

# Education Training Policy

## Stage 2 Mandatory Requirements



<b>Authorising Committee/ Department:</b>	RANZCP Board
<b>Responsible Committee/ Department:</b>	Education Committee
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### Contents

#### **Requirement to complete Aboriginal and Torres Strait Islander mental health modules and Māori mental health modules (once developed) – effective rotation one, 2018**

This policy has been updated to reflect the new requirement for trainees to complete the Māori mental health modules (once developed) and three specified Aboriginal and Torres Strait Islander mental health modules through Learn*it* on [www.ranzcp.org](http://www.ranzcp.org) prior to achieving Fellowship.

This requirement is **mandatory for all trainees commencing the RANZCP Fellowship Program from rotation one, 2018** (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the RANZCP Fellowship Program before rotation one, 2018.

The specifics of this requirement are set out in section 4.2.2.

#### **Further assistance available**

Contact the Training Department at [training@ranzcp.org](mailto:training@ranzcp.org).

*This box will become unnecessary in December 2018 (approximately) and will be removed at that point.*

### **1. Policy on Stage 2 Mandatory Requirements**

This policy describes the mandatory requirements for College trainees in Stage 2 of the RANZCP Fellowship Program, as governed by the RANZCP Fellowship Regulations 2012.

### **2. Policy Statement**

Stage 2 of the RANZCP Fellowship Program is based on a broad biopsychosociocultural model, with a focus on the development of knowledge and skills in clinical management and teamwork.

The requirements of this stage include: the successful completion of a minimum of 24 months of full-time equivalent (FTE) accredited training in College-accredited training posts and the attainment and demonstration of competence in psychiatry to a proficient standard, as defined by the Developmental Trajectory.

### **3. Purpose**

This policy defines the requirements for the successful completion of Stage 2 training within the RANZCP Fellowship Program.

### **4. Policy Details**

## **4.1 Rotation Requirements and Training Posts**

Trainees in Stage 2 must complete a minimum of 24 months of FTE accredited training in College-accredited training posts.

### **4.1.1 Mandatory Stage 2 Child and Adolescent Psychiatry Rotation**

Six months of FTE accredited training (out of the minimum 24 months FTE) must be completed in a College-accredited Child and Adolescent Psychiatry training post with a principal supervisor who is accredited by the relevant Branch Training Committee (BTC)/delegated body of the New Zealand Training Committee (NZTC) to supervise Child and Adolescent Psychiatry Training.

- Trainees in Child and Adolescent Psychiatry training posts will be engaged in the care of patients aged 0–18 years.
- Where there are youth service models which require trainees in Child and Adolescent Psychiatry training posts to care for patients older than 18 years of age, trainees must spend a minimum of 80 per cent of their time engaged in the care of patients aged 0–18 years.
- Trainees must not spend more than a maximum of 20 per cent of their time during standard work hours seeing child and adolescent patients in an emergency department. (In this context, 'standard work hours' does not include after-hours or on-call work.)

### **4.1.2 Mandatory Stage 2 Consultation–Liaison Psychiatry Rotation**

Six months of FTE accredited training (out of the minimum 24 months FTE) must be completed in a College-accredited Consultation–Liaison Psychiatry training post.

- Trainees must not spend more than 30 per cent of their time during standard work hours in an emergency department. (In this context, 'standard work hours' does not include after-hours or on-call work.)

### **4.1.3 Elective Areas of Practice for Stage 2 Rotations**

The additional 12 months of FTE accredited training (out of the minimum 24 months FTE) must be undertaken in one or more of the following elective Areas of Practice, or in additional accredited training in Child and Adolescent Psychiatry and/or Consultation–Liaison Psychiatry:

- Addiction Psychiatry
- Adult Psychiatry
- Forensic Psychiatry
- Indigenous Psychiatry
- Psychiatry of Old Age
- Psychotherapies
- Research (a maximum of 6 months FTE may be undertaken in a research post. See below for further requirements of training in research).

### **4.1.4 Stage 2 research training**

As stated above, a Stage 2 trainee may undertake up to a maximum of 6 months FTE in a research post. This time will not count toward their mandatory Stage 2 Child and Adolescent Psychiatry training or Consultation–Liaison Psychiatry training. Prior to undertaking this training in a research post, the trainee must apply to their BTC/delegated body of the NZTC for prospective approval as this is considered to be non-clinical training.

Trainees undertaking non-clinical training are encouraged to maintain their clinical currency by spending at least 0.2 FTE or 1 day per week in direct clinical work (in an accredited training post); however, the College acknowledges that this is not always feasible.

A trainee undertaking non-clinical training in research is not exempt from fulfilling their ongoing Stage 2 RANZCP Fellowship Program requirements during that time. Therefore:

- A trainee undertaking non-clinical training must submit an end-of-rotation ITA form for their non-clinical rotation. A trainee who concurrently undertakes any clinical training must also submit a separate end-of-rotation ITA form for this portion of the rotation, so that the clinical training time can be accredited to their Training Record. Therefore, a trainee would be required to submit two end-of-rotation ITA forms for the rotation as the principal supervisors differ, where relevant.
- A trainee undertaking non-clinical training must fulfil the requirement to achieve a minimum of two EPAS for each 6-month FTE rotation. A trainee may achieve the EPAs related to their research post or, where they are concurrently undertaking training in a clinical post, they may choose to achieve the EPAs in that setting.
- A trainee undertaking non-clinical training must fulfil the requirement to achieve a minimum of one OCA per 6-month FTE rotation.

#### **4.1.5 After-Hours Work**

A trainee must undertake after-hours and emergency duties required by being in an accredited training post. Where a trainee believes there are exceptional circumstances that would prevent them from undertaking these duties after hours, they should submit an application for exemption from after-hours experience for a specified or temporary time period during a specific rotation to their employer and should notify their Director of Training (DOT) of this application. If approved, this exemption must be communicated to the BTC/delegated body of the NZTC.

## **4.2 Knowledge Required**

Once they have successfully completed 24 months of FTE training within Stage 2, a trainee should have attained the knowledge base defined in the Stage 2 syllabus.

This knowledge base underpins the acquisition of competencies in Stage 2 and is mandatory for trainee progression to Stage 3 of the RANZCP Fellowship Program.

### **4.2.1 Protected education Time**

Trainees must have access to protected education time of 4 hours per week over 40 weeks for full-time trainees. This time must be on a pro-rata basis (minimum) for part-time trainees.

Protected education time includes a trainee's attendance at a Formal Education Course (FEC; where available) or time for self-directed learning.

### **4.2.2 Formal Education Course**

During a trainee's first 3 years of FTE accredited training in the RANZCP Fellowship Program, a trainee must enrol and demonstrate satisfactory participation in a College-accredited formal education course (FEC).

Satisfactory participation includes demonstrated active involvement during each year of the course, including regular attendance or completion of online modules of the program, at a level of around 75 per cent of these components.

### 4.2.3 Aboriginal and Torres Strait Islander and Māori mental health modules

Trainees must log in to the Learn*it* system on [www.ranzcp.org](http://www.ranzcp.org) to complete each Māori mental health module (once developed) and the following three Aboriginal and Torres Strait Islander mental health modules as a requirement for Fellowship:

- Module 1: Interviewing an Aboriginal or Torres Strait Islander patient
- Module 2: Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient
- Module 3: Formulation of a case involving an Aboriginal or Torres Strait Islander patient.

Completion of the Māori and the Aboriginal and Torres Strait Islander mental health modules is mandatory for all trainees, irrespective of whether they are located in Australia or New Zealand, or whether they have completed other specific Aboriginal or Torres Strait Islander or Māori training. The online modules are a requirement for Fellowship, and are recommended to be completed as early as possible during training.

The Learn*it* online system will automatically track a trainee's completion of the modules. Trainees must be logged in through Learn*it* for these modules to be tracked on their Training Record. Modules undertaken without logging in to Learn*it* on [www.ranzcp.org](http://www.ranzcp.org) will not be considered complete since this cannot be tracked or verified. An exception will be made for trainees who are able to undertake the specified modules as part of their College-accredited FEC or as scheduled teaching activities organised by their local training program. Individual modules will be added to a trainee's Training Record if the relevant BTC/delegated body of the NZTC verifies the trainee's attendance and participation in a specific module and reports this information to the College head office.

This requirement is **mandatory for all trainees commencing the RANZCP Fellowship Program from rotation one, 2018** (December 2017 (NZ) and February 2018 (AUS)). It is recommended for all trainees who commenced the RANZCP Fellowship Program before rotation one, 2018.

## 4.3 Fellowship Competencies

The College has adopted a set of Fellowship Competencies that map back to the CanMEDS roles underpinning the RANZCP Fellowship Program. Trainee progression through the stages of training is dependent on the attainment of competent performance across the Fellowship Competencies, demonstrated by the successful completion of all assessments.

### 4.3.1 Developmental Descriptors

The Developmental Descriptors provide guidance on the skill level expected of trainees at the end of each stage of training as per the Developmental Trajectory (proficient standard for Stage 2). The Developmental Descriptors articulate how a proficient standard applies for each of the Fellowship Competencies and provide a reference point for defining performance standards.

### 4.3.2 Learning Outcomes

The Learning Outcomes prescribe the minimum expectations of what trainees will need to attain in their rotations in order to meet the Fellowship Competency requirements across the stages of training.

The Stage 2 Learning Outcomes must be attained by trainees in order for them to progress to Stage 3.

The Learning Outcomes are tracked on the In-Training Assessments (ITAs), described in section 4.12 and 4.13.

#### **4.4 Stage 2 Supervision Requirements**

As specified in the Policy and Procedure on Supervision (12.1), clinical supervision of trainees must be maintained at a minimum of 4 hours per week over 40 weeks for full-time trainees.

Of these hours, a minimum of 1 hour per week must be individual supervision of a trainee's current clinical work. While this hour is required in full for all trainees, the other three hours of supervision per week must be on a pro-rata basis (minimum) for part-time trainees.

#### **4.5 Forms**

Trainees must maintain a portfolio of their RANZCP Fellowship Program forms. This includes their Workplace-based Assessment (WBA) forms, Entrustable Professional Activity (EPA) forms, copies of their Observed Clinical Activity (OCA) forms and copies of all mid-rotation and end-of-rotation ITA forms. Trainees are required to provide this portfolio to their next supervisor for review at the start of each new rotation.

#### **4.6 Workplace-based Assessments (WBAs)**

Workplace-based Assessments (WBAs) provide a mechanism for structured and effective feedback in the assessment of competence in typical work settings. Detailed information can be found in the Policy and Procedure on Workplace-based Assessments (15.1).

##### **4.6.1 Formative Assessments**

As described in the Regulation, Policy and Procedure on Workplace-based Assessments (15.1), the RANZCP Fellowship Program utilises WBAs as formative assessment tools; therefore, there is no particular rating that a trainee must achieve. WBAs assist a supervisor in assessing the overall competence attained by the trainee throughout a rotation, thereby informing the supervisor's best judgement in the assessment of Entrustable Professional Activities (EPAs) and ITAs.

WBAs are set and assessed at the standard expected by the end of the designated stage of training, as per the Developmental Trajectory.

##### **4.6.2 Approved WBA Tools**

Five WBA tools have been approved for use within the RANZCP Fellowship Program. These are the following:

- Case-based Discussion (CbD)
- Mini-Clinical Evaluation Exercise
- Professional Presentation
- Direct Observation of Procedural Skills (DOPS)
- Observed Clinical Activity (OCA).

#### **4.7 Required number of WBAs**

There is no limit to the number of WBAs that may be undertaken by a trainee and their supervisor.

##### **4.7.1 Mandatory OCA per rotation**

A trainee must complete a mandatory minimum of one OCA during each 6-month FTE rotation as part of the successful completion of that rotation. The OCA is recorded on the end-of-rotation ITA form for each rotation. All OCA forms must be fully completed and attached to the end-of-rotation ITA form for the relevant rotation and submitted to the College for processing within the time required for that rotation.

The other four WBA tools do not have individual mandatory minimum requirements for completion; however, they must be undertaken to contribute to the evidence base necessary for a trainee to be entrusted with an EPA, as below.

#### **4.7.2 WBAs and EPAs**

As detailed in the Policies on Workplace-based Assessments (15.1) and Entrustable Professional Activities (8.1), trainees must complete a minimum of three WBAs to contribute to the evidence base for each required EPA. However, the completion of three WBAs does not necessarily result in the achievement of an EPA. A supervisor considers a trainee's performance in the collection of three or more WBAs in addition to other evidence when assessing whether a trainee has achieved an EPA. The supervisor may determine that further WBAs are required before the trainee can be entrusted to complete the activity with distant supervision. Additional WBAs may also be beneficial to trainees who may need or want further feedback.

The WBAs must be assessed at the same standard as any EPAs for which they form the evidence base (i.e. WBAs undertaken in Stage 2 must be assessed at a proficient standard).

Any of the five WBA tools (including the OCA) can be used to fulfil the evidence base for an EPA.

The WBA tools used to support EPA attainment must be indicated on the end-of-rotation ITA form. With the exception of the OCA form, which must be forwarded to the Training Department at the College head office, WBA forms should be retained by the trainee. Further detail is available in the Workplace-based Assessment Policy and Procedure (15.1).

### **4.8 Entrustable Professional Activities (EPAs)**

EPAs are summative assessments that trainees are required to achieve in order to progress through the stages of training. The required Stage 2 EPAs must be achieved by trainees before they are eligible to progress to Stage 3.

#### **4.8.1 Summative Assessments**

As detailed in the Policy and Procedure on EPAs (8.1), EPAs are set and assessed at the standard expected by the end of the designated stage of training. All Stage 2 EPAs will be assessed at the competence standard expected of Stage 2—a proficient level of competency as per the Developmental Trajectory.

A trainee's achievement of an EPA is confirmed on the Confirmation of Entrustment (COE) form for that specific EPA. In addition, an entrusted EPA must also be recorded on the trainee's end-of-rotation ITA form (described in point 4.13) in order for its achievement to be entered on the trainee's Training Record.

- EPAs achieved and noted on a previous end-of-rotation ITA form do not need to be re-recorded.

#### **4.8.2 Stage 2 EPA Requirements in Brief**

Trainees will be required to complete 14–18 Stage 2 EPAs by the end of Stage 2, depending on the Areas of Practice in which they complete rotations.

The required Stage 2 EPAs are the following:

- two rotation-based EPAs for each 6-month FTE training rotation, including the EPAs associated with the mandatory Stage 2 Child and Adolescent Psychiatry and Consultation–Liaison Psychiatry rotations

- ♣ this equates to eight EPAs linked to a trainee's rotations across 24 months FTE of accredited training, or more if a trainee does not complete Stage 2 after 24 months FTE
- the Addiction Psychiatry and Psychiatry of Old Age EPAs, which must be achieved either during rotations in these Areas of Practice where relevant, or during other Stage 2 rotations
- two of three Psychotherapy EPAs, which must be achieved either during a rotation in this Area of Practice where relevant, or during other Stage 2 rotations
- four General Psychiatry EPAs.

Further detail on the specific EPAs is set out in the following section.

#### **4.9 Detail on Stage 2 EPA Requirements**

Each 6-month FTE rotation in the RANZCP Fellowship Program requires the achievement of two specified mandatory EPAs, as described by the Regulation on Rotations (17.2). The rotation-based EPAs must be achieved for trainees to be eligible to pass the end-of-rotation ITA form and the corresponding rotation.

Therefore, trainees must achieve eight rotation-based Stage 2 EPAs during 24 months FTE of accredited training.

##### **4.9.1 EPAs for trainees with part-time or shortened rotations**

Trainees, whether training full time or part time, who complete less than 6 months of FTE training during a 6-month rotation (calendar time) must refer to the Leave and Interruptions to Training or Part-time Training Policy in relation to the number of Entrustable Professional Activities (EPAs) required to be eligible to pass the rotation.

Trainees who progress to a different stage of training during a rotation cycle but who still complete more than 2 months of FTE training in total during the 6 calendar months must fulfil the requirement of two rotation-based EPAs per 6-month rotation (if they are training at full time) or a minimum of one rotation-based EPA per 6 calendar months (if they are training at less than full time).

##### **4.9.2 Achieved EPAs Prior to Stage 2 Relevant Rotation**

A trainee who has already achieved an EPA at the required standard (e.g. proficient standard) cannot achieve that EPA again.

- This is inclusive of EPAs linked to mandatory or elective rotations that were achieved during a previous area of practice rotation, or Stage 2 EPAs achieved during Stage 1 (with the approval of the trainee's DOT where required).

A trainee who has already achieved a rotation-based EPA at the proficient standard is still required to fulfil the competency requirement to achieve two EPAs per 6-month FTE rotation. The Stage 2 EPAs used to fulfil this requirement shall be determined jointly by the trainee and their supervisor, and, where relevant, their DOT.

##### **4.9.3 Mandatory EPAs for Mandatory Stage 2 Rotations**

As stated in point 4.1.1 and 4.1.2, trainees must successfully complete a 6-month FTE Stage 2 training rotation in Child and Adolescent Psychiatry and in Consultation–Liaison Psychiatry. The following list outlines the mandatory EPAs in these Areas of Practice for Stage 2.

**Child and Adolescent Psychiatry:**

- a) Develop a management plan for an adolescent where school attendance is at risk (ST2-CAP-EPA1).
- b) Clinical assessment of a prepubertal child (ST2-CAP-EPA2).

**Consultation–Liaison Psychiatry:**

- a) Care for a patient with delirium (ST2-CL-EPA1).
- b) Manage clinically significant psychological distress in the context of the patient's medical illness in the general hospital (ST2-CL-EPA2).

**4.9.4 Mandatory EPAs for Elective Stage 2 Rotations**

In addition to the mandatory 6-month FTE rotations in Child and Adolescent Psychiatry and Consultation–Liaison Psychiatry, trainees in Stage 2 must successfully complete a minimum of 12 months of FTE accredited training in Stage 2 elective rotations.

Unless a trainee has previously achieved the EPAs linked to their rotation, they must achieve the specified EPAs for the area of practice in order to pass that rotation and the associated end-of-rotation ITA Form.

The following list outlines the mandatory EPAs in each College-established Area of Practice for a Stage 2 elective 6-month FTE rotation.

As there are multiple choices for Adult Psychiatry and Psychotherapy EPAs, the specifics for these Areas of Practice are clarified at the end of this list.

**Addiction Psychiatry:**

- a) Management of substance intoxication and substance withdrawal (ST2-ADD-EPA1).
- b) Comorbid mental health and substance use problems (ST2-ADD-EPA2).

**Forensic Psychiatry:**

Trainees in their first Stage 2 Forensic Psychiatry rotation must choose any two of the following EPAs, which should be selected jointly by the trainee and their principal supervisor based on the relevance to the specific rotation.

Note: If a trainee has previously achieved two Stage 2 Forensic Psychiatry EPAs to a proficient standard, they do not have to choose from the following EPAs in their subsequent Forensic rotation to fulfil the requirement of 2 EPAs per 6 months of FTE training (but the EPAs must be selected jointly by the trainee and their principal supervisor, and, where relevant, their DOT).

- a) Violence risk assessment and management 2 (ST2-FP-EPA1).
- b) Expert evidence 2 (ST2-FP-EPA2).
- c) Psychological issues in forensic mental health (ST2-FP-EPA3).

**Indigenous Mental Health – Australia:**

- a) Interviewing an Aboriginal or Torres Strait Islander patient (ST2-INDAU-EPA1).
- b) Develop a mental healthcare management plan for an Aboriginal or Torres Strait Islander patient (ST2-INDAU-EPA2).

**Indigenous Mental Health – New Zealand:**

- a) Interviewing a Māori patient (ST2-INDNZ-EPA1).
- b) Develop a mental healthcare management and recovery plan for a Māori patient (ST2-INDNZ-EPA2).

### **Psychiatry of Old Age:**

- a) Behavioural and psychological symptoms in dementia (ST2-POA-EPA1).
- b) The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty; ST2-POA-EPA2).

### **Research:**

Trainees in their first Stage 2 Research rotation must choose any two of the following EPAs, which should be selected jointly by the trainee and their principle supervisor based on the relevance to the specific rotation.

Note: if a trainee has previously achieved two Stage 2 Research EPAs to a proficient standard, they do not have to choose from the following EPAs in their subsequent Research rotation to fulfil the requirement of 2 EPAs per 6 months of FTE training (but the EPAs must be selected jointly by the trainee and their principal supervisor, and, where relevant, their DOT).

- a) Planning and initiating a research project 2 (ST2-RES-EPA1).
- b) Planning, conducting and reporting a review of scientific literature 2 (ST2-RES-EPA2).
- c) Skills in research methodology and data collection 2 (ST2-RES-EPA3).
- d) Skills in data analysis and synthesis 2 (ST2-RES-EPA4).

### **Adult Psychiatry:**

Trainees in their first Stage 2 Adult Psychiatry rotation must choose any two of the following EPAs, which should be selected jointly by the trainee and their principal supervisor based on the relevance to the specific rotation.

Note: if a trainee has previously achieved two Stage 2 Adult Psychiatry EPAs to a proficient standard, they do not have to choose from the following EPAs in their subsequent Adult rotation to fulfil the requirement of 2 EPAs per 6 months of FTE training (but the EPAs must be selected jointly by the trainee and their principal supervisor, and, where relevant, their DOT).

- a) Assess treatment-refractory psychiatric disorders – General Adult Psychiatry (ST2-AP-EPA1)
- b) Physical comorbidity 2 – General Adult Psychiatry (ST2-AP-EPA2).
- c) Assess and manage a patient with anorexia nervosa presenting in a severely underweight state – Eating Disorders Psychiatry (ST2-AP-EPA3).
- d) Assess and manage an adult with bulimia nervosa – Eating Disorders Psychiatry (ST2-AP-EPA4).
- e) Assess and manage a woman experiencing a major postpartum illness within 12 months of childbirth – Perinatal Psychiatry (ST2-AP-EPA5).
- f) Assess and manage a pregnant woman presenting with a psychiatric disorder – Perinatal Psychiatry (ST2-AP-EPA6).
- g) Assess and manage a mental illness occurring in an adult with an established diagnosis of epilepsy – Neuropsychiatry (ST2-AP-EPA7).
- h) Assess and manage psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury – Neuropsychiatry (ST2-AP-EPA8).
- i) Assessment of people of Pacific Island descent – Pacific peoples' mental health (ST2-AP-EPA9).
- j) Collaborative management of people of Pacific Island descent – Pacific peoples' mental health (ST2-AP-EPA10).

- k) Differential diagnosis in people presenting for the first time with psychosis – Early Psychosis Intervention (ST2-AP-EPA11).
- l) Engagement with people with first episode psychosis and with their families – Early Psychosis Intervention (ST2-AP-EPA12).

### **Psychotherapies:**

Trainees in their first Stage 2 Psychotherapies rotation must choose any two of the following three EPAs to achieve in the psychotherapies rotation. The EPAs should be selected jointly by the trainee and their principal supervisor based on the relevance to the specific rotation.

As with all Stage 2 trainees, a trainee in a psychotherapies rotation is also permitted to achieve all three psychotherapy EPAs.

Note: if a trainee has previously achieved two Stage 2 Psychotherapy EPAs to a proficient standard, they are not required to achieve the remaining Psychotherapy EPA in their subsequent Psychotherapies rotation to fulfil the requirement of 2 EPAs per 6 months of FTE training (but the EPAs must be selected jointly by the trainee and their principal supervisor, and, where relevant, their DOT). They also still must achieve the remaining Stage 2 Psychotherapy EPA prior to completing Stage 3.

- a) Psychodynamically informed patient encounters and managing the therapeutic alliance (ST2-PSY-EPA2).
- b) Supportive psychotherapy (ST2-PSY-EPA3).
- c) Cognitive-behavioural therapy (CBT) for management of anxiety (ST2-PSY-EPA4).

### **4.9.5 Mandatory Stage 2 Addiction Psychiatry, Psychiatry of Old Age and Psychotherapy EPA Requirements**

All trainees must be entrusted with the two Addiction Psychiatry EPAs, the two Psychiatry of Old Age EPAs, and at least two of three Psychotherapy EPAs (listed in point 4.9.4) in order to successfully complete Stage 2.

As outlined in the previous section, trainees who undertake these elective rotations must achieve these EPAs as the mandatory rotation-based EPAs during the successful completion of these elective rotations.

However, if a trainee does not train in Addiction Psychiatry, Psychiatry of Old Age and/or Psychotherapies elective rotations, they must achieve these mandatory EPAs at any point during Stage 2.

If the third Psychotherapy EPA is not achieved during Stage 2, a trainee must achieve this remaining Psychotherapy EPA during Stage 3 in order to successfully complete that stage (although the EPA will still be assessed at the standard of Stage 2—a proficient level of competency).

Trainees must undertake their WBAs leading to the Psychotherapy EPAs on patients other than the patient on which their Psychotherapy Written Case is based and the patients with whom they complete their Stage 3 psychotherapy requirements.

### **4.9.6 Mandatory Stage 2 General Psychiatry EPAs**

As noted in point 4.8.2, trainees must be entrusted with the four Stage 2 General Psychiatry EPAs in order to successfully complete Stage 2 and progress through the stages of the RANZCP Fellowship Program. The four Stage 2 General Psychiatry EPAs are the following:

- a) Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT (ST2-EXP-EPA1).

- b) The application and use of the Mental Health Act (ST2-EXP-EPA2).
- c) Assessment and management of risk of harm to self and others (ST2-EXP-EPA3).
- d) Assess and manage adults with cultural and linguistic diversity (ST2-EXP-EPA5).

#### **4.10 EPAs and progression**

Trainees will not be able to progress to Stage 3 until they have been entrusted with all required Stage 2 EPAs (set out in point 4.8.2).

##### **4.10.1 EPA planning guidance**

As detailed further in the Entrustable Professional Activities Procedure (8.1), trainees must consider and plan for the number of EPAs that they must achieve in order to progress through the RANZCP Fellowship Program (i.e. trainees should not delay the majority of their Stage 2 EPAs until the end of 24 months of FTE accredited training). Trainees should plan to achieve a minimum of three and a maximum of six EPAs per 6 months of FTE accredited training, inclusive of rotation-based and other required EPAs. Trainees who would like to achieve more than six EPAs in a 6-month rotation should discuss this beforehand with their DOT and supervisor.

##### **4.10.2 EPA deadlines**

As per the Progression through Training Policy (6.1), all required Stage 2 EPAs must be achieved by the time a trainee has completed 36 months of FTE accredited training in Stage 2.

- o Note: Additional time spent in Stage 2 achieving the required Stage 2 EPAs is not eligible for recognition of prior learning (RPL) towards training time required by Stage 3.

##### **4.10.3 No eligibility to fulfil Stage 3 EPA requirements during Stage 2**

Trainees are not eligible to be entrusted with Stage 3 EPAs to an advanced level of competency prior to entering Stage 3 of the RANZCP Fellowship Program.

#### **4.11 In-Training Assessments (ITAs)**

Each trainee will be assessed on their progress throughout each rotation on two In-Training Assessments.

Each stage of training will utilise a specific formative mid-rotation ITA form and summative end-of-rotation ITA form. A trainee's mid-rotation ITA forms shall be held by the trainee's DOT, and will be forwarded to the College as required, while their end-of-rotation ITA forms must be sent to the College upon the completion of each rotation (see point 4.13). The ITAs will be made available to subsequent supervisors in order to facilitate ongoing support throughout a trainee's progression through training.

#### **4.12 Mid-Rotation ITA form**

The mid-rotation ITA form is the formative assessment for each rotation. The mid-rotation ITA form is used to provide feedback to the trainee on their progress in the rotation and to highlight any potential progress concerns and/or identified issues, as well as to document supportive plans required to address these concerns. A successful mid-rotation ITA form does not automatically result in a successfully completed rotation and end-of-rotation ITA form.

##### **4.12.1 Completion of the Mid-Rotation ITA form**

At the discretion of the supervisor, the ITA form may be commenced prior to the mid-rotation point if the supervisor has concerns regarding the trainee's competence and/or progress in the rotation. If the mid-rotation ITA form was not fully completed prior to the mid-rotation point, it must

be fully completed at the midpoint of the rotation. Additional mid-rotation ITA forms may be completed after the mid-rotation point, at the discretion of the supervisor.

A trainee's mid-rotation ITA forms must be held by the trainee's DOT, and will be forwarded to the College as required.

#### **4.12.2 Supportive Plan to Meet Requirements of Rotation**

Should a training issue be identified that causes the supervisor to be concerned that the trainee is not meeting the required standards of the rotation, a supportive plan must be documented on the mid-rotation ITA form and commenced immediately.

The documentation should include the competencies identified which require attention and the action to be undertaken to support the trainee in achieving the standard required prior to the end of the rotation.

As part of a supportive plan, the supervisor must:

- discuss their concerns with the trainee
- discuss their concerns with the DOT or their delegate
- try to identify factors affecting the trainee's performance
- review progress towards the identified goals with the trainee within 3 months or prior to the end of the rotation, whichever comes first.

As part of a supportive plan, the DOT must ensure that timely (for example, within four weeks) and adequate feedback and support is provided to the trainee by the principal supervisor to enable the trainee to identify and correct any perceived difficulties.

### **4.13 End-of-Rotation ITA form**

The end-of-rotation ITA form is the summative assessment that indicates to the College Training Department what information should be recorded on the trainee's Training Record for each rotation.

The end-of-rotation ITA form indicates whether or not the required EPAs have been entrusted and which WBAs were used to inform them, provides a record of the supervisor's assessment of the trainee's performance for each Stage 2 Learning Outcome, and indicates whether the trainee has passed or failed the overarching summative assessment for that rotation.

#### **4.13.1 Timely Receipt of an end-of-rotation ITA form**

The end-of-rotation ITA form for each rotation must be fully completed, signed by the trainee's DOT and received by the College Training Department within 60 days of the completion of a rotation. The trainee is responsible for ensuring that it is signed by the DOT and for ensuring its submission. Trainees must attach the forms for all OCAs completed during a rotation to their end-of-rotation ITA form for submission to the College; therefore, at least one signed and fully completed OCA Form must be attached to the end-of-rotation ITA form for each 6-month FTE rotation. An incomplete end-of-rotation ITA form or end-of-rotation ITA form without the required fully completed OCA form will not be accepted by the College and will be returned to the trainee.

- The non-receipt of a signed, fully completed end-of-rotation ITA form with a minimum of one fully completed and signed OCA form attached within 60 days of the completion of a rotation will result in the delay being noted on the trainee's Training Record. The trainee will be sent correspondence noting the late end-of-rotation ITA form and reminding the trainee that its continued non-receipt by 30 days from the date on which the correspondence is sent will result in a failed end-of-rotation ITA form and rotation unless exceptional circumstances have been accepted by the College on a case-by-case basis. Exceptional circumstances are detailed further in the Progression through Training Policy (6.1).

- Trainees are responsible for knowing the requirements of the RANZCP Fellowship Program and of this policy. Non-receipt of correspondence from the College does not invalidate the trainee's obligation to adhere to the requirements it presents.

#### **4.13.2 Failed end-of-rotation ITA form**

A failed end-of-rotation ITA form, which indicates a failed rotation, will require the trainee to complete a targeted learning plan developed by the trainee's DOT in conjunction with the trainee. Further detail can be found in the Policy and Procedure on Targeted Learning Plans (6.2) and in the Policy and Procedure on Progression through Training (6.1).

Time spent in a failed rotation does not count towards a trainee's minimum required 60 months of FTE accredited training time.

- Therefore, time spent in a failed Stage 2 rotation does not count towards a trainee's minimum required 24 months of FTE accredited training in Stage 2.
- Time spent during the successful completion of a rotational targeted learning plan is credited towards a trainee's Training Record and is included in the minimum required 60 months of FTE accredited training time (and 24 months of FTE accredited training in Stage 2 where applicable).

#### **4.14 Successful Completion of Stage 2**

Trainees who have completed a minimum of one OCA per 6-month FTE rotation, successfully passed and submitted the end-of-rotation ITA forms for 24 months of FTE training in accredited Stage 2 rotations and, who, as part of the requirements for Stage 2, have been entrusted with all required Stage 2 EPAs (set out in point 4.8.2) are eligible to continue to Stage 3 of the RANZCP Fellowship Program.

##### **4.14.1 Progression to Stage 3 while entering targeted learning for a failed Stage 2 rotation**

If all Stage 2 training requirements have been completed but the trainee is required to enter targeted learning for a failed Stage 2 rotation, they must remain in Stage 2 until targeted learning has been completed. On completion of targeted learning, the trainee is eligible to progress to Stage 3 of the Fellowship Program.

#### **4.15 Review of Decisions**

Any request by a trainee for review of a decision in relation to an unsuccessful rotation or other element of Stage 2 should follow the education review process (X.X).

### **5. Monitoring, Evaluation and Review**

The Education Committee 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.

#### **EPA changes effective rotation two 2014**

This policy has been updated to include the new EPA revisions explained below. The RANZCP Fellowship Program EPA requirements prior to rotation two, 2014 have been removed from the body of this document.

As the result of substantial feedback from Directors of Training, supervisors and trainees and as part of

its commitment to the continuous quality improvement of the RANZCP Fellowship Program, the College has approved Entrustable Professional Activity (EPA) changes that reduce the number of assessments required. These changes are to be implemented from the rotation two, 2014 start date (actual date varies).

### **Change A:**

Stage 1 EPAs to become obsolete:

- Producing discharge summaries and organising appropriate transfer of care (ST1-GEN-EPA1)
- Active contribution to the multidisciplinary team meeting (ST1-GEN-EPA3)

### **Change A Implementation:**

From rotation two 2014, trainees will no longer be required to achieve ST1-GEN-EPA1 and ST1-GEN-EPA3 for the completion of Stage 1.

Trainees must continue to achieve two EPAs per 6-month full-time equivalent (FTE) rotation (barring the Stage 1 First 6 Months FTE Exception Rule).

### **Change B:**

Two new broad Stage 1 EPAs to be introduced, replacing four of the 'original' Stage 1 and Stage 2 General EPAs:

- Use of an antipsychotic medication in a patient with schizophrenia/psychosis (ST1-GEN-EPA5)
  - Replacing:
    - Initiating an antipsychotic medication in a patient with schizophrenia (ST1-GEN-EPA2)
    - The safe and effective use of clozapine in psychiatry (ST2-EXP-EPA4)
- Providing psychoeducation to a patient and their family and/or carers about a major mental illness (ST1-GEN-EPA6)
  - Replacing:
    - Communicating with a family about a young adult's major mental illness (ST1-GEN-EPA4)
    - The provision of psychoeducation in a formal interactive session (ST2-PSY-EPA1)

### **Change B Implementation:**

From rotation two, 2014, trainees **generally** must achieve ST1-GEN-EPA5 and ST1-GEN-EPA6 in Stage 1 rather than each of their two related original EPAs listed in 'Change B'. However:

- trainees will not be required to achieve the new EPA if they have already achieved *both* related original EPAs (e.g. both ST1-GEN-EPA2 *and* ST2-EXP-EPA4; or both ST1-GEN-EPA4 *and* ST2-PSY-EPA1)

- trainees who have already achieved one of the two related original EPAs may choose whether to continue to work towards the other related original EPA or to work towards the relevant new EPA by the time required.

For example:

~~ST1-GEN-EPA2~~ + ~~ST2-EXP-EPA4~~ = Achieve ST1-GEN-EPA5 in Stage 1.

ST1-GEN-EPA2✓ + ST2-EXP-EPA4✓ = Not required to achieve ~~ST1-GEN-EPA5~~.

~~ST1-GEN-EPA2~~ + ST2-EXP-EPA4✓ = Achieve ST1-GEN-EPA5 or ST1-GEN-EPA2 in Stage 1.

ST1-GEN-EPA2✓ + ~~ST2-EXP-EPA4~~ = Achieve ST1-GEN-EPA5 or ST2-EXP-EPA4 by end of Stage 2.

#### Further assistance available

- Refer to the visual implementation plan in the appendix of the EPA handbook - Stage 1 and 2 ([www.ranzcp.org/EPAs](http://www.ranzcp.org/EPAs)).
- Contact the Training Department at [training@ranzcp.org](mailto:training@ranzcp.org).

#### OCA changes effective rotation one, 2015

This policy has also been updated to reflect the requirement for trainees to complete a mandatory minimum of one Observed Clinical Activity (OCA) per 6-month FTE rotation.

This requirement is **effective from rotation one, 2015** (actual date varies based on locale).

- Therefore, trainees commencing training from rotation one, 2015 will complete a minimum of two OCAs in Stage 1, four OCAs in Stage 2 and four OCAs in Stage 3.
- Trainees who commenced the RANZCP Fellowship Program prior to rotation one, 2015 will be required to complete one OCA per 6-month FTE rotation from rotation one, 2015. These trainees should note that the OCA form has been revised and that the new form **must** be used and submitted to the College.
- Transition arrangements for trainees who will transition from the 2003 Training Program are detailed in the Transition Matrix.

#### Further assistance available

Contact the Training Department at [training@ranzcp.org](mailto:training@ranzcp.org).

## 6. Associated Documents

- 6.1 Regulation:** [9.2](#) Stage 2 Mandatory Rotations Education Training Regulation  
[9.4](#) Stage 2 Elective Rotations Education Training Regulation  
[9.3](#) Stage 2 Mandatory Areas of Competent Performance  
[6.1](#) Progression through the Stages of Training Education Training Regulation  
[8.1](#) Entrustable Professional Activities Education Training Regulation

- 12.1 Supervision in Training Posts Education Training Regulation
- 15.1 Workplace-based Assessments Education Training Regulation
- 16.1 In-Training Assessment Report Education Training Regulation

- 6.2 Policy:**
- 8.1 Entrustable Professional Activities Education Training Policy and Procedure
  - 6.1 Progression through Training Education Training Policy
  - 12.1 Supervision in Training Posts Education Training Policy
  - 15.1 Workplace-based Assessments Education Training Policy and Procedure
  - 6.2 Targeted Learning Education Training Policy and Procedure

- 6.3 Forms :**
- Stage 2 mid-rotation In-Training Assessment form
  - Stage 2 end-of-rotation In-Training Assessment form
  - Workplace-based Assessment (WBA) Forms
  - Entrustable Professional Activity (EPA) COE Forms

- 6.4 Other:**
- Trainee Progress Trajectory
  - Fellowship Competencies
  - Developmental Descriptors
  - Learning Outcomes
  - EPA Handbook

**7. References** N/A

**REVISION RECORD**

<b>Contact:</b>		<b>Project Officer, Education &amp; Training</b>	
<b>Date</b>	<b>Version</b>	<b>Approver</b>	<b>Description</b>
10/05/13	v.0.4	Board of Education	New policy approved by BOE. Not approved by GC on 25/05/13.
04/08/13	v.1.0	RANZCP Board	Amendments made to address GC concerns about FECs. After hours requirements added at recommendation of CFT. Reviewed by TRC 8/7/13. Approved by CFT 11/7/13. Approved by EC 19/7/13. Approved with by RANZCP Board B2013/2 R9.
11/9/13	v.1.1	N/A	Minor amendment – removal of reference to Fellowship Competencies Policy and Procedure as none exists.
30/11/13	v.2.0	RANZCP Board	Removal of Rural Psychiatry EPA Placeholder CFT approved 31/10/13. EC approved w/ minor change to after-hours work 11/11/13. CGRC approved 14/11/13. Board approved 2013/7 R16.
19/12/13	v.2.1	N/A	Minor amendment – replaced placeholders with approved titles of Indigenous Mental Health – New Zealand EPAs.
11/05/14	v.3.0	RANZCP Board	Added EPA changes to be implemented from rotation two, 2014 and updates to after-hours exemption approval process (CFT approved 27/02/14), clarification on mid-rotation ITA Form as recommended by CFT and clarification that other Stage 2 EPAs

			must be selected from the approved Stage 2 EPAs. Approved EC out of session 8/4/14. Approved by RANZCP Board B2014/3 R7.
12/10/14	v.4.0	RANZCP Board	Amendments to reflect new requirement for trainees to complete a minimum of 1 OCA per rotation, separation of 4.7.3 Achieved EPAs Prior to Stage 2 or Relevant Rotation into two sections for clarity. Content reviewed by TRC, approved by CFT 8/5/14, approved by EC 13/6/14. Revised to reflect further advice regarding mandatory OCA requirements from the CFT/DOTs July 2014 and EC 8/8/14. Updated to reflect CAP & C-L SAT, Faculty and CFT recommendation (approved in principle at EC 8/8/14) regarding patient age and time spent in ED. Reviewed by CGRC 9/9/14. Approved in principle by EC 19/9/14, confirmed 26/09/14 after edits to CAP requirements. Approved by RANZCP Board 12/10/14 B2014/6 R11.
03/05/15	v.5.0	RANZCP Board	Updates to reflect CFT recommendations, including the addition of Research as a recognised area of practice for Stage 2 training (for 6 months FTE maximum). Removed wording that could indicate that accreditation of posts is broken down into stages. CFT approved 26/03/15. EC approved 10/04/15. CGRC reviewed 16/04/15. RANZCP Board approved B2015/3 <b>RX</b> .
28/07/15	v.5.1	N/A	Minor update to list approved Adult Psychiatry subspecialty EPAs (eating disorders, perinatal and neuropsychiatry) as an option for trainees in a Stage 2 Adult Psychiatry Rotation approved by CFT 23/7/15. Alignment with the policy rule stated in the Stage 3 Policy that trainees are not eligible to be entrusted with Stage 3 EPAs prior to entering Stage 3 (advanced standard).
09/11/15	v.5.2	N/A	Minor update to list approved Adult Psychiatry subspecialty EPAs (Pacific peoples' mental health, Early Psychosis Intervention) as an option for trainees in a Stage 2 Adult Psychiatry Rotation.
21/07/16	v.5.3	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.  Minor amendment to update ITA Form to mid-rotation ITA form and ITA Report to end-of-rotation ITA form.
11/02/17	v.5.4	RANZCP Board	Minor amendment to update number of WBA tools available to include Direct Observation of Procedural Skills (DOPS)  Inclusion of item 4.17.1 Progression to Stage 3 while entering targeted learning for a failed Stage 2 rotation. Approved by CFT 24/11/16. Approved by CGRC 19/01/17, EC 27/01/17, RANZCP Board 11/02/17.
23/09/17	v.6.0	RANZCP Board	Adding new requirement for trainees to complete three specified Aboriginal and Torres Strait Islander modules and Māori mental health modules through Learn <i>it</i> as a pre-requisite for Fellowship. This new requirement was approved in principle at DOT/CFT f2f Feb 2017, EC in March 2017, and Board in May 2017 for implementation for trainees commencing from rotation 1, 2018 only. Wording approved CFT 10/08/17, EC 1/09/17. Reviewed by CGRC 31/08/17, approved Board 23/9/17 B2017/6 RXX. Once approved, wording to be added to each of Stage Mandatory Requirements Policies.
18/11/17	v.7.0	RANZCP Board	<ul style="list-style-type: none"> <li>- Addition of Psychotherapies as an area of practice for Stage 2 rotations, the EPAs done in this elective rotation must be 2 psychotherapy EPAs (p2, 10)</li> <li>- P7 Clarification that an EPA cannot be achieved again</li> </ul>

after it has already been entrusted at that standard (rather than a trainee 'does not have to achieve it again'), reference to Leave & Interruptions to Training Policy or Part-time training Policy for trainees who complete less than 6 months of FTE training during 6 calendar months (these policies state 0 EPAs required if less than 2 months FTE training, but 1 EPA required if between 2-less than 6 months FTE training).

- P8 reference to rule above
- P9 Clarification to rules for mandatory EPAs for Adult Rotation (when they have already achieved 2 Adult EPAs) as these were unclear
- P10 Text to support Psychotherapy AOP rotations (and relation to psychotherapy EPA requirements)

*P6-10 EPA requirements have been re-ordered to make them clearer, clarifications to make it clearer that elective rotations come with mandatory EPAs.*

Reviewed by DOT Advisory Group 21/09/17, Approved by CFT 28/9/17, Reviewed by CGRC 26/10/17, Approved by EC 27/10/17, RANZCP Board 18/11/17 B2017/7 R28.

24/11/17	v.7.1	Education Committee	Minor process change to include completion of Aboriginal & Torres Strait Islander and Māori mental health modules (mandatory for trainees who commence in rotation 1, 2018 or later) can be completed as part of the FEC or scheduled teaching activities organised by their local training program if the BTC verifies the trainee's attendance & participation in specific modules & reports this to the College head office. Approved CFT 26/10/17, reviewed by DOT Advisory Group 16/11/17, Approved EC 24/11/17.
08/11/18	v.7.2	Education Committee	Added protected education time for stage 2 FECs, Stage 2 Research EPAs and additional Stage 2 Forensic Psychiatry EPA. Approved CFT 18/10/2018, Approved EC 26/10/2018. Updated from 2012 Fellowship Program to RANZCP Fellowship Program.

**November 2019** **NEXT REVIEW**