

2012 Fellowship Program

Stage 1 EPAs & COE forms

All Stage 1 and 2 EPAs available for entrustment in the RANZCP Fellowship Program are collated in the *EPA Handbook – Stage 1 and 2*. The Handbook also contains a preamble which includes information about EPA standard and the EPA entrustment process.

The Stage 1 EPAs in this document are identical to those in the *EPA Handbook – Stage 1 and 2* and have been collated here, together with their respective Confirmation of Entrustment (COE) forms, for ease of printing.

Document version history

Version N°	Revision description/reason	Date
v0.6	Updated with new WBA (DOPS) tool.	12/12/16
v0.5a	Reference updated: ST1-GEN-EPA5.	30/08/16
v0.5	Obsolete EPAs removed, table 1 updated.	22/12/15
v0.4	Table 1 updated.	10/11/15
v0.3	Obsolete EPAs removed, table 1 updated.	18/05/14
v0.2	Approved EPAs added: ST1-GEN-EPA5; ST1-GEN-EPA6. Table 1 added to reflect EPA changes.	30/05/14
v0.1	First version of collated Stage 1 EPAs & COE forms published on website.	19/11/12

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Table 1 – EPAs in Stage 1 and Stage 2 of RANZCP Fellowship training

<i>Area of practice</i>	<i>EPA number</i>	<i>Title</i>
Stage 1 mandatory EPAs		
Adult psychiatry 12 months adult psychiatry training, 6 months in an acute setting.	ST1-GEN-EPA5	Use of an antipsychotic medication in a patient with schizophrenia/psychosis.
	ST1-GEN-EPA6	Providing psychoeducation to a patient and their family and/or carers about a major mental illness.
Stage 2 general psychiatry EPAs – may be entrusted during Stage 1, must be entrusted by the end of Stage 2		
General psychiatry Mandatory EPAs to be attained by the end of Stage 2. These general psychiatry EPAs may be attained in any area of practice rotation during Stage 1 or Stage 2 and will be assessed at a proficient (Stage 2) standard.	ST2-EXP-EPA1	Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT.
	ST2-EXP-EPA2	The application and use of the Mental Health Act.
	ST2-EXP-EPA3	Assessment and management of risk of harm to self and others.
	ST2-EXP-EPA5	Assess and manage adults with cultural and linguistic diversity.
Psychotherapy EPAs – may be entrusted during Stage 1		
Trainees must attain two (of three) EPAs by the end of Stage 2: The remaining EPA must be attained by the end of Stage 3. These EPAs may be attained in any area of practice rotation and will be assessed at a proficient (Stage 2) standard.	ST2-PSY-EPA2	Psychodynamically informed patient encounters and managing the therapeutic alliance.
	ST2-PSY-EPA3	Supportive psychotherapy.
	ST2-PSY-EPA4	Cognitive–behavioural therapy (CBT) for management of anxiety.
Stage 2 mandatory EPAs		
Child and adolescent psychiatry Mandatory rotation, must complete associated EPAs.	ST2-CAP-EPA1	Develop a management plan for an adolescent where school attendance is at risk.
	ST2-CAP-EPA2	Clinical assessment of a prepubertal child.
Consultation–liaison psychiatry Mandatory rotation, must complete associated EPAs.	ST2-CL-EPA1	Care for a patient with delirium.
	ST2-CL-EPA2	Manage clinically significant psychological distress in the context of the patient’s medical illness in the general hospital.

<i>Area of practice</i>	<i>EPA number</i>	<i>Title</i>
Stage 2 mandatory EPAs		
Addiction psychiatry (Elective rotation) Mandatory EPAs, may be attained in any rotation.	ST2-ADD-EPA1	Management of substance intoxication and substance withdrawal.
	ST2-ADD-EPA2	Comorbid mental health and substance use problems.
Psychiatry of old age (Elective rotation) Mandatory EPAs, may be attained in any rotation.	ST2-POA-EPA1	Behavioural and psychological symptoms in dementia (BPSD).
	ST2-POA-EPA2	The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty).
Adult psychiatry (elective rotation) if first Stage 2 adult psychiatry rotation, trainee must undertake two of the following adult psychiatry EPAs. If second Stage 2 adult psychiatry rotation, trainee may undertake any Stage 2 EPAs.		
General Adult psychiatry	ST2-AP-EPA1	Assess treatment-refractory psychiatric disorders.
	ST2-AP-EPA2	Physical comorbidity.
Adult Eating disorders psychiatry	ST2-AP-EPA3	Assess and manage a patient with anorexia nervosa presenting in a severely underweight state.
	ST2-AP-EPA4	Assess and manage an adult with bulimia nervosa.
Adult Perinatal psychiatry	ST2-AP-EPA5	Assess and manage a woman experiencing a major postpartum illness within 12 months of childbirth.
	ST2-AP-EPA6	Assess and manage a pregnant woman presenting with a psychiatric disorder.
Adult Neuropsychiatry	ST2-AP-EPA7	Assess and manage a mental illness occurring in an adult with an established diagnosis of epilepsy.
	ST2-AP-EPA8	Assess and manage psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury.
Pacific peoples' mental health	ST2-AP-EPA9	Assessment of people of Pacific Island descent.
	ST2-AP-EPA10	Collaborative management of people of Pacific Island descent.
Early Psychosis Intervention	ST2-AP-EPA11	Differential diagnosis in people presenting for the first time with psychosis.
	ST2-AP-EPA12	Engagement with people with first episode psychosis and with their families.

<i>Area of practice</i>	<i>EPA number</i>	<i>Title</i>
<i>Other elective rotations – if undertaken, must complete associated EPAs</i>		
<i>Forensic psychiatry</i> (Elective rotation)	ST2-FP-EPA1	Violence risk assessment and management.
	ST2-FP-EPA2	Expert evidence.
<i>Indigenous mental health – Australia</i> (Elective rotation)	ST2-INDAU-EPA1	Interviewing an Aboriginal or Torres Strait Islander patient.
	ST2-INDAU-EPA2	Develop a mental healthcare management plan for an Aboriginal or Torres Strait Islander patient.
<i>Indigenous mental health – New Zealand</i> (Elective rotation)	ST2-INDNZ-EPA1	Interviewing a Māori patient.
	ST2-INDNZ-EPA2	Develop a mental healthcare management and recovery plan for a Māori patient.

For the detailed EPA requirements, please see the EPA Policy and Procedure available on the [Regulations, policies and procedures](#) page of the RANZCP website.

ST1-GEN-EPA5 – Antipsychotic use

Area of practice	Adult psychiatry	EPA identification	ST1-GEN-EPA5	
Stage of training	Stage 1 – Basic	Version	v0.3 (EC-approved 14/03/14)	
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.				
Title	Use of an antipsychotic medication in a patient with schizophrenia/psychosis.			
Description Maximum 150 words	The trainee understands the role and use of antipsychotics, including clozapine, their risks, benefits and alternatives. They are aware of the common and potentially serious side effects, their detection and appropriate management. The trainee adheres to the protocols, documentary and administrative obligations and other aspects of safe initiation, monitoring and treatment. The trainee can engage where possible with the patient, obtaining consent as far as possible, can listen and respond to the patient's concerns and provide explanations in a clear manner. They are aware of the factors that may contribute to non-adherence and those that may improve treatment adherence. They have a respectful and professional attitude towards the patient and other members of the multidisciplinary team.			
Fellowship competencies	ME	1, 2, 3, 4, 5	HA	
	COM	1, 2	SCH	
	COL	1, 2, 3	PROF	1, 2
	MAN			
Knowledge, skills and attitude required 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>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Positive and negative symptoms and cognitive deficits in schizophrenia, the current dominant hypotheses for schizophrenia and their mechanisms. • The antipsychotic effect and other effects of these drugs on thinking and behaviour. • The common time period for the onset of the full antipsychotic effect and issues surrounding polypharmacy. • Pharmacology of antipsychotics and drug interactions. • Knowledge of protocols, safe monitoring and side effects (eg. EPSE and metabolic syndrome), including life-threatening side effects (eg. myocarditis, agranulocytosis). Knows how to respond to problems and will appropriately seek assistance. 			

	<ul style="list-style-type: none"> • Factors other than non-adherence that can initiate or maintain a relapse, eg. high expressed emotion, illicit drugs, drug interactions (eg. smoking with clozapine and olanzapine). • Understands options for mode of delivery of antipsychotic treatment, eg. oral/injectable (depot). • The concept of a biopsychosocial approach to treatment. • Issues of informed consent in the chronically mentally ill, ethical issues. <p>Skills</p> <ul style="list-style-type: none"> • Physical and mental state assessment. • Adapts approach to fit the patient’s personal and cultural background, mental state and diagnosis. • Establishes rapport, involves patient and where appropriate support network in decision making, risk–benefit analysis and incorporates patient aims in the treatment plan. • Applies the biopsychosocial model in formulation and management including patients with treatment resistance. • Assesses and manages side effects. • Able to give explanations in a way that is understandable and meaningful. • Clear and respectful communication with other staff, both written and verbal. Clear, legible documentation. • Manages discontinuation and recommencement. • Able to manage acute and longer-term treatment. • Applies the principles of rehabilitation psychiatry. <p>Attitude</p> <ul style="list-style-type: none"> • Professional approach to patient and others including respect for the views of the patient and others. • Willingness to learn from others involved in the patient’s care.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<p>One WBA could focus on clozapine.</p> <ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA).
<p>References</p> <p>GALLETLY C, CASTLE D, DARK F et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. <i>Aust NZ J Psychiatry</i> 2016; 50: 410–72.</p>	

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



RANZCP ID:	
Family name:	
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

ST1-GEN-EPA5 – Antipsychotic use (COE form)			
Area of practice	Adult psychiatry	EPA identification	ST1-GEN-EPA5
Stage of training	Stage 1 – Basic	Version	v0.3 (EC-approved 14/03/14)
Title	Use of an antipsychotic medication in a patient with schizophrenia/psychosis.		
Description	The trainee understands the role and use of antipsychotics, including clozapine, their risks, benefits and alternatives. They are aware of the common and potentially serious side effects, their detection and appropriate management. The trainee adheres to the protocols, documentary and administrative obligations and other aspects of safe initiation, monitoring and treatment. The trainee can engage where possible with the patient, obtaining consent as far as possible, can listen and respond to the patient’s concerns and provide explanations in a clear manner. They are aware of the factors that may contribute to non-adherence and those that may improve treatment adherence. They have a respectful and professional attitude towards the patient and other members of the multidisciplinary team.		

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

ST1-GEN-EPA6 – Providing psychoeducation

Area of practice	Adult psychiatry	EPA identification	ST1-GEN-EPA6	
Stage of training	Stage 1 – Basic	Version	v0.2 (EC-approved 14/03/14)	
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.				
Title	Providing psychoeducation to a patient and their family and/or carers about a major mental illness.			
Description Maximum 150 words	The trainee can provide evidence-based, understandable and relevant information on the nature of a condition, its treatment(s), rehabilitation and recovery that addresses the needs of the patient and their family and/or carers. They are able to establish rapport, listen to and deal empathically with concerns and misconceptions. The trainee can be tactful, sensitive to the possible impact of what they say, and understand the impact of stress or illness on the ability to take in information. They are aware of the phases of grief and coping strategies. The trainee is able to handle the ethical and legal issues around consent, patient autonomy and confidentiality and they have a respectful and professional approach to the patient and their family/carers.			
Fellowship competencies	ME	1, 3, 5	HA	1
	COM	1, 2	SCH	2
	COL	1, 2	PROF	1, 2
	MAN			
Knowledge, skills and attitude required 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. Ability to apply an adequate knowledge base <ul style="list-style-type: none"> • The principles and aims of psychoeducation. • Diagnosis, treatment and course of major mental illness, including individual variability and uncertainty. • Coping strategies, phases of grief and adjustment. • The benefit of information in improving compliance and engagement, coping, empowering patients, supporting patients and carers, normalising where appropriate and reducing stigma. • Principles of recovery-oriented practice. • Local resources for the patient and family/carers. 			

	<p>Skills</p> <ul style="list-style-type: none"> • Tailors information to the needs and capacity of the patient and family/carers. • Ability to deal with individuals under stress. • Bolsters coping strategies that reduce the risk of relapse and recurrence. • Documents important information clearly with tact and respect. • Appropriately negotiates relevant ethical and legal issues including patient autonomy, consent, privacy and confidentiality. • Ability to balance the needs of family and carers. • Willingness to advise caregivers of where they may seek further support or help if required, tactful awareness of boundary issues involved. • Wherever possible, instils hope and a sense of being supported. <p>Attitude</p> <ul style="list-style-type: none"> • Respectful and non-judgemental; empowering patients, their families or caregivers. • Supports shared decision-making, respecting the patient's own lived experience and choice. • Committed to reducing stigma.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion. • Direct Observation of Procedural Skills (DOPS).
<p>References</p> <p>BÄUML J, FROBÖSE T, KRAEMER S et al. Psychoeducation: a basic psychotherapeutic intervention for patients with schizophrenia and their families. <i>Schizophr Bull</i> 2006; 32 (Suppl. 1): S1–9.</p> <p>COLOM F. Keeping therapies simple: psychoeducation in the prevention of relapse in affective disorders. <i>Br J Psychiatry</i> 2011; 198: 338–40.</p> <p>RUMMEL-KLUGE C & KISSLING W. Psychoeducation in schizophrenia: new developments and approaches in the field. <i>Curr Opin Psychiatry</i> 2008; 21:168–72.</p>	

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



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ST1-GEN-EPA6 – Providing psychoeducation (COE form)			
Area of practice	Adult psychiatry	EPA identification	ST1-GEN-EPA6
Stage of training	Stage 1 – Basic	Version	v0.2 (EC-approved 14/03/14)
Title	Providing psychoeducation to a patient and their family and/or carers about a major mental illness.		
Description	The trainee can provide evidence-based, understandable and relevant information on the nature of a condition, its treatment(s), rehabilitation and recovery that addresses the needs of the patient and their family and/or carers. They are able to establish rapport, listen to and deal empathically with concerns and misconceptions. The trainee can be tactful, sensitive to the possible impact of what they say, and understand the impact of stress or illness on the ability to take in information. They are aware of the phases of grief and coping strategies. The trainee is able to handle the ethical and legal issues around consent, patient autonomy and confidentiality and they have a respectful and professional approach to the patient and their family/carers.		

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

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Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

PRINCIPAL SUPERVISOR DECLARATION (if different from above)

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TRAINEE DECLARATION

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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