describe the basic knowledge of gross brain structure such as lobes and sulci
2	Knows of	Able to explain the specific structures of the brain such as ventricles, cerebellum, brain stem etc.
3	Knows basic concepts	Able to explain a more detailed knowledge of the specific individual structures of the brain such as motor area, sensory area, blood supply, hypothalamus, thalamus etc.
4	Knows generally	Able to differentiate the basic functions of each structure of the brain e.g., pre-frontal lobe and executive functions, limbic system and emotional regulations.
5	Knows specific diagnosis, sub-types and treatment options	Able to understand each structure of the brain, types of receptors, pathways, circuit, etc. Able to correlate the brain structures, types of receptors, pathways, circuit with psychiatric clinical signs and symptoms, and treatments
6	Knows specifically and broadly	Able to adopt an advanced knowledge in neuroanatomy with evidence from animal models in-vitro, in-vivo with neuroimaging such as PET Scan, MRI etc.

1A: Neuroanatomy

Topic	Target knowledge (K) Level/Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Normal Structure and Function:	K4	K4	K5	K5
Development and cell types of the nervous system Anatomy of the major components of the brain Cranial nerves Spinal cord and its ascending and descending pathways Cerebrospinal fluid circulation Dermatomes and myotomes Blood supply to the brain and the spinal cord Basal ganglia and limbic system The autonomic nervous system and reticular activating system				

1B: Neurophysiology

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Action potential Autonomic nervous system Sensory system Motor system Sleep and consciousness Endocrine physiology Electroencephalography	K4	K5	K5	K5

1C: Psychopharmacology

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Pharmacokinetics Pharmacodynamics Psychotropic drugs – types, indication, mechanism of action, efficacy and safety profile Common psychotropic drugs: Antipsychotics, Antidepressants, Anxiolytic and Hypnotics, Mood Stabilisers and others Common side effects and adverse reactions of psychotropic drugs	K3	K4	K5	K5

1D: Neurochemistry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Types, synthesis, functions, effects and pathways of neurotransmitters Neuropeptides Types, structure and functions of receptors	K3	K4	K5	K5

1E: Basic Immunology

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Cellular and humoral immune response	K3	K4	K5	K5

1F: Genetics

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Chromosomes, genes, DNA and protein synthesis Genetic mode of inheritance Psycho-genomic and epi-genetics	K3	K4	K5	K5

1G: Psychological Sciences

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Attention and perception Learning theories Motivation theories Memory and its processes Emotions Intelligence Personality Psychological development	K3	K4	K5	K5

Syllabus Module 2: Basic Psychiatry

The following table shows examples for the level of knowledge for Basic Psychiatry

Level	Knowledge Level	Example: Psychopathology
1	No specific knowledge	Able to describe the knowledge of basic psychopathology
2	Knows of	Able to explain common psychiatric psychopathology
3	Knows basic concepts	Able to apply the essential psychopathology in clinical practice such as disorders of thoughts and speech
4	Knows generally	Able to relate various psychopathology and phenomenology with common basic theories in psychiatry (e.g. personality theories, cognitive theories)
5	Knows specific diagnosis, sub-types and treatment options	Able to formulate and integrate the clinical manifestations of the individual patient with underlying psychopathology, phenomenology and common basic theories in psychiatry.
6	Knows specifically and broadly	Able to synthesise existing theories on psychopathology and phenomenology Able to adapt new theories and current explanation on the manifestation of psychiatric illnesses on an individual basis

2A: Phenomenology & Psychopathology

Topic	Target knowledge (K)			
	On Entry	SP 1	SP 2-3	SP 4
Disorders of perception Sensory distortions Changes in intensity, quality, spatial form and the experience of time Sensory deception such as illusions, hallucinations	K4	K5	K5	K6
Disorders of thought & speech Disorder of thought • **disorders of intelligence** • **disorders of thinking (stream of thought, the possession of thought, the content of thought & the form of thought)** Disorder of speech	K4	K5	K5	K6
Disorders of memory Amnesia Distortions of memory/paramnesia • **distortions of recall** • **distortions of recognition** Hyperamnesia	K4	K5	K5	K6
Disorders of consciousness Dream-like change of consciousness Lowering of consciousness Restriction of consciousness	K4	K5	K5	K6
Disorders of emotion Abnormal emotional predisposition and expressions of emotion Morbid disorders of emotion	K4	K5	K5	K6
Motor disorders Disorders of adaptive and non-adaptive movement motor speech disturbances	K3	K4	K5	K6

Topic	Target knowledge (K)			
	On Entry	SP 1	SP 2-3	SP 4
Disorder of posture Abnormal complex patterns of behaviour Movement disorders associated with antipsychotic medication				
Disorders of the experience of self Disturbances in the awareness of self, immediate awareness of self-unity, continuity of self and boundaries of the self	K3	K4	K5	K6
Theories of personality & psychopathology	K2	K2	K3	K3
Psychoanalytic psychopathology	K2	K2	K3	K3
Classical psychoanalytic treatment	K2	K2	K3	K3
Cognitive theories of Beck	K2	K3	K4	K4

2B: Socio-Cultural Psychiatry

Topic	Target knowledge (K)			
	On Entry	SP 1	SP 2-3	SP 4
Changes in family structure and pathology within the family Social-cultural changes and industrialisation Health-seeking behaviour, illness behaviour and sick role Patient's choices and preferences in treatment modalities Social control and deviation Social class Healer and medical systems Cultural influences in presentation of psychiatric symptoms and treatment	K3	K4	K5	K5
The major components and matrix of cultures Ethnography and its relevance in the context of the multi-racial society in Malaysia Culture-bound syndromes	K2	K3	K4	K5

2C. Religion and Spirituality

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Definitions, functions and history of the relationship between religion, spirituality and mental health Core beliefs, values and experiences of human beings Influence identity, values, moral decision-making, the experience of guilt, and the development of character Stages of human development based on religion and spirituality	K2	K3	K4	K5
Bio-psycho-social-spiritual model of illness The bio-psycho-socio-spiritual formulation in assessment and treatment planning.	K2 S2	K3 S3	K4 S4	K5 S5
Religious and spiritual interventions and psychotherapy Issues and challenges	K2	K3 S3	K4 S4	K5 S5

Syllabus Module 3: Psychiatric Disorders

Example level of knowledge for psychiatric disorders

Level	Knowledge Level	Example: Depressive disorders
1	No specific knowledge	Able to describe general knowledge of signs and symptoms of depression
2	Knows of	Able to explain criteria to diagnose major depressive disorder according to the international classification
3	Knows basic concepts	Able to apply knowledge of basic management of different types of depression into clinical practice
4	Knows generally	Able to apply knowledge of bio-psycho-social aetiology of depression (e.g. neurochemistry, genetics, psychology, sociology) and management (e.g. psychopharmacology, psychology, sociology) of depression
5	Knows specific diagnosis, sub-types and treatment options	Able to classify types of depression: treatment-resistant depression, depression in special population: child, elderly, medically ill, perinatal, seasonal. Able to justify psychopharmacological management strategies: optimising, switching, augmentation, combination Able to determine suitable psychological management: supportive psychotherapy, problem-solving therapy, CBT, brief psychodynamic therapy, physical therapy: ECT
6	Knows specifically and broadly	Able to adopt advanced knowledge in biological and psychological treatment in psychiatry, e.g., ketamine for depression, specific CBT for post-natal depression

Example of the level of skills for psychiatric disorders

Skill Level	Example: Managing Depressive Disorder
1. No experience expected	Able to describe the basic management of depressive disorders
2. Has observed or knows of	Able to identify the necessary skills and techniques for the management of depression
3. Can manage part or parts with assistance (with supervision)	Able to develop skills such as interviewing, clerking history, eliciting relevant signs and symptoms and choosing a correct diagnosis
4. Can manage whole but may need assistance	Able to perform comprehensive clinical skills in obtaining and assessing underlying factors that contribute to the diagnosis of a common psychiatric disorder with assistance
5. Able to manage without assistance including potential common complications	Able to formulate and evaluate the complex cases and to develop treatment plans without assistance Able to justify the treatment modalities
6. Able to manage complex cases and their associated potential complications	Able to implement and adopt the updated evidence-based management

3A: Depressive Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Examples of common psychiatric disorders				
1. Major Depressive Disorder 2. Persistent Depressive Disorder 3. Depressive Disorder due to Another Medical Condition	K3	K4	K5	K6
Examples of rare or critical conditions:				
1. Disruptive Mood Dysregulation Disorder 2. Premenstrual Dysphoric Disorder	K2	K3	K4	K6
Priority Neuroscience disciplines:				
Genetics	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Immunological changes	K3	K4	K5	K6
Medical causes	K3	K4	K5	K6
Sociological theories	K1	K4	K4	K6
Psychological theories	K1	K4	K5	K6
Key symptoms:				
Persistent low mood, reduced/loss of interest, reduced energy, change in appetite, change in sleep, guilt feelings, reduced concentration, hopelessness/worthlessness, change in psychomotor activity, suicidality	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Knowledge and prescribing of different groups of antidepressants and other psychotropics	K4 S3	K4 S3	K5 S5	K6 S6
Supportive Therapy Psychoeducation	K4 S4	K5 S5	K5 S5	K6 S6
Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5
Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4
Others such as interpersonal therapy, couple/ marital therapy and group therapy	K2 S2	K3 S3	K3 S4	K4 S4
Electroconvulsive therapy (ECT)	K3 S3	K4 S4	K4 S4	K5 S5

3B: Anxiety Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Generalised Anxiety Disorder 2. Panic Disorder 3. Social Anxiety Disorder (Social Phobia) 4. Specific Phobia	K3	K4	K5	K6
Examples of rare or critical conditions:				
1. Separation Anxiety Disorder 2. Selective Mutism 3. Agoraphobia 4. Anxiety Disorder due to a General Medical Condition	K2	K3	K4	K6
Priority Neuroscience disciplines:				
Genetic contribution	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Medical causes	K3	K4	K5	K6
Sociological theories	K1	K4	K4	K6
Psychological theories	K1	K4	K5	K6
Key symptoms:				
Somatic, cognitive and psychological symptoms	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing of different groups of anti-anxiety medications	K4 S3	K4 S3	K5 S5	K6 S6
Supportive Therapy Psychoeducation	K4 S4	K5 S5	K5 S5	K6 S6
Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4
Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5

3C: Schizophrenia Spectrum and Other Psychotic Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Schizophrenia 2. Brief Psychotic Disorder 3. Schizoaffective Disorder 4. Delusional Disorder 5. Substance/Medication-induced Psychotic disorder	K3	K4	K5	K6
Examples of rare or critical conditions:				
1. Psychotic Disorder due to other Medical condition	K2	K3	K4	K6
Priority Neuroscience disciplines:				
Genetic contribution	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Neuropathological	K3	K4	K5	K6
Medical causes	K3	K4	K5	K6
Sociological theories	K1	K4	K4	K6
Family dynamics	K2	K4	K4	K6
Key symptoms:				
Delusion, hallucinations, disorganised behaviour, Schneiderian first rank symptoms, Bleuler symptoms for schizophrenia, negative symptoms, cognitive deterioration, psychomotor abnormalities and risk of suicide	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing of different groups of antipsychotic medications and other psychotropics	K4 S3	K4 S3	K5 S5	K6 S6
Supportive Therapy Psychoeducation and family intervention	K4 S4	K5 S5	K5 S5	K6 S6
Psychodynamic Psychotherapy	K2	K3	K4	K5
Cognitive behavioural therapy (CBT)	K2 S1	K3 S2	K4 S2	K5 S3
Psychosocial rehabilitation Vocational such as supported employment Psychiatric rehabilitation such as social skills training and group therapy Cognitive retraining such as cognitive remedial therapy (CRT)	K2 S2	K3 S3	K3 S4	K4 S4
Electroconvulsive therapy (ECT) and other physical treatments	K3 S3	K4 S4	K4 S4	K5 S5

3D: Bipolar and Related Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Bipolar I Disorder 2. Bipolar II Disorder	K3	K4	K5	K6
Examples of rare or critical conditions:				
1. Cyclothymic Disorder **2.** Substance/Medication-induced Bipolar and Related Disorder **3.** Bipolar and Related Disorder Due to Another Medical Condition	K2	K3	K4	K6
Priority Neuroscience disciplines:				
Genetic contribution	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Immunological changes	K3	K4	K5	K6
Medical causes	K3	K4	K5	K6
Sociological theories	K1	K4	K4	K6
Psychological theories	K1	K4	K5	K6
Key symptoms:				
Elevated / expansive / irritable mood increase goal-directed activity, inflated self-esteem / grandiosity, decrease need for sleep, talkative, flight of ideas, distractibility, excessive involvement in the pleasurable activities	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing of different groups of mood stabiliser, antipsychotic, antidepressant and other psychotropic medications	K4 S3	K4 S3	K5 S5	K6 S6
Supportive Therapy Psychoeducation	K4 S4	K5 S5	K5 S5	K6 S6
Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4
Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5
Interpersonal therapy and others	K2 S2	K3 S3	K3 S4	K4 S4
Electroconvulsive therapy (ECT) and other physical treatments	K3 S3	K4 S4	K4 S4	K5 S5

3E: Obsessive Compulsive Disorder and Related Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP1	SP2-3	SP4
Examples of common psychiatric disorders:				
1. Obsessive Compulsive Disorder (OCD) 2. Hoarding Disorder 3. Body Dysmorphic Disorder	K3	K3	K4	K6
Examples of rare or critical conditions:				
1. Trichotillomania, 2. Skin-Picking (excoriation) Disorder	K2	K3	K4	K6
Priority Neuroscience disciplines:				
Genetic Psychosocial theories Biochemical changes Medical causes	K2	K3	K4	K6
Other theories for OCD and related disorders Neural basis, neuropsychology and neuropathology	K2	K3	K4	K4
Key symptoms:				
OCD - Obsession, compulsion, caused marked anxiety or distress and time-consuming Hoarding - Conscious, ongoing urge to accumulate possessions of limited or no real-world value and anxiety or mental anguish whenever those possessions get thrown away, results in congest and clutter active living areas Body Dysmorphic Disorder - Preoccupied with a flawed physical feature, Repetitive behavioural component focused on the perceived physical anomaly, Comorbidity - Anxiety and / or Depression	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations, physical examinations and laboratory examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing of different groups of antidepressant and other psychotropic medications	K4 S3	K4 S3	K5 S5	K6 S6
Supportive therapy Psychoeducation	K4 S3	K4 S3	K5 S5	K6 S6
Behaviour Therapy, e.g., Exposure Response Prevention (ERP) Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5
Surgery	K3	K4	K4	K4

3F: Trauma and Stress-Related Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP4**
Examples of common psychiatric disorders:				
1. Post-traumatic stress disorder (PTSD) 2. Acute stress disorder 3. Adjustment disorder	K3	K3	K4	K6
Examples of rare or critical conditions:				
Reactive attachment disorder	K2	K3	K4	K6
Priority Neuroscience disciplines:				
Genetic Psychosocial contribution – life events	K2	K3	K4	K6
Biochemical changes Endocrine factors Brain circuitry	K4	K5	K5	K6
Key symptoms:				
Exposure to traumatic event, re-experiencing, hyper-arousal and persistent avoidance of stimuli	K4	K5	K5	K6
Comorbidity - Anxiety and / or Depression	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations, physical examinations and laboratory examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing of different groups of antidepressant and other psychotropic medications	K4 S3	K4 S3	K5 S5	K6 S6
Supportive therapy Psychoeducation	K4 S4	K5 S5	K5 S5	K6 S6
Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5
Psychodynamic Psychotherapy EMDR	K2 S1	K3 S2	K4 S2	K5 S3

3G: Dissociative Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Dissociative Identity Disorder 2. Dissociative Amnesia 3. Depersonalisation/ Derealisation Disorder	K3	K3	K4	K6
Priority Neuroscience disciplines				
Genetic contribution	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Psychosocial theories	K1	K4	K4	K6
Neurobiological	K2	K3	K4	K6
Key symptoms:				
Amnesia, depersonalisation, derealisation, identity confusion and identity alteration	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations, physical examinations and psychosocial investigations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing relevant psychotropic medications	K4 S3	K4 S3	K5 S5	K6 S6
Supportive psychotherapy Psychosocial intervention	K4 S4	K5 S5	K5 S5	K6 S6
Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5
Insight orientated psychotherapy Interpersonal Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4

3H: Somatic Symptom and Related Disorder

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Functional Neurological Symptom Disorder (Conversion Disorder) 2. Psychological Factors Affecting Other Medical Conditions (PFAOMC)	K3	K4	K5	K6
Examples of rare or critical conditions:				
1. Somatic Symptom Disorder 2. Illness Anxiety Disorder 3. Factitious Disorder. 4. Other specified somatic symptom and related disorder 5. Unspecified somatic symptom and related disorder	K3	K4	K5	K6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Priority Neuroscience disciplines:				
Genetic contribution	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Psychosocial theories	K1	K4	K4	K6
Neuropathology	K2	K3	K4	K6
Key symptoms:				
Somatic Symptom Disorder One or more somatic symptoms that are distressing or result in significant disruption of daily life.	K3	K4	K5	K6
Illness behaviour disorder Preoccupation with having or acquiring a serious illness, excessive thoughts, feelings, or behaviours related to the somatic symptoms or associated health concerns	K3	K4	K5	K6
Functional neurological symptom disorder One or more symptoms of altered voluntary motor or sensory function with clinical findings	K3	K4	K5	K6
PFAOMC Psychological or behavioural factors adversely affect the medical condition	K3	K4	K5	K6
Factitious Disorder Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception	K3	K4	K5	K6
Comorbidity Depression and / or anxiety	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Psychopharmacology	K3 S3	K, S4	K5 S5	K6 S6
Basic counselling Relaxation therapy Psychoeducation	K3 S3	K4 S4	K5 S5	K6 S6
Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5
Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4
Others: *Interpersonal Psychotherapy* *Family Education & Therapy*	K2 S2	K3 S3	K4 S3	K5 S4
Neurobiofeedback	K2 S2	K3 S3	K4 S3	K5 S4
Physiotherapy, graded physical activation and exercise	K3 S3	K4 S2	K5 S2	K6 S3

3I: Disruptive, Impulsive Control & Conduct Disorder

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders				
Disorders in infancy, childhood, or adolescence: Oppositional Defiant Disorder (ODD), conduct disorder, and disruptive behaviour disorder not otherwise specified	K3	K4	K4	K5
Examples of rare or critical conditions				
1. Impulse-control disorders not otherwise specified: intermittent explosive disorder, pyromania, and kleptomania 2. Internet gaming	K2	K3	K4	K5
Priority Neuroscience disciplines				
Genetic contribution	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Psychosocial theories	K1	K4	K4	K6
Neuropathology	K2	K3	K4	K6
Key symptoms:				
ODD Angry/Irritable mood, Argumentative/Defiant behaviour, vindictiveness	K2	K3	K4	K5
Intermittent Explosive Disorder Recurrent behaviour outburst, verbal aggression	K2	K3	K4	K5
Conduct disorder Aggression to people and animal, destruction of property, deceitfulness or theft, serious violation of rules, comorbidity – mood disorders	K2	K3	K4	K5
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Electroencephalography (EEG)	K2	K3	K4	K5
Common interventions and treatments:				
Knowledge and prescribing of different groups of antidepressants, mood stabilisers and other medications	K4 S3	K4 S3	K5 S5	K6 S6
Supportive Therapy Psychoeducation	K2 S2	K3 S3	K4 S4	K5 S5
Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5
Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4
Physical treatments	K2	K3	K3	K4

3J: Feeding and Eating Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Anorexia nervosa and subtypes 2. Bulimia nervosa and subtypes 3. Binge eating disorder	K2	K3	K4	K5
Priority Neuroscience disciplines:				
Genetic contribution	K2	K3	K4	K5
Biochemical and neuroendocrine changes	K2	K3	K4	K5
Psychosocial theories	K2	K3	K4	K5
Key symptoms:				
Anorexia nervosa Restriction of energy intake, significantly low body weight, Intense fear of gaining weight, persistent lack of recognition of the seriousness of the current low body weight, severely lowered body weight	K2	K3	K4	K5
Bulimia nervosa Recurrent episodes of binge eating, recurrent inappropriate compensatory behaviour, self-evaluation, morbid fear of fatness, weight is not severely lowered as anorexia	K2	K3	K4	K5
Key diagnostic skills:				
History taking, mental state examinations, physical examinations and laboratory investigations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
In-patient management Weight monitoring, fluid intake-output, rehydration Electrolyte imbalance nutritional status etc.	K2 S2	K3 S3	K4 S4	K5 S5
Knowledge and prescribing relevant psychotropic medications	K4 S3	K4 S3	K5 S5	K6 S6
Supportive Therapy Psychoeducation	K2 S2	K3 S3	K4 S4	K5 S5
Cognitive behavioural therapy (CBT)	K2 S2	K3 S3	K4 S4	K5 S5
Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4
Medical treatment	K3 S3	K4 S4	K4 S4	K5 S5

3K: Elimination Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Examples of common psychiatric disorders:				
1. Enuresis 2. Encopresis	K3	K4	K4	K5
Priority Neuroscience disciplines:				
Psychological and physical causes	K3	K4	K4	K5
Key symptoms:				
Enuresis: nocturnal, diurnal, primary or secondary Encopresis: Primary, secondary, retentive or non-retentive	K3	K4	K4	K5
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing relevant psychotropic medications	K4 S3	K4 S3	K5 S5	K6 S6
Non- pharmacological Enuresis: Behavioural- Star Chart System, Bladder Training Exercise/toilet training Bell and Pad/alarmed clock Encopresis: Advice/education - Dietary Changes (foods high in fibre), increase fluid intake, regular bathroom times etc	K2 S2	K3 S3	K4 S4	K5 S5
Specific interventions Cognitive Behavioural Therapy	K2 S2	K3 S3	K4 S4	K5 S5
Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4

3L: Sleep-wake Cycle Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Dyssomnias 2. Sleep-wake schedule disorders Jet-lag 3. Narcolepsy 4. Disorders of excessive sleep 5. Parasomnias	K2	K3	K4	K5
Examples of rare or critical conditions:				
Sleep disorder related to other mental disorder	K2	K3	K4	K5
Priority Neuroscience disciplines:				
Biochemical changes Psychological theories	K2	K3	K4	K4
Key symptoms:				
Insomnia	K3	K4	K5	K6
Hypersomnia, Sleep delay, Night terrors, Sleepwalk, Narcolepsy	K3	K3	K4	K4
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Psychopharmacology	K3	K4	K4	K5
Sleep hygiene and relaxation technique	K4 S4	K4 S4	K5 S5	K6 S6
Cognitive behavioural therapy	K2 S2	K3 S3	K4 S4	K5 S5
Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4

3M: Gender Dysphoria

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
Gender dysphoria	K3	K3	K4	K6
Priority Neuroscience disciplines:				
Genetic	K2	K3	K4	K5
Biochemical changes	K2	K3	K4	K5
Psychosocial theories	K2	K3	K4	K5
Key symptoms:				
Strong desire to be of another gender or to rid one's sex characteristics or to be treated of another gender	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations, physical examinations and laboratory investigations	K4 S3	K5 S4	K5 S5	K6 S6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Common Interventions and treatments:				
Pharmacotherapy for coexisting psychiatric disorders	K4	K4	K5	K6
Hormonal therapy	K2	K3	K4	K5
Supportive psychotherapy	K4 S4	K5 S5	K5 S5	K6 S6
Cognitive behavioural therapy	K2 S2	K3 S3	K4 S4	K5 S5
Psychodynamic Psychotherapy Family intervention Psycho-spiritual therapy	K2 S1	K4 S2	K5 S3	K5 S4
Real life experience	K2	K3	K3	K4

3N: Neurocognitive Disorder

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Delirium 2. Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease, Frontotemporal, Vascular, With Lewy Bodies and Another Medical Condition 3. Mild Cognitive Impairment	K3	K4	K4	K5
Examples of rare or critical conditions:				
Substance-Induced Major or Mild Neurocognitive Disorder Amnestic Disorder	K2	K3	K4	K5
Priority Neuroscience disciplines:				
Genetic Biochemistry Neuropathology Other Medical causes	K3	K4	K4	K5
Sign and symptoms				
Cognitive disturbance *Behavioural and Psychological of Dementia (BPSD)*	K3	K4	K5	K6
Key diagnostic skills:				
History taking, mental state examinations, physical examinations, laboratory and diagnostic investigations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing anti-dementia medications and relevant psychotropics	K4 S3	K4 S3	K5 S5	K6 S6
Psychosocial treatment Maintenance of cognition Evaluate caregiver needs	K2 S2	K3 S3	K4 S4	K5 S5

3O: Paraphilic disorder

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Exhibitionistic disorder 2. Frotteuristic disorder 3. Sexual masochism disorder 4. Sexual sadism disorder 5. Paedophilic disorder 6. Fetishistic disorder 7. Transvestic disorder 8. Voyeuristic disorder	K2	K3	K4	K5
Priority Neuroscience disciplines:				
Genetic	K2	K3	K4	K5
Biochemical changes	K2	K3	K4	K5
Psychosocial theories	K2	K3	K4	K5
Signs and symptoms:				
Exhibitionistic disorder - intense sexual arousal from exposure of one's genitals	K4	K5	K5	K6
Frotteuristic disorder - intense sexual arousal from touching a nonconsenting person	K4	K5	K5	K6
Sexual masochism disorder - intense sexual arousal from being humiliated or bound	K4	K5	K5	K6
Sexual sadism disorder - intense sexual arousal from the physical or psychological sufferings of others	K4	K5	K5	K6
Paedophilic disorder - intense sexual arousal involving prepubescent child	K4	K5	K5	K6
Fetishistic disorder - intense sexual arousal involving non-living object	K4	K5	K5	K6
Transvestic disorder - intense sexual arousal from cross-dressing	K4	K5	K5	K6
Voyeuristic disorder - intense sexual arousal from observing an unsuspecting person who is naked, disrobing or in sexual intercourse	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations, physical examinations and laboratory investigations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Knowledge and prescribing antidepressant medications and other relevant psychotropics	K4 S3	K4 S3	K5 S5	K6 S6
Hormonal therapy	K2 S1	K4 S2	K5 S3	K5 S4

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Basic counselling	K4 S4	K5 S5	K5 S5	K6 S6
Insight orientated psychotherapy Cognitive behavioural therapy (CBT) Psychosocial intervention	K2 S1	K4 S2	K5 S3	K5 S4

3P: Sexual Dysfunctions

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Delayed Ejaculation 2. Erectile Disorder 3. Female Orgasmic Disorder 4. Female Sexual Interest/Arousal Disorder 5. Genito-Pelvic Pain/Penetration Disorder 6. Male Hypoactive Sexual Desire Disorder 7. Premature (Early) Ejaculation	K2	K3	K4	K5
Priority Neuroscience disciplines:				
Genetic	K2	K3	K4	K5
Biochemical changes	K2	K3	K4	K5
Psychosocial theories	K2	K3	K4	K5
Medical causes	K2	K3	K4	K5
Signs and symptoms:				
Hypoactive desire, sexual aversion, reduced vaginal lubrication-swelling response, erectile dysfunction, anorgasmia, premature ejaculation, vaginismus, dyspareunia	K3	K4	K5	K5
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Psychopharmacology	K3	K4	K4	K5
Prescribing antidepressant	S3	S4	S5	S6
Sex therapy	K2 S2	K3 S3	K4 S4	K4 S4
Behavioural therapy Psychodynamic Psychotherapy	K2 S1	K4 S2	K5 S3	K5 S4
Marital therapy	K2 S2	K3 S3	K3 S4	K4 S4
Physical therapy	K2	K3	K4	K5

3Q: Personality Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP1	SP2-3	SP4
Examples of common psychiatric disorders:				
1. Borderline PD	K3	K3	K4	K6
Examples of rare or critical condition:				
1. Antisocial PD 2. Narcissistic PD	K2	K3	K4	K6
Priority Neuroscience disciplines:				
Genetic	K2	K3	K4	K5
Biochemical changes	K2	K3	K4	K5
Psychosocial theories	K2	K3	K4	K5
Neuropathology	K2	K3	K4	K4
Signs and symptoms:				
General features of PD: unepisodic, early onset, slow to change	K4	K5	K5	K6
Specific features of PD (DSM-5) Cluster A: Schizoid, Schizotypal & paranoid Cluster B: Borderline, Histrionic, Narcissistic & Antisocial Cluster C: Obsessive Compulsive, Avoidant & Dependant	K4	K5	K5	K6
Key diagnostic skills				
History taking, mental state examinations, physical examinations and neuroimaging	K4 S2	K5 S4	K5 S5	K5 S5
Common interventions and treatments:				
Supportive Psychotherapy	K4 S4	K5 S5	K5 S5	K5 S5
Dialectic Behavioural Therapy (for BPD)	K1 S1	K3 S2	K4 S2	K4 S2
Psychodynamic based psychotherapies (for BPD)	K2 S1	K4 S2	K5 S3	K5 S4
Psychopharmacology when appropriate	K1	K4	K5	K5

3R: Substance Abuse and Addictive Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common psychiatric disorders:				
1. Substance intoxication 2. Substance withdrawal 3. Substance use disorders 4. Substance-induced disorders: 5. Dual diagnoses 6. Medical disorders as complications of addiction	K4	K5	K6	K6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of rare or critical conditions:				
1. Substance overdose 2. Withdrawal seizure 3. Delirium tremens 4. Substance use in child and adolescents 5. Substance use in pregnant women 6. Substance use in older adults 7. Substance use in LGBTQIA population 8. Sexual addiction 9. Pathological gambling 10. Technology/Internet addiction	K2	K4	K5	K5
Priority Neuroscience disciplines:				
Biological concepts of addiction: Neurobiology Neurochemistry Neuroanatomy Genetic Pharmacology: Psychosocial concepts of addiction	K2	K3	K5	K5
Sign and symptoms:				
Substance intoxication and overdose, substance withdrawal or co-occurring substance and psychiatric disorders	S3	S4	S5	S6
Key diagnostic skills:				
History taking Screening and assessment of substance use, mental state examinations, physical examinations and laboratory investigations	S3	S4	S5	S5
Common interventions and treatments:				
Pharmacotherapy	K2 S2	K3 S3	K4 S4	K4 S4
Harm reduction concept Substitution Therapy Needle Syringe Exchange Programme Medically-supervised Injecting Facility	K2 S2	K3 S2	K4 S3	K4 S4
Assessment and Brief Intervention (BI), motivational interviewing / motivational enhancement therapy, contingency management, relapse prevention,12 steps model, SMART recovery and therapeutic community	K2, S1	K4, S2	K5, S3	K5, S4

3S: Common Neurodevelopmental Disorders

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP1	SP2-3	SP4
Examples of common psychiatric disorders:				
1. Autistic Spectrum Disorders (ASD)	K3	K3	K4	K5
2. Attention Deficit Hyperactive Disorder (ADHD/ADD)	K3	K3	K4	K5
Examples of rare or critical condition:				
1. Intellectual Disability (ID)	K3	K3	K4	K5
2. Specific Learning Disorders (SLD) (e.g., Dyslexia)	K3	K3	K4	K5
Priority Neuroscience disciplines:				
Genetic	K2	K3	K4	K5
Biochemical changes	K2	K3	K4	K5
Psychosocial theories	K2	K3	K4	K5
Neuropathology	K2	K3	K4	K5
Sign and symptoms:				
ASD -Persistent deficits in social communication and social interaction across multiple contexts	K2	K3	K4	K5
ADHD -Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development	K2	K3	K4	K5
ID-intellectual and adaptive functioning deficits in conceptual, social, and practical domains	K2	K3	K4	K5
SLD – difficulty learning and using academic skills	K2	K3	K4	K5
Key diagnostic skills				
History taking, mental state examinations, physical examinations and Psychological Assessment	K3 S2	K3 S2	K4 S4	K5 S5
Common interventions and treatments:				
Psychoeducation	K3 S2	K3 S2	K4 S4	K5 S5
Non-pharmacological treatments	K3 S2	K3 S2	K4 S4	K5 S5
Pharmacological treatments	K3 S2	K3 S2	K4 S4	K5 S5

Syllabus Module 4: Specialised Areas in Psychiatry

Example level of knowledge for specialised areas

Level	Knowledge Level	Example: Forensic Psychiatry
1	No specific knowledge	Able to describe general knowledge on general psychiatry
2	Knows of	Able to explain specific terminologies use in forensic psychiatry
3	Knows basic concepts	Knows basic concept in forensic psychiatry
4	Knows generally	Able to relate general psychiatry knowledge in a forensic setting
5	Knows specific diagnosis, focus area and management options	Able to identify common symptoms of psychiatric disorders in a forensic setting Know of related law in relation to psychiatry Able to justify psychopharmacological and psychological managements
6	Knows specifically and broadly	Able to adopt advanced knowledge in forensic psychiatry such as testamentary capacity, court proceeding and report writing

Example of the level of skills for Specialised

Skill Level	Example: Forensic Psychiatry
1. No experience expected	Able to describe basic management of forensic psychiatry
2. Has observed or knows of	Able to identify the necessary skills and techniques for the management of forensic psychiatry issues
3. Can manage part or parts with assistance (with supervision)	Able to develop skills such as interviewing, clerking history, eliciting relevant signs and symptoms and choosing a correct diagnosis in forensic psychiatry
4. Can manage whole but may need assistance	Able to perform comprehensive clinical skills in obtaining and assessing underlying factors that contribute to the diagnosis of a common psychiatric disorder with forensic issues with assistance
5. Able to manage without assistance including potential common complications	Able to formulate and evaluate the complex cases and to develop treatment plans without assistance Able to justify the treatment modalities
6. Able to manage complex cases and their associated potential complications	Able to implement and adopt the updated evidence-based management

4A: Addiction Psychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common topics:				
1. Alcohol Use Disorder 2. Illicit Substance Use Disorder 3. Behavioural Addiction 4. Substance-induced disorders 5. Dual Diagnoses	K4	K5	K6	K6
Priority Neuroscience disciplines:				
Biological concepts of addiction: Neurobiology Neurochemistry Neuroanatomy Genetic Pharmacology Psychosocial concepts of addiction	K4	K5	K5	K6
Key symptoms:				
Substance intoxication and overdose, substance withdrawal, psychological and physical dependence, tolerance	K4	K5	K5	K6
Key diagnostic skills:				
History taking Screening and assessment of substance use, mental state examinations, physical examinations and laboratory investigations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Pharmacotherapy	K4 S3	K5 S4	K5 S5	K6 S6
Harm reduction concept Substitution Therapy Needle Syringe Exchange Programme Medically-supervised Injecting Facility	K4 S3	K5 S4	K5 S5	K6 S6
Assessment and Brief Intervention (BI), motivational interviewing / motivational enhancement therapy, contingency management, relapse prevention,12 steps model, SMART recovery and therapeutic community	K2 S2	K4 S3	K5 S3	K5 S4

4B: Child and Adolescent Psychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common topics:				
1. Autism Spectrum Disorder 2. Attention Deficit Hyperactivity Disorder 3. Intellectual Disability 4. Specific Learning Disorder 5. Conduct Disorder 6. Child abuse and neglect	K2	K3	K5	K5
Examples of specific conditions:				
1. Disruptive Mood Dysregulation Disorder 2. Separation Anxiety Disorder 3. Selective Mutism 4. Attachment disorders 5. Eating Disorders 6. Elimination Disorders 7. Motor Disorders 8. Oppositional Defiant Disorder 9. Bullying	K2	K3	K5	K5
Priority Neuroscience disciplines:				
Genetics	K1	K3	K4	K5
Biochemical changes	K1	K3	K4	K5
Psychosocial theories	K1	K3	K4	K5
Neuropathology	K1	K3	K4	K5
Key symptoms:				
Behavioural problem, Emotional changes, Deficit in communication and social interaction, attention deficits, hyperactivity/impulsivity, learning problems, deficit in adaptive functioning	K2	K3	K4	K5
Key diagnostic skills:				
History taking, mental state examinations, physical examinations and psychological assessment	K2 S1	K3 S2	K4 S3	K5 S4
Common interventions and treatments:				
Psychopharmacology	K2 S1	K3 S2	K4 S3	K5 S4
Psychodynamic psychotherapy	K2 S1	K3 S2	K5 S3	K4 S4
Cognitive Behaviour Therapy (CBT)	K2 S1	K3 S2	K4 S3	K4 S4
Behavioural therapy	K2 S1	K3 S2	K4 S3	K4 S4
Group therapy	K1 S1	K2 S1	K3 S2	K4 S3
Play therapy	K1 S1	K2 S1	K3 S2	K4 S3
Social skills training	K1 S1	K2 S1	K3 S2	K4 S3

4C: Community and Rehabilitation Psychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common topics				
1. Community Psychiatry services worldwide 2. Community Psychiatry services in Malaysia 3. National Mental Health Policy 4. Mental Health Act 2001 and Mental Health Regulations 2010 5. Family Interventions 6. Types of Community Care - Acute Care - Long term/ Assertive Care 7. Primary Mental Health Care (Integration of Psychiatric services in general/primary health care setting) 8. Concept of psychiatric prevention (primary prevention, secondary prevention & early diagnosis, promotion of mental health and relapse prevention) 9. Types of Rehabilitation approach - Community Mental Health Centres - Psychosocial Rehabilitation Centres - Vocational Rehabilitation - Halfway House 10. Strategies of Rehabilitation - Case Manager Approaches - Group Therapy - Occupational Therapy - Social Skills Training	K3	K4	K5	K6
Examples of specific conditions				
Severe mental illnesses	K2	K3	K4	K5
Priority Neuroscience disciplines:				
Genetics	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Immunological changes	K3	K4	K5	K6
Medical causes	K3	K4	K5	K6
Sociological theories	K1	K4	K4	K6
Psychological theories	K1	K4	K5	K6
Key symptoms:				
Positive and negative symptoms of schizophrenia, lack of social skills, cognitive deficit, impaired social and occupational functioning.	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Common interventions and treatments:				
Psychopharmacology and Case Managers Approach	K4 S3	K4 S3	K5 S5	K6 S6
Social Skills Training	K4 S4	K5 S5	K5 S5	K6 S6
Occupational Therapy	K2 S2	K3 S3	K4 S4	K5 S5
Group therapy	K2 S2	K3 S3	K3 S4	K4 S4

4D: Consultation-Liaison Psychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common topics				
1. Delirium 2. Depression & Anxiety in Medical Settings 3. Somatoform Disorders, Factitious Disorder, and Malingering 4. Neuroleptic Malignant Syndrome and Serotonin Syndrome	K3	K4	K5	K6
Examples of specific conditions				
1. Infectious Diseases (e.g., HIV AIDS) 2. Psycho-oncology and Palliative Care 3. Renal Transplant 4. Women's Health: Treatment Considerations in Antenatal and Postpartum Psychiatric Illnesses	K2	K3	K4	K5
Priority Neuroscience disciplines:				
Genetics	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Immunological changes	K3	K4	K5	K6
Medical causes	K3	K4	K5	K6
Sociological theories	K1	K4	K4	K6
Psychological theories	K1	K4	K5	K6
Key symptoms:				
Disorientation, somatization, acute stress reaction, suicidality, aggression and other behavioural problems	K4	K5	K5	K6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Common interventions and treatments:				
Psychopharmacology in the Medically Ill	K4 S3	K4 S3	K5 S5	K6 S6
Supportive Therapy	K4 S4	K5 S5	K5 S5	K6 S6
Grief counselling	K2 S2	K3 S3	K4 S4	K5 S5
Others such as interpersonal therapy, couple/ marital therapy and group therapy	K2 S2	K3 S3	K3 S4	K4 S4

4E: Forensic Psychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common topics:				
1. Common psychiatric disorders in forensic	K3	K4	K5	K6
2. Mental Health Act, Law and Regulation	K1	K2	K3	K4
3. Crime and Violence	K1	K2	K3	K5
4. Risk assessment and management of dangerousness	K2	K3	K4	K6
5. Malingering	K3	K4	K5	K6
6. Substance used disorder in forensic	K3	K3	K5	K6
7. Criminal responsibility and insanity defence	K1	K2	K4	K5
8. Expert witness	K1	K2	K3	K4
9. Testamentary capacity	K1	K2	K3	K4
10. Psychiatric Ethics	K3	K4	K5	K6
Examples of specific conditions:				
1. Sex offending 2. Amnesia and Crime 3. Victimology e.g., PTSD	K2 K2 K2	K3 K3 K3	K4 K4 K4	K5 K5 K5
Priority Neuroscience disciplines:				
Genetic contribution	K4	K5	K5	K6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Biochemical changes	K4	K5	K5	K6
Neuropathological	K3	K4	K5	K6
Medical causes	K3	K4	K5	K6
Behavioural theory	K1	K4	K4	K6
Social theory	K2	K4	K4	K6
Key symptoms:				
Aggression, Homicidal, Infanticide, Psychotic, Intellectual disability, antisocial behaviour, substance withdrawal and intoxication	K3	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations, physical examinations, multidisciplinary assessment, Violent risk assessment, Testamentary capacity	K3 S3	K4 S4	K5 S5	K5 S5
Common interventions and treatments:				
Knowledge and prescribing of appropriate medication	K3 S3	K4 S3	K5 S5	K6 S6
Behavioural therapy	K3 S3	K4 S4	K5 S4	K5 S4
Psychological intervention	K3 S2	K4 S3	K5 S3	K6 S4
Vocational training	K2 S2	K3 S2	K4 S2	K5 S3
Stands for trial	K1 S1	K2 S2	K4 S3	K5 S4
Electroconvulsive therapy (ECT) and other physical treatments	K3 S3	K4 S4	K5 S5	K6 S6

4F: Geriatric Psychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common topics:				
1. Alzheimer disease and other causes of dementias 2. Managing challenging Behavioural and Psychological Symptoms of Dementia (BPSD). 3. Pharmacological & Psychological treatment of dementia	K3	K4	K5	K6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
4. Recognition and management of delirium and other psychiatric complications of medical illness in geriatric patients 5. Depression in older people 6. Anxiety disorders in old age 7. Psychotic disorders in old age e.g., late-onset schizophrenia and delusional disorders 8. Sleep disorders 9. Alcohol and substance abuse in older people 10. Ethical & legal issues (e.g., abuse and neglect etc) 11. End of life issues and palliative care 12. Psychiatric evaluation of geriatric patient with comorbid multiple medical problems & polypharmacy 13. Mental capacity and decision making 14. Prevention and promotion of healthy ageing including psychospiritual issues				
Priority Neuroscience disciplines:				
Biological & Physiological changes of ageing	K4	K5	K5	K6
Neuropathology, neurochemical & genetic of dementia	K4	K5	K5	K6
Epidemiology of old age psychiatry	K3	K4	K5	K6
Medical causes	K3	K4	K5	K6
The Psychological and Sociology of ageing	K1	K4	K4	K6
Pharmacokinetics & pharmacodynamic of drugs in old age	K1	K4	K5	K6
Key symptoms:				
Memory and cognitive deficits, Personality and behavioural changes Insomnia Functional impairments Mood changes, anxiety, depression, and bereavement Hallucinations, delusions Suicide ideation & suicide attempt	K4 K4	K5 K5	K5 K5	K6 K6
Key diagnostic skills:				
History taking, mental state & clinical cognitive assessment Physical & multidisciplinary assessment of older patients Risk assessment for fall, delirium and suicide	K4 S3	K5 S4	K5 S5	K6 S6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Assessing testamentary capacity Assessment of caregiver burden and needs				
Common interventions and treatments:				
Knowledge and prescribing of different groups of anti-cholinesterase inhibitors, antidepressants and other psychotropics (Psychopharmacology in older people).	K4 S3	K4 S3	K5 S5	K6 S6
Psychosocial interventions (family meetings, psychoeducation, support groups)	K4 S4	K5 S5	K5 S5	K6 S6
Memory assessment services. Rehabilitation and day-care services (reminiscence therapy, reality orientation, multimodal and multi-disciplinary team approach). Provision of continuous and seamless care of older people in the community.	K2 S2	K3 S3	K4 S4	K5 S5
Behavioural techniques (relaxation techniques, techniques for challenging behaviours)	K2 S2	K3 S3	K5 S5	K6 S6
Psychotherapies in the elderly	K2 S1	K4 S2	K5 S3	K5 S4
Electroconvulsive therapy (ECT) in the elderly	K3 S3	K4 S4	K4 S4	K5 S5

4G: Neuropsychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Examples of common topics:				
1. Delirium 2. Cerebrovascular accidents 3. Movement disorders 4. Traumatic Brain injuries 5. Epilepsy 6. Central nervous system infections 7. Encephalopathies 8. Demyelinating diseases	K3	K4	K5	K6
Priority Neuroscience disciplines:				
Genetics	K4	K5	K5	K6
Biochemical changes	K4	K5	K5	K6
Neurological changes	K3	K4	K5	K6
Medical causes	K3	K4	K5	K6
Key symptoms:				
Disorientation, abnormal movements, cognitive deficits, mood changes/lability, neurological deficits, psychotic presentations	K4	K5	K5	K6
Key diagnostic skills:				
History taking, mental state examinations and physical examinations	K4 S3	K5 S4	K5 S5	K6 S6
Interpret neuroradiological and neuropsychological investigations	K2 S2	K3 S3	K3 S4	K4 S4
Common interventions and treatments:				
Knowledge and prescribing of different psychotropics	K4 S3	K4 S3	K5 S5	K6 S6
Manage common neurological disorders	K2 S2	K3 S3	K3 S4	K4 S4
Supportive Therapy Psychoeducation	K4 S4	K5 S5	K5 S5	K6 S6
Psychosocial rehabilitation	K2 S2	K3 S2	K3 S3	K4 S3

Syllabus Module 5: Assessment Procedures and Therapeutic Skills

Example level of knowledge for Cognitive Behaviour Therapy

Level	Knowledge Level	Example: Cognitive Behavioural Therapy (CBT)
1	No specific knowledge	Able to describe a general knowledge of CBT
2	Knows of	Able to describe a brief procedure for CBT
3	Knows basic concepts	Able to explain a basic concept and brief procedure of conducting CBT
4	Knows generally	Able to explain the underlying psychological theory or model and details step-by-step procedure of conducting CBT.
5	Knows specific diagnosis, sub-types and treatment options	Able to explain the underlying psychological theory or model for CBT Able to describe the criteria and suitability of patients to be treated with CBT Able to describe details step-by-step procedure of conducting CBT
6	Knows specifically and broadly	Able to explain advanced and updated knowledge in psychiatry that relate to CBT

Example of the level of skills for Cognitive Behaviour

Level	Skill Level	Example: Cognitive Behavioural Therapy (CBT)
1	No experience expected	Able to perform proper clerkship, have good communication skills and interview techniques essential for therapeutic relationship
2	Has observed or knows of	Able to use socratic questioning to elicit automatic negative thoughts Able to use positive reinforcement and emotional validation when interviewing Able to carry out relaxation therapy and breathing technique
3	Can manage part or parts with assistance (with supervision)	Able to use socratic questioning, elicit, challenge and replace automatic negative thoughts with healthy positive thoughts Able to motivate patients and encourage behavioural changes through positive reinforcement Able to manage stress through emotional validation, effective relaxation therapy, breathing techniques or other behavioural techniques when conducting CBT under supervision

Level	Skill Level	Example: Cognitive Behavioural Therapy (CBT)
4	Can manage whole but may need assistance	Able to integrate all psychological skills by replacing negative automatic thoughts with healthy positive thoughts, managing stress with behavioural techniques and develop effective therapeutic relationships when conducting CBT
5	Able to manage without assistance including potential common complications	Able to formulate and use CBT for managing complex cases and to develop treatment plans without assistance
6	Able to manage complex cases and their associated potential complications	Able to enhance further CBT technique as therapy for complex cases Able to implement and adopt the updated evidence into CBT

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principles of suicide risk assessment				
Understands the evolution of suicide risk assessment Appreciates the challenges in suicide risk assessment Acknowledges the limitations of suicide risk assessment tools Emphasises on assessment of patient's need Focus on an individualised assessment that informs management	K3	K4	K5	K6
Indications	K3	K4	K5	K6
Outcomes	K3	K4	K5	K6
Module of suicide risk assessment				
Ensures security and safety	K3 S3	K4 S4	K5 S5	K6 S6
Reviews previous record	K3 S3	K4 S4	K5 S5	K6 S6
Ensures appropriate setting for assessment	K3 S3	K4 S4	K5 S5	K6 S6
Form a therapeutic alliance	K3 S3	K4 S4	K5 S5	K6 S6
Performs suicide risk assessment	K3 S3	K4 S4	K5 S5	K6 S6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Establish a suicide risk formulation	K3 S3	K4 S4	K5 S5	K6 S6
Responds to patient's psychological needs	K3 S2	K4 S3	K5 S4	K5 S5
Ensures the effectiveness of suicide risk assessment	K3 S2	K4 S3	K5 S4	K5 S5
Obtains feedback on assessment and formulation	K3 S2	K4 S3	K5 S4	K5 S5

5B: Mental Capacity Assessment

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principle of Mental Capacity Assessment				
Assess the patient's ability to understand proposed medical and surgical interventions particularly when there are risks of impaired decision-making capacity and in the event of treatment refusal.	K3	K4	K5	K6
Indications	K3	K4	K5	K6
Outcomes	K3	K4	K5	K6
Module of Mental Capacity Assessment				
Conduct mental capacity assessment using methods based on an established model Identify barriers in mental capacity assessment Consider important elements of factual understanding, appreciation of the presented facts, rational use of the information and ability to communicate preferences.	K3 S3	K4 S3	K5 S4	K6 S5
Understand and apply in the context of informed consent, treatment refusal, substitute decision making, advance directives, involuntary treatment and discharge against medical advice	K3 S3	K4 S3	K5 S4	K6 S5

5C: Violence risk assessment

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Principle of Violence Risk assessment				
To assess the risk of violence of the patients To identify those who are more likely to be at risk of engaging in physically aggressive situations, and identify the appropriate management plan	K3	K4	K5	K6
Indications	K3	K4	K5	K6
Outcomes	K3	K4	K5	K6
Module of violence risk assessment technique				
Conduct an effective violence risk assessment through history taking and mental state examination History of violence or violence trigger factors Identify the risk of medical causes of violence Mental state examination to exclude reversible medical cause, e.g.; delirium	K3 S3	K4 S3	K5 S4	K6 S5
Perform a thorough physical examination *If unsafe to perform a physical assessment, to do an observation without direct contact with the patient	K3 S3	K4 S3	K5 S4	K6 S5
Manage the risk of violence: • Identify appropriate actions • Implement the action • De-escalation • Environmental change, e.g.; placed near the nursing counter • Evaluate the outcomes of the aggressive risk management plan	K3 S2	K4 S3	K5 S4	K6 S5

5D: Cognitive behavioural therapy (CBT)

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principle of cognitive behavioural therapy				
Understand the cognitive models of the various illnesses Help patients to identify their negative automatic thoughts and core beliefs Educate the patient to challenge the negative thoughts and core beliefs with empirical testing Motivate the patient to engage in empirical testing for future cognitive distortions	K2	K3	K4	K5
Indications	K2	K3	K4	K5
Outcomes	K2	K3	K4	K5
Module of Cognitive behavioural Technique				
Ensures appropriate settings for therapy	K2 S1	K4 S3	K5 S4	K5 S5
Form a therapeutic alliance	K2 S1	K4 S3	K5 S4	K5 S5
Maintain a persistent, inquisitive, creative stance	K2 S1	K4 S3	K5 S4	K5 S5
Understand the cognitive model of the illness and educate the patient with the model	K2 S1	K4 S2	K5 S3	K5 S4
Teach and rehearse behavioural techniques	K2 S1	K4 S2	K5 S3	K5 S4
Identify, monitor and challenge negative automatic thoughts	K2 S1	K4 S2	K5 S3	K5 S4
Motivate the client to engage in empirical testing	K2 S1	K4 S2	K5 S3	K5 S4
Prepare patient for the termination of the session	K2 S1	K4 S2	K5 S3	K5 S4
Motivate the client to engage in future empirical testing	K2 S1	K4 S2	K5 S3	K5 S4

5E: Coping Skills Intervention

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Principle of Coping Skills Intervention				
Problem-focused coping Taking control Information seeking Evaluate the pros & cons Emotion-focused coping Disclaiming Escape-avoidance Accepting responsibility/ blame Exercising Self Control Positive reappraisal	K2	K3	K4	K5
Indications	K2	K3	K4	K5
Outcomes	K2	K3	K4	K5
Module of Coping Skills Technique				
Problem-focused Identify the problem Break the problem down into specific parts Make a list of all possible solutions Explore the consequences of every solution Set your course Go for it Take some time to reflect on what helped and what didn't. *Emotion-Focused* Redirection /Discovery/ Rediscovery Emotional disclosure Communication & connection Reflection & introspection Get physical & mind your health and wellness Positive thinking Drug therapy	K2 S1	K3 S2	K3 S3	K4 S4
Appraisal-focused	K2 S1	K2 S1	K3 S2	K3 S2

5F: Crisis Intervention

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Principle of crisis intervention				
Crisis Situation (experienced or perceived); intolerable/exceeds one's resources and coping mechanisms' Crisis Intervention; An immediate and short-term psychological care aimed at assisting individuals in a crisis	K2	K3	K4	K5
Indications	K2	K3	K4	K5
Outcomes	K2	K3	K4	K5
Module				
Roberts 7 Stage Crisis Intervention Module 1. Intake and assessing the person in crisis 2. Exploring the crisis 3. Understanding the coping style employed by the person 4. Confronting feelings, exploring emotions and challenging the maladaptive coping style 5. Exploring solutions and educating the client in best practices of coping 6. Developing a solid treatment plan/structure of activities and reassuring the clients newly gained a healthy perspective 7. Follow-up	K2 S1	K3 S2	K3 S3	K4 S4
Other Crisis Intervention Models				
SAFER-R Model 1. Stabilise 2. Acknowledge 3. Facilitate understanding 4. Encourage adaptive coping 5. Restore functioning or, 6. Refer	K2 S1	K2 S1	K3 S2	K3 S2

5G: Electroconvulsive Therapy

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principles of Electroconvulsive Therapy				
Alleviation of symptoms in a person by electrically inducing seizures	K3	K4	K5	K6
Indications	K3	K4	K5	K6
Outcomes	K3	K4	K5	K6
Module of Electroconvulsive Therapy				
Key elements of electroconvulsive therapy				
Identifying those who are indicated for electroconvulsive therapy	K3 S3	K5 S6	K6 S6	K6 S6
The informed consent process	K3 S3	K5 S5	K6 S6	K6 S6
The pre-ECT process	K3 S3	K5 S5	K6 S6	K6 S6
Undertaking the correct procedure and techniques for administrating ECT	K3 S3	K5 S5	K6 S6	K6 S6
The post ECT monitoring	K3 S3	K5 S5	K6 S6	K6 S6

5H: Family Intervention

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principle of Family Intervention				
Improve outcomes for the person with the disorder or illness by improving family engagement and effectiveness in handling the challenges associated with the problem Improve the well-being of the caregiver as well, to reduce stress and negative outcomes of caregiving	K2	K3	K4	K5
Indications	K2	K3	K4	K5
Outcomes	K2	K3	K4	K5
Module of Family Intervention Technique				
Appropriate greeting/introduction	K2 S1	K3 S2	K3 S3	K4 S4
Explore, clarify and verify the problems in the family	K2 S1	K3 S2	K3 S3	K4 S4

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Identifies the elements that predispose/perpetuate the patient's illness	K2 S1	K3 S2	K3 S3	K4 S4
Assess communication style of the family	K2 S1	K3 S2	K3 S3	K4 S4
Explores roles and responsibilities of family members	K2 S1	K3 S2	K3 S3	K4 S4
Educates family regarding the patient's illness and treatment	K2 S1	K3 S2	K3 S3	K4 S4
Suggests problem-solving technique to the family	K2 S1	K3 S2	K3 S3	K4 S4
Promotes a healthier family environment	K2 S1	K3 S2	K3 S3	K4 S4

5l: Interpersonal Psychotherapy (IPT)

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principle of IPT				
Focus specifically on interpersonal relationships Use an interpersonal conceptualisation of distress Ensure that it is time limited during acute treatment IPT interventions do not directly address the transference relationship	K1	K2	K2	K3
Indications	K1	K2	K2	K3
Outcomes	K1	K2	K2	K3
Module of IPT				
Described the therapy to the patient adequately: • 8-20 sessions • Assessment/initial (1-3 sessions) • Middle (4-12 sessions) • Concluding (1-2 sessions) • Maintenance	K1 S1	K2 S1	K2 S2	K3 S3
Interpersonal Inventory	K1 S1	K2 S1	K2 S2	K3 S3
Interpersonal Summary	K1 S1	K2 S1	K2 S2	K3 S3
IPT problem Areas: *Grief and loss, Interpersonal disputes, Role transitions and Role transitions*.	K1 S1	K2 S1	K2 S2	K3 S3

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
IPT Treatment Agreement	K1 S1	K2 S1	K2 S2	K3 S3
Intermediate Sessions of IPT: *Identification* of specific interpersonal problem Detailed *exploration* of the patient's perception of the problem, including whether it is a problem in communication in the relationship or a matter of unrealistic expectations about the relationship Collaborative *brainstorming* to identify possible solutions to the problem *Implementation* of the proposed solution (typically between sessions) *Review* of the patient's changes made and discussion of the refinements to the solution to be carried out by the patient	K1 S1	K2 S1	K2 S2	K3 S3
Interpersonal Therapy Techniques: Specific techniques: • Interpersonal Incidents and Communication Analysis • Nonspecific Techniques • Use of Affect • Problem Solving	K1 S1	K2 S1	K2 S2	K3 S3
Completion of Acute Interpersonal Therapy Treatment	K1 S1	K2 S1	K2 S2	K3 S3
Maintenance IPT treatment	K1 S1	K2 S1	K2 S2	K3 S3

5J: Mindfulness-Based Stress Reduction (MBSR) Therapy

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Principle of MBSR				
Mindfulness, paying attention in a particular way: • on purpose • in the present moment • and non-judgmentally • awareness of present experience with acceptance	K2	K3	K4	K5
Indications	K2	K3	K4	K5
Outcomes	K2	K3	K4	K5
Module of MBSR Technique				
Mindfulness meditation Focus the mind on something specific, (e.g., Breath) with intention. Attend to the present moment and let go of the past and the future. The steps are: • Choose a quiet place and sit or lie comfortably • Close your eyes, take a deep breath and let it out slowly (repeat 2-3 times) • Focus attention on the breath - gently going in and out • As thoughts enter just watch them and let them go • Return your focus to breathing in and out • Sit quietly for a few moments • When you are ready to stop, take a deep breath and gently stretch and open your eyes • Carry this out for 15-20 minutes	K2 S1	K3, S2	K3, S3	K4, S4
Raisin exercise	K2 S1	K3 S2	K3 S3	K4 S4
Body Scan	K2 S1	K3 S2	K3 S3	K4 S4
Walking Meditation	K2 S1	K3 S2	K3 S3	K4 S4
Mindful Stretching	K2 S1	K3 S2	K3 S3	K4 S4
Mindfulness in Daily Life Activities	K2 S1	K3 S2	K3 S3	K4 S4
Other Mindfulness-Base Treatment Approach				
Mindfulness-Based Cognitive Therapy Mindfulness-Based Relapse Prevention Mindfulness-Based Relationship Enhancement Dialectical Behaviour Therapy Acceptance and Commitment Therapy Compassionate Mind Training	K2 S1	K2 S1	K3 S2	K3 S2

5K: Motivational Interviewing (MI)

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principle of Motivational Interviewing				
The five principles of MI 1. Develop Discrepancy 2. Express Empathy 3. Amplify ambivalence 4. Roll with Resistance 5. Support Self-efficacy	K2	K3	K4	K5
Indications	K2	K3	K4	K5
Outcomes	K2	K3	K4	K5
Module of Motivational Interviewing				
4 Core skills of MI (OARS) 1. Open-ended questions 2. Affirmations 3. Reflections" or reflective listening 4. Summaries	K2 S1	K3 S2	K3 S3	K4 S4

5L: Problem-solving.

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principle of problem-solving				
In Cognitive Psychology, the term “problem-solving” refers to the mental process that a person goes through to discover, analyse, and solve problems.	K2	K3	K4	K5
Indications	K2	K3	K4	K5
Outcomes	K2	K3	K4	K5
Module of problem-solving Technique				
Identifying the problem Defining the problem Forming the strategy Organising information Allocating resources Monitoring progress Evaluating the results	K2 S1	K3 S2	K3 S3	K4 S4

5M: Psychodynamic Psychotherapy

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
The principle of Psychodynamic Psychotherapy				
Understand it as a unique modality of treatment focusing more on helping the patient to increase their own self-awareness and understand the relationship between past and present Through this process, the patient will be better able to identify and resolve underlying issues in their life	K2 S1	K3 S2	K3 S3	K4 S4
Indications	K2	K3	K4	K5
Outcomes	K2	K3	K4	K5
The module of Psychodynamic Psychotherapy				
The selected patient is suitable for brief psychodynamic therapy	K2 S1	K3 S2	K3 S3	K4 S4
At least 1-4 assessment sessions should be conducted prior starting the therapy proper	K2 S1	K3 S2	K3 S3	K4 S4
The therapeutic alliance developed between the trainee and the patient	K2 S1	K3 S2	K3 S3	K4 S4
Establish a contract/ frame of the therapy: • The total number of the weekly sessions should be between 12-15 sessions. • The focus of the treatment objective is established collaboratively • The case is discussed with the supervisor in-between sessions	K2 S1	K3 S2	K3 S3	K4 S4
Focus and active stance is employed due to brief nature of the therapy	K2 S1	K3 S2	K3 S3	K4 S4
Engaged in exploratory/uncovering interventions: clarification, confrontation and interpretation, and employing supportive stance when appropriate	K2 S1	K3 S2	K3 S3	K4 S4
Aware of repetition, resistance & working through	K2 S1	K3 S2	K3 S3	K4 S4
Aware and able to identify and manage his/her own countertransference when dealing with the patient	K2 S1	K3 S2	K3 S3	K4 S4
Aware and able to manage the transference process during the therapy	K2 S1	K3 S2	K3 S3	K4 S4
Aware of the phases of the therapy: initial, middle and termination	K2 S1	K3 S2	K3 S3	K4 S4
The trainee prepared patient for termination of the therapy	K2 S1	K3 S2	K3 S3	K4 S4

5N: Psychoeducation

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Principle of Psychoeducation				
To educate a psychiatric patient as well as his/her relatives/carers regarding the symptoms, treatment, compliance with the medical and psychological treatment and prognosis of the illness. Clinically focused on specific topic. Aim – to help patient to develop skills for illness management.	K3	K4	K5	K6
Indications	K3	K4	K5	K6
Outcomes	K3	K4	K5	K6
Module of Psychoeducation				
To provide and improve knowledge on: • psychiatric illness; definition, epidemiology, clinical presentation, diagnosis, investigation and common treatment for common psychiatric disorders • specific medication • specific psychological, psychosocial or community treatment • specific behaviours that can enhance the capability of carers to assist patient To provide relevant educational materials. Ensures appropriate manner in giving psychoeducation Ensures overall patient's understanding on psychoeducation given	K3 S3	K4 S4	K5 S5	K6 S6

5O: Psychological First Aid

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	**SP 1**	**SP 2-3**	**SP 4**
Principle of Psychological First Aid				
Use – to help people affected by an emergency, disaster or traumatic event Aim – to reduce initial distress, meet current needs, promote flexible coping and encourage adjustment	K3	K4	K5	K6
Indications	K3	K4	K5	K6
Outcomes	K3	K4	K5	K6
Module of Psychological First Aid technique				
Build relationships with clients: Introduce themselves and offer help Make sure confidentiality is the priority	K3 S3	K4 S3	K5 S4	K6 S5
Ensure the safety and comfort of the client	K3 S3	K4 S4	K5 S5	K6 S6
Identify unstable client's reactions Calm down the client Grounding	K3 S3	K4 S4	K5 S5	K6 S6
Gather Information on the immediate needs and learn more about the crisis suffered	K3 S2	K4 S3	K5 S5	K6 S5
Give practical assistance and solution based on initial requirement and client's options	K3 S2	K4 S4	K5 S4	K6 S4
Connect with social support, for example, family, friends, community	K3 S2	K4 S4	K5 S4	K6 S4
Provide information on coping skills	K3 S3	K4 S4	K5 S5	K6 S6
Link with related services	K3 S3	K4 S4	K5 S4	K6 S4

5P: Relaxation Therapy

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principles of Relaxation Therapy				
Alleviation of symptoms in a person by using the appropriate behavioural and psychological techniques that induce relaxation	K3	K4	K5	K6
Indications	K3	K4	K5	K6
Outcomes	K3	K4	K5	K6
Module of Relaxation Therapy				
Key elements of supportive psychotherapy				
Identifying those who will benefit from relaxation therapy	K3 S4	K4 S5	K5 S6	K6 S6
Teaching relaxation methods to the patients	K3 S3	K4 S4	K5 S5	K6 S6
Ensuring techniques are practised by patients	K3 S3	K4 S4	K5 S5	K6 S6
Information and advice: providing the correct information to the patient to guide them	K3 S3	K4 S4	K5 S5	K6 S6

5Q: Stress Management

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principle of Stress Management				
Stress is the body's nonspecific biological response to a demand placed on it, (stressor) (Hans Selye, 1936) The stress response mechanism is known as the general adaptation syndrome consists of the alarm, resistance and exhaustion stages when an organism is exposed to stressful stimuli, (can be omitted) The effects of stress can be both acute and chronic including physical and psychological Yerkes-Dodson law states that as stress increases, so does one's performance, up to a point; if stress is chronic and increases past the optimal point, performance decreases Stress management skills aim to maintain the stress level at optimum so that one can perform optimally	K3	K4	K5	K6
Indication	K3	K4	K5	K6
Outcomes	K3	K4	K5	K6

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Module of Stress management				
Lifestyle modification such as healthy diet, exercise Relaxation techniques	K3 S2	K4 S2	K5 S3	K6 S4

Syllabus Module 6: Research/Clinical Audits

Level	Knowledge Level	Example: Preparing a manuscript/report
1	No specific knowledge	Able to recognise an example of a scientific manuscript
2	Knows of	Able to identify different types of manuscripts (original article, review etc.)
3	Knows basic concepts	Able to explain the general format of a journal manuscript
4	Knows generally	Able to differentiate each section in general and page layout of writing a manuscript
5	Knows specifically	Able to integrate details of each section according to the format and page layout of writing a manuscript
6	Knows advanced	Able to adapt advanced knowledge in preparing a systematic review and meta-analysis

Level	Skill Level	Example: Preparing a manuscript/report
1	No experience expected	Able to name an example of a scientific manuscript
2	Has observed or knows of	Able to explain the format of different types of scientific manuscripts
3	Can manage part or parts with assistance	Able to prepare a general format of a journal manuscript
4	Can manage whole but may need assistance	Able to outline the first draft of a complete manuscript or report
5	Able to manage without assistance including potential common complications	Able to organise a complete research or clinical audit report
6	Able to manage complex cases and their associated potential complications	Able to appraise an advanced research manuscript, (e.g., Systematic review, meta-analysis etc.)

Topic	Target knowledge (K) Level/ Skill (S) level			
Research	**On Entry**	**SP 1**	**SP 2-3**	**SP 4**
Biostatistics	K2	K3	K4	K5
Research Methods	K2	K3	K4	K5
Critical Appraisal of Journal Articles	K1 S1	K2 S2	K4 S4	K5 S5
Prepare Study Proposal	K2 S2	K3 S2	K4 S4	K5 S5
Applying for Ethics Approval	K2 S2	K3 S2	K4 S4	K5 S5
Conduct Research	S2	S2	S4	S5
Preparing a report	K1 S1	K2 S2	K3 S3	K5 S5

Topic	Target knowledge (K) Level/ Skill (S) level			
Clinical Audit	**On Entry**	**SP 1**	**SP 2-3**	**SP 4**
Biostatistics	K2	K3	K4	K5
Research Methods	K2	K3	K4	K5
Demonstrate an understanding of the importance of an audit and its place within the framework of clinical governance	K1	K 2	K4	K5
Demonstrate an understanding of the audit cycle	K1	K3	K4	K5
Demonstrate an understanding of the differences between audits, surveys and research	K1	K3	K4	K5
Identify the relevant topics and appropriate standards Implement findings and reassess	K1	K2	K4	K5
Able to effectively apply audit principles to own work, team practice and in a service wide context	K1 S1	K3 S2	K4 S3	K5 S5
Prepare a Study Proposal (Standard template)	K2 S2	K3 S2	K4 S4	K5 S5
Able to undertake and present an audit, (Prepare Report)	K1 S1	K2 S2	K3 S3	K5 S5

Syllabus Module 7: Leadership and Administrative Management in Psychiatry

It has become increasingly vital for psychiatrists to have 'other skills' beyond their clinical skills to enable them to function efficiently and effectively within a complex healthcare system. **To lead** and **manage** have become key and essential parts of a psychiatrist's professional work.

Leadership and Administrative Management Knowledge

Example of the levels

Level	Knowledge Level	Leadership & Administrative Management in Psychiatry
1	No specific knowledge	Able to describe a general knowledge of leadership and administrative management.
2	Knows of	Able to explain a knowledge of leadership and administrative management related to psychiatry and mental health
3	Knows basic concepts	Able to apply a knowledge of leadership and administrative management related to psychiatry in clinical practice
4	Knows generally	Able to relate the knowledge of leadership and administrative management related to psychiatry in routine clinical governance and other aspects of routine administration
5	Knows specifically	Able to integrate the knowledge of leadership and management in psychiatry in potential common issues in clinical governance, administration and service development
6	Knows specifically and broadly	Able to adapt the advanced knowledge of leadership and management in psychiatry in managing complex issues in clinical governance, administration and service development

Leadership and Administrative Management Skills

Example of the levels

Level	Skill Level	Example: Leadership and Administrative Management Skills in Organising a Mental Health Project
1	No experience expected	Demonstrate abilities to state basic leadership, (e.g., leadership qualities) and basic of any project management
2	Has observed or knows of	Demonstrate abilities to identify the necessary skills and techniques for project management, (such as planning and managing resources)
3	Can manage part or parts with assistance (with supervision)	Demonstrate abilities to develop leadership skills, (such as working with others and visioning), and management skills; take a role as a committee member in a project
4	Can manage whole but may need assistance	Demonstrate abilities to perform leadership and management roles; e.g., as a committee member with a greater role/responsibility in a project, (chair or secretary of the committee/chair of a subcommittee)
5	Able to manage without assistance including potential common issues	Demonstrate abilities to perform advanced leadership and management skills; – e.g., take a lead role in a project or service development
6	Able to manage complex cases and their associated potential complications	Demonstrate abilities to perform more advanced leadership and management skills; take a role as a lead in a new/innovative project/service development

7A: Administrative Management in Psychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Principle of administrative management – Roles of manager and administrator – current and latest as listed below:	K2	K3	K4	K5
Administrative requirements (Circulars, Malaysian Society for Quality in Health etc.) Controlling act (Mental Health Act 2001, Mental Health Regulations 2010) National Psychiatric Operational Policy Psychiatric Clinical Practice Guidelines National Psychiatric Standard Operating Procedures Patient and Family Rights Policy	K2	K3	K4	K5
Managing resources, facilities, workers, planning, implementation, performances and budget/funding	K2 S1	K3 S2	K3 S3	K4 S3
Improving services, quality assurance, program evaluation and accreditation of psychiatric facilities	K2 S1	K2 S1	K3 S2	K3 S2

7B. Leadership in Psychiatry

Topic	Target knowledge (K) Level/ Skill (S) level			
	On Entry	SP 1	SP 2-3	SP 4
Leadership vs Management and the differences between them Clinical Team Leadership vs Organisational Leadership Structure and Organisational differences in psychiatric settings Leadership Qualities	K2	K3	K4	K4
Self-awareness, self-management, self-motivation and integrity	K3 S3	K4 S4	K4 S4	K5 S5
Networking, relationship management, teamwork, vision, decision making and evaluation	K2 S2	K3 S3	K4 S4	K4 S4

Guidance Notes:

For Research, Patient Safety and Professional Values & Behaviours, refer to the Core Curriculum documents.

APPENDIX VI: Reading List

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APPENDIX VII: Marking Rubric for Manuscript

This marking rubric for dissertation maintains alignment with the following PLO of the Doctor of Psychiatry program:

- **PLO2** (Synthesise sound clinical research into evidence-based and ethical practice in the field of psychiatry and mental health)
- **PLO6** (Demonstrate information literacy and digital communication in educational settings and psychiatry clinical practices)
- **PLO7** (Appraise numerical data, statistics and symbols in psychiatry research literature)
- **PLO11** (Adhere to the principles of medical ethics and professionalism)

Postgraduate Psychiatry Dissertation Marking Rubric (Total marks: 70%)

Domain & Weightage	**1 - Poor (Fail)**	**2 - Borderline (Pass/Fail)**	**3 - Satisfactory (Pass)**	**4 - Good (Above Expectations)**	**5 - Excellent (Distinction)**
1. Abstract (5%)	Missing or fails to summarize the research. Significant errors in structure.	Vague summary. Lacks clarity in the results or conclusion sections.	Clear summary of background, methods, results, and conclusion.	Concise and well-structured. Captures the essence of the study effectively.	Publication-quality summary. Captures innovative findings with high precision.
2. Introduction & Literature Review (10%) *(Aligned to PLO2 and PLO6)*	Irrelevant literature used. Fails to provide context or rationale for the study.	Basic overview of literature with limited interpretation or application.	Adequate knowledge and application of relevant literature.	Excellent knowledge and synthesis of literature. Highly scientifically grounded.	Authoritative and exhaustive coverage of influential peer-reviewed literature.
3. Objectives (5%)	Poorly defined or scientifically unsound objectives. No clear research goal.	Objectives are defined but lack originality or contextualization.	Adequately defined and scientifically grounded objectives.	Clear, innovative objectives that show a	Masterful contextualization. Objectives are innovative and

				high degree of originality.	scientifically authoritative.
4. Methodology (15%) *(Aligned to PLO2 and PLO11)*	Flawed methodology or layout. Fails to use digital tools effectively for research.	Basic application of research methods. Limited evidence of technical/digital competency.	Appropriate application of methodology. Functional use of digital tools for data management.	Advanced understanding. Uses technological tools to enhance research practice and care.	Exceptional control. Innovative use of technological tools to improve clinical practice.
5. Results (15%) *(Aligned to PLO7)*	Poor quality representation. Significant numerical errors or confusing layout.	Satisfactory quality but lacks detail. Minor inconsistencies in numeracy skills.	Good style and quality of tables/graphs. Correct and logical data representation.	High-quality layout. Strong analytical numeracy contributing to original findings.	Strike evidence of deep insight. Flawless graphical layout and complex numerical synthesis.
6. Discussion (15%) *(Aligned to PLO2)*	No logical conclusions. No reflection on therapist/researcher process or ethics.	Superficial reflection on outcomes. Generic relapse prevention or follow-up plans.	Valid conclusions. Satisfactory self-reflection and evaluation of study outcomes.	Thoughtful critique of progress and limitations. Findings contribute to the field's knowledge.	Brilliant academic synthesis. Deep insight into how research alters treatment or practice.
7. References (5%) *(Aligned to PLO11)*	Plagiarism or major ethical/confidentiality breach. Improper formatting.	Basic referencing with minor issues in de-identification or professional style.	Clear, professional writing. Correct academic referencing style.	Up-to-date, evidence-based referencing.	Flawless academic referencing. Publication-quality formatting.

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Beyond its academic and clinical value, this guidebook acknowledges the deeper responsibility inherent in psychiatric practice, the care of individuals in their most vulnerable states. It reminds us that expertise must be guided not only by knowledge, but by compassion, integrity, and thoughtful judgment.