REGULATIONS

ADVANCED TRAINING
CONSULTATION LIAISON PSYCHIATRY

Cert. Cons. Liaison Psych.

“ATCL”

- Regulations to be read in conjunction with the Curriculum and Logbook for Advanced Training in Consultation Liaison Psychiatry

- Registrars will also need to complete the GENERALIST LOGBOOK
INTRODUCTION

The Advanced Training Program provides an opportunity for accredited training in Consultation Liaison Psychiatry. Completion of such training will be recognised by the award of the Certificate of Advanced Training in Consultation Liaison Psychiatry (Cert. Cons. Liaison Psych.).

The purpose of this Advanced Training Program is to prepare trainee psychiatrists to work in Consultation Liaison Psychiatry and to allow Fellows to extend their training in Consultation Liaison Psychiatry so that this additional training may be recognised by the award of the Certificate of Advanced Training in Consultation Liaison Psychiatry.

Approved training in Consultation Liaison Psychiatry shall consist of supervised clinical training in an apprenticeship style providing both depth and breadth of training experiences within an adult learning model.

The Training program shall be under the direction of the Education Committee (EC) of the RANZCP through the Committee for Training (CFT) and Sub Committee for Advanced Training in Consultation-Liaison Psychiatry (SATCL).

SECTION A - TRAINING REQUIREMENTS

A1 Entry into Approved Training in Consultation Liaison Psychiatry

Those wishing to train in Consultation-Liaison are required to apply to the Director of Advanced Training (DOAT) in Consultation Liaison Psychiatry of that program. Selection of applicants for a training program is the responsibility of the Local DOAT and, where appropriate, the relevant training committee. Entrance into a training program does not automatically accord accreditation as a trainee by the RANZCP.

A2 Accreditation of Trainees by the Sub-Committee for Advanced Training in Consultation Liaison Psychiatry

Trainees are required to be in good standing with the College and either current accredited RANZCP trainees, who have satisfactorily completed the Trainee Clinical Examination, or Fellows of the College.

Trainees are required to maintain College accreditation throughout their training in this field.

In order to apply for initial accreditation, applicants are required to provide to the DOAT:

i) An application on the prescribed form (available from Link 55 on the College website)

ii) A detailed curriculum vitae with particular reference to postgraduate psychiatric and medical experience

iii) The recommendation of the sponsoring Director of Training, evidence of a provisional appointment for the initial year in a consultation liaison service, an in principle agreement by the main supervisor to provide supervision and a description of the consultation liaison service providing the clinical experience.

iv) Evidence of good standing and general registration with the relevant medical registration body

Continuing accreditation is determined by the DOAT, at the delegation of the SATCL, by evaluation of reports concerning the trainee’s progress.

Training may be completed on a part-time basis. Accreditation of part-time training must be approved and may be on a 0.3, 0.4, 0.5, 0.6, 0.7, 0.75, 0.8 or 0.9 equivalent full-time basis.

A Training Administration fee is payable to the College to meet the costs of accreditation, assessment and administration of training. Full details are at Link 13 on the College website.
A3  The Training Experience
Training must be undertaken in an approved training program. Training shall include a number of supervised clinical attachments and involvement in a formal teaching program. Trainees are expected to complete a piece of relevant clinical research (refer A12).

A4  Duration of Training
The period of training shall be a minimum of 24 months full time, or equivalent part time

A5  Clinical Training Experiences
Trainees shall receive a broad range of clinical experience in a range of settings as outlined in Appendix 1. The overall balance of such experiences should be agreed between the trainee and the DOAT, mindful of the trainee's previous clinical experiences, educational goals and interests. The overall balance of training experiences shall be reviewed by the SATCL when determining continuing accreditation of training.

The trainee is required to develop specialist skills as outlined in the ‘Curriculum for RANZCP Advanced Training in Consultation Liaison Psychiatry’.

The training program shall provide sufficient and appropriate experience of the disorders and problems encountered in the practice of consultation liaison psychiatry for the trainee to gain competence in this field.

All clinical experience shall be undertaken under suitable supervision (as per Links 38 and 44 on the College website).

A6  Full Time Research
Up to twelve months of full time research experience may be accredited towards ATCL if:

i) Application for such accreditation is prospective

ii) There are arrangements for satisfactory supervision of the research in its laboratory and clinical aspects

iii) At least 12 months full time equivalent are spent in clinical placements during the period of advanced training

iv) Attendance at the formal teaching program is continued

v) The research post is appropriately constituted, structured, resourced and relevant to Consultation Liaison Training.

A7  Supervision Requirements
Clinical training experiences shall include at least four hours of clinical supervision per week, of which one hour shall be individual supervision, for at least 40 weeks of the year. Fellows in training are required to undertake one hour of individual clinical supervision, for at least 40 weeks of the year, with other focused learning to be completed as required by the SATCL in consultation with the DOAT.

The supervision shall be specifically related to consultation liaison psychiatry training and clinical work. It shall focus on aspects of the assessment and treatment of people under the care of the trainee and the supervisor. It shall include regular direct supervision of the trainee’s clinical work by the responsible psychiatrist.

Discussion of other relevant aspects of work in Consultation Liaison Psychiatry shall be included as appropriate, such as setting up services, working within general practitioner settings, teaching and providing staff support, psychiatric emergencies, medico-legal assessments and research. Ward meetings, general staff discussions and other activities not specifically organised for the purpose of Consultation Liaison Psychiatry trainee supervision do not satisfy supervision requirements.

Supervision shall be undertaken by College approved supervisors.

A8  Supervisors
The Branch Training Committee is responsible for ensuring appropriate approval of supervisors for mandatory supervision (as in A7 above).
Supervisors will usually be Fellows of the College and members of the Section of Consultation Liaison Psychiatry. In special circumstances some of this mandatory supervision may be provided by a psychiatrist who is not a College member, but prospective application for approval must be made outlining the special circumstances, the specific areas of expertise to be supervised and attaching the proposed supervisor’s curriculum vitae.

Approval of supervisors for any non-mandatory supervision is not required

A9 Formal Teaching
All trainees must participate in a formal teaching program approved by the SATCL.

Components of the formal teaching program may include *inter alia* distance learning courses (including the Internet), workshops, seminars, reading groups and journal clubs. Use of a wide range of teachers and facilitators is encouraged.

The theoretical input should cover the knowledge objectives listed in the ‘Curriculum for RANZCP Advanced Training in Consultation Liaison Psychiatry’.

A10 Evaluation
The primary supervisor, in consultation with the trainee, completes reports on the trainee’s progress on the “End of Term Report” (Link 62 for Trainees or 82 for Fellows) every six months. The report should cover clinical skills, including assessment and management, training placements, and other relevant professional skills, such as teaching, education, research and administration as they relate to Consultation Liaison Psychiatry. A formative review of progress should be completed every three months. All Training Forms shall be reviewed by the DOAT prior to being forwarded to the Secretariat, and the Trainee must retain a completed copy.

Problems in progress require a remedial process (see Remediation – Link 83) managed by the Supervisor / DOAT as appropriate. If the DOAT considers the progress of a trainee to be unsatisfactory or limited in some areas he or she may, after discussion with the Branch Training Committee and potentially SATCL, require the trainee to complete some further period of training on a probationary basis. After discussion with the Branch Training Committee / SATCL, the DOAT may also determine that the trainee should not continue in ATCL if it is felt that such training is unlikely to lead to the trainee reaching a satisfactory level of competence.

Overall review before award of the Certificate is by the SATCL on the basis of recommendation by the DOAT, based on accrued six monthly progress reports from the primary supervisor and the trainee and other forms of assessment as contained in the ATCL Logbook.

A11 Logbook of Clinical Training Experiences

*Cumulative Record of Required Experiences:*

i) Trainees shall complete brief summaries of their training experiences. The summaries shall be in the specified form (see Logbook of Clinical Training Experiences) and should document relevant clinical and related experiences (see Appendix 1). Trainees may include additional pages if wished, with details or commentary, which they consider relevant to assessment and accreditation.

ii) Trainees who have applied to the SATCL to undertake full time research will be expected to document appropriately their research related activities.

iii) The completed Logbook of Clinical Training Experiences is submitted to the DOAT and Secretariat at the end of advanced training and the Final Summary Report is also submitted to the SATCL Chair.

*Case Summary Record:*

i) Trainees shall complete a case summary record which contains brief case summaries of a representative range of people assessed and treated during the previous six months, as outlined in the Logbook. All details must be rendered anonymous and the record must be held securely.

ii) The case summary record is to be retained by the trainee and submitted to the DOAT at the end of advanced training.
A12 Research Project in Consultation Liaison Psychiatry
The SATCL requires a research project to be completed. This project should be relevant to the field of Consultation Liaison Psychiatry and trainees should receive appropriate supervision for this project. Reports of audits in Consultation Liaison Psychiatry are acceptable. Completed research projects of up to 8000 words should be submitted to the DOAT prior to the submission of the Final Summary Report at Completion of Training.

The research project is an opportunity for advanced trainees to study particular topics in more depth. It differs from the Generalist Advanced Training learning goals in that as a research project the focus is on either generating or testing hypotheses. Suitable projects could include case series or audits of services, qualitative research, literature reviews which lead to hypothesis generation in a field related to Consultation Liaison Psychiatry or more formal research projects which lead to testing of hypotheses. This list is by no means exhaustive and trainees are encouraged to be creative when thinking about a topic and method for their research project. Trainees should have protected time for their research project.

A13 Trainee’s Final Qualitative Report
On completion of training, trainees shall submit to the DOAT a personal report which shall be an overview of their whole training experience rather than details covered in progress reports. This report shall include reference to:

i) Evaluation by trainees of their own training experience including their own development during the training period

ii) Supervision

iii) The perceived strengths and weaknesses of their own training experience.

This report shall be confidential to the SATCL.

A14 Award of the Certificate
On satisfactory completion by the trainee of all training and assessment requirements for ATCL (and FRANZCP), the DOAT may recommend that the trainee be awarded the Certificate of ATCL, or the “Cert. Cons. Liaison Psych”. Subject to favourable review, the SATCL shall make recommendation to the Committee for Training that the trainee be awarded the Certificate, and the Committee for Training shall make recommendation to the Education Committee who awards the Cons. Liaison Psych On behalf of the RANZCP Board.

The Certificate may be presented during the College Congress or otherwise conveyed to the trainee, at the request of the trainee, and subject to College meeting dates/availabilities.

A15 Confidentiality of Reports
All correspondence, progress reports and other details forming the College record of accredited trainees are confidential to the relevant College bodies. Relevant bodies for this purpose include the Branch Training Committee/s, the SATCL and its superordinate Committees. The progress reports on each trainee will be securely filed at the College Secretariat after the award of the Certificate.

A16 Periods of Training Overseas
Trainees who wish to gain some of their training overseas must apply prospectively to the SATCL with full details of the overseas training program, supervision and clinical experience (as per Link 17 on the College website). In general, the SATCL will accredit training in an overseas centre provided it is of a standard comparable to that required of College approved training programs. The SATCL will require evidence of satisfactory progress in written reports from the supervisors and director of the overseas centre, and continued completion of logbooks. In general, trainees will be required to complete at least twelve months in a College approved training program before being eligible to be considered by the SATCL for award of the Certificate.

A17 Retrospective Accreditation of Alternative Training
Trainees who have previous experience in Consultation Liaison Psychiatry may apply to the SATCL for recognition of this experience as part of their accredited training as per Link 16 on the College website. Applications must provide full details of such experience. The SATCL may grant some credit for such experience but generally only where this experience is deemed to be
broadly equivalent to that required for RANZCP ATCL and has been undertaken in a recognised training program specifically developed for ATCL. In general, credit will not be given for more than 12 months of such training, which shall usually have been undertaken within the preceding five years and have been followed by relevant clinical work. Application for such retrospective accreditation should be made within the first six months of ATCL.

A18 Part Time Training
The RANZCP supports part time training. Training may be on a 0.3, 0.4, 0.5, 0.6, 0.7, 0.75, 0.8 or 0.9 full-time equivalent basis, based on the usual hours of full time work in the training program, at the discretion of the DOAT and relevant Training Committee/s. Trainees undertaking part time training should take part in on call rosters in proportion to their hours of work. All trainees should receive one hour per week of clinical supervision and additionally access other supervision and training experiences on at least a pro rata basis. The Secretariat must be informed of part time Training via the Link 21 Form.

A19 Training in Private Practice
The SATCL may accredit training undertaken in private practice if the following minimum requirements are fulfilled:

a) Trainees who are College Fellows, and all supervisors in private practice, shall demonstrate:
   (i) Annual participation in a CPD program.
   (ii) Participation in a peer review group which meets on at least a monthly basis and routinely documents attendance, presentation and content of discussion.

b) Trainees who have completed three years of RANZCP training shall have direct access to a Clinical Supervisor when consulting in the private practice setting, and their supervisor shall meet the requirements in (a) above.

c) All trainees shall receive approved supervision of all clinical work they undertake in Consultation Liaison Psychiatry in the private practice setting. Credit will be given only for work that is clearly in the field of Consultation Liaison Psychiatry; for this reason, it is necessary that this experience (like all clinical experience) be recorded in the logbook.

d) Where patients are admitted to private hospitals, the hospitals shall be both accredited by the Australian Council on Healthcare Standards (or equivalent body) and approved by the SATCL as part of an approved training program.

Approval of advanced training in private practice must be sought prospectively from the SATCL. In considering such applications, the SATCL shall consider the overall balance of the applicant’s training experience.

All other aspects of training, experience and facilities will be in accord with Section A of these Regulations.

A20 Breaks in Training
Trainees who need to discontinue their training temporarily should inform their DOAT and the Secretariat, via the usual form (Link 18). Any training experience older than six (6) years may result in a requirement for additional training as per the RANZCP Currency of Training regulations (Link 19).

A21 Advice for Trainees
In addition to its accrediting, assessing and certifying functions, the SATCL has the role of acting in an advisory capacity to trainees. This latter role is to provide information and advice and is in general delegated to DOATs, who will consult with the SATCL to respond to queries, as needed.

A22 Review and Appeals Process
Trainees who wish to appeal against the outcome of any decision may apply in writing as per the College Appeals Process.
SECTION B - APPROVAL OF TRAINING PROGRAMS

B1 Approval of Programs
Approval of new training programs shall be undertaken by the SATCL upon application. The SATCL may hold a site visit to the program before granting approval, or it may be provisionally accredited and confirmed at the time of a visit. New components of existing programs may be accredited locally.

B2 Maintenance of Approval
The SATCL shall authorise a site visit to each approved training program at intervals of approximately three years (where there are trainees) for the purpose of ongoing accreditation. These site visits may coincide with the regular three-yearly cycle of visits organised by the Committee for Training. Following such visits, the SATCL and the Committee for Training shall determine continuing approval of the program. Official reports of the site visits and the recommendations of the Visitors will be provided to the Branch Training Committee and DOAT. In addition, the SATCL may authorise a site visit and review the ongoing approval of any program at any time it deems necessary.

B3 Administrative Structure of Training Programs
Each training programme shall have a local SATCL which reports and makes recommendations to the College BTC and the bi-national SATCL.

The local SATCL shall have representatives of each training site and a trainee representative.

In training zones where it is not feasible to form a local SATCL, the DOATs from all SATs should form a broad local SAT. Such a SAT should also have representatives of training sites as appropriate and a trainee representative.

The College BTC shall have ultimate responsibility for advanced training in Consultation-Liaison Psychiatry. It may delegate this to the local SATCL or SAT.

It is a requirement that ATCL programmes shall have a link to the college BTC via the DOAT who will act as an ex-officio member of this committee. A representative of the BTC should also act as an ex-officio member of the local SATCL or SAT.

B4 Administrative Structure of Training Programs
The DOAT, on behalf of the BTC and SAT shall be responsible for ensuring that there is an appropriate organisational structure through which training standards are maintained. This shall include:

i) Meetings of supervisors
ii) Regular discussion with trainees
iii) Meetings with heads of services
iv) A process for obtaining written reports from supervisors
v) A mechanism to ensure an adequate range of clinical and professional experience for each trainee
vi) Regular evaluation of the functioning of clinical services as they relate to training experiences, and liaison with heads of services.

The DOAT shall be aware of the functioning of the clinical facilities involved in the program and shall maintain a relationship with them such that modifications can be made if these are deemed necessary for a trainee's training experience.

The DOAT shall ensure that training centres take responsibility for the trainees' development, including the provision of appropriate clinical experience and supervision of the quality of the trainee's work, and opportunities to make formal presentations of their work in clinical meetings.

The DOAT shall ensure that consultant responsibility is taken for each trainee and that the minimum required level of supervision is provided.

The DOAT will be responsible for the process of evaluation of the training program and reporting on this to SATCL or SAT including:

i) Oversight of the supervision and teaching provided by each of the supervisors
ii) Evaluation of the clinical facilities, clinical experience and teaching program through feedback from the trainees and supervisors.

The BTC, will hold ultimate responsibility for the accreditation and disaccreditation of ATCL training posts.

The DOAT shall ensure that there is a training program manual which is reviewed and developed over time. The training manual should clearly outline the goals, objectives, form and content of the program (which should be based on the RANZCP Curriculum for ATCL) and the system of evaluation and ongoing review of both the trainees and the program.

The DOAT shall complete required progress reports on each trainee in a standard format at six months.

B5 Selection of Directors of Advanced Training
The BTC shall request the local Section/Faculty to nominate a DOAT.

The applicant is to be nominated based on meeting the following desirable criteria –
   i) Membership of the relevant Section or Faculty
   ii) Three years post FRANZCP
   iii) Actively involved in speciality training
   iv) Support of the Section or Faculty (if applicable).

If there are multiple applications for the position the BTC will be involved in the selection of the DOAT through a process that is fair and transparent.

This does not apply to those DOATs who hold the position due to employment, the process only applies for honorary DOAT position.

Honorary DOAT positions are to be reviewed after a period of 3 years in line with committee terms.

Interpretation

SATCL – Sub Committee for Advanced Training Consultation Liaison
ATCL – Advanced Training Consultation Liaison
CFT – Committee for Training
DOAT – Director of Advanced Training
EC – Education Committee
Trainee – Advanced Trainee (Registrar/Consultant)

LIST OF APPENDICES

Appendix 1 Approved Clinical Experiences
Appendix 2 Mandatory Learning Goals in Advanced Training in Consultation-Liaison Psychiatry

REVISION RECORD

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APPENDIX ONE

EXPLANATORY NOTES ON APPROVED CLINICAL EXPERIENCES FOR ADVANCED TRAINING IN CONSULTATION LIAISON PSYCHIATRY

To obtain a certificate of Advanced Training in Consultation Liaison Psychiatry, trainees shall receive a broad range of clinical experience in a range of settings for at least 2 years full-time equivalent. The experience will take place in clinical services accredited by the SATCL or its delegate, and will over the 2 years encompass the assessment and management of patients with psychiatric and physical comorbidity and somatisation in general hospital settings. Experience in research, teaching and administration will be included as detailed below. The experience will cover the range of attitudes, skills and knowledge outlined in the Curriculum for ATCL.

The experience will include:

1. At least 1 year of at least half time attachment to a consultation liaison service offering consultation across an entire general hospital including emergency work.

2. At least 1 year of at least 1 day per week full time equivalent of a liaison-style attachment to a unit providing medical or surgical treatment.

3. Outpatient experience of at least 1 half day full time equivalent per week for at least one year, including longitudinal follow-up of patients with chronic physical illness.

4. Substantial experience in more than one hospital.

5. Experience of working in a multidisciplinary consultation liaison team.

6. Administrative, teaching and supervisory experience.

7. Presentation of a scientific paper at a CPD approved meeting or conference.

8. Completion of required advanced training experiences as detailed in Appendix 2.

9. Completion of a research project.

10. Experience of clinical ethics decision-making.

Explanatory Notes

1. This requirement addresses the need to experience the full range of issues facing a Consultation Liaison service from the perspective of a more senior training role. This will include the critical review of referral practice, the need to learn skills of priority setting, and a diverse clinical base. Increasingly, the trainee will move into the role of the junior consultant. Ideally, this broad base will form the underpinning of the advanced training experience over the full 2 years.

2. The liaison attachment is intended to allow the trainee to develop an area of special interest, and to address the need for deeper knowledge of the life and working of a clinical unit and the role of the Consultation Liaison psychiatrist within it. It will also allow for specific areas of the curriculum such as the experience of chronic illness, experience with a special population, and experience in resolution of systems and ethics issues.

3. While not all services provide an outpatient experience, it is felt that this is essential as a part of advanced training. It allows for the processing of referrals and the development of expertise in correspondence with the referrer, ongoing management, and organisation of appointments. There is also the opportunity to meet the psychotherapy and other treatment requirements in the curriculum. In recognition of the training needs of the trainee it is expected that extensive backup and supervision will be available in this part of the role.
4. Trainees will need to work in a variety of settings to ensure a broad range of supervision and to experience different work environments and cultures. It is recognised that any clinical service has its own unique characteristics, often jointly determined by the nature of the hospital in which it is located and the interests of the clinical director. It is therefore essential that the trainee have experience of other modi operandi in whichever way is best suited to the service in which most of the experience is obtained. This will be accredited in the programme accreditation (see relevant application). It is recognised that unique solutions to this requirement will from time to time be seen to be more appropriate; this will need to be ratified by the SATCL on a case-by-case basis.

5. Trainees must develop the ability to understand and work with other professionals. This allows for understanding of professional roles and the importance of cooperation, mutual respect and collaboration.

6. The curriculum sets out broad goals for this part of training. It is recognised that the goals will be met in different ways in different services but would typically include teaching of medical students, supervision of both less experienced trainees and other professionals, and administration of quality activities, record keeping, and service management.

7. The ability to communicate formally as well as informally with other professionals is seen as an essential part of professional development. Typically, the RANZCP Congress serves as an appropriate forum for this experience.

8. The mandatory advanced training experiences required for Fellowship form an essential part of all advanced training programmes. Their specific nature for Consultation Liaison Psychiatry is detailed elsewhere (appendix 2). It is anticipated that the supervisor will play an essential role in the formation and monitoring of these learning experiences. The End of Term report will provide the opportunity for summative evaluation and monitoring of these.

9. The completion of a research project involves the choice and design of some issue of interest to the trainee. It is recognised that the scope of this will vary widely from one trainee to the other. It is also recognised that the completion of this requirement will need to be addressed early on in the period of advanced training.

10. Clinical ethics is addressed in different ways in each service. Ideally, the trainee will have experience of both formal and informal ethics consultation, as well as the opportunity to discuss dilemmas widely.
APPENDIX TWO

MANDATORY TRAINING EXPERIENCES REQUIRED FOR FELLOWSHIP, IN ADVANCED TRAINING IN CONSULTATION-LIAISON PSYCHIATRY

In advanced training there are several mandatory experiences for trainees which are listed below. The SATCL expects that advanced trainees would choose topics from consultation-liaison psychiatry for the content of all their learning goals. Several examples are described below.

Where there is reference to learning goals in advanced training it is the SATCL’s expectation that they will share many of the characteristics of structured improvement projects which are part of the College’s CPD programme.

The DOAT will approve the learning goals for advanced training of trainees in Consultation Liaison Psychiatry. This means that advanced trainees will need to submit to the DOAT at the start of their training their learning goals and also seek approval for changes in those goals.

10.1 Experience in Psychological Aspects of Management in Psychiatry

During advanced training trainees are required to further develop and integrate psychological aspects of management into their clinical practice. Therefore you must spend at least 1 hour per week throughout the 2 years, for at least 40 weeks of each year of advanced training, devoted to the provision of formal psychotherapy (of any modality) to a number of different people. At least 1 hour per month must be spent in individual or group supervision of these psychotherapeutic experiences.

Consultation-Liaison examples:

- Running a group for people coping with chronic illness.
- Individual therapy for an individual with medically unexplained symptoms.
- Cognitive therapy for chronic pain patients.

10.2 Experience in Biological Aspects of Management in Psychiatry

Early in advanced training, trainees must identify 3 specific learning goals in biological psychiatry to increase your knowledge of biological treatments relevant to your chosen subspecialty, and propose an approach to achieving each of these goals.

Consultation-Liaison examples:

- An audit of the management of delirium in your workplace.
- Writing guidelines on the management of acute agitation in your hospital.
- Reviewing the interaction between psychotropics and other medication in patients with heart disease.
10.3 Experience in Social Aspects of Management in Psychiatry

Early in advanced training, trainees must identify 3 specific learning goals in social psychiatry to increase your knowledge of social aspects of management as relevant to your chosen subspecialty, and propose an approach to achieving each of these goals.

Consultation-Liaison examples:

- Giving a talk to non-mental health workers on the ethical issues around transplantation.
- Being part of a group for staff on a medical ward to consider social aspects of patient management.
- Complete a project on stigma in the hospital.

10.4 Experience in Cultural Aspects of Management in Psychiatry

Early in advanced training, trainees must identify 3 specific learning goals in cultural psychiatry to enhance your awareness of the part cultural beliefs play in mental illness, and propose an approach to achieving each of these goals.

Consultation-Liaison examples:

- Arrange supervision with a cultural healer (e.g. a tohunga) around a particular patient or patient group.
- Perform a series of joint assessments with cultural workers.
- Write guidelines on the use of interpreters in the hospital.

10.5 Experience in the Application of Consultative Skills in Psychiatry

During advanced training trainees must learn how to clearly communicate their assessment and management plans and how to provide expert consultation to other health professionals, including general practitioners. Trainees must also learn how to provide leadership in a multidisciplinary mental health team setting. To achieve this trainees must demonstrate significant interaction with general practitioners and other non-psychiatric health professionals. Trainees must also attend (as part of the 4 hours required supervision) individual or group supervision to reflect on interactions with general practitioners and other non-psychiatric health professionals on at least 8 occasions each year.

Consultation-Liaison examples:

- Clearly this is part of the core work in consultation-liaison psychiatry. Demonstration of significant interaction in a liaison service could be by means of a satisfaction questionnaire, completed by physicians in a hospital, or an audit of notes made by the trainee in the non-psychiatric file of patients. The SATCL would expect that the regular supervision in consultation-liaison psychiatry would encompass the requirements of this experience although this doesn’t preclude trainees seeking out alternative forms of supervision which would meet the requirements of this section.
10.6 CME Activities

To introduce Trainees to a CPD style approach to CME, they must undertake and document during advanced training at least 100 hours of CME activities over 2 years. These activities will involve a mix of educational experiences, quality assurance tasks, self-directed learning, teaching and supervision. 30 hours can be gained from the experiences defined in Regulations 10.2 to 10.4 above.

Consultation-Liaison examples:

- Supervision of non-mental health nurses in a diabetic clinic.
- Giving a presentation on a Consultation-Liaison topic at a conference.
- Audit of the quality of notes of people presenting to a consultation-liaison service for the first time.

10.7 Skills Development in Leadership and Management in Psychiatry

During advanced training, trainees must complete appropriate formal leadership and management training approved by your Branch Training Committee, to prepare you for your role as a consultant psychiatrist.

Consultation-Liaison examples:

- One of the important tasks a consultant in consultation-liaison psychiatry has to do is to manage and provide leadership in a non-mental health setting. This involves some understanding of system theory and practice which we would expect to be provided as part of this mandatory experience.