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|------------------|--|
| RANZCP ID: | |
| Surname: | |
| First name: | |
| Zone: | |
| Location: | |
| Area of Practice | <input type="checkbox"/> Forensic psychiatry <input type="checkbox"/> Other (<i>please specify</i>) |

Certificate of Advanced Training in Forensic Psychiatry Fellow-in-training mid-rotation In-Training Assessment (ITA) form

Fellows-in-training are required to complete 2 EPAs each 6-month FTE period.
Please refer to the RANZCP website for detailed information on the [Certificate of Advanced Training in Forensic Psychiatry](#) requirements.

Privacy Statement: Registrar evaluations are held and used in accordance with the [College's Privacy Policy Statement](#).

NOTES ON THE USE OF THIS FORM

- The (mid-rotation) In-Training Assessment is formative, not summative. Its purpose is to identify and provide feedback on the Fellow-in-training's strengths and weaknesses as well as their progress in the Certificate.
- This formative assessment may be completed prior to or subsequent to the mid-rotation point, at the discretion of the supervisor, if there are concerns regarding the Fellow-in-training's progression in the Certificate.
- It may be necessary for multiple (mid-rotation) ITA forms to be completed during a 6 month period.

1. APPROVED TRAINING DETAILS

The Director of Advanced Training and/or Principal Supervisor should amend as necessary.

Start Date End Date

Training at FTE Calculated FTE months:

*If <0.5 FTE, prospective approval required. See [part-time training policy](#).

Partial Completion of a 6-month period: (*skip if full 6 month period was completed*)

..... FTE months in total were actually completed, due to: Part-time training prolonged leave other

(*please give details*)

2. FELLOW-IN-TRAINING STATEMENT

The following is a true and accurate record: (*check as appropriate*) **Yes** **No**

During this 6 month period I have received 1 hour per week of individual clinical supervision.

I have completed this psychiatry training in accordance with the RANZCP Fellowship Regulations 2012.

3. STATEMENT OF COMPLETED EPAs and WBAs

- **For discussion purposes only** during the mid-rotation assessment. As this mid-rotation form is not submitted to the College, the end-of-rotation ITA should contain the record of ALL EPAs and WBAs completed during the 6-month period so that the Fellow-in-training record can be updated accordingly.
- Fellows-in-training only need to provide details of the EPAs and/or WBAs done in **this** 6 month period. It is **not** necessary to complete the form for EPAs or WBAs done previously.
- Fellows-in-training should check their training record online by logging onto the College website 'Member Access' and click 'My Training Reports' to ensure that the data provided on this form has been accurately and fully reflected on their training records.

Fellows-in-training are required to complete two EPAs per 6 months FTE period

| EPAs <i>(It is not necessary to provide details of EPAs attained previously)</i> | Entrusting supervisor's RANZCP ID or Name <i>(PRINT)</i> | Date entrusted <i>(DD/MM/YYYY)</i> | The following WBA tools were used to support the EPA attainment <i>(please indicate number of each)</i> | | | | |
|--|---|---|--|----------|-----|----|------|
| | | | CbD | Mini-CEX | OCA | PP | DOPS |
| Stage 3 Forensic psychiatry | *Either EPA2A or EPA2B may be obtained, not both. | | | | | | |
| Mandatory ST3-FP-FELL-EPA1: Forensic education seminars | | | | | | | |
| Mandatory ST3-FP-FELL-EPA2A: Systemic working: case review* | | | | | | | |
| Mandatory ST3-FP-FELL-EPA2B: Systemic working: clinical audit* | | | | | | | |
| ST3-FP-FELL-EPA3: Academic forensic psychiatry: research project | | | | | | | |
| Mandatory ST3-FP-AOP-EPA4: Consultation and liaison | | | | | | | |
| Mandatory ST3-FP-AOP-EPA5: Violence risk assessment 3 | | | | | | | |
| Mandatory ST3-FP-AOP-EPA6: Long term care | | | | | | | |
| Mandatory ST3-FP-AOP-EPA7: Expert evidence 3 | | | | | | | |
| ST3-FP-AOP-EPA8: Women's consultation– liaison | | | | | | | |
| ST3-FP-AOP-EPA9: Medicolegal assessment (civil): injury and impairment | | | | | | | |
| ST3-FP-AOP-EPA10: Medicolegal assessment (civil): fitness and capacity | | | | | | | |
| ST3-FP-AOP-EPA11: Adolescent forensic psychiatry | | | | | | | |
| ST3-FP-AOP-EPA12: Old age forensic psychiatry | | | | | | | |
| ST3-FP-AOP-EPA13: Sexual offending | | | | | | | |
| ST3-FP-AOP-EPA14: Civil forensic psychiatry: Family Court | | | | | | | |
| Other EPAs (please specify) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CbD=Case-based discussion; **Mini-CEX**=Mini Clinical Evaluation Exercise; **OCA**=Observed Clinical Activity; **PP**=Professional Presentation
DOPS=Direct Observation of Procedural Skills

4. SUPERVISOR ASSESSMENT

- Please indicate (by placing a ✓ in the relevant box) which statement most appropriately describes the Fellow-in-training's performance for each CanMEDS role with reference to the [Forensic competencies](#).
- The columns marked with an * should help inform the feedback provided to the Fellow-in-training (page 4), i.e. the Fellow-in-training's strengths and weaknesses.

| | CanMEDS roles Supervisor to add specific comments under each role. | EXPECTATIONS | | | | | |
|---|---|--------------|----------------------|-------------------|--------------------|-------------------------|-------------------|
| | | Rarely Met * | Inconsistently Met * | Almost Always Met | Sometimes Exceeded | Consistently Exceeded * | Unable to Comment |
| 1 | Medical Expert | | | | | | |
| 2 | Communicator | | | | | | |
| 3 | Collaborator | | | | | | |
| 4 | Manager | | | | | | |
| 5 | Health Advocate | | | | | | |
| 6 | Scholar | | | | | | |
| 7 | Professional | | | | | | |

5. FEEDBACK PROVIDED AT THE MID-ROTATION REVIEW

Supervisor to Fellow-in-training

The assessment given in Section 4 may assist you to complete this page.

Fellow-in-training's three areas of particular strength:

Three areas needing further development:

6. PRINCIPAL SUPERVISOR MID-ROTATION FORMATIVE ASSESSMENT

(check as appropriate)

| | Yes | No |
|--|--------------------------|--------------------------|
| Has the Fellow-in-training shown satisfactory progress in the Certificate? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has knowledge gained through the formal education course been satisfactorily integrated into the Fellow-in-training's clinical practice? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to both of the above questions, please proceed to the supervisor declaration.

If the Fellow-in-training has **not** shown satisfactory progress through the rotation to date, please outline below the required actions by supervisor and Fellow-in-training to facilitate satisfactory progress. A **supportive plan** is to be developed with the Fellow-in-training and documented below, and the Director of Advanced Training must be notified. The Fellow-in-training's progress in the supportive plan will be considered in the summative assessment on the end-of-rotation ITA form.

7. PRINCIPAL SUPERVISOR DECLARATION

I declare that the above information was provided in good faith and is considered to be a true reflection of the Fellow-in-training's ability. This training was completed in accordance with the RANZCP Fellowship Regulations 2012.

I acknowledge that this document forms a part of the Fellow-in-training's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

I hereby verify that this assessment has been discussed with the Fellow-in-training.

Supervisor name (print)

Supervisor RANZCP ID Signature Date

8. FELLOW-IN-TRAINING DECLARATION

I have sighted the assessment on this report, have discussed the assessment with my Principal Supervisor and am aware that this assessment will form part of my RANZCP Training Record.

| | Yes | No |
|--|--------------------------|--------------------------|
| I agree with the information on this form. | <input type="checkbox"/> | <input type="checkbox"/> |

Fellow-in-training name (print) Signature Date

9. DIRECTOR OF ADVANCED TRAINING DECLARATION

I have checked the information provided by both the Fellow-in-training and supervisor. I hereby verify that the 'Approved Training Details' provide an accurate record of the Fellow-in-training's training status and that, to the best of my knowledge, the assessment details accurately reflect the assessment by the appropriate supervisor.

I acknowledge that this document forms a part of the Fellow-in-training's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

Director of Advanced Training name (print) RANZCP ID

Director of Advanced Training signature Date