2012 Fellowship Program
Regulations, Policies and Procedures

Training
The RANZCP Fellowship Regulations 2012 comprise the regulations, policies and procedures governing the 2012 Fellowship Program. RANZCP trainees are responsible for understanding the requirements of the RANZCP Fellowship Regulations 2012.

The regulations define the broad structure of the program and are approved by the RANZCP Board. The regulations are complemented by policies and procedures, which provide the specific rules and detail of the Fellowship Program requirements. Policies and procedures are approved by the Education Committee and reviewed by the Corporate Governance and Risk Committee. All high-risk policies receive final approval by the RANZCP Board.

A number of policies and procedures are currently in development. Until these are formally approved, certain 2003 Training Program documents should be adhered to in their place. The specific 2003 Training Program documents for use on a temporary basis are noted where relevant.

The document and resolution numbers listed in this document are for internal use only. Document numbers will be finalised once the majority of regulations, policies and procedures have been developed and approved.

Trainees remaining under the 2003 Training Regulations should continue to refer to the Links and Forms page of the RANZCP website.

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Formal Education Course

During their first 3 years’ full-time equivalent (FTE) training in the Fellowship Program, trainees must enrol and demonstrate satisfactory participation in a College-accredited formal education course. Further detail is provided in the Stage 1 and Stage 2 Mandatory Requirements Policies.

**REVISION RECORD**

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<td>Approved by General Council 2013/1 R37.</td>
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<td>Updated to reflect General Council concerns raised in relation to Stage 2 Mandatory Requirements Policy in May 2013. CFT approved 27/6/13. EC approved 19/7/13. RANZCP Board approved B2013/2 R8 on 4/8/13.</td>
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<td>Minor addition to clarify that further detail is provided in the Stage 1 and Stage 2 Mandatory Requirements Policies.</td>
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Rotation

A rotation typically requires:

- 6 months of full-time equivalent (FTE) approved training
- the attainment of two Entrustable Professional Activities (EPAs)
  - with a minimum of three Workplace-Based Assessments (WBAs) to aid the supervisor’s decision to entrust the trainee with each EPA
- one of the WBAs completed in the rotation must be an Observed Clinical Activity (OCA).

This regulation applies to both mandatory and elective training rotations.

OCA changes effective rotation one, 2015

This regulation has also been updated to reflect the requirement for trainees to complete a mandatory minimum of one Observed Clinical Activity (OCA) per 6-month FTE rotation.

This requirement is effective from rotation one, 2015 (actual date varies based on locale).

- Therefore, trainees commencing training from rotation one, 2015 will complete a minimum of two OCAs in Stage 1, four OCAs in Stage 2 and four OCAs in Stage 3.
- Trainees who commenced the 2012 Fellowship Program prior to rotation one, 2015 will be required to complete one OCA per 6-month FTE rotation from rotation one, 2015. These trainees should note that the OCA form has been revised and that the new form must be used and submitted to the College.
- Transition arrangements for trainees who will transition from the 2003 Training Program are detailed in the Transition Matrix.

Further assistance available

Contact the Training Department at training@ranzcp.org.

- This box will become unnecessary in August 2015 (approximately) and will be removed at that point.
## REVISION RECORD

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<td>General Council</td>
<td>New document approved out of session.</td>
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**May 2016**  
**NEXT REVIEW**
Stage 1 Rotation Requirements

Stage 1 under the RANZCP Fellowship Regulations 2012 requires the mandatory completion of a minimum of 12 months' full-time equivalent (FTE) accredited training in a College-accredited Adult Psychiatry training post, 6 months of which must be in an acute setting.

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<td>Minor amendments made as recommended by CFT and Training; approved by GC</td>
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Contents

Requirement to complete Aboriginal and Torres Strait Islander mental health modules and Māori mental health modules (once developed) – effective rotation one, 2018

This policy has been updated to reflect the new requirement for trainees to complete the Māori mental health modules (once developed) and three specified Aboriginal and Torres Strait Islander mental health modules through Learnit on www.ranzcp.org prior to achieving Fellowship.

This requirement is mandatory for all trainees commencing the Fellowship Program from rotation one, 2018 (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the Fellowship Program before rotation one, 2018.

The specifics of this requirement are set out in section 4.3.2.

Further assistance available
Contact the Training Department at training@ranzcp.org.

This box will become unnecessary in December 2018 (approximately) and will be removed at that point.

1. Policy on Stage 1 Mandatory Requirements

This policy describes the mandatory requirements for College trainees in Stage 1 of the (competency-based) Fellowship Program, as governed by the RANZCP Fellowship Regulations 2012.

2. Policy Statement

Stage 1 of the (competency-based) Fellowship Program requires the mandatory completion of a minimum of 12 months’ full-time equivalent (FTE) accredited training in College-accredited Adult Psychiatry training posts, 6 months of which must be in an acute setting.

The completion of Stage 1 requires trainees to attain and demonstrate competence in psychiatry to a basic standard as defined by the Developmental Trajectory.

3. Purpose

This policy defines the requirements for the successful completion of Stage 1 training within the (competency-based) Fellowship Program.
4. Policy Details

4.1 Rotation Requirements

Trainees in Stage 1 must complete a minimum of 12 months of full-time equivalent (FTE) accredited training in College-accredited Adult Psychiatry posts.

4.1.1 Setting and After-Hours Work

Six months FTE of this training must be completed within an acute setting.

A trainee must undertake after-hours and emergency duties required by being in an accredited training post. Where a trainee believes there are exceptional circumstances that would prevent them from undertaking these duties after hours, they should submit an application for exemption from after-hours experience for a specified or temporary time period during a specific rotation to their employer and should notify their Director of Training (DOT) of this application. If approved, this exemption must be communicated to the Branch Training Committee (BTC)/delegated body of the New Zealand Training Committee (NZTC).

4.2 Training Posts in an Adult Psychiatry Area of Practice

Training in Stage 1 Adult Psychiatry posts will focus on the core basic psychiatry skills. It must also involve working with people with a wide range of mental health problems and mental illness.

Training posts in Adult Psychiatry may involve public and private psychiatry experiences.

4.2.1 Inclusive of Youth Mental Health

The Adult Psychiatry Area of Practice requirement for Stage 1 is inclusive of Youth Psychiatry posts that focus on the core basic psychiatry skills.

4.2.2 Exceptions to Adult Psychiatry Training Posts for Stage 1

Occasionally, exceptions may be necessary to the Adult Psychiatry Area of Practice requirement for a Stage 1 Training Post. Any such exception must be carefully structured and utilise an educationally equivalent post.

The use of an educationally equivalent post for Stage 1 must be on an exceptional basis and will be approved and managed by the relevant BTC/delegated body of the NZTC or under that BTC’s/delegated body of the NZTC’s oversight and delegation as part of the accreditation process.

A post deemed to be educationally equivalent to an Adult Psychiatry post must focus on the core basic psychiatry skills and must successfully undergo the accreditation process for a Stage 1 training post.

4.3 Knowledge Required

Once they have successfully completed 12 months of FTE training within Stage 1, a trainee should have attained the knowledge base defined in the Stage 1 syllabus.

This knowledge base underpins the acquisition of competencies in Stage 1 and is mandatory for trainee progression to Stage 2.

4.3.1 Formal Education Course

During a trainee’s first 3 years of FTE accredited training in the Fellowship Program, a trainee must enrol and demonstrate satisfactory participation in a College-accredited formal education course (FEC).
Satisfactory participation includes demonstrated active involvement during each year of the course, including regular attendance or completion of online modules of the program, at a level of around 75 per cent of these components.

4.3.2 Aboriginal and Torres Strait Islander and Māori mental health modules

Trainees must log in to the Learnit system on www.ranzcp.org to complete each Māori mental health module (once developed) and the following three Aboriginal and Torres Strait Islander mental health modules as a requirement for Fellowship:

- Module 1: Interviewing an Aboriginal or Torres Strait Islander patient
- Module 2: Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient
- Module 3: Formulation of a case involving an Aboriginal or Torres Strait Islander patient.

Completion of the Māori and the Aboriginal and Torres Strait Islander mental health modules is mandatory for all trainees, irrespective of whether they are located in Australia or New Zealand, or whether they have completed other specific Aboriginal or Torres Strait Islander or Māori training. The online modules are a requirement for Fellowship, and are recommended to be completed as early as possible during training.

The Learnit online system will automatically track a trainee’s completion of the modules. Trainees must be logged in through Learnit for these modules to be tracked on their Training Record. Modules undertaken without logging in to Learnit on www.ranzcp.org will not be considered complete since this cannot be tracked or verified. An exception will be made for trainees who are able to undertake the specified modules as part of their College-accredited FEC or as scheduled teaching activities organised by their local training program. Individual modules will be added to a trainee’s Training Record if the relevant BTC/delegated body of the NZTC verifies the trainee’s attendance and participation in a specific module and reports this information to the College head office.

This requirement is **mandatory for all trainees commencing the Fellowship Program from rotation one, 2018** (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the Fellowship Program before rotation one, 2018.

4.4 Fellowship Competencies

The College has adopted a set of Fellowship Competencies that map back to the CanMEDS roles underpinning the Fellowship Program. Trainee progression through the stages of training is dependent on the attainment of competent performance across the Fellowship Competencies, demonstrated by the successful completion of all assessments.

4.4.1 Developmental Descriptors

The Developmental Descriptors provide guidance on the skill level expected of trainees at the end of each stage of training as per the Developmental Trajectory (basic, proficient and advanced levels). The Developmental Descriptors articulate how each standard level applies for each of the Fellowship Competencies and provide a reference point for defining performance standards.

4.4.2 Learning Outcomes

The Learning Outcomes prescribe the minimum expectations of what trainees will need to attain in their rotations in order to meet the Fellowship Competency requirements across the stages of training.
The Stage 1 Learning Outcomes must be attained by trainees in order for them to progress to Stage 2.

The Learning Outcomes are tracked on the In-Training Assessments (ITAs), described in section 4.13 and 4.14.

4.5 Supervision

4.5.1 General Supervision Time Requirements

As specified in the Policy and Procedure on Supervision (X.X), clinical supervision of trainees must be maintained at a minimum of 4 hours per week over 40 weeks for full-time trainees.

Of these hours, a minimum of 1 hour per week must be individual supervision of a trainee’s current clinical work. While this hour is required in full for all trainees, the other 3 hours of supervision per week must be on a pro-rata basis (minimum) for part-time trainees.

4.5.2 Stage 1-specific Supervision Requirements

Additionally, of the 4 supervision hours per week, at least 2 hours per week must be closer supervision outside ward rounds and case review meetings for Stage 1 trainees. This is further detailed in the Policy and Procedure on Supervision (X.X).

4.6 Forms

Trainees must maintain a portfolio of their Fellowship Program forms. This includes their Workplace-based Assessment (WBA) forms, Entrustable Professional Activity (EPA) forms, copies of their Observed Clinical Activity (OCA) forms and copies of all mid-rotation and end-of-rotation ITA forms. Trainees are required to provide this portfolio to their next supervisor for review at the start of each new rotation.

4.7 Workplace-based Assessments (WBAs)

WBAs provide a mechanism for structured and effective feedback in the assessment of competence in typical work settings. Detailed information can be found in the Policy and Procedure on Workplace-based Assessments (15.1).

4.7.1 Formative Assessments

As described in the Regulation, Policy and Procedure on Workplace-based Assessments (15.1), the Fellowship Program utilises WBAs as formative assessment tools; therefore, there is no particular rating that a trainee must achieve. WBAs assist a supervisor in assessing the overall competence attained by the trainee throughout a rotation, thereby informing the supervisor’s best judgement in the assessment of EPAs and ITAs.

WBAs are set and assessed at the standard expected by the end of the designated stage of training, as per the Developmental Trajectory.

4.7.2 Approved WBA Tools

Five WBA tools have been approved for use within the Fellowship Program. These are the following:

- Case-based Discussion (CbD)
- Mini-Clinical Evaluation Exercise
- Professional Presentation
- Direct Observation of Procedural Skills (DOPS)
- Observed Clinical Activity (OCA).
4.8 Required number of WBAs

There is no limit to the number of WBAs that may be undertaken by a trainee and their supervisor.

4.8.1 Mandatory OCA per rotation

A trainee must complete a mandatory minimum of one OCA during each 6-month FTE rotation as part of the successful completion of that rotation. The OCA is recorded on the end-of-rotation ITA form for each rotation. All OCA forms must be fully completed and attached to the end-of-rotation ITA form for the relevant rotation and submitted to the Training Department at the College head office for processing within the time required for that rotation.

The other four WBA tools do not have individual mandatory minimum requirements for completion; however, they must be undertaken to contribute to the evidence base necessary for a trainee to be entrusted with an EPA, as below.

4.8.2 WBAs and EPAs

As detailed in the Policies on Workplace-based Assessments (15.1) and Entrustable Professional Activities (8.1), trainees must complete a minimum of three WBAs to contribute to the evidence base for each required EPA. However, the completion of three WBAs does not necessarily result in the achievement of an EPA. A supervisor considers a trainee’s performance in the collection of three or more WBAs in addition to other evidence when assessing whether a trainee has achieved an EPA. The supervisor may determine that further WBAs are required before the trainee can be entrusted to complete the activity with distant supervision. Additional WBAs may also be beneficial to trainees who may need or want further feedback.

The WBAs must be assessed at the same standard as any EPAs for which they form the evidence base (i.e. WBAs linked to Stage 1 EPAs must be assessed at a basic standard while WBAs linked to Stage 2 EPAs must be assessed at a proficient standard).

Any of the five WBA tools (including the OCA) can be used to fulfil the evidence base for an EPA. The WBA tools used to support EPA attainment must be indicated on the end-of-rotation In-Training Assessment (ITA) form. With the exception of the OCA form, which must be forwarded to the College, WBA forms should be retained by the trainee. Further detail is available in the Workplace-based Assessment Policy and Procedure (15.1).

4.9 Entrustable Professional Activities (EPAs)

4.9.1 Summative Assessments

EPAs are summative assessments that trainees are required to achieve in order to progress through the stages of training.

As detailed in the Policy and Procedure on EPAs (8.1), EPAs are set and assessed at the standard expected by the end of the designated stage of training. Trainees must be able to demonstrate competence to a basic standard at the end of Stage 1, as per the Developmental Trajectory.

A trainee’s achievement of an EPA is confirmed on the Confirmation of Entrustment (COE) form for that specific EPA. In addition, an entrusted EPA must also be recorded on the trainee’s end-of-rotation ITA form (described in point 4.15) in order for its achievement to be entered on the trainee’s Training Record.

- EPAs achieved and noted on a previous end-of-rotation ITA form do not need to be re-recorded.
4.10 EPAs and Rotations

Each 6-month FTE rotation in the (competency-based) Fellowship Program requires the achievement of two specified mandatory EPAs, as described by the Regulation on Rotations (17.2). The rotation-based EPAs must be achieved for trainees to be eligible to pass an end-of-rotation ITA form and its corresponding rotation.

4.10.1 EPAs for trainees with part-time or shortened rotations

Trainees, whether training full time or part time, who complete less than 6 months of FTE training during a 6-month rotation (calendar time) must refer to the Leave and Interruptions to Training or Part-time Training Policy in relation to the number of Entrustable Professional Activities (EPAs) required to be eligible to pass the rotation, unless the trainee is utilising the first six months FTE rotation exception rule (see section 4.10.3).

Trainees who progress to a different stage of training during a rotation cycle but who still complete more than 2 months of FTE training in total during the 6 calendar months must fulfil the requirement of two rotation-based EPAs per 6-month rotation (if they are training at full time) or a minimum of one rotation-based EPA per 6 calendar months (if they are training at less than full time).

4.10.2 Stage 1 Mandatory EPAs

Trainees are expected to achieve four EPAs within Stage 1, two of which are mandatory.

The mandatory EPAs for Stage 1 are the following:

a) Use of an antipsychotic medication in a patient with schizophrenia/psychosis (ST1-GEN-EPA5).

b) Providing psychoeducation to a patient and their family and/or carers about a major mental illness (ST1-GEN-EPA6).

Trainees can only pass their rotations and progress to Stage 2 once they have been entrusted with two EPAs per rotation (unless they have utilised the Stage 1 First 6 Months Exception Rule in their first rotation; see below). The entrusted EPAs must include both Stage 1 EPAs.

Therefore, trainees who do not utilise the Stage 1 First 6 Months Exception Rule must achieve a minimum of four EPAs in Stage 1. Once one or both Stage 1 mandatory EPAs have been achieved, trainees must select Stage 2 EPAs to fulfil this requirement. Section 4.11 describes the EPAs that these trainees are eligible to achieve in Stage 1, which will ease their burden of assessment in Stage 2.

4.10.3 The Stage 1 First 6 Months FTE Rotation Exception Rule

A trainee in the first 6-month FTE rotation of Stage 1 may pass that rotation and its corresponding end-of-rotation ITA Report before being entrusted with any EPAs. This exception will apply only in cases in which:

- the supervisor indicates a ‘pass’ on the end-of-rotation ITA form
- the trainee has undertaken one mandatory OCA. Trainees may also choose to complete other WBAs.

This exception rule is applicable only to trainees in their first 6-month FTE rotation of Stage 1 and cannot be applied in any other Stage or rotation. This rule allows for flexibility during a period of adjustment for trainees entering psychiatry training. However, trainees are reminded to consider and plan for the number of EPAs they must be entrusted with throughout the Fellowship Program and should factor this into their progression plans from their commencement of training.

4.10.4 EPAs and Progression

As detailed further in the Entrustable Professional Activities Procedure (8.1), trainees must consider and plan for the number of EPAs that they must achieve in order to progress through the Fellowship Program. Trainees should plan to achieve a minimum of three and a maximum of...
six EPAs per 6 months of FTE accredited training, inclusive of rotation-based and other required EPAs. Trainees who would like to achieve more than six EPAs in a 6-month rotation should discuss this beforehand with their DOT and supervisor.

As per the Progression through Training Policy (6.1), the Stage 1 mandatory EPAs must be achieved by the time a trainee has completed 12 months of FTE accredited training in Stage 1.

4.11 Eligibility to Achieve Stage 2 EPAs during Stage 1

All Stage 1 trainees are eligible to achieve any or all of the Stage 2 General Psychiatry or Psychotherapy EPAs in addition to the mandatory Stage 1 EPAs. These EPAs are also tracked on the Stage 1 end-of-rotation ITA Report.

These Stage 2 General Psychiatry and Psychotherapy EPAs will be assessed at the competence standard expected of Stage 2—a proficient level of competency as per the Developmental Trajectory—regardless of whether they are entrusted to a trainee in Stage 1 or Stage 2.

4.11.1 No Bearing on Stage 1 Mandatory EPAs

The achievement of the Stage 2 General Psychiatry EPAs does not fulfil or replace the requirement for trainees to achieve both mandatory Stage 1 EPAs.

4.11.2 Stage 2 General Psychiatry and Psychotherapy EPAs Eligible for Achievement in Stage 1

The four Stage 2 General Psychiatry EPAs that trainees are eligible to be entrusted with in Stage 1 are the following:

- a) Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT (ST2-EXP-EPA1).
- b) The application and use of the Mental Health Act (ST2-EXP-EPA2).
- c) Assessment and management of risk of harm to self and others (ST2-EXP-EPA3).
- d) Assess and manage adults with cultural and linguistic diversity (ST2-EXP-EPA5).

The Stage 2 Psychotherapy EPAs that trainees are eligible to be entrusted with in Stage 1 are the following:

- a) Psychodynamically informed patient encounters and managing the therapeutic alliance (ST2-PSY-EPA2).
- b) Supportive psychotherapy (ST2-PSY-EPA3).
- c) Cognitive–behavioural therapy (CBT) for management of anxiety (ST2-PSY-EPA4).

4.12 EPA Exceptional Circumstances

In exceptional circumstances, a DOT may determine that a Stage 1 trainee is eligible to be entrusted with specific Stage 2 EPAs other than the General Psychiatry and Psychotherapy EPAs described in the preceding statements. This approval would be granted on a case-by-case basis and must follow the eligibility guidance outlined in the Entrustable Professional Activities Policy and Procedure (8.1).

4.13 In-Training Assessments (ITAs)

Each trainee will be assessed on their progress throughout each rotation on two In-Training Assessments.

Each stage of training will utilise a specific formative mid-rotation ITA form and summative end-of-rotation ITA form. A trainee’s mid-rotation ITA forms shall be held by the trainee’s DOT, and will be forwarded to the College as required, while their end-of-rotation ITA forms must be sent to the
College upon the completion of each rotation (see point 4.15.1). The ITAs will be made available to subsequent supervisors in order to facilitate ongoing support throughout a trainee’s progression through training.

4.14 Mid-Rotation ITA form

The mid-rotation ITA form is the mid-rotation formative assessment for each rotation. The mid-rotation ITA form is used to provide feedback to the trainee on their progress in the rotation and to highlight any potential progress concerns and/or identified issues, as well as to document supportive plans required to address these concerns. A successful mid-rotation ITA form does not automatically result in a successfully completed rotation and end-of-rotation ITA form.

4.14.1 Completion of the Mid-Rotation ITA form

At the discretion of the supervisor, the mid-rotation ITA form may be commenced prior to the mid-rotation point if the supervisor has concerns regarding the trainee’s competence and/or progress in the rotation. If the mid-rotation ITA form was not fully completed prior to the mid-rotation point, it must be fully completed at the midpoint of the rotation. Additional mid-rotation ITA forms may be completed after the mid-rotation point, at the discretion of the supervisor.

A trainee’s mid-rotation ITA forms must be held by the trainee’s DOT, and will be forwarded to the College as required.

4.14.2 Supportive Plan to Meet Requirements of Rotation

Should a training issue be identified that causes the supervisor to be concerned that the trainee is not meeting the required standards of the rotation, a supportive plan must be documented on the mid-rotation ITA form and commenced immediately.

The documentation should include the competencies identified which require attention and the action to be undertaken to support the trainee in achieving the standard required prior to the end of the rotation.

As part of a supportive plan, the supervisor must:

- discuss their concerns with the trainee
- discuss their concerns with the DOT or their delegate
- try to identify factors affecting the trainee’s performance
- review progress towards the identified goals with the trainee within 3 months or prior to the end of the rotation, whichever comes first.

As part of a supportive plan, the DOT must ensure that timely (for example, within four weeks) and adequate feedback and support is provided to the trainee by the principal supervisor to enable the trainee to identify and correct any perceived difficulties.

4.15 End-of-Rotation ITA form

The end-of-rotation ITA form is the end-of-rotation summative assessment that indicates to the College Training Department what information should be recorded on the trainee’s Training Record for each rotation.

The end-of-rotation ITA form indicates whether or not the required EPAs have been entrusted and which WBAs were used to inform them, provides a record of the supervisor’s assessment of the trainee’s performance for each Stage 1 Learning Outcome, and indicates whether the trainee has passed or failed the overarching summative assessment for that rotation.

4.15.1 Timely Receipt of an end-of-rotation ITA form

The end-of-rotation ITA form for each rotation must be fully completed, signed by the trainee’s DOT and received by the College Training Department within 60 days of the completion of a
rotation. The trainee is responsible for ensuring that it is signed by the DOT and for ensuring its submission. Trainees must attach the forms for all OCAs completed during a rotation to their end-of-rotation ITA form for submission to the College; therefore, at least one signed and fully completed OCA Form must be attached to the end-of-rotation ITA form for each 6-month FTE rotation. An incomplete end-of-rotation ITA form or end-of-rotation ITA form without the required fully completed OCA form will not be accepted by the College and will be returned to the trainee.

- The non-receipt of a signed, fully completed end-of-rotation ITA form with a minimum of one fully completed and signed OCA form attached within 60 days of the completion of a rotation will result in the delay being noted on the trainee’s Training Record. The trainee will be sent correspondence noting the late end-of-rotation ITA form and reminding the trainee that its continued non-receipt by 30 days from the date on which the correspondence is sent will result in a failed end-of-rotation ITA form and rotation unless exceptional circumstances have been accepted by the College on a case-by-case basis. Exceptional circumstances are detailed further in the Progression through Training Policy (6.1).

- Trainees are responsible for knowing the requirements of the Fellowship Program and of this policy. Non-receipt of correspondence from the College does not invalidate the trainee’s obligation to adhere to the requirements it presents.

### 4.15.2 Failed end-of-rotation ITA form

A failed end-of-rotation ITA form, which indicates a failed rotation, will require the trainee to complete a targeted learning plan developed by the trainee’s DOT in conjunction with the trainee. Further detail can be found in the Policy and Procedure on Targeted Learning Plans (X.X) and in the Policy and Procedure on Progression through Training (6.1).

Time spent in a failed rotation does not count towards a trainee’s minimum required 60 months of FTE accredited training time.

- Therefore, time spent in a failed Adult Psychiatry Stage 1 rotation does not count towards a trainee’s minimum required 12 months of FTE accredited training in Stage 1.

- Time spent during the successful completion of a rotational targeted learning plan is credited towards a trainee’s Training Record and is included in the minimum required 60 months of FTE accredited training time (and 12 months of FTE accredited training in Stage 1 where applicable).

### 4.16 Successful Completion of Stage 1

Trainees who have completed a minimum of one OCA per 6-month FTE rotation, successfully passed their rotations and end-of-rotation ITA forms and submitted the end-of-rotation ITA forms for 12 months of FTE training in accredited Stage 1 rotations and, who, as part of the requirements for Stage 1, have been entrusted with the mandatory Stage 1 EPAs are eligible to continue to Stage 2 of the Fellowship Program.

### 4.17 Review of Decisions

Any request by a trainee for review of a decision in relation to an unsuccessful rotation or other element of Stage 1 should follow the formal education review process (X.X).

### 5. Monitoring, Evaluation and Review

The Education Committee shall implement, monitor and review this policy and report on anomalies and issues as these arise.

This policy will be reviewed biennially and updated as required.
EPA changes effective rotation two, 2014

This policy has been updated to include the new EPA revisions explained below. The 2012 Fellowship Program EPA requirements prior to rotation two, 2014 have been removed from the body of this document.

As the result of substantial feedback from Directors of Training, supervisors and trainees and as part of its commitment to the continuous quality improvement of the 2012 Fellowship Program, the College has approved Entrustable Professional Activity (EPA) changes that reduce the number of assessments required. These changes are to be implemented from the rotation two, 2014 start date (actual date varies).

Change A:
Stage 1 EPAs to become obsolete:

- Producing discharge summaries and organising appropriate transfer of care (ST1-GEN-EPA1)
- Active contribution to the multidisciplinary team meeting (ST1-GEN-EPA3)

Change A Implementation:
From rotation two 2014, trainees will no longer be required to achieve ST1-GEN-EPA1 and ST1-GEN-EPA3 for the completion of Stage 1.

Trainees must continue to achieve two EPAs per 6-month full-time equivalent (FTE) rotation (barring the Stage 1 First 6 Months FTE Exception Rule).

Change B:
Two new broad Stage 1 EPAs to be introduced, replacing four of the ‘original’ Stage 1 and Stage 2 General EPAs:

- Use of an antipsychotic medication in a patient with schizophrenia/psychosis (ST1-GEN-EPA5)
  - Replacing:
    - Initiating an antipsychotic medication in a patient with schizophrenia (ST1-GEN-EPA2)
    - The safe and effective use of clozapine in psychiatry (ST2-EXP-EPA4)
- Providing psychoeducation to a patient and their family and/or carers about a major mental illness (ST1-GEN-EPA6)
  - Replacing:
    - Communicating with a family about a young adult’s major mental illness (ST1-GEN-EPA4)
    - The provision of psychoeducation in a formal interactive session (ST2-PSY-EPA1)

Change B Implementation:
From rotation two, 2014, trainees generally must achieve ST1-GEN-EPA5 and ST1-GEN-EPA6 in Stage 1 rather than each of their two related original EPAs listed in ‘Change B’. However:

- trainees will not be required to achieve the new EPA if they have already achieved both related original EPAs (e.g. both ST1-GEN-EPA2 and ST2-EXP-EPA4; or both ST1-GEN-EPA4 and ST2-PSY-EPA1)
- trainees who have already achieved one of the two related original EPAs may choose whether to continue to work towards the other related original EPA or to work towards the relevant new EPA by the time required.

For example:

ST1-GEN-EPA2 + ST2-EXP-EPA4 = Achieve ST1-GEN-EPA5 in Stage 1.
ST1-GEN-EPA2 + ST2-EXP-EPA4 = Not required to achieve ST1-GEN-EPA5.
ST1-GEN-EPA2 + ST2-EXP-EPA4 = Achieve ST1-GEN-EPA5 or ST1-GEN-EPA2 in Stage 1.
ST1-GEN-EPA2 + ST2-EXP-EPA4 = Achieve ST1-GEN-EPA5 or ST2-EXP-EPA4 by end of Stage 2.

Further assistance available

- Refer to the visual implementation plan in the appendix of the EPA handbook - Stage 1 and 2 (www.ranzcp.org/EPAs).
- Contact the Training Department at training@ranzcp.org.

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**OCA changes effective rotation one, 2015**

This policy has also been updated to reflect the requirement for trainees to complete a mandatory minimum of one Observed Clinical Activity (OCA) per 6-month FTE rotation.

This requirement is effective from rotation one, 2015 (actual date varies based on locale).

- Therefore, trainees commencing training from rotation one, 2015 will complete a minimum of two OCAs in Stage 1, four OCAs in Stage 2 and four OCAs in Stage 3.
- Trainees who commenced the 2012 Fellowship Program prior to rotation one, 2015 will be required to complete one OCA per 6-month FTE rotation from rotation one, 2015. These trainees should note that the OCA form has been revised and that the new form must be used and submitted to the College.
- Transition arrangements for trainees who will transition from the 2003 Training Program are detailed in the Transition Matrix.

Further assistance available

Contact the Training Department at training@ranzcp.org.

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6. Associated Documents

6.1 Regulation: 7.1 Stage 1 Rotation Requirements Education Training Regulation

6.1 Progression through the Stages of Training Education Training Regulation
8.1 Entrustable Professional Activities Education Training Regulation
12.1 Supervision in Training Posts Education Training Regulation
15.1 Workplace-based Assessments Education Training Regulation
16.1 In-Training Assessment Report Education Training Regulation

6.2 Policy: 8.1 Entrustable Professional Activities Education Training Policy and Procedure
6.1 Progression through Training Education Training Policy
12.1 Supervision in Training Posts Education Training Policy
15.1 Workplace-based Assessments Education Training Policy and Procedure
6.2 Targeted Learning Education Training Policy and Procedure

6.3 Forms : Mid-rotation In-Training Assessment form
End-of-rotation In-Training Assessment form
Workplace-based Assessment (WBA) Forms
Entrustable Professional Activity (EPA) Forms

6.4 Other: Trainee Progress Trajectory
Fellowship Competencies
Developmental Descriptors
Learning Outcomes
EPA Handbook

7. References N/A
11/05/14 v.3.0 RANZCP Board Added EPA changes to be implemented from rotation two, 2014 and updates to after-hours exemption approval process and clarification on mid-rotation ITA Form as recommended by CFT. Reviewed by CFT March 2014. Approved EC out of session 08/04/14. Approved by RANZCP Board B2014/3 R7.

30/09/14 v.4.0 RANZCP Board Amendments to reflect new requirement for trainees to complete a minimum of 1 OCA per rotation, which included adding more WBA info to this document. Content reviewed by TRC, approved by CFT 8/5/14, approved by EC 13/6/14. Revised to reflect further advice regarding mandatory OCA requirements from the CFT/DOTs July 2014 and EC 8/8/14. Approved by CFT 28/8. Reviewed by CGRC 9/9/14. Approved by EC 19/9/14. Approved by RANZCP Board out of session 30/9/14.

03/05/15 v.5.0 RANZCP Board Updates to reflect CFT recommendations and to clarify (to address confusion) that trainees still must achieve 2 EPAs per rotation in Stage 1 even though there are only 2 mandatory Stage 1 EPAs (unless they utilise the exception rule in Rotation 1). Approved CFT 26/03/15. Approved by EC with minor wording changes 10/4/15. Reviewed by CGRC 16/04/15. Approved by RANZCP Board B2015/3 RX.

30/05/16 v.5.1 Update to amend the paragraph titled 'EPA and Progression' which indicated that trainees were required to complete four Stage 1 EPAs and were able to accrue 18 FTE months doing so. As Stage 1 now requires the completion of two Stage 1 EPAs, this has been amended to 12 FTE months. Terminology change from remediation and remedial plan to targeted learning and targeted learning plan. Approved CFT 09/06/16. Minor amendment to update ITA Form to mid-rotation ITA form and ITA Report to end-of-rotation ITA form.

11/02/17 v.5.2 Minor amendment Updated to include Direct observation of procedural skills (DOPS) as a formative WBA assessment tool. Approved by CFT 08/01/16. Approved by CGRC 19/01/17, EC 27/01/17, RANZCP Board 11/02/17.

27/02/17 v.5.3 Education Committee Updated to clarify rules regarding OCA completion when using the Stage 1 exception rule. Approved by CFT 09/02/17, EC 27/02/17

23/09/17 v.6.0 RANZCP Board Adding new requirement for trainees to complete three specified Aboriginal and Torres Strait Islander modules and Māori mental health modules through Learnit as a pre-requisite for Fellowship. This new requirement was approved in principle at DOT/CFT f2f Feb 2017, EC in March 2017, and Board in May 2017 for implementation for trainees commencing from rotation 1, 2018 only. Wording approved through the Stage 2 Mandatory Requirements Policy by CFT 10/08/17, EC 1/09/17. Reviewed by CGRC 31/08/17. Approved by Board 23/09/17 B2017/6 RX. Approved wording to be added to each of Stage Mandatory Requirements Policies.

11/18/17 v.7.0 RANZCP Board Reference to Leave & Interruptions to Training Policy or Part-time training Policy for trainees who complete less than 6 months of FTE training during 6 calendar months (these policies state 0 EPAs required if less than 2 months FTE training, but 1 EPA required if between 2-less than 6 months FTE training). Policy changes approved in Stage 2 Mandatory Requirements Policy & aligned per 18/11/17 B2017/7 R27: (changes reviewed by DOT Advisory Group 21/09/17, Approved by CFT 28/9/17, Reviewed by CGRC 26/10/17, Approved by EC 27/10/17, RANZCP Board 18/11/17 B2017/7 R26).

24/11/17 v.7.1 Education Minor process change to include completion of Aboriginal & Torres Strait Islander and Māori mental health modules
Committee (mandatory for trainees who commence in rotation 1, 2018 or later) can be completed as part of the FEC or scheduled teaching activities organised by their local training program if the BTC verifies the trainee’s attendance & participation in specific modules & reports this to the College head office. Approved CFT 26/10/17, reviewed by DOT Advisory Group 16/11/17, Approved EC 24/11/17.

November 2019

NEXT REVIEW
Stage 2 Mandatory Rotations

During Stage 2 of training under the RANZCP Fellowship Regulations 2012, trainees are required to complete rotations in the following areas of practice:

- Six months' full-time equivalent (FTE) of approved training in Consultation-Liaison Psychiatry.
- Six months' full-time equivalent (FTE) of approved training in Child and Adolescent Psychiatry.

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Stage 2 Mandatory Requirements

Contents

Requirement to complete Aboriginal and Torres Strait Islander mental health modules and Māori mental health modules (once developed) – effective rotation one, 2018

This policy has been updated to reflect the new requirement for trainees to complete the Māori mental health modules (once developed) and three specified Aboriginal and Torres Strait Islander mental health modules through LearnIt on www.ranzcp.org prior to achieving Fellowship.

This requirement is mandatory for all trainees commencing the Fellowship Program from rotation one, 2018 (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the Fellowship Program before rotation one, 2018.

The specifics of this requirement are set out in section 4.2.2.

Further assistance available
Contact the Training Department at training@ranzcp.org.

This box will become unnecessary in December 2018 (approximately) and will be removed at that point.

1. Policy on Stage 2 Mandatory Requirements
This policy describes the mandatory requirements for College trainees in Stage 2 of the (competency-based) Fellowship Program, as governed by the RANZCP Fellowship Regulations 2012.

2. Policy Statement
Stage 2 of the 2012 Fellowship Program is based on a broad biopsychosociocultural model, with a focus on the development of knowledge and skills in clinical management and teamwork.

The requirements of this stage include: the successful completion of a minimum of 24 months of full-time equivalent (FTE) accredited training in College-accredited training posts and the attainment and demonstration of competence in psychiatry to a proficient standard, as defined by the Developmental Trajectory.

3. Purpose
This policy defines the requirements for the successful completion of Stage 2 training within the 2012 Fellowship Program.
4. Policy Details

4.1 Rotation Requirements and Training Posts

Trainees in Stage 2 must complete a minimum of 24 months of FTE accredited training in College-accredited training posts.

4.1.1 Mandatory Stage 2 Child and Adolescent Psychiatry Rotation

Six months of FTE accredited training (out of the minimum 24 months FTE) must be completed in a College-accredited Child and Adolescent Psychiatry training post with a principal supervisor who is accredited by the relevant Branch Training Committee (BTC)/delegated body of the New Zealand Training Committee (NZTC) to supervise Child and Adolescent Psychiatry Training.

- Trainees in Child and Adolescent Psychiatry training posts will be engaged in the care of patients aged 0–18 years.
- Where there are youth service models which require trainees in Child and Adolescent Psychiatry training posts to care for patients older than 18 years of age, trainees must spend a minimum of 80 per cent of their time engaged in the care of patients aged 0–18 years.
- Trainees must not spend more than a maximum of 20 per cent of their time during standard work hours seeing child and adolescent patients in an emergency department. (In this context, ‘standard work hours’ does not include after-hours or on-call work.)

4.1.2 Mandatory Stage 2 Consultation–Liaison Psychiatry Rotation

Six months of FTE accredited training (out of the minimum 24 months FTE) must be completed in a College-accredited Consultation–Liaison Psychiatry training post.

- Trainees must not spend more than 30 per cent of their time during standard work hours in an emergency department. (In this context, ‘standard work hours’ does not include after-hours or on-call work.)

4.1.3 Elective Areas of Practice for Stage 2 Rotations

The additional 12 months of FTE accredited training (out of the minimum 24 months FTE) must be undertaken in one or more of the following elective Areas of Practice, or in additional accredited training in Child and Adolescent Psychiatry and/or Consultation–Liaison Psychiatry:

- Addiction Psychiatry
- Adult Psychiatry
- Forensic Psychiatry
- Indigenous Psychiatry
- Psychiatry of Old Age
- Psychotherapies
- Research (a maximum of 6 months FTE may be undertaken in a research post. See below for further requirements of training in research).

4.1.4 Stage 2 research training

As stated above, a Stage 2 trainee may undertake up to a maximum of 6 months FTE in a research post. This time will not count toward their mandatory Stage 2 Child and Adolescent Psychiatry training or Consultation–Liaison Psychiatry training. Prior to undertaking this training in a research post, the trainee must apply to their BTC/delegated body of the NZTC for prospective approval as this is considered to be non-clinical training.
Trainees undertaking non-clinical training are encouraged to maintain their clinical currency by spending at least 0.2 FTE or 1 day per week in direct clinical work (in an accredited training post); however, the College acknowledges that this is not always feasible.

A trainee undertaking non-clinical training in research is not exempt from fulfilling their ongoing Stage 2 Fellowship Program requirements during that time. Therefore:

- A trainee undertaking non-clinical training must submit an end-of-rotation ITA form for their non-clinical rotation. A trainee who concurrently undertakes any clinical training must also submit a separate end-of-rotation ITA form for this portion of the rotation, so that the clinical training time can be accredited to their Training Record. Therefore, a trainee would be required to submit two end-of-rotation ITA forms for the rotation as the principal supervisors differ, where relevant.

- A trainee undertaking non-clinical training must fulfil the requirement to achieve a minimum of two EPAs for each 6-month FTE rotation. A trainee may achieve the EPAs related to their research post or, where they are concurrently undertaking training in a clinical post, they may choose to achieve the EPAs in that setting.

- A trainee undertaking non-clinical training must fulfil the requirement to achieve a minimum of one OCA per 6-month FTE rotation.

### 4.1.5 After-Hours Work

A trainee must undertake after-hours and emergency duties required by being in an accredited training post. Where a trainee believes there are exceptional circumstances that would prevent them from undertaking these duties after hours, they should submit an application for exemption from after-hours experience for a specified or temporary time period during a specific rotation to their employer and should notify their Director of Training (DOT) of this application. If approved, this exemption must be communicated to the BTC/delegated body of the NZTC.

### 4.2 Knowledge Required

Once they have successfully completed 24 months of FTE training within Stage 2, a trainee should have attained the knowledge base defined in the Stage 2 syllabus.

This knowledge base underpins the acquisition of competencies in Stage 2 and is mandatory for trainee progression to Stage 3 of the Fellowship Program.

#### 4.2.1 Formal Education Course

During a trainee’s first 3 years of FTE accredited training in the Fellowship Program, a trainee must enrol and demonstrate satisfactory participation in a College-accredited formal education course (FEC).

Satisfactory participation includes demonstrated active involvement during each year of the course, including regular attendance or completion of online modules of the program, at a level of around 75 per cent of these components.

#### 4.2.2 Aboriginal and Torres Strait Islander and Māori mental health modules

Trainees must log in to the Learnt system on www.ranzcp.org to complete each Māori mental health module (once developed) and the following three Aboriginal and Torres Strait Islander mental health modules as a requirement for Fellowship:

- Module 1: Interviewing an Aboriginal or Torres Strait Islander patient
- Module 2: Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient
Module 3: Formulation of a case involving an Aboriginal or Torres Strait Islander patient.

Completion of the Māori and the Aboriginal and Torres Strait Islander mental health modules is mandatory for all trainees, irrespective of whether they are located in Australia or New Zealand, or whether they have completed other specific Aboriginal or Torres Strait Islander or Māori training. The online modules are a requirement for Fellowship, and are recommended to be completed as early as possible during training.

The Learnit online system will automatically track a trainee’s completion of the modules. Trainees must be logged in through Learnit for these modules to be tracked on their Training Record. Modules undertaken without logging in to Learnit on www.ranzcp.org will not be considered complete since this cannot be tracked or verified. An exception will be made for trainees who are able to undertake the specified modules as part of their College-accredited FEC or as scheduled teaching activities organised by their local training program. Individual modules will be added to a trainee’s Training Record if the relevant BTC/delegated body of the NZTC verifies the trainee’s attendance and participation in a specific module and reports this information to the College head office.

This requirement is mandatory for all trainees commencing the Fellowship Program from rotation one, 2018 (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the Fellowship Program before rotation one, 2018.

4.3 Fellowship Competencies

The College has adopted a set of Fellowship Competencies that map back to the CanMEDS roles underpinning the Fellowship Program. Trainee progression through the stages of training is dependent on the attainment of competent performance across the Fellowship Competencies, demonstrated by the successful completion of all assessments.

4.3.1 Developmental Descriptors

The Developmental Descriptors provide guidance on the skill level expected of trainees at the end of each stage of training as per the Developmental Trajectory (proficient standard for Stage 2). The Developmental Descriptors articulate how a proficient standard applies for each of the Fellowship Competencies and provide a reference point for defining performance standards.

4.3.2 Learning Outcomes

The Learning Outcomes prescribe the minimum expectations of what trainees will need to attain in their rotations in order to meet the Fellowship Competency requirements across the stages of training.

The Stage 2 Learning Outcomes must be attained by trainees in order for them to progress to Stage 3.

The Learning Outcomes are tracked on the In-Training Assessments (ITAs), described in section 4.12 and 4.13.

4.4 Stage 2 Supervision Requirements

As specified in the Policy and Procedure on Supervision (X.X), clinical supervision of trainees must be maintained at a minimum of 4 hours per week over 40 weeks for full-time trainees.

Of these hours, a minimum of 1 hour per week must be individual supervision of a trainee’s current clinical work. While this hour is required in full for all trainees, the other three hours of supervision per week must be on a pro-rata basis (minimum) for part-time trainees.
4.5 Forms
Trainees must maintain a portfolio of their Fellowship Program forms. This includes their Workplace-based Assessment (WBA) forms, Entrustable Professional Activity (EPA) forms, copies of their Observed Clinical Activity (OCA) forms and copies of all mid-rotation and end-of-rotation ITA forms. Trainees are required to provide this portfolio to their next supervisor for review at the start of each new rotation.

4.6 Workplace-based Assessments (WBAs)
Workplace-based Assessments (WBAs) provide a mechanism for structured and effective feedback in the assessment of competence in typical work settings. Detailed information can be found in the Policy and Procedure on Workplace-based Assessments (15.1).

4.6.1 Formative Assessments
As described in the Regulation, Policy and Procedure on Workplace-based Assessments (15.1), the Fellowship Program utilises WBAs as formative assessment tools; therefore, there is no particular rating that a trainee must achieve. WBAs assist a supervisor in assessing the overall competence attained by the trainee throughout a rotation, thereby informing the supervisor’s best judgement in the assessment of Entrustable Professional Activities (EPAs) and ITAs.

WBAs are set and assessed at the standard expected by the end of the designated stage of training, as per the Developmental Trajectory.

4.6.2 Approved WBA Tools
Five WBA tools have been approved for use within the Fellowship Program. These are the following:
- Case-based Discussion (CbD)
- Mini-Clinical Evaluation Exercise
- Professional Presentation
- Direct Observation of Procedural Skills (DOPS)
- Observed Clinical Activity (OCA).

4.7 Required number of WBAs
There is no limit to the number of WBAs that may be undertaken by a trainee and their supervisor.

4.7.1 Mandatory OCA per rotation
A trainee must complete a mandatory minimum of one OCA during each 6-month FTE rotation as part of the successful completion of that rotation. The OCA is recorded on the end-of-rotation ITA form for each rotation. All OCA forms must be fully completed and attached to the end-of-rotation ITA form for the relevant rotation and submitted to the College for processing within the time required for that rotation.

The other four WBA tools do not have individual mandatory minimum requirements for completion; however, they must be undertaken to contribute to the evidence base necessary for a trainee to be entrusted with an EPA, as below.

4.7.2 WBAs and EPAs
As detailed in the Policies on Workplace-based Assessments (15.1) and Entrustable Professional Activities (8.1), trainees must complete a minimum of three WBAs to contribute to the evidence base for each required EPA. However, the completion of three WBAs does not necessarily result in the achievement of an EPA. A supervisor considers a trainee’s performance in the collection of three or more WBAs in addition to other evidence when assessing whether a trainee has
achieved an EPA. The supervisor may determine that further WBAs are required before the trainee can be entrusted to complete the activity with distant supervision. Additional WBAs may also be beneficial to trainees who may need or want further feedback.

The WBAs must be assessed at the same standard as any EPAs for which they form the evidence base (i.e. WBAs undertaken in Stage 2 must be assessed at a proficient standard).

Any of the five WBA tools (including the OCA) can be used to fulfil the evidence base for an EPA. The WBA tools used to support EPA attainment must be indicated on the end-of-rotation ITA form. With the exception of the OCA form, which must be forwarded to the Training Department at the College head office, WBA forms should be retained by the trainee. Further detail is available in the Workplace-based Assessment Policy and Procedure (15.1).

4.8 Entrustable Professional Activities (EPAs)

EPAs are summative assessments that trainees are required to achieve in order to progress through the stages of training. The required Stage 2 EPAs must be achieved by trainees before they are eligible to progress to Stage 3.

4.8.1 Summative Assessments

As detailed in the Policy and Procedure on EPAs (8.1), EPAs are set and assessed at the standard expected by the end of the designated stage of training. All Stage 2 EPAs will be assessed at the competence standard expected of Stage 2—a proficient level of competency as per the Developmental Trajectory.

A trainee’s achievement of an EPA is confirmed on the Confirmation of Entrustment (COE) form for that specific EPA. In addition, an entrusted EPA must also be recorded on the trainee’s end-of-rotation ITA form (described in point 4.13) in order for its achievement to be entered on the trainee’s Training Record.

- EPAs achieved and noted on a previous end-of-rotation ITA form do not need to be re-recorded.

4.8.2 Stage 2 EPA Requirements in Brief

Trainees will be required to complete 14–18 Stage 2 EPAs by the end of Stage 2, depending on the Areas of Practice in which they complete rotations.

The required Stage 2 EPAs are the following:

- two rotation-based EPAs for each 6-month FTE training rotation, including the EPAs associated with the mandatory Stage 2 Child and Adolescent Psychiatry and Consultation–Liaison Psychiatry rotations
  - this equates to eight EPAs linked to a trainee’s rotations across 24 months FTE of accredited training, or more if a trainee does not complete Stage 2 after 24 months FTE
- the Addiction Psychiatry and Psychiatry of Old Age EPAs, which must be achieved either during rotations in these Areas of Practice where relevant, or during other Stage 2 rotations
- two of three Psychotherapy EPAs, which must be achieved either during a rotation in this Area of Practice where relevant, or during other Stage 2 rotations
- four General Psychiatry EPAs.

Further detail on the specific EPAs is set out in the following section.
4.9 Detail on Stage 2 EPA Requirements

Each 6-month FTE rotation in the Fellowship Program requires the achievement of two specified mandatory EPAs, as described by the Regulation on Rotations (17.2). The rotation-based EPAs must be achieved for trainees to be eligible to pass the end-of-rotation ITA form and the corresponding rotation.

Therefore, trainees must achieve eight rotation-based Stage 2 EPAs during 24 months FTE of accredited training.

4.9.1 EPAs for trainees with part-time or shortened rotations

Trainees, whether training full time or part time, who complete less than 6 months of FTE training during a 6-month rotation (calendar time) must refer to the Leave and Interruptions to Training or Part-time Training Policy in relation to the number of Entrustable Professional Activities (EPAs) required to be eligible to pass the rotation.

Trainees who progress to a different stage of training during a rotation cycle but who still complete more than 2 months of FTE training in total during the 6 calendar months must fulfil the requirement of two rotation-based EPAs per 6-month rotation (if they are training at full time) or a minimum of one rotation-based EPA per 6 calendar months (if they are training at less than full time).

4.9.2 Achieved EPAs Prior to Stage 2 Relevant Rotation

A trainee who has already achieved an EPA at the required standard (e.g. proficient standard) cannot achieve that EPA again.

- This is inclusive of EPAs linked to mandatory or elective rotations that were achieved during a previous area of practice rotation, or Stage 2 EPAs achieved during Stage 1 (with the approval of the trainee’s DOT where required).

A trainee who has already achieved a rotation-based EPA at the proficient standard is still required to fulfil the competency requirement to achieve two EPAs per 6-month FTE rotation. The Stage 2 EPAs used to fulfill this requirement shall be determined jointly by the trainee and their supervisor, and, where relevant, their DOT.

4.9.3 Mandatory EPAs for Mandatory Stage 2 Rotations

As stated in point 4.1.1 and 4.1.2, trainees must successfully complete a 6-month FTE Stage 2 training rotation in Child and Adolescent Psychiatry and in Consultation–Liaison Psychiatry. The following list outlines the mandatory EPAs in these Areas of Practice for Stage 2.

**Child and Adolescent Psychiatry:**

- a) Develop a management plan for an adolescent where school attendance is at risk (ST2-CAP-EPA1).


**Consultation–Liaison Psychiatry:**

- a) Care for a patient with delirium (ST2-CL-EPA1).

- b) Manage clinically significant psychological distress in the context of the patient’s medical illness in the general hospital (ST2-CL-EPA2).
4.9.4 Mandatory EPAs for Elective Stage 2 Rotations

In addition to the mandatory 6-month FTE rotations in Child and Adolescent Psychiatry and Consultation–Liaison Psychiatry, trainees in Stage 2 must successfully complete a minimum of 12 months of FTE accredited training in Stage 2 elective rotations.

Unless a trainee has previously achieved the EPAs linked to their rotation, they must achieve the specified EPAs for the area of practice in order to pass that rotation and the associated end-of-rotation ITA Form.

The following list outlines the mandatory EPAs in each College-established Area of Practice for a Stage 2 elective 6-month FTE rotation.

As there are multiple choices for Adult Psychiatry and Psychotherapy EPAs, the specifics for these Areas of Practice are clarified at the end of this list.

**Addiction Psychiatry:**
- a) Management of substance intoxication and substance withdrawal (ST2-ADD-EPA1).
- b) Comorbid mental health and substance use problems (ST2-ADD-EPA2).

**Forensic Psychiatry:**
- a) Violence risk assessment and management (ST2-FP-EPA1).
- b) Expert evidence (ST2-FP-EPA2).

**Indigenous Mental Health – Australia:**
- a) Interviewing an Aboriginal or Torres Strait Islander patient (ST2-INDAU-EPA1).
- b) Develop a mental healthcare management plan for an Aboriginal or Torres Strait Islander patient (ST2-INDAU-EPA2).

**Indigenous Mental Health – New Zealand:**
- a) Interviewing a Māori patient (ST2-INDNZ-EPA1).
- b) Develop a mental healthcare management and recovery plan for a Māori patient (ST2-INDNZ-EPA2).

**Psychiatry of Old Age:**
- a) Behavioural and psychological symptoms in dementia (BPSD; ST2-POA-EPA1).
- b) The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty; ST2-POA-EPA2).

**Research:**
- a) Placeholder.
- b) Placeholder.

**Adult Psychiatry:**

Trainees in their first Stage 2 Adult Psychiatry rotation must choose any two of the following EPAs, which should be selected jointly by the trainee and their principal supervisor based on the relevance to the specific rotation.

Note: if a trainee has previously achieved two Stage 2 Adult Psychiatry EPAs to a proficient standard, they do not have to choose from the following EPAs in their subsequent Adult rotation to fulfil the requirement of 2 EPAs per 6 months of FTE training (but the EPAs must be selected jointly by the trainee and their principal supervisor, and, where relevant, their DOT).

- a) Assess treatment-refractory psychiatric disorders – General Adult Psychiatry (ST2-AP-EPA1)
b) Physical comorbidity – General Adult Psychiatry (ST2-AP-EPA2).

c) Assess and manage a patient with anorexia nervosa presenting in a severely underweight state – Eating Disorders Psychiatry (ST2-AP-EPA3).

d) Assess and manage an adult with bulimia nervosa – Eating Disorders Psychiatry (ST2-AP-EPA4).

e) Assess and manage a woman experiencing a major postpartum illness within 12 months of childbirth – Perinatal Psychiatry (ST2-AP-EPA5).

f) Assess and manage a pregnant woman presenting with a psychiatric disorder – Perinatal Psychiatry (ST2-AP-EPA6).

g) Assess and manage a mental illness occurring in an adult with an established diagnosis of epilepsy – Neuropsychiatry (ST2-AP-EPA7).

h) Assess and manage psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury – Neuropsychiatry (ST2-AP-EPA8).

i) Assessment of people of Pacific Island descent – Pacific peoples’ mental health (ST2-AP-EPA9).

j) Collaborative management of people of Pacific Island descent – Pacific peoples’ mental health (ST2-AP-EPA10).

k) Differential diagnosis in people presenting for the first time with psychosis – Early Psychosis Intervention (ST2-AP-EPA11).

l) Engagement with people with first episode psychosis and with their families – Early Psychosis Intervention (ST2-AP-EPA12).

Psychotherapies:

Trainees in their first Stage 2 Psychotherapies rotation must choose any two of the following three EPAs to achieve in the psychotherapies rotation. The EPAs should be selected jointly by the trainee and their principal supervisor based on the relevance to the specific rotation.

As with all Stage 2 trainees, a trainee in a psychotherapies rotation is also permitted to achieve all three psychotherapy EPAs.

Note: if a trainee has previously achieved two Stage 2 Psychotherapy EPAs to a proficient standard, they are not required to achieve the remaining Psychotherapy EPA in their subsequent Psychotherapies rotation to fulfil the requirement of 2 EPAs per 6 months of FTE training (but the EPAs must be selected jointly by the trainee and their principal supervisor, and, where relevant, their DOT). They also still must achieve the remaining Stage 2 Psychotherapy EPA prior to completing Stage 3.

a) Psychodynamically informed patient encounters and managing the therapeutic alliance (ST2-PSY-EPA2).

b) Supportive psychotherapy (ST2-PSY-EPA3).

c) Cognitive–behavioural therapy (CBT) for management of anxiety (ST2-PSY-EPA4).

4.9.5 Mandatory Stage 2 Addiction Psychiatry, Psychiatry of Old Age and Psychotherapy EPA Requirements

All trainees must be entrusted with the two Addiction Psychiatry EPAs, the two Psychiatry of Old Age EPAs, and at least two of three Psychotherapy EPAs (listed in point 4.9.4) in order to successfully complete Stage 2.

As outlined in the previous section, trainees who undertake these elective rotations must achieve these EPAs as the mandatory rotation-based EPAs during the successful completion of these elective rotations.
However, if a trainee does not train in Addiction Psychiatry, Psychiatry of Old Age and/or Psychotherapies elective rotations, they must achieve these mandatory EPAs at any point during Stage 2.

If the third Psychotherapy EPA is not achieved during Stage 2, a trainee must achieve this remaining Psychotherapy EPA during Stage 3 in order to successfully complete that stage (although the EPA will still be assessed at the standard of Stage 2—a proficient level of competency).

Trainees must undertake their WBAs leading to the Psychotherapy EPAs on patients other than the patient on which their Psychotherapy Written Case is based and the patients with whom they complete their Stage 3 psychotherapy requirements.

4.9.6 Mandatory Stage 2 General Psychiatry EPAs

As noted in point 4.8.2, trainees must be entrusted with the four Stage 2 General Psychiatry EPAs in order to successfully complete Stage 2 and progress through the stages of the Fellowship Program. The four Stage 2 General Psychiatry EPAs are the following:

a) Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT (ST2-EXP-EPA1).

b) The application and use of the Mental Health Act (ST2-EXP-EPA2).

c) Assessment and management of risk of harm to self and others (ST2-EXP-EPA3).

d) Assess and manage adults with cultural and linguistic diversity (ST2-EXP-EPA5).

4.10 EPAs and progression

Trainees will not be able to progress to Stage 3 until they have been entrusted with all required Stage 2 EPAs (set out in point 4.8.2).

4.10.1 EPA planning guidance

As detailed further in the Entrustable Professional Activities Procedure (8.1), trainees must consider and plan for the number of EPAs that they must achieve in order to progress through the Fellowship Program (i.e. trainees should not delay the majority of their Stage 2 EPAs until the end of 24 months of FTE accredited training). Trainees should plan to achieve a minimum of three and a maximum of six EPAs per 6 months of FTE accredited training, inclusive of rotation-based and other required EPAs. Trainees who would like to achieve more than six EPAs in a 6-month rotation should discuss this beforehand with their DOT and supervisor.

4.10.2 EPA deadlines

As per the Progression through Training Policy (6.1), all required Stage 2 EPAs must be achieved by the time a trainee has completed 36 months of FTE accredited training in Stage 2.

o Note: Additional time spent in Stage 2 achieving the required Stage 2 EPAs is not eligible for recognition of prior learning (RPL) towards training time required by Stage 3.

4.10.3 No eligibility to fulfil Stage 3 EPA requirements during Stage 2

Trainees are not eligible to be entrusted with Stage 3 EPAs to an advanced level of competency prior to entering Stage 3 of the Fellowship Program.

4.11 In-Training Assessments (ITAs)

Each trainee will be assessed on their progress throughout each rotation on two In-Training Assessments.
Each stage of training will utilise a specific formative mid-rotation ITA form and summative end-of-rotation ITA form. A trainee’s mid-rotation ITA forms shall be held by the trainee’s DOT, and will be forwarded to the College as required, while their end-of-rotation ITA forms must be sent to the College upon the completion of each rotation (see point 4.13). The ITAs will be made available to subsequent supervisors in order to facilitate ongoing support throughout a trainee’s progression through training.

4.12 Mid-Rotation ITA form

The mid-rotation ITA form is the formative assessment for each rotation. The mid-rotation ITA form is used to provide feedback to the trainee on their progress in the rotation and to highlight any potential progress concerns and/or identified issues, as well as to document supportive plans required to address these concerns. A successful mid-rotation ITA form does not automatically result in a successfully completed rotation and end-of-rotation ITA form.

4.12.1 Completion of the Mid-Rotation ITA form

At the discretion of the supervisor, the ITA form may be commenced prior to the mid-rotation point if the supervisor has concerns regarding the trainee’s competence and/or progress in the rotation. If the mid-rotation ITA form was not fully completed prior to the mid-rotation point, it must be fully completed at the midpoint of the rotation. Additional mid-rotation ITA forms may be completed after the mid-rotation point, at the discretion of the supervisor.

A trainee’s mid-rotation ITA forms must be held by the trainee’s DOT, and will be forwarded to the College as required.

4.12.2 Supportive Plan to Meet Requirements of Rotation

Should a training issue be identified that causes the supervisor to be concerned that the trainee is not meeting the required standards of the rotation, a supportive plan must be documented on the mid-rotation ITA form and commenced immediately.

The documentation should include the competencies identified which require attention and the action to be undertaken to support the trainee in achieving the standard required prior to the end of the rotation.

As part of a supportive plan, the supervisor must:

- discuss their concerns with the trainee
- discuss their concerns with the DOT or their delegate
- try to identify factors affecting the trainee’s performance
- review progress towards the identified goals with the trainee within 3 months or prior to the end of the rotation, whichever comes first.

As part of a supportive plan, the DOT must ensure that timely (for example, within four weeks) and adequate feedback and support is provided to the trainee by the principal supervisor to enable the trainee to identify and correct any perceived difficulties.

4.13 End-of-Rotation ITA form

The end-of-rotation ITA form is the summative assessment that indicates to the College Training Department what information should be recorded on the trainee’s Training Record for each rotation. The end-of-rotation ITA form indicates whether or not the required EPAs have been entrusted and which WBAs were used to inform them, provides a record of the supervisor’s assessment of the trainee’s performance for each Stage 2 Learning Outcome, and indicates whether the trainee has passed or failed the overarching summative assessment for that rotation.
4.13.1 Timely Receipt of an end-of-rotation ITA form

The end-of-rotation ITA form for each rotation must be fully completed, signed by the trainee’s DOT and received by the College Training Department within 60 days of the completion of a rotation. The trainee is responsible for ensuring that it is signed by the DOT and for ensuring its submission. Trainees must attach the forms for all OCAs completed during a rotation to their end-of-rotation ITA form for submission to the College; therefore, at least one signed and fully completed OCA Form must be attached to the end-of-rotation ITA form for each 6-month FTE rotation. An incomplete end-of-rotation ITA form or end-of-rotation ITA form without the required fully completed OCA form will not be accepted by the College and will be returned to the trainee.

- The non-receipt of a signed, fully completed end-of-rotation ITA form with a minimum of one fully completed and signed OCA form attached within 60 days of the completion of a rotation will result in the delay being noted on the trainee’s Training Record. The trainee will be sent correspondence noting the late end-of-rotation ITA form and reminding the trainee that its continued non-receipt by 30 days from the date on which the correspondence is sent will result in a failed end-of-rotation ITA form and rotation unless exceptional circumstances have been accepted by the College on a case-by-case basis. Exceptional circumstances are detailed further in the Progression through Training Policy (6.1).

- Trainees are responsible for knowing the requirements of the Fellowship Program and of this policy. Non-receipt of correspondence from the College does not invalidate the trainee’s obligation to adhere to the requirements it presents.

4.13.2 Failed end-of-rotation ITA form

A failed end-of-rotation ITA form, which indicates a failed rotation, will require the trainee to complete a targeted learning plan developed by the trainee’s DOT in conjunction with the trainee. Further detail can be found in the Policy and Procedure on Targeted Learning Plans (6.2) and in the Policy and Procedure on Progression through Training (6.1).

Time spent in a failed rotation does not count towards a trainee’s minimum required 60 months of FTE accredited training time.

- Therefore, time spent in a failed Stage 2 rotation does not count towards a trainee’s minimum required 24 months of FTE accredited training in Stage 2.

- Time spent during the successful completion of a rotational targeted learning plan is credited towards a trainee’s Training Record and is included in the minimum required 60 months of FTE accredited training time (and 24 months of FTE accredited training in Stage 2 where applicable).

4.14 Successful Completion of Stage 2

Trainees who have completed a minimum of one OCA per 6-month FTE rotation, successfully passed and submitted the end-of-rotation ITA forms for 24 months of FTE training in accredited Stage 2 rotations and, who, as part of the requirements for Stage 2, have been entrusted with all required Stage 2 EPAs (set out in point 4.8.2) are eligible to continue to Stage 3 of the Fellowship Program.

4.14.1 Progression to Stage 3 while entering targeted learning for a failed Stage 2 rotation

If all Stage 2 training requirements have been completed but the trainee is required to enter targeted learning for a failed Stage 2 rotation, they must remain in Stage 2 until targeted learning has been completed. On completion of targeted learning, the trainee is eligible to progress to Stage 3 of the Fellowship Program.
4.15 Review of Decisions

Any request by a trainee for review of a decision in relation to an unsuccessful rotation or other element of Stage 2 should follow the education review process (X.X).

5. Monitoring, Evaluation and Review

The Education Committee shall implement, monitor and review this policy and report on anomalies and issues as these arise.

This policy will be reviewed biennially and updated as required.

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EPA changes effective rotation two 2014

This policy has been updated to include the new EPA revisions explained below. The 2012 Fellowship Program EPA requirements prior to rotation two, 2014 have been removed from the body of this document.

As the result of substantial feedback from Directors of Training, supervisors and trainees and as part of its commitment to the continuous quality improvement of the 2012 Fellowship Program, the College has approved Entrustable Professional Activity (EPA) changes that reduce the number of assessments required. These changes are to be implemented from the rotation two, 2014 start date (actual date varies).

Change A:
Stage 1 EPAs to become obsolete:

- Producing discharge summaries and organising appropriate transfer of care (ST1-GEN-EPA1)
- Active contribution to the multidisciplinary team meeting (ST1-GEN-EPA3)

Change A Implementation:
From rotation two 2014, trainees will no longer be required to achieve ST1-GEN-EPA1 and ST1-GEN-EPA3 for the completion of Stage 1.

Trainees must continue to achieve two EPAs per 6-month full-time equivalent (FTE) rotation (barring the Stage 1 First 6 Months FTE Exception Rule).

Change B:
Two new broad Stage 1 EPAs to be introduced, replacing four of the 'original' Stage 1 and Stage 2 General EPAs:

- Use of an antipsychotic medication in a patient with schizophrenia/psychosis (ST1-GEN-EPA5)
  - Replacing:
    - Initiating an antipsychotic medication in a patient with schizophrenia (ST1-GEN-EPA2)
- The safe and effective use of clozapine in psychiatry (ST2-EXP-EPA4)
- Providing psychoeducation to a patient and their family and/or carers about a major mental illness (ST1-GEN-EPA6)
  - Replacing:
    - Communicating with a family about a young adult's major mental illness (ST1-GEN-EPA4)
    - The provision of psychoeducation in a formal interactive session (ST2-PSY-EPA1)

**Change B Implementation:**

From rotation two, 2014, trainees **generally** must achieve ST1-GEN-EPA5 and ST1-GEN-EPA6 in Stage 1 rather than each of their two related original EPAs listed in ‘Change B’. However:

- trainees will not be required to achieve the new EPA if they have already achieved both related original EPAs (e.g. both ST1-GEN-EPA2 and ST2-EXP-EPA4; or both ST1-GEN-EPA4 and ST2-PSY-EPA1)
- trainees who have already achieved one of the two related original EPAs may choose whether to continue to work towards the other related original EPA or to work towards the relevant new EPA by the time required.

For example:

- **ST1-GEN-EPA2 + ST2-EXP-EPA4** = Achieve ST1-GEN-EPA5 in Stage 1.
- **ST1-GEN-EPA2 + ST2-EXP-EPA4** = Not required to achieve ST1-GEN-EPA5.
- **ST1-GEN-EPA2 + ST2-EXP-EPA4** = Achieve ST1-GEN-EPA5 or ST1-GEN-EPA2 in Stage 1.
- **ST1-GEN-EPA2 + ST2-EXP-EPA4** = Achieve ST1-GEN-EPA5 or ST2-EXP-EPA4 by end of Stage 2.

**Further assistance available**

- Refer to the visual implementation plan in the appendix of the EPA handbook - Stage 1 and 2 ([www.ranzcp.org/EPAs](http://www.ranzcp.org/EPAs)).
- Contact the Training Department at training@ranzcp.org.

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**OCA changes effective rotation one, 2015**

This policy has also been updated to reflect the requirement for trainees to complete a mandatory minimum of one Observed Clinical Activity (OCA) per 6-month FTE rotation.

This requirement is **effective from rotation one, 2015** (actual date varies based on locale).

- Therefore, trainees commencing training from rotation one, 2015 will complete a minimum of two OCAs in Stage 1, four OCAs in Stage 2 and four OCAs in Stage 3.
- Trainees who commenced the 2012 Fellowship Program prior to rotation one, 2015 will be required to complete one OCA per 6-month FTE rotation from rotation one, 2015. These trainees should note that the OCA form has been revised and that the new form **must** be used and
submitted to the College.

- Transition arrangements for trainees who will transition from the 2003 Training Program are detailed in the Transition Matrix.

Further assistance available
Contact the Training Department at training@ranzcp.org.

6. Associated Documents

6.1 Regulation:
- 9.2 Stage 2 Mandatory Rotations Education Training Regulation
- 9.4 Stage 2 Elective Rotations Education Training Regulation
- 9.3 Stage 2 Mandatory Areas of Competent Performance
- 6.1 Progression through the Stages of Training Education Training Regulation
- 8.1 Entrustable Professional Activities Education Training Regulation
- 12.1 Supervision in Training Posts Education Training Regulation
- 15.1 Workplace-based Assessments Education Training Regulation
- 16.1 In-Training Assessment Report Education Training Regulation

6.2 Policy:
- 8.1 Entrustable Professional Activities Education Training Policy and Procedure
- 6.1 Progression through Training Education Training Policy
- 12.1 Supervision in Training Posts Education Training Policy
- 15.1 Workplace-based Assessments Education Training Policy and Procedure
- 6.2 Targeted Learning Education Training Policy and Procedure

6.3 Forms:
- Stage 2 mid-rotation In-Training Assessment form
- Stage 2 end-of-rotation In-Training Assessment form
- Workplace-based Assessment (WBA) Forms
- Entrustable Professional Activity (EPA) COE Forms

6.4 Other:
- Trainee Progress Trajectory
- Fellowship Competencies
- Developmental Descriptors
- Learning Outcomes
- EPA Handbook

7. References
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<td>10/05/13</td>
<td>v.0.4</td>
<td>Board of Education</td>
<td>New policy approved by BOE. Not approved by GC on 25/05/13.</td>
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<td>v.1.0</td>
<td>RANZCP Board</td>
<td>Amendments made to address GC concerns about FECs. After hours requirements added at recommendation of CFT. Reviewed by TRC 8/7/13. Approved by CFT 11/7/13. Approved by EC 19/7/13. Approved with by RANZCP Board B2013/2 R9.</td>
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<td>Minor amendment – replaced placeholders with approved titles of Indigenous Mental Health – New Zealand EPAs.</td>
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<td>v.3.0</td>
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<td>Added EPA changes to be implemented from rotation two, 2014 and updates to after-hours exemption approval process (CFT approved 27/02/14), clarification on mid-rotation ITA Form as recommended by CFT and clarification that other Stage 2 EPAs must be selected from the approved Stage 2 EPAs. Approved EC out of session 8/4/14. Approved by RANZCP Board B2014/3 R7.</td>
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<td>RANZCP Board</td>
<td>Amendments to reflect new requirement for trainees to complete a minimum of 1 OCA per rotation, separation of 4.7.3 Achieved EPAs Prior to Stage 2 or Relevant Rotation into two sections for clarity. Content reviewed by TRC, approved by CFT 8/5/14, approved by EC 13/6/14. Revised to reflect further advice regarding mandatory OCA requirements from the CFT/DOTs July 2014 and EC 8/8/14. Updated to reflect CAP &amp; C-L SAT, Faculty and CFT recommendation (approved in principle at EC 8/8/14 regarding patient age and time spent in ED. Reviewed by CGRC 9/9/14. Approved in principle by EC 19/9/14, confirmed 26/09/14 after edits to CAP requirements. Approved by RANZCP Board 12/10/14 B2014/6 R11.</td>
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<td>RANZCP Board</td>
<td>Updates to reflect CFT recommendations, including the addition of Research as a recognised area of practice for Stage 2 training (for 6 months FTE maximum). Removed wording that could indicate that accreditation of posts is broken down into stages. CFT approved 26/03/15. EC approved 10/04/15. CGRC reviewed 16/04/15. RANZCP Board approved B2015/3 RX.</td>
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<td>Minor update to list approved Adult Psychiatry subspecialty EPAs (eating disorders, perinatal and neuropsychiatry) as an option for trainees in a Stage 2 Adult Psychiatry Rotation approved by CFT 23/7/15. Alignment with the policy rule stated in the Stage 3 Policy that trainees are not eligible to be entrusted with Stage 3 EPAs prior to entering Stage 3 (advanced standard).</td>
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<td>RANZCP Board</td>
<td>Revised to reflect targeted learning/targeted learning plan (formally remediation/remediation plan) and standard expected at End of stage 3 (formally junior consultant standard) terminology changes. EC approved 29/04/2016. CGRC reviewed 28/04/2016. RANZCP Board approved B2016/4. Minor amendment to update ITA Form to mid-rotation ITA form</td>
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7.1 Stage 2 Mandatory Requirements Education Training Policy v.7.1

and ITA Report to end-of-rotation ITA form.

11/02/17 v.5.4 RANZCP Board

Minor amendment to update number of WBA tools available to include Direct Observation of Procedural Skills (DOPS)

Inclusion of item 4.17.1 Progression to Stage 3 while entering targeted learning for a failed Stage 2 rotation. Approved by CFT 24/11/16. Approved by CGRG 19/01/17, EC 27/01/17, RANZCP Board 11/02/17.

02/08/17 v.6.0 RANZCP Board

Adding new requirement for trainees to complete three specified Aboriginal and Torres Strait Islander modules and Māori mental health modules through Learnit as a pre-requisite for Fellowship. This new requirement was approved in principle at DOT/CFT f2f Feb 2017, EC in March 2017, and Board in May 2017 for implementation for trainees commencing from rotation 1, 2018 only. Wording approved CFT 10/08/17, EC 1/09/17. Reviewed by CGRC 31/08/17. Once approved, wording to be added to each of Stage Mandatory Requirements Policies.

18/11/17 v.7.0 RANZCP Board

- Addition of Psychotherapies as an area of practice for Stage 2 rotations, the EPAs done in this elective rotation must be 2 psychotherapy EPAs (p2, 10)
- P7 Clarification that an EPA cannot be achieved again after it has already been entrusted at that standard (rather than a trainee ‘does not have to achieve it again’), reference to Leave & Interruptions to Training Policy or Part-time training Policy for trainees who complete less than 6 months of FTE training during 6 calendar months (these policies state 0 EPAs required if less than 2 months FTE training, but 1 EPA required if between 2-less than 6 months FTE training).
- P8 reference to rule above
- P9 Clarification to rules for mandatory EPAs for Adult Rotation (when they have already achieved 2 Adult EPAs) as these were unclear
- P10 Text to support Psychotherapy AOP rotations (and relation to psychotherapy EPA requirements)

P6-10 EPA requirements have been re-ordered to make them clearer, clarifications to make it clearer that elective rotations come with mandatory EPAs.

Reviewed by DOT Advisory Group 21/09/17, Approved by CFT 28/9/17, Reviewed by CGRC 26/10/17, Approved by EC 27/10/17, RANZCP Board 18/11/17 B2017/7 R28.

24/11/17 v.7.1 Education Committee

Minor process change to include completion of Aboriginal & Torres Strait Islander and Māori mental health modules (mandatory for trainees who commence in rotation 1, 2018 or later) can be completed as part of the FEC or scheduled teaching activities organised by their local training program if the BTC verifies the trainee’s attendance & participation in specific modules & reports this to the College head office. Approved CFT 26/10/17, reviewed by DOT Advisory Group 16/11/17, Approved EC 24/11/17.

November 2019 NEXT REVIEW
Stage 2 Elective Rotations

During Stage 2 of training, trainees must undertake two elective rotations from the following Areas of Practice:

- Addiction Psychiatry
- Adult Psychiatry
- Child and Adolescent Psychiatry (additional to mandatory rotation)
- Consultation–Liaison Psychiatry (additional to mandatory rotation)
- Forensic Psychiatry
- Indigenous Psychiatry
- Psychiatry of Old Age
- Psychotherapies
- Research (note: a trainee may only undertake a maximum of 6 months FTE in a research post as part of Stage 2 training, which must be prospectively approved by their Branch Training Committee or the New Zealand Training Committee).

REVISION RECORD

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<th>Version</th>
<th>Senior Policy Officer, Education Approver</th>
<th>Description</th>
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<td>v.1.2</td>
<td>General Council</td>
<td>Approved by GC out of session.</td>
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<td>v.2.0</td>
<td>RANZCP Board</td>
<td>Updated to remove Rural Psychiatry as a Stage 2 elective rotation. CFT approved 31/10/13. EC approved 11/11/13. CGRC approved 14/11/13. Board approved B2013/7 R16.</td>
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<td>08/02/14</td>
<td>v.3.0</td>
<td>RANZCP Board</td>
<td>Updated to remove reference to other areas of practice for clarification as these are detailed in the Area of Practice Regulation. EC approved 19/12/13. CGRC approved 23/01/14. Board approved B2014/1 R13.</td>
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<td>10/10/17</td>
<td>v.4.0</td>
<td>RANZCP Board</td>
<td>Addition of Psychotherapies as area of practice (updated to include Research, C–L, and Child and Adolescent Psychiatry) as per Stage 2 Mandatory Requirements Policy. CGRC reviewed 26/10/17, EC approved 27/10/17, Board approved 18/11/17 B2017/7 R29.</td>
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August 2019 NEXT REVIEW
Stage 2 Mandatory Areas of Competent Performance

During Stage 2 of training under the RANZCP Fellowship Regulations 2012, trainees must achieve competent performance to a proficient level in the following Areas of Practice:

- Addiction Psychiatry.
- Psychiatry of Old Age.

DOCUMENT CONTROL

Responsible department: Education
Responsible position: Senior Policy Officer
Version: 1.3

Responsible committee: Board of Education
Date approved by General Council: 25/02/12

REVISION RECORD

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Psychotherapies

In order to attain Fellowship of the College through training under the RANZCP Fellowship Regulations 2012, trainees must achieve an advanced level of competency in the required psychotherapy components by the end of their training.

REVISION RECORD

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<tr>
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<td>RANZCP Board</td>
<td>Update to reflect the fact that the Fellowship Program requires psychotherapies case requirements in Stage 3 (advanced standard). CFT approved. EC approved 24/7/15. CGRC reviewed 31/7/15. Approved by RANZCP Board B2015/5 RX.</td>
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August 2017 NEXT REVIEW
Stage 3 Achievement of Competent Performance

During Stage 3 of training under the RANZCP Fellowship Regulations 2012, trainees must achieve competent performance to an advanced level in either a single area or multiple areas of practice.
Requirements to complete Aboriginal and Torres Strait Islander mental health modules and Māori mental health modules (once developed) – effective rotation one, 2018

This policy has been updated to reflect the new requirement for trainees to complete the Māori mental health modules (once developed) and three specified Aboriginal and Torres Strait Islander mental health modules through Learnit on www.ranzcp.org prior to achieving Fellowship.

This requirement is mandatory for all trainees commencing the Fellowship Program from rotation one, 2018 (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the Fellowship Program before rotation one, 2018.

The specifics of this requirement are set out in section 4.3.3.

Further assistance available
Contact the Training Department at training@ranzcp.org.

This box will become unnecessary in December 2018 (approximately) and will be removed at that point.

1. Policy on Stage 3 mandatory requirements
This policy describes the mandatory requirements for College trainees in Stage 3 of the (competency-based) Fellowship Program, as governed by the RANZCP Fellowship Regulations 2012.

2. Policy statement
Stage 3 of the 2012 Fellowship Program focuses trainees on the development of advanced competencies in either general psychiatry (Stage 3 Generalist trainees) or in a chosen subspecialty (Stage 3 Certificate trainees). The emphasis in Stage 3 is on adult and self-directed learning.

The requirements of this stage include: the successful completion of a minimum of 24 months of full-time equivalent (FTE) training in College-accredited training posts and the attainment and demonstration of competence in psychiatry to an advanced standard, as defined by the Developmental Trajectory.

3. Purpose
This policy defines the requirements for the successful completion of Stage 3 training within the 2012 Fellowship Program. The policy describes what Stage 3 trainees (both Generalist and Certificate) need to successfully complete in order to be eligible for admission to Fellowship.
This policy does not set out the specific requirements of Certificate Programs or the requirements for Fellows in training who are undertaking a Certificate Program. The Certificate Regulations, which should be read in conjunction with this policy for those undertaking a Certificate Program concurrently with Stage 3, detail these requirements.

4. Policy details

4.1 Successful completion of Stage 3

Trainees who have: passed their rotations and submitted the end-of-rotation In-Training Assessment (ITA) forms for a minimum of 24 months of FTE training in accredited Stage 3 rotations, successfully completed all Stage 3 requirements and passed all Fellowship Program centrally administered summative assessments will be eligible to apply for nomination to the Education Committee and the RANZCP Board for admission to Fellowship with the College.

The deadlines for successful completion of the centrally administered summative assessments are detailed in the Progression through Training Policy (6.1). The centrally administered summative assessments are:

- Written Multiple Choice Question (MCQ) Examination
- Written Essay-Style Examination
- Objective Structured Clinical Examination (OSCE)
- Scholarly Project
- Psychotherapy Written Case.

A trainee will continue to be a Stage 3 trainee until they have passed these assessments or until they are no longer a Fellowship Program trainee. Trainees who continue to undertake additional Stage 3 rotations must fulfil all requirements of training, including supervision, ITAs, Entrustable Professional Activities (EPAs) and the mandatory Observed-Clinical Activity (OCA).

Trainees who have not passed all of their required centrally administered summative assessments by the time they successfully complete the Stage 3 training requirements may elect to apply for a break in training in order to focus on successfully completing their remaining assessment(s), noting the show cause process and maximum permitted cumulative break-in-training time as per the Failure to Progress Policy (19.1).

4.2 Rotations and training posts

Trainees in Stage 3 must complete a minimum of 24 months of FTE accredited training in College-accredited training posts.

4.2.1 Elective areas of practice for Stage 3 rotations

Accredited training may be undertaken in one or more of the following elective Areas of Practice:

- Addiction Psychiatry
- Adult Psychiatry

1 Trainees who transitioned into Stage 3 from the 2003 Training Program without successfully completing the Observed Clinical Interview (OCI) examination are required to complete a minimum of four OCAs in order to be eligible for admission to Fellowship, as per the Transition Matrix. Trainees who have transitioned into Stage 3 after having successfully completed the OCI examination are exempt from the requirement to complete a minimum of one OCA per 6-month rotation; however, they must still complete workplace-based assessments (WBAs) to inform the evidence base for the two Entrustable Professional Activities (EPAs) required per rotation.
10.1 Stage 3 Mandatory Requirements Education Training Policy v.3.1

- Child and Adolescent Psychiatry
- Consultation–Liaison Psychiatry
- Forensic Psychiatry
- Indigenous Psychiatry
- Psychiatry of Old Age
- Psychotherapies.

Additionally, a BTC is able to accredit posts for non-clinical training in research, teaching or medical administration (see point 4.16 for further detail).

4.2.2 Certificate Program

Trainees can apply for selection to a Certificate Program, which, if selected, they may be able to undertake concurrently with their progression toward Fellowship. Trainees who are undertaking a Certificate Program and Stage 3 of the Fellowship Program concurrently must follow the regulations for both programs.

4.2.3 After-hours work

A trainee must undertake after-hours and emergency duties required by being in an accredited training post. Where a trainee believes there are exceptional circumstances that would prevent them from undertaking these duties, they should submit an application for exemption from after-hours experience for a specified or temporary time period during a specific rotation to their employer and should notify their DOT of this application. If approved, this exemption must be communicated to the BTC/delegated body of the New Zealand Training Committee (NZTC).

4.3 Knowledge required

During Stage 3, trainees should attain greater depth of knowledge that builds upon the knowledge base developed in Stages 1 and 2. A trainee’s depth of knowledge and its application will be assessed through formative and summative assessments.

4.3.1 Protected education time

Trainees must have access to protected education time of 4 hours per week over 40 weeks for full-time trainees. This time must be on a pro-rata basis (minimum) for part-time trainees.

Protected education time includes a trainee’s attendance at a Formal Education Course (FEC; where available) or time for self-directed learning.

4.3.2 Formal education course (FEC)

Generalist trainees are encouraged to attend an adult psychiatry FEC, if available.

Trainees in Certificate Programs may be required to attend an FEC for their area of subspecialty training as per the Certificate Program Regulations.

4.3.3 Aboriginal and Torres Strait Islander and Māori mental health modules

Trainees must log in to the Learnt system on www.ranzcp.org to complete each Māori mental health module (once developed) and the following three Aboriginal and Torres Strait Islander mental health modules as a requirement for Fellowship:

- Module 1: Interviewing an Aboriginal or Torres Strait Islander patient
- Module 2: Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient
Module 3: Formulation of a case involving an Aboriginal or Torres Strait Islander patient.

Completion of the Māori and the Aboriginal and Torres Strait Islander mental health modules is mandatory for all trainees, irrespective of whether they are located in Australia or New Zealand, or whether they have completed other specific Aboriginal or Torres Strait Islander or Māori training. The online modules are a requirement for Fellowship, and are recommended to be completed as early as possible during training.

The Learnit online system will automatically track a trainee's completion of the modules. Trainees must be logged in through Learnit for these modules to be tracked on their Training Record. Modules undertaken without logging in to Learnit on www.ranzcp.org will not be considered complete since this cannot be tracked or verified. An exception will be made for trainees who are able to undertake the specified modules as part of their College-accredited FEC or as scheduled teaching activities organised by their local training program. Individual modules will be added to a trainee’s Training Record if the relevant BTC/delegated body of the NZTC verifies the trainee’s attendance and participation in a specific module and reports this information to the College head office.

This requirement is mandatory for all trainees commencing the Fellowship Program from rotation one, 2018 (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the Fellowship Program before rotation one, 2018.

4.3.4 Leadership and management requirements

Leadership and management content forms part of the Stage 3 knowledge base. Each BTC approves the options for formal leadership and management training in their state/country. It may be satisfied in the following ways depending on local availability:

- completion of a BTC-approved module or e-module in leadership and management
- achieve any two Medical administration EPAs under appropriate supervision with experience in management, as approved in advance by the BTC
  - any Medical administration EPA that fulfils the trainee’s Stage 3 leadership and management requirement must be in addition to the trainee’s requirement to achieve 2 EPAs in any 6-month FTE rotation
- development, implementation and evaluation of a new policy or procedure in a team or service
- implementation and evaluation of a specific multidisciplinary clinical practice change such as a Clinical Practice Guideline or Clinical Pathway
- facilitation of a specific quality improvement cycle with a peer group, team or service, including elements of assessment, evaluation against external standards, implementing change, reassessment and evaluation
- development of a strategy for how a quality improvement activity might work in a service setting
- development of a program for increasing the engagement of people with mental health problems and mental illness in mental health services.

Other models may be acceptable, subject to local BTC approval.

Trainees must use the Stage 3 Leadership and Management form to notify the College that they have completed this requirement, which will then be reflected on their Training Record. The form may be attached to the trainee’s next ITA submission or submitted separately to the College.
4.3.5 Leadership and management training objectives

By the completion of Stage 3 training, a trainee shall be able to:

- understand the basic competencies required in management roles
- be aware of the national health policy framework within which psychiatry and mental health services are delivered
- articulate the opportunities and challenges within management roles for clinicians which differ from clinical roles
- demonstrate the capacity to engage in discussion around funding models for mental health and be able to debate more than one frame of reference
- demonstrate understanding of organisational change theory and how it can be applied to mental health services
- understand how a quality improvement activity might work in a service setting
- understand how to increase the engagement of people with mental health problems and mental illness in mental health services
- understand how to apply adult learning concepts to the management of career transitions and the stresses inherent in undertaking management and leadership roles for psychiatrists
- understand the practical aspects of running a private practice, where relevant.

4.4 Stage 3 psychotherapy requirements

Trainees must provide psychotherapy to a minimum of three patients for at least six sessions each during Stage 3 of training. These sessions must involve different patients than the person to whom the trainee has provided the 40+ sessions of psychotherapy related to the Psychotherapy Written Case summative assessment. Additionally, the therapy must be provided to patients other than those with whom the trainee has undertaken WBAs leading to the entrustment of any psychotherapy EPAs. The requirement to undertake psychotherapy training with a number of different patients is intended to further enhance the trainee’s development of psychotherapy skills.

The therapy sessions should focus on an established psychotherapy treatment approach for an acceptable treatment indication, as well as involving all of the phases of therapy including: assessment and formulation, contracting and establishment of the treatment frame, review of progress, and working towards termination. There should be awareness of transference and countertransference, plans to deal with barriers to treatment and outcome measurement.

Trainees must receive individual or group supervision for these psychotherapeutic sessions by a College-accredited supervisor. The psychotherapeutic sessions for each patient must be recorded on a Stage 3 Psychotherapy Sessions Form, which must be signed by the supervisor. The form must be countersigned by the trainee’s DOT and submitted to the College head office in order for the completion of the sessions to be entered on the trainee’s Training Record.

Group psychotherapy is an acceptable modality provided that the above criteria can be met. Group sessions count as one session for one patient and cannot be claimed as more than one patient.

4.5 Fellowship Competencies

The College has adopted a set of Fellowship Competencies that map back to the CanMEDS roles underpinning the Fellowship Program. Trainee progression through the stages of training is dependent on the attainment of competent performance across the Fellowship Competencies, demonstrated by the successful completion of all assessments.
4.5.1 Developmental descriptors

The Developmental Descriptors provide guidance on the skill level expected of trainees at the end of each stage of training as per the Developmental Trajectory (advanced standard for Stage 3). The Developmental Descriptors articulate how an advanced standard applies for each of the Fellowship Competencies and provide a reference point for defining performance standards.

4.5.2 Learning outcomes

The Learning Outcomes prescribe the minimum expectations of what trainees will need to attain in their rotations in order to meet the Fellowship Competency requirements across the stages of training.

The Stage 3 Learning Outcomes must be attained by trainees in order for them to be eligible for Fellowship.

The Learning Outcomes are tracked on the ITAs, described in point 4.13–4.15.

4.6 Stage 3 supervision requirements

As specified in the Policy and Procedure on Supervision (XX), clinical supervision of trainees must be maintained at a minimum of 4 hours per week over 40 weeks for full-time trainees.

Of these hours, a minimum of 1 hour per week must be individual supervision of a trainee’s current clinical work. While this hour is required in full for all trainees, the other 3 hours of supervision per week must be on a pro-rata basis (minimum) for part-time trainees.

4.7 Forms

Trainees must maintain a portfolio of their Fellowship Program forms. This includes their Workplace-based Assessment (WBA) forms, Entrustable Professional Activity (EPA) forms, copies of their Observed Clinical Activity (OCA) forms and copies of all mid-rotation and end-of-rotation ITA forms. Trainees are required to provide this portfolio to their next supervisor for review at the start of each new rotation.

4.8 Workplace-based assessments (WBAs)

Workplace-based Assessments (WBAs) provide a mechanism for structured and effective feedback in the assessment of competence in typical work settings. Detailed information can be found in the Policy and Procedure on Workplace-based Assessments (15.1).

4.8.1 Formative assessments

As described in the Regulation, Policy and Procedure on Workplace-based Assessments (15.1), the Fellowship Program utilises WBAs as formative assessment tools; therefore, there is no particular rating that a trainee must achieve. WBAs assist a supervisor in assessing the overall competence attained by the trainee throughout a rotation, thereby informing the supervisor’s best judgement in the assessment of Entrustable Professional Activities (EPAs) and ITAs.

WBAs are set and assessed at the standard expected by the end of the designated stage of training, as per the Developmental Trajectory.

4.8.2 Approved WBA tools

Five WBA tools have been approved for use within the Fellowship Program. These are the following:

- Case-based Discussion (CbD)
4.9 Required number of WBAs

There is no limit to the number of WBAs that may be undertaken by a trainee and their supervisor.

4.9.1 Mandatory OCA per rotation

A trainee must complete a mandatory minimum of one OCA during each 6-month FTE rotation as part of the successful completion of that rotation. The OCA is recorded on the ITA Report for each rotation. All OCA forms must be fully completed and attached to the end-of-rotation ITA form for the relevant rotation and submitted to the College for processing within the time required for that rotation.

The other four WBA tools do not have individual mandatory minimum requirements for completion; however, they must be undertaken to contribute to the evidence base necessary for a trainee to be entrusted with an EPA, as below.

4.9.2 WBAs and EPAs

As detailed in the Policies on Workplace-based Assessments (15.1) and Entrustable Professional Activities (8.1), trainees must complete a minimum of three WBAs to contribute to the evidence base for each required EPA. However, the completion of three WBAs does not necessarily result in the achievement of an EPA. A supervisor considers a trainee’s performance in the collection of three or more WBAs in addition to other evidence when assessing whether a trainee has achieved an EPA. The supervisor may determine that further WBAs are required before the trainee can be entrusted to complete the activity with distant supervision. Additional WBAs may also be beneficial to trainees who may need or want further feedback.

The WBAs must be assessed at the same standard as any EPAs for which they form the evidence base (i.e. WBAs linked to Stage 3 EPAs must be assessed at an advanced standard in Stage 3).

Any of the five WBA tools (including the OCA) can be used to fulfil the evidence base for an EPA.

The WBA tools used to support EPA attainment must be indicated on the end-of-rotation ITA form. With the exception of the OCA form(s), which must be forwarded to the Training Department at the College head office, WBA forms should be retained by the trainee. Further detail is available in the Workplace-based Assessment Policy and Procedure (15.1).

4.10 Entrustable professional activities (EPAs)

EPAs are summative assessments that trainees are required to achieve in order to progress through their rotations and the stages of training.

4.10.1 Summative assessments

As detailed in the Policy and Procedure on Entrustable Professional Activities (8.1), EPAs are set and assessed at the standard expected by the end of the designated stage of training. All Stage 3 EPAs will be assessed at the competence standard expected of Stage 3—an advanced level of competency as per the Developmental Trajectory.

A trainee’s achievement of an EPA is confirmed on the Confirmation of Entrustment (COE) form for that specific EPA. In addition, an entrusted EPA must also be recorded on the
trainee’s end-of-rotation ITA form (described in point 4.15) in order for its achievement to be entered on the trainee’s Training Record.

- EPAs achieved and noted on a previous end-of-rotation ITA form do not need to be re-recorded.

### 4.10.2 No eligibility to undertake Stage 3 EPAs prior to Stage 3

Trainees are not eligible to be entrusted with Stage 3 EPAs prior to entering Stage 3 of the Fellowship Program.

### 4.10.3 Achieved EPA prior to relevant rotation

A trainee who has already achieved an EPA at the required standard (e.g. advanced standard) cannot achieve that EPA again.

- This is inclusive of EPAs that were achieved during a previous area of practice rotation.

A trainee who has already achieved a specific EPA at the advanced standard is still required to fulfil the competency requirement to achieve two EPAs per 6-month FTE rotation. The Stage 3 EPAs used to fulfil this requirement shall be determined jointly by the trainee and their supervisor, and, where relevant, their DOT.

### 4.11 Stage 3 EPAs and rotations

Each 6-month FTE rotation requires the achievement of two EPAs, as described by the Regulation on Rotations (17.2). This requirement must be achieved for trainees to be eligible to pass the end-of-rotation ITA form and the corresponding rotation.

Therefore, trainees must achieve a minimum of eight Stage 3 EPAs during 24 months FTE of accredited training.

As detailed further in the Entrustable Professional Activities Procedure (8.1), trainees must consider and plan for the number of EPAs that they must achieve in order to progress through the Fellowship Program. Trainees should plan to achieve a maximum of six EPAs per 6 months of FTE accredited training, inclusive of rotation-based and other required EPAs. Trainees who would like to achieve more than six EPAs in a 6-month rotation should discuss this beforehand with their DOT and supervisor.

#### 4.11.1 EPAs for trainees with part-time or shortened rotations

Trainees, whether training full time or part time, who complete less than 6 months of FTE training during a 6-month rotation (calendar time) must refer to the Leave and Interruptions to Training or Part-time Training Policy in relation to the number of Entrustable Professional Activities (EPAs) required to be eligible to pass the rotation.

Trainees who progress to a different stage of training during a rotation cycle (e.g. from Stage 2 to Stage 3) but who still complete more than 2 months of FTE training in total during the 6 calendar months must fulfil the requirement of two rotation-based EPAs per 6-month rotation (if they are training at full time) or a minimum of one rotation-based EPA per 6 calendar months (if they are training at less than full time).

#### 4.11.2 EPAs available for generalist trainees

The EPAs are available on the College Website under EPA Forms. Where relevant and appropriate, most Subcommittees for Advanced Training (SATs) have made a number of EPAs from their subspecialty area of practice available for Stage 3 generalist trainees in any rotation. These are prefixed by ‘FELL’ in the EPA title. These EPAs may be achieved while the trainee is undertaking a rotation in a different area of practice. These EPAs are referred to as ‘Fellowship EPAs’. EPAs that can only be achieved in their particular subspecialty area of practice are referred to as ‘Area of Practice EPAs’, prefixed by ‘AOP’.
4.11.3 Rules for EPA achievement (generalist)

The following rules detail a generalist trainee's eligibility to achieve particular EPAs in their Stage 3 rotations:

a) A generalist trainee is eligible to achieve any of the Stage 3 Fellowship EPAs made available by any area of practice (i.e. FELL EPAs).
   - For example, a generalist trainee in an Addiction Psychiatry rotation could achieve a Psychiatry of Old Age FELL EPA and an Adult FELL EPA, which would fulfill the requirement for two EPAs in a 6-month FTE rotation. Therefore, two Addiction Psychiatry EPAs would not be required.
   - A generalist trainee would not be eligible to achieve a Psychiatry of Old Age AOP EPA or an Adult AOP EPA in an Addiction Psychiatry rotation.

b) A generalist trainee is eligible to achieve any of the Stage 3 EPAs offered for the area of practice for which their rotation is accredited (i.e. FELL and AOP EPAs).
   - For example, a generalist trainee undertaking a Forensic Psychiatry rotation is eligible to achieve any of the Stage 3 Forensic Psychiatry EPAs (i.e. both FELL and AOP EPAs).

4.11.4 EPAs available for trainees in a Certificate Program

Trainees who have been selected to a program leading to a Certificate of Advanced Training must ensure they adhere to the requirements of that subspecialty program. These requirements may include specific EPAs (either FELL or AOP) mandated for the successful completion of a rotation and may require the EPAs to be achieved in a specific order. Trainees should refer to the regulations for their Certificate Program for further detail.

A trainee who is training in a Certificate Program while concurrently undertaking Stage 3 of the Fellowship Program is also eligible to achieve the following as part of their Fellowship Program training.

a) In addition to their Certificate Program minimum requirements, a Stage 3 trainee may elect to achieve any of the Stage 3 Fellowship EPAs offered outside of the area of practice for which their rotation is accredited (i.e. same as scenario ‘a’ above: FELL EPAs).

4.12 Stage 2 psychotherapy EPAs

As detailed in the Stage 2 Mandatory Requirements Policy, trainees must be entrusted with two of three Stage 2 Psychotherapy EPAs in order to successfully complete Stage 2 and progress through the stages of the Fellowship Program. A trainee who has one of the three Stage 2 Psychotherapy EPAs remaining must achieve this EPA in Stage 3 (although the EPA will still be assessed at the standard of Stage 2—a proficient level of competency).

The Stage 2 Psychotherapy EPA cannot be counted towards one of the two EPAs required per rotation in Stage 3.

The Stage 2 Psychotherapy EPAs are the following:

a) Psychodynamically informed patient encounters and managing the therapeutic alliance (ST2-PSY-EPA2).

b) Supportive psychotherapy (ST2-PSY-EPA3).

c) Cognitive–behavioural therapy (CBT) for management of anxiety (ST2-PSY-EPA4).

Trainees must undertake their WBAs leading to the Psychotherapy EPAs on patients other than the patient on which their Psychotherapy Written Case is based and the patients with whom they complete their Stage 3 psychotherapy requirements.
4.13 In-training assessments (ITAs)
Each trainee will be assessed on their progress throughout each rotation on two In-Training Assessments.

Each stage of training will utilise a specific formative mid-rotation ITA form and a summative end-of-rotation ITA form. A trainee’s mid-rotation ITA forms shall be held by the trainee’s DOT, and will be forwarded to the College as required, while their end-of-rotation ITA forms must be sent to the College upon the completion of each rotation (see point 4.15.1). The ITAs will be made available to subsequent supervisors in order to facilitate ongoing support throughout a trainee’s progression through training.

4.14 Mid-rotation ITA form
The mid-rotation ITA form is the formative assessment for each rotation. The mid-rotation ITA form is used to provide feedback to the trainee on their progress in the rotation and to highlight any potential progress concerns and/or identified issues, as well as to document supportive plans required to address these concerns. A successful mid-rotation ITA form does not automatically result in a successfully completed rotation and end-of-rotation ITA form.

4.14.1 Completion of the mid-rotation ITA form
At the discretion of the supervisor, the mid-rotation ITA form may be commenced prior to the mid-rotation point if the supervisor has concerns regarding the trainee’s competence and/or progress in the rotation. If the mid-rotation ITA form was not fully completed prior to the mid-rotation point, it must be fully completed at the midpoint of the rotation. Additional mid-rotation ITA forms may be completed after the mid-rotation point, at the discretion of the supervisor.

A trainee’s mid-rotation ITA forms must be held by the trainee’s DOT, and will be forwarded to the College as required.

4.14.2 Supportive plan to meet requirements of rotation
Should a training issue be identified that causes the supervisor to be concerned that the trainee is not meeting the required standards of the rotation, a supportive plan must be documented on the mid-rotation ITA form and commenced immediately.

The documentation should include the competencies identified which require attention and the action to be undertaken to support the trainee in achieving the standard required prior to the end of the rotation.

As part of a supportive plan, the supervisor must:
- discuss their concerns with the trainee
- discuss their concerns with the DOT or their delegate
- try to identify factors affecting the trainee’s performance
- review progress towards the identified goals with the trainee within 3 months or prior to the end of the rotation, whichever comes first.

As part of a supportive plan, the DOT must ensure that timely (for example, within four weeks) and adequate feedback and support is provided to the trainee by the principal supervisor to enable the trainee to identify and correct any perceived difficulties.

4.15 End-of-rotation ITA form
The end-of-rotation ITA form is the summative assessment that indicates to the College Training Department what information should be recorded on the trainee’s Training Record for each rotation.
The end-of-rotation ITA form indicates whether or not the required EPAs have been entrusted and which WBAs were used to inform them, provides a record of the supervisor’s assessment of the trainee’s performance for each Stage 3 Learning Outcome, and indicates whether the trainee has passed or failed the overarching summative assessment for that rotation.

### 4.15.1 Timely receipt of an end-of-rotation ITA form

The end-of-rotation ITA form for each rotation must be fully completed, signed by the trainee’s DOT and received by the College Training Department within 60 days of the completion of a rotation. The trainee is responsible for ensuring that it is signed by the DOT and for ensuring its submission. Trainees must attach the forms for all OCAs completed during a rotation to their end-of-rotation ITA form for submission to the College; therefore, at least one signed and fully completed OCA Form must be attached to the end-of-rotation ITA form for each 6-month FTE rotation. An incomplete end-of-rotation ITA form or end-of-rotation ITA form without the required fully completed OCA Form will not be accepted by the College and will be returned to the trainee.

- The non-receipt of a signed, fully completed end-of-rotation ITA form with a minimum of one fully completed and signed OCA Form attached within 60 days of the completion of a rotation will result in the delay being noted on the trainee’s Training Record. The trainee will be sent correspondence noting the late end-of-rotation ITA form and reminding the trainee that its continued non-receipt by 30 days from the date on which the correspondence is sent will result in a failed end-of-rotation ITA form and rotation unless exceptional circumstances have been accepted by the College on a case-by-case basis. Exceptional circumstances are detailed further in the Progression through Training Policy (6.1).

- Trainees are responsible for knowing the requirements of the Fellowship Program and of this policy. Non-receipt of correspondence from the College does not invalidate the trainee’s obligation to adhere to the requirements it presents.

### 4.15.2 Failed ITA form

A failed end-of-rotation ITA form, which indicates a failed rotation, will require the trainee to complete a targeted learning plan developed by the trainee’s DOT in conjunction with the trainee. Further detail can be found in the Policy and Procedure on Targeted Learning Plans (6.2) and in the Policy and Procedure on Progression through Training (6.1).

Time spent in a failed rotation does not count towards a trainee’s minimum required 60 months of FTE accredited training time.

- Therefore, time spent in a failed Stage 3 rotation does not count towards a trainee’s minimum required 24 months of FTE accredited training in Stage 3.

- Time spent during the successful completion of a rotational targeted learning plan is credited towards a trainee’s Training Record and is included in the minimum required 60 months of FTE accredited training time (and 24 months of FTE accredited training in Stage 3 where applicable).

### 4.16 Non-clinical training

Stage 3 trainees are able to undertake non-clinical training for a maximum of 12 months FTE. A Stage 3 generalist trainee must apply to their BTC for prospective approval in order to undertake non-clinical training for 3 months FTE or more. A Stage 3 Certificate trainee must apply both to their BTC and then to their SAT for prospective approval in order to undertake non-clinical training for any length of time.

Non-clinical training includes training in posts that are accredited for research, medical education or medical administration.
Trainees undertaking non-clinical training are encouraged to maintain their clinical currency by spending at least 0.2 FTE or 1 day per week in direct clinical work (in an accredited training post); however, the College acknowledges that this is not always feasible.

4.16.1 End-of-rotation ITA form

A trainee undertaking non-clinical training must submit an end-of-rotation ITA form for their non-clinical rotation. A trainee who concurrently undertakes any clinical training must also submit a separate end-of-rotation ITA form for this portion of the rotation, so that the clinical training time can be accredited to their Training Record. Therefore, a trainee would be required to submit two end-of-rotation ITA forms for the rotation as the principle supervisors differ, where relevant.

4.16.2 EPA requirements

A trainee undertaking non-clinical training must fulfil the requirement to achieve a minimum of two EPAS for each 6-month FTE rotation.

There are EPAs available that are specifically focussed for research posts, teaching posts and medical administration posts. A trainee may achieve the EPAs related to their post or, where they are concurrently undertaking training in a clinical post, they may choose to achieve the EPAs in that setting.

4.16.3 OCA requirements

A trainee undertaking non-clinical training must fulfil the requirement to achieve a minimum of one OCA per 6-month FTE rotation.

4.17 Final qualitative report

All trainees, including those who are also enrolled in Certificate Programs, must submit a final qualitative report to their DOT upon completion of their final requirements for Fellowship. The final report must be a 500 – 750 word qualitative personal overview of their Stage 3 training experience. It should include an evaluation of the trainee's own experience including their development during Stage 3, perceived strengths and weaknesses of their Stage 3 training experience and feedback regarding their supervision. The report will be held in confidence by the DOT.

The final report must be completed in order for a trainee to be eligible for nomination to Fellowship.

Note: Trainees who are undertaking training in a Certificate Program concurrently with Stage 3 training may be required to submit an additional or updated final qualitative report to the relevant SAT upon completion of their Certificate training, depending on their Certificate Program Regulations.

4.18 Further Certificate Program requirements

Trainees who are training in Certificate Programs while simultaneously undertaking Stage 3 of the Fellowship Program are responsible for ensuring they adhere to the requirements and regulations of the relevant Certificate Program as well as the Fellowship Program regulations. Additional Certificate Program requirements may include, but are not limited to, logbooks and research projects.

4.19 Review of decisions

Any request by a trainee for review of a decision in relation to an unsuccessful rotation or other element of Stage 3 should follow the education review process (X.X).
5. Monitoring, evaluation and review
The Education Committee shall implement, monitor and review this policy and report on anomalies and issues as these arise.
This policy will be reviewed biennially and updated as required.

6. Associated documents

6.1 Regulation: 9.2 Stage 3 Achievement of Competent Performance Education Training Regulation
6.1 Progression through the Stages of Training Education Training Regulation
8.1 Entrustable Professional Activities Education Training Regulation
12.1 Supervision in Training Posts Education Training Regulation
15.1 Workplace-based Assessments Education Training Regulation
16.1 In-Training Assessment Report Education Training Regulation

6.2 Policy: 8.1 Entrustable Professional Activities Education Training Policy and Procedure
6.1 Progression through Training Education Training Policy
12.1 Supervision in Training Posts Education Training Policy
15.1 Workplace-based Assessments Education Training Policy and Procedure
6.2 Targeted Learning Education Training Policy and Procedure
19.2 Failure to Progress Education Training Policy

6.3 Forms: Stage 3 mid-rotation In-Training Assessment form
Stage 3 end-of-rotation In-Training Assessment form
Stage 3 Leadership and Management Form
Stage 3 Psychotherapy Sessions Form
Workplace-based Assessment (WBA) Forms
Entrustable Professional Activity (EPA) COE Forms

6.4 Other: Trainee Progress Trajectory
Fellowship Competencies
Developmental Descriptors
Learning Outcomes
EPA Handbook

7. References N/A
## REVISION RECORD

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<tr>
<th>Date</th>
<th>Version</th>
<th>Approver</th>
<th>Description</th>
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<tr>
<td>16/11/15</td>
<td>v.1.1</td>
<td>N/A</td>
<td>Minor amendment to clarify that policy describes what Stage 3 Generalist and Stage 3 Certificate trainees need to complete in order to be eligible for Fellowship.</td>
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<tr>
<td>11.02.2016</td>
<td>v.1.2</td>
<td>N/A</td>
<td><strong>Clarification</strong> added in Leadership &amp; Management objectives that trainee must use the Stage 3 Leadership and Management form to advise the College of the successful completion of this requirement. Stage 3 Psychotherapy paragraph (was 4.12) repositioned to be earlier in the Policy (now 4.4). Clarification provided regarding Group psychotherapy acceptability. Approved CFT 11/02/2016, EC 26/02/16.</td>
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<td>20.04.2016</td>
<td>V1.3</td>
<td>N/A</td>
<td><strong>Clarification</strong> of Leadership &amp; Management Requirements of the BTC-approved module or e-module</td>
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<td>21/07/2016</td>
<td>v.1.4</td>
<td>RANZCP Board</td>
<td>Revised to reflect targeted learning/targeted learning plan (formally remediation/remediation plan) and standard expected at End of stage 3 (formally junior consultant standard) terminology changes. EC approved 29/04/2016. CGRC reviewed 28/04/2016. RANZCP Board approved B2016/4. Minor amendment to update ITA Form to mid-rotation ITA form and ITA Report to end-of-rotation ITA form.</td>
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<td>11/02/17</td>
<td>v.1.5</td>
<td>Minor amendment</td>
<td>Updated to include Direct observation of procedural skills (DOPS) as a formative WBA assessment tool, and removal of Medical administration EPAs as an option for formal leadership and management training. Approved by CFT 08/12/16. Approved by CGRC 19/11/17, EC 27/01/17, RANZCP Board 11/02/17.</td>
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<tr>
<td>23/09/17</td>
<td>v.2.0</td>
<td>RANZCP Board</td>
<td>Adding new requirement for trainees to complete three specified Aboriginal and Torres Strait Islander modules and Māori mental health modules through Learnit as a pre-requisite for Fellowship. This new requirement was approved in principle at DOT/CFT f2f Feb 2017, EC in March 2017, and Board in May 2017 for implementation for trainees commencing from rotation 1, 2018 only. Wording approved through the Stage 2 Mandatory Requirements Policy by CFT 10/08/17, EC 1/09/17. Reviewed by CGRC 31/08/17. Approved by Board 23/09/17 B2017/6 RX. Approved wording to be added to each of Stage Mandatory Requirements Policies.</td>
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<tr>
<td>11/18/17</td>
<td>v.3.0</td>
<td>RANZCP Board</td>
<td>Reference to Leave &amp; Interruptions to Training Policy or Part-time training Policy for trainees who complete less than 6 months of FTE training during 6 calendar months (these policies state 0 EPAs required if less than 2 months FTE training, but 1 EPA required if between 2-less than 6 months FTE training). Clarification that an EPA cannot be achieved again after it has already been entrusted at that standard. Policy changes approved in Stage 2 Mandatory Requirements Policy &amp; aligned per 18/11/17 B2017/7 R27: (changes reviewed by DOT Advisory Group 21/09/17, Approved by CFT 28/9/17, Reviewed by CGRC 26/10/17, Approved by EC 27/10/17, RANZCP Board 18/11/17.</td>
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</table>
Minor process change to include completion of Aboriginal & Torres Strait Islander and Māori mental health modules (mandatory for trainees who commence in rotation 1, 2018 or later) can be completed as part of the FEC or scheduled teaching activities organised by their local training program if the BTC verifies the trainee’s attendance & participation in specific modules & reports this to the College head office. Approved CFT 26/10/17, reviewed by DOT Advisory Group 16/11/17, Approved EC 24/11/17.

24/11/17 v.3.1 Education Committee

November 2019 NEXT REVIEW
Workplace-Based Assessments

Workplace-Based Assessments (WBAs) are formative assessment tools. WBAs provide a structured yet flexible vehicle for a supervisor to guide a trainee's development through the provision of timely, specific and constructive feedback.

A mandatory minimum of three WBAs must contribute to the evidence base for a supervisor's decision to entrust a trainee with an Entrustable Professional Activity (EPA).

A mandatory minimum of one Observed Clinical Activity (OCA) must be completed during each 6-month full-time equivalent (FTE) rotation as part of the successful completion of that rotation.

The other four WBA tools have no mandatory minimum requirements.

OCA changes effective rotation one, 2015

This regulation has also been updated to reflect the requirement for trainees to complete a mandatory minimum of one Observed Clinical Activity (OCA) per 6-month FTE rotation.

This requirement is effective from rotation one, 2015 (actual date varies based on locale).

- Therefore, trainees commencing training from rotation one, 2015 will complete a minimum of two OCAs in Stage 1, four OCAs in Stage 2 and four OCAs in Stage 3.

- Trainees who commenced the 2012 Fellowship Program prior to rotation one, 2015 will be required to complete one OCA per 6-month FTE rotation from rotation one, 2015. These trainees should note that the OCA form has been revised and that the new form must be used and submitted to the College.

- Transition arrangements for trainees who will transition from the 2003 Training Program are detailed in the Transition Matrix.

Further assistance available

Contact the Training Department at training@ranzcp.org.
## REVISION RECORD

<table>
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<td>27/03/12</td>
<td>1.5</td>
<td>General Council</td>
<td>New document approved out of session.</td>
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<tr>
<td>11/05/14</td>
<td>2.0</td>
<td>RANZCP Board B2014/3 – R8</td>
<td>Updates to include mandatory OCA effective from rotation 1 2015.</td>
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<td>30/09/14</td>
<td>2.1</td>
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<td>Minor change to explanatory box to reflect 30/09/14 Board approval of OCA details.</td>
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<td>11/02/17</td>
<td>2.2</td>
<td>RANZCP Board B2017/1</td>
<td>Updates to include four formative WBA assessment tools from three. Approved by CFT 08/12/16. Approved by CGRC 19/01/17, EC 27/01/17 and RANZCP Board 11/02/17.</td>
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**May 2016**  

**NEXT REVIEW**
Policy on Workplace-Based Assessments

This policy outlines the use of Workplace-Based Assessments (WBAs) to formatively assess trainee competence in a typical work setting.

Policy statement

WBAs provide a structured yet flexible tool for College-accredited supervisors to formatively assess a trainee’s competence in the workplace and to guide trainee development through the provision of timely, constructive and specific feedback within the 2012 Fellowship Program. The use of WBAs will focus feedback on the strengths and weaknesses of a trainee’s performance in the workplace.

The WBA tools are designed to be incorporated into regular supervision time and their use provides evidence of a trainee’s current level of competence at an activity. It is expected that WBAs completed early in a rotation or stage of training will differ considerably from those completed later, demonstrating the trainee’s progress over time. Therefore, WBAs assist a supervisor in assessing the overall competence attained by the trainee throughout a rotation and inform the supervisor’s best judgement when assessing other formative and summative assessments in the 2012 Fellowship Program.

Purpose

This policy defines the WBA requirements of the 2012 Fellowship Program.

Policy details

1. WBAs in the 2012 Fellowship Program

WBAs provide a mechanism for supervisors to give structured and effective feedback in the assessment of trainee competence in typical work settings. The 2012 Fellowship Program utilises WBAs as formative assessment tools that cannot be ‘passed’ or ‘failed’.

Five WBA tools have been approved for use within the 2012 Fellowship Program:

- Case-based Discussion (CbD)
- Mini-Clinical Evaluation Exercise
- Professional Presentation
- Direct observation of procedural skills (DOPS)
- Observed Clinical Activity (OCA).

1.1 Required number of WBAs
A trainee must complete a mandatory minimum of one OCA during each 6-month FTE rotation as part of the successful completion of that rotation as detailed in point 6.1.*

The other four WBA tools do not have individual mandatory minimum requirements for use; however, a minimum of three completed WBAs are necessary to contribute to the evidence base for each Entrustable Professional Activity (EPA) as detailed in point 9.1. Any of the five WBA tools (including the OCA) can be used to fulfil the evidence base for an EPA.

There is no limit to the number of WBAs that may be undertaken by a trainee and their supervisor. Because the feedback provided through each WBA indicates how a trainee is progressing and helps to plan future learning, WBAs are most effective when they are undertaken early in a rotation, at the mid-point and towards the end. Additional WBAs may be beneficial to trainees who may need or want further feedback or for supervisors who require further information on a trainee’s competence in a particular activity.

2. Supervisors

A WBA can be assessed by the trainee’s principal supervisor or any other College-accredited supervisor. The supervisor must be familiar with the use of the specified WBA tool and must also be clinically competent in the area of psychiatry being assessed.

A trainee’s principal supervisor must have access to and be able to cite WBAs that have been assessed by another supervisor.

WBAs can and should be completed within regular supervision time where possible.

2.1 OCA supervision requirement

In the case of the OCA, a trainee must request approval from their principal supervisor prior to undertaking the OCA with another accredited supervisor. If granted, the principal supervisor must sign the relevant OCA form to indicate their approval.

3. Case-based Discussion WBA

A Case-based Discussion (CbD) is a discussion based on case notes and other relevant written correspondence for a current case in the workplace.

3.1 Choosing a case

A trainee should select no fewer than four cases for possible discussion in the CbD, of which the supervisor will select one case to discuss. A trainee should have had the opportunity to manage a number of patients prior to arranging a CbD.

3.2 Assessment criteria

Use of the CbD tool facilitates the formative assessment of and structured feedback on the trainee’s clinical reasoning and decision making, including their ability to both integrate and document the integration of medical knowledge within case management.

Prior to conducting each CbD, the trainee and supervisor should determine together which of the following criteria will be assessed and should indicate this on the form:

- clinical record keeping
- clinical assessment
- risk assessment and management
• assessment and treatment of medical comorbidities
• treatment planning
• referral
• follow-up and transfer of care
• professionalism
• clinical reasoning.

3.3 Undertaking the CbD
The specific protocol requirements for the CbD tool are available on the WBA page of the College website. The College CbD protocol must be followed each time a CbD is undertaken as part of the 2012 Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

4. Mini-Clinical Evaluation Exercise WBA
A Mini-Clinical Evaluation Exercise consists of a supervisor’s observation of a trainee during a clinical encounter with a person with mental health problems or mental illness.

4.1 Choosing an encounter
The Mini-Clinical Evaluation Exercise involves a trainee, a supervisor and a person with mental health problems or mental illness who has agreed to participate. The patient should either be selected by the supervisor so that it is a new patient for the trainee, or the trainee should undertake a new task with a patient to fulfil the Mini-Clinical Evaluation Exercise. The supervisor should be familiar with the patient’s presentation.

Encounters should be chosen over a range of clinical activities and settings.

4.2 Assessment criteria
Use of the Mini-Clinical Evaluation Exercise tool facilitates the formative assessment of and structured feedback on specific predetermined clinical tasks, rather than the trainee’s general performance.

Prior to conducting the Mini-Clinical Evaluation Exercise, the trainee and supervisor should determine together which of the following criteria will be assessed and should indicate this on the form:
• history-taking process
• history-taking content
• mental state examination skills
• physical examination skills
• communication skills
• data synthesis
• organisation/efficiency.

4.3 Undertaking the Mini-Clinical Evaluation Exercise
The specific protocol requirements for the Mini-Clinical Evaluation Exercise tool are available on the WBA page of the College website. The College Mini-Clinical Evaluation Exercise protocol must be followed each time a Mini-Clinical Evaluation Exercise is undertaken as part of the 2012 Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

5. Professional Presentation WBA

A Professional Presentation for the purpose of a WBA is a supervisor-observed presentation given by a trainee to an audience.

5.1 Choosing a presentation

The Professional Presentation WBA tool can be used in journal clubs, case presentations, community education presentations, clinical audits, grand round presentations and in-service presentations. Audiences may include the wider community, mental health consumers, carers, or clinician audiences.

The trainee should choose to make Professional Presentations that allow for the assessment of a range of settings and topic areas.

5.2 Assessment criteria

Use of the Professional Presentation tool facilitates the formative assessment of, and structured feedback on, specific presentation skills based on the tool and predetermined by the trainee and supervisor, rather than on the trainee’s general performance alone.

Prior to the trainee’s Professional Presentation, the trainee and supervisor should determine together which of the following criteria will be assessed and should indicate this on the form:

- introducing the topic
- setting material in context
- analysis and critique
- presentation and delivery
- answering questions
- quality of educational content.

5.3 Undertaking the Professional Presentation

The specific protocol requirements for the Professional Presentation tool are available on the WBA page of the College website. The College Professional Presentation protocol must be followed each time a Professional Presentation is undertaken as part of the 2012 Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

6. Direct observation of procedural skills (DOPS)

A DOPS is a concise, validated method of assessment consisting of a supervisor observing a trainee conducting a procedural skill (e.g. psychotherapy, ECT, supervision, physical examination) and providing feedback to the trainee about their performance. The most important part of the DOPS is the feedback given to the trainee.

6.1 Choosing an encounter
The DOPS may be used during a range of activities and settings to assess different procedural skills. When conducting a DOPS with a patient, the patient must be informed of the DOPS assessment process.

6.2 Assessment criteria
Use of DOPS facilities the formative assessment of and structured feedback across the following areas:

- communication skills (including therapeutic relationship/approach)
- demonstrated knowledge of procedure
- procedural, technical or supervision skills (including provision of feedback)
- organisation, time management and documentation
- management of any issues arising (transference, risks, conflicts, adverse reactions, etc.)
- boundaries and professionalism
- another skill at the supervisor’s discretion (optional).

Prior to conducting each DOPS, the trainee and supervisor should determine together which of the assessment criteria to focus on during the formative assessment. The feedback should focus on the agreed specific tasks rather than on the trainee’s general performance.

6.3 Undertaking the DOPS
The specific protocol requirements for the DOPS tool are available on the WBA page of the College website. The College DOPS protocol must be followed each time a DOPS is undertaken as part of the 2012 Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

7. Observed Clinical Activity WBA
An Observed Clinical Activity (OCA) consists of a supervisor’s observation of a trainee during the trainee’s initial clinical assessment of a person with mental health problems or mental illness, followed by the trainee’s presentation of the diagnostic assessment (including the formulation) and their corresponding treatment plan to the supervisor. The presentation segments of the OCA will include clarification questions from the supervisor to refine the trainee’s clinical reasoning abilities. The OCA can be conducted during regular supervision time; however, this WBA tool will require two one-hour supervision sessions that occur no more than a week from each other. Feedback will be given to the trainee immediately following both the trainee’s clinical assessment of the patient and the trainee’s presentation of the case and comprehensive management plan.

7.1 Mandatory OCA per rotation*
A mandatory minimum of one OCA must be completed during each 6-month FTE rotation as part of the successful completion of that rotation.* However, there is no limit to the number of OCAs that a trainee can undertake in a rotation. As with all WBAs, each mandatory OCA is assessed formatively. The OCA must be completed; however, there is not a particular rating that a trainee must achieve. The requirement for a series
of OCAs to be completed throughout training aims for continued improvements in a trainee’s clinical skills and for awareness of their own strengths and weaknesses.

A trainee will not be eligible to pass a 6-month FTE rotation in which they have not completed an OCA and submitted a copy of the fully completed form attached to their end-of-rotation In-Training Assessment (ITA) form to the Training Department at the College head office.*

7.2 Choosing encounters in a range of patients/settings/contexts*

The OCA involves a trainee, a supervisor and a person with mental health problems or mental illness who has agreed to participate. The patient should be selected by the supervisor, as the encounter will involve the trainee’s initial clinical assessment of a patient who is not well known to the trainee. The supervisor should be clinically competent in the area(s) relevant to the patient’s presentation.

A trainee should undertake OCAs in a range of settings/contexts and with a range of patients as per the OCA protocol. The range of OCAs previously undertaken by the trainee should be communicated to the supervisor at the beginning of each rotation in order for the supervisor to identify a suitable patient for the trainee. The supervisor should also be given access to a copy of the trainee’s previously completed OCA forms.*

7.3 Assessment criteria

Use of the OCA tool facilitates the formative assessment of and structured feedback on the trainee’s ability to conduct a psychiatric interview, synthesise information (in the form of a diagnostic statement, formulation and predicted prognosis) and formulate a management plan based on the obtained information.

The trainee and supervisor will focus on the following:*  
- history-taking process  
- history-taking content  
- mental state examination skills  
- physical examination skills  
- data synthesis  
- management plan.

7.4 Undertaking the OCA

The specific protocol requirements for the OCA tool are available on the WBA page of the College website. The College OCA protocol must be followed each time an OCA is undertaken as part of the 2012 Fellowship Program. This ensures a consistent experience for trainees as they progress through their rotations and for supervisors in assessing each trainee.

8. Formative assessment of competence

WBAs are assessed at the standard expected by the end of the designated stage of training as per the 2012 Program Developmental Trajectory and as articulated by the related Developmental Descriptors.

Feedback and ratings should be given immediately after the WBA occurs and will be guided by the supervisor’s best judgement in addition to the Developmental Descriptors for the Fellowship Program.
8.1 The standard expected at the end of a stage

The Developmental Trajectory outlines the expected development of a trainee’s skills and knowledge as they progress through each stage of training. The standard level expected of trainees at the end of each stage of training is as follows:

- Stage 1 – Basic Level
- Stage 2 – Proficient Level
- Stage 3 – Advanced Level.

The Developmental Descriptors are behavioural descriptors that provide guidance on each of these standard levels. They articulate how each standard level applies for each of the Fellowship Competencies, outline a continuum along which trainees progress and provide reference points for defining performance standards.

The Developmental Descriptors can be found on 2012 Fellowship Program ‘Documents’ page of the College website.

8.2 Feedback

The formative feedback given to a trainee is the overarching purpose of undertaking a WBA. The feedback should be concentrated around their performance of the clinical task identified for assessment. This will include the chosen assessment criteria, as predetermined by the supervisor and the trainee. The feedback will focus on the strengths and weaknesses of the trainee’s performance and will, through self-reflection, also inform their learning and skill development.

The feedback is intended to:

- indicate how the trainee is progressing
- help with planning for future learning
- inform supervisors’ assessment of EPAs, mid-rotation ITA forms and end-of-rotation ITA forms.

8.3 Rating

WBAs are formatively assessed on a 3-point rating scale. The mid-point of the scale represents the end-of-stage standard expected of trainees as defined by the Developmental Trajectory and as described by the Developmental Descriptors detailed in point 7.1.

8.4 Using the rating scale

The supervisor should make their judgements only on those competencies and behaviours observed during the WBA, rather than inferring performance from other areas.

Supervisors use the rating scale to rate the trainee’s performance on the previously agreed assessment criteria against the performance that would be expected of the trainee at the completion of the stage, regardless of how far into the stage the trainee actually is.

This approach provides educationally driven opportunities for trainees to assess their progress against the point of progression to the next stage of training, and will offer trainees the opportunity to view their progression along a continuum.

Because the standards against which performance is measured are expected to be met on the completion of the stage, WBAs undertaken by trainees near the beginning and/or middle of a
stage may typically include ratings of ‘below the standard for the end of stage’. WBA assessment criteria assessed as ‘below the standard expected for the end of stage’ highlight areas of improvement and provide immediate constructive and useful feedback to a trainee to give direction to the trainee’s development throughout the stage.

9. Administration

Trainees are responsible for planning each WBA and for organising the administration required for its occurrence; however, supervisors retain responsibility for the selection of a patient where the patient must be new or not well known to a trainee. Both trainees and supervisors are able to initiate a WBA.

9.1 Forms

The form for each WBA will be completed by the supervisor together with the trainee. After each WBA has been completed and the form signed by both the supervisor(s) and trainee, the trainee maintains responsibility for the completed WBA form. All relevant completed WBA forms must be available to the supervisor and/or principal supervisor at the time of assessing any EPAs, the mid-rotation ITA form and the end-of-rotation ITA form for that rotation. Completed forms must also be available to the DOT, principal supervisor and College Head office on request. Further, a trainee’s principal supervisor may request to see any WBAs completed to date, including those done in previous rotations.

Supervisors and DOTs may also retain a copy of the WBA form; however, this is not required and will not invalidate the trainee’s obligation to maintain their own forms and records.

9.2 OCA form submission*

Where an OCA was completed with a supervisor other than the trainee’s principal supervisor, the OCA form must also be signed by the principal supervisor to indicate that approval was granted prior to the OCA being undertaken.*

All OCA forms must be fully completed (including provisional diagnosis, patient and setting/context information), attached to the end-of-rotation ITA form for the relevant rotation and submitted to the College for processing within the time required for that rotation.*

An end-of-rotation ITA form submitted without a fully completed OCA form will be returned as incomplete and will not be recorded as submitted.*

All completed OCA forms will be filed in the trainee’s Training Record. In addition, the provisional diagnosis, patient data and setting/context will be recorded. The College will monitor de-identified trends in OCA patient demographics and settings/contexts in order to consider the diversity of training experiences.*

The trainee should keep a copy of their completed OCA forms for their records.

10. Relationship with summative assessments

Although WBAs are used as formative tools within the Fellowship Program, they are used to inform decisions related to other formative and summative assessments—specifically EPAs, mid-rotation ITA forms and end-of-rotation ITA forms.

WBAs must be undertaken by trainees throughout each rotation and stage of the Fellowship Program, as their completion is crucial to ensuring that there is an evidence base for each EPA entrusted within the program and as part of the principal supervisor’s assessment of the trainee’s competence in each rotation.
10.1 WBAs and EPAs

WBAs, along with other information, contribute to the evidence base necessary for a trainee to be entrusted with an EPA. EPAs are mandatory summative assessment components of the Fellowship Program that must be achieved within specified time requirements.

A mandatory minimum of three completed WBAs must be used when assessing each EPA; however, the completion of three WBAs does not necessarily result in the achievement of an EPA. A supervisor considers a trainee’s performance in the collection of three or more WBAs in addition to other evidence when assessing whether a trainee has achieved an EPA. The supervisor may determine that further WBAs are required before the trainee can be entrusted to complete the activity with distant supervision.

When assessing an EPA, the WBAs used as evidence for the achievement of the EPA must have been assessed at the standard at which that EPA is set. For example, WBAs that are used to inform the evidence base for a Stage 2 General Psychiatry EPA will be assessed at the proficient standard, regardless of whether the trainee completes the WBAs in Stage 1 or Stage 2.

10.2 WBAs and ITA forms (rotations)*

A training rotation cannot be marked as a ‘pass’ without the completion of a minimum of one OCA.* As a requirement of each six-month FTE rotation, each completed OCA will be tracked on the summative ITA form for that rotation and the fully completed OCA form must be attached to the end-of-rotation ITA form for submission to the College head office.*

While there is not a particular rating that a trainee must achieve in completing an OCA (or any other WBA), the trainee’s principal supervisor takes into account each WBA together with other relevant information when deciding to pass or fail a trainee on an end-of-rotation ITA form.

11. Review of decisions

Any request by trainees for review of a decision in relation to a WBA should follow the formal education review process (X.X).

12. Monitoring, evaluation and review of policy

The Education Committee (EC) shall implement, monitor and review this policy and report on anomalies and issues as these arise.

This policy will be reviewed biennially and updated as required.

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**OCA changes effective rotation one, 2015**

This policy and procedure has been updated to reflect the requirement for trainees to complete a mandatory minimum of one Observed Clinical Activity (OCA) per 6-month FTE rotation.

This requirement is **effective from rotation one, 2015** (actual date varies based on locale).

- Therefore, trainees commencing training from rotation one, 2015 will complete a minimum of two OCAs in Stage 1, four OCAs in Stage 2 and four OCAs in Stage 3.
- Trainees who commenced the 2012 Fellowship Program prior to rotation one, 2015 will be required to complete one OCA per 6-month FTE rotation from rotation one, 2015. These trainees should note that the OCA form has been revised and that the new form must be used and
submitted to the College.

- Transition arrangements for trainees who will transition from the 2003 Training Program are detailed in the Transition Matrix.

All updates that are effective from rotation one, 2015 have been marked with an asterisk (*).

Further assistance available
Contact the Training Department at training@ranzcp.org.

13. Definitions and abbreviations

<table>
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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>CanMEDS Framework</td>
<td>The CanMEDS Framework, adopted by the Royal College of Physicians and Surgeons of Canada in 1996, is utilised by this College in the development and intent of the (competency-based) Fellowship Program. “CanMEDS is an educational framework identifying and describing seven roles that lead to optimal health and health care outcomes: medical expert (central role), communicator, collaborator, manager, health advocate, scholar and professional.” (Royal College of Physicians and Surgeons of Canada, 2011).</td>
</tr>
<tr>
<td>CbD</td>
<td>Case-based Discussion – a WBA tool approved for use in the 2012 Fellowship Program.</td>
</tr>
<tr>
<td>College</td>
<td>The Royal Australian and New Zealand College of Psychiatrists</td>
</tr>
<tr>
<td>College-accredited</td>
<td>Accredited as part of the responsibility delegated to the Branch Training Committees (BTCs) and undertaken in accordance with the Accreditation of Training Programs: Standards for Accreditation.</td>
</tr>
<tr>
<td>Decision</td>
<td>Any written, final outcome made by a College committee or representative of the College.</td>
</tr>
<tr>
<td>Developmental Descriptors</td>
<td>Describes the skill level expected of trainees at the end of each stage of training. These can be used by supervisors to help determine if a trainee is performing at the appropriate standard as per the Developmental Trajectory. The Developmental Descriptors are not designed to be an exhaustive list and are not intended to replace a supervisor's best judgement. See Associated Documents.</td>
</tr>
<tr>
<td>Developmental Trajectory</td>
<td>The Developmental Trajectory illustrates the broad changes expected of trainees’ practice as they progress through training through basic, proficient and advanced levels. See Associated Documents (Developmental Descriptors).</td>
</tr>
<tr>
<td>DOPS</td>
<td>Direct observation of procedural skills (DOPS) - a WBA tool approved for use in the 2012 Fellowship Program.</td>
</tr>
<tr>
<td>DOT</td>
<td>Director of Training. Also applicable to Director of Advanced Training within the context of this policy.</td>
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<td>EPAs</td>
<td>Entrustable Professional Activities: summative assessment components of the Fellowship Program.</td>
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Fellowship Competencies outline the College’s understanding of psychiatry in Australia and New Zealand through the CanMEDS roles, and state the demonstrable endpoint competencies for all trainees engaged in attaining Fellowship of the College. See Associated Documents.

FTE
Full-time equivalent: the proportion of time compared to full time, where full time is 1.0. A trainee’s FTE status is determined by their employment contract.

ITA
In-Training Assessment: formative and summative assessment components of the Fellowship Program.

OCA
Observed Clinical Activity – a WBA tool, the use of which is mandatory for each 6-month FTE rotation.*

Stage
Training under the RANZCP Fellowship Regulations 2012 falls into three Stages (Stage 1, Stage 2 and Stage 3), which can be defined as basic, proficient and advanced training as per the Developmental Trajectory.

Training Record
The record kept by the College of a trainee’s progress on all required components of the Fellowship Program.

WBAs
Workplace-based Assessments: formative assessment components of the Fellowship Program.

Associated documents
1. Regulation: 15.1 Workplace-based Assessments Education Training Regulation
   8.1 Entrustable Professional Activities Education Training Regulation

2. Policy: 15.1 Workplace-based Assessments Education Training Policy
   8.1 Entrustable Professional Activities Education Training Policy
   6.1 Progression through the Stages of Training Policy
   7.1 Stage 1 Mandatory Requirements Policy
   9.1 Stage 2 Mandatory Requirements Policy
   10.1 Stage 3 Mandatory Requirements Policy

3. Forms: Case-based Discussion WBA Tool
   Mini-Clinical Evaluation Exercise WBA Tool
   Professional Presentation WBA Tool
   Direct observation of procedural skills (DOPS) WBA Tool
   Observed Clinical Activity WBA Tool
   In-Training Assessment (ITA) form

4. Other: Case-based Discussion Guidance for Discussion
   Fellowship Competencies
Developmental Descriptors
Learning Outcomes
Case-based Discussion protocol
Mini-Clinical Evaluation Exercise protocol
Professional Presentation protocol
Direct observation of procedural skills protocol
Observed Clinical Activity protocol

### REVISION RECORD

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May 2017                NEXT REVIEW
**Education Training Regulation**

**Entrustable Professional Activities**

**Approval Date:** General Council GC2012/4 – R56 (18 November 2012)

**Review Date:** November 2014

**Regulation Number:** 8.1 Interim Number

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**Entrustable Professional Activities**

Progression through training under the RANZCP Fellowship Regulations 2012 requires that the trainee attains the specified Entrustable Professional Activities (EPAs).

This is detailed within the Policy on EPAs and requirements for each stage of the program.

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Policy on Entrustable Professional Activities

This policy outlines the use of Entrustable Professional Activities (EPAs) as summative assessments within the 2012 Fellowship Program.

Policy Statement

Throughout the Fellowship Program, trainee competence in the professional activities of psychiatry training is assessed through the use of EPAs. As a summative assessment, an EPA is a specialised task that is set and assessed at the standard expected of trainees by the end of the designated stage of the Fellowship Program for that EPA. College trainees must be entrusted with the mandatory EPAs in order to progress through the rotations and stages of training towards Fellowship.

Purpose

This policy and procedure specifies the high-level operational activities underpinned by the Entrustable Professional Activities Regulation and defines the EPA requirements for 2012 Fellowship Program trainees.

Policy Details

1. Summative Assessments

   **EPAs are specialised tasks that trainees must demonstrate their ability to perform competently with only distant (reactive) supervision. Each EPA consists of specific knowledge, skills and attitudes required of the task.**

   The specialised tasks are set to assess trainee competence in a representative sample of the professional activities of psychiatry training. The EPAs prescribed for RANZCP training are:

   - tasks of high importance for daily practice
   - high-risk or error-prone tasks
   - tasks that are exemplary of a number of CanMEDS roles, which underpin the Fellowship Program.

Within the Fellowship Program, College-accredited supervisors utilise EPAs to assess and evaluate a trainee’s learning at particular points in the trainee’s development. EPAs formalise the process by which supervisors capture and record their judgements about trainee performance and competence throughout training.

As summative assessments, EPAs are hurdle requirements that trainees must be entrusted with to progress through the Fellowship Program.
1.1 EPAs and Fellowship Program stages

Each stage of training in the Fellowship Program requires the completion of a number of mandatory EPAs. Trainees must be entrusted with each of the EPAs required for each stage of the Fellowship Program before they can progress to the next stage.

Within each stage, trainees are required to complete a specified minimum amount of accredited training time that comprises a number of mandatory and elective rotations. Each 6-month full-time equivalent (FTE) rotation in the Fellowship Program requires the achievement of two specified EPAs, as described by the Regulation on Rotations (17.2). Trainees must be entrusted with rotation-based EPAs before a trainee is eligible to pass a rotation and its end-of-rotation In-Training Assessment (ITA) form.

Stage 2 and Stage 3 require the achievement of additional mandatory EPAs that can be completed at any point during the respective stage of training.

1.2 EPAs for trainees with part-time or shortened rotations

Trainees, whether training full time or part time, who complete less than 6 months of FTE training during a 6-month rotation (calendar time) must refer to the Leave and Interruptions to Training or Part-time Training Policy in relation to the number of Entrustable Professional Activities (EPAs) required to be eligible to pass the rotation.

Trainees who progress to a different stage of training during a rotation cycle but who still complete more than 2 months of FTE training in total during the 6 calendar months must fulfil the requirement of two rotation-based EPAs per 6-month rotation (if they are training at full time) or a minimum of one rotation-based EPA per 6 calendar months (if they are training at less than full time).

2. EPA Standard Setting

The College has adopted a set of Fellowship Competencies that map back to the CanMEDS roles underpinning the Fellowship Program. Trainee progression through to Fellowship is dependent on the demonstration of competent performance across the Fellowship Competencies and successful completion of all assessments, as outlined by the RANZCP Fellowship Regulations 2012.

Within the Fellowship Program, a Developmental Trajectory applies to the Fellowship Competencies. Trainees move along the Developmental Trajectory from low independence/high levels of supervision at the beginning of Stage 1 to high independence/low levels of supervision at the successful completion of training. The Developmental Descriptors articulate how the Developmental Trajectory applies to the Fellowship Competencies at each training stage.

Each EPA is mapped to specific Fellowship Competencies and is set and assessed at the standard expected by the end of the designated stage of training (basic, proficient and advanced level) as outlined by the Developmental Trajectory and as articulated by the Developmental Descriptors.

EPA achievement is mandatory for each stage of the Fellowship Program. The Developmental Descriptors can be used to guide supervisors to the standard expected from trainees for a number of different aspects of practice for each stage of training.

3. EPA Assessment and Achievement

Trainees must be entrusted with all mandatory EPAs for a stage before they are eligible to progress to the next stage of training.

- Rotation-based EPAs must be achieved before a trainee is eligible to pass that rotation and the corresponding summative end-of-rotation In-Training Assessment (ITA) form.
A supervisor must be accredited by the College and familiar with the requirements and standards of an EPA, including the knowledge, skills and attitudes that must be demonstrated by the trainee, in order to appropriately assess its attainment.

A trainee is entrusted with an EPA when an accredited supervisor, using all the data available to them, makes an informed decision that the trainee can be trusted to perform the specific task to the required standard with only distant (reactive) supervision. The trainee is expected to ask for additional help in a timely manner when assistance is required and the supervisor must be available to step in if needed.

When assessing an EPA, the supervisor must draw on all data they have regarding the trainee’s competence in the EPA task, including the trainee’s performance on relevant workplace-based assessments (WBAs) as detailed in section 3.1, observation during other daily activities, and information from other staff or sources, as relevant.

To document achievement of the EPA, the trainee prints the Confirmation of Entrustment (COE) form, the supervisor completes the form, and it is signed by the trainee, supervisor, principal supervisor (if different) and DOT. The COE form is held by the trainee in their training record, and a copy may be retained by the DOT and the supervisor. EPA achievement is recorded on a trainee’s end-of-rotation ITA forms and entered into the trainee’s Training Record. Relevant COE forms must be available to supervisors and DOTs at the time of completion of the summative end-of-rotation ITA forms.

### 3.1 Relationship between WBAs and EPAs

*Workplace-based Assessments (WBAs) will be undertaken by trainees throughout each rotation and stage of the Fellowship Program. Completed WBAs, along with other information, contribute to the evidence base required for a trainee to be entrusted with an EPA.*

At least three completed WBAs must be included in the evidence base for the assessment of each EPA; however, the completion of three WBAs does not necessarily result in the achievement of an EPA.

WBAs will be assessed at the same end-of-stage standard (basic, proficient or advanced) as that of the relevant EPA to which they contribute.

Trainees do not need to complete three WBAs on the same activity as that of the EPA. As training environments are clinically diverse, WBAs can be done on any pertinent area that is relevant to the trainee’s training situation. Then, considered together with all other information about the trainee’s performance that is available to the supervisor, the trainee’s performance on the WBAs forms a core component of the supervisor’s judgement on whether the trainee has achieved the EPA.

### 3.2 Assessment Possible During Supervision Time

An EPA may be achieved during or separate to the dedicated supervision time, depending on the nature of the EPA being assessed. A supervisor may decide to entrust a trainee with an EPA during the course of daily activities, or it may be the result of a more formal process during dedicated supervision time.

### 4. EPA Handbook

*Each EPA is detailed at length in the EPA Handbook, which will be updated to reflect EPA development and refinement and is available on the website. The EPA Handbook is a resource for supervisors and trainees, providing them with a full description of each EPA, the Fellowship Competencies it encompasses, the knowledge, skills and attitudes it assesses, suggestions for workplace-based assessments and references for further reading.*
The EPAs prescribed for the Fellowship Program are summarised in the subsequent sections of this procedure.

5. **Mandatory EPAs – Stage 1**

Each Stage 1 EPA is set and assessed at a basic standard as per the Developmental Trajectory.

5.1 **Rotation-based Requirements**

Stage 1 requires the mandatory completion of a minimum of 12 months of FTE accredited training in College-accredited Adult Psychiatry training posts, 6 months FTE of which must be in an acute setting.

Each 6-month FTE rotation in the Fellowship Program requires the achievement of two specified EPAs, as described by the Rotations Regulation (17.2).

Trainees are expected to achieve four EPAs within Stage 1, two of which are mandatory.

The mandatory EPAs for Stage 1 are the following:

a) Use of an antipsychotic medication in a patient with schizophrenia/psychosis (ST1-GEN-EPA5).

b) Providing psychoeducation to a patient and their family and/or carers about a major mental illness (ST1-GEN-EPA6).

Trainees can only pass their rotations and progress to Stage 2 once they have been entrusted with two EPAs per rotation (unless they have utilised the Stage 1 First 6 Months Exception Rule in their first rotation; see below). The entrusted EPAs must include both mandatory Stage 1 EPAs.

Therefore, trainees who do not utilise the Stage 1 First 6 Months Exception Rule must achieve a minimum of four EPAs in Stage 1. Once one or both Stage 1 mandatory EPAs have been achieved, trainees must select Stage 2 EPAs to fulfil this requirement. Section 5.3 describes the EPAs that these trainees are eligible to achieve in Stage 1, which will ease their burden of assessment in Stage 2.

5.2 **Stage 1 First 6 Months FTE Exception Rule**

A trainee who has not been entrusted with two of the mandatory Stage 1 EPAs within the first 6 months FTE of accredited training in Stage 1 may pass that rotation and its corresponding end-of-rotation ITA form in cases in which:

- the supervisor indicates a ‘pass’ on the end-of-rotation ITA form
- the trainee has undertaken one mandatory OCA. Trainees may also choose to complete other WBAs.

This rule is applicable only to trainees in their first 6-month FTE rotation of Stage 1 and cannot be applied in any other stage or rotation. This rule allows for flexibility during a period of adjustment for trainees entering psychiatry training. However, trainees are reminded to consider and plan for the number of EPAs they must be entrusted with throughout the Fellowship Program and should factor this into their progression plans from their commencement of training.

5.3 **Eligibility to Achieve Stage 2 General Psychiatry and Stage 2 Psychotherapy EPAs**

All Stage 1 trainees are eligible to achieve any or all of the Stage 2 General Psychiatry or Psychotherapy EPAs in addition to the mandatory Stage 1 EPAs. As per point 5.2 above, Stage 1 trainees who have not utilised the Stage 1 First 6 Months Exception Rule are required to achieve
two EPAs per rotation thereafter, in line with the Rotations Regulation (17.1). Therefore, these trainees must achieve at least two Stage 2 EPAs.

- The achievement of Stage 2 EPAs while in Stage 1 does not fulfil or replace the requirement for trainees to achieve both mandatory Stage 1 EPAs for the successful completion of Stage 1.

These Stage 2 General Psychiatry EPAs will be assessed at the competence standard expected of Stage 2—a proficient level of competency—regardless of whether they are achieved during Stage 1 or Stage 2.

The four Stage 2 General Psychiatry EPAs that trainees are eligible to be entrusted with in Stage 1 are the following:

a) Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT (ST2-EXP-EPA1).

b) The application and use of the Mental Health Act (ST2-EXP-EPA2).

c) Assessment and management of risk of harm to self and others (ST2-EXP-EPA3).

d) Assess and manage adults with cultural and linguistic diversity (ST2-EXP-EPA5).

The Stage 2 Psychotherapy EPAs that trainees are eligible to be entrusted with in Stage 1 are the following:

a) Psychodynamically informed patient encounters and managing the therapeutic alliance (ST2-PSY-EPA2).

b) Supportive psychotherapy (ST2-PSY-EPA3).

c) Cognitive–behavioural therapy (CBT) for management of anxiety (ST2-PSY-EPA4).

5.4 Exceptional Circumstances

In exceptional circumstances, a DOT may determine that a Stage 1 trainee is eligible to be entrusted with Stage 2 EPAs other than the General Psychiatry and Psychotherapy EPAs. This approval will be determined on a case-by-case basis for each EPA and will be noted by the College.

In order for a trainee to be approved as eligible for the nominated EPA(s), they must first speak to their supervisor to discuss whether appropriate supervision can be provided in the case of an exceptional circumstance. If the supervisor is in agreement, the trainee must demonstrate to their DOT that appropriate supervision is in place for the assessment of the EPA(s).

The DOT must take into account evidence to support any determination that a trainee is eligible to be entrusted with one or more specific EPAs set to a more advanced standard than that of the trainee’s current stage of training (other than those EPAs outlined in point 5.3). This evidence will include the trainee’s demonstration of the supervision available, the trainee’s experience related to the specific area of psychiatry assessed by the EPA and the trainee’s progress in the Fellowship Program to that point.

Should a trainee be approved by their DOT as eligible to achieve a specific EPA set to a more advanced standard than that of the trainee’s current stage of training, the EPA must be assessed at the standard to which it is set, for example, all Stage 2 EPAs will be assessed at a proficient standard whether they are achieved during Stage 1 or Stage 2.

- The achievement of Stage 2 EPAs while in Stage 1 does not fulfil or replace the requirement for trainees to achieve both mandatory Stage 1 EPAs for the successful completion of Stage 1.

- Should a trainee be entrusted with one or two Stage 2 rotation-based EPAs and later trains in the related rotation, the trainee, their supervisor and their DOT will need to agree
to additional EPAs that will fulfil the competency requirement to achieve two EPAs per 6-month FTE rotation (see section 8.1).

6. Mandatory EPAs – Stage 2
Each Stage 2 EPA is set and assessed at a proficient standard as per the Developmental Trajectory.

6.1 Stage 2 EPA requirements in brief
Trainees will be required to complete 14–18 Stage 2 EPAs by the end of Stage 2, depending on the Areas of Practice in which they complete rotations.

The required Stage 2 EPAs are the following:

- two rotation-based EPAs for each 6-month FTE training rotation, including the EPAs associated with the mandatory Stage 2 Child and Adolescent Psychiatry and Consultation–Liaison Psychiatry rotations
  - this equates to eight EPAs linked to a trainee’s rotations across 24 months FTE of accredited training, or more if a trainee does not complete Stage 2 after 24 months FTE
- the Addiction Psychiatry and Psychiatry of Old Age EPAs, which must be achieved either during rotations in these Areas of Practice where relevant, or during other Stage 2 rotations
- two of three Psychotherapy EPAs, which must be achieved either during a rotation in this Area of Practice where relevant, or during other Stage 2 rotations
- four General Psychiatry EPAs.

6.2 General Psychiatry EPAs
There are four specified General Psychiatry EPAs (listed in the Stage 2 Mandatory Requirements Policy (9.1)) that are mandatory for the successful completion of Stage 2. Any Stage 2 General Psychiatry EPAs that have not been achieved by a trainee in Stage 1 must be achieved while the trainee is in Stage 2.

6.3 Rotation-based EPAs
Stage 2 requires the mandatory completion of a minimum of 24 months of FTE accredited training in College-accredited training posts, which must include Child and Adolescent Psychiatry and Consultation–Liaison Psychiatry. Each 6-month FTE rotation in Stage 2 will require the achievement of two specified mandatory rotation-based EPAs.

Therefore, trainees must achieve eight rotation-based Stage 2 EPAs during 24 months FTE of accredited training, plus the remaining mandatory Stage 2 EPAs. For more information on Stage 2 and EPAs, refer to the Stage 2 Mandatory Requirements Policy (9.1).

6.4 Mandatory Stage 2 Addiction Psychiatry, Psychiatry of Old Age and Psychotherapy EPA requirements
All trainees must be entrusted with the two Addiction Psychiatry EPAs, the two Psychiatry of Old Age EPAs, and at least two of three Psychotherapy EPAs (listed in the Stage 2 Mandatory Requirements Policy (9.1)) in order to successfully complete Stage 2.
As outlined in the previous section, trainees who undertake these elective rotations must achieve these EPAs as the mandatory rotation-based EPAs during the successful completion of these elective rotations.

However, if a trainee does not train in Addiction Psychiatry, Psychiatry of Old Age and/or Psychotherapies elective rotations, they must achieve these mandatory EPAs at any point during Stage 2.

While only two Psychotherapy EPAs must be achieved within Stage 2, trainees are eligible to be entrusted with all three Psychotherapy EPAs while in Stage 2. If the third Psychotherapy EPA is not achieved during Stage 2, a trainee must achieve this remaining Psychotherapy EPA during Stage 3 in order to successfully complete that stage (although the EPA will still be assessed at the standard of Stage 2—a proficient level of competency).

Trainees must undertake their WBAs leading to the Psychotherapy EPAs on patients other than the patient on which their Psychotherapy Written Case is based and the patients with whom they complete their Stage 3 psychotherapy requirements.

7. Mandatory EPAs – Stage 3

Each Stage 3 EPA is set and assessed at an advanced standard as per the Developmental Trajectory.

7.1 Rotation-based EPAs

Stage 3 requires the mandatory completion of a minimum of 24 months of FTE accredited training in College-accredited training posts. Each 6-month FTE rotation in Stage 3 will require the achievement of two mandatory rotation-based EPAs. For more information on Stage 3 and EPAs, refer to the Stage 3 Mandatory Requirements Policy (10.1).

7.2 Psychotherapy EPAs

Trainees are required to complete two of three Stage 2 Psychotherapy EPAs for the completion of Stage 2. Therefore, a Stage 2 Psychotherapy EPA that was not achieved in Stage 2 must be achieved for the successful completion of Stage 3. This EPA will be assessed at a proficient standard as it is actually set at the standard for Stage 2.

8. Progression Responsibilities

Trainees must consider and plan for the number of EPAs that they must be entrusted with in order to progress through the Fellowship Program.

8.1 Achieved EPAs Prior to Relevant Rotation

A trainee who has already achieved an EPA at the required standard (e.g. proficient standard) cannot achieve that EPA again.

This is inclusive of EPAs linked to mandatory or elective rotations that were achieved during a previous area of practice rotation, or Stage 2 EPAs achieved during Stage 1 (with the approval of the trainee’s DOT where required).

Trainees are still required to fulfil the competency requirement to achieve two EPAs per 6-month FTE rotation. The EPAs used to fulfil this requirement (if specified rotation-based EPAs have already been achieved) shall be determined jointly by the trainee and their supervisor, and, where relevant, their DOT.
8.2 EPA Planning Guidance
Trainees should not expect to be able to achieve the majority of EPAs for a stage near the end of their required accredited training time for that stage. Trainees should plan to achieve a minimum of three and a maximum of six EPAs per 6 months of FTE accredited training, inclusive of rotation-based and other required EPAs. Trainees who would like to achieve more than six EPAs in a 6-month rotation should discuss this beforehand with their DOT and supervisor.

Trainees should discuss the EPAs that they propose to achieve during each 6 months of FTE accredited training time with their DOT and an agreement should be reached.

8.3 EPA Progression Requirements for Stages 1 and 2
The two Stage 1 EPAs must be achieved by the time the trainee has completed 12 months of FTE accredited training in Stage 1.

The mandatory EPAs for Stages 2 must be achieved by the time the trainee has completed 36 months of FTE accredited training in Stage 2.

Failure to be entrusted with the mandatory EPAs by these deadlines will result in a requirement for the trainee to show cause to the Committee for Training (CFT) as to why they should be able to continue towards Fellowship, as set out in the Failure to Progress Policy (19.1).

8.4 EPA Progression Requirements
Each EPA comes with a RANZCP Confirmation of Entrustment (COE) form, which must be completed by the supervisor assessing the EPA and signed by the supervisor (and principal supervisor, if different), trainee and DOT to confirm EPA attainment.

After each EPA has been completed and confirmed on the COE form by the supervisor (and principal supervisor, if different), trainee and DOT, the trainee is responsible for retaining the COE form. However, the principal supervisor and DOT must have access to, and be able to cite, the form at the time of completing the summative end-of-rotation ITA form, as stated in section 3 above.

The COE form must be available to the DOT, principal supervisor and College on request. Supervisors and DOTs may retain a copy of the COE form, but this is not required and will not invalidate the trainee’s obligation to maintain their own forms and records.

9. Review of Decisions
Any request by trainees for review of a decision in relation to an EPA should follow the formal education review process (X.X).

10. Monitoring, Evaluation and Review of Policy
The Education Committee (EC) shall implement, monitor and review this policy and report on anomalies and issues as these arise.

This policy will be reviewed biennially and updated as required.

Associated Documents
1. Regulation: 8.1 Entrustable Professional Activities Education Training Regulation
   15.1 Workplace-based Assessments Education Training Regulation
   17.2 Rotations Education Training Regulation
2. Policy:  

- **15.1 Workplace-based Assessments Education Training Policy**
- **6.1 Progression through the Stages of Training Policy**
- **7.1 Stage 1 Mandatory Requirements Education Training Policy**
- **9.1 Stage 2 Mandatory Requirements Education Training Policy**
- **10.1 Stage 3 Mandatory Requirements Education Training Policy**
- **19.1 Failure to Progress Education Training Policy**

3. Forms:
- Confirmation of Entrustment (COE) form
- Mid-rotation In-Training Assessment form
- End-of-rotation In-Training Assessment form

4. Other:
- EPA Handbook
- Fellowship Competencies
- Developmental Descriptors
- Developmental Trajectory (see Developmental Descriptors document)
- Learning Outcomes

5. References:

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8.1 Entrustable Professional Activities Education Training Policy and Procedure v.3.0

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placeholders, clarification that Psychotherapy EPAs cannot be undertaken on the patients related to the Psychotherapy Written Case/Stage 3 psychotherapy case requirements, removal of placeholder for Stage 3 general psychiatry EPAs (additional to rotation requirements), increased recommended planning guidance from a maximum of 5 EPAs to 6 with requirement to discuss more with DOT & supervisor, removed EPA time requirements for Stage 3 as they are not relevant and removal of old EPA rule boxes except main explanatory box (pre-rotation 2, 2014 rules).

09/11/15  v.2.2 Minor amendment Minor amendment to list approved Adult Psychiatry subspecialty EPAs (eating disorders, perinatal, neuropsychiatry, Pacific peoples' mental health, Early Psychosis Intervention) as an option for trainees in a Stage 2 Adult Psychiatry Rotation.

20/09/16  v.2.3 Minor amendment Minor amendment to 8.2 to align with Stage 1 Mandatory Requirements Policy RANZCP Board approved B2016/8. Update ITA Form to mid-rotation ITA form and ITA Report to end-of-rotation ITA form.

27/02/17  v.2.4 Education Committee Updated to clarify rules regarding OCA completion when using the Stage 1 exception rule. Approved by CFT 09/02/17, EC 27/02/17.

18/11/17  v.3.0 RANZCP Board Updated Stage 2 EPA section to reflect overall requirements, to remove list of all EPAs as they are already in the Stage 2 Mandatory Requirements Policy, and to state that trainees in Psychotherapy rotations (a new approved Area of Practice for Stage 2 as per Board 18/11/17) must complete 2 Psychotherapy EPAs in that rotation. Updated to include reference to Leave & Interruptions to Training Policy or Part-time training Policy for trainees who complete less than 6 months of FTE training during 6 calendar months (these policies state 0 EPAs required if less than 2 months FTE training, but 1 EPA required if between 2-less than 6 months FTE training). Clarification that an EPA cannot be achieved again after it has already been entrusted at that standard (rather than a trainee 'does not have to achieve it again'). Policy changes approved in Stage 2 Mandatory Requirements Policy & aligned per 18/11/17 B2017/7 R27; (changes reviewed by DOT Advisory Group 21/09/17, Approved by CFT 28/9/17, Reviewed by CGRC 26/10/17, Approved by EC 27/10/17, RANZCP Board 18/11/17 B2017/7 R26)

November 2019 NEXT REVIEW
In-Training Assessment Report

The In-Training Assessment (ITA) Report is a summative assessment form that a trainee's principal accredited supervisor is required to fill out, sign and submit to the College at the end of every rotation. The ITA Report details a trainee's progress under the RANZCP Fellowship Regulations 2012.

DOCUMENT CONTROL

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REVISION RECORD

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