

## 2012 Fellowship Program

# Stage 3 Adult psychiatry EPAs & COE forms

For more information about EPA standard and the EPA entrustment process, please see the preamble in the *EPA Handbook – Stage 1 and 2*.

The Stage 3 adult psychiatry EPAs have been collated here, together with their respective Confirmation of Entrustment (COE) forms, for ease of printing.

<b>Version N°</b>	<b>Revision description/reason</b>	<b>Date</b>
V.07	Added EPA21	18/03/20
v0.6	Added EPA20	20/06/19
v0.5	Added EPA22	20/08/18
v0.4	References updated for EPAs 2, 6, 16 and 17	01/11/17
v0.3	EPA names adjusted for FELL, DOPS added	13/12/16
v0.2	Rules for attainment of EPAs 3 and 6 updated.	13/04/16
v0.1	First version of collated Stage 3 adult psychiatry EPAs & COE forms published on website.	08/03/16

Document version history

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**ST3-AP-FELL-EPA1 – Teach and supervise**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Teach and supervise.</b>		
<b>Description</b> Maximum 150 words	Teach medical students/junior medical staff/multidisciplinary colleagues and supervise junior medical colleagues/students. The trainee will plan and provide at least one formal teaching session and supervise at least one junior medical colleague or medical student across the course of their attachment.		
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b>
	<b>COM</b>	1	<b>SCH</b> 1, 2, 3
	<b>COL</b>		<b>PROF</b> 1, 3
	<b>MAN</b>	1, 2	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Content is evidence based, relevant to the recipients’ needs and level of experience.</li> <li>• Knowledge of adult educational principles.</li> <li>• Understands the principles of clinical supervision.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Competently organises an appropriate teaching session.</li> <li>• Effective presentation skills and use of relevant audiovisual technology.</li> <li>• Ability to engage the recipients interactively in the learning process.</li> <li>• Provides stage-appropriate supervision to junior staff.</li> <li>• Appropriately delegates (and reviews) tasks and responsibilities to others, e.g. case note entries, medication prescription, discharge summaries.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Integrates clinical teaching and feedback with supervision.</li> <li>• Evaluates the teaching and/or supervision.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Uses collected feedback constructively to improve teaching and presentation skills.</li> <li>• Embraces opportunities to teach and supervise colleagues.</li> <li>• Willingness to mentor and provide support to junior staff and colleagues.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Professional presentation.</li> <li>• Mini-Clinical Evaluation Exercise – observing supervision.</li> <li>• Feedback from the recipients of a teaching session and recipients of supervision.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: [training@ranzcp.org](mailto:training@ranzcp.org)

<b>ST3-AP-FELL-EPA1 – Teach and supervise (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
<b>Title</b>	<b>Teach and supervise.</b>		
<b>Description</b>	Teach medical students/junior medical staff/multidisciplinary colleagues and supervise junior medical colleagues/students. The trainee will plan and provide at least one formal teaching session and supervise at least one junior medical colleague or medical student across the course of their attachment.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA2 – Collaborative risk assessment**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA2
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
<b>Title</b>	<b>Consult and collaborate with another health professional about their risk assessment.</b>		
<b>Description</b> Maximum 150 words	<p>Discuss with a health professional colleague their risk assessment of a patient with complex problems who is assessed as high-risk and identify gaps, collect further information and collaboratively develop an appropriate management plan.</p> <ul style="list-style-type: none"> <li>• Consult and collaborate with other staff on their risk assessments and management of the identified risk(s).</li> <li>• Promote, maintain and further develop skills in risk assessment and management in complex and high-risk cases.</li> <li>• Develop skills in risk holding and the balance of risk management versus patient autonomy.</li> </ul>		
<b>Fellowship competencies</b>	<b>ME</b>	3, 4, 7, 8	<b>HA</b>
	<b>COM</b>	1	<b>SCH</b> 2
	<b>COL</b>	1, 3, 4	<b>PROF</b> 1, 3
	<b>MAN</b>	1, 2, 4	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Awareness of the complexity and dynamic nature of risk.</li> <li>• Detailed knowledge of local mental health act legislation and processes relevant to risk assessment and management.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Accurately identifies any gaps in the initial information provided by the other health professional.</li> <li>• Gathers further information in collaboration with colleagues if necessary.</li> <li>• Develops a risk formulation collaboratively with colleagues.</li> <li>• Develops and implements a sophisticated risk-management plan with colleagues.</li> </ul>		



	<ul style="list-style-type: none"> <li>• Can apply the above skills to all aspects of risk and weigh up the various factors (eg. risk to self, risk to others, risk of impaired self-care or neglect/harm to dependents and iatrogenic risk caused by an inappropriate intervention).</li> <li>• Awareness of concept of therapeutic risk within a recovery model.</li> <li>• Implements risk assessment decision making collaboratively with colleagues in the context of local mental health act requirements and is aware of medicolegal issues regarding patient rights and autonomy in this context.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Interacts professionally with colleagues to carry out risk assessment and management.</li> <li>• Appropriately balances risk management with patient autonomy and is able to discuss these ethical and clinical issues at a sophisticated level.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion – at least one.</li> <li>• Professional presentation – on this topic.</li> <li>• Mini-Clinical Evaluation Exercise – eg. of an observed collaborative risk assessment discussion.</li> <li>• Feedback from colleagues involved in risk assessment and management.</li> </ul>
<p><b>References</b>  Carter G, Page A, Large M, Hetrick S, Milner A, Bendit N, Walton C, Draper B, Hazell P, Fortune S, Burns J, Patton G, Lawrence M, Dadd L, Robinson J &amp; Christensen H (2016) Clinical practice guideline for the management of deliberate self-harm. <i>Australian and New Zealand Journal of Psychiatry</i> 50(10):939-1000</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA2 – Collaborative risk assessment (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA2
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)
<b>Title</b>	<b>Consult and collaborate with another health professional about their risk assessment.</b>		
<b>Description</b>	<p>Discuss with a health professional colleague their risk assessment of a patient with complex problems who is assessed as high-risk and identify gaps, collect further information and collaboratively develop an appropriate management plan.</p> <ul style="list-style-type: none"> <li>• Consult and collaborate with other staff on their risk assessments and management of the identified risk(s).</li> <li>• Promote, maintain and further develop skills in risk assessment and management in complex and high-risk cases.</li> <li>• Develop skills in risk holding and the balance of risk management versus patient autonomy.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

<<If a generalist or Certificate trainee has completed the similar Stage 2 EPA, ST2-AP-EPA1: Assess treatment-refractory psychiatric disorders, this EPA is not to be attained>>

**ST3-AP-AOP-EPA3 – Treatment-refractory disorders**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-AOP-EPA3
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Assess and manage treatment-refractory psychiatric disorders.</b>		
<b>Description</b> Maximum 150 words	The trainee must demonstrate an ability to assess, develop and implement comprehensive biopsychosocial management plans for patients with treatment-refractory psychiatric disorders.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b> 1
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b> 1, 2
	<b>MAN</b>	2, 4	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Demonstrates knowledge of the definitions and controversies of treatment-refractory psychiatric disorders.</li> <li>• Demonstrates knowledge of evidence-based interventions in treatment-refractory psychiatric disorders.</li> <li>• Demonstrates an understanding of the role of families/carers and appropriate skills in working with families/carers.</li> <li>• Recognises the importance of cost-effective utilisation of resources.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Provides a comprehensive biopsychosocial assessment including diagnostic issues, treatment adherence, family and cultural issues, the patient’s understanding of the illness and illness behaviours.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Works collaboratively with other professions and agencies to provide assessment and management of patients with treatment-refractory psychiatric disorders.</li> <li>• Negotiates an integrated management plan in a biopsychosocial framework with the patient.</li> <li>• Can incorporate recovery-based principles into the management plan.</li> <li>• Includes relevant family/carers in the development of a management plan.</li> <li>• Demonstrates effective verbal and written communication skills.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Provides appropriate clinical leadership to assist the patient, family/carers and team to maintain therapeutic hope.</li> <li>• Advocates on behalf of patients and carers.</li> <li>• Demonstrates an ethical approach, respecting the patient's goals.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Professional presentation.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
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<b>ST3-AP-AOP-EPA3 – Treatment-refractory disorders (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-AOP-EPA3
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
<b>Title</b>	<b>Assess and manage treatment-refractory psychiatric disorders.</b>		
<b>Description</b>	The trainee must demonstrate an ability to assess, develop and implement comprehensive biopsychosocial management plans for patients with treatment-refractory psychiatric disorders.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA4 – Recovery and rehabilitation**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA4	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 26/02/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Recovery and rehabilitation.</b>			
<b>Description</b> Maximum 150 words	The trainee must demonstrate an ability to assess and develop appropriate collaborative treatment plans in adults with chronic mental illness requiring longer-term follow-up using a recovery framework. The trainee will work with the person with mental illness in implementing the treatment plan.			
<b>Detailed description</b> If needed	<p>The trainee will need to demonstrate the ability to work collaboratively with a range of people with severe and enduring mental illness taking into account the following:</p> <ul style="list-style-type: none"> <li>• the importance of recovery</li> <li>• engagement and negotiating the long-term therapeutic relationship</li> <li>• psychological, social and cultural interventions</li> <li>• optimisation of long-term therapy and minimisation of side effects</li> <li>• working with family and carers</li> <li>• the role of NGOs and other organisations</li> <li>• relapse prevention</li> <li>• the importance of careful and comprehensive transfer of care, where relevant.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2
	<b>MAN</b>	2, 4		
<b>Knowledge, skills and attitude required</b>	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.			

<p>The following lists are neither exhaustive nor prescriptive.</p>	<p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Demonstrates knowledge regarding recovery principles and practice.</li> <li>• Understands the issues of stigma and institutionalisation.</li> <li>• Understands the different models of service delivery for rehabilitation, long-term support and follow-up and the evidence base to support these.</li> <li>• Demonstrates knowledge of evidence-based practice in psychiatric rehabilitation.</li> <li>• Understands issues of resource management and the role of other service providers.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Works collaboratively with the person with mental illness towards a comprehensive biopsychosociocultural assessment which includes consideration of strengths and supports, function, cognition and disability and effects of stigma.</li> <li>• Works collaboratively with other professionals and agencies.</li> <li>• Demonstrates appropriate skills in working with families/carers.</li> <li>• Negotiates an agreed integrated treatment plan in a biopsychosociocultural framework which might include, but is not limited to: optimising medication and adherence, psychological interventions and symptom reduction, engaging in psychoeducation, maximising function, understanding the role of community support, developing a relapse prevention plan with the person, negotiating appropriate risk management, addressing with the person issues of physical health and side effects.</li> <li>• Provides appropriate clinical leadership.</li> <li>• Demonstrates effective verbal and written communication skills.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocates on behalf of patients and carers.</li> <li>• Demonstrates a strong understanding of ethical issues.</li> </ul>
<p><b>Assessment method</b></p>	<p>Progressively assessed during individual and clinical supervision, including three appropriate WBAs.</p>
<p><b>Suggested assessment method details</b></p>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Case-based discussion.</li> <li>• Feedback from members of the multidisciplinary team and patients.</li> </ul>
<p><b>References</b></p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
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<b>ST3-AP-FELL-EPA4 – Recovery and rehabilitation (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA4
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 26/02/16)
<b>Title</b>	<b>Recovery and rehabilitation.</b>		
<b>Description</b>	The trainee must demonstrate an ability to assess and develop appropriate collaborative treatment plans in adults with chronic mental illness requiring longer-term follow-up using a recovery framework. The trainee will work with the person with mental illness in implementing the treatment plan.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....



<<Mandatory Certificate EPA>>

**ST3-AP-FELL-EPA5 – Families and/or carers**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA5
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Complex work with families and/or carers.</b>		
<b>Description</b> Maximum 150 words	<p>The trainee must be able to demonstrate the capacity to work with families/carers to improve patient outcomes where there are complex issues such as:</p> <ul style="list-style-type: none"> <li>• conflict within the family</li> <li>• conflict between the family and the treating team</li> <li>• child welfare issues</li> <li>• mental disorder in carers as well as the patient</li> <li>• significant risk issues.</li> </ul>		
<b>Fellowship competencies</b>	<b>ME</b>	3, 4, 5, 6, 7, 8	<b>HA</b> 1, 2
	<b>COM</b>	1, 2	<b>SCH</b>
	<b>COL</b>	1, 2, 4	<b>PROF</b> 1, 2
	<b>MAN</b>	2	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understanding of child welfare issues and reporting requirements as they apply to clinical work.</li> <li>• Knowledge of family and group dynamics and of conflict resolution principles.</li> <li>• The effects on children of parents with mental illness.</li> <li>• Knowledge about engagement techniques with families/carers.</li> </ul> <p><b>Skills</b></p>		

	<ul style="list-style-type: none"> <li>• Competently arranging and managing the interview, eg. makes appropriate arrangements to meet with family/carers, assesses the issues within the family/carer environment including any mental disorder in carers, recognises and manages conflict in the family/carer environment, addresses family/carer concerns.</li> <li>• Addresses risk issues.</li> <li>• Recognises and demonstrates an appropriate approach to issues of cultural and linguistic diversity. Works well with cultural workers in clinical work with families/carers, as appropriate.</li> <li>• Develops a detailed and complex formulation and communicates the formulation and all proposed actions effectively to all concerned.</li> <li>• Develops an appropriate management plan including follow-up arrangements.</li> <li>• Keeps appropriately detailed records of all meetings.</li> <li>• Ensures appropriate notifications of child welfare issues and is able to provide any necessary reports.</li> <li>• Ability to use conflict resolution principles in working with families/carers where this is an issue.</li> <li>• Ability to use engagement techniques with families/carers.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• An appropriate attitude to privacy and confidentiality.</li> <li>• Appreciates the importance of maintaining appropriate boundaries.</li> <li>• A non-judgemental attitude in working with families/carers with complex issues.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct observation.</li> <li>• Feedback from members of the multidisciplinary team, patients and families/carers.</li> </ul>
<p><b>References</b></p> <p>COOKLIN A. Children of parents with mental illness. In: Combrinck-Graham, L, ed. <i>Children in family contexts</i>. 2nd edn. New York: The Guildford Press, 2006; 265–91.</p> <p>COPMI (Children of parents with a mental illness). North Adelaide: COPMI, 2015. Viewed 15 October 2015, &lt;<a href="http://www.copmi.net.au">www.copmi.net.au</a>&gt;.</p> <p>SEGAL J &amp; SMITH M. <i>Conflict resolution skills: building the skills that can turn conflicts into opportunities</i>. Helpguide, October 2015. Viewed 15 October 2015, &lt;<a href="http://www.helpguide.org/articles/relationships/conflict-resolution-skills.htm">www.helpguide.org/articles/relationships/conflict-resolution-skills.htm</a>&gt;.</p> <p>TE POU O TE WHAKAARO NUI. <i>Supporting children of parents with mental illness and/or addiction (COPMIA)</i>. Auckland: Te Pou o Te Whakaaro Nui, 2015. Viewed 15 October 2015, &lt;<a href="http://www.tepou.co.nz/news/children-of-parents-with-mental-illness-and-or-addiction-copmia-update/552">www.tepou.co.nz/news/children-of-parents-with-mental-illness-and-or-addiction-copmia-update/552</a>&gt;.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-AP-FELL-EPA5 – Families and/or carers (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA5
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
<b>Title</b>	<b>Complex work with families and/or carers.</b>		
<b>Description</b>	<p>The trainee must be able to demonstrate the capacity to work with families/carers to improve patient outcomes where there are complex issues such as:</p> <ul style="list-style-type: none"> <li>• conflict within the family</li> <li>• conflict between the family and the treating team</li> <li>• child welfare issues</li> <li>• mental disorder in carers as well as the patient</li> <li>• significant risk issues.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

<<If a generalist or Certificate trainee has completed the similar Stage 2 EPA, ST2-AP-EPA2: Physical comorbidity 2, this EPA is not to be attained>>

**ST3-AP-AOP-EPA6 – Physical comorbidity 3**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-AOP-EPA6
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Physical comorbidity 3.</b>		
<b>Description</b> Maximum 150 words	The trainee demonstrates comprehensive assessment and management of patients with significant physical comorbidity or physical sequelae of psychiatric treatment. The trainee must have a broad understanding of the significance of physical disorders for the patient and develop a management plan which results in appropriate intervention and/or appropriate liaison with other specialists.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b> 1, 2
	<b>COM</b>	1, 2	<b>SCH</b> 1, 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b> 1, 2
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>Understand the relationship between the psychiatric disorder and physical comorbidity or physical sequelae of psychiatric illness or treatment in terms of their impact on each other.</li> <li>Demonstrate knowledge of relevant physical health parameters.</li> <li>Be able to estimate cardiovascular and other risks based on physical findings.</li> <li>Knowledge of current management protocols for common physical comorbidities.</li> </ul> <p><b>Skills</b></p>		

	<ul style="list-style-type: none"> <li>• Conduct an appropriate assessment of physical comorbidity and/or physical sequelae of psychiatric illness or treatment including conducting a physical examination to the extent that is relevant for comprehensive understanding and management of the patient.</li> <li>• Order and review relevant investigations based on the assessment.</li> <li>• Develop and implement, in collaboration with the patient and other treating health professionals, a treatment plan to manage and/or minimise potential important sequelae of psychiatric treatment such as the metabolic syndrome, sexual dysfunction, extrapyramidal side effects (EPSE) and drug toxicity.</li> <li>• Appropriately liaise with, and refer to, other medical and non-medical professionals in order to optimise overall treatment.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Acknowledge limitations of own knowledge and skill and refer appropriately to other medical and non-medical professionals in order to optimise overall treatment.</li> <li>• Advocate with, and for, the patient and/or their family/carers in order to improve overall outcomes and access to services.</li> <li>• Proactive in approach to detection and management of physical comorbidities and sequelae of psychiatric treatment.</li> <li>• Use of a motivation enhancement approach towards health behaviour change.</li> <li>• Demonstrate awareness of the barriers for patients in achieving physical health change.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> </ul>
<p><b>References</b></p> <p>Lambert T, Reavley N, Jorm A &amp; Oakley Browne M (2017) Royal Australian and New Zealand College of Psychiatrists expert consensus statement for the treatment, management and monitoring of the physical health of people with an enduring psychotic illness. <i>Australian and New Zealand Journal of Psychiatry</i> 51(4): 322-337.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-AOP-EPA6 – Physical comorbidity 3 (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-AOP-EPA6
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (EC-approved 24/07/15)
<b>Title</b>	<b>Physical comorbidity 3.</b>		
<b>Description</b>	The trainee demonstrates comprehensive assessment and management of patients with significant physical comorbidity or physical sequelae of psychiatric treatment. The trainee must have a broad understanding of the significance of physical disorders for the patient and develop a management plan which results in appropriate intervention and/or appropriate liaison with other specialists.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA7 – Report to a tribunal**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA7
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 24/07/15)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
<b>Title</b>	<b>Preparation and presentation of a treating doctor’s report to a judge or tribunal authorising treatment under mental health legislation.</b>		
<b>Description</b> Maximum 150 words	<p>The trainee has the ability to prepare and present a case to the tribunal, judge or panel having responsibility for authorising involuntary treatment under local mental health legislation. The trainee should perform the role of an expert witness presenting medical (psychiatric) information in a professional manner to enable the tribunal/judge to come to a decision regarding use of the mental health legislation.</p>		
<b>Detailed description</b> If needed	<p>There are two elements to this EPA, namely preparation of evidence prior to a hearing and oral presentation of evidence during a hearing.</p> <p><b>1 Preparation of evidence</b></p> <ul style="list-style-type: none"> <li>• Making a decision to initiate an application for an Order under mental health legislation to the appropriate tribunal, balancing all of the clinical, ethical and legal domains that such a decision requires.</li> <li>• Negotiating, as much as possible, a treatment plan which includes the involuntary Order, with the patient and their family and friends (and any legal representative the patient may have) and explaining the process of involuntary treatment to the patient and their supports/advocates.</li> <li>• Assessment of the patient’s decision-making capacity around any treatment refused.</li> <li>• Gathering comprehensive information from appropriate sources (including collateral sources, family and examination of the patient concerned) whilst respecting the patient’s confidentiality.</li> <li>• Preparing a written report in a professional and comprehensive manner that sets out the reasons for the application, addressing the requirements of legislation.</li> <li>• Discussing the written and verbal evidence with other members of the treating team (who will be involved in the process) prior to the hearing.</li> <li>• Discussing this application and/or hearing with the patient and/or carers.</li> </ul> <p><b>2 Presentation of evidence to a hearing</b></p>		

	<ul style="list-style-type: none"> <li>Presenting evidence in a professional manner that is relevant to the decision to be made by the body. The evidence should be concise but sufficiently comprehensive to give the tribunal the expert medical information required to make a decision.</li> <li>Presenting evidence in front of the patient in a manner that is respectful; acknowledging when appropriate a patient's disagreement with the treating team's views.</li> <li>Responding to questions or challenges from the judge, chair or members of the tribunal or cross-examination by the patient or their legal representative in a way that clarifies any issues and considers any alternative views. The trainee should be prepared to explain their opinion but should also be flexible if information is provided that requires them to qualify or even change their opinion.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 4	<b>PROF</b>	1, 2, 3, 5
	<b>MAN</b>	2, 5		
<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>Understand appropriate legislation as it applies to the individual jurisdiction.</li> <li>Understand the principles of least restrictive care.</li> <li>Understand the tests of decision-making capacity as laid out in the legislation and/or in the common law.</li> <li>Understand the level of detail and content needed to compose a succinct and informative report.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>Preparation and presentation of the report (see <i>Detailed description</i> above for more information).</li> <li>Ability to present evidence effectively to a non-medical audience.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>Professional approach to the process of preparing the report. In particular, exhibiting sensitivity and tolerance to differing opinions and the necessity for legal review.</li> <li>Non-defensive and non-adversarial approach in interactions with the patient, tribunal and any legal representative.</li> </ul>			
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.			



<p><b>Suggested assessment method details</b></p>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Professional presentation – at the relevant hearing. The supervisor must directly observe the trainee perform this task in at least one hearing (followed by feedback in supervision) to be satisfied that the above elements have been performed.</li> <li>• Review of the written report, including review of the final version of the report.</li> </ul>
<p><b>References</b></p> <p>RYAN C, CALLAGHAN S &amp; PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. <i>Aust NZ J Psychiatry</i> 2015; 49: 324–33.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Zone:	
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<b>ST3-AP-FELL-EPA7 – Report to a tribunal (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA7
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 24/07/15)
<b>Title</b>	<b>Preparation and presentation of a treating doctor’s report to a judge or tribunal authorising treatment under mental health legislation.</b>		
<b>Description</b>	The trainee has the ability to prepare and present a case to the tribunal, judge or panel having responsibility for authorising involuntary treatment under local mental health legislation. The trainee should perform the role of an expert witness presenting medical (psychiatric) information in a professional manner to enable the tribunal/judge to come to a decision regarding use of the mental health legislation.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

<<If ST3-POA-FELL-EPA2: POA Leadership skills or ST3-ADM-FELL-EPA1: Admin Leadership skills have been entrusted, trainees should not attain the following EPA>>

**ST3-AP-FELL-EPA8 – Adult Leadership skills**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA8
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 24/07/15)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
<b>Title</b>	<b>Demonstrate leadership skills in a multidisciplinary team setting. (Adult)</b>		
<b>Description</b> Maximum 150 words	The trainee demonstrates the ability to provide strong, active leadership in a clinical team and in multidisciplinary clinical meetings, eg. clinical review meetings, ward rounds or case conferences.		
<b>Fellowship competencies</b>	<b>ME</b>	4, 5, 6, 7, 8	<b>HA</b> 1
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	2, 3, 4	<b>PROF</b> 1, 2, 3, 4, 5
	<b>MAN</b>	1, 2, 3, 4, 5	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands the literature on clinical leadership.</li> <li>• Understands the characteristics of good leaders.</li> <li>• Understands the roles and responsibilities of other team members.</li> <li>• Understands the principles of team and group dynamics.</li> <li>• Understands the concept of clinical governance.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Exhibits social awareness and the ability to manage professional relationships, including team conflict.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Demonstrates the ability to lead a multidisciplinary discussion that is focused, client centred and time managed.</li> <li>• Integrates the information from the case conference to generate a collaborative plan.</li> <li>• Exhibits self-awareness and self-management relevant to his or her leadership roles.</li> <li>• Can facilitate or take the lead in making a decision where there is team disagreement that cannot be resolved in a timely manner and evaluate the outcome of this decision.</li> <li>• Demonstrates the use of feedback in relation to his or her own performance.</li> <li>• Demonstrates the ability to support the development of other team members.</li> <li>• Builds partnerships and networks to influence outcomes positively for patients.</li> <li>• Demonstrates critical and strategic thinking in relation to the systems in which he or she works.</li> <li>• Navigates sociopolitical environments.</li> <li>• Demonstrates an ability to effect continuous quality improvement.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Values the contribution of all professionals involved in order to enhance collaborative practice.</li> <li>• Maintains appropriate boundaries whilst developing leadership role.</li> <li>• Demonstrates personal integrity and character.</li> <li>• Demonstrates commitment to high-quality outcomes for patients and carers.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Professional presentation.</li> <li>• Feedback from multidisciplinary team members.</li> </ul>
<p><b>References</b></p> <p>BRAITHWAITE J &amp; TRAVAGLIA JF. An overview of clinical governance policies, practices and initiatives. <i>Aust Health Rev</i> 2008; 32: 10–22.</p> <p>DOWTON SB. Leadership in medicine: where are the leaders? <i>Med J Aust</i> 2004; 181: 652–4.</p> <p>GREINER CB. Leadership for psychiatrists. <i>Acad Psychiatry</i> 2006; 30: 283–8.</p> <p>LEE T. Turning doctors into leaders. <i>Harvard Business Review</i>. April 2010: 50–58.</p> <p>NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT &amp; ACADEMY OF MEDICAL ROYAL COLLEGES. <i>Medical leadership competency framework: enhancing engagement in medical leadership</i>. 3rd edn. Coventry: NHS Institute for Innovation and Improvement, July 2010. Viewed 9 February 2013 &lt;<a href="http://www.leadershipacademy.nhs.uk/discover/leadership-framework/supporting-tools/documents-to-download">http://www.leadershipacademy.nhs.uk/discover/leadership-framework/supporting-tools/documents-to-download</a>&gt;.</p> <p>WARREN OJ &amp; CARNALL R. Medical leadership: why it's important, what is required, and how we develop it. <i>Postgrad Med</i> 2011; 87: 27–32.</p>	

ZALEZNIK A. Managers and leaders: are they different? *Harvard Business Review*. May–June 1977. [Reprinted in HBR January 2004: 74–81.]

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<b>ST3-AP-FELL-EPA8 – Adult Leadership skills (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA8
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 24/07/15)
<b>Title</b>	<b>Demonstrate leadership skills in a multidisciplinary team setting. (Adult)</b>		
<b>Description</b>	The trainee demonstrates the ability to provide strong, active leadership in a clinical team and in multidisciplinary clinical meetings, eg. clinical review meetings, ward rounds or case conferences.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-AP-FELL-EPA9 – First presentation**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA9	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>First presentation of a complex mental disorder.</b>			
<p><b>Description</b> Maximum 150 words</p>	<p>The trainee will be able to assess adults (18–65) with a first presentation of a complex mental disorder and develop and implement a management plan. This includes:</p> <ul style="list-style-type: none"> <li>• comprehensive assessment and consideration of differential diagnoses</li> <li>• engagement and provision of education</li> <li>• interventions to assist patients and their family/carers with stigma and barriers to care</li> <li>• development of a recovery plan with the patient and their family/carers</li> <li>• initiation of psychological and pharmacological treatment as appropriate</li> <li>• appropriate follow-up.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<p><b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of evidence-based interventions in adults with a first presentation of a mental disorder, including their long-term effectiveness.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Integrate knowledge from the scientific literature regarding adults with a first presentation of a mental disorder into clinical work. For example, knowledge about stigma, the significance of the duration of untreated psychosis, engagement and barriers to care.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Conduct a comprehensive biopsychosociocultural assessment including a sophisticated risk assessment.</li> <li>• Integrate the information collected and develop a competent formulation, identifying gaps in the available information.</li> <li>• Develop and defend an appropriate differential diagnosis, acknowledging the degree of uncertainty that may be present in the first presentation of a mental disorder.</li> <li>• Gather collateral information from family/carers or other appropriate sources, with due regard to privacy considerations.</li> <li>• Plan and implement appropriate investigations to clarify the diagnosis.</li> <li>• Provide explanation and education to patients with a first presentation of a mental disorder and their family/carers regarding the differential diagnosis and treatment options.</li> <li>• Develop skills and strategies to engage patients with a first presentation of a mental disorder and their families/carers in ongoing care.</li> <li>• Develop an integrated and flexible biopsychosociocultural management plan in collaboration with the patient and their family/carers.</li> <li>• Develop a plan consistent with recovery framework principles in collaboration with the patient and their family/carers.</li> <li>• Implement this plan, under supervision, and in collaboration with the patient and their family/carers, the multidisciplinary team and other services and health professionals.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocate on behalf of patients and their family/carers to improve overall outcomes and access to services and supports.</li> <li>• Appreciate the ethical issues in the assessment and treatment of people with a first presentation of a mental disorder. In particular, the tension between beneficence and nonmaleficence and the maintenance of autonomy while managing risks appropriately and safely.</li> <li>• Respect the patient's goals for their care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>



## References

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-AP-FELL-EPA9 – First presentation (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA9
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
<b>Title</b>	<b>First presentation of a complex mental disorder.</b>		
<b>Description</b>	<p>The trainee will be able to assess adults (18–65) with a first presentation of a complex mental disorder and develop and implement a management plan. This includes:</p> <ul style="list-style-type: none"> <li>• comprehensive assessment and consideration of differential diagnoses</li> <li>• engagement and provision of education</li> <li>• interventions to assist patients and their family/carers with stigma and barriers to care</li> <li>• development of a recovery plan with the patient and their family/carers</li> <li>• initiation of psychological and pharmacological treatment as appropriate</li> <li>• appropriate follow-up.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA10 – Comorbid intellectual/developmental disability**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA10
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Assessment and management of adults with a comorbid intellectual/developmental disability and mental illness.</b>		
<b>Description</b> Maximum 150 words	The trainee should be able to assess, develop and implement management in individuals with comorbid intellectual/developmental disability and mental illness. This includes comprehensive assessment including collateral information from carers, the development of a differential diagnosis and diagnostic formulation and implementation of an appropriate treatment plan.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b> 1, 2
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	1, 2, 3	<b>PROF</b> 1, 2
	<b>MAN</b>	2	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Integrate knowledge from the scientific literature regarding individuals with comorbid intellectual/developmental disability and mental illness into clinical work. For example: <ul style="list-style-type: none"> <li>– knowledge about the major causes of intellectual and developmental disabilities</li> <li>– the increased prevalence for mental ill health in people with these disorders and the relationship between particular disorders and mental illnesses</li> <li>– how these comorbid disorders may affect the presentation of psychiatric illness</li> <li>– associated medical illnesses and interactions</li> <li>– assessment and differential diagnosis of presenting behaviours</li> <li>– vulnerabilities to stigma, exclusion, abuse and neglect</li> <li>– common psychiatric sequelae</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>- specialised issues in treatment.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Carry out a comprehensive biopsychosociocultural assessment including a careful risk assessment, adapting technique and communication to the patient's ability and communication skills.</li> <li>• Integrate the information collected and develop a competent formulation, identifying gaps in the available information.</li> <li>• Gather collateral information from family/carers or other appropriate sources with due regard to privacy considerations.</li> <li>• Plan and implement appropriate investigations to clarify the diagnosis and any comorbid medical conditions, or liaise with other medical health professionals to achieve this.</li> <li>• Develop and defend an appropriate differential diagnosis including mental disorder and developmental issues.</li> <li>• Provide explanation and education at an appropriate level to individuals with comorbid intellectual/developmental disability, especially to their family/carers, regarding the differential diagnosis and treatment options.</li> <li>• Develop an integrated and flexible biopsychosociocultural management plan in collaboration with the patient, their family/carers and the multidisciplinary team.</li> <li>• Implement this plan, under supervision, and in collaboration with the patient and their family/carers, the multidisciplinary team and other services and health professionals.</li> <li>• Identify unmet disability support needs and appropriately refer to disability or other support organisations.</li> <li>• Identify and refer as appropriate to specialist intellectual disability mental health specialists or services.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocate on behalf of patients and their family/carers to improve overall outcomes and access to services and supports.</li> <li>• Demonstrate a good understanding of ethical issues in the assessment and treatment of individuals with comorbid intellectual/developmental disability. In particular, nonmaleficence (the avoidance of iatrogenic harm) and the maintenance of as much autonomy as possible, while managing risks appropriately and safely.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> </ul>
<b>References</b>	
DEPARTMENT OF DEVELOPMENTAL DISABILITY NEUROPSYCHIATRY. <i>Accessible mental health services for people with intellectual disability: a guide for providers</i> . Sydney: Department of Developmental Disability Neuropsychiatry, 2014. Viewed 10 November 2014, < <a href="http://3dn.unsw.edu.au/the-guide">3dn.unsw.edu.au/the-guide</a> >.	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA10 – Comorbid intellectual/developmental disability (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA10
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)
<b>Title</b>	<b>Assessment and management of adults with a comorbid intellectual/developmental disability and mental illness.</b>		
<b>Description</b>	The trainee should be able to assess, develop and implement management in individuals with comorbid intellectual/developmental disability and mental illness. This includes comprehensive assessment including collateral information from carers, the development of a differential diagnosis and diagnostic formulation and implementation of an appropriate treatment plan.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA11 – Telehealth**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA11	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Conduct assessments of adults, collaborate with carers, referrers and health professionals and implement management via telehealth to rural, remote or outlying areas.</b>			
<b>Description</b> Maximum 150 words	The trainee can conduct an interview with a patient or carer in the company of a local health practitioner, eg. referring GP or case manager, via telehealth. The trainee will complete the interview, develop a diagnostic formulation and management plan in collaboration with the local health professional. The clinical encounter will be appropriately documented and the documentation shared with the collaborating practitioner.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	4		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge of technical and booking procedures required at both ends of the telehealth consultation.</li> <li>• Knowledge of the ethical principles of telehealth, including issues of consent, safety and the role of the local clinician accompanying the patient at the other end of the conference.</li> <li>• Awareness of the limitations of telehealth assessments.</li> <li>• Awareness of local services available in the rural/regional setting in which the patient lives.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Ensures the telehealth set-up provides the highest quality clinical encounter possible.</li> <li>• Ability to engage the patient and local practitioner in a therapeutic dialogue using the telehealth medium.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Ability to develop a diagnostic formulation and management plan in collaboration with the local practitioner that is implementable and acceptable.</li> <li>• Ability to document the clinical encounter appropriately and ensure that the documentation is shared with local health staff.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Willingness to take a collaborative approach with the local practitioner in applying a shared-care model to assessment and management.</li> <li>• Maintaining an ethical approach to all aspects of the clinical encounter.</li> <li>• Being adaptive and flexible in overcoming some of the inherent limitations of telehealth assessments.</li> <li>• Taking an educational approach to allow the patient and the local team to continue with ongoing care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion – of telehealth assessments including, but not limited to, new referrals, reviews of known patients, risk assessments, medication reviews, educational sessions.</li> <li>• Observed Clinical Activity (OCA) – a telehealth assessment of a newly referred patient.</li> <li>• Review of documentation from telehealth assessments.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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First name:	
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<b>ST3-AP-FELL-EPA11 – Telehealth (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA11
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)
<b>Title</b>	<b>Conduct assessments of adults, collaborate with carers, referrers and health professionals and implement management via telehealth to rural, remote or outlying areas.</b>		
<b>Description</b>	The trainee can conduct an interview with a patient or carer in the company of a local health practitioner, eg. referring GP or case manager, via telehealth. The trainee will complete the interview, develop a diagnostic formulation and management plan in collaboration with the local health professional. The clinical encounter will be appropriately documented and the documentation shared with the collaborating practitioner.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....



**ST3-AP-FELL-EPA12 – Cultural and linguistic diversity**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA12	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 06/11/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Advanced clinical work with adults with cultural and linguistic diversity.</b>			
<b>Description</b> Maximum 150 words	Core skills, knowledge and attitudes in this area were required for the Stage 2 ‘Cultural awareness’ EPA. For this Stage 3 EPA, the trainee needs to have more sophisticated and extensive competencies in working with patients and families/carers where cultural and linguistic diversity issues are important. This includes skills in carrying out more difficult assessments and working with patients/families where cultural and linguistic diversity issues add significantly to complexity. The trainee is able to show leadership within the team and to work collaboratively in developing complex formulations and implementing multifaceted management plans, especially where there is conflict between the patient/family’s culture and the usual clinical practices of the team. Skills are required in engagement, communication and problem solving in the area of cultural and linguistic diversity, including work with patients/families where religious and spiritual issues are prominent and may affect engagement and management and in traumatised patients/families, eg. refugees.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b>	1
	<b>COM</b>	1	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• In-depth knowledge of the concept of ‘cultural competence’.</li> <li>• In-depth knowledge of the influence of culture on the manifestation and experience of mental illness and its treatment. In particular, knowledge about collectivist vs individualistic cultures and how that affects mental health issues. Knowledge about the particular stresses and traumas affecting immigrants, especially refugees, and how these impact on mental health.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Knowledge about the particular stressors affecting culturally and linguistically diverse patients/families such as stigma and racism, including institutional racism.</li> <li>• Knowledge of engagement techniques appropriate to culturally and linguistically diverse patients/families.</li> <li>• Knowledge of services available to culturally and linguistically diverse patients with mental illness, including services for the deaf community and for immigrants and refugees.</li> <li>• Awareness of recommended approaches towards engaging patients from commonly encountered ethnic and cultural groups, including literature on mental health promotion and prevention in relevant local cultures and any relevant governmental mental health policies and initiatives.</li> <li>• Knowledge about spirituality as it affects patients' and families' experiences of mental illness and about spirituality in psychiatric work.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Appropriate and effective use of interpreters using a variety of languages and for the deaf community.</li> <li>• Collaboration skills with cultural advisors, team-based cultural workers, community elders and spiritual leaders to fully assess patients and provide support and appropriate interventions.</li> <li>• Ability to employ specific engagement skills with culturally and linguistically diverse patients and their families/carers and, where required, to take part in appropriate rituals to facilitate greetings and discussions.</li> <li>• Skills in implementation of management plans relevant to the specific cultural needs of patients/families from culturally and linguistically diverse backgrounds.</li> <li>• Skills in providing education and in teaching problem-solving and communication skills to families of patients from culturally and linguistically diverse backgrounds.</li> <li>• Advocacy and clinical skills in working with traumatised patients/families such as refugees or those who have suffered detention.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Appropriate respect for cultural issues in the conduct of assessments and the implementation of ongoing management. Preparedness to acknowledge lack of knowledge and seek guidance from appropriate advisors, elders or community leaders.</li> <li>• Self-awareness and the ability to reflect on one's own cultural attitudes when working in difficult and complex situations where countertransference reactions may arise. Willingness to seek supervision and cultural advice regarding such matters.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Professional presentation.</li> </ul>

- Observed clinical activity (OCA) – where a cultural advisor or language interpreter is present.

### References

Cultural community involvement, visits and engagement is strongly encouraged, as is the undertaking of appropriate locally available courses in cultural competence and in work with immigrants or refugees.

MINISTRY OF HEALTH. *Involving families: guidance notes*. Wellington: Ministry of Health, November 2000. Viewed 19 October 2015, <[www.health.govt.nz/system/files/documents/publications/involving-families-guidance-notes.pdf](http://www.health.govt.nz/system/files/documents/publications/involving-families-guidance-notes.pdf)>.

MINISTRY OF HEALTH. *Te Puāwaitanga: Māori mental health national strategic framework*. Wellington: Ministry of Health, April 2002. Viewed 19 October 2015, <[www.health.govt.nz/publication/te-puawaitanga-maori-mental-health-national-strategic-framework](http://www.health.govt.nz/publication/te-puawaitanga-maori-mental-health-national-strategic-framework)>.

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Aboriginal and Torres Strait Islander mental health*. Melbourne: RANZCP. Viewed 19 October 2015, <[www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health.aspx](http://www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health.aspx)>.

Te Iho. Auckland: Te Iho. Viewed 19 October 2015, <[psychtraining.org/telho1](http://psychtraining.org/telho1)>.

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Hospital/service:	

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<b>ST3-AP-FELL-EPA12 – Cultural and linguistic diversity (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA12
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 06/11/15)
<b>Title</b>	<b>Advanced clinical work with adults with cultural and linguistic diversity.</b>		
<b>Description</b>	Core skills, knowledge and attitudes in this area were required for the Stage 2 ‘Cultural awareness’ EPA. For this Stage 3 EPA, the trainee needs to have more sophisticated and extensive competencies in working with patients and families/carers where cultural and linguistic diversity issues are important. This includes skills in carrying out more difficult assessments and working with patients/families where cultural and linguistic diversity issues add significantly to complexity. The trainee is able to show leadership within the team and to work collaboratively in developing complex formulations and implementing multifaceted management plans, especially where there is conflict between the patient/family’s culture and the usual clinical practices of the team. Skills are required in engagement, communication and problem solving in the area of cultural and linguistic diversity, including work with patients/families where religious and spiritual issues are prominent and may affect engagement and management and in traumatised patients/families, eg. refugees.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

<<If ST3-FP-AOP-EPA8 – Medicolegal assessment (civil): injury and impairment has been entrusted, trainees should not attain the following EPA>>

**ST3-AP-FELL-EPA13 – Medicolegal (civil) assessment**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA13	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Medicolegal (civil) assessment and report not connected with the relevant mental health act.</b>			
<b>Description</b> Maximum 150 words	To conduct, either individually or in collaboration, an assessment in civil jurisdictions (eg. workers' compensation, personal injuries, victims of crime, total and permanent disability) and to prepare a report setting out findings and addressing relevant questions.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 7	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 4	<b>PROF</b>	1, 2, 5
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understand ethical considerations such as those relating to confidentiality.</li> <li>• Understand the obligations of medical experts in fulfilling the requested function.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Ability to determine the purpose of the assessment.</li> <li>• Ability to evaluate the legal or administrative context of the assessment.</li> <li>• Ability to conduct a comprehensive but focussed assessment and mental state examination.</li> <li>• Ability to review collateral information.</li> <li>• Ability to prepare a report outlining findings in plain English, addressing any questions set by the requester.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Ability to manage any follow-up requests for clarification or supplementary advice.</li> <li>• Ability to appear as an expert witness as required.</li> <li>• Undertake the role of expert witness with impartiality and accurate reporting of findings.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Professional approach to any requested assessments taking particular consideration of such issues as timeliness of response, any undue pressure from referring agencies, as well as managing any countertransferential responses towards the person being assessed.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Direct observation.</li> <li>• Review of written reports.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA13 – Medicolegal (civil) assessment (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA13
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)
<b>Title</b>	<b>Medicolegal (civil) assessment and report not connected with the relevant mental health act.</b>		
<b>Description</b>	To conduct, either individually or in collaboration, an assessment in civil jurisdictions (eg. workers’ compensation, personal injuries, victims of crime, total and permanent disability) and to prepare a report setting out findings and addressing relevant questions.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA14 – Anorexia nervosa 3**

<b>Area of practice</b>	Adult psychiatry (Eating disorders)	<b>EPA identification</b>	ST3-AP-FELL-EPA14	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assessment and comprehensive management of a patient over the age of 18 years with anorexia nervosa presenting in a severely underweight state (eg. BMI &lt; 14).</b>			
<b>Description</b> Maximum 150 words	The trainee will have advanced skills in assessing, developing and implementing a management plan for a patient with anorexia nervosa who presents in a state of severe malnutrition and low weight in which their physical welfare is at risk. The trainee will be able to assess their physical state and ensure appropriate medical interventions are put in place to improve their physical health. The trainee will develop an appropriate risk management plan and engage the patient in interventions aimed at restoring their weight to a safe level. The trainee will implement the management plan and provide ongoing therapy with the goal of maintaining the target weight.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• Knowledge of the diagnostic features of anorexia nervosa.</li> <li>• Physical effects and sequelae of extreme malnutrition, how to assess and identify these, including history, physical examination and laboratory tests. Skilled liaison with medical colleagues about intervention aimed at improving physical health.</li> <li>• Critical understanding of the theories of the underlying psychopathology of anorexia nervosa and how to apply these in clinical practice.</li> <li>• The role of interpersonal and psychological factors in predisposing and perpetuating anorexia nervosa in some people and how to intervene to address these.</li> </ul>			



	<ul style="list-style-type: none"> <li>• The principles of medical resuscitation of a person with severe malnutrition.</li> <li>• Evidence-based biological and psychological interventions in anorexia nervosa.</li> <li>• Evidence base that informs decisions about admission vs community management of anorexia nervosa.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Comprehensive biopsychosocial assessment.</li> <li>• Comprehensive risk assessment of a patient who is severely underweight, including consideration of factors that would inform the use of the mental health act or guardianship act, parenteral feeding and management by a medical vs psychiatric team. Ability to make these skilled decisions about the appropriate setting for care of the patient.</li> <li>• Recognise and know how to appropriately manage those patients who are at risk of refeeding syndrome.</li> <li>• Comprehensive aetiological formulation of biopsychosociocultural factors involved.</li> <li>• Development and implementation of a management plan that is informed by the formulation and aims to restore the patient to a safe weight.</li> <li>• Development and implementation of a longer-term management plan to assist the patient to maintain that safe weight.</li> <li>• Ability to liaise with, and coordinate care given by, other agencies and staff involved in supporting the patient, such as a medical or intensive care team, nurses, dietitians, GPs, etc.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical and professional approach to the patient and their family/carers.</li> <li>• Balancing the respect for autonomy vs the need to protect from harm in clinical decisions regarding coercive care.</li> <li>• Collaborating with the patient and their family/carers in all aspects of care.</li> <li>• Nonjudgmental in communicating with the patient and with others involved in their care.</li> <li>• Willingness to advocate for patients with eating disorders in mental health prevention and promotion.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA) – in which the trainee undertakes a comprehensive assessment of a patient over the age of 18 years presenting with anorexia nervosa and a BMI &lt; 14.</li> <li>• Mini Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct observation of the trainee undertaking a physical examination of a severely underweight patient with anorexia nervosa.</li> <li>• Professional presentation – on promotion, prevention and advocacy for people with eating disorders.</li> </ul>
<b>References</b>	

HAY P, CHINN D, FORBES D et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. *Aust NZ J Psychiatry* 2014; 48: 977–1008.

TREASURE J. *A guide to the medical risk assessment for eating disorders*. London: King's College London, 2009. Viewed 28 November 2014, <[www.kcl.ac.uk/ioppn/depts/pm/research/eatingdisorders/resources/GUIDETOMEDICALRISKASSESSMENT.pdf](http://www.kcl.ac.uk/ioppn/depts/pm/research/eatingdisorders/resources/GUIDETOMEDICALRISKASSESSMENT.pdf)>.

THE ROYAL COLLEGES OF PSYCHIATRISTS, PHYSICIANS AND PATHOLOGISTS. *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa*. London: RCPsych, October 2014. Viewed 28 November 2014, <[www.rcpsych.ac.uk/files/pdfversion/CR189.pdf](http://www.rcpsych.ac.uk/files/pdfversion/CR189.pdf)>.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA14 – Anorexia nervosa 3 (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry (Eating disorders)	<b>EPA identification</b>	ST3-AP-FELL-EPA14
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)
<b>Title</b>	<b>Assessment and comprehensive management of a patient over the age of 18 years with anorexia nervosa presenting in a severely underweight state (eg. BMI &lt; 14).</b>		
<b>Description</b>	The trainee will have advanced skills in assessing, developing and implementing a management plan for a patient with anorexia nervosa who presents in a state of severe malnutrition and low weight in which their physical welfare is at risk. The trainee will be able to assess their physical state and ensure appropriate medical interventions are put in place to improve their physical health. The trainee will develop an appropriate risk management plan and engage the patient in interventions aimed at restoring their weight to a safe level. The trainee will implement the management plan and provide ongoing therapy with the goal of maintaining the target weight.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA15 – Bulimia nervosa 3**

<b>Area of practice</b>	Adult psychiatry (Eating disorders)	<b>EPA identification</b>	ST3-AP-FELL-EPA15	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Assessment and comprehensive management of an outpatient adult with bulimia nervosa.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee will have advanced skills in assessing, developing and implementing an outpatient management plan for an adult with bulimia nervosa, addressing any psychiatric and/or medical comorbid disorders. The management plan will aim to help the patient gain control over bingeing and purging behaviour and apply an appropriate variety of psychological treatments in an outpatient setting. A risk management plan should be developed if necessary.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Identification and assessment of diagnostic features and medical sequelae of bingeing and purging, including history, physical examination and laboratory tests.</li> <li>• Detailed knowledge of the psychiatric comorbidities of bulimia nervosa and how these can be managed.</li> <li>• Detailed knowledge of the evidence base for psychological interventions used in bulimia nervosa.</li> <li>• Detailed knowledge of medical complications that might require intervention, including hospitalisation.</li> <li>• Detailed knowledge of the evidence base for pharmacological interventions in bulimia nervosa.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Comprehensive assessment of an adult with bulimia nervosa including: <ul style="list-style-type: none"> <li>- biopsychosocial assessment</li> </ul> </li> </ul>			

	<ul style="list-style-type: none"> <li>- physical assessment</li> <li>- integrated risk assessment and management of identified risks.</li> <li>• Comprehensive aetiological formulation of the biopsychosocial factors involved.</li> <li>• Development and implementation of a management plan informed by the formulation.</li> <li>• Ability to liaise with other professionals involved in the management of a patient with bulimia nervosa (eg. GP, psychologist, drug and alcohol service, dietitian) and to coordinate that care where appropriate.</li> <li>• Skilled delivery of evidence-based psychological interventions in patients with bulimia, such as cognitive-behavioural therapy or another suitable psychological therapy.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical and professional approach to the patient.</li> <li>• Collaboration with partners or other family/carers, if appropriate.</li> <li>• Non-judgmental approach to communication with the patient and others involved in their care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Direct observation of the trainee undertaking psychological therapy for bulimia.</li> <li>• Professional presentation – on the assessment and management of bulimia nervosa, including common psychiatric and medical comorbidities.</li> </ul>
<p><b>References</b></p> <p>HAY P, CHINN D, FORBES D et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. <i>Aust NZ J Psychiatry</i> 2014; 48: 977–1008.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA15 – Bulimia nervosa 3 (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry (Eating disorders)	<b>EPA identification</b>	ST3-AP-FELL-EPA15
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)
<b>Title</b>	<b>Assessment and comprehensive management of an outpatient adult with bulimia nervosa.</b>		
<b>Description</b>	The trainee will have advanced skills in assessing, developing and implementing an outpatient management plan for an adult with bulimia nervosa, addressing any psychiatric and/or medical comorbid disorders. The management plan will aim to help the patient gain control over bingeing and purging behaviour and apply an appropriate variety of psychological treatments in an outpatient setting. A risk management plan should be developed if necessary.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA16 – Postpartum mental illness 3**

<b>Area of practice</b>	Adult psychiatry (Perinatal)	<b>EPA identification</b>	ST3-AP-FELL-EPA16	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assessment and comprehensive management of a woman experiencing a major postpartum mental illness within 12 months of childbirth.</b>			
<b>Description</b> Maximum 150 words	The trainee will have advanced skills in assessing, developing and implementing a management plan for a woman presenting with an acute major mental illness, such as psychosis or mood disorder, within 12 months of childbirth. This includes diagnostic assessment and formulation of predisposing and precipitating factors to the development of this illness, especially those related to the perinatal period. The trainee will be able to assess the nature of family relationships and the quality of mother–infant attachment and make appropriate interventions to improve the mother–infant relationship. The management plan will be informed by this assessment and incorporate appropriate biological, psychological, social and systemic interventions. The trainee will be expected to deliver these interventions in a highly skilled manner.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Risk factors for development of postpartum mental illness.</li> <li>• Understanding of attachment theory and its application to mother–infant assessment and treatment.</li> <li>• The range of phenomenology in the presentation of postpartum mental illness.</li> <li>• The role of family and social factors in the development of postpartum mental illness and how to intervene to optimise these.</li> <li>• Risk assessment of mother and baby, including a clear understanding of mandatory reporting obligations.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Appropriate use of psychotropic medication in the postpartum period including safety of medications in breastfeeding.</li> <li>• Detailed knowledge of systemic and family interventions in women recovering from a postpartum mental illness.</li> <li>• Barriers to recovery for women with a postpartum mental illness and how to overcome these.</li> <li>• Awareness of the use of infant observation for assessing the impact of the mother’s mental health on the infant.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Comprehensive biopsychosocial assessment.</li> <li>• Assessment of the quality of a mother’s attachment to, and bonding with, her infant.</li> <li>• The delivery of interventions aimed to address problems with mother–infant attachment.</li> <li>• Ability to consider the quality of the infant’s attachment to other family members.</li> <li>• Advanced assessment of the quality and nature of supportive family relationships around the mother and infant, including the capacity of the partner to support and their ability to provide care to the baby.</li> <li>• Provision of counselling to a mother about the decision to breastfeed including education about risks and benefits of psychotropic medication during breastfeeding.</li> <li>• Counselling for mother and partner about future risks of mental illness, including postpartum illness after a future pregnancy, and developing and implementing a management plan about how these risks may be minimised.</li> <li>• Ability to liaise with, and coordinate the involvement of, other agencies involved in supporting the mother and family, such as child welfare agencies, GPs, mother–baby nurses, etc.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical and professional approach to the patient, her partner and family.</li> <li>• Placing the safety and welfare of the infant as the highest priority, but also ensuring the safety and welfare of the mother is paramount in management decisions.</li> <li>• Collaborating with the mother and her family in all aspects of care.</li> <li>• Being accepting, noncritical and nonjudgmental in communicating with the patient and her family.</li> <li>• Encouraging the patient and her family to develop a positive attitude to her recovery and to her role as a mother.</li> <li>• Promoting and advocating for the welfare of mothers and infants in the community in general.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<p>At least one WBA should be with a mother with postpartum depression and one WBA with a woman with postpartum psychosis.</p> <ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise – observing a mother and infant together assessing the nature and quality of attachment between mother and infant.</li> </ul>



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|  | <ul style="list-style-type: none"><li>• Case-based discussion.</li><li>• Observed Clinical Activity (OCA).</li><li>• Direct observation of the trainee providing assessment of, and/or counselling/education to, a mother together with her partner/family.</li><li>• Professional presentation – on prevention, advocacy and mental health promotion for mothers and infants.</li></ul> |
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**References**

Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, Hopwood M, Lyndon B, Mulder R, Murray G, Porter R & Singh, A (2015) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. Australian and New Zealand Journal of Psychiatry 49(12): 1-185.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
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First name:	
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Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-AP-FELL-EPA16 – Postpartum mental illness 3 (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry (Perinatal)	<b>EPA identification</b>	ST3-AP-FELL-EPA16
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
<b>Title</b>	<b>Assessment and comprehensive management of a woman experiencing a major postpartum mental illness within 12 months of childbirth.</b>		
<b>Description</b>	The trainee will have advanced skills in assessing, developing and implementing a management plan for a woman presenting with an acute major mental illness, such as psychosis or mood disorder, within 12 months of childbirth. This includes diagnostic assessment and formulation of predisposing and precipitating factors to the development of this illness, especially those related to the perinatal period. The trainee will be able to assess the nature of family relationships and the quality of mother–infant attachment and make appropriate interventions to improve the mother–infant relationship. The management plan will be informed by this assessment and incorporate appropriate biological, psychological, social and systemic interventions. The trainee will be expected to deliver these interventions in a highly skilled manner.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA17 – Psychiatric disorders in pregnancy 3**

<b>Area of practice</b>	Adult psychiatry (Perinatal)	<b>EPA identification</b>	ST3-AP-FELL-EPA17	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assessment and comprehensive management of a pregnant woman presenting with a psychiatric disorder.</b>			
<b>Description</b> Maximum 150 words	The trainee will have advanced skills in assessing a pregnant woman presenting with psychiatric symptoms and organising a comprehensive management plan, taking account of the effects of any treatment on the developing foetus. The assessment will include consideration of the welfare of the woman’s partner and any existing children with the arrangement of any necessary interventions consequent to this assessment. The trainee will maintain liaison with the woman’s obstetrician and/or midwife and will organise appropriate psychiatric care for the woman after delivery of the baby, aiming to achieve good mother–infant bonding, and provide any necessary support required for the optimal care of the woman and baby.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 5
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• Awareness of the impact of psychiatric illness on a mother's ability to care for her pregnancy.</li> <li>• The range of psychiatric disorders presenting in pregnant women and the assessment and management of these, taking into account how the pregnancy will influence the nature of the presentation.</li> <li>• The use of psychotropic medication in pregnancy, particularly the evidence regarding effects of medication on the developing foetus. Detailed knowledge of the current evidence base on the safe use of medication in pregnancy.</li> <li>• The safe use of ECT in pregnancy.</li> <li>• Awareness of non-pharmacological management strategies.</li> </ul>			

	<ul style="list-style-type: none"> <li>• The potential effects of maternal psychiatric illness on existing children, the partner and the family as a whole.</li> <li>• Knowledge of mandatory reporting requirements, if appropriate.</li> <li>• The risk of developing a psychiatric disorder in future pregnancies.</li> <li>• Evidence-based interventions designed to enhance prenatal mother–infant bonding.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Comprehensive biopsychosocial assessment including substance, nicotine and alcohol use and the interaction with psychiatric disorders and pregnancy and foetal health.</li> <li>• Comprehensive risk assessment leading to a skilled decision about the appropriate setting for the care of the patient.</li> <li>• Comprehensive aetiological formulation of the biopsychosocial factors involved in the development of psychiatric disorders in pregnancy.</li> <li>• Discussion of the management plan with the parents, communicating risk and gaining informed consent for treatment.</li> <li>• Implementation of the management plan which is safe for all parties and includes interventions to enhance the quality of mother–infant bonding.</li> <li>• Comprehensive assessment of the ways in which mental illness in a pregnant woman impacts on her partner and existing children, with the organisation of family support if indicated.</li> <li>• Sensitive approach to any mandatory reporting obligations.</li> <li>• Skilled counselling of the woman and her partner with regards to all aspects of the illness and its treatment, such as the possible impact on development and delivery of the baby, postnatal course and risks of recurrence in future pregnancies.</li> <li>• Skilled liaison and collaboration with the woman's obstetrician, GP and any other professionals involved in her care.</li> <li>• Organisation of appropriate postnatal care of the woman and baby.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical and professional approach to patient and family.</li> <li>• Collaboration with partner and family in all aspects of the care of the patient.</li> <li>• Collaboration with obstetric team in management of the patient's pregnancy.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> </ul>

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|  | <ul style="list-style-type: none"><li>• Professional presentation – on the management of psychiatric disorders in pregnancy, including the safe use of medication and ECT and involvement of the partner and family.</li></ul> |
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**References**

Galletly C, Castle D, Dark F, Humberstone V, Jablensky A, Killackey E, Kulkarni J, McGorry P, Nielssen O & Tran N (2016) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. *Australian and New Zealand Journal of Psychiatry* 50(5): 1-117.

Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, Hopwood M, Lyndon B, Mulder R, Murray G, Porter R & Singh, A (2015) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. *Australian and New Zealand Journal of Psychiatry* 49(12): 1-185.

SNELLEN M, THOMPSON G & MURDOCH N. The process of obtaining informed consent when prescribing psychopharmacology in pregnancy. In: Galbally M, Snellen M & Lewis A, eds. *Psychopharmacology and pregnancy: treatment efficacy, risks and guidelines*. Berlin: Springer-Verlag Berlin and Heidelberg, 2014.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
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Hospital/service:	

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<b>ST3-AP-FELL-EPA17 – Psychiatric disorders in pregnancy 3 (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry (Perinatal)	<b>EPA identification</b>	ST3-AP-FELL-EPA17
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
<b>Title</b>	<b>Assessment and comprehensive management of a pregnant woman presenting with a psychiatric disorder.</b>		
<b>Description</b>	The trainee will have advanced skills in assessing a pregnant woman presenting with psychiatric symptoms and organising a comprehensive management plan, taking account of the effects of any treatment on the developing foetus. The assessment will include consideration of the welfare of the woman’s partner and any existing children with the arrangement of any necessary interventions consequent to this assessment. The trainee will maintain liaison with the woman’s obstetrician and/or midwife and will organise appropriate psychiatric care for the woman after delivery of the baby, aiming to achieve good mother–infant bonding, and provide any necessary support required for the optimal care of the woman and baby.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA18 – Epilepsy and mental illness 3**

<b>Area of practice</b>	Adult psychiatry (Neuropsychiatry)	<b>EPA identification</b>	ST3-AP-FELL-EPA18	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assessment and management of a mental illness occurring in an adult with an established diagnosis of epilepsy.</b>			
<b>Description</b> Maximum 150 words	The trainee will have advanced skills in the assessment of an adult who has a proven diagnosis of epilepsy, made by a neurologist, who presents with symptoms of a mental illness. The trainee will undertake a comprehensive, integrated assessment of organic and psychosocial factors contributing to the psychiatric symptoms and develop and implement a management plan to address this mental illness, taking into account the person’s neurological disorder. The trainee will work with and, if appropriate, coordinate the multidisciplinary team. They will involve the person’s family/carers in developing this management plan.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Detailed knowledge of the neurophysiology of the brain, especially in relation to ictal phenomena.</li> <li>• Detailed understanding of the mechanisms by which epilepsy may produce behavioural and psychological symptoms.</li> <li>• Detailed knowledge of the role of EEG in assessment of epilepsy and how to correlate EEG findings with the clinical presentation.</li> <li>• Detailed knowledge of the broad range of neuropsychiatric sequelae of epilepsy and how these can present.</li> <li>• Knowledge of the differences between neuropsychiatric symptoms that occur during pre-ictal (aura), ictal and interictal periods.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Detailed knowledge of the use of psychotropic medication in persons with epilepsy, including their evidence base, side effects, risks and toxicity, especially in relation to effect on seizure threshold.</li> <li>• Detailed knowledge of the use of anticonvulsant medications for psychiatric disorders, including their evidence base, proposed mechanism of action and their side effects, risks and toxicity.</li> <li>• Knowledge of treatments for medication-resistant epilepsy, including epilepsy surgery.</li> <li>• Awareness of the diagnostic evaluation of suspected psychogenic non-epileptic seizures (PNES).</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Comprehensive biopsychosocial assessment.</li> <li>• Able to apply EEG reports and results of other electrophysiological investigations to the assessment and management of the patient.</li> <li>• Conduct a skilled neurological examination relevant to the neuropsychiatric history.</li> <li>• Formulate an appropriate aetiological explanation for the patient's symptoms, integrating biological, psychological and social contributions.</li> <li>• Develop and implement a management plan to address the psychological and behavioural symptoms of the patient. This should be done in conjunction with the multidisciplinary team, including neurology, neuropsychology and nursing and allied health staff.</li> <li>• Skilled prescription of anticonvulsant medication for psychiatric indications, in collaboration with a neurologist.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocate on behalf of patients and their family/carers.</li> <li>• Involve family/carers in the care of the patient.</li> <li>• Collaborative and integrated care of the patient in conjunction with the neurologist and the neurology team.</li> <li>• A scholarly approach towards the evidence base and research in the area of epilepsy and mental illness.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<p>At least one WBA focusing on the interpretation of an EEG report and clinical correlation of the results with the patient's presentation.</p> <ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Observation of the trainee conducting an appropriate neurological examination in a person with epilepsy.</li> <li>• Professional presentation – on neuropsychiatric disorders in epilepsy.</li> </ul>



## References

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA18 – Epilepsy and mental illness 3 (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry (Neuropsychiatry)	<b>EPA identification</b>	ST3-AP-FELL-EPA18
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)
<b>Title</b>	<b>Assessment and management of a mental illness occurring in an adult with an established diagnosis of epilepsy.</b>		
<b>Description</b>	The trainee will have advanced skills in the assessment of an adult who has a proven diagnosis of epilepsy, made by a neurologist, who presents with symptoms of a mental illness. The trainee will undertake a comprehensive, integrated assessment of organic and psychosocial factors contributing to the psychiatric symptoms and develop and implement a management plan to address this mental illness, taking into account the person’s neurological disorder. The trainee will work with and, if appropriate, coordinate the multidisciplinary team. They will involve the person’s family/carers in developing this management plan.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA19 – Acquired brain injury 3**

<b>Area of practice</b>	Adult psychiatry (Neuropsychiatry)	<b>EPA identification</b>	ST3-AP-FELL-EPA19	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assessment and management of psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury.</b>			
<b>Description</b> Maximum 150 words	The trainee will demonstrate advanced skills in the assessment of an adult (under 50 years of age) who has an acquired brain injury. The trainee will develop and implement a management plan for challenging behaviours, mood symptoms, cognitive impairments and other neuropsychiatric sequelae of head injury. The trainee will work with and coordinate, if appropriate, the multidisciplinary team. The trainee will work with the family/carers in developing this management plan.			
<b>Detailed description</b> If needed	Note: the age restriction is so that the focus is on deficits caused by brain injury rather than problems related to ageing or a neurodegenerative disorder.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>Detailed knowledge of the functional neuroanatomy of the brain, correlating this knowledge with the clinical signs and symptoms of the patient with a brain injury.</li> <li>Detailed knowledge of the mechanisms by which a brain injury may influence behaviour and psychological function.</li> <li>Detailed knowledge of the role of neuroimaging in assessment of brain injury, including its limitations and how to correlate neuroimaging findings with the clinical presentation.</li> <li>Comprehensive knowledge of neurocognitive functions and how these can be tested, including executive function and other higher cortical functions.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Detailed knowledge of the broad range of neuropsychiatric sequelae of head injury and how these can present.</li> <li>• Detailed knowledge of how the behavioural sequelae of brain injury, such as impulsivity and disinhibition, can influence the risk assessment.</li> <li>• Comprehensive knowledge of the use of psychotropic medication in patients with brain injury, including the evidence base, side effects, risks and toxicity.</li> <li>• Knowledge of support services available.</li> <li>• Knowledge of issues around guardianship and administration, insurance and compensation claims.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Skilled biopsychosocial assessment.</li> <li>• Conduct a relevant neurocognitive assessment being aware of the limitations in interpreting the findings in these assessments.</li> <li>• Interpret findings in the broad range of neuroimaging investigations and incorporate these into assessments.</li> <li>• Conduct a skilled neurological examination relevant to the neuropsychiatric history.</li> <li>• Formulate a comprehensive and tailored aetiological explanation for the patient’s symptoms, integrating biological, psychological and social contributions.</li> <li>• Undertake a risk assessment informed by the formulation.</li> <li>• Develop and implement a management plan to address the psychological and behavioural symptoms. The trainee will do this by working with, and if appropriate coordinating, the multidisciplinary team, including neurology, neurosurgery, neuropsychology, rehabilitation medicine and nursing and allied health staff.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocate on behalf of patients and their family/carers.</li> <li>• Involve all members of the multidisciplinary team, as well as family/carers, in the care of the patient.</li> <li>• Maintain an optimistic and hopeful attitude to the patient’s prognosis and recovery.</li> <li>• Demonstrate a good understanding of ethical issues in the assessment and treatment of individuals with brain injury. In particular, nonmaleficence (the avoidance of iatrogenic harm) and the maintenance of as much autonomy as possible, while managing risks appropriately and safely.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>

	<ul style="list-style-type: none"><li>• Observation of the trainee conducting a neurocognitive assessment in a patient with brain injury and an appropriate neurological examination in a patient with a brain injury.</li><li>• Professional presentation – on the neuropsychiatric sequelae of acquired brain injury.</li></ul>
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**References**

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA19 – Acquired brain injury 3 (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry (Neuropsychiatry)	<b>EPA identification</b>	ST3-AP-FELL-EPA19
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)
<b>Title</b>	<b>Assessment and management of psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury.</b>		
<b>Description</b>	The trainee will demonstrate advanced skills in the assessment of an adult (under 50 years of age) who has an acquired brain injury. The trainee will develop and implement a management plan for challenging behaviours, mood symptoms, cognitive impairments and other neuropsychiatric sequelae of head injury. The trainee will work with and coordinate, if appropriate, the multidisciplinary team. The trainee will work with the family/carers in developing this management plan.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL EPA20 – Review service delivery**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA20	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.1 (EC approved 12/04/19)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Review service delivery</b>			
<b>Description</b>	<p>The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate a service including: understanding the evidence base and service models for the type of service reviewed; an ability to undertake structured review and quality improvement; and an ability to incorporate feedback from people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and context in which the service operates e.g. how it functions within the health service and with other local service providers. The trainee should understand how the service aligns with local and national mental health strategy and plans.</p> <p>The trainee should be able to critically review referral and discharge criteria, the triage and assessment system, the implementation of evidence based practice within the service, barriers to implementation, and the use of outcome measures. The trainee should understand how the service meets recovery principles and practice as in the Australian National framework for recovery-oriented mental health services, or "Rising to the Challenge" (NZ).</p>			
<b>Fellowship competencies</b>	<b>ME</b>	7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1	<b>SCH</b>	1, 2, 3
	<b>COL</b>	1, 3, 4	<b>PROF</b>	1, 2, 3, 4
	<b>MAN</b>	1, 2, 3, 4, 5		
<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitudes described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <p>Demonstrates knowledge of the evidence base for the service model and knowledge of any different models which have been developed for this type of service.</p> <ul style="list-style-type: none"> <li>• Demonstrates an understanding of service reviews and quality improvement principles.</li> <li>• Understands issues of resource management.</li> </ul>			

	<p><b>Skill</b></p> <ul style="list-style-type: none"> <li>• Articulates the philosophy and objectives of the service and can describe the roles of team members, evidence based treatments available, outcome measures used and their justification.</li> <li>• Demonstrates an ability to undertake a structured review of the service taking into account the views of the persons with mental illness and their families/carers and other stakeholders.</li> <li>• Critically reviews the referral and discharge criteria, the system of triage and assessment, the implementation of evidence based practice within the service and barriers to implementation or to accessing the service.</li> <li>• Demonstrates effective verbal and written communication skills including an ability to report back to the service and formulate quality improvement projects for the service.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Provides appropriate clinical leadership.</li> <li>• Advocates on behalf of patients and carers.</li> <li>• Demonstrates an ethical approach.</li> </ul>
<b>Assessment procedure</b>	Progressively assessed during individual and clinical supervision.
<b>Additional assessment considerations (if needed)</b>	<ul style="list-style-type: none"> <li>• DOPS</li> <li>• Professional Presentation</li> </ul>
<p><b>References</b></p> <ul style="list-style-type: none"> <li>• Jorm A (2018) Improving the impact of treatments and services. <i>Australian &amp; New Zealand Journal of Psychiatry</i> 52: 915-916</li> <li>• Ministry of Health, Welling (2012) <i>Rising to the Challenge The Mental Health and Addiction Service Development Plan 2012–2017</i>. Available at: <a href="https://www.health.govt.nz/our-work/mental-health-and-addictions/rising-challenge">https://www.health.govt.nz/our-work/mental-health-and-addictions/rising-challenge</a>.</li> <li>• The Department of Health, Australian Government (2013) <i>A National framework for recovery oriented mental health services</i>. Available at: <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde">http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde</a>.</li> <li>• The Department of Health, Australian Government (2017) <i>The Fifth National Mental Health and Suicide Prevention Plan</i>. Available at: <a href="http://www.health.gov.au/internet/main/publishing.nsf/content/mental-fifth-national-mental-health-plan">http://www.health.gov.au/internet/main/publishing.nsf/content/mental-fifth-national-mental-health-plan</a>.</li> <li>• The Royal Australian and New Zealand College of Psychiatrists, <i>Position statement 37</i>, Melbourne: RANZCP, May 1997, <a href="https://www.ranzcp.org/News-policy/Policy-submissions-reports/Document-library/Policy-on-mental-health-services">https://www.ranzcp.org/News-policy/Policy-submissions-reports/Document-library/Policy-on-mental-health-services</a>.</li> <li>• The Royal Australian and New Zealand College of Psychiatrists, <i>Position statement 86</i>, Melbourne: RANZCP, March 2016, <a href="https://www.ranzcp.org/News-policy/Policy-submissions-reports/Document-library/Recovery-and-the-psychiatrist">https://www.ranzcp.org/News-policy/Policy-submissions-reports/Document-library/Recovery-and-the-psychiatrist</a>.</li> </ul>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar





RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-AP-FELL-EPA20 – Review service delivery (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA20
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.1 (EC-approved 12/04/19)
<b>Title</b>	<b>Review service delivery</b>		
<b>Description</b>	<p>The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate a service including: understanding the evidence base and service models for the type of service reviewed; an ability to undertake structured review and quality improvement; and an ability to incorporate feedback from people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and context in which the service operates e.g. how it functions within the health service and with other local service providers. The trainee should understand how the service aligns with local and national mental health strategy and plans.</p> <p>The trainee should be able to critically review referral and discharge criteria, the triage and assessment system, the implementation of evidence based practice within the service, barriers to implementation, and the use of outcome measures. The trainee should understand how the service meets recovery principles and practice as in the Australian National framework for recovery-oriented mental health services, or "Rising to the Challenge" (NZ).</p>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL EPA21 – Assessment and comprehensive management of a military or veteran patient with a psychiatric disorder**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA21	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.1 (EC approved 23/01/20)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Assessment of a Military or Veterans Patient</b>			
<b>Description</b>	<p>The trainee should be able to assess current serving military members and/or veterans presenting with mental health problems, including mental disorder, and develop and implement a comprehensive management plan. This includes:</p> <ul style="list-style-type: none"> <li>• Awareness of military culture relevant to assessment and management</li> <li>• Taking a full military service history, including initial recruit training, postings and deployments</li> <li>• Completing a thorough assessment, including the use of appropriate screening tests/symptom rating scales</li> <li>• Developing a biopsychosocial management plan and communicating this to patient, family and referring health professional, including consideration of current fitness for work</li> <li>• Initiation and monitoring of indicated management</li> <li>• Liaison with other health professionals and other parties, with due regard to patient confidentiality and other ethical considerations.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1,2,3,4,5,6,7,8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitudes described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <p>Demonstrates knowledge of the evidence base for the service model and knowledge of any different models which have been developed for this type of service.</p>			

- Demonstrate knowledge of evidence-based interventions in military members/veterans presenting with mental health problems, including reference to relevant RANZCP-endorsed guidelines.
- Detailed knowledge of effects of trauma on serving members and veterans, including protective factors, and other mental health conditions which may occur in serving members and veterans.
- Detailed knowledge of international and local epidemiological data of mental health disorders and suicide in serving members and veterans.
- Sophisticated understanding of the ethical issues that may arise in working with serving members.

### **Skills**

- Carry out a comprehensive biopsychosocial assessment of serving member/veteran including military service history, a careful risk assessment and mental state examination.
- Demonstrate cultural competence in military culture.
- Gather relevant collateral information with consent, considering what additional sources of collateral information may be relevant to a serving member's assessment.
- Conduct appropriate psychometrically validated screening tests/symptom rating scales relevant to the serving member/veteran's presentation or liaise with other health professionals regarding such screening tests/scales.
- Conduct appropriate investigations or liaise with other health professionals to ensure such investigations have been carried out relevant to the presenting problem, monitoring treatment, or comorbid medical conditions.
- Devise a comprehensive formulation for the patient's presentation, considering biological, psychological and social factors.
- Develop a comprehensive management plan, including consideration of fitness to work/deploy where relevant, and implement this, under supervision, with liaison with patient/family/referring health professional and members of multidisciplinary team.
- Prescribe appropriate psychiatric medications, if indicated, including being aware of potential impact on fitness to work/deploy.
- Demonstrate a sophisticated understanding of evidence-based psychological therapies used with current serving members/veterans (including those used for PTSD) and be able to discuss these in detail with patients, families and referring health professionals.
- Prepare a sufficiently detailed report for the referring health practitioner, with due regard to ethical considerations.

### **Attitudes**

- Collaborate effectively with patient, family and other health professionals/agencies to provide high quality care.
- Practice ethically, considering issues around confidentiality/fitness to work/deploy in a military context.
- Advocate on behalf of patients where indicated with other services/bodies.

	<ul style="list-style-type: none"> <li>• Demonstrate a scholarly approach to the literature regarding the presentation and treatment of mental health conditions in this population.</li> </ul>
<b>Assessment procedure</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Additional assessment considerations (if needed)</b>	<ul style="list-style-type: none"> <li>• Case-based discussion</li> <li>• Mini-Clinical Evaluation Exercise</li> <li>• Observed Clinical Activity</li> <li>• Professional presentation – for example, on PTSD, on military culture</li> </ul>

### References

- Coll, J. E., Weiss, E. L., & Yarvis, J. S. (2011). No One Leaves Unchanged: Insights for Civilian Mental Health Care Professionals Into the Military Experience and Culture. *Social Work in Health Care*, 50(7), 487-500.
- Cozza S.J, Goldenberg M.N, Ursano R.J. (eds).(2014). *Care of military service members, veterans, and their families*. American Psychiatric Association: Washington DC.
- Dabovich, P. A., Elliott, J. A., & McFarlane, A. C. (2019). Individuate and separate: Values and identity re-development during rehabilitation and transition in the Australian Army. *Soc Sci Med*, 222, 265-273.
- Gavian, M. E., Possis, E., Loughlin, J., at al.(eds). (2012). Cultural and Ethical Considerations When Working With Military Personnel and Veterans: A Primer for VA Training Programs. *Training and Education in Professional Psychology*, 6(2), 67-75.
- Hooff, M. et al.. (2018). Mental Health Prevalence and Pathways to Care Summary Report, Mental Health and Wellbeing Transition Study. DVA: Canberra. Available at: [http://www.defence.gov.au/health/dmh/Docs/180405\\_Mental\\_Health\\_Prevalence\\_and\\_Pathways\\_to\\_Care\\_Summary\\_Report-Final.pdf](http://www.defence.gov.au/health/dmh/Docs/180405_Mental_Health_Prevalence_and_Pathways_to_Care_Summary_Report-Final.pdf)
- Jones, N., Keeling, M., Thandi, G., & Greenberg, N. (2015). Stigmatisation, perceived barriers to care, help seeking and the mental health of British Military personnel. *Social Psychiatry and Psychiatric Epidemiology*, 50(12), 1873-1883.
- Magpantay-Monroe, E. R. (2017). Integration of military and veteran health in a psychiatric mental health BSN curriculum: A mindful analysis. *Nurse Education Today*, 48, 111-113.
- Pease, J. L., Billera, M., & Gerard, G. (2016). Military Culture and the Transition to Civilian Life: Suicide Risk and Other Considerations. *Social Work*, 61(1), 83-86.
- Stewart, A. T. (2012). *Developing military cultural competence in civilian clinicians: Working with returning U.S. military populations with combat-related PTSD*. (3541738), California Institute of Integral Studies, Ann Arbor.
- Tanielian T, Mahlet A, Woldetsadik, Lisa H, Jaycox, Caroline Batka, Shaela Moen, Carrie Farmer, & Charles C. Engel. (2016). Barriers to Engaging Service Members in Mental Health Care Within the U.S. Military Health System. *Psychiatric Services*, 67(7), 718-727.
- Warner C.H, Appenzeller G.N, Grieger T.A. et al. (2009) Ethical considerations in military psychiatry. *Psychiatric Clinics in North America*; 32 (2): 271-281.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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First name:	
Zone:	
Hospital/service:	

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<b>ST3-AP-FELL-EPA21 – Assessment of a Military or Veteran patient (COE form)</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EAP21
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	v.01 (EC approved 23/01/20)
<b>Title</b>	<b>Assessment and comprehensive management of a military or veteran patient with a psychiatric disorder</b>		
<b>Description</b>	<p>The trainee should be able to assess current serving military members and/or veterans presenting with mental health problems, including mental disorder, and develop and implement a comprehensive management plan. This includes:</p> <ul style="list-style-type: none"> <li>• Awareness of military culture relevant to assessment and management</li> <li>• Taking a full military service history, including initial recruit training, postings and deployments</li> <li>• Completing a thorough assessment, including the use of appropriate screening tests/symptom rating scales</li> <li>• Developing a biopsychosocial management plan and communicating this to patient, family and referring health professional, including consideration of current fitness for work</li> <li>• Initiation and monitoring of indicated management</li> <li>• Liaison with other health professionals and other parties, with due regard to patient confidentiality and other ethical considerations.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST3-AP-FELL-EPA22 – Review service delivery in an Early Intervention Service**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA-22	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.2 (EC approved 27/07/18)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Review service delivery in an Early Intervention Service</b>			
<b>Description</b> Maximum 150 words	The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate the Early Intervention service including: an understanding of the evidence and service models for Early Intervention services, an ability to undertake structured review and quality improvement and to incorporate feedback from young people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and the context in which the service operates eg. how it functions within the health service and with other local service providers. The trainee should be able to critically review the referral and discharge criteria, the system of triage and assessment, barriers to implementation, the implementation of evidence based practice within the service and the use of outcome measures.			
<b>Fellowship competencies</b>	<b>ME</b>	7,8	<b>HA</b>	1, 2
	<b>COM</b>	1	<b>SCH</b>	1, 2, 3
	<b>COL</b>	1, 3, 4	<b>PROF</b>	1, 2, 3, 4
	<b>MAN</b>	1, 2, 3, 4, 5		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• Demonstrates knowledge of the evidence base for Early Intervention services and the different models of service which have been developed.</li> <li>• Demonstrates an understanding of service reviews and quality improvement principles.</li> <li>• Understands issues of resource management.</li> </ul>			

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Articulates the philosophy and objectives of the service and can describe the roles of the team members, the evidence based treatments available and the outcome measures used and the justification.</li> <li>• Demonstrates an ability to undertake a structured review of the Early Intervention service taking into account the views of the persons with mental illness and their families/carers and other stakeholders.</li> <li>• Demonstrates an ability to critically review the referral and discharge criteria, the system of triage and assessment, barriers to implementation and the implementation of evidence based practice within the service.</li> <li>• Demonstrates effective verbal and written communication skills including an ability to report to the service and formulate quality improvement projects for the service.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Provides appropriate clinical leadership.</li> <li>• Advocates on behalf of patients and carers.</li> <li>• Demonstrates an ethical approach.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• DOPS</li> <li>• Professional Presentation</li> </ul>
<p><b>References</b></p> <ul style="list-style-type: none"> <li>• Birchwood M, Connor C, Lester H, Patterson P (2013) Reducing duration of untreated psychosis: care pathways to early intervention in psychosis services. <i>The British Journal of Psychiatry</i> 203: 58-64</li> <li>• Marwaha S, Thompson A, Upthegrove R, Broome M (2016) Fifteen years on – early intervention for a new generation. <i>The British Journal of Psychiatry</i> 209: 186-188</li> <li>• McGorry P, Jackson J (2009) <i>The recognition and management of early psychosis; A preventive approach</i>, 2<sup>nd</sup> edn. Cambridge, United Kingdom: Cambridge University Press</li> </ul>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

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<b>ST3-AP-FELL-EPA22 – Review service delivery in an Early Intervention Service (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA22
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.2 (EC approved 27/07/18)
<b>Title</b>	<b>Review service delivery in an Early Intervention Service</b>		
<b>Description</b>	The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate the Early Intervention service including: an understanding of the evidence and service models for Early Intervention services, an ability to undertake structured review and quality improvement and to incorporate feedback from young people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and the context in which the service operates e.g. how it functions within the health service and with other local service providers. The trainee should be able to critically review the referral and discharge criteria, the system of triage and assessment, barriers to implementation, the implementation of evidence based practice within the service and the use of outcome measures.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....