The Royal Australian & New Zealand College of Psychiatrists

2012 Fellowship Program

Stage 2 General psychiatry EPAs & COE forms

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ABN 68 000 439 047

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 2 General psychiatry 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 Nº	***Revision description/reason***	***Date***
v0.8	References updated: ST2-EXP-EPA3	01/11/17
v0.7	References updated: ST2-EXP-EPA1, ST2-EXP-EPA2, ST2-EXP-EPA3.	02/05/17
v0.6	Amendments made to ST2-EXP-EPA2.	26/09/16
v0.5	Obsolete EPA removed, table 1 updated.	22/12/15
v0.4	Table 1 updated.	11/11/15
v0.3	Table 1 added to reflect EPA changes.	30/05/14
v0.2	Keyword title changed: ST2-EXP-EPA5.	12/11/13
v0.1	First version of collated Stage 2 General psychiatry EPAs & COE forms published on website.	20/12/12

Table of contents

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

Area of practice	*EPA number*	*Title*
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.

Area of practice	*EPA number*	*Title*
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 2.
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.

Area of practice	*EPA number*	*Title*
Other elective rotations – if undertaken, must complete associated EPAs		
Forensic psychiatry (Elective rotation)	ST2-FP-EPA1	Violence risk assessment and management 2.
	ST2-FP-EPA2	Expert evidence 2.
Indigenous mental health – Australia (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.
Indigenous mental health – New Zealand (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.

ST2-EXP-EPA1 – Electroconvulsive therapy (ECT)

Area of practice	General psychiatry	***EPA identification***	ST2-EXP-EPA1
Stage of training	Stage 2 – Proficient	***Version***	v0.10 (BOE-approved 04/05/12)

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	***Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT.***			
Description Maximum 150 words	The trainee is proficient in the modern use of ECT including appropriate: selection and work-up of patients, explanation to the patient and family (or carer where appropriate) and liaison with ward, ECT, theatre and anaesthetic staff. The trainee complies with administrative, legal and documentary requirements. They demonstrate correct administration including electrode placement, seizure monitoring and titration and can manage the course, side effects and complications.			
Fellowship competencies	**ME**	1, 2, 3, 4, 6	**HA**	1
	COM	1, 2	**SCH**	1, 2
	COL	1, 2, 3, 4	**PROF**	1, 2
	MAN	2, 4, 5		

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

- Relevant RANZCP guidelines.
- Local protocols, procedures, relevant documentation.
- Relevant legal aspects including relevant sections of the local Mental Health Act.
- Pre-ECT physical, cognitive and psychiatric evaluation.
- Indications, situations of higher risk and contraindications.
- How to approach special precautions/higher risk (eg. pacemakers, warfarin, intracranial lesions).
- Issues of concurrent medications.
- Adverse events, physiological changes during ECT, memory changes.
- Role of anaesthetist, all aspects of anaesthesia pertinent to the psychiatrist.

	• Physical monitoring (examples may include muscle relaxation, pre-Deep Tendon Knee Reflex [DTKR], fasciculation). • Equipment. • Knowledge of dosing protocols, titration procedures and procedures for different electrode placements. • Markers of seizure adequacy. • How stigma and history can impact on the acceptance of ECT for the patient and others. **Skills** *General* • Interactions with patients, carers, staff/liaison with anaesthetic staff. • Ability to obtain informed consent/sufficient information from patient/carer if involuntary treatment and where feasible. • Communication with other staff involved with the patient, clear documentation. *Technical* • ECT technique. • Familiar with the use of equipment, airways, mouth guards, ECT machine. • Determining dose/charge. • Thorough knowledge of EEG monitoring. • Cuff monitoring or similar if or as required. • Set dose/charge. • Skin preparation, testing impedance. • Lead placement (examples may include EEG and ECG, treatment leads). **Attitude** • Ethical and professional approach to patient, carers and other staff.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details *(these include, but are not limited to, WBAs)*	• Case-based discussion. • Mini-Clinical Evaluation Exercise. • Direct Observation of Procedural Skills (DOPS). • Feedback from appropriate sources. • Supervision during ECT sessions. Confidence the trainee has received sufficient training in ECT.
References	

ROYAL COLLEGE OF PSYCHIATRISTS. *The ECT handbook: the third report of the Royal College of Psychiatrists' special committee on ECT*. London: RCPsych, 2013.

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Code of Ethics*. Melbourne: RANZCP, 2009.

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Position Statement 74: Electroconvulsive Therapy (ECT).* Melbourne: RANZCP, March 2014. Viewed 2 May 2017, <www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-74-PPP-Electroconvulsive-Therapy.aspx>.

TILLER J & LYNDON R, eds. *Electroconvulsive therapy: an Australasian guide*. Melbourne: Australian Postgraduate Medicine, 2003.

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

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CONFIRMATION OF ENTRUSTMENT FORM

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

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ST2-EXP-EPA1 – Electroconvulsive therapy (ECT) (COE form)			
Area of practice	General psychiatry	***EPA identification***	ST2-EXP-EPA1
Stage of training	Stage 2 – Proficient	***Version***	v0.10 (BOE-approved 04/05/12)
Title	***Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT.***		
Description	The trainee is proficient in the modern use of ECT including appropriate: selection and work-up of patients, explanation to the patient and family (or carer where appropriate) and liaison with ward, ECT, theatre and anaesthetic staff. The trainee complies with administrative, legal and documentary requirements. They demonstrate correct administration including electrode placement, seizure monitoring and titration and can manage the course, side effects and complications.		

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 …….....

ST2-EXP-EPA2 – Mental health Act

Area of practice	General psychiatry	***EPA identification***	ST2-EXP-EPA2
Stage of training	Stage 2 – Proficient	***Version***	v0.12 (EC-approved 02/09/16)

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.

Title	***The application and use of the mental health Act.***
Description Maximum 150 words	The trainee can apply the provisions of the relevant mental health Act to provide care on an involuntary basis. The trainee provides explanations to patients and their carers, engages them where possible and deals with their concerns. They comply with documentary and administrative obligations. The trainee is aware of the factors which justify involuntary care under the local mental health Act, including the principle that involuntary care must contribute to treatment of mental illness and consequent improvements in autonomy. The trainee seeks to optimise the autonomy of patients receiving involuntary care and promotes pathways to less restrictive care.

Fellowship competencies	**ME**	1, 2, 3, 4, 5, 8	**HA**	1, 2
	COM	1, 2	**SCH**	2
	COL	1, 2, 3, 4	**PROF**	1, 2, 3
	MAN	2, 5		

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

- History of mental health legislation in the relevant jurisdiction.
- Psychiatry as an agent of society.
- The involuntary treatment provisions of the relevant mental health Act, its objects, principles and required procedures.
- Ethical principles of autonomy, freedom from coercion and duty of care to the patient and the community.
- Common psychiatric conditions and their treatment.
- Awareness of legal and societal consequences of enforced treatment including consideration of stigma.

Skills

Board of Education approved 12/07/12 (v0.9); amended and Education Committee approved 02/09/16 (references updated 02/05/17)

	• Determination of whether or not the patient suffers a mental illness or mental disorder as variously defined in the relevant legislation. • Assessment of a variety of harms (differing from jurisdiction to jurisdiction) that involuntary treatment may protect a patient or others from. These include harms such as the experience of the symptoms of mental illness, physical harm, dangers to health or safety, diminished ability to care for self and harms associated with the patient's possible deterioration. • Risk assessment (with risk of harm to self considering self-harm, neglect, exploitation, damage to relationships and reputation; risk of harm to others considering the patient's context and the presence of children) including risk–benefit analysis of enforcing treatment. • Assessment of harms that might be associated with enforcing involuntary treatment, including stigma, loss of rapport and nosocomial suicide. • Assessment of decision-making capacity, as defined in the common law or relevant mental health Act, with respect to the decision to refuse the treatment proposed. • Ability to provide support to a patient who would otherwise lack decision-making capacity. • Ability to identify the mode of safe and effective care that will provide the least restriction on the patient's freedom and human rights. • Ability to identify the mode of treatment that best reflects the person's will and preferences via note of the person's expressed preferences, either currently or in an advance directive, and information gathered from family and friends. • Conflict resolution and ability to negotiate and compromise. • Communication and collaboration with the patient, family and others as necessary, eg. police, emergency services. • Ability to prepare reports and appear before relevant bodies as required by the legislation. **Attitude** • Commitment to providing treatment in the least restrictive setting. • An appropriate regard for the hazards associated with involuntary care and the harms associated with coercive care. • Professional approach to patient and others.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Case-based discussion. • Mini–Clinical Evaluation Exercise. • Professional presentation. • Observed Clinical Activity (OCA).
References	

Relevant to all Australasian jurisdictions

CALLAGHAN S & RYAN CJ. An evolving revolution: evaluating Australia's compliance with the Convention on the Rights of Persons with Disabilities in mental health law. *UNSW Law Journal* 2016; 39: 596–624.

RYAN CJ, CALLAGHAN S & LARGE M. The importance of least restrictive care: the clinical implications of a recent High Court decision on negligence. *Austras Psychiatry* 2015; 23: 415–7.

RYAN C, CALLAGHAN S & PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. *Aust NZ J Psychiatry* 2015; 49: 324–33.

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Code of Ethics*. Melbourne: RANZCP, 2009.

Relevant to the Australian Capital Territory

Mental Health Act 2015 (ACT) [especially ss 5–10, 15–17, 19–32, 52, 54, 56, 62, 99].

AUSTRALIAN CAPITAL TERRITORY HEALTH. *The plain language guide for the Mental Health Act 2015 (Australian Capital Territory), February 2016*. Canberra: ACT Health, February 2016. Viewed 16 August 2016, <health.act.gov.au/sites/default/files//Plain%20Language%20Guide_MH%20ACT.pdf>.

Relevant to New South Wales

Mental Health Act 2007 (NSW) [especially ss 3, 12, 14, 15, 68, 70–72].

RYAN CJ & CALLAGHAN S. The impact on clinical practice of the 2015 reforms to the NSW Mental Health Act. *Austras Psychiatry 2017;* 25: 43–7.

NSW MENTAL HEALTH REVIEW TRIBUNAL AND NSW MENTAL HEALTH COMMISSION. *What to expect at a hearing of the Mental Health Review Tribunal: a guide for clinicians.* Gladesville: NSW Mental Health Review Tribunal and NSW Mental Health Commission, 2016. [Video available at: www.mhrt.nsw.gov.au/the-tribunal/dvds.html]

Relevant to New Zealand

Mental Health (Compulsory Assessment and Treatment) Act 1992 (NZ) [especially ss 2 (definition of mental disorder), 5, 7A, 27].

DAWSON J & GLEDHILL K (eds). *New Zealand's Mental Health Act in Practice*. Wellington: Victoria University Press, 2013.

Relevant to the Northern Territory

Mental Health and Related Services Act 1998 (NT) [especially ss 3, 6, 6A, 7, 7A, 9-13, 14-16].

DEPARTMENT OF HEALTH AND FAMILIES. *General hospital clinicians mental health and related services guide*. Darwin: Department of Health and Families, 2009.

Relevant to Queensland

Mental Health Act 2016 (Qld) [especially ss 3, 5, 10–14, 18, 25, 48, 53, 205, 222].

QUEENSLAND HEALTH. *A guide to the Mental Health Act 2016*. Brisbane: Queensland Government, 2016. Viewed 16 August 2016, <www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/implementation/guide-to-mha.pdf>.

Relevant to South Australia

Mental Health Act 2009 (SA) [especially ss 6, 7, 21].

Relevant to Tasmania

Mental Health Act 2013 (Tas) [especially ss 3 (definition of 'representative'), 4, 7, 8, 12, 15, 40, 135, sch 1].

TASMANIAN DEPARTMENT OF HEALTH AND HUMAN SERVICES. *Tasmania's Mental Health Act 2013: A guide for clinicians*. Hobart: Tasmanian Government, 2014. Viewed 16 August 2016, <www.dhhs.tas.gov.au/__data/assets/pdf_file/0017/152315/CliniciansGuide_CombinedAllChapters.pdf>.

Relevant to Victoria

Mental Health Act 2014 (Vic) [especially ss 4, 5, 10, 11, 19, 23–24, 48, 55, 64, 69-71, 75, 76].

VICTORIAN GOVERNMENT. *Mental Health Act 2014 handbook*. Melbourne: Victorian Government, 2015. Viewed 16 August 2016, <www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook>.

Relevant to Western Australia

Mental Health Act 2014 (WA) [especially ss 6–11, 13, 17, 18, 20, 25, 179, 263–279, sch 1].

GOVERNMENT OF WESTERN AUSTRALIA. Clinicians' Practice Guide to the Mental Health Act 2014. Perth: Mental Health Commission of Western Australia, 2015. Viewed 28 April 2017, <www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/11/CPG_Edition-3_25112015.pdf>.

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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ST2-EXP-EPA2 – Mental health Act (COE form)			
Area of practice	General psychiatry	***EPA identification***	ST2-EXP-EPA2
Stage of training	Stage 2 – Proficient	***Version***	v0.12 (EC-approved 02/09/16)
Title	***The application and use of the mental health Act.***		
Description	The trainee can apply the provisions of the relevant mental health Act to provide care on an involuntary basis. The trainee provides explanations to patients and their carers, engages them where possible and deals with their concerns. They comply with documentary and administrative obligations. The trainee is aware of the factors which justify involuntary care under the local mental health Act, including the principle that involuntary care must contribute to treatment of mental illness and consequent improvements in autonomy. The trainee seeks to optimise the autonomy of patients receiving involuntary care and promotes pathways to less restrictive care.		

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 ……..........

ST2-EXP-EPA3 – Risk assessment

<table>
<tr><td>Area of practice</td><td colspan="2">General psychiatry</td><td>EPA identification</td><td colspan="2">ST2-EXP-EPA3</td></tr>
<tr><td>Stage of training</td><td colspan="2">Stage 2 – Proficient</td><td>Version</td><td colspan="2">v0.6 (BOE-approved 04/05/12)</td></tr>
<tr><td colspan="6">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.</td></tr>
<tr><td>Title</td><td colspan="5">Assessment and management of risk of harm to self and others.</td></tr>
<tr><td>Description
Maximum 150 words</td><td colspan="5">The trainee can undertake a systematic assessment of the risk of harm to self and others posed by a patient. They can formulate and communicate an appropriate management plan that addresses such risks.</td></tr>
<tr><td rowspan="4">Fellowship competencies</td><td>ME</td><td>1, 2, 3, 4, 5, 7, 8</td><td>HA</td><td colspan="2">2</td></tr>
<tr><td>COM</td><td>1, 2</td><td>SCH</td><td colspan="2"></td></tr>
<tr><td>COL</td><td>4</td><td>PROF</td><td colspan="2">1, 2, 3</td></tr>
<tr><td>MAN</td><td>4</td><td colspan="3"></td></tr>
<tr><td>Knowledge, skills and attitude required
The following lists are neither exhaustive nor prescriptive.</td><td colspan="5">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
• Knowledge of evidence-based static and dynamic risk and protective factors for both ‘harm to self’ (including suicide) and ‘harm to others’.
• Knowledge of appropriate biopsychosocial interventions to enhance protective, and minimise risk, factors.
• Awareness of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, actuarial and structured professional judgment approaches.
• Relevant statistical concepts including: sensitivity, specificity, positive predictive value, negative predictive value, ‘numbers needed to treat’ applied to risk reduction, base rates and ROC Analysis.
• Key legal constructs including standard of care, duty of care.
• High-risk periods for suicide and for harm to others (eg. soon after discharge, early in course of ECT).
• Basic principles of ethical and legal obligations.
Skills</td></tr>
</table>

	• Formulate an assessment of risk of harm to self and others, including a consideration of evidence-based risk and protective factors (both static and dynamic) and an estimate of likelihood, severity and imminence of harm. • Formulate a risk-management plan arising from risk assessment with the multidisciplinary team, with due consideration of clinical, legal and contextual interventions. • Engage patients and carers, be aware of central role of therapeutic relationships, in risk management. • Communicate and collaboratively implement a risk-management plan with the multidisciplinary team. • Work in collaborative and respectful fashion with the multidisciplinary team. • Ability to weigh up pros and cons of particular interventions and show high quality decision-making processes, including use of risk–benefit analyses. **Attitude** • A diligent attitude to obtaining sufficient information from available sources, including carers. • A diligent attitude to communicating information where appropriate to carers and health workers involved. • Appropriate attitude to balancing competing priorities, eg. civil liberties, confidentiality, therapeutic rapport, when managing risk. • Commitment to adopting an evidence-based approach. • Awareness of own limitations and willingness to seek other's opinion when required. • Awareness that risk in general can only be reduced, not eliminated, and that there is a necessary role for 'therapeutic risk taking' in psychiatric practice. • Appropriate level of diligence in documentation of assessment, decisions and reasoning. • Adherence to framework that conceives risk assessment as managing identified risk by meeting relevant clinical needs, not simply providing a predictive categorical label.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Case-based discussion. • Mini-Clinical Evaluation Exercise. • Direct Observation of Procedural Skills (DOPS). • Observed Clinical Activity (OCA).

References

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Risk Basics*. Melbourne: RANZCP, October 2016. Viewed 2 May 2017 <learnit.ranzcp.org/User/Course/Search?query=riskbasics> [member login required].

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. & Christensen, H. (2016). Clinical practice guideline for the management of deliberate self-harm. Australian and New Zealand Journal of Psychiatry, 50 (10): 939-1000

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

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CONFIRMATION OF ENTRUSTMENT FORM

RANZCP ID:	
Surname:	
First name:	
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ST2-EXP-EPA3 – Risk assessment (COE form)			
Area of practice	General psychiatry	***EPA identification***	ST2-EXP-EPA3
Stage of training	Stage 2 – Proficient	***Version***	v0.6 (BOE-approved 04/05/12)
Title	***Assessment and management of risk of harm to self and others.***		
Description	The trainee can undertake a systematic assessment of the risk of harm to self and others posed by a patient. They can formulate and communicate an appropriate management plan that addresses such risks.		

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 …….....

ST2-EXP-EPA5 – Cultural awareness

Area of practice	General psychiatry	***EPA identification***	ST2-EXP-EPA5
Stage of training	Stage 2 – Proficient	***Version***	v0.7 (BOE-approved 15/10/12)

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	***Assess and manage adults with cultural and linguistic diversity.***
Description Maximum 150 words	The trainee can appropriately assess and manage patients from culturally and linguistically diverse (CALD) backgrounds, including demonstrating respect for cultural issues in the conduct of the interview. The trainee can engage families, carers and others as appropriate in assessment and management. They are able to work properly and effectively with interpreters and/or cultural advisors/member of the person's cultural group including family. The trainee can develop a cultural formulation and integrate understanding of culture into the psychiatric formulation and diagnosis. They implement a culturally sensitive management plan that demonstrates understanding of the specific cultural needs of the patient. The trainee can reflect upon their own cultural and linguistic background and reach an understanding of its contribution to their engagement with, and understanding of, CALD patients and their families.

Fellowship competencies				
	ME	1, 2, 3, 4, 5, 6	**HA**	
	COM	1	**SCH**	
	COL	1, 2, 3	**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** • Understands the principles of cultural responsiveness. • Understands the impact of culture on verbal and non-verbal communication. • Aware of the barriers and facilitators to the use of interpreters. • Understands the domains of a cultural formulation including an understanding of: - the impact of cultural beliefs on identity - explanatory models of illness

	- cultural factors related to psychosocial environment and the impact of cultural factors and expectations on functioning - the relationship between the clinician and the patient. • Understands the distinction between culturally sanctioned beliefs and psychopathology. • Understands the impact of cultural values on recovery-oriented mental healthcare including biological interventions and psychosocial rehabilitation. **Skills** • Able to effectively utilise interpreters in psychiatric interviews. • Adapts approach to psychiatric interview and intervention in a culturally sensitive manner. • Interacts with patients and their families and carers in a manner that is respectful of their cultural values. • Acknowledges the impact of bilateral cultural factors in the interaction between the patient and clinician. • Able to incorporate identified cultural beliefs, values and formulation into management. **Attitude** • Motivated to remain culturally sensitive in approach and interaction with patients, families and carers. • Willingness to be respectful of cultural diversity. • Willingness to learn from cultural advisors and patients from CALD backgrounds about their worldview and health beliefs.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details *(these include, but are not limited to, WBAs)*	• Case-based discussion. • Observed clinical activity (OCA) – where a cultural advisor or language interpreter is present. • Review of a brief written cultural formulation. • Direct Observation of Procedural Skills (DOPS).

References

MEZZICH J, CARACCI G, FABREGA H & KIRMAYER L. Cultural formulation guidelines. *Transcult psychiatry* 2009; 46: 383–405.

KLEINMAN A, EISENBERG L & GOOD B. Clinical lessons from anthropologic and cross-cultural research. *Ann Intern Med* 1978; 88: 251–8.

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

The Royal Australian & New Zealand College of Psychiatrists

CONFIRMATION OF ENTRUSTMENT FORM

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

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

ST2-EXP-EPA5 – Cultural awareness (COE form)			
Area of practice	General psychiatry	***EPA identification***	ST2-EXP-EPA5
Stage of training	Stage 2 – Proficient	***Version***	v0.7 (BOE-approved 15/10/12)
Title	***Assess and manage adults with cultural and linguistic diversity.***		
Description	The trainee can appropriately assess and manage patients from culturally and linguistically diverse (CALD) backgrounds, including demonstrating respect for cultural issues in the conduct of the interview. The trainee can engage families, carers and others as appropriate in assessment and management. They are able to work properly and effectively with interpreters and/or cultural advisors/member of the person's cultural group including family. The trainee can develop a cultural formulation and integrate understanding of culture into the psychiatric formulation and diagnosis. They implement a culturally sensitive management plan that demonstrates understanding of the specific cultural needs of the patient. The trainee can reflect upon their own cultural and linguistic background and reach an understanding of its contribution to their engagement with, and understanding of, CALD patients and their families.		

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 …….....