



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

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

Fellows-in-training are required to complete 2 EPAs each 6-month FTE period.

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](#).

### NOTES ON THE USE OF THIS FORM

- The (mid-rotation) In-Training Assessment is formative, not summative. Its purpose is to identify and provide feedback on the Fellow-in-training's strengths and weaknesses as well as their progress in the Certificate.
- This formative assessment may be completed prior to or subsequent to the mid-rotation point, at the discretion of the supervisor, if there are concerns regarding the Fellow-in-training's progress in the Certificate.
- It may be necessary for multiple (mid-rotation) ITA forms to be completed during a 6-month period.

### 1. 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)*

- |  |
|--|
| <input type="checkbox"/> general hospital drug and alcohol liaison                 |
| <input type="checkbox"/> substance use disorders – specialist treatment setting    |
| <input type="checkbox"/> pharmacotherapy for opiate dependence                     |
| <input type="checkbox"/> co-existing substance use and other psychiatric disorders |
| <input type="checkbox"/> pain unit   |
| <input type="checkbox"/> 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)*

### 2. FELLOW-IN-TRAINING STATEMENT

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

	Yes	No
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"/>

### 3. STATEMENT OF COMPLETED EPAs and WBAs

- **For discussion purposes only** during the mid-rotation assessment. As this mid-rotation form is not submitted to the College, the end-of-rotation ITA should contain the record of **ALL** EPAs and WBAs completed during the rotation so that the Fellow-in-training's training record can be updated accordingly.
- Fellow-in-training only need to provide details of the EPAs and/or WBAs done in **this** rotation. It is **not** necessary to include EPAs or WBAs done previously.
- Fellows-in-training should check their training record online by logging onto the College website 'Member Access' and click 'My Training Reports' to ensure that the data provided on this form has been accurately and fully reflected on their training records.

**Fellows-in-training are required to complete two EPAs per 6 months FTE.**

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

## 4. CASE SUMMARIES

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

Discuss progress with supervisor  
(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"/>

## 5. 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					Unable to Comment
		Rarely Met *	Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	
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>						

## 6. FEEDBACK PROVIDED AT THE MID ROTATION REVIEW

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### Supervisor to Fellow-in-training

The assessment given in Section 5 may assist you to complete this page.

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

Three areas identified as needing further development:

## 7. PRINCIPAL SUPERVISOR MID-ROTATION FORMATIVE ASSESSMENT

(check as appropriate)

	Yes	No
Has the Fellow-in-training shown satisfactory progress in the Certificate?	<input type="checkbox"/>	<input type="checkbox"/>
Has knowledge gained through the formal education course/self-directed learning been satisfactorily integrated into the Fellow-in-training's clinical practice?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered YES to both of the above questions, please proceed to the supervisor declaration.**

If the Fellow-in-training has **not** shown satisfactory progress through the 6-month period to date, please outline below the required actions by supervisor and Fellow-in-training to facilitate satisfactory progress. A **supportive plan** is to be developed with the Fellow-in-training and documented below, and the Director of Advanced Training must be notified. The Fellow-in-training's progress on the supportive plan will be considered in the summative assessment on the end-of-rotation ITA form.

## 8. 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 .....

## 9. 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.	<input type="checkbox"/>	<input type="checkbox"/>

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

## 10. 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.

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

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