

CL checklist & sign off

To be submitted by trainees and Fellows completing the Certificate in Advanced Training in Consultation–Liaison Psychiatry.

Please submit this form to the College's training team. **Email:** training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Please fill in the completion dates of all training requirements below; Directors of Advanced Training must initial to confirm completion.

Trainee name RANZCP ID

Satisfactorily completed Certificate of Advanced Training in Consultation–Liaison psychiatry training requirements		Completion date	DOAT initial
24 months FTE training in accredited consultation–liaison psychiatry training posts. Including (can be achieved concurrently):			
<ul style="list-style-type: none"> 12 months FTE attachment to a consultation–liaison service offering consultation across an entire general hospital including emergency work one or more liaison-style attachments to a unit providing medical or surgical treatment (at least 1 day per week FTE for at least 12 months) an outpatient experience, including longitudinal follow-up of patients with chronic physical illness (at least 1 half-day per week FTE for at least 12 months). 			
Eight Stage 3 EPAs	Minimum four consultation–liaison psychiatry EPAs		
	Relevant EPAs from other areas of practice may be attained		
Minimum one OCA per each 6-month FTE clinical rotation	Year 1	OCA in rotation 1	
		OCA in rotation 2	
	Year 2	OCA in rotation 3	
		OCA in rotation 4	
Formal consultation–liaison psychiatry teaching program			
Scholarly project (3000–5000 words)			
Presentation of scholarly project at a CPD-approved meeting or conference			

Satisfactorily completed Certificate of Advanced Training in Consultation–Liaison psychiatry training requirements			Completion date	DOAT initial
20 case summaries	Year 1	Case summaries in rotation 1 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Case summaries in rotation 2 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
	Year 2	Case summaries in rotation 3 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Case summaries in rotation 4 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Formative & summative forms	Rotation 1	Mid-rotation ITA form		
		End-of-rotation ITA form		
	Rotation 2	Mid-rotation ITA form		
		End-of-rotation ITA form		
	Rotation 3	Mid-rotation ITA form		
		End-of-rotation ITA form		
	Rotation 4	Mid-rotation ITA form		
		End-of-rotation ITA form		

TRAINEE DECLARATION

I confirm that I have completed 24 months FTE of consultation–liaison psychiatry certificate training and all the requirements as listed above.

Trainee signature

Date

DIRECTOR OF ADVANCED TRAINING DECLARATION

Dr has satisfactorily completed 24 months FTE of consultation–liaison psychiatry certificate training and all the requirements as listed above.
I recommend award of the Certificate of Advanced Training in Consultation–Liaison Psychiatry.

DOAT name

RANZCP ID

DOAT signature

Date

The College training team will audit the trainee's training record to ensure all documents have been submitted and recorded accurately. This form will be forwarded to the Chair of Subcommittee for Advanced Training in Consultation–Liaison Psychiatry (SATCL) to confirm the award of the Certificate.

Office use only

Date checklist & sign off received Zone

SATCL CHAIR DECLARATION

I concur that Drhas satisfactorily completed 24 months FTE of consultation–liaison psychiatry certificate training and all the requirements and is eligible to be awarded the Certificate of Advanced Training in Consultation–Liaison Psychiatry.

SATCL Chair name

SATCL Chair signature Date

Trainees may use the following table to assist in keeping track of their Fellowship requirements.

Fellowship training requirements (<i>trainees only</i>)		Completion date	✓
Stage 2 Psychotherapy EPAs <i>must all be complete by end of Stage 3</i>	ST2-PSY-EPA2: Therapeutic alliance		<input type="checkbox"/>
	ST2-PSY-EPA3: Supportive psychotherapy		<input type="checkbox"/>
	ST2-PSY-EPA4: CBT–Anxiety management		<input type="checkbox"/>
Centrally administered summative assessments	Essay-style Exam		<input type="checkbox"/>
	Psychotherapy Written Case		<input type="checkbox"/>
	OSCE		<input type="checkbox"/>
	Scholarly Project		<input type="checkbox"/>
Leadership and management requirements			<input type="checkbox"/>
Psychotherapy requirement <i>at least 6 sessions each</i>	Patient 1		<input type="checkbox"/>
	Patient 2		<input type="checkbox"/>
	Patient 3		<input type="checkbox"/>
Final qualitative report			<input type="checkbox"/>