

# **MRCPsych Paper B Theory Syllabus**

**Summary of Areas of Core Medical Knowledge  
Underpinning Specialist Training in Psychiatry**

**MRCPsych Examinations Committee**

**Updated for use from January 2027**

# Message from Chief Examiner

Dear Candidate,

Exams are stressful and to ensure there are no surprises and candidates know what to expect in the exam, we have developed a syllabus that is explicit and detailed. We have formatted it in a way that makes it easily readable and helps to guide exam preparation.

All questions that appear in the exam are mapped to the syllabus.

The percentage of questions from each area of the syllabus is also clearly outlined.

We hope that the syllabus will not only guide your learning but also help you to figure out the areas that need more attention while preparing for the exams.

I wish you all the best.



Dr Vivek Agarwal  
Chief Examiner, RCPsych

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# Acknowledgements

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# Introduction

This version of the MRCPsych Theory Syllabus defines the core medical knowledge to be assessed in Paper A and Paper B from January 2027. Together, these examinations assess the knowledge required during core psychiatry training as defined in the Core Psychiatry Curriculum. The syllabus provides candidates, trainers, examiners and other stakeholders with a clear account of the breadth and depth of knowledge expected at this stage of psychiatric training.

This syllabus has been revised through an extensive review of the 2021 syllabus, involving expert panels and clinicians from across psychiatric specialties and subspecialties. Established knowledge, developments in clinical practice and research, and the requirements of contemporary psychiatry were considered through successive rounds of scrutiny and refinement, resulting in a structured framework with balanced and appropriate coverage across both Paper A and Paper B.

The professional judgement, subject expertise and sustained engagement of contributors across the panels and wider review process have helped to ensure that the syllabus is clinically grounded, educationally meaningful and sufficiently detailed to support the development of valid and representative examination content. The resulting document provides a shared reference point for candidates, educators, question writers and examination panels.

Candidates preparing for the MRCPsych theory examinations should use the syllabus as their primary guide to the knowledge assessed in Paper A and Paper B. Its branching structure shows how broad domains are organised into progressively more specific areas of learning, allowing candidates to plan their revision systematically, identify gaps in knowledge and monitor their coverage of the syllabus. Used alongside teaching, clinical experience, textbooks, current evidence and other authoritative learning resources, it provides a practical framework for organising revision by paper and domain, linking foundational science with clinical practice to support comprehensive examination preparation.

# Syllabus Coverage

The Paper A and Paper B examinations follow similar structures.

Each examination consists of the following:

- A three hour exam
- 150 items (each item is worth 1 mark)
- 100 items are multiple choice questions (MCQ)
- 50 items are extended matching items (EMI)

| Domain                                                                        | Approximate Range |
|-------------------------------------------------------------------------------|-------------------|
| 5. Organisation and Delivery of Psychiatric Services                          | 4-8%              |
| 6. General Adult Psychiatry                                                   | 18-22%            |
| 7. Old Age Psychiatry                                                         | 8-12%             |
| 8. Psychotherapy                                                              | 4-8%              |
| 9. Child and Adolescent Psychiatry                                            | 8-12%             |
| 10. Addictions Psychiatry                                                     | 4-8%              |
| 11. Forensic Psychiatry                                                       | 4-8%              |
| 12. Intellectual Disability                                                   | 4-8%              |
| 13. Research Methods, Statistics, Critical Review and Evidence-Based Practice | 30-36%            |

# Paper B

Paper B in the MRCPsych assesses clinical topics, a basic degree of sub-specialities of psychiatry and the principles of research methods, statistics, epidemiology and evidence-based practice.

## 5. Organisation and Delivery of Psychiatric Services

Demonstrate knowledge of the core aspects of service delivery within the United Kingdom.

- 5.1. Nature and process of providing care in mental health services
  - 5.1.1. Application of multidisciplinary team approaches
  - 5.1.2. Psychiatrist's role in treatment and coordination of the various treatment processes involved
  - 5.1.3. Medical, psychological and social interventions and their relevance to the management of psychiatric disorders
- 5.2. Preventative strategies in psychiatric disorders and where these exist
- 5.3. Provision of specific treatments
  - 5.3.1. Indications, benefits, risks and outcomes of ECT
  - 5.3.2. Indications, benefits, risks and outcomes of DBS, rTMS and psychosurgery
  - 5.3.3. Practical aspects of ECT, DBS, rTMS and psychosurgery

- 5.4. Assessment of need for psychiatric services within a community and population health concepts
- 5.5. Essential components of a rehabilitation service, the specific patient needs and disabilities that can be assisted by psychiatric rehabilitation
- 5.6. Human rights and mental health
  - 5.6.1. General principles of capacity and consent to treatment
  - 5.6.2. Ethical issues including seclusion, confidentiality and the implications of 'duty to warn'
  - 5.6.3. Human rights legislation as it effects patients, psychiatric practice, restrictions on liberty and aspects of human rights legislation
- 5.7. Medicolegal issues in psychiatry including abuse of vulnerable adults, management of finance and property, driving with mental disorders and the assessment of capacity to make health, social care and civil decisions
- 5.8. Cultural competence and accessibility in psychiatric care, including the influence of cultural, spiritual, religious and migration status factors on help seeking, engagement, assessment and care pathways

## 6. General Adult Psychiatry

Demonstrate knowledge of the assessment and treatment of disorders presenting in adulthood, including a general knowledge of subspecialist areas.

### 6.1. Prevalence, incidence, aetiology, presentation, treatment and outcome of psychiatric disorder in adulthood

#### 6.1.1. Schizophrenia and other primary psychotic disorders

- 6.1.1.1. Prevalence
- 6.1.1.2. Aetiology
- 6.1.1.3. Presentation
- 6.1.1.4. Treatment
- 6.1.1.5. Outcome

#### 6.1.2. Mood Disorders

- 6.1.2.1. Prevalence
- 6.1.2.2. Aetiology
- 6.1.2.3. Presentation
- 6.1.2.4. Treatment
- 6.1.2.5. Outcome

#### 6.1.3. Anxiety and fear related disorders

- 6.1.3.1. Prevalence
- 6.1.3.2. Aetiology
- 6.1.3.3. Presentation
- 6.1.3.4. Treatment
- 6.1.3.5. Outcome

6.1.4. Obsessive compulsive and related disorders

6.1.4.1. Prevalence

6.1.4.2. Aetiology

6.1.4.3. Presentation

6.1.4.4. Treatment

6.1.4.5. Outcome

6.1.5. Disorders specifically associated with stress

6.1.5.1. Prevalence

6.1.5.2. Aetiology

6.1.5.3. Presentation

6.1.5.4. Treatment

6.1.5.5. Outcome

6.1.6. Dissociative disorders

6.1.6.1. Prevalence

6.1.6.2. Aetiology

6.1.6.3. Presentation

6.1.6.4. Treatment

6.1.6.5. Outcome

6.1.7. Eating disorders

6.1.7.1. Prevalence

6.1.7.2. Aetiology

6.1.7.3. Presentation

6.1.7.4. Treatment

6.1.7.5. Outcome

6.1.8. Disorders of bodily distress and bodily experience

6.1.8.1. Prevalence

6.1.8.2. Aetiology

6.1.8.3. Presentation

6.1.8.4. Treatment

6.1.8.5. Outcome

6.1.9. Personality disorders

6.1.9.1. Prevalence

6.1.9.2. Aetiology

6.1.9.3. Presentation

6.1.9.4. Treatment

6.1.9.5. Outcome

6.1.10. Other psychiatric disorders

6.1.10.1. Prevalence

6.1.10.2. Aetiology

6.1.10.3. Presentation

6.1.10.4. Treatment

6.1.10.5. Outcome

6.2. Assessment and management of disorders related to pregnancy, childbirth and the reproductive menstrual cycle

- 6.2.1. Assessment of common psychiatric disorders which present in the perinatal period, understanding changes in prevalence and increased risk of new presentation or relapse of psychosis, depression, anxiety and OCD in the postnatal period
- 6.2.2. Ability to adapt risk assessment to consider the perinatal context, including risks of neglect and harm to baby as well as risks to self
- 6.2.3. Management of psychiatric emergencies in the perinatal period
- 6.2.4. Prescribing in pregnancy and breastfeeding, safety profile of common psychiatric medications in the perinatal period, alterations in pharmacokinetics and dynamics during the perinatal period
- 6.2.5. Assessment and management of the impact of perinatal mental illness on bonding and attachment
- 6.2.6. Assessment and management of psychiatric symptoms and patterns of presentation related to the menstrual cycle and menopause. Includes relevant investigations and pharmacological, psychological and social management strategies

6.3. Liaison psychiatry

- 6.3.1. Psychiatric assessment and management of patients with physical illness
- 6.3.2. Advice to specialist medical services
- 6.3.3. Psychiatric consequences and aspects of brain disease, damage, stroke and dysfunction
- 6.3.4. Medically unexplained symptoms
- 6.3.5. End of life care and bereavement support

6.4. Emergency psychiatry

- 6.4.1. Self-harm, suicide, crisis presentations, and the assessment and management of acute and chronic risk

- 6.4.2. Theory and practice of crisis intervention and home treatment
- 6.4.3. Differential diagnosis in acute psychiatric emergencies
- 6.4.4. Treatment methods in emergency situations including the use of appropriate legislation
- 6.5. Psychosexual health
  - 6.5.1. Non-organic sexual dysfunction, including lack or loss of sexual desire, lack of sexual enjoyment and failure of genital response
  - 6.5.2. Gender incongruence

## 7. Old Age Psychiatry

Demonstrate knowledge of the aspects of psychiatric disorders, their presentation and treatment in older people.

- 7.1. Demographic population changes in the UK and worldwide
- 7.2. Principles of service provision
  - 7.2.1. Multidisciplinary team working as it relates to an older population
  - 7.2.2. Relationships with and provision by social services and voluntary care sector
  - 7.2.3. Liaison with medical specialists
  - 7.2.4. Roles and responsibilities of carers
  - 7.2.5. Frailty and physical co-morbidity in older people
- 7.3. Specialist aspects of assessment of mental health in older people
- 7.4. Psychiatric aspects of physical disease
  - 7.4.1. Neurological disorders such as Parkinson's disease and Huntington's disease
  - 7.4.2. Cerebrovascular disease and sensory impairment
  - 7.4.3. Emotional reactions to illness and chronic ill-health
  - 7.4.4. Secondary and reversible causes of cognitive impairment
- 7.5. Prevalence, incidence, clinical features, differential diagnosis, aetiology, management and prognosis of the following disorders occurring in older people
  - 7.5.1. Alzheimer's disease
    - 7.5.1.1. Prevalence
    - 7.5.1.2. Aetiology
    - 7.5.1.3. Presentation

7.5.1.4. Treatment

7.5.1.5. Outcome

7.5.2. Vascular dementia

7.5.2.1. Prevalence

7.5.2.2. Aetiology

7.5.2.3. Presentation

7.5.2.4. Treatment

7.5.2.5. Outcome

7.5.3. Dementia with Lewy Bodies and Parkinsons disease dementia

7.5.3.1. Prevalence

7.5.3.2. Aetiology

7.5.3.3. Presentation

7.5.3.4. Treatment

7.5.3.5. Outcome

7.5.4. Frontotemporal dementia

7.5.4.1. Prevalence

7.5.4.2. Aetiology

7.5.4.3. Presentation

7.5.4.4. Treatment

7.5.4.5. Outcome

7.5.5. Mild neurocognitive disorders, amnesic disorder and delirium

7.5.5.1. Prevalence

- 7.5.5.2. Aetiology
- 7.5.5.3. Presentation
- 7.5.5.4. Treatment
- 7.5.5.5. Outcome

7.5.6. Late life psychosis

- 7.5.6.1. Prevalence
- 7.5.6.2. Aetiology
- 7.5.6.3. Presentation
- 7.5.6.4. Treatment
- 7.5.6.5. Outcome

7.5.7. Mood disorders

- 7.5.7.1. Prevalence
- 7.5.7.2. Aetiology
- 7.5.7.3. Presentation
- 7.5.7.4. Treatment
- 7.5.7.5. Outcome

7.5.8. Anxiety and fear related disorders

- 7.5.8.1. Prevalence
- 7.5.8.2. Aetiology
- 7.5.8.3. Presentation
- 7.5.8.4. Treatment
- 7.5.8.5. Outcome

7.5.9. Substance use disorders

7.5.9.1. Prevalence

7.5.9.2. Aetiology

7.5.9.3. Presentation

7.5.9.4. Treatment

7.5.9.5. Outcome

7.5.10. Other mental disorders

7.5.10.1. Prevalence

7.5.10.2. Aetiology

7.5.10.3. Presentation

7.5.10.4. Treatment

7.5.10.5. Outcome

7.6. Suicide and attempted suicide in older people

7.7. Personality dysfunction in older people

7.8. Psychotherapy with older people, adaptations, differences in therapy, transference and countertransference issues

7.9. Bereavement and adjustment disorders

7.10. Sleep disorders in older people

7.11. Psychosexual health in older people

## 8. Psychotherapy

Demonstrate knowledge and understanding of key concepts, principles and techniques, for a range of psychological therapies and therapeutic and relational approaches in psychiatry, as well as key developments in the field.

### 8.1. Psychodynamic psychotherapy

- 8.1.1. Psychoanalytic theory, psychodynamic theory and contemporary practice
- 8.1.2. Impact of childhood, lifetime and intergenerational experiences of nurture, adversity, trauma and socio-cultural influences on shaping personality, attachment style, mental health and resilience
- 8.1.3. Development of collaborative therapeutic alliance, therapeutic relationship, therapeutic frame, containment, object relations, defences, transference-countertransference, supportive and exploratory techniques, interpretation, mourning and ending processes, working through and processes of psychic change and their application within psychotherapy and psychiatric practice
- 8.1.4. Role of exploratory psychodynamic approaches within a stepped care approach to psychological therapies, including for recovery from complex trauma
- 8.1.5. Principles of and indications for brief and long-term psychodynamic therapy or more intensive psychoanalytic approaches
- 8.1.6. Principles of adapted and integrative short and long-term therapeutic approaches, including dynamic interpersonal therapy (DIT), psychodynamic interpersonal therapy (PIT), mentalisation based therapy (MBT), transference focused therapy (TFP), cognitive analytic therapy (CAT), therapeutic communities (TCs), neuropsychanalysis
- 8.1.7. Application of neuroscience including affective neuroscience, predictive processes and active inference to psychotherapeutic practice

## 8.2. Cognitive behavioural therapies (CBT)

### 8.2.1. Core CBT techniques

8.2.1.1. Collaborative working

8.2.1.2. Socratic dialogue

8.2.1.3. Psychoeducation, homework, agenda and goal setting

8.2.1.4. Measures of change

8.2.1.5. Shared formulation

8.2.1.5.1. Development of schema

8.2.1.5.2. Working assumptions or rules

8.2.1.6. Five factor model including situation, thoughts, behaviour, emotions and physical symptoms

### 8.2.2. CBT treatment models for different conditions

8.2.2.1. CBT for depression, including withdrawal and avoidance, behavioural activation, negative thoughts and techniques supporting change

8.2.2.2. CBT for anxiety, including anxiety as a response to threat, role of avoidance and safety behaviours in maintaining anxiety and treatment techniques, including psychoeducation, cognitive techniques, graded exposure, exposure and response prevention (ERP), behavioural experiments and acceptance

8.2.3. Third wave developments, including mindfulness, compassion focused therapy (CFT), acceptance and commitment therapy (ACT)

8.2.4. Trauma focused work, including eye movement desensitisation and reprocessing (EMDR) for PTSD, models for complex PTSD, staged approaches addressing stabilisation, trauma processing and recovery

8.2.5. Principles of dialectical behaviour therapy (DBT)

### 8.3. Family and systemic therapy

- 8.3.1. General systems theory and models of family therapy including dynamic, structural, strategic, psychoeducation and behavioural
- 8.3.2. Core techniques, including communication training, reframing, genograms, role-playing, behavioural interventions and psychoeducation
- 8.3.3. Attachment perspectives on family therapy
  - 8.3.3.1. Multi-systemic family therapy
  - 8.3.3.2. Family work for psychosis

### 8.4. Service delivery and evaluation in psychotherapy

- 8.4.1. Specific and non-specific effects in psychotherapy and psychotherapeutic psychiatry
- 8.4.2. Sequencing, frequency and duration of interventions
- 8.4.3. Outcome research, types and time course of outcome studies
- 8.4.4. Use of guidelines and research evidence
- 8.4.5. Patient involvement
- 8.4.6. Approaches to increasing patient access and choice

### 8.5. Group therapies

- 8.5.1. Small and large group dynamics, matrix, basic assumption and working groups, therapeutic factors, mirroring, resonance, scapegoating, anti-group
- 8.5.2. Role of groups in different treatment approaches
  - 8.5.2.1. Supportive and peer support
  - 8.5.2.2. Skills based
  - 8.5.2.3. Exploratory and psychodynamic

- 8.5.3. Principles of therapeutic communities and enabling environments
- 8.5.4. The unconscious in work dynamics within teams and organisationally, organisational defences, approaches to containment of anxiety in organisations, impact on patients and staff of structural factors, including service organisation, uses of language and organisational resilience
- 8.5.5. Application of therapeutic principles to service design and development
- 8.6. Other therapeutic and skills-based approaches
  - 8.6.1. Narrative and dialogical approaches, including narrative therapy, open dialogue, psychoeducation, solution focused therapy, transference focused psychotherapy (TFP), structured clinical management (SCM), general psychiatric management (GPM), arts therapies, interpersonal therapy (IPT), sensorimotor therapy, ecotherapy and psychedelic assisted psychotherapy
  - 8.6.2. Online, digital and technology-enabled therapies and the impact of technology and remote working on therapeutic alliance
- 8.7. Psychotherapeutic psychiatry
  - 8.7.1. Psychiatric presentations in different inpatient and community settings, across the life course, related to social and cultural difference, and the role of cognitive, behavioural, systemic, contextual, psychodynamic and relational factors
  - 8.7.2. Therapeutic relationships, building a clinical relationship, continuity of care, transitions and endings
  - 8.7.3. Theories of personality development, change and levels of personality organisation, in relation to diagnosis, service delivery including psychotherapeutic approaches in the treatment of personality disorder
  - 8.7.4. Relationships between psychological processes and mental health symptoms, including processes of loss and mourning, adaptation and resilience

- 8.7.5. Psychological distress on bodily health including in eating disorders, bodily distress and medically unexplained symptoms
- 8.7.6. Psychological approaches to self-harm, suicidal ideation, suicide and violence, the impact of these events upon staff and family members and suitable approaches for support and reflective practice
- 8.7.7. Key psychological factors, including relational factors in building a biopsychosocial formulation as an intervention and basis for management planning and for engaging with uncertainty and complexity
- 8.7.8. Principles and applications of relational prescribing, working with polypharmacy and treatment resistance, the pharmacotherapeutic alliance, psychological and relational factors affecting whether and how to prescribe and deprescribe
- 8.7.9. Approaches to clinician self-care and development, reflective practice, Balint groups, consultation with teams, working with teams and organisations
- 8.7.10. Public health implications of psychotherapeutic practice
- 8.7.11. Impact of issues of power, socio-cultural factors, diversity, ethical and legal considerations

## 9. Child and Adolescent Psychiatry

Demonstrate knowledge of the assessment and treatment of children and adolescents, as well as disorders that are usually first diagnosed in infancy, childhood or adolescence and developmental disorders.

### 9.1. Effects of parental mental disorder on children

- 9.1.1. Effect of parental mental disorder at different child developmental stages
- 9.1.2. Household dysfunction and impact on child development and functioning
- 9.1.3. Cultural variations in aetiology and management

### 9.2. Short and long-term effects of ACE on development and functioning, including parental loss, child abuse, chronic or life-threatening illness

### 9.3. Principles of service provision

- 9.3.1. Multidisciplinary team working as it relates to children and young people
- 9.3.2. Relationships with and provision by social services and voluntary care sector
- 9.3.3. Liaison with medical specialists

### 9.4. Child protection

- 9.4.1. Needs of developing children and how these evolve over time
- 9.4.2. Types of child abuse
- 9.4.3. Psychiatrist's role in safeguarding children

### 9.5. Physical health and psychiatric disorder

- 9.5.1. Psychiatric presentation of physical illness
- 9.5.2. Interaction between psychiatric disorder and physical illness

- 9.6. Aetiological influences in child and adolescent psychiatry, including individual, familial, social, environmental and their interactions
- 9.7. Prevalence and incidence, aetiology, presentation, treatments and outcome of disorders occurring in childhood and adolescence including how disorders relate to behaviours including self-harm, school avoidance and contexts
  - 9.7.1. Neurodevelopmental disorders
    - 9.7.1.1. Prevalence
    - 9.7.1.2. Aetiology
    - 9.7.1.3. Presentation
    - 9.7.1.4. Treatment
    - 9.7.1.5. Outcome
  - 9.7.2. Tic disorders
    - 9.7.2.1. Prevalence
    - 9.7.2.2. Aetiology
    - 9.7.2.3. Presentation
    - 9.7.2.4. Treatment
    - 9.7.2.5. Outcome
  - 9.7.3. Psychotic disorders
    - 9.7.3.1. Prevalence
    - 9.7.3.2. Aetiology
    - 9.7.3.3. Presentation
    - 9.7.3.4. Treatment
    - 9.7.3.5. Outcome

9.7.4. Mood disorders

9.7.4.1. Prevalence

9.7.4.2. Aetiology

9.7.4.3. Presentation

9.7.4.4. Treatment

9.7.4.5. Outcome

9.7.5. Anxiety and fear related disorders

9.7.5.1. Prevalence

9.7.5.2. Aetiology

9.7.5.3. Presentation

9.7.5.4. Treatment

9.7.5.5. Outcome

9.7.6. Obsessive compulsive and related disorders

9.7.6.1. Prevalence

9.7.6.2. Aetiology

9.7.6.3. Presentation

9.7.6.4. Treatment

9.7.6.5. Outcome

9.7.7. Attachment disorders

9.7.7.1. Prevalence

9.7.7.2. Aetiology

9.7.7.3. Presentation

9.7.7.4. Treatment

9.7.7.5. Outcome

9.7.8. Eating disorders

9.7.8.1. Prevalence

9.7.8.2. Aetiology

9.7.8.3. Presentation

9.7.8.4. Treatment

9.7.8.5. Outcome

9.7.9. Substance use disorders

9.7.9.1. Prevalence

9.7.9.2. Aetiology

9.7.9.3. Presentation

9.7.9.4. Treatment

9.7.9.5. Outcome

9.7.10. Conduct disorders

9.7.10.1. Prevalence

9.7.10.2. Aetiology

9.7.10.3. Presentation

9.7.10.4. Treatment

9.7.10.5. Outcome

9.7.11. Other childhood mental disorders

9.7.11.1. Prevalence

9.7.11.2. Aetiology

- 9.7.11.3. Presentation
- 9.7.11.4. Treatment
- 9.7.11.5. Outcome
- 9.8. Continuities and transitions of child mental health conditions into adult life
- 9.9. Indications and contra-indications for different treatment options
  - 9.9.1. Indications and contra-indications for in-patient care
  - 9.9.2. Self-harm, suicide, crisis presentations, and the assessment and management of acute and chronic risk

## 10. Addictions Psychiatry

Demonstrate knowledge of substance use disorders and addictive behaviours.

- 10.1. Basic pharmacology, neurobiology, classification and epidemiology of alcohol, cannabinoids, opioids, sedatives, stimulants, caffeine, hallucinogens, nicotine, volatile inhalants, empathogens, dissociative drugs, prescribed and over-the-counter medicines, image- and performance-enhancing drugs, and novel psychoactive substances
- 10.2. Biopsychosocial and trauma-informed explanations for initiation, continuation, dependence, recovery and relapse in alcohol and drug use
- 10.3. Recognition, assessment and management of harmful and dependent alcohol use, including withdrawal, detoxification, relapse prevention, and management of physical health complications
- 10.4. Recognition, assessment and management of drug use disorders, including patterns of use, intoxication, dependence, and withdrawal
- 10.5. Interaction between alcohol and drug use and psychiatric illness, including dual diagnosis and multimorbidity
- 10.6. Prescribing in addictions psychiatry, including legal restrictions on controlled medicines, medication-assisted treatment, overdose prevention, and monitoring
- 10.7. Recovery-oriented interventions, including motivational interviewing, relapse prevention, harm reduction, carer involvement, and peer support, across a wide range of environments including community, residential and inpatient settings
- 10.8. Culturally appropriate, trauma-informed and non-stigmatising strategies for prevention, early intervention, harm reduction and health promotion
- 10.9. Assessment and management of non-substance addictive behaviours and related syndromes, including gambling and gaming disorders

## 11. Forensic Psychiatry

Demonstrate knowledge and understanding of forensic psychiatry.

### 11.1. Relationship between crime and mental disorder

- 11.1.1. Crimes and offences committed by mentally disordered offenders and their psychiatric relevance, particularly homicide, infanticide, assault, criminal damage, sexual offences, arson, stalking and other crimes of violence
- 11.1.2. Relationships between specific disorders and offending behaviour
  - 11.1.2.1. Neurodevelopmental disorders
  - 11.1.2.2. Schizophrenia and other primary psychotic disorders
  - 11.1.2.3. Mood disorders
  - 11.1.2.4. Substance use disorders
  - 11.1.2.5. Personality disorders
  - 11.1.2.6. Epilepsy
  - 11.1.2.7. Paraphilic disorders
- 11.1.3. Mental disorders, diversity and individual differences in offending
  - 11.1.3.1. Age
  - 11.1.3.2. Sex and gender
  - 11.1.3.3. Communication disabilities
  - 11.1.3.4. Physical disabilities
  - 11.1.3.5. Neurodevelopmental disorders
- 11.1.4. Effect of victimisation and vulnerability, including anxiety states, post-traumatic stress disorder, suggestibility, anger and aggressive behaviour

11.1.5. Equality legislation and reasonable adjustments

11.2. Psychiatry and the criminal justice system

- 11.2.1. Psychiatrist's role in the assessment of mentally disordered offenders, during arrest, prior to conviction, prior to sentencing and post sentencing
- 11.2.2. Psychiatrist's role in assessing criminal responsibility and fitness to plead
- 11.2.3. Medicolegal defences including diminished responsibility, insanity and automatism
- 11.2.4. Options for diversion from custody at different stages of proceedings
- 11.2.5. Principles in providing evidence to the court both in written reports and oral evidence

11.3. Practicing psychiatry in a secure setting

- 11.3.1. Principles and therapeutic application of environmental, structural, procedural and relational security
- 11.3.2. Essential components of a forensic service, the specific patient needs and disabilities that can be assisted by such a service provision
- 11.3.3. Prevalence of psychiatric disorder in prison populations, suicide in prisoners and psychiatric treatment in prison settings
- 11.3.4. Risk assessment and management in forensic psychiatric, and the use of validated and recognised risk assessment tools including HCR-20, PCL-R
- 11.3.5. Managing mentally disordered offenders discharged into the community

## 12. Intellectual Disability

Demonstrate knowledge and understanding of intellectual disability.

### 12.1. Service Provision

- 12.1.1. Normalisation, related social theories and their influence on service development
- 12.1.2. Transition from institutional to an individualised, needs-led approach

### 12.2. Epidemiology

- 12.2.1. Prevalence and incidence of intellectual disability in the general population
- 12.2.2. Prevalence and incidence of superadded behavioural, psychiatric and other impairments
- 12.2.3. Factors which may account for observed high rates of psychiatric or behavioural disorders

### 12.3. Aetiology

- 12.3.1. Biological causes, including genetic and environmental factors
- 12.3.2. Clinical characteristics of the more common genetic disorders causing intellectual disability
- 12.3.3. Influence of psychosocial factors on intellectual and emotional development, including concept of secondary handicap

### 12.4. Clinical

- 12.4.1. Assessment and communication with people with intellectual disabilities
- 12.4.2. Presentation and diagnosis of psychiatric illness and behavioural disorder in people with intellectual disability, including the concept of diagnostic overshadowing
- 12.4.3. Psychological aspects

- 12.4.3.1. Psychological methods of assessment
- 12.4.3.2. Psychological theories as to the cause of problem behaviours
- 12.4.3.3. Behavioural modification techniques
- 12.4.4. Psychiatric treatments
  - 12.4.4.1. Pharmacological treatments
  - 12.4.4.2. Psychological therapies
  - 12.4.4.3. Other interventions
- 12.4.5. Application of a multidisciplinary team approach to the management of mental health problems in people with intellectual disability
- 12.4.6. Specific syndromes, genetic disorders and their association with psychiatric or behavioural disorders and behavioural phenotypes
- 12.4.7. Impact of intellectual disability on the family and the psychological consequences of having a child with an intellectual disability

## 13. Research Methods, Statistics, Critical Review and Evidence-Based Practice

Demonstrate knowledge of the principles of research methods, statistics, epidemiology and evidence-based practice.

### 13.1. Introductory concepts

- 13.1.1. Critically appraise different studies and know key issues and biases for different studies
- 13.1.2. Different sources and hierarchy of evidence
- 13.1.3. Difference between various electronic databases
- 13.1.4. Cataloguing of research for efficient retrieval
- 13.1.5. Formulating clinical questions using the patient exposure or intervention, comparison, outcome, time (PECO(t)) formula
- 13.1.6. Approaches for arguing a cause-and-effect relationship
- 13.1.7. Strategies for enabling the patient to make an informed decision

### 13.2. Epidemiological study

#### 13.2.1. Basic epidemiology

- 13.2.1.1. Sources of bias and strategies to overcome them
- 13.2.1.2. Confounding and strategies to reduce risk of confounding
- 13.2.1.3. Interpreting basic epidemiology
  - 13.2.1.3.1. Mortality statistics
  - 13.2.1.3.2. Crude death rate
  - 13.2.1.3.3. Death rate
  - 13.2.1.3.4. Mortality rate
  - 13.2.1.3.5. Age adjusted death rate
  - 13.2.1.3.6. Standardised mortality ratio

13.2.2. Descriptive Epidemiology

13.2.2.1. Case reports

13.2.2.2. Case series

13.2.2.3. Cross sectional studies including survey

13.2.2.3.1. Incidence

13.2.2.3.2. Prevalence

13.2.2.3.3. Critically appraise cross-sectional studies including survey

13.2.2.4. Ecological and correlational studies

13.2.2.5. Critically appraise ecological and correlational studies

13.2.3. Analytical Epidemiology

13.2.3.1. Case control study

13.2.3.1.1. Sampling techniques methodology

13.2.3.1.2. Limitations and strengths

13.2.3.1.3. Biases

13.2.3.1.4. Confounding

13.2.3.1.5. Calculation of odds ratio

13.2.3.1.6. Nested case control study

13.2.3.1.7. Critically appraise case-control study

13.2.3.2. Cohort study

13.2.3.2.1. Types of cohort study

13.2.3.2.2. Sampling techniques methodology

13.2.3.2.3. Limitations and strengths

13.2.3.2.4. Biases

13.2.3.2.5. Calculation of relative risk

13.2.3.2.6. Critically appraise cohort study

13.2.3.3. Self-controlled case series (SCCS) study

13.2.3.3.1. Methodology of SCCS

13.2.3.3.2. Analysis of SCCS

13.2.3.3.3. Strengths of SCCS

13.2.3.3.4. Critically appraise SCCS

13.2.4. Causation in epidemiological studies

13.2.4.1. Bradford Hill criteria

13.2.4.2. Koch's postulates

13.2.4.3. Rothman's causal pies model

13.2.4.4. Susser's framework for causal inference

13.2.4.5. Other causation theories in epidemiological studies

13.3. Experimental studies

13.3.1. Controlled and uncontrolled trials

13.3.1.1. RCT study

13.3.1.2. Sampling techniques methodology

13.3.1.3. Limitations and strengths

13.3.1.4. Randomisation techniques such as simple, block, stratified, minimisation, cluster, adoptive

13.3.1.5. Blinding

13.3.1.6. Handling missing data

13.3.1.6.1. Last observation carried forward

13.3.1.6.2. Sensitivity analysis

13.3.1.6.3. Multiple imputation

- 13.3.1.6.4. Best case analysis
- 13.3.1.6.5. Worst case analysis
- 13.3.1.6.6. Other techniques
  
- 13.3.1.7. Calculation of absolute benefit increase
- 13.3.1.8. Relative risk
- 13.3.1.9. Number needed to treat and number needed to harm
- 13.3.1.10. Relative benefit increase
- 13.3.1.11. Absolute risk reduction
- 13.3.1.12. Relative risk reduction
- 13.3.1.13. Critically appraise controlled and uncontrolled trials
  
- 13.3.2. n of 1 trial
- 13.3.3. Critically appraise n of 1 trial
- 13.3.4. Pragmatic trial
- 13.3.5. Critically appraise pragmatic trial
- 13.3.6. Other experimental studies
  - 13.3.6.1. Single-subject trials
  - 13.3.6.2. Pilot trials
  - 13.3.6.3. Adaptive trials
  - 13.3.6.4. Factorial trials
  - 13.3.6.5. Cluster randomised trials
  - 13.3.6.6. Crossover trials
  - 13.3.6.7. Critically appraise experimental studies
  
- 13.3.7. Internal and external validity of trials

### 13.3.8. Clinical trials and their stages

## 13.4. Systematic review

- 13.4.1. Difference between primary, secondary and meta-analysis
- 13.4.2. Extraction of studies from electronic databases
- 13.4.3. Heterogeneity, publication bias, funnel plot, quality assessment, meta-analysis, pooled odds ratio and sensitivity analysis
- 13.4.4. Role and limitations of meta-analysis to improve power and robustness of research
- 13.4.5. Difference between fixed and random effect models
- 13.4.6. Network meta-analysis
- 13.4.7. Critically appraise systematic review and meta-analysis

## 13.5. Diagnostic studies

- 13.5.1. Prevalence
- 13.5.2. Sensitivity
- 13.5.3. Specificity
- 13.5.4. Predictive values
- 13.5.5. Likelihood ratios and nomograms
- 13.5.6. Pre-test odds, post-test odds and probabilities
- 13.5.7. Receiver operating characteristic curve (ROC) and AUC
- 13.5.8. Validity
  - 13.5.8.1. Logical
    - 13.5.8.1.1. Face
    - 13.5.8.1.2. Content

13.5.8.2. Construct

13.5.8.2.1. Convergent

13.5.8.2.2. Divergent

13.5.8.3. Criterion

13.5.8.3.1. Concurrent

13.5.8.3.2. Predictive

13.5.9. Reliability

13.5.9.1. Test-retest

13.5.9.2. Inter-rater

13.5.9.3. Parallel form

13.5.9.4. Split half

13.5.10. Critically appraise diagnostic studies

13.6. Economic analysis

13.6.1. Cost minimisation analysis

13.6.2. Cost benefit analysis

13.6.3. Cost effectiveness analysis

13.6.4. Cost utility analysis

13.6.5. Cost consequence analysis

13.6.6. Incremental cost effectiveness ratio

13.6.7. Economic concepts

13.6.7.1. Indirect cost

13.6.7.2. Intangible cost

- 13.6.7.3. Opportunity cost
- 13.6.7.4. Discounting
- 13.6.7.5. Time trade-off
- 13.6.7.6. Standard gamble
- 13.6.7.7. Other concepts, including direct costs and discounting calculations

13.6.8. Critically appraise various types of economic evaluation studies

13.6.9. 'Sensitivity analysis' in the context of an economic evaluation

### 13.7. Qualitative research

- 13.7.1. Qualitative research methodologies including grounded theory, phenomenological, ethnographic and other methodologies
- 13.7.2. Sampling techniques, including convenience sampling, purposive sampling, quota sampling, snowball sampling, chain referral sampling, theoretical sampling, data saturation and other techniques
- 13.7.3. Data collection techniques, including semi structured interviews, in depth interviews, focus group, observation, diary methods, ethnographic interviews, role play and simulation, case study, voice recordings and other techniques
- 13.7.4. Data interpretation and analysis
  - 13.7.4.1. Thematic analysis
  - 13.7.4.2. Constant comparison
  - 13.7.4.3. Reserve engineered hypothesis
  - 13.7.4.4. Discourse analysis
  - 13.7.4.5. Triangulation
  - 13.7.4.6. Minimisation
  - 13.7.4.7. Reflexivity

- 13.7.4.8. Bracketing
- 13.7.4.9. Member checking
- 13.7.4.10. Content analysis

13.7.5. Conversion of qualitative data to quantitative data

- 13.7.5.1. Thurston scale
- 13.7.5.2. Likert scale
- 13.7.5.3. Visual analogue scale
- 13.7.5.4. Gutman scale

13.7.6. Mixed methods

13.7.7. Critically appraise various qualitative studies

13.8. Descriptive stats

- 13.8.1. Difference between sample and population
- 13.8.2. Type of data including binary, nominal, ordinal, interval and ratio
- 13.8.3. Difference between ratio odds rates
- 13.8.4. Measures of central tendency including mean, median and mode
- 13.8.5. Measures of dispersion and their calculations, including variance, standard deviation, standard error, range and outliers
- 13.8.6. Variance, standard deviation, standard error of the mean and median interquartile range and their calculations
- 13.8.7. Interpret and explain confidence interval for mean and proportions
- 13.8.8. Advantage of confidence intervals over p-values
- 13.8.9. Determining and displaying data distribution
  - 13.8.9.1. Normal distribution, skewness, kurtosis

- 13.8.9.2. Displaying graphical data including pie chart, bar chart, histogram, scatter plot, box or whisker plot
- 13.8.9.3. Tabular data, including 2x2 table, frequency table, frequency distribution
- 13.8.9.4. Different approach to determine the distribution of data

### 13.9. Differential and analytic statistics

- 13.9.1. Hypothesis testing including null and alternative
  - 13.9.1.1. Frequentist hypothesis testing
  - 13.9.1.2. Bayesian hypothesis testing
  - 13.9.1.3. Difference between Frequentist and Bayesian hypothesis testing
- 13.9.2. Establishing alpha level and p-values
- 13.9.3. Differences between parametric and non-parametric tests and examples
- 13.9.4. Tests of statistical significance, including parametric, non-parametric and binary tests, such as t-tests, ANOVA, ANCOVA, MANOVA, Wilcoxon signed rank test, Wilcoxon matched pairs signed test, Mann Whitney U test, Friedman test, Kruksal-Wallis ANOVA, Kolmogorov-Smirnov (K-S) test, post hoc significance tests, Fisher's exact test, chi-squared test, McNemar's test, Yates correction, one tailed test, two tailed test, tests for normality
- 13.9.5. Type I error, type II error, power calculation
- 13.9.6. Survival analysis
  - 13.9.6.1. Cox proportional hazards regression
  - 13.9.6.2. Log rank test
  - 13.9.6.3. Kaplan-Meier regression
  - 13.9.6.4. Interpret survival curves
  - 13.9.6.5. Median survival

13.9.7. Multiple testing and multiplicity

13.9.7.1. Family wise error

13.9.7.2. False discovery rate

13.10. Correlation and regression

13.10.1. Linear correlation

13.10.2. Pearson's correlation coefficient

13.10.3. Spearman's rank correlation coefficient

13.10.4. Kendall's correlation coefficient

13.10.5. Phi correlation coefficient

13.10.6. Point-biserial correlation

13.10.7. Phi coefficient

13.10.8. Partial correlation

13.10.9. Canonical correlation

13.10.10. Linear regression

13.10.11. Logistic regression

13.10.12. Multiple regression

13.10.13. Multilevel regression

13.10.14. Polynomial regression

13.10.15. Multivariate multiple regression

13.10.16. Non-linear regression

13.10.17. Quantile regression

13.10.18. Poisson regression

### 13.11. Clinical governance

#### 13.11.1. Audit

13.11.1.1. Different steps of audit cycle

13.11.1.2. Difference between audit and research

#### 13.11.2. Quality improvement

13.11.2.1. Plan-Do-Study-Act (PDSA) cycle

13.11.2.2. Difference between quality improvement and research

#### 13.11.3. Service evaluation

#### 13.11.4. Implications of clinical governance

### 13.12. Guidelines and reporting

#### 13.12.1. Guidelines

13.12.1.1. Consolidated standards of reporting trials (CONSORT)

13.12.1.2. Quality of reporting of meta-analyses (QUORUM)

13.12.1.3. Standard for the reporting of diagnostic accuracy studies (STARD)

13.12.1.4. Preferred reporting items for systematic review and meta-analysis (PRISMA)

13.12.1.5. Standards for reporting qualitative research (SRQR)

13.12.2. Process for developing national guidelines, such as National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines

13.12.3. Advantages and limitations of guidelines and protocols

### 13.13. Network analysis

- 13.13.1. Nodes (vertices)
- 13.13.2. Edges (links)
- 13.13.3. Network graph
- 13.13.4. Degree (connectivity)
- 13.13.5. Centrality measures
- 13.13.6. Clusters and communities
- 13.13.7. Paths
- 13.13.8. Network density
- 13.13.9. Network diameter
- 13.13.10. Network motifs
- 13.13.11. Network types
- 13.13.12. Subgraphs
- 13.13.13. Assortativity
- 13.13.14. Network visualisation
- 13.13.15. Connectivity and resilience

### 13.14. Research ethics

- 13.14.1. Good research practice
- 13.14.2. Research governance framework
- 13.14.3. Ethics approval for studies
- 13.14.4. Declarations of interest and funding
- 13.14.5. Research fraud

### 13.15. Artificial intelligence in research