

**ACGME Program Requirements for Graduate Medical Education
in Forensic Psychiatry
Summary and Impact of Major Requirement Revisions**

Requirement #: IV.B.1.b).(1).(b).(i)-(iv)	
Requirement Revision (significant change only):	
IV.B.1.b).(1).(b)	[Fellows must demonstrate competence in:] ^(Core)
IV.B.1.b).(1).(b).(i)	<u>effectively integrating telehealth and electronic health records into patient assessment and treatment, including communication with other health care practitioners in applicable settings.</u> ^(Core)
IV.B.1.b).(1).(b).(ii)	<u>evaluating and treating patients of different ages and genders from diverse and varied ethnic, racial, sociocultural, and economic backgrounds;</u> ^(Core)
IV.B.1.b).(1).(b).(iii)	<u>forging a therapeutic alliance with patients and patients' families of different ages and genders, and from diverse and varied ethnic, racial, sociocultural, and economic backgrounds; and,</u> ^(Core)
IV.B.1.b).(1).(b).(iv)	<u>applying civil law and regulation of psychiatry issues when conducting a psychiatric evaluation of individuals with a history of the above; the application of relevant legal and regulatory principles when performing forensic evaluations and treating forensic psychiatric patients.</u> ^(Core)
IV.B.1.b).(1).(b).(v)	
<p>1. Describe the Review Committee's rationale for this revision: The language in this section was outdated, so the revision reflects the updated terminology.</p> <p>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? This change should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences in the care provided in different settings and to more appropriately triage patients.</p> <p>3. How will the proposed requirement or revision impact continuity of patient care? No impact expected.</p>	

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No impact expected.

5. How will the proposed revision impact other accredited programs?

The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(f); IV.B.1.c).(1).(h-i); IV.B.1.c).(1).(l); IV.B.1.c).(1).(n)**

Requirement Revision (significant change only):

IV.B.1.c).(1) [Fellows must demonstrate competence in their knowledge of forensic psychiatry, including:] ^(Core)

IV.B.1.c).(1).(f) inequities in mental health treatment and legal outcomes based on race, gender, sexual orientation, socioeconomic status, nationality, and other demographic factors; ^(Core)

IV.B.1.c).(1).(h) legal standards in the assessment of competency to stand trial, criminal responsibility, disability, sexual harassment, and civil competencies; amnesia in the context of forensic evaluations, testamentary capacity, and civil competency; ^(Core)

IV.B.1.c).(1).(i) maintaining well-being, including addressing stress, exhaustion, burnout, and the impact of vicarious trauma on forensic psychiatrists; ^(Core)

IV.B.1.c).(1).(l) the role of forensic psychiatrists in advocating for reform in forensic systems; ^(Core)

IV.B.1.c).(1).(n) issues involved in the assessment of dangerousness, violence risk assessment and management, to include the use of actuarial instruments and structured professional judgment tools; and, ^(Core)

1. Describe the Review Committee's rationale for this revision:

This section was updated to include additional requirements related to the civil rights of incarcerated persons; inequities and disparities in the health care and criminal-legal systems; wellness and effects of vicarious trauma; and the role of forensic psychiatrists in advocacy, which the Review Committee concluded falls under the "Medical Knowledge" Competency domain. The expectation is that programs will discuss the complexity of engaging in advocacy as forensic psychiatrists, not that fellows will be mandated to join protests, testify before legislatures, etc. It is also intended for advocacy to be interpreted broadly. For example, advocating for access to electroconvulsive therapy for a patient in corrections can be considered advocacy for the purposes of this requirement.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This change should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences in the care provided in forensic psychiatry training and to more appropriately triage patients.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revisions will not impact other accredited programs.

Requirement #: **IV.B.1.c).(3).(j)-(m)**

Requirement Revision (significant change only):

IV.B.1.c).(3) [Fellows must demonstrate competence in their knowledge of civil law, including:]
(Core)

IV.B.1.c).(3).(d) decisional capacity, treatment acceptance and refusal; (Core)

IV.B.1.c).(3).(f) duty to protect; (Core)

IV.B.1.c).(3).(k) sexual harassment; (Core)

IV.B.1.c).(3).(l) sexually violent predator statutes; and, (Core)

1. Describe the Review Committee's rationale for this revision:
These requirements were revised to include core civil law topics. Programs already teach these topics in the landmark cases seminar, so the intent was not to create a new educational mandate.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences in the care provided in forensic psychiatry training and to more appropriately triage patients.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?

The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(6-7)**

Requirement Revision (significant change only):

IV.B.1.c).(6) Fellows must demonstrate competence in their knowledge of American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the fellow and the patient including the dynamics of differences in cultural identity, values and preferences, and power. Fellows must demonstrate a depth of understanding in their knowledge of US society and subcultures and a willingness to engage in a process of continuous learning and self-evaluation in this process. ^(Core)

Subspecialty-Specific Background and Intent: Areas of socio-cultural and structural understanding should include that of immigrant populations; individuals from historically marginalized backgrounds by race, ethnicity, sexual orientation, gender identity, and ability status; individuals of low socioeconomic status; and those with English as a non-primary language. The identities, culture, and socio-economic positions of those found in the patient community associated with the educational program should be particularly emphasized, with specific focus on the elements of the relationship between fellow and patient including the dynamics of differences in culture, identity, values, preferences, and power, as well as the patient's current perceived needs and expectations for help.

IV.B.1.c).(7) Fellows should apply principles of humility in the process of developing an understanding of their patients. ^(Core)

1. Describe the Review Committee's rationale for this revision:
Requirements IV.B.1.c).(6)-(7) were updated to address more current and descriptive language reflecting US society and subcultures.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change should improve fellow education, patient safety, and patient care quality because it ensures fellows understand the diverse array of patients that present in forensic psychiatry.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(8)**

Requirement Revision (significant change only):

IV.B.1.c).(8) Fellows must demonstrate an understanding of social determinants of mental health and criminal-legal involvement and outcomes. (Core)

1. Describe the Review Committee's rationale for this revision:
These requirements were revised to acknowledge the impacts that social determinants of health have on mental health and on individuals involved in the criminal-legal process. The revision is intended to broaden fellows' appreciation for and understanding of social and structural contributors to diagnostic formulation, treatment planning, and prognosis.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This proposed change will improve patient care quality by incorporating important topics in health care inequities and disparities into fellow education.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.