

2012 Fellowship Program Regulations, Policies and Procedures

Psychotherapy Written Case

RANZCP Fellowship Regulations 2012

Regulations, policies and procedures

Please use the bookmarks panel at left to navigate to specific regulations.

The RANZCP Fellowship Regulations 2012 comprise the regulations, policies and procedures governing the 2012 Fellowship Program. RANZCP trainees are responsible for understanding the requirements of the RANZCP Fellowship Regulations 2012.

The regulations define the broad structure of the program and are approved by the RANZCP Board. The regulations are complemented by policies and procedures, which provide the specific rules and detail of the Fellowship Program requirements. Policies and procedures are approved by the Education Committee and reviewed by the Corporate Governance and Risk Committee. All high-risk policies receive final approval by the RANZCP Board.

A number of policies and procedures are currently in development. Until these are formally approved, certain 2003 Training Program documents should be adhered to in their place. The specific 2003 Training Program documents for use on a temporary basis are noted where relevant.

The document and resolution numbers listed in this document are for internal use only. Document numbers will be finalised once the majority of regulations, policies and procedures have been developed and approved.

Trainees remaining under the 2003 Training Regulations should continue to refer to the *Links and Forms* page of the RANZCP website.

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Psychotherapy Written Case



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Responsible Committee/ Department:	Education Committee
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Policy on Psychotherapy Written Case

This policy sets out the requirements of the Psychotherapy Written Case, which trainees must successfully complete in order to be eligible for Fellowship.

Policy statement

The successful completion of a Psychotherapy Written Case is a requirement of the Fellowship Program. This summative assessment comprises at least 40 sessions of therapy provision together with a related written case report, which are designed to help trainees meet the Fellowship Competencies, particularly in the CanMEDS framework roles of Medical Expert, Communicator and Professional.

Purpose

This policy and procedure sets out the requirements of the Psychotherapy Written Case and the expectations and high-level operational activities for its satisfactory completion as a mandatory component of training under the RANZCP Fellowship Regulations 2012.

The general purpose of the Psychotherapy Written Case is:

- for the trainee to demonstrate understanding of and ability to apply psychodynamic principles in the psychological treatment of a patient
- for the trainee to demonstrate understanding that symptoms, behaviours, and motivations often have complex meanings that may not be readily apparent
- to assess the trainee's ability to communicate their assessment, formulation and management of a person with psychiatric problems in written professional English
- to provide trainees with an opportunity to demonstrate their capacity to reflect on their clinical involvement with a patient, the contribution of supervision and on their role as part of the broader mental health system.

The skills involved in preparing the formal psychiatric report are an integral aspect of a psychiatrist's expertise, necessary in communicating with referring doctors or in constructing medico-legal opinions.

This assessment will contribute to the trainee's ability to meet the Fellowship Competencies, particularly in the CanMEDS Framework role of Medical Expert, Communicator and Professional.

Policy details

1. Requirements of the Psychotherapy Written Case

The Psychotherapy Written Case assessment includes both the provision of psychotherapy and the writing and submission of a case report.

1.1 Standard

The Psychotherapy Written Case will be assessed at the standard expected at the end of Stage 3 (as described by the assessment domains).

Trainees may begin the psychotherapy in Stage 1. The competence of the trainee as a therapist is not the major focus of the assessment. The trainee is expected to maturely reflect on all aspects of the therapy (integrating theoretical and clinical knowledge) at the standard expected at the end of stage 3 in the written report.

1.2 Learning goals

The learning goals of the Psychotherapy Written Case are to develop the trainee's ability to:

- conduct psychological therapy
- acquire knowledge of psychotherapeutic principles and practices
- integrate psychiatric/medical and psychotherapeutic perspectives in the practice of medical psychotherapy
- integrate theoretical and clinical knowledge
- formulate a case where psychodynamic factors are prominent
- communicate in professional English to the standard of a formal report, which implies attention to grammar, spelling and lack of repetitiveness
- organise data and present it in a written report in a logical and coherent manner (with appropriate attention to the structure to promote reader understanding)
- capture and convey the essence of the patient together with the essence of the therapeutic relationship
- reflect and identify the nature of the engagement between the therapist (the trainee) and the patient
- reflect on the role of, and relationship with, the psychotherapy supervisor.

2. The psychotherapy

In order to successfully complete the Psychotherapy Written Case, trainees must treat a person, under supervision, using therapy informed by psychodynamic principles for at least 40 sessions (each session lasting approximately 1 hour). The psychotherapy should last for at least 6–12 months with at least one session weekly to achieve the necessary experience for the demonstration and discussion of the required psychotherapeutic principles and practices.

In many instances, more than the minimum 40 sessions will be needed to achieve the goals of the Psychotherapy Written Case and the therapy may continue beyond 40 sessions and/or the time of writing up the case. This decision should be made in discussion with the patient, psychotherapy and psychiatrist supervisor(s) (where different) with regard to the patient's needs.

All requirements of this policy and procedure must be adhered to throughout the entire psychotherapy, including any sessions in excess of the minimum 40.

2.1 Knowledge, skills and attitudes gained through the therapy

Trainee competence in conducting therapy over 40 or more sessions is demonstrated through the knowledge, skills and attitudes gained.

The competencies to be gained might broadly be expected to include, but are not limited to, the following:

Knowledge

- Acquiring knowledge of psychotherapeutic principles and practices.
- Understanding that symptoms, behaviours and motivations often have complex meanings.
- Understanding the impact of life cycle issues.
- The indications and contraindications for psychodynamically informed therapy.

Skills

- Ability to build and monitor a therapeutic alliance (over a longer term than is often possible in usual trainee rotations) including managing disruptions and problems.
- Ability to engage a patient in exploring life history in-depth, including relationships, fears, traumas and losses.
- Ability to create and maintain a safe therapeutic environment for the patient.
- Ability to refine and improve on listening and empathy skills.
- Ability to use self-reflection, clarification and interpretation to enhance progress of treatment.
- Ability to manage both the early assessment and the termination phases.
- Ability to make use of ongoing supervision.

Attitudes

- Empathic, respectful, open, collaborative attitude and ability to tolerate ambiguity.
- Sensitive to sociocultural issues that arise during therapy.
- Ability to display confidence in the psychodynamic process.
- Genuine.
- Non-judgmental.
- Patient-centred.
- Professional (for example, privacy and confidentiality, attend sessions in timely manner, arrange follow up, manage interruptions).
- Ethical (for example, maintenance of appropriate therapy notes, informed consent, appropriate boundary maintenance).

3. Supervision

All psychotherapy supervisors must be accredited by the Branch Training Committee (BTC) and be appropriately skilled and experienced to supervise psychotherapy.

3.1 Supervision during the psychotherapy

The process of supervision must begin before therapy actually starts. The psychotherapy supervisor must be involved in the selection of a patient, who must be suitable for (at least) 40 sessions of psychotherapy.

As outlined in point 6, trainees must participate in three formative Psychotherapy Case Discussions with their psychotherapy supervisor during the therapy process.

In addition to their three formative Psychotherapy Case Discussions, trainees must have regular supervision sessions with their psychotherapy supervisor to allow mutual examination of both the psychotherapy process and the contributions of the trainee and the patient to this process. Individual supervision on a weekly basis is ideal. If this is not possible, supervision should be at

least fortnightly. Group supervision can be used as an alternative to individual supervision as long as each trainee involved takes part in all discussions. In relation to group supervision, the following criteria should be met:

- groups should not exceed 5 trainees
- meetings should be ideally weekly or at least fortnightly
- meetings should be 1 – 2 hours
- each trainee's case should be discussed at least at every second session.

It is the trainee's responsibility to provide regular communication of progress and significant developments in the psychotherapy of the patient to the psychotherapy supervisor (and psychiatrist supervisor where different).

3.2 Supervisor requirements

The psychotherapy supervisor is required to:

- supervise the trainee's clinical care of the patient within the clinical governance structure of the health facility
 - However, if the psychotherapy supervisor:
 - is not a psychiatrist; or
 - does not work for the health facility which with the patient is registered; or
 - is accessed via telephone or videoconference;then the trainee must ensure that their clinical care of the patient is supervised by a College-accredited psychiatrist supervisor who has oversight and clinical governance of the patient's treatment in the health facility with which the patient is registered.
 - It is recommended that there is communication between the psychiatrist supervisor and psychotherapy supervisor at the start of therapy and if/when the trainee transfers to another service to delineate the extent of responsibility or co-management (if any), of the patient.
- engage in three formative Psychotherapy Case Discussions with the trainee during the course of psychotherapy as outlined in point 6 and in the Psychotherapy Case Discussion Protocol
- attest that the Psychotherapy Written Case accurately reflects the presentation of the patient and the management as carried out by the trainee
- view all related written communication, for example, discharge summaries, and confirm they are satisfactory as professional communication.

The psychotherapy supervisor must confirm the above by signing the Psychotherapy Written Case Submission Form.

The psychotherapy supervisor must be familiar with the style and content requirements of the written case report.

3.3 Psychotherapy supervision via telephone or videoconference

A trainee who is unable to access a local psychotherapy supervisor in person may access an accredited psychotherapy supervisor via telephone or videoconference. Psychotherapy

supervision must fulfil the requirements as per points 3.1 and 3.2 above, whether conducted in person or via telephone or videoconference systems.

A trainee who has arranged access to a psychotherapy supervisor via telephone or videoconference must apply for prospective approval from their DOT. Approval for psychotherapy supervision via telephone or videoconference will be determined on a case-by-case basis with consideration of the accessibility and availability of local psychotherapy supervision, in addition to supporting documentation provided by the trainee and/or potential psychotherapy supervisor. If approval is granted, it must be documented by the DOT in writing prior to the commencement of the psychotherapy and the trainee must submit this documentation to the College head office attached to their Psychotherapy Written Case Submission Form.

- A trainee who has been supervised via telephone or videoconference would be expected to address issues around this form of psychotherapy supervision in the case report as part of the 'Supervision' assessment domain.

4. Selection of patient

Any psychotherapy patient seen by a trainee must be managed with appropriate clinical governance arrangements in place and registered as an open case at an appropriate health facility linked to an accredited training program. The trainee should be in a training post in the same location; however, this may not be possible due to trainee or patient movement over the course of treatment.

- A trainee who is treating a patient who is registered with a different health facility than the one through which the trainee is employed must discuss the clinical governance arrangements with their supervisor and Director of Training. Trainees must ensure that they receive documented approval for the continuation of treatment by the health facility with which the patient is registered. Trainees should also ensure that indemnity arrangements with the facility remain in place.

The psychotherapy supervisor must be involved in the selection of a patient, who must be suitable for (at least) 40 sessions of psychotherapy.

If a trainee is unsure as to whether the selected patient is a suitable choice for the Psychotherapy Written Case, their Director of Training (DOT) should be included in discussions with their psychotherapy supervisor. A trainee who has further questions can contact the CFT via the Training Department at the College head office.

4.1 Patient consent form

Trainees must obtain consent from their patient and have the prescribed Patient Consent Form signed before therapy begins.

- Trainees who select a child or adolescent patient must obtain consent from patient's legal guardian before therapy begins in the first instance. Trainees must also take into consideration the legal requirements in relation to treatment of minors.
- In the case of multiple supervisors (if the trainee's accredited psychotherapy supervisor and accredited psychiatrist supervisor are different people), valid consent should include informing the patient of the roles of both supervisors and clarifying the clinical governance arrangements.
- A trainee who has received prospective approval from the CFT to conduct a portion of the psychotherapy sessions via videoconference must obtain specific consent from the patient for videoconference sessions, in line with Appendix 1.

The Patient Consent Form is to be sighted and confirmed on the Psychotherapy Written Case Submission Form by the trainee's psychotherapy supervisor.

The trainee is responsible for the safe-keeping of the Patient Consent Form as per local record management policies, which usually require documentation of the patient's consent to be filed in the patient's formal case file held at the health facility. A copy of the Patient Consent Form should also be kept by the trainee.

Additionally, all legal and ethical consents required by the relevant health facility should be addressed by the trainee.

4.2 Use of a child or adolescent patient

While there is no restriction on selecting a child or adolescent patient for the Psychotherapy Written Case, the marking requirements can be very difficult to fulfil when the patient is a very young child because of the need to tailor the therapeutic relationship to the appropriate stage of the child's development and the level of sophistication required to describe the psychotherapy process.

Trainees who have selected a child or adolescent patient should reflect age appropriate considerations in their assessment and management of the patient (see the 'assessment' and 'management plan' assessment domains outlined in point 10).

4.3 Requests to conduct psychotherapy sessions via videoconference (Refer to Appendix 1)

While the value and role of communication technology in psychotherapy is acknowledged, the use of videoconference facilities is generally not appropriate for the initial stage of learning psychotherapy, where therapeutic alliance and management of risk are being learnt and framed.

However, trainees may apply to the Committee for Training (CFT) for approval to conduct a portion of the psychotherapy sessions via videoconference in exceptional circumstances and where the therapy frame and relationship are already established. Applications must be prospective and must be made in writing and submitted via the Training Department at the College head office.

Trainees should include supporting documentation from their psychotherapy supervisor and/or DOT with their requests and must address the exceptional circumstances, the impact on the therapeutic relationship and the anticipated number of sessions that would be conducted via these means, as well as the other requirements set out in **Appendix 1**.

The CFT will consider these requests for approval on a case-by-case basis. Generally, no more than 10 out of 40 sessions, which must be towards the end of therapy, will be approved.

Trainees must seek prospective approval for sessions to be conducted via videoconference even when they are in addition to the minimum 40 sessions of psychotherapy.

If approval is granted, the trainee must submit the documentation provided by the CFT to the College head office attached to their Psychotherapy Written Case Submission Form.

Approval will not be granted for psychotherapy conducted via telephone as this would not allow for the visual cues necessary in learning psychotherapy.

5. Provision of therapy

The trainee must be the sole therapist/practitioner of psychological intervention for the case.

The psychotherapy will generally be undertaken while the trainee is in a College-accredited training post due to the clinical supervision required (i.e. not while a trainee is on an approved break in training or has otherwise interrupted their training). Any variation will require prospective approval by the CFT. Applications must be made in writing and submitted via the Training Department at the College head office.

The patient should be seen in appropriate office facilities within normal working hours, for both trainee and patient safety.

The patient needs to be aware of how to access emergency or after-hours support. This information should be clearly documented.

5.1 Documentation

The trainee must make an entry in the health facility case notes for each attendance by the patient. Such entries should contain statements of facts concerning the history and management of the psychotherapy patient, including risk management. Whilst seeing a patient for psychotherapy treatment, the trainee is responsible for keeping this clinical file up to date with progress notes, medication details and risk assessment accurately recorded. Upon termination of the therapy with the trainee, the details of follow-up arrangements for care should be clearly documented in the health facility case notes.

5.1.1 Separate training notes

In addition to the health facility record, trainees may, with the permission of the patient and the facility involved, keep separate notes or audiotapes for training purposes on their sessions with their psychotherapy patients to discuss with their psychotherapy supervisor.

These training notes may contain the trainee's subjective impressions and interpretations of their patient. In practice, most psychodynamic psychotherapy treatment under supervision occurs with the use of this separate set of training notes. The training notes are also used for reference in writing up psychotherapy cases in training. The notes must be de-identified and kept in a secure place. These notes should not replicate or be a substitute for good clinical notes and records, which would form part of the patient's clinical file.

The trainee should document in the health facility case file where these training notes can be accessed. The trainee and patient need to be aware that, although these training notes belong to the trainee, these notes could also be accessed by the patient in some circumstances and/or subpoenaed if required by a court of law. They should be retained and not destroyed for the legally required time period in the jurisdiction in which the trainee operates, which in most cases will be 7 years.

5.2 Break in therapy

A Break in therapy of six or more consecutive weeks is not permitted. In exceptional circumstances, where a break in therapy is unavoidable, an application must be made to the CFT for approval. This application must be made prospectively. Where this is not possible, for example due to misadventure or illness, application must be made as soon as practicable. Support from the psychotherapy supervisor and local BTC/delegated body of the NZTC should be provided as part of the application. Should approval be granted, the trainee should reflect on and explain the effect of the extended break on the conduct of therapy and the effect, if any, it had on the progress of therapy.

Correspondence from the CFT must be provided when submitting the case for marking.

6. Formative assessment – Psychotherapy Case Discussion

During the psychotherapy process, trainees must participate in three formative Psychotherapy Case Discussions about the patient whose therapy will be written up for assessment purposes with their psychotherapy supervisor to encourage reflection on the patient's treatment progress and to provide opportunities for qualitative feedback.

The Psychotherapy Case Discussions should occur during the early, middle and late phases of the psychotherapy and should focus on pivotal points or milestones in the therapy process (such as

case selection, formulation and termination) as these points are critical to meeting the standard for the written case report, or on treatment dilemmas and/or emerging issues (such as gift giving, erotic transference, boundary issues, etc.).

For each Psychotherapy Case Discussion, the Psychotherapy Case Discussion Form will be completed by the supervisor, together with the trainee. Trainees must retain the three completed forms and submit them to the Case History Subcommittee via the College head office with their written case report.

Guidance on Psychotherapy Case Discussions can be found in the Psychotherapy Case Discussion Protocol available on the Psychotherapy Written Case page of the College website.

Note: the Psychotherapy Case Discussion is a different assessment with different requirements to the Case-based Discussion (CbD) Workplace-based Assessment (WBA) used throughout training.

7. Termination

Termination of therapy should be planned by the trainee with the patient and supervisor(s), and should be managed to avoid an abrupt end to treatment and with regard to the patient's needs. The patient should be given clear details of the follow-up arrangements for care following termination of therapy with the trainee. These details should be clearly communicated with all members of the treating team, and clearly documented in the case notes of the health facility with which the patient is registered.

7.1 Termination prior to 40 sessions

There may be unusual and exceptional cases where therapy is terminated just before the planned 40 sessions. Trainees must submit a request to waive the 40 session requirement to the CFT via the College head office. Trainees should include supporting documentation from their psychotherapy supervisor and/or DOT with their requests. The CFT will consider these requests on a case-by-case basis.

8. The written case

Trainees must write and submit a case report that details their assessment and subsequent management of a person through the use of psychological methods over at least 40 sessions. This written report forms the summative assessment component of the Psychotherapy Written Case.

The Psychotherapy Written Case must be a formal report.

8.1 Length

The Psychotherapy Written Case must be 8000–10,000 words in length. The word count commences from the start of the case (introduction/demographics/synopsis) through to the end of the case (discussion/conclusion).

Written cases found to be outside the prescribed range will be returned by the College unmarked.

The total word count must appear on the cover page.

The word count will **include**: all headings, footnotes, and appendices.

- Explanatory footnotes are not to be included in the reference list; rather they must occur at the appropriate point in the text and be included in the word count.

The word count will **exclude**: the de-identification disclaimer, cover sheet (which should include the de-identification disclaimer), index/table of contents and references/bibliography. Figures and diagrams are also excluded from the word count.

Trainees are advised to include their references in a separate reference list/bibliography at the end of the report and to use superscript numbers in the body of the case, as these can be excluded from the word count.

8.2 De-identification and confidentiality

All data which could potentially identify the patient must be removed from the case report, including from all appendices and acknowledgments.

As part of de-identification, the name of the trainee submitting the case must not appear anywhere within the text of the case report (nor the name of any College Fellow or other staff involved in any aspect of the case).

The first time a pseudonym is used, it must have an asterisk (*) after it, indicating that it is a pseudonym. Each case report must contain a de-identification disclaimer (and statement concerning the use of asterisks) on the cover sheet, stating that all data identifying the patient has been removed.

It is not sufficient to simply use a pseudonym for patients, their families and the submitting trainee. The following must also be de-identified:

- locations, including the patient's city/town of residence
- names of mental health services, hospitals and hospital units
- dates of admission
- names of College Fellows, supervisors, other staff and trainees
- identifying data included with X-rays, children's drawings, copies of letters and/or other information included with the case report including any appendices or attachments.

Where individually relevant, the country of origin and occupation of the patient must also be modified, that is, where circumstances are so unique or unusual as to allow easy identification.

- Trainees are strongly advised to avoid high-profile cases.
- It is recognised that at times altering ethnicity, country of origin, occupation or a significant identifying aspect of the patient, or the respective genders of the trainee and/or patient, can potentially detract from the richness and essence of the case. Trainees are advised to seek their supervisor's input to determine whether such alterations are necessary to avoid potential breaches of patient confidentiality and to refer to principle four of the RANZCP Code of Ethics. The trainee should document this rationale in their case.

The de-identification disclaimer is not included in the word count.

8.2.1 Failure for identification

Case reports that include data which, in the opinion of the examiner, leads to the identification of the patient or the trainee, will be returned to the trainee as failed.

A case that has been failed on these grounds will not be marked and the only feedback the trainee will receive will appear in the 'De-identification' section of the Psychotherapy Written Case marking sheet. (On the next submission, a new Psychotherapy Written Case Submission Form and fee will be required.)

8.2.2 Examples of de-identification disclaimers

'In accordance with Psychotherapy Written Case Policy and Procedure (11.1), all data which could potentially identify the patient, their family and other individuals has been removed from this case report. The locations, names of hospitals, supervisors and dates of

assessment have been modified and replaced with a pseudonym marked by an asterisk (e.g. Jane*) the first time they appear in the text.'

'Pseudonyms are used for all names in this case report and are marked with an asterisk (e.g. Jane*). All data that could potentially identify the patient has been removed from this case to ensure confidentiality.'

8.2.3 Proofreading following de-identification

Trainees are reminded to carefully proofread their case report following de-identification. Inconsistent ages, dates or names make it difficult to understand the timeline of events within the case and can distract from the true essence of the case.

8.3 Presentation

If the examiners are of the opinion that the case does not meet the standard of a formal report, it will be failed.

Trainees should present their written case report according to the following requirements:

- a) The case report is well presented with a clear layout.
 - Professional English is used with appropriate spelling and grammar.
 - The font must be 12 point font.
 - The font used is to be consistent throughout the case, for example Arial or Times New Roman.
 - The report must be double-spaced.
 - Pages must be numbered and should be printed double sided when possible.
- b) The data is organised and presented in a logical and coherent manner.
- c) All references cited in the text are listed at the end of the report in an accepted reference style that uses superscript numbers in the body of the case, e.g. Vancouver style. (This is to ensure the word count can be verified).
- d) The report has been carefully proofread (by supervisor and/or third party, as well as by the trainee).
 - It is recommended that trainees seek advice in relation to the style of expression, use of language, structure and organisation of content, which could be provided by a colleague or a professional editor. In relation to the specific clinical content/clarity of clinical concepts, trainees should consult their supervisor or another clinician.
 - Trainees are reminded that they are required to submit work that is their own independent undertaking. The Case History Subcommittee encourages and supports the formative process that occurs when trainees and supervisors/Directors of Training review draft case submissions. Careful proofreading by a third party is recommended; however, for a professional editor or supervisor/Director of Training to substantially modify the content of the case report would be considered unauthorised collaboration.
 - Trainees are reminded to adhere to the de-identification and confidentiality requirements for the case report before seeking advice from a third party non-clinician.
- e) Each case report must be bound securely, for example, spiral binding. Cases that are not bound securely will be returned unmarked.
 - The Psychotherapy Written Case Submission Form is not to be bound within the case.
 - Stapling, the use of bulldog clips, paper clips, ringed binders or tube or metal file fasteners, (i.e.: no hole punching) are insufficient.

9. Submission of the Psychotherapy Written Case

Trainees must be actively training or on an approved break in training in order to be eligible to submit their Psychotherapy Written Case. Trainees who have interrupted their training without approval for a break in training are considered to be not in training as per the Leave and Interruptions to Training Policy (23.1), and are not eligible to complete or submit their Psychotherapy Written Case during that time. A trainee's status will be assessed in line with the relevant final submission date as per the published examination timetable.

Trainees must submit their Psychotherapy Written Case to the Case History Subcommittee via the College head office. The Psychotherapy Written Case may be submitted at any time; however, the Case History Subcommittee will mark cases and release results in designated time periods with the final submission dates specified on the College website. The Case History Subcommittee will delegate the marking of individual cases to suitably experienced Fellows.

When submitting a Psychotherapy Written Case, trainees must complete the Psychotherapy Written Case Submission Form and forward the hard copy together with the bound case history to the College by 5pm, Melbourne time on the published submission date, together with their printed case report, electronic copy (on CD), their three completed Psychotherapy Case Discussion Forms, a hard copy of their current medical registration and the prescribed fee. Applications will not be accepted via any other method.

- Submissions received after the submission date will not be accepted under any circumstances and will be held over until the next submission date; however, submissions that are postmarked before submission closing will be accepted.
- Case reports will not be processed without the electronic copy, payment or signed Psychotherapy Case Discussion Forms and Psychotherapy Written Case Submission Form. In these instances, the case report will be returned by the College unmarked.
- The trainee's name is not to appear anywhere on the case. The trainee's name must only be recorded on the Psychotherapy Written Case Submission Form and on the CD itself. Cases found to have the trainee's name on them will be returned unmarked by the College; however, the College is not responsible for ensuring the return of identifiable case reports before they are sent to the examiners.

Note: If within the text of the case report, there is data which in the opinion of the examiner might identify the trainee, it will be returned to the trainee as failed as outlined in point 8.2.1.

Trainees who are applying for special consideration should follow the overarching requirements of the Special Consideration Policy (18.2).

9.1 Electronic copy

A Microsoft Word version (not PDF) of the Psychotherapy Written Case must be saved to a CD and submitted with the printed case. It is the trainee's responsibility to ensure files are correctly saved to the disc. Applications without correctly saved files will be considered incomplete and will not be accepted.

- The word count stated by the trainee on the Psychotherapy Written Case Submission Form will be verified.
- The case report should be saved as one file, not as separate files (cover page, table of contents, case, and references).
- The CD must be labelled with the trainee's name, pseudonym used in case and date of submission.

9.2 Trainee submissions related to targeted learning

Trainees who are undertaking or have undertaken targeted learning relevant to the Psychotherapy Written Case must comply with the Targeted Learning Policy and Procedure (6.2). A brief reference to the requirements follows; however, applicants are responsible for being aware of all requirements of the Targeted Learning Policy and Procedure.

A targeted learning plan should be reviewed by the trainee, DOT and supervisor (where relevant) prior to the trainee submitting or re-submitting a Psychotherapy Written Case.

A trainee who is required to undertake progression-based targeted learning (for not passing the Psychotherapy Written Case by the targeted learning deadline on the Trainee Progress Trajectory) remains eligible to submit their case.

A trainee who is required to undertake assessment-based targeted learning (for two failures of the Psychotherapy Written Case) will be eligible to re-attempt once they submit the Commencement of Targeted Learning Form to the College Training Department. A trainee's re-submission will not be accepted if the College does not have notification that the trainee has commenced targeted learning by the final submission date.

10. Summative assessment domains

The following domains summarise key elements that should be addressed in the written report and that will be assessed (see the Psychotherapy Written Case marking sheet for further guidance). Whilst each domain is required to be covered and the case is marked accordingly, the relative importance of material and hence content will vary according to the case.

10.1 Assessment (including mental state examination and initial formulation)

- A thorough, comprehensive and detailed psychiatric history in the standard format including discussion of the referral, history of presenting complaint, past psychiatric history, as relevant.
- Detailed personal and developmental histories in order to substantiate the psychological formulation and management plan proposed.
- A thorough and comprehensive mental state examination with emphasis tailored to the person. The emphasis should be upon those aspects of mental status that are meaningful to the process of psychotherapy while giving a level of detail in other areas of mental status appropriate to the circumstances.
- Consideration of the physical health of the person is expected, although it is acknowledged that this task may have been undertaken by the general practitioner.
- The issues around the collection of any further information including physical investigations.
- An initial formulation should demonstrate the trainee's understanding of why this person presented with this illness at this time, rather than merely an explanation of the illness. Careful attention should be paid to include significant organic factors/illness
- A diagnosis and differential diagnosis using a recognised classificatory system

The above criteria will be assessed at the proficient standard as the competence of the trainee as a therapist is not the major focus of the assessment (see point 1.1). The below criteria (and all further domains) will be assessed at the standard expected at the end of stage 3. This distinction is set out in the Psychotherapy Written Case marking sheet.

- Sophisticated understanding of the immediate and long-term risks of the individual that include considerations of history and mental state examination and the impact of treatment.

- Reflection of components of the assessment including any gaps in the information obtained, mental state examination and diagnostic conclusions.

Trainees who choose a child or adolescent case are reminded to reflect age appropriate considerations in their assessment of the patient.

10.2 Management plan

- The management plan is clearly informed by the formulation and considers all of the relevant biological, psychological, social, spiritual and cultural issues.
- If other health professionals are involved, for example as case managers or medication prescribers, this should be detailed and the issues around this fully explored and discussed. This may be particularly pertinent when there are significant organic factors/illnesses.
- Justification of the psychological therapeutic model used. This should include a discussion of the way in which therapy was negotiated with the patient, other modalities that were considered and the reasons for their rejection, potential risks of therapy, goals and expectations of the patient and the therapist, awareness of any limitations of the model used and the suitability of the type of therapy for the patient.
- Hypotheses are provided regarding the potential difficulties with the therapeutic alliance and barriers to psychotherapy, including potential problems arising during care.

Trainees who choose a child or adolescent case are reminded to reflect age appropriate considerations in their management of the patient.

10.3 Clinical progress

- A review of the process of psychotherapy with a clear description of the psychological processes that were observed and experienced. These should be explained using a theoretical concept appropriate to the therapeutic style employed.
- Discussion of the relationship between the patient and the trainee, as therapist, with regard to the therapeutic model being used.
- Evidence of the trainee's self-awareness, capacity for reflection and appropriate self-criticism, awareness of limitations to expertise and appropriate seeking of support.
- A summary of the therapy. There is no single method for describing a course of therapy; however, the capacity to prioritise and identify the key episodes in the therapy should be demonstrated.
- Discussion of termination, either actual or anticipated. This should include how termination was explained to and negotiated with the patient. If relevant, comment on the appropriateness of termination of therapy.
- Issues of boundaries and ethical dilemmas are identified and responded to.
- The language used is technically sophisticated and psychological terms are not mis-used.
- If the use of videoconference for a number of psychotherapy sessions was approved, there should be a discussion of the use of this technology and any effect that it may have had on the therapy.

10.4 Reformulation

- A sophisticated psychological formulation that reflects increased understanding of the person as a result of the therapy. The extent and complexity of the reformulation will vary with the psychotherapy modality used. The trainee should reflect on the extent and nature of the changes from initial formulation. The reformulation should include vulnerability and resilience factors.

10.5 Supervision

- Description of the role of the psychotherapy supervisor in the trainee's learning, including the supervisor's role in the examination of the psychotherapy process and the contributions of the trainee and patient to this process.
- If the psychotherapy supervisor was not the consultant psychiatrist involved with the patient, the role of both the consultant psychiatrist and the supervisor should be described.
- Critically appraises components of the supervisory relationship, the limitations of the supervisory process and reflects on the learnings for their own general supervision practice. (The competence of the trainee as a psychotherapy supervisor is not the focus of this criterion.)
- If the psychotherapy supervision was provided as group supervision and/or via telephone or videoconference, any effects of this type of supervision should be described.

10.6 Communication/liaison

- Outline of communication with other professionals who are or will be working with the person undergoing therapy.
- Discussion of issues that may arise with respect to the therapy and therapeutic relationship as a result of communication with other professionals.

10.7 Discussion

- Evaluation of the therapy and its significance for the person.
- Reflection on the mode of therapy undertaken and its appropriateness and usefulness for the person. The reflection should place the therapy in the context of the theory underpinning the model of therapy.
- The discussion should be reflective and, as appropriate, critical of the existing theoretical knowledge and model of therapy.
- Demonstration of the trainee's learning as a result of the therapeutic experience with the person.

11. Assessment marking

The Psychotherapy Written Case will be assessed to the standard expected at the end of stage 3 (as described by the assessment domains) regardless of when it is submitted. Case reports are marked as pass or fail.

To achieve a pass in the Psychotherapy Written Case, trainees must meet the de-identification, presentation requirements detailed in points 8.2 and 8.3 and achieve a 'satisfactory' grade in all aspects of the marking domains detailed above.

A mark of 'not satisfactory' or 'no' in any domain will result in the case being failed.

Trainees will be notified by email of the result of their Psychotherapy Written Case submission. Trainees can also obtain their results from the College website using their RANZCP ID number.

- Trainees who have monies outstanding to the College at the time of submission will not have their Psychotherapy Written Case results released to them until all outstanding monies are cleared.

11.1 Determination of a failed case report

In the event that a case report is failed by an examiner, a second examiner will review the case. If the second examiner also fails the case then the trainee is informed that the case report has failed. Should there not be a consensus; the case report is referred to the Chair, Case History Subcommittee for a final determination.

11.2 Failed Psychotherapy Written Case

Trainees will receive a copy of the Psychotherapy Written Case marking sheet, indicating which domains were not satisfactory, and written feedback. Failed case reports are retained on file with a copy of the feedback provided to the trainee.

Written feedback will indicate general areas requiring revision; however, this is not intended to be a detailed critique or step-by-step guide to rectify the case and other areas may need attention. Where the fail is a result of problems with de-identification, no feedback will be provided on the body of the case report.

- The following disclaimer will appear on the bottom of each page of feedback:

This feedback is provided for educational purposes only and is not a basis for appeal. All submitted case reports have been marked according to the domains detailed in the attached Psychotherapy Written Case marking sheet. In some instances, an examiner has provided additional comments to highlight areas of the case requiring revision; however, this is not intended to be a step-by-step guide to rectify the case and other areas may need your consideration. You may amend the case report in light of these comments or submit a completely new case. It is noted that on some occasions other sections of the case will be substantially affected by the rewriting. Changes made will need to be reflected consistently throughout the case. On resubmission, a case will be marked as a whole. In some instances, examiners may advise trainees that the failed case is unsuitable for resubmission.

11.2.1 Submission following a failed Psychotherapy Written Case

Trainees may submit an entirely new case or resubmit the same case revised according to the feedback provided. (In some instances, examiners may advise trainees that the failed case is unsuitable for resubmission.)

- Trainees are reminded that feedback is a guide to the resubmission process. On resubmission, a case will be marked as a whole.
- It is noted that on some occasions other sections of the case will be substantially affected by the rewriting. Changes made will need to be reflected consistently throughout the case.
- Trainees must not change the initial sociodemographic and/or clinical data when they rewrite a case for resubmission.

Cases are identified by the College as 'First submission', 'Second submission' and 'Third submission'.

- If a trainee resubmits a case for the first time (i.e. their 'second submission'), the resubmission and all previous feedback are sent to the original examiner for marking.

- If a trainee resubmits a case for the second time (i.e. their 'third submission'), the resubmission and all previous feedback are sent to the Chair, Case History Subcommittee, for marking.
- A trainee is not permitted to resubmit a case for a third time without approval from the CFE that it is acceptable for them to do so. Trainees must also have adhered to the overarching requirements of the Targeted Learning Policy and Procedure (6.2) and the Failure to Progress Policy (19.1).
- The accompanying Psychotherapy Written Case Submission Form does not need to be signed by the trainee's psychotherapy supervisor for a resubmission of the case.

If a trainee elects to submit a new case, the examiner will not need to refer to earlier submissions.

- A new Psychotherapy Written Case Submission Form (complete with psychotherapy supervisor's signature) is required.

11.2.2 Multiple failures of the Psychotherapy Written Case

Trainees who fail the Psychotherapy Written Case twice must undertake assessment-based targeted learning as per the Policies and Procedures on Targeted Learning (6.2) and Progression through Training (6.1).

Trainees who fail the Psychotherapy Written Case three times must show cause to the CFT they should be able to continue towards Fellowship as per the Failure to Progress Policy (19.1).

12. Deadline

Trainees must pass the Psychotherapy Written Case to be eligible for Fellowship. (See the Progression through Training Policy (6.1) for more information on submission deadlines.)

The deadline for successfully completing the Psychotherapy Written Case is detailed in the Policy on Progression through Training (6.1). A brief reference to these requirements and those of the Policy on Failure to Progress (19.1) follow; however, trainees are responsible for knowing the requirements of these and other policies in full.

The Psychotherapy Written Case is expected to be attempted and passed by the time the trainee has completed 60 months' full-time equivalent (FTE) accredited training.

- Failure to do so will result in a requirement for the trainee to undertake progression-based targeted learning and may lead to a requirement for the trainee to show cause in writing to the CFT as to why they should be able to continue towards Fellowship. Further detail, including information on exceptional cases, can be found in the Policy and Procedure on Failure to Progress (19.1).

13. Recognition of prior learning

Trainees who have completed a psychotherapy experience that they believe to be equivalent may apply for recognition of prior learning (RPL) in relation to the Psychotherapy Written Case as outlined in the Recognition of Prior Learning Policy (14.1). As stated in that policy, RPL may be granted where it is confirmed that there is equivalency.

- Trainees who receive an exemption from the 40 sessions due to RPL being granted but who do not receive RPL for the written case report are automatically exempted from the requirement to complete three formative case discussions. Proof of RPL for the 40 psychotherapy sessions must be attached to the Psychotherapy Written Case Submission Form upon submission of the Psychotherapy Written Case. Without this proof, the Psychotherapy Written Case will be returned unmarked. Trainees in this circumstance must

still include adequate and convincing discussion in their write up and demonstrate the required psychotherapeutic principles and practice.

14. Reviews of decisions

Any request by a trainee for review of a decision in relation to the Psychotherapy Written Case should follow the formal education review process.

15. Monitoring, evaluation and review

The Education Committee (EC) shall implement, monitor and review this policy and report on anomalies and issues as these arise.

This policy will be reviewed biennially and updated as required.

Associated Documents

- 1. Regulation:** 11.1 Psychotherapies Education Training Regulation

- 2. Policy:**
 - 6.1 Progression through Training Education Training Policy
 - 19.1 Failure to Progress Education Training Policy
 - 12.1 Supervision Education Training Policy
 - 14.1 Recognition of Prior Learning Education Training Policy and Procedure
 - 6.2 Targeted Learning Education Training Policy and Procedure
 - 18.2 Special Consideration Education Training Policy

- 3. Forms:**
 - Psychotherapy Case Discussion form
 - Psychotherapy Written Case submission form
 - Patient consent form
 - Psychotherapy Written Case marking sheet

- 4. Other:**
 - Example cover sheet and de-identification
 - Psychotherapy Case Discussion protocol

REFERENCES

Chair, Subcommittee for Advanced Training in the Psychotherapies, Personal Communication Draft, 10/03/2010

RANZCP Committee for Training Guidelines Regarding Psychotherapy Supervision, 1999

RANZCP Committee for Training Procedures Manual, 1999

Queensland Health Metro North Health Service District Work Unit Guideline, 2009

Queensland Health Metro Southern Health Service District Procedure Manual, 2009

Victoria Psychiatry Training Committee Guidelines (DRAFT), 2010

REVISION RECORD

Contact:		Project Officer, Education & Training	
Date	Version	Approver	Description
10/01/13	v.0.10	Board of Education	Reviewed by TRC 6/12/12. Approved by CFE Exec 17/12/12. Reviewed by DOT/CFT 6/12/12. Approved by BOE out of session. Policy approved by GC 2013/1 R36.
20/03/13	v.0.10.1	N/A	Minor edits - Submission to align with approved edits to Link 45.
02/09/13	v.1.0	CGRC	Minor amendment – removal of reference to Fellowship Competencies Policy and Procedure as none exists. Approved by EC 28/08/13.
05/12/13	v.1.1	N/A	Minor edits – added ‘Psychotherapy Case Discussion protocol’ as an associated document, aligned terminology of ‘Psychotherapy Written Case marking sheet’.
30/09/14	v.2.0	RANZCP Board	Edits regarding psychotherapy and/or supervision conducted via phone/video conferencing and additional clarifications at recommendation of CFE Chair. Inclusion of the previous associated document ‘CFT guidelines regarding supervision and documentation for the PWC’ as part of the procedure. Approved by CFT 28/8/14. Approved by CFE 5/9/14. Reviewed by CGRC 9/9/14. Approved by EC 19/9/14. Approved by RANZCP Board out of session 30/9/14.
22/08/15	v.3.0	RANZCP Board	Clarification on requirements when applying/approved for psychotherapy conducted via videoconferencing, removal of option for telephone psychotherapy and further specifics on supervision & clinical governance requirements based on DOT & SATPSY consultation. Clarification on patient consent form. Approved CFT 9/7/15. Reviewed by Case History Subcommittee Chairs & CFE Chair 21/7/15 as CFE delegation. Approved by EC 24/7/15. Reviewed by CGRC 31/7/15. Approved by RANZCP Board B2015/5 RX.
21/07/16	v.3.1	RANZCP Board	Revised to reflect targeted learning/targeted learning plan (formally remediation/remediation plan) and standard expected at End of stage 3 (formally junior consultant standard) terminology changes. EC approved 29/04/2016. CGRC reviewed 28/04/2016. RANZCP Board approved B2016/4.
12/12/16	v.3.2	N/A	Minor edit – clarified that trainees now receive result via email.
05/10/17	v.3.3	N/A	Alignment with Targeted Learning Policy & Procedure updates (that Commencement of TL form required for eligibility to attempt exam after two failures) that were approved by RANZCP Board 13/08/17 B2017/5 R16.
17/01/18	v.3.4	N/A	Minor edit – cover page must include total word count and clarification of the criteria under the marking domain of assessment.
20/04/18	v3.5	Education Committee	Minor clarification – updating the provision regarding a break in therapy, where approval must be sought for any break in therapy and the process that must go through.
July 2018		NEXT REVIEW	

APPENDIX 1

Requirements for psychotherapy to be conducted via videoconference

The minimum 40 sessions of psychotherapy leading toward the Psychotherapy Written Case should be conducted in person as this is important for the psychotherapy learning process. However, as stated in point 4.3, a trainee may submit an application to the CFT for prospective approval to conduct a portion of the psychotherapy sessions via videoconference in exceptional circumstances and where the therapy frame and relationship have been established previously through face-to-face sessions. The CFT will consider the application for approval on a case-by-case basis.

Trainees approved by the CFT to conduct a number of psychotherapy sessions via videoconference must continue to comply with all requirements of the Psychotherapy Written Case Policy and Procedure as well as the additional requirements below.

Trainees should include supporting documentation from their psychotherapy supervisor, the clinician responsible for the patient's clinical care (where different) and their DOT with their application for prospective approval. A trainee's application should describe the exceptional circumstances, the number of sessions completed at the time of application and expected number to be completed via videoconference, a description of the established therapeutic relationship and any potential impacts of the change. The below additional requirements for psychotherapy conducted via videoconference should also be addressed in a trainee's application.

- A. The patient must be registered as an open case at an appropriate health facility and managed with appropriate clinical governance, including the following:
 - a. There must be consideration whether therapy conducted via videoconference is safe and clinically appropriate for the patient and documentation from the responsible clinician confirming this.
 - b. There must be appropriate provisions in place to ensure both patient and trainee needs can be met before, during and after the sessions.
 - i. There must be provision for a locally based healthcare professional to be immediately available for the patient to call on before, during and after the session as needed.
 - ii. There must be crisis and emergency protocols in place to address safety issues with patients, including adequate support staff present at the remote site in order to safely care for the patient.
 - c. The trainee and health services must document who has regulatory authority and any and all requirements (including those for liability insurance) that apply when practising in another jurisdiction (e.g. across state lines), with particular attention to the additional responsibility that might apply in mental health legislation.
 - d. The trainee must have the approval of the health service at which they are employed, as well as the service where the patient is registered for the proposed arrangements. Furthermore, trainees should ensure that medical indemnity arrangements are in place.
 - e. The health facilities should have standard operating procedures or protocols in place that specify administrative, clinical and technical requirements, among other factors, for therapy delivered by videoconference.
- B. Written patient consent (specific to conducting sessions via videoconference) must be obtained, including to the following:
 - a. the potential limitations of therapy delivered by videoconference compared to face-to-face engagement

- b. the identification of any other person who is to be present during a session; the patient's specific consent must be obtained prior to the start of the session if another person is to be present
 - c. the potential technical issues that may occur and/or interrupt a session, including audio or video delay, and the availability of technical support
 - d. the potential limitations of IT security provided by third parties
 - e. any ability of third party providers to record psychotherapy data
 - f. whether the session can be video-recorded by the trainee and/or patient.
 - g. any relevant cost ramifications, including any effect that the provision of therapy through this modality may have on the patient's Medicare benefits or other relevant entitlements.
- C. The trainee must make entries into the relevant health facility's case notes (the health facility with which the patient is registered). Documentation requirements include the following:
- a. Health facility case notes must be kept at the health facility with which the patient is registered. This may require that the health service has a process in place for securely storing electronic clinical notes or that the notes may need to be faxed or posted securely rather than emailed. Trainees should adhere to the process required by the health service. Trainees are responsible for ensuring that their case notes have been incorporated into the patient's file at the health facility.
 - b. The documentation must identify:
 - i. that the session was conducted over videoconference
 - ii. who was in attendance through the session
 - iii. whether the reception or video link was adequate to make a clinical assessment
 - iv. whether there were any technical difficulties that might have interfered with the ability to assess the patient.
 - c. Training notes for the purpose of writing up the case must be kept securely as per policy point 5.1.
- D. The patient and trainee should both be located in appropriate office facilities during the sessions, which should be conducted during normal working hours.
- E. In relation to privacy, the following must be fulfilled:
- a. Both locations must be designated as private for the duration of the session and no unauthorised access should be permitted.
 - b. There must be assurances that the volume of the conversation is adjusted so that it cannot be heard by others and so that other noises do not disturb the session.
- F. In relation to technology and audio/visual, the following must be fulfilled:
- a. Workplace video equipment should be used rather than home computers.
 - b. Skype and similar commercial services should generally not be used as privacy of the material broadcast through their platforms cannot be guaranteed.
 - c. The room should be lit well enough for the trainee to see the patient without undue shadows that obscure communication and vice versa.

- d. There should be the ability to view posture and movement
- e. Alternative arrangements may need to be made if a patient is not getting the support needed through the videoconference session, especially if technical failures occur.

G. The following other requirements must be fulfilled:

- a. Cultural sensitivities must be considered and discussed, including whether the recording and viewing of personal images may cause distress.
- b. Trainees must be aware of the current literature relating to telehealth. Additionally, any applicable Commonwealth/state training should be completed before the video sessions are to occur (i.e. those required to use/bill for this modality of therapy).

References

RANZCP, "Professional Practice Standards and Guides for Telepsychiatry" (2013).

RANZCP, "Technical Specifications for Telepsychiatry".

RANZCP, "Medicare benefits for Telepsychiatry".