

**ST3-CL-AOP-EPA3 – CL Capacity assessment**

<b>Area of practice</b>	Consultation–liaison psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA3	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (EC-approved 24/07/15)	
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>Capacity assessment.</b>			
<b>Description</b> Maximum 150 words	The trainee can respond and manage a request to assess a patient's decision-making capacity.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 3, 4	<b>PROF</b>	1, 2
	<b>MAN</b>	1, 2		
<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 that decision-making capacity is specific to a particular decision at a particular time.</li> <li>• Understands and applies common law concepts such as capacity and valid consent.</li> <li>• Understands and applies requirements as set out in local guardianship legislation for capacity and substitute decision making.</li> <li>• Understands and applies any application in, or overlap with, local mental health legislation.</li> <li>• Understands the extent to which a capacity assessment can, and should, be undertaken by the referring medical practitioner and when it might require the engagement of a mental health professional.</li> <li>• Understands that a decision that is considered unwise or irrational is not in or of itself a reason to indicate loss of capacity.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Liaise with referring agents to clarify the nature of the request, ensure that a capacity assessment is appropriate and ascertain what information the patient has been given to date.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Conduct a history and mental state examination (including cognitive examination) relevant to the assessment of capacity.</li> <li>• Specifically assess capacity around the decision at hand. Judge the extent to which the patient understands the information relevant to the decision and his/her ability to use and weigh this information in the balance to come to a decision.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Understand the importance of ensuring a balance between facilitating patient autonomy and allowing patients who lack capacity access to beneficial treatment.</li> <li>• Understand that psychiatrists are seen as experts in the area of capacity.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including at least three appropriate WBAs.
<b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Professional presentation.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<p><b>References</b></p> <p>BIRD S. Capacity to consent to treatment. <i>Aust Fam Physician</i> 2011; 40: 249–50.</p> <p><i>Hunter and New England Area Health Service v A</i> [2009] NSWSC 761. [Available at <a href="http://www.lawlink.nsw.gov.au">http://www.lawlink.nsw.gov.au</a>.]</p> <p>KERRIDGE I, LOWE M &amp; STEWART C. <i>Ethics and law for the health professions</i>. 4th edn. Annandale: Federation Press, 2013.</p> <p>RYAN C, CALLAGHAN S &amp; PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. <i>Aust NZ J Psychiatry</i> 2015; 49: 324–33.</p> <p>RYAN C &amp; CALLAGHAN S. Legal and ethical aspects of refusing medical treatment after a suicide attempt: the Woollorton case in the Australian context. <i>Med J Aust</i> 2010; 193: 239–42.</p>	

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