



RANZCP ID:		
Surname:		
First name:		
Zone:		
Location:		
Area of Practice	<input type="checkbox"/> Addiction psychiatry	<input type="checkbox"/> Prospectively approved other <i>(please specify)</i> .....

## Certificate of Advanced Training in Addiction Psychiatry Fellow-in-training end-of-rotation In-Training Assessment (ITA) form

Please refer to the RANZCP website for detailed information on the [Certificate of Advanced Training in Addiction Psychiatry](#) requirements.

**Privacy Statement:** Registrar evaluations are held and used in accordance with the [College's Privacy Policy Statement](#).

### 1. CONTACT INFORMATION

Mobile phone: .....

Email address: .....

### 2. APPROVED TRAINING DETAILS

The Director of Advanced Training and/or Principal Supervisor should amend as necessary.

*(Please check the experience(s) undertaken in this 6 month period)*

- general hospital drug and alcohol liaison
- substance use disorders – specialist treatment setting
- pharmacotherapy for opiate dependence
- co-existing substance use and other psychiatric disorders
- pain unit
- gambling problems

Start Date ..... End Date .....

Training at ..... FTE Calculated FTE months: .....

\*If <0.5 FTE, prospective approval required. See [part-time training policy](#).

**Partial completion of a 6-month period:** *(skip if full 6-month FTE period was completed)*

..... FTE months in total were actually completed, due to:  Part-time training  prolonged leave  other

*(please give details)*

### 3. FELLOW-IN-TRAINING STATEMENT

The following is a true and accurate record: *(check as appropriate)*

	Yes	No
I have received formative feedback on my training progress mid-way or prior to mid-way through this 6 month period.	<input type="checkbox"/>	<input type="checkbox"/>
During this 6 month period I have received 1 hour per week of individual clinical supervision.	<input type="checkbox"/>	<input type="checkbox"/>
I have attended a formal addiction psychiatry teaching program or completed self-directed learning.	<input type="checkbox"/>	<input type="checkbox"/>
I have completed this psychiatry training in accordance with the RANZCP Fellowship Regulations 2012.	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. STATEMENT OF COMPLETED EPAs and WBAs

- It is **mandatory** to complete the Supervisor ID/Name, Date Entrusted and WBA columns. Incomplete forms will be returned.
- Fellows-in-training only need to provide details of the EPAs and/or WBAs done in **this** 6 month period. It is **not** necessary to complete the form for EPAs or WBAs done previously.
- Fellows-in-training should check their training record online by logging onto the College website 'Member Access' and click 'MyTraining Reports' to ensure that the data provided on this form has been accurately and fully reflected on their training records.

Stage 3 EPAs  <i>(It is <b>not</b> necessary to provide details of EPAs attained in previous rotations)</i>	Entrusting supervisor's RANZCP ID or Name  <i>(PRINT)</i>	Date entrusted  <i>(DD/MM/YYYY)</i>	The following WBA tools were used to support the EPA attainment  <i>(please indicate number of each)</i>				
			CbD	Mini-CEX	OCA	PP	DOPS
<b>Stage 3 Addiction Psychiatry</b>	<b>EPAs 1–6 are mandatory for the completion of the Certificate program</b>						
<b>Mandatory</b> ST3-ADD-FELL-EPA1: Acute assessment and diagnosis							
<b>Mandatory</b> ST3-ADD-FELL-EPA 2: Long-term management of alcohol use disorders							
<b>Mandatory</b> ST3-ADD-FELL-EPA 3: Advanced management of intoxication/ withdrawal							
<b>Mandatory</b> ST3-ADD-FELL-EPA4: Comorbid substance use and other mental health problems							
<b>Mandatory</b> ST3-ADD-AOP-EPA5: Psychological methods							
<b>Mandatory</b> ST3-ADD-AOP-EPA6: Training in brief interventions							
ST3-ADD-AOP-EPA7: AOD consultation–liaison							
ST3-ADD-AOP-EPA8: Chronic pain							
ST3-ADD-AOP-EPA9: Opioid drug use problems							
ST3-ADD-AOP-EPA10: Gambling disorder and other behavioural addictions							
ST3-ADD-AOP-EPA11: Comorbid substance use and physical health problems							
ST3-ADD-AOP-EPA12: Addiction legal and statutory issues							
<b>Other EPAs</b> <i>(please specify)</i>							

**CbD**=Case-based discussion; **Mini-CEX**-Mini Clinical Evaluation Exercise; **OCA**=Observed Clinical Activity; **PP**=Professional Presentation  
**DOPS** = Direct Observation of Procedural Skills

**OCA WBA** completed in this 6 month period attached *(number in box)*.

*(All OCA forms must be submitted.)*

## 5. CASE SUMMARIES

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Fellows-in-training must complete 60 unique case summaries in the Certificate of Advanced Training in Addiction Psychiatry.

Case summaries completed in this 6 month period  
(number of patients in box).

Category	
Benzodiazepines/sedatives/hypnotics	<input type="checkbox"/>
Psychostimulant	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>
Other substances	<input type="checkbox"/>
Substance-induced psychiatric disorders	<input type="checkbox"/>
Substance use in pregnancy	<input type="checkbox"/>
Pain disorders	<input type="checkbox"/>
Gambling disorders or other behavioural addictions	<input type="checkbox"/>
Special patient populations	<input type="checkbox"/>

## 6. SUPERVISOR ASSESSMENT

- Please indicate (by placing a ✓ in the relevant box) which statement most appropriately describes the Fellow-in-training's performance for each CanMEDS role.
- The columns marked with an \* should help inform the feedback provided to the Fellow-in-training (page 5), i.e. the Fellow-in-training's strengths and weaknesses.

	CanMEDS roles Supervisor to add specific comments under each role.	EXPECTATIONS					
		Rarely Met *	Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	Unable to Comment
1	<b>Medical Expert</b>						
2	<b>Communicator</b>						
3	<b>Collaborator</b>						
4	<b>Manager</b>						
5	<b>Health Advocate</b>						
6	<b>Scholar</b>						
7	<b>Professional</b>						

## 7. FEEDBACK PROVIDED AT THE END OF ROTATION REVIEW

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### Supervisor to Fellow-in-training

The assessment given in Section 6 may assist you to complete this page.

Fellow-in-training's three areas of particular strength:

Three areas identified as needing further development:

## 8. PRINCIPAL SUPERVISOR REPORT – FINAL SUMMATIVE ASSESSMENT

Please check the final (overall) grade for the Fellow-in-training's progress in the Certificate for the past 6-month period.

Choose only one grade in either the Pass or Fail category.

Fail grades		Pass grades		
<input type="radio"/> <b>Rarely Met</b> the overall standard required	<input type="radio"/> <b>Inconsistently Met</b> the overall standard required	<input type="radio"/> <b>Almost Always Met</b> the overall standard required	<input type="radio"/> <b>Sometimes Exceeded</b> the overall standard required	<input type="radio"/> <b>Consistently Exceeded</b> the overall standard required

**In the case of a failing grade:** *(check as appropriate)*

**Yes No**

Were these concerns discussed with the Fellow-in-training earlier, e.g. at the mid-point?

Has a supportive plan been undertaken with the Fellow-in-training in this 6-month period prior to this final assessment?

Is there a formal targeted learning plan in place for this Fellow-in-training?  
*(As per the policy this will be required within 60 days of a failing grade.)*

## 9. PRINCIPAL SUPERVISOR DECLARATION

I declare that the above information was provided in good faith and is considered to be a true reflection of the Fellow-in-training's ability. This training was completed in accordance with the RANZCP Fellowship Regulations 2012.

I acknowledge that this document forms a part of the Fellow-in-training's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

I hereby verify that this assessment has been discussed with the Fellow-in-training.

Supervisor name (print) .....

Supervisor RANZCP ID ..... Signature ..... Date .....

## 10. FELLOW-IN-TRAINING DECLARATION

I have sighted the assessment on this report, have discussed the assessment with my Principal Supervisor and am aware that this assessment will form part of my RANZCP Training Record

**Yes No**

I agree with the information on this form.

Fellow-in-training name (print) ..... Signature ..... Date .....

## 11. DIRECTOR OF ADVANCED TRAINING DECLARATION

I have checked the information provided by both the Fellow-in-training and supervisor. I hereby verify that the 'Approved Training Details' provide an accurate record of the Fellow-in-training's training status and that, to the best of my knowledge, the assessment details accurately reflect the assessment by the appropriate supervisor.

I acknowledge that this document forms a part of the Fellow-in-training's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

I have sighted the final qualitative report (complete this for final ITA only) *(Please tick box)*

Director of Advanced Training name (print) ..... RANZCP ID .....

Director of Advanced Training signature ..... Date .....