



ROYAL AUSTRALIAN AND
NEW ZEALAND COLLEGE OF
PSYCHIATRISTS

309 La Trobe Street
Melbourne Vic 3000
Australia

Tel + 613 9640 0646
Fax + 613 9642 5652
Email ranzcp@ranzcp.org

ABN 68 000 439 07

LOGBOOK

ADVANCED TRAINING

PSYCHOTHERAPIES PSYCHIATRY

This Logbook is to be read in conjunction with the Regulations and Curriculum for Advanced Training in Psychotherapies Psychiatry

Registrars will also need to complete the
GENERALIST logbook

All trainees are required to complete the Core Program.
Following this, trainees are only required to complete those
Training experiences specific to their chosen modality.

For further advice please speak to your local
Director of Advanced Training.



OVERVIEW and TABLE OF CONTENTS

Advanced Training in the Psychotherapies consists of three main components: Theoretical seminars; Supervised Case work; Individual Dynamic Psychotherapies (IDP) OR Infant Observations.

Upon completion of requirements Forms are required to be signed and submitted to the College's Training Department.

RANZCP - Training
309 La Trobe Street
MELBOURNE VIC 3000
AUSTRALIA
Fax: +61 3 9642 5652 Email: training@ranzcp.org

Please be advised to retain copies of your signed and completed documents

Document	Page number
Informal Checklist to Track Completion of Training Tasks	3
Outline of Proposed Advanced Training – Initial Year	4
Outline of Proposed Advanced Training – Second Year	6
Seminar Program: Six Monthly Review	8
Infant and Toddler Observations (required for those not in IDP Chapter)	9
Individual Dynamic Psychotherapy – Long Case Progress Report (six monthly)	10
Individual Dynamic Psychotherapy – Long Case Summary (cumulative report)	11
Individual Dynamic Psychotherapy – Short Cases Summary (cumulative report)	12
Structured and Brief Psychotherapies	13
Group Psychotherapies	14
Family and Couples Therapy	15
Final Summary Report	16
The above forms (except for the Informal Checklist) are required by the Training Department in order to accredit Logbook requirements to Page 2 of your Training Record	
APPENDICES	
Six Monthly Report Form (Links 62-68) for Advanced Trainees	19
Six Monthly Report Form (Links 82) for Fellows in Advanced Training	23
The above forms are required by the Training Department in order to accredit the 24 month FTE requirement to Page 1 of your Training Record	

Training Records are available on the College website via the hyperlink on the home page (and via "Pre Fellowship – Training – Advanced Certificates").

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

ADVANCED TRAINING PSYCHOTHERAPIES PSYCHIATRY Informal Checklist of Required Training Experiences and Tasks

Informal Checklist to Track Completion of Training Tasks

Registrars will also need to follow the checklist of tasks for Fellowship, found in the Generalist Advanced Training Logbook.

Note: FORMS with asterisk* are located in the Generalist Advanced Training logbook.

1. Discuss with Director of Advanced Training in the Psychotherapies.	
2. Submit application to commence Advanced Training in the Psychotherapies Psychiatry to Director of Advanced Training.	
3. Submit Psychotherapies Psychiatry Training Outline Proposal to the Director of Advanced Training for each year of training.	
4. 24 months supervised clinical work in a suitable training position.	
5. Research: alternatively to Clinical FTE, up to 12 months FTE suitable research may be considered.	
6. Obtain supervisor assessment on performance every 3 months as formative assessment* and every 6 months as summative assessment* (this includes the research supervisor for those undertaking research). Summative 6 monthly assessments are sent to the local Director of Advanced Training.	
7. Complete case and supervision requirements according to chapter of therapy undertaken.	
8. Complete infant or toddler observation requirement (for IDP stream only).	
9. Complete an approved didactic program (you must obtain a certificate from the Director of the Program stating that you have completed the program satisfactorily and attach it to the Logbook).	
10. Prepare final qualitative report on your Advanced Training experience and supervision and lodge this with the Director of Advanced Training.	
11. Complete final Summary Report and have it signed off by the Director of Advanced Training in the Psychotherapies. Forward Final summary report with the completed logbook to the Secretariat.	

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

OUTLINE OF PROPOSED ADVANCED TRAINING

Psychotherapies Psychiatry PROGRAM

Initial Year

*To be completed by trainee in conjunction with Director of Advanced Training.
If insufficient space is provided in any of the sections below, attach a separate sheet.*

Trainee Name:	Training Program:
Assistant Director of Training Name: (where applicable)	Branch Director of Advanced Training Name:

PLAN FOR ADVANCED TRAINING ACTIVITIES:

(Describe the overall plan for advanced training posts across this period, as far as this can currently be determined)

If details can be determined, please note these as below:

Initial Advanced Training Post - Name Of Post:										
Probable start date of this post										
	/	/								
Probable end date of this post	/	/								
Location of post (hospital/service)										
Clinical supervisor(s)										
Full time equivalent	0.5	0.6	0.7	0.75	0.8	0.9	1.0	<i>(circle appropriate)</i>		

Subsequent Advanced Training Post - Name Of Post:										
Probable start date of this post										
	/	/								
Probable end date of this post	/	/								
Location of post (hospital/service)										
Clinical supervisor(s)										
Full time equivalent	0.5	0.6	0.7	0.75	0.8	0.9	1.0	<i>(circle appropriate)</i>		

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

OUTLINE OF PROPOSED ADVANCED TRAINING

Psychotherapies Psychiatry PROGRAM

Second Year

*To be completed by trainee in conjunction with Director of Advanced Training.
If insufficient space is provided in any of the sections below, attach a separate sheet.*

Trainee Name:	Training Program:
Assistant Director of Training Name: (where applicable):	Branch Director of Advanced Training Name:

PLAN FOR ADVANCED TRAINING ACTIVITIES:

(describe the overall plan for advanced training posts across this period, as far as this can currently be determined)

If details can be determined, please note these as below:

Initial Advanced Training Post - Name Of Post:										
Probable start date of this post										
	/	/								
Probable end date of this post	/	/								
Location of post (hospital/service)										
Clinical supervisor(s)										
Full time equivalent	0.5	0.6	0.7	0.75	0.8	0.9	1.0	<i>(circle appropriate)</i>		

Subsequent Advanced Training Post - Name Of Post:										
Probable start date of this post										
	/	/								
Probable end date of this post	/	/								
Location of post (hospital/service)										
Clinical supervisor(s)										
Full time equivalent	0.5	0.6	0.7	0.75	0.8	0.9	1.0	<i>(circle appropriate)</i>		

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

Advanced Trainee NAME.....

Period covered: to



The Royal Australian & New Zealand College of Psychiatrists

ADVANCED TRAINING PSYCHOTHERAPIES PSYCHIATRY Logbook of Clinical Training Experiences

Seminar Programme – Six Monthly Review

	YES	NO
Confirmation of attendance		
Confirmation of active participation		

Trainee Comments on Seminar Programme

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Trainee Signature: Date :

Seminar coordinator Comments

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Seminar coordinator Signature: Date :

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

Advanced Trainee NAME.....

Period covered: to



The Royal Australian & New Zealand College of Psychiatrists

ADVANCED TRAINING IN THE PSYCHOTHERAPIES PSYCHIATRY
SIX MONTHLY LONG CASE PROGRESS REPORT
Logbook of Clinical Training Experiences specific to:
Individual Dynamic Psychotherapies

Individual Dynamic Psychotherapy – Long Cases

Six Monthly Report of long case progress

Please indicate either OR both	YES	NO
1 satisfactory long term case supervision seen weekly, with regular supervision from an approved Consultant trained in Individual Dynamic Psychotherapy		
1 satisfactory long term case supervision seen twice weekly, with regular supervision from an approved Consultant trained in Individual Dynamic Psychotherapy.		

Please Attach Supporting Material Typed on A4 Paper (a half page vignette for each case)

Vignette of long term case progress (trainee to complete)

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Trainee Signature: **Date :**

Psychotherapy Supervisor Comments

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Psychotherapy Supervisor Signature: **Date:**

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

Advanced Trainee NAME.....

Period covered: to



ADVANCED TRAINING PSYCHOTHERAPIES PSYCHIATRY
CUMULATIVE REPORT
Logbook of Clinical Training Experiences specific to:
Individual Dynamic Psychotherapies

Individual Dynamic Psychotherapy – Long Cases Summary
(ideally including one male and one female)

	YES	NO
One case seen in psychotherapy twice per week for two years.		
One case seen in psychotherapy once weekly for one year in each year of training (i.e. either the same case over two years, or two separate cases.)		
Individual supervision on a weekly basis by an approved supervisor for the two years of training.		
Six monthly report to summarise case and progress illustrating themes of therapy interventions and issues of transference/counter-transference. Plus comments on supervisory experience.		

Please Attach Supporting Material Typed on A4 Paper

Trainee Comments on Individual Dynamic Psychotherapy: (Attached separately)

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Trainee Signature: **Date :**

Psychotherapy Supervisor Comments

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Psychotherapy Supervisor Signature: **Date :**

Director of Advanced Training Signature: **Date :**

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

Advanced Trainee NAME.....

Period covered: to

	<p>ADVANCED TRAINING PSYCHOTHERAPIES PSYCHIATRY</p> <p>CUMULATIVE REPORT</p> <p>Logbook of Clinical Training Experiences specific to: Individual Dynamic Psychotherapies</p>
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Individual Dynamic Psychotherapy – Short Cases Summary

	YES	NO
Short Cases - Minimum of 8 (eight) cases over the two years of training. This should include at least two of the following modalities (and be supported by Clinical vignettes): CBT Application of family/systems theory Focal/short term psychotherapy Group psychotherapy		

Please Attach Supporting Material Typed on A4 Paper (a half page vignette for each case)

Trainee Comments on Individual Dynamic Psychotherapy (short cases): (Attached separately)

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Trainee Signature: **Date :**

Psychotherapy Supervisor Comments

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PLEASE SIGN AS APPROPRIATE:

CBT: Supervisor Signature	Date:
Applications of family/systems theory: Supervisor signature	Date:
Focal/short term psychotherapy: Supervisor signature	Date:
Group psychotherapy: Supervisor signature	Date:

Director of Advanced Training Signature: **Date :**

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

Advanced Trainee NAME.....

Period covered: to



ADVANCED TRAINING IN THE PSYCHOTHERAPIES PSYCHIATRY
Logbook of Clinical Training Experiences specific to:
Structured and Brief Psychotherapies

Some general requirements for the CBT case:

1. The number of sessions for each patient shall be whatever is required to treat the patient effectively
2. Supervision is required at a minimum of every 2 sessions
3. At least two sessions are to be recorded (audio or video recording) and presented in supervision
4. A thorough, individualised case formulation that outlines antecedents, maintaining factors and target problem/s is required to be submitted for each case. This may be submitted in flow-chart form or written description.
5. Outcome measures are required to be used pre- and post-treatment and pre-post scores reported for each patient. The supervisor can assist in choice of measures.
6. The report should include a brief review of the progress of therapy and any learning points for the trainee – one page is sufficient
7. 'Other' cases may include a variety of primary diagnoses where CBT may be used to target a well defined problem

Category: Specify diagnosis	No. of sessions:	Dates over which treatment occurred:	Case formulation (Cognitive model) submitted: Y/N	Outcome measures used and pre-post scores	Audio or Video recording made (denote which)	Report completed: Y/N	Hours of supervision & supervisor's signature
Anxiety disorders (min. 6 cases; one case of each main anxiety disorder diagnosis to be treated)							
Affective disorder (min. 5 cases)							

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

Other (min 3 cases)							

Trainee comments:

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Supervisor comments:

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Trainee signature: **Supervisor Signature:**

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

Advanced Trainee NAME.....

Period covered: to



ADVANCED TRAINING PSYCHOTHERAPIES PSYCHIATRY
Logbook of Clinical Training Experiences specific to:
Group Psychotherapies

- 1 satisfactory long term case supervision seen once weekly over a 2 year period, with weekly supervision from an approved consultant trained in Individual Dynamic Psychotherapies
- 3 satisfactory group supervisions with groups occurring once or twice weekly with weekly supervision from approved consultants trained in Group Psychotherapies.

Category:	Minimum Sessions	This 6 months	Total to Date	Minimum Supervision	Report Completed
Specify Diagnosis					
Long Term Case:				80 hours Individual	
1.	90				
Experiential Group	20				
Observation & Discussion Group	20				
Clinical Groups:					
1.	90			80 hours Individual	
2.					
3.					
Subtotal					
TOTAL					

Trainee comments:

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Supervisor comments:

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Trainee signature: **Supervisor Signature:**

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.

Advanced Trainee NAME.....

Period covered: to



ADVANCED TRAINING PSYCHOTHERAPIES PSYCHIATRY
Logbook of Clinical Training Experiences specific to:
Family & Couples Therapy

Category: Specify Diagnosis	Minimum Sessions	This 6 months	Total to Date	Minimum Supervision	Report Completed
12 satisfactory case supervisions with weekly individual supervision from an approved consultant trained in Family & Couples Psychotherapy.					
Family Therapy: Child				80 hours Individual	
	5				
	5				
	5				
Family Therapy: Adolescent					
	5				
	5				
	5				
Family Therapy: Adult					
	5				
	5				
	5				
Other: Couples					
	5				
	5				
Longer Term Therapy					
	20				
Live Supervision					
				20	
Subtotal					
TOTAL					

Trainee comments:

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Supervisor comments:

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Trainee signature: Supervisor Signature:

NB: Trainees are only required to complete those Training experiences that relate to the Psychotherapies modality in which there are enrolled.



The Royal
Australian &
New Zealand
College of
Psychiatrists

**ADVANCED TRAINING PSYCHOTHERAPIES PSYCHIATRY
Final Summary Report at Completion of Training**

Trainee Name:	Training Program:
Assistant Director of Training Name (where applicable):	Branch Director of Advanced Training in Psychotherapies Psychiatry Name:

**FORMAL SUMMARY OF REQUIREMENTS FOR COMPLETION OF
ADVANCED TRAINING IN PSYCHOTHERAPIES PSYCHIATRY:**

I confirm that I have completed all requirements for Advanced Training in Psychotherapies Psychiatry.

Trainee name: Signature: Date:

Specific Requirements for Psychotherapies Psychiatry

For initialling by Branch Director of Advanced Training in Psychotherapies Psychiatry:

	DOAT
1. Satisfactory participation in seminar programme	
2. Infant or Toddler Observation completed (IDP only)	
3. Satisfactory supervisor assessments (x 4)	
4. Logbook and case requirements specific to chapter of training completed	

Advanced Trainee

I confirm that I have completed 2 FTE years of Advanced Training in Psychotherapies Psychiatry and all the required training experiences.

Trainee Name: **Signature:**
Date:

Branch Director of Advanced Training in Psychotherapies Psychiatry

Dr **has, as above, satisfactorily completed 2 FTE years of Advanced Training and all the required training experiences, and I recommend that he/she be awarded the Certificate of Advanced Training in Psychotherapies Psychiatry.**

Name: **Signature:**
Date:

Chair, Sub-Committee for Advanced Training in Psychotherapies Psychiatry

I concur that Dr **has satisfactorily completed 2 FTE years of Advanced Training in the Psychotherapies and all the required training experiences, and is eligible to be awarded the Certificate of Advanced Training in Psychotherapies Psychiatry.**

Name: **Signature:**
Date:

Please send this completed Logbook to the Training Department

RANZCP - Training
309 La Trobe Street
Melbourne VIC 3000 Australia
Telephone: + 61 03 9640 0646
Fax: + 61 03 9642 5652
E-mail: training@ranzcp.org

This will then be forwarded to the Chair, SATPSY, for signing in order for your Recommendation for award of the Cert. Psychotherapy Psych. to be progressed via the CFT for award by the FAC (on behalf of the BOE).

SIX MONTHLY

ADVANCED TRAINING REPORT

This report is prepared by the relevant Director of Training, supervisor(s) and trainee, and then forwarded to the College Secretariat. It covers the mandatory core experiences and activities as outlined in Regulations 2.5 and 10.1 - 10.7, and other skills required in advanced training. **Trainees are advised to retain a copy.**

Program _____ Subspecialty _____ Branch _____

Trainee name _____

Address _____

E-Mail _____ Postcode _____

Phone Home () _____ Work () _____

Mobile phone _____ Fax _____

Has your address changed? YES / NO _____ If yes, please state when: _____

DETAILS OF APPROVED TRAINING PERIOD

Clinical Setting _____

Date of Commencement/...../..... Date of Completion/...../.....

Hours worked per week F/T, 0.5, 0.6, 0.7, 0.75, 0.8, 0.9 (please circle)

SUPERVISORS

Name of Supervisor(s)	Qualifications
_____	_____
_____	_____

*** Please ensure that experiences are signed off with the date they were completed indicated**

Satisfactory progress across this period of training (circle 'Yes' or 'No')	Supervisor's signature	Comments
<ul style="list-style-type: none"> Progress with Generic Advanced Training Logbook Requirements 	YES / NO	
<ul style="list-style-type: none"> A formative feedback process was carried out during supervision at the 3-months point 	YES / NO	

SKILLS The following skills required in advanced training are to be rated using the quantitative gradings detailed below. Comments on these ratings are to be included, with additional material attached if necessary. All material must be read and discussed with trainees. The skills are divided into generic skills and skills specific only to the subspecialty chosen (as indicated).	Outstanding/Excellent	5
	Very Good	4
	Average	3
	Below average (Specific areas require attention)	2
	Not passable	1
	Not rated / not applicable	0

ADVANCED TRAINING EXPERIENCES

The following experiences/activities required during advanced training are to be signed off as detailed below.

Reg	Experience	Requirement	Elements completed	Supervisor's Confirmation
2.5	Approved Activity on Ethical Practice <i>Adhere to the College Code of Ethics at all times and participate in approved activity on ethical practice for each calendar year of training</i>	<i>Brief description of activity:</i> <input type="checkbox"/> 1-page reflection submitted <input type="checkbox"/> 15 minute (min) discussion on ethical issue(s) <input type="checkbox"/> active role in a seminar/workshop on ethical issues	<input type="checkbox"/> AT Y1 <input type="checkbox"/> AT Y2	Supervisor's declaration: I confirm that this Ethical Activity requirement has been completed satisfactorily. Signature: Date:
10.2	Experience in Biological Aspects of Management in Psychiatry <i>Identify and undertake 3 learning goal projects in biological psychiatry to increase knowledge of biological treatments relevant to the chosen subspecialty</i>	<i>Brief description of Project (including who project was presented to)</i> <i>No. of hours used to complete project:</i>	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:
		<i>Brief description of Project (including who project was presented to)</i> <i>No. of hours used to complete project:</i>	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:
		<i>Brief description of Project (including who project was presented to)</i> <i>No. of hours used to complete project:</i>	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:
10.3	Experience in Social Aspects of Management in Psychiatry <i>Identify and undertake 3 learning goal projects in social psychiatry to increase knowledge of social aspects of management as relevant to the chosen subspecialty</i>	<i>Brief description of Project (including who project was presented to)</i> <i>No. of hours used to complete project:</i>	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:
		<i>Brief description of Project (including who project was presented to)</i> <i>No. of hours used to complete project:</i>	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:
		<i>Brief description of Project (including who project was presented to)</i> <i>No. of hours used to complete project:</i>	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:

10.4	Experience in Cultural Aspects of Management in Psychiatry <i>Identify and undertake 3 learning goal projects in cultural psychiatry to enhance awareness of the part cultural beliefs play in mental illness</i>	Brief description of Project (including who project was presented to)	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:
		No. of hours used to complete project:		
		Brief description of Project (including who project was presented to)	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:
		No. of hours used to complete project:		
		Brief description of Project (including who project was presented to)	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3	Supervisor's declaration: I confirm that this Learning Goal project has been undertaken and documented satisfactorily. Signature: Date:
		No. of hours used to complete project:		
10.6	CME Activities <i>Undertake and document during advanced training at least 50 hours of CME activities over two years (at least 25 hours per year)</i> NOTE: <i>CME hours are only to be recorded once during each FTE training year as a tally for that year.</i>	<input type="checkbox"/> AT Y1 <input type="checkbox"/> AT Y2 <u>Development and Review of a CME Plan</u> (to achieve requirements across advanced training - a maximum of 2 hrs annually can be claimed) Peer Review Group Participation Providing formal teaching to others Providing supervision to others <u>Educational Experiences:</u> • Attending scientific meetings, conferences, courses and workshops (outside the formal educational program) • Attending Journal Clubs or Grand Round presentations Quality Assurance Activities <u>Self-directed learning</u> • Individual Learning activities (outside academic prog) • Biological/Social/Cultural Learning Goals (max 15 hrs/2 years) • Writing and preparing presentations Total Hours (minimum required per year is 25 hrs):	Hours:	Supervisor's declaration: I confirm that this is an accurate and reasonable record of CME activities undertaken. Signature: Date:
10.7	Leadership and Management <i>Undertake approved formal leadership and management training, to prepare for role as a consultant psychiatrist</i>	Brief Description of Leadership and Management Training/Module Undertaken:		Supervisor's declaration: I confirm that this requirement has been completed satisfactorily. Signature: Date:

TRAINEE:

I have completed this period of Advanced Training and any Experiences as above in accordance with the RANZCP Training and Assessment Regulations. I confirm that the record of Experiences as above is accurate.

Signature: _____

Date _____

SUMMARY AND RECOMMENDATIONS OF DIRECTOR OF TRAINING:

Overall this time has been satisfactorily completed, enabling the trainee to be accredited
This trainee should continue with their advanced training

YES NO
YES NO

Director of Training: Name (printed) _____

Signature _____

Date _____

*Privacy of Information Statement: Registrar Evaluations are held and used in accordance with the College's Privacy Policy Statement
<http://www.ranzcp.org/ranzcp-privacy-statement.html>*

SKILLS The following skills required in advanced training are to be rated using the quantitative gradings detailed below. Comments on these ratings are to be included, with additional material attached if necessary. All material must be read and discussed with trainees. The skills are divided into generic skills and skills specific only to the subspecialty chosen (as indicated).	Outstanding/Excellent	5
	Very Good	4
	Average	3
	Below average (Specific areas require attention)	2
	Not passable	1
	Not rated / not applicable	0

Generic Skills	Supervisor Comment	Grade
<u>Academic:</u> Further development of academic knowledge base, involvement in appropriate education program and local educational meetings. Use of library/ electronic resources, internet, databases.		0 1 2 3 4 5
<u>Clinical Skills:</u> further development of these as appropriate to the advanced training Certificate program pursued.		0 1 2 3 4 5
<u>Communication and Collaboration Skills:</u> good communication, working and therapeutic relationships, also with other team members and with caregivers.		0 1 2 3 4 5
<u>Professional Attitudes:</u> including safety, boundaries, consistency, availability, confidentiality, respect, accountability, motivation, commitment.		0 1 2 3 4 5
<u>Administration:</u> development of skills in administration, report writing, documentation, letters to referrers and others, audits and quality assurance activities. Ability to use email for organisational communication.		0 1 2 3 4 5
<u>Supervision Use:</u> Response to the experience of supervision and attitude to supervision.		0 1 2 3 4 5
<u>Research Knowledge Base and Skills:</u> Development or participation in a project. And/or - ability to critically appraise the literature, investigate clinical questions and discuss research design.		0 1 2 3 4 5

Specific Subspecialty Skills / Tasks	Supervisor's Comment regarding progress with subspecialty requirements (select relevant subspecialty as appropriate)	Grade
ADDICTION PSYCHIATRY		0 1 2 3 4 5
ADULT PSYCHIATRY		0 1 2 3 4 5

Specific Subspecialty Skills / Tasks	Supervisor Comment (select relevant subspecialty as appropriate)	Grade
CHILD AND ADOLESCENT		0 1 2 3 4 5
CONSULTATION-LIAISON		0 1 2 3 4 5
FORENSIC		0 1 2 3 4 5
PSYCHIATRY OF OLD AGE		0 1 2 3 4 5
PSYCHOTHERAPIES		0 1 2 3 4 5

DECLARATION BY PRINCIPAL SUPERVISOR

I declare that the above given information was provided in good faith and is considered to be a true reflection of Dr.....'s ability.

Supervisor's Name (printed) _____

Signature _____ **Date** _____

FELLOW UNDERTAKING ADVANCED TRAINING:

I have completed this period of Advanced Certificate Training in accordance with the RANZCP Training and Assessment Regulations.

Signature _____ **Date** _____

SUMMARY AND RECOMMENDATIONS OF DIRECTOR OF ADVANCED TRAINING:

Overall this time has been satisfactorily completed, and can be accredited YES NO
 This Fellow should continue with their advanced training YES NO

Director of Advanced Training's Name (printed) _____

Signature _____ **Date** _____

Privacy of Information Statement:
 Registrar Evaluations are held and used in accordance with the College's Privacy Policy Statement <http://www.ranzcp.org/ranzcp-privacy-statement.html>