

PSYCHOTHERAPY SUPERVISOR DECLARATION

I certify that:

- I supervised the trainee's clinical care of the patient described in this case report[‡]
- I engaged in three formative psychotherapy case discussions with the trainee about the patient described in this case report during the course of the psychotherapy[§]
- to the best of my knowledge this Psychotherapy Written Case accurately reflects the presentation of the patient and the management as carried out by the trainee
- I have read the case report and to the best of my knowledge this Psychotherapy Written Case is the trainee's own work
- I have viewed related written communication (eg. discharge summaries) and confirm they are satisfactory as professional communication.

[‡]If the psychotherapy supervisor is not a psychiatrist, the College-accredited psychiatrist supervisor (who supervised the patient's clinical care) must also sign below.

[§]Trainees who receive an exemption from the 40 session therapy requirement due to Recognition of Prior Learning (RPL) but who do not receive RPL for the written case report are automatically exempted from the requirement to complete three formative psychotherapy case discussions.

I also confirm that the patient has signed the prescribed consent form for his/her de-identified case notes and other medical files/related material to be used as a basis for this Psychotherapy Written Case.

Psychotherapy supervisor name (print)

RANZCP ID (*if applicable*)

Signature Date

Position/title, organisation

Mobile phone

Email address

Psychiatrist supervisor name
(*if applicable*)

RANZCP ID

Signature Date

TRAINEE CHECKLIST

I have:

- proofread the case report
- de-identified the case report as appropriate (and completed the de-identification checklist on page 4)
- included a cover page which contains the word count and de-identification disclaimer
- attached three psychotherapy case discussion forms (if applicable)
- attached proof of RPL for the 40 psychotherapy sessions (if applicable)
- attached documentation showing that the CFT waived the 40 session requirement (if applicable)
- attached documentation from my Director of Training that grants approval for psychotherapy supervision via telephone or videoconference (if applicable)
- attached documentation from the CFT that grants approval to conduct psychotherapy sessions via videoconference (if applicable)
- attached my current medical registration
- provided a CD copy of the case report.

TRAINEE DECLARATION

I hereby certify that:

- this Psychotherapy Written Case is my own independent undertaking, is based on a patient directly under my care and accurately reflects the patient’s presentation
- I engaged in three formative psychotherapy case discussions about the patient described in this case report with my psychotherapy supervisor during the course of the psychotherapy*
- I have de-identified the case report to preserve the anonymity of the patient by using pseudonyms and/or modifying other information which may lead to the identification of the patient
- I transfer to the Royal Australian and New Zealand College of Psychiatrists all rights of ownership, including copyright of this Psychotherapy Written Case, and undertake not to use this Psychotherapy Written Case or copies thereof for any purpose other than private study, except with the permission of the Committee for Examinations.

*Trainees who receive an exemption from the 40 session therapy requirement due to RPL but who do not receive RPL for the written case report are automatically exempted from the requirement to complete three formative psychotherapy case discussions. Proof of RPL for the 40 psychotherapy sessions must be attached to this form upon submission of the Psychotherapy Written Case.

Trainee signature Date

This page will be forwarded with the case report to the examiner

All data which could potentially identify the patient must be removed from the Psychotherapy Written Case. It is not sufficient to simply use a pseudonym. Locations, names of hospitals, hospital units, supervisors and dates of admission must also be modified.

The following is a list of areas where de-identification is required. Tick the relevant boxes to indicate if de-identification has been carried out.

- Names of patients and their families.
- Names of mental health services and hospitals.
- Names of patient's city/town of residence.
- Identifying data included with X-rays, children's drawings and/or other information included with the case report.
- Where individually relevant, country of origin and occupation, where circumstances are so unique as to allow easy identification.
- Appendices or attachments, such as copies of letters and other supporting documents.
- Names of College Fellows, supervisors and trainees, including the submitting trainee.

CHECKLIST

- Data which has been de-identified has been indicated by an asterisk (*) the first time it appears in the text.
- A de-identification disclaimer (and statement concerning the use of asterisks) has been included on the cover page of the case report.

Patient's pseudonym: