

## 2012 Fellowship Program

# Stage 3 Child and adolescent psychiatry EPAs & COE forms

For more information about EPA standard and the EPA entrustment process, please see the preamble in the *EPA Handbook – Stage 1 and 2*.

The Stage 3 child and adolescent psychiatry EPAs have been collated here, together with their respective Confirmation of Entrustment (COE) forms, for ease of printing.

#### Document version history

<b>Version N°</b>	<b>Revision description/reason</b>	<b>Date</b>
v0.3	Added EPA9 and updated EPA 1–8 to mandatory for Certificate	20/06/19
v0.2	Updated with DOPS WBA	14/12/16
v0.1	First version of collated Stage 3 Child and adolescent psychiatry EPAs & COE forms published on website.	10/11/15

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<<Mandatory Certificate EPA>>

**ST3-CAP-AOP-EPA1 – Family interview**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Independently conducts an initial family interview involving children and adolescents.</b>		
<b>Description</b> Maximum 150 words	<p>The trainee can conduct an initial family interview independently. The trainee:</p> <ul style="list-style-type: none"> <li>• demonstrates ability to be inclusive and engage with all members of the family</li> <li>• gathers all important and relevant information in a culturally and developmentally sensitive way</li> <li>• sensitively directs the course of the interview</li> <li>• communicates their initial hypotheses back to the family, taking account of the family’s values and beliefs</li> <li>• is able to propose and discuss the initial course of action with the family</li> <li>• applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness</li> <li>• manages potentially disruptive family conflict within the interview.</li> </ul>		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4	<b>HA</b> 2
	<b>COM</b>	1	<b>SCH</b>
	<b>COL</b>	1, 2	<b>PROF</b> 1, 2
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands developmental needs of children present in the interview.</li> <li>• Aware of the importance of rapport with, and engagement of, families/carers.</li> <li>• Understands intrapersonal, interpersonal and systemic issues in patient care.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Understands family dynamics based on theoretical models.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Takes history sensitive to individual, family, social, cultural and developmental context.</li> <li>• Adapts interactions to the developmental stage and background of the child and family.</li> <li>• Uses culturally and developmentally appropriate verbal and non-verbal communication.</li> <li>• Encourages discussion, questions and interactions within the clinical encounter.</li> <li>• Elicits information from all family members and establishes and maintains an effective working alliance.</li> <li>• Integrates the information obtained into a shared hypothesis and communicates it to the family in an easily understood manner, encouraging feedback.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Demonstrates appropriate respect and empathy for all family.</li> </ul>
<b>Assessment method</b>	Progressively assessed across different age groups during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: [training@ranzcp.org](mailto:training@ranzcp.org)

<b>ST3-CAP-AOP-EPA1 – Family interview (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)
<b>Title</b>	<b><i>Independently conducts an initial family interview involving children and adolescents.</i></b>		
<b>Description</b>	<p>The trainee can conduct an initial family interview independently. The trainee:</p> <ul style="list-style-type: none"> <li>• demonstrates ability to be inclusive and engage with all members of the family</li> <li>• gathers all important and relevant information in a culturally and developmentally sensitive way</li> <li>• sensitively directs the course of the interview</li> <li>• communicates their initial hypotheses back to the family, taking account of the family's values and beliefs</li> <li>• is able to propose and discuss the initial course of action with the family</li> <li>• applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness</li> <li>• manages potentially disruptive family conflict within the interview.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-CAP-AOP-EPA2 – Discussing formulation and management**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA2	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Discussing a formulation and negotiating a management plan with a pre-adolescent child and/or family.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee:</p> <ul style="list-style-type: none"> <li>• presents their understanding of the case to the family respectfully and clearly without using jargon</li> <li>• presents available management options clearly identifying both risks and benefits and the level of evidence currently available</li> <li>• checks the child and family's understanding of the presented information</li> <li>• is able to integrate the family's response and negotiate a management plan including consent.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5	<b>HA</b>	1, 2
	<b>COM</b>	1	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 3, 4
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands issues of consent and the principles and limits of confidentiality.</li> <li>• Risks, benefits and strength of evidence available for the suggested management options.</li> <li>• Understands the principles of prevention, promotion and early intervention to reduce the impact of mental illness.</li> <li>• Understands intrapersonal, interpersonal and systemic issues in developing management plans.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• Integrates information obtained in a comprehensive assessment to produce a clear biopsychosociocultural formulation.</li> <li>• Develops a comprehensive and evidence-based management plan that addresses issues identified in the formulation.</li> <li>• Communicates the management plan effectively and discusses its acceptability with the patient and family and considers alternative plans following discussion with the family.</li> <li>• Develops strategies to reduce barriers to effective treatment for the patient and their family.</li> <li>• Adapts interactions to the developmental stage and background of the child and family.</li> <li>• Develops a therapeutic alliance with the family.</li> <li>• Identifies the potential for, and utilises, skills in prevention, promotion and early intervention to reduce the impact of mental illness.</li> <li>• Advocates for patient access to health promotion information to the level of the general population.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Demonstrates appropriate respect for patients and their families.</li> <li>• Ensures care is child- and family-focussed with a systemic perspective.</li> <li>• Sensitivity to the differences in patient preferences for management.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-CAP-AOP-EPA2 – Discussing formulation and management (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA2
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)
<b>Title</b>	<b>Discussing a formulation and negotiating a management plan with a pre-adolescent child and/or family.</b>		
<b>Description</b>	<p>The trainee:</p> <ul style="list-style-type: none"> <li>• presents their understanding of the case to the family respectfully and clearly without using jargon</li> <li>• presents available management options clearly identifying both risks and benefits and the level of evidence currently available</li> <li>• checks the child and family’s understanding of the presented information</li> <li>• is able to integrate the family’s response and negotiate a management plan including consent.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-CAP-AOP-EPA3 – Initial assessment reports**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA3	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Produces comprehensive psychiatric reports after initial assessment of children, adolescents and their families.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee can document the relevant information gained from their initial assessment including an appropriate management plan. The trainee:</p> <ul style="list-style-type: none"> <li>• includes appropriate information, with reference to the limitations of the assessment</li> <li>• adequately addresses risks</li> <li>• addresses any questions raised in the referral</li> <li>• articulates clear management recommendations.</li> </ul>			
<b>Detailed description</b> If needed	An assessment report may include a letter to a GP or other referrer or a case report for a multidisciplinary team.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 3	<b>PROF</b>	1, 2
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge of risk and resilience factors.</li> <li>• Understands family system dynamics and problem formulation.</li> <li>• Understands limits of consent and confidentiality.</li> </ul>			

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Effectively compiles, synthesises and presents written information obtained in the assessment: <ul style="list-style-type: none"> <li>- communication is clear, unambiguous and succinct</li> <li>- the content and tone is tailored to the purpose</li> <li>- the content is selected with reference to possible positive and negative implications for children, adolescents and families.</li> </ul> </li> <li>• Makes explicit the purpose of the report and the requirements of the recipients.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Recognises the importance of clear, non-pejorative communication to enhance collaborative practice.</li> </ul>
<b>Assessment method</b>	Progressively assessed across different age groups during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-CAP-AOP-EPA3 – Initial assessment reports (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA3
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)
<b>Title</b>	<b><i>Produces comprehensive psychiatric reports after initial assessment of children, adolescents and their families.</i></b>		
<b>Description</b>	<p>The trainee can document the relevant information gained from their initial assessment including an appropriate management plan. The trainee:</p> <ul style="list-style-type: none"> <li>• includes appropriate information, with reference to the limitations of the assessment</li> <li>• adequately addresses risks</li> <li>• addresses any questions raised in the referral</li> <li>• articulates clear management recommendations.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-CAP-AOP-EPA4 – Commencing psychopharmacological treatment**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA4	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Commencing psychopharmacological treatment for children and adolescents who have not previously been treated with psychopharmacology.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee:</p> <ul style="list-style-type: none"> <li>engages with the child, adolescent and family to assist them to understand the rationale for medication treatment within the broader treatment context (in addition to non-medication interventions such as parent, family or individual therapy)</li> <li>informs the child, adolescent and their family of the expected benefits including the likely timeframe of response</li> <li>informs the child, adolescent and family of the risk of the medication which should include the common, and less common but significant, adverse effects</li> <li>instigates a review process for benefits and risks</li> <li>adheres to applicable state/territory/national regulatory requirements</li> <li>obtains and documents consent of the child, adolescent and parents.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1	<b>PROF</b>	1
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>Knowledge of psychotropic prescribing in children and adolescents, including: <ul style="list-style-type: none"> <li>developmental differences in pharmacokinetics and pharmacodynamics</li> </ul> </li> </ul>			

	<ul style="list-style-type: none"> <li>- legislative requirements as relevant to the medication</li> <li>- off-label prescribing</li> <li>- current evidence base and its limitations</li> <li>- best child and adolescent psychiatric practice</li> <li>- social debate around medication prescribing in children.</li> </ul> <ul style="list-style-type: none"> <li>• Demonstrates an awareness of the implications for other systems involved with the child.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Undertakes a detailed and comprehensive assessment of a child and family to inform prescribing practice.</li> <li>• Encourages discussion, questions and interaction within the clinical encounter to ensure understanding, adapting communication to the developmental stage and background of the child.</li> <li>• Monitors response, including benefits and adverse effects of treatment.</li> <li>• Documents the rationale for medication treatment and issues related to consent.</li> <li>• Addresses possible stigma and misinformation linked to medication prescribing.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical prescribing.</li> <li>• Demonstrates respect for the views and opinions expressed by the child, adolescent and family with regards to the treatment offered and incorporates these views in treatment planning.</li> </ul>
<b>Assessment method</b>	Progressively assessed across different age groups during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-CAP-AOP-EPA4 – Commencing psychopharmacological treatment (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA4
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)
<b>Title</b>	<b>Commencing psychopharmacological treatment for children and adolescents who have not previously been treated with psychopharmacology.</b>		
<b>Description</b>	<p>The trainee:</p> <ul style="list-style-type: none"> <li>engages with the child, adolescent and family to assist them to understand the rationale for medication treatment within the broader treatment context (in addition to non-medication interventions such as parent, family or individual therapy)</li> <li>informs the child, adolescent and their family of the expected benefits including the likely timeframe of response</li> <li>informs the child, adolescent and family of the risk of the medication which should include the common, and less common but significant, adverse effects</li> <li>instigates a review process for benefits and risks</li> <li>adheres to applicable state/territory/national regulatory requirements</li> <li>obtains and documents consent of the child, adolescent and parents.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-CAP-AOP-EPA5 – Psychiatric consultation**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA5	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.10 (EC-approved 10/04/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Provision of psychiatric consultation to the multidisciplinary team for the management of a child or adolescent in an inpatient setting.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee:</p> <ul style="list-style-type: none"> <li>integrates information related to the clinical situation to develop a comprehensive formulation and management plan in consultation with the multidisciplinary team, taking into account the inpatient setting</li> <li>communicates the formulation and management plan effectively with the multidisciplinary team and other professionals involved in the patient's care</li> <li>understands the importance and function of the team and collaborates with the primary clinician and/or other team members to provide effective treatment for the patient and their family</li> <li>advocates respectfully for further assessment and treatment as required by the multidisciplinary team</li> <li>recognises and takes opportunities for collaborating with other professionals and sharing specialist psychiatric knowledge</li> <li>assists the multidisciplinary team to identify gaps in service provision and advocates for referral to the appropriate service provider if needed.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	3, 4	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 3
	<b>MAN</b>	1, 2, 3, 5		
<b>Knowledge, skills and attitude required</b>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p>			

<p>The following lists are neither exhaustive nor prescriptive.</p>	<ul style="list-style-type: none"> <li>• Understands the issues of complexity in the patient and family presentation and how these impact on the difficulties managing mental health problems in a community setting.</li> <li>• Understands the importance of milieu and culture on patient care.</li> <li>• Can articulate the advantages and disadvantages of inpatient mental healthcare for different developmental stages and clinical presentations and apply these in decision making with regard to admissions.</li> <li>• Knowledge of acute and intensive care of mental health disorders including issues in the use of the mental health act and other statutory requirements.</li> <li>• Knowledge of inpatient and residential treatments for children and adolescents.</li> <li>• Detailed knowledge of the roles and responsibilities of the multidisciplinary team and key agencies.</li> <li>• Understands intrapersonal, interpersonal and systemic issues in patient care.</li> <li>• Understands principles of system theory (group and team dynamics) to support the function of the multidisciplinary team.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Articulates, in consultation with the team, the purpose of the admission and discharge planning.</li> <li>• Manages the interface between inpatient and community care.</li> <li>• Develops and maintains effective relationships with the multidisciplinary team.</li> <li>• Fosters the strengths of professionals and promotes involvement in the multidisciplinary team.</li> <li>• Demonstrates the use of feedback in relation to his or her own performance.</li> <li>• Evaluates and provides feedback on the adequacy of services.</li> <li>• Engages with individual patient and multiple systems to positively influence outcomes.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Values the contribution of professionals involved to enhance collaborative practice.</li> <li>• Maintains appropriate boundaries whilst developing leadership role.</li> <li>• Demonstrates commitment to high-quality outcomes for patients and carers.</li> <li>• Willingness to reflect on own leadership style and its impact on team function.</li> </ul>
<p><b>Assessment method</b></p>	<p>Progressively assessed during individual and clinical supervision, including three appropriate WBAs.</p>
<p><b>Suggested assessment method details</b></p>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Feedback from multidisciplinary team members.</li> </ul>

## References

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-CAP-AOP-EPA5 – Psychiatric consultation (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA5
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.10 (EC-approved 10/04/15)
<b>Title</b>	<b>Provision of psychiatric consultation to the multidisciplinary team for the management of a child or adolescent in an inpatient setting.</b>		
<b>Description</b>	<p>The trainee:</p> <ul style="list-style-type: none"> <li>integrates information related to the clinical situation to develop a comprehensive formulation and management plan in consultation with the multidisciplinary team, taking into account the inpatient setting</li> <li>communicates the formulation and management plan effectively with the multidisciplinary team and other professionals involved in the patient's care</li> <li>understands the importance and function of the team and collaborates with the primary clinician and/or other team members to provide effective treatment for the patient and their family</li> <li>advocates respectfully for further assessment and treatment as required by the multidisciplinary team</li> <li>recognises and takes opportunities for collaborating with other professionals and sharing specialist psychiatric knowledge</li> <li>assists the multidisciplinary team to identify gaps in service provision and advocates for referral to the appropriate service provider if needed.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-CAP-AOP-EPA6 – Assess culturally and linguistically diverse children/adolescents**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA6
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

<b>Title</b>	<b>Conducts an assessment of culturally and linguistically diverse children and adolescents.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee:</p> <ul style="list-style-type: none"> <li>• adapts interviewing style to accommodate language and cultural differences</li> <li>• effectively utilises an interpreter when required</li> <li>• demonstrates a respectful stance with regards to the family’s cultural background, acknowledging the limits of their own knowledge and seeking advice and information regarding culturally appropriate interactions as required</li> <li>• demonstrates an understanding of how the family’s cultural background and experiences may have influenced the development of the identified child/adolescent and the expression of psychopathology</li> <li>• is aware of the role of different cultural agencies.</li> </ul>			
<b>Detailed description</b> If needed	The framework of this EPA could be used with Māori or Aboriginal and/or Torres Strait Islander children and adolescents.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3	<b>HA</b>	1
	<b>COM</b>	1	<b>SCH</b>	
	<b>COL</b>	1, 2	<b>PROF</b>	2
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands the interaction between culture and the individual child and family’s presentation.</li> <li>• Develops knowledge of cultural differences in the child/adolescent and family’s understanding of mental illness.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Understands the principles of transcultural psychiatry.</li> <li>• Aware of culturally appropriate support services.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• History taking and examination shows awareness of cultural issues in relation to the needs of the child and the needs of their family.</li> <li>• Identifies and uses resources that are culturally, developmentally and socially relevant and available.</li> <li>• Uses culturally and developmentally appropriate verbal and non-verbal communication.</li> <li>• Encourages discussion, questions and interaction within the clinical encounter.</li> <li>• Identifies when and how to utilise an interpreter appropriately.</li> <li>• Identifies when, and how, to seek assistance from a cultural liaison worker (where available).</li> <li>• Recognises complexity and is able, with supervision, to formulate a management plan.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Openness and respect for the diversity of children and their families.</li> </ul>
<b>Assessment method</b>	Progressively assessed across different age groups during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Surname:	
First name:	
Zone:	
Hospital/service:	

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<b>ST3-CAP-AOP-EPA6 – Assess culturally and linguistically diverse children/adolescents (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA6
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)
<b>Title</b>	<b>Conducts an assessment of culturally and linguistically diverse children and adolescents.</b>		
<b>Description</b>	<p>The trainee:</p> <ul style="list-style-type: none"> <li>• adapts interviewing style to accommodate language and cultural differences</li> <li>• effectively utilises an interpreter when required</li> <li>• demonstrates a respectful stance with regards to the family's cultural background, acknowledging the limits of their own knowledge and seeking advice and information regarding culturally appropriate interactions as required</li> <li>• demonstrates an understanding of how the family's cultural background and experiences may have influenced the development of the identified child/adolescent and the expression of psychopathology</li> <li>• is aware of the role of different cultural agencies.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-CAP-AOP-EPA7 – Case conference**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA7
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.9 (EC-approved 10/04/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Provides leadership in an interagency case conference focused on a child or adolescent.</b>		
<b>Description</b> Maximum 150 words	<p>The trainee demonstrates the ability to provide active and effective leadership in a multi-agency and multidisciplinary setting. The trainee:</p> <ul style="list-style-type: none"> <li>• can identify and engage the relevant participants</li> <li>• is able to make a significant contribution to the agenda for the conference, synthesising the available information and determining the key areas that require deliberation</li> <li>• uses clear communication strategies (written and verbal) in the conference, being inclusive and respectful of the varying roles and levels of experience and expertise of the participants</li> <li>• is able to make a significant contribution to an accurate and coherent report of the meeting with clear action statements</li> <li>• is able to advocate as appropriate for organisational/systemic change that benefits children/adolescents and families and applies the principles of promotion, prevention and early intervention.</li> </ul>		
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b> 1, 2
	<b>COM</b>	1, 2	<b>SCH</b>
	<b>COL</b>	3, 4	<b>PROF</b>
	<b>MAN</b>	1, 2, 3, 5	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Detailed knowledge of the roles and responsibilities of key stakeholders and their relationship to the multidisciplinary team.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Understands the literature on clinical leadership including the characteristics of good leaders.</li> <li>• Understands the principles of group dynamics.</li> <li>• Understands the concept of clinical governance.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Exhibits social awareness and the ability to manage professional relationships, including conflict.</li> <li>• Demonstrates the ability to guide and lead a discussion that is focused, client centred and time managed.</li> <li>• Integrates the information from the case conference to generate a collaborative plan.</li> <li>• Exhibits self-awareness, self-management and mindfulness relevant to his or her leadership roles.</li> <li>• Is able to facilitate or take the lead in making a decision where there is team disagreement that cannot be resolved in a timely manner and evaluate the outcome of this decision.</li> <li>• Demonstrates the use of feedback in relation to his or her own performance.</li> <li>• Demonstrates the ability to support the development of other team members.</li> <li>• Builds partnerships and networks to influence outcomes positively for patients.</li> <li>• Demonstrates critical and strategic thinking in relation to the systems in which he or she works.</li> <li>• Navigates sociopolitical environments.</li> <li>• Demonstrates an ability to effect continuous quality improvement.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Values the contribution of professionals involved to enhance collaborative practice.</li> <li>• Maintains appropriate boundaries whilst developing leadership role.</li> <li>• Demonstrates personal integrity and character.</li> <li>• Demonstrates commitment to high-quality outcomes for patients and carers.</li> <li>• Shows openness to new information.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b> <i>(These include, but are not limited to, WBAs)</i>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Feedback from multidisciplinary team members.</li> </ul>
<b>References</b>	

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COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Surname:	
First name:	
Zone:	
Hospital/service:	

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<b>ST3-CAP-AOP-EPA7 – Case conference (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA7
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.9 (EC-approved 10/04/15)
<b>Title</b>	<b>Provides leadership in an interagency case conference focused on a child or adolescent.</b>		
<b>Description</b>	<p>The trainee demonstrates the ability to provide active and effective leadership in a multi-agency and multidisciplinary setting. The trainee:</p> <ul style="list-style-type: none"> <li>• can identify and engage the relevant participants</li> <li>• is able to make a significant contribution to the agenda for the conference, synthesising the available information and determining the key areas that require deliberation</li> <li>• uses clear communication strategies (written and verbal) in the conference, being inclusive and respectful of the varying roles and levels of experience and expertise of the participants</li> <li>• is able to make a significant contribution to an accurate and coherent report of the meeting with clear action statements</li> <li>• is able to advocate as appropriate for organisational/systemic change that benefits children/adolescents and families and applies the principles of promotion, prevention and early intervention.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

<<Mandatory Certificate EPA>>

**ST3-CAP-AOP-EPA8 – Assess and manage complex child/adolescent**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA8	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 10/04/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assesses and implements a management plan for a complex clinical presentation where there are ongoing child protection concerns.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee independently carries out an assessment and implements a management plan for a clinical situation where there are multiple needs and significant child protection concerns. This involves:</p> <ul style="list-style-type: none"> <li>• a sophisticated assessment, identification and prioritisation of issues and concerns</li> <li>• implementing a comprehensive management plan that addresses risk issues and articulates immediate/short-/long-term goals or strategies</li> <li>• clear delineation of roles and responsibilities with the family, care team and statutory welfare agency</li> <li>• engagement and collaboration with all stakeholders (identifying when engagement and collaboration has not been successful and seeking additional support to address this)</li> <li>• implementing and communicating an appropriate safety plan and management strategy with relevant parties.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 3, 4	<b>PROF</b>	1, 2
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Relevant child protection legislation and the role of statutory agencies.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Awareness of legal frameworks involved in working with children and adolescents including principles of international and national standards of human rights and responsibilities and legislation related to treatment of mental illness, safety, privacy and confidentiality.</li> <li>• Mental health act legislation.</li> <li>• Impact of trauma on the child and family in the short, medium and long term.</li> <li>• Psychiatric and psychological manifestations of trauma.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Conducts a comprehensive psychiatric assessment where there is complexity at individual, family and systemic levels.</li> <li>• Develops and implements a comprehensive management plan responding to the levels of complexity.</li> <li>• Ability to communicate clearly and work collaboratively with the child, family and statutory and other agencies.</li> <li>• Ability to consider a parent's capacity to provide an adequate caretaking environment.</li> <li>• Ability to provide clinical opinion in relation to child protection matters.</li> <li>• Consults with other experts and colleagues as required.</li> <li>• Advocates for the best interests of the child across all systems of care.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Capacity to hold best interests of the child at the centre of the assessment and management plan.</li> <li>• Respectful stance in working across, and within, diverse systems of care.</li> <li>• Capacity to tolerate and contain distress, uncertainty and ambiguity generated by complexity.</li> </ul>
<b>Assessment method</b>	Progressively assessed across different age groups during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Professional presentation.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

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<b>ST3-CAP-AOP-EPA8 – Assess and manage complex child/adolescent (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA8
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 10/04/15)
<b>Title</b>	<b>Assesses and implements a management plan for a complex clinical presentation where there are ongoing child protection concerns.</b>		
<b>Description</b>	<p>The trainee independently carries out an assessment and implements a management plan for a clinical situation where there are multiple needs and significant child protection concerns. This involves:</p> <ul style="list-style-type: none"> <li>• a sophisticated assessment, identification and prioritisation of issues and concerns</li> <li>• implementing a comprehensive management plan that addresses risk issues and articulates immediate/short-/long-term goals or strategies</li> <li>• clear delineation of roles and responsibilities with the family, care team and statutory welfare agency</li> <li>• engagement and collaboration with all stakeholders (identifying when engagement and collaboration has not been successful and seeking additional support to address this)</li> <li>• implementing and communicating an appropriate safety plan and management strategy with relevant parties.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....

**ST3-CAP-AOP-EPA9 – Infant mental health formulation**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA9	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.1 (EC approved 12/04/19)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Conducts comprehensive assessment of child under three presenting with feeding and sleeping problems and presents the formulation to the family</b>			
<b>Description</b> Maximum 150 words	<p>The trainee:</p> <ul style="list-style-type: none"> <li>Engages appropriate care-givers in assessment and feedback</li> <li>Attains collateral information required for adequate formulation</li> <li>Incorporates the individual developmental, caregiver and contextual factors that interact in development of the sleeping and feeding difficulties</li> <li>Includes assessment of the infant’s development, parent-child interaction and risk</li> <li>Utilises interpersonal collaborative skills to enhance family engagement understanding of the child and presentation.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1,2,3,5,9	<b>HA</b>	1,4
	<b>COM</b>	2,3,4	<b>SCH</b>	4,5
	<b>COL</b>	1	<b>PROF</b>	
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>Understands the normal developmental spectrum and the rapid changes occurring in the first 3 years.</li> <li>Understands presentation within an attachment theory framework.</li> <li>Understands the scope of infant, care-giver, family environment and other contextual factors influencing developing infant self-regulation including the circular causality.</li> <li>Understands the influence of cultural and other early parenting practices on sleep and feeding.</li> <li>Aware of the physical health disorders that may present with feeding and sleeping difficulties in the first 3 years.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Knowledge of risk factors for poor adjustment to pregnancy and parenthood, including pre-existing parental psychosocial factors and personality disorder.</li> <li>• Understands pre-natal factors that impact on infant development including exposures.</li> <li>• Understands legal frameworks relating to working with parents,, infants and young children and local responsibilities particularly as it relates to child protection.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Integrates information obtained in a comprehensive assessment to produce a clear formulation that incorporated biological, developmental, parental/family and sociocultural factors.</li> <li>• Recognises the multifactorial nature of infant presentations.</li> <li>• Aware of the strengths and limitations of the formulation and incorporates these in the information delivered to the family.</li> <li>• Adapts language to the capacity of the family to understand the information including the use of interpreters and provision of written information where appropriate.</li> <li>• Responds to questions to enhance understanding.</li> <li>• Works in a trauma informed framework.</li> <li>• Ability to work within legal frameworks relating to working with parents, the unborn child, infants and young children.</li> <li>• Recognises and responds to concerns about child protection where relevant.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Demonstrates respect for the family.</li> <li>• Has a collaborative approach.</li> <li>• Works within professional and ethical guidelines while keeping the needs of both parent and child in mind.</li> <li>• Considers issues of confidentiality, consent and capacity for parent and child and works in the best interests of the child.</li> </ul>
<b>Assessment procedure</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Additional assessment considerations (if needed)</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Professional Presentation</li> </ul>

## References

- Berg A (2015) *Failure to thrive or weight faltering in primary health care setting*. In Rey JM (ed), IACAPAP e-Textbook of Child and Adolescent Mental Health. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions. <http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>
- Mares S & Woodgate S (2017) *The clinical assessment of infants, preschoolers and their families*. In Rey JM (ed), IACAPAP e-Textbook of Child and Adolescent Mental Health. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions. <http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>
- Newman, L (2012) Getting in early: Identification of risk in early childhood, *Australian and New Zealand Journal of Psychiatry* 46: 697-699
- Zeanah, CH (2016) Defining relational pathology in early childhood: the diagnostic Classification of mental health and developmental disorders of Infancy and early childhood dc:0–5 approach, *Infant Mental Health Journal*, 37(5): 509-520

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: [training@ranzcp.org](mailto:training@ranzcp.org)

<b>ST3-CAP-AOP-EPA9 – Infant mental health formulation (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST3-CAP-AOP-EPA9
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.1 (EC-approved 12/04/19)
<b>Title</b>	<b>Conducts comprehensive assessment of child under three presenting with feeding and sleeping problems and presents the formulation to the family</b>		
<b>Description</b>	<p>The trainee:</p> <ul style="list-style-type: none"> <li>Engages appropriate care-givers in assessment and feedback</li> <li>Attains collateral information required for adequate formulation</li> <li>Incorporates the individual developmental, caregiver and contextual factors that interact in development of the sleeping and feeding difficulties</li> <li>Includes assessment of the infant’s development, parent-child interaction and risk</li> <li>Utilises interpersonal collaborative skills to enhance family engagement understanding of the child and presentation</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF (ADVANCED) TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) .....

Director of (Advanced) Training RANZCP ID: ..... Signature ..... Date .....