

Education Training Policy and Procedure

Entrustable Professional Activities



Authorising Committee/ Department:	RANZCP Board
Responsible Committee/ Department:	Education Committee
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Policy on Entrustable Professional Activities

This policy outlines the use of Entrustable Professional Activities (EPAs) as summative assessments within the RANZCP Fellowship Program.

Policy Statement

Throughout the RANZCP Fellowship Program, trainee competence in the professional activities of psychiatry training is assessed through the use of EPAs. As a summative assessment, an EPA is a specialised task that is set and assessed at the standard expected of trainees by the end of the designated stage of the RANZCP Fellowship Program for that EPA. College trainees must be entrusted with the mandatory EPAs in order to progress through the rotations and stages of training towards Fellowship.

Purpose

This policy and procedure specifies the high-level operational activities underpinned by the Entrustable Professional Activities Regulation and defines the EPA requirements for RANZCP Fellowship Program trainees.

Policy Details

1. Summative Assessments

EPAs are specialised tasks that trainees must demonstrate their ability to perform competently with only distant (reactive) supervision. Each EPA consists of specific knowledge, skills and attitudes required of the task.

The specialised tasks are set to assess trainee competence in a representative sample of the professional activities of psychiatry training. The EPAs prescribed for RANZCP training are:

- *tasks of high importance for daily practice*
- *high-risk or error-prone tasks*
- *tasks that are exemplary of a number of CanMEDS roles, which underpin the RANZCP Fellowship Program.*

Within the RANZCP Fellowship Program, College-accredited supervisors utilise EPAs to assess and evaluate a trainee's learning at particular points in the trainee's development. EPAs formalise the process by which supervisors capture and record their judgements about trainee performance and competence throughout training.

As summative assessments, EPAs are hurdle requirements that trainees must be entrusted with to progress through the RANZCP Fellowship Program.

1.1 EPAs and RANZCP Fellowship Program stages

Each stage of training in the RANZCP Fellowship Program requires the completion of a number of mandatory EPAs. Trainees must be entrusted with each of the EPAs required for each stage of the RANZCP Fellowship Program before they can progress to the next stage.

Within each stage, trainees are required to complete a specified minimum amount of accredited training time that comprises a number of mandatory and elective rotations. Each 6-month full-time equivalent (FTE) rotation in the RANZCP Fellowship Program requires the achievement of two specified EPAs, as described by the Regulation on Rotations (17.2). Trainees must be entrusted with rotation-based EPAs before a trainee is eligible to pass a rotation and its end-of-rotation In-Training Assessment (ITA) form.

Stage 2 and Stage 3 require the achievement of additional mandatory EPAs that can be completed at any point during the respective stage of training.

1.2 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).

2. EPA Standard Setting

The College has adopted a set of Fellowship Competencies that map back to the CanMEDS roles underpinning the RANZCP Fellowship Program. Trainee progression through to Fellowship is dependent on the demonstration of competent performance across the Fellowship Competencies and successful completion of all assessments, as outlined by the RANZCP Fellowship Regulations 2012.

Within the RANZCP Fellowship Program, a Developmental Trajectory applies to the Fellowship Competencies. Trainees move along the Developmental Trajectory from low independence/high levels of supervision at the beginning of Stage 1 to high independence/low levels of supervision at the successful completion of training. The Developmental Descriptors articulate how the Developmental Trajectory applies to the Fellowship Competencies at each training stage.

Each EPA is mapped to specific Fellowship Competencies and is set and assessed at the standard expected by the end of the designated stage of training (basic, proficient and advanced level) as outlined by the Developmental Trajectory and as articulated by the Developmental Descriptors.

EPA achievement is mandatory for each stage of the RANZCP Fellowship Program. The Developmental Descriptors can be used to guide supervisors to the standard expected from trainees for a number of different aspects of practice for each stage of training.

3. EPA Assessment and Achievement

Trainees must be entrusted with all mandatory EPAs for a stage before they are eligible to progress to the next stage of training.

- Rotation-based EPAs must be achieved before a trainee is eligible to pass that rotation and the corresponding summative end-of-rotation In-Training Assessment (ITA) form.

A supervisor must be accredited by the College and familiar with the requirements and standards of an EPA, including the knowledge, skills and attitudes that must be demonstrated by the trainee, in order to appropriately assess its attainment.

A trainee is entrusted with an EPA when an accredited supervisor, using all the data available to them, makes an informed decision that the trainee can be trusted to perform the specific task to the required standard with only distant (reactive) supervision. The trainee is expected to ask for additional help in a timely manner when assistance is required and the supervisor must be available to step in if needed.

When assessing an EPA, the supervisor must draw on all data they have regarding the trainee's competence in the EPA task, including the trainee's performance on relevant workplace-based assessments (WBAs) as detailed in section 3.1, observation during other daily activities, and information from other staff or sources, as relevant.

To document achievement of the EPA, the trainee prints the Confirmation of Entrustment (COE) form, the supervisor completes the form, and it is signed by the trainee, supervisor, principal supervisor (if different) and DOT. The COE form is held by the trainee in their training record, and a copy may be retained by the DOT and the supervisor. EPA achievement is recorded on a trainee's end-of-rotation ITA forms and entered into the trainee's Training Record. Relevant COE forms must be available to supervisors and DOTs at the time of completion of the summative end-of-rotation ITA forms.

3.1 Relationship between WBAs and EPAs

Workplace-based Assessments (WBAs) will be undertaken by trainees throughout each rotation and stage of the RANZCP Fellowship Program. Completed WBAs, along with other information, contribute to the evidence base required for a trainee to be entrusted with an EPA.

At least three completed WBAs must be included in the evidence base for the assessment of each EPA; however, the completion of three WBAs does not necessarily result in the achievement of an EPA.

WBAs will be assessed at the same end-of-stage standard (basic, proficient or advanced) as that of the relevant EPA to which they contribute.

Trainees do not need to complete three WBAs on the same activity as that of the EPA. As training environments are clinically diverse, WBAs can be done on any pertinent area that is relevant to the trainee's training situation. Then, considered together with all other information about the trainee's performance that is available to the supervisor, the trainee's performance on the WBAs forms a core component of the supervisor's judgement on whether the trainee has achieved the EPA.

3.2 Assessment Possible During Supervision Time

An EPA may be achieved during or separate to the dedicated supervision time, depending on the nature of the EPA being assessed. A supervisor may decide to entrust a trainee with an EPA during the course of daily activities, or it may be the result of a more formal process during dedicated supervision time.

4. EPA Handbook

Each EPA is detailed at length in the EPA Handbook, which will be updated to reflect EPA development and refinement and is available on the website. The EPA Handbook is a resource for supervisors and trainees, providing them with a full description of each EPA, the Fellowship Competencies it encompasses, the knowledge, skills and attitudes it assesses, suggestions for workplace-based assessments and references for further reading.

The EPAs prescribed for the RANZCP Fellowship Program are summarised in the subsequent sections of this procedure.

5. Mandatory EPAs – Stage 1

Each Stage 1 EPA is set and assessed at a basic standard as per the Developmental Trajectory.

5.1 Rotation-based Requirements

Stage 1 requires the mandatory completion of a minimum of 12 months of FTE accredited training in College-accredited Adult Psychiatry training posts, 6 months FTE of which must be in an acute setting.

Each 6-month FTE rotation in the RANZCP Fellowship Program requires the achievement of two specified EPAs, as described by the Rotations Regulation (17.2).

Trainees are expected to achieve four EPAs within Stage 1, two of which are mandatory.

The mandatory EPAs for Stage 1 are the following:

- a) Use of an antipsychotic medication in a patient with schizophrenia/psychosis (ST1-GEN-EPA5).
- b) Providing psychoeducation to a patient and their family and/or carers about a major mental illness (ST1-GEN-EPA6).

Trainees can only pass their rotations and progress to Stage 2 once they have been entrusted with two EPAs per rotation (unless they have utilised the Stage 1 First 6 Months Exception Rule in their first rotation; see below). The entrusted EPAs must include both mandatory Stage 1 EPAs.

Therefore, trainees who do not utilise the Stage 1 First 6 Months Exception Rule must achieve a minimum of four EPAs in Stage 1. Once one or both Stage 1 mandatory EPAs have been achieved, trainees must select Stage 2 EPAs to fulfil this requirement. Section 5.3 describes the EPAs that these trainees are eligible to achieve in Stage 1, which will ease their burden of assessment in Stage 2.

5.2 Stage 1 First 6 Months FTE Exception Rule

A trainee who has not been entrusted with two of the mandatory Stage 1 EPAs within the first 6 months FTE of accredited training in Stage 1 may pass that rotation and its corresponding end-of-rotation ITA form in cases in which:

- o the supervisor indicates a 'pass' on the end-of-rotation ITA form
- o the trainee has undertaken one mandatory OCA. Trainees may also choose to complete other WBAs.

This rule is applicable **only** to trainees in their first 6-month FTE rotation of Stage 1 and cannot be applied in any other stage or rotation. This rule allows for flexibility during a period of adjustment for trainees entering psychiatry training. However, trainees are reminded to consider and plan for the number of EPAs they must be entrusted with throughout the RANZCP Fellowship Program and should factor this into their progression plans from their commencement of training.

5.3 Eligibility to Achieve Stage 2 General Psychiatry and Stage 2 Psychotherapy EPAs

All Stage 1 trainees are eligible to achieve any or all of the Stage 2 General Psychiatry or Psychotherapy EPAs in addition to the mandatory Stage 1 EPAs. As per point 5.2 above, Stage 1

trainees who have not utilised the Stage 1 First 6 Months Exception Rule are required to achieve two EPAs per rotation thereafter, in line with the Rotations Regulation (17.1). Therefore, these trainees must achieve at least two Stage 2 EPAs.

- The achievement of Stage 2 EPAs while in Stage 1 does not fulfil or replace the requirement for trainees to achieve both mandatory Stage 1 EPAs for the successful completion of Stage 1.

These Stage 2 General Psychiatry EPAs will be assessed at the competence standard expected of Stage 2—a proficient level of competency—regardless of whether they are achieved during Stage 1 or Stage 2.

The four Stage 2 General Psychiatry EPAs that trainees are eligible to be entrusted with in Stage 1 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).

The Stage 2 Psychotherapy EPAs that trainees are eligible to be entrusted with in Stage 1 are the following:

- 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).

5.4 Exceptional Circumstances

In exceptional circumstances, a DOT may determine that a Stage 1 trainee is eligible to be entrusted with Stage 2 EPAs other than the General Psychiatry and Psychotherapy EPAs. This approval will be determined on a case-by-case basis for each EPA and will be noted by the College.

In order for a trainee to be approved as eligible for the nominated EPA(s), they must first speak to their supervisor to discuss whether appropriate supervision can be provided in the case of an exceptional circumstance. If the supervisor is in agreement, the trainee must demonstrate to their DOT that appropriate supervision is in place for the assessment of the EPA(s).

The DOT must take into account evidence to support any determination that a trainee is eligible to be entrusted with one or more specific EPAs set to a more advanced standard than that of the trainee's current stage of training (other than those EPAs outlined in point 5.3). This evidence will include the trainee's demonstration of the supervision available, the trainee's experience related to the specific area of psychiatry assessed by the EPA and the trainee's progress in the RANZCP Fellowship Program to that point.

Should a trainee be approved by their DOT as eligible to achieve a specific EPA set to a more advanced standard than that of the trainee's current stage of training, the EPA must be assessed at the standard to which it is set, for example, all Stage 2 EPAs will be assessed at a proficient standard whether they are achieved during Stage 1 or Stage 2.

- The achievement of Stage 2 EPAs while in Stage 1 does not fulfil or replace the requirement for trainees to achieve both mandatory Stage 1 EPAs for the successful completion of Stage 1.

- Should a trainee be entrusted with one or two Stage 2 rotation-based EPAs and later trains in the related rotation, the trainee, their supervisor and their DOT will need to agree to additional EPAs that will fulfil the competency requirement to achieve two EPAs per 6-month FTE rotation (see section 8.1).

6. Mandatory EPAs – Stage 2

Each Stage 2 EPA is set and assessed at a proficient standard as per the Developmental Trajectory.

6.1 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.

6.2 General Psychiatry EPAs

There are four specified General Psychiatry EPAs (listed in the Stage 2 Mandatory Requirements Policy (9.1)) that are mandatory for the successful completion of Stage 2. Any Stage 2 General Psychiatry EPAs that have not been achieved by a trainee in Stage 1 must be achieved while the trainee is in Stage 2.

6.3 Rotation-based EPAs

Stage 2 requires the mandatory completion of a minimum of 24 months of FTE accredited training in College-accredited training posts, which must include Child and Adolescent Psychiatry and Consultation–Liaison Psychiatry. Each 6-month FTE rotation in Stage 2 will require the achievement of two specified mandatory rotation-based EPAs.

Therefore, trainees must achieve eight rotation-based Stage 2 EPAs during 24 months FTE of accredited training, plus the remaining mandatory Stage 2 EPAs. For more information on Stage 2 and EPAs, refer to the Stage 2 Mandatory Requirements Policy (9.1).

6.4 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 the Stage 2 Mandatory Requirements Policy (9.1)) 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.

While only two Psychotherapy EPAs must be achieved within Stage 2, trainees are eligible to be entrusted with all three Psychotherapy EPAs while in 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.

7. Mandatory EPAs – Stage 3

Each Stage 3 EPA is set and assessed at an advanced standard as per the Developmental Trajectory.

7.1 Rotation-based EPAs

Stage 3 requires the mandatory completion of a minimum of 24 months of FTE accredited training in College-accredited training posts. Each 6-month FTE rotation in Stage 3 will require the achievement of two mandatory rotation-based EPAs. For more information on Stage 3 and EPAs, refer to the Stage 3 Mandatory Requirements Policy (10.1).

7.2 Psychotherapy EPAs

Trainees are required to complete two of three Stage 2 Psychotherapy EPAs for the completion of Stage 2. Therefore, a Stage 2 Psychotherapy EPA that was not achieved in Stage 2 must be achieved for the successful completion of Stage 3. This EPA will be assessed at a proficient standard as it is actually set at the standard for Stage 2.

8. Progression Responsibilities

Trainees must consider and plan for the number of EPAs that they must be entrusted with in order to progress through the RANZCP Fellowship Program.

8.1 Achieved EPAs Prior to 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).

Trainees are still required to fulfil the competency requirement to achieve two EPAs per 6-month FTE rotation. The EPAs used to fulfil this requirement (if specified rotation-based EPAs have

already been achieved) shall be determined jointly by the trainee and their supervisor, and, where relevant, their DOT.

8.2 EPA Planning Guidance

Trainees should not expect to be able to achieve the majority of EPAs for a stage near the end of their required accredited training time for that stage. 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.

Trainees should discuss the EPAs that they propose to achieve during each 6 months of FTE accredited training time with their DOT and an agreement should be reached.

8.3 EPA Progression Requirements for Stages 1 and 2

The two Stage 1 EPAs must be achieved by the time the trainee has completed 12 months of FTE accredited training in Stage 1.

The mandatory EPAs for Stages 2 must be achieved by the time the trainee has completed 36 months of FTE accredited training in Stage 2.

Failure to be entrusted with the mandatory EPAs by these deadlines will result in a requirement for the trainee to show cause to the Committee for Training (CFT) as to why they should be able to continue towards Fellowship, as set out in the Failure to Progress Policy (19.1).

8.4 EPA Progression Requirements

Each EPA comes with a RANZCP Confirmation of Entrustment (COE) form, which must be completed by the supervisor assessing the EPA and signed by the supervisor (and principal supervisor, if different), trainee and DOT to confirm EPA attainment.

After each EPA has been completed and confirmed on the COE form by the supervisor (and principal supervisor, if different), trainee and DOT, the trainee is responsible for retaining the COE form. However, the principal supervisor and DOT must have access to, and be able to cite, the form at the time of completing the summative end-of-rotation ITA form, as stated in section 3 above.

The COE form must be available to the DOT, principal supervisor and College on request. Supervisors and DOTs may retain a copy of the COE form, but this is not required and will not invalidate the trainee's obligation to maintain their own forms and records.

9. Review of Decisions

Any request by trainees for review of a decision in relation to an EPA should follow the formal education review process (X.X).

10. Monitoring, Evaluation and Review of Policy

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:
 - 8.1 Entrustable Professional Activities Education Training Regulation
 - 15.1 Workplace-based Assessments Education Training Regulation
 - 17.2 Rotations Education Training Regulation

2. Policy:
 - 15.1 Workplace-based Assessments Education Training Policy
 - 6.1 Progression through the Stages of Training Policy
 - 7.1 Stage 1 Mandatory Requirements Education Training Policy
 - 9.1 Stage 2 Mandatory Requirements Education Training Policy
 - 10.1 Stage 3 Mandatory Requirements Education Training Policy
 - 19.1 Failure to Progress Education Training Policy

3. Forms:
 - Confirmation of Entrustment (COE) form
 - Mid-rotation In-Training Assessment form
 - End-of-rotation In-Training Assessment form

4. Other:
 - EPA Handbook
 - Fellowship Competencies
 - Developmental Descriptors
 - Developmental Trajectory (see Developmental Descriptors document)
 - Learning Outcomes

5. References:

REVISION RECORD

Contact:		Senior Policy Officer, Education	
Date	Version	Approver	Description
09/11/12	v.0.6	Board of Education & General Council (Policy)	New document, Policy v.0.9 approved by GC 18/11/12.
25/03/13	v.0.6.1	Minor amendment	Corrected EPA titles in points 5.3 (5) and 6.2.2 (Addiction Psychiatry) to align with BOE-approved EPA titles.
14/11/13	v.1.0	Education Committee	Removed Rural EPA Placeholder. CFT approved 31/10/13. EC approved 11/11/13. CGRC reviewed 14/11/13.
19/12/13	v.1.1	Minor amendment	Aligned point 5.2 (First 6 Months Exception Rule) with Stage 1 Mandatory Requirements Policy and replaced placeholder Indigenous Mental Health – New Zealand EPAs with approved EPA titles.
11/05/14	v.2.0	RANZCP Board	Combined Policy and Procedure so less repetition, added EPA changes to be implemented from rotation two, 2014. EPA changes reviewed by DOTs and TRC Feb - March 2014, Policy & Procedure reviewed by CFT March 2014. Approved by EC out of session 8/4/14. Approved by RANZCP Board B2014/3 R7.
05/05/15	v.2.1	Minor amendments	Minor amendments to align with the Stage 1, Stage 2,

Stage 3 and Progression Policies as approved by the Board on 03/05/15. Including: clarification that part-time trainees must achieve a minimum of 1 EPA per 6 calendar months, clarification of Stage 1 EPA rules, update to reflect revised Indigenous Australia EPA titles, addition of Stage 2 Research EPA placeholders, clarification that Psychotherapy EPAs cannot be undertaken on the patients related to the Psychotherapy Written Case/ Stage 3 psychotherapy case requirements, removal of placeholder for Stage 3 general psychiatry EPAs (additional to rotation requirements), increased recommended planning guidance from a maximum of 5 EPAs to 6 with requirement to discuss more with DOT & supervisor, removed EPA time requirements for Stage 3 as they are not relevant and removal of old EPA rule boxes except main explanatory box (pre-rotation 2, 2014 rules).

09/11/15	v.2.2	Minor amendment	Minor amendment to list approved Adult Psychiatry subspecialty EPAs (eating disorders, perinatal, neuropsychiatry, Pacific peoples' mental health, Early Psychosis Intervention) as an option for trainees in a Stage 2 Adult Psychiatry Rotation.
20/09/16	v.2.3	Minor amendment	Minor amendment to 8.2 to align with Stage 1 Mandatory Requirements Policy RANZCP Board approved B2016/8. Update ITA Form to mid-rotation ITA form and ITA Report to end-of-rotation ITA form.
27/02/17	v.2.4	Education Committee	Updated to clarify rules regarding OCA completion when using the Stage 1 exception rule. Approved by CFT 09/02/17, EC 27/02/17.
18/11/17	v.3.0	RANZCP Board	Updated Stage 2 EPA section to reflect overall requirements, to remove list of all EPAs as they are already in the Stage 2 Mandatory Requirements Policy, and to state that trainees in Psychotherapy rotations (a new approved Area of Practice for Stage 2 as per Board 18/11/17) must complete 2 Psychotherapy EPAs in that rotation. Updated to include 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). Clarification that an EPA cannot be achieved again after it has already been entrusted at that standard (rather than a trainee 'does not have to achieve it again'). Policy changes approved in Stage 2 Mandatory Requirements Policy & aligned per 18/11/17 B2017/7 R27: (changes 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 R26).

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NEXT REVIEW