

## Background

The framework for RANZCP Advanced Trainees in Forensic Psychiatry requires completion of 6 mandatory and 2 'elective' Entrustable Professional Activities (EPAs) over the course of 2 years<sup>1</sup>.

RANZCP Advanced Training in forensic psychiatry includes a strong focus on the acquisition and development of the core assessment skills of forensic psychiatry. It is the view of Subcommittee of Advanced Training in Forensic Psychiatry (SATFP) that such skills are the same irrespective of whether assessments are within the 'criminal' jurisdiction or the 'civil' jurisdictions.

The elective EPA options include two options that are especially relevant to civil work:

- ST3-FP-AOP-EPA9: Medicolegal assessment (civil): injury and impairment.
- ST3-FP-AOP-EPA10: Medicolegal assessment (civil): fitness and capacity.

Trainees are free to choose one, both or neither of these EPAs as part of their training program.

However, SATFP has identified a number of challenges for Forensic ATs wishing to undertake these EPAs:

- Trainees are almost exclusively employed within public sector forensic mental health services, where such assessment work generally does not take place.
- Many consultant supervisors within public sector forensic mental health services are not equipped to supervise and assess in these particular areas.
- Agencies (such as insurance companies) commissioning assessment reports generally do not permit non-consultants to conduct these assessments, even if under direct observation.

SATFP is strongly supportive of trainees wishing to achieve these EPAs and offers the following guidance points for DOATs to consider within the context of their own specific Advanced Training Program.

1. Employers are strongly encouraged to allow Forensic ATs to engage in off-site training experiences, to the extent of at least one session (morning or afternoon) per week. Such off-site training can include experiences relevant to 'civil' forensic psychiatry.
2. Formal assessment of EPAs 9 and 10 requires ATs to carry out multiple WBAs; these WBAs must be completed and signed by consultant psychiatrists who are:
  - i. Appropriately skilled and experienced in the relevant assessment work
  - ii. Accredited Members of the Faculty of Forensic Psychiatry
  - iii. Accredited RANZCP Supervisors

Local training programs are therefore advised to encourage and facilitate the accreditation of local psychiatrists experienced in civil work (often working in private practice) as College

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<sup>1</sup> Assuming full-time training.

supervisors. This will require their attendance at the relevant 5-yearly workshop. DOATs are advised to maintain a register of all such Accredited Supervisors.

3. Final 'signing off' of the EPA should be done by the DOAT, after consideration of the documentation pertaining to the relevant WBAs.
4. ATs are encouraged to undertake the relevant WBAs with a range of different psychiatrists, to obtain exposure to a range of styles and practices.
5. Given the difficulties inherent in trainees conducting 'real-world' assessment work in this area, a 'triangulation' approach is encouraged wherein a range of different WBAs is carried out, including at minimum:
  - i. Observing experienced assessors conducting an assessment<sup>2</sup>
  - ii. Writing of a 'mock report', based on observation of an interview
  - iii. Direct interviewing and assessment of a new treatment patient (as part of the trainee's usual clinical workload), followed by production of a 'mock report' addressing an issue relevant to the EPA.
6. A range of WBA modalities is encouraged, with special emphasis on case-based discussions (CbDs) and observed clinical activities (OCAs).
7. Trainees are encouraged to attend relevant hearing such as Civil and Administrative Tribunals.
8. DOATs are encouraged to discuss progress of trainees in these EPAs, including examples of good practice that could usefully be shared with other forensic training programs, at SATFP meetings.

## Revision Record

Contact	Training team		
Date	Version	Approver	Description
April 2018	v1.0	SATFP	New document.
April 2020	NEXT REVIEW		

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<sup>2</sup> Consent of the subject is essential, and can generally be sought ahead of time through the referrer.