The Royal Australian & New Zealand College of Psychiatrists

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Education and Training

Certificate of Advanced Training in Child and Adolescent Psychiatry Regulations

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CERTIFICATE OF ADVANCED TRAINING IN CHILD AND ADOLESCENT PSYCHIATRY

Authorising committee/department:	Education Committee / Board
Responsible committee/department:	Committee for Training/Subcommittee for Advanced Training in Child&Adolescent Psychiatry
Document code:	REGS EDT-TRN Certificate of Advanced Training in Child and Adolescent Psychiatry
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The Certificate of Advanced Training in Child and Adolescent Psychiatry (the Certificate) provides an opportunity for accredited training in Child and Adolescent Psychiatry for trainees working towards Fellowship and Fellows of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) who meet the selection requirements for the Certificate. The award of the Certificate of Advanced Training in Child & Adolescent Psychiatry, or "Cert. Child Adol. Psych." recognises completion of the mandatory training requirements.

Trainees who undertake the Certificate of Advanced Training in Child & Adolescent Psychiatry and Stage 3 of the Fellowship Program concurrently must follow the Stage 3 Mandatory Requirements Policy for both programs.

The Certificate of Advanced Training in Child & Adolescent Psychiatry is governed by the Committee for Training (CFT) of RANZCP through the Sub Committee for Advanced Training in Child & Adolescent Psychiatry (SATCAP). In each Branch of the RANZCP, where a Child & Adolescent program exists, a Director of Advanced Training (DOAT) coordinates this training and the processes described in these regulations.

Regulations to be read in conjunction with the syllabus, learning outcomes and development descriptors for the Certificate of Advanced Training in Child & Adolescent Psychiatry.

For the purpose of this document, trainee refers to both trainees and Fellows-in-training unless stipulated otherwise. Additionally, any age discussed in this document is the actual biological age of the patient and not any other mental development stage attributes.

CERTIFICATE OF ADVANCED TRAINING IN CHILD AND ADOLESCENT PSYCHIATRY

1. Eligibility and Entry Requirements

1.1 Applicants must satisfy all requirements to enter the Certificate, as follows:

1.1.1 Applicants must hold current, general or specialist registration as a medical practitioner in Australia or current registration within a general, vocational or special scope of practice in New Zealand, as appropriate to the country where the applicant is to be employed and trained.

1.1.2 Fellow applicants who have any special conditions, limitations, notations, undertakings or provisional requirements imposed on their medical registration must provide full disclosure of the nature of these at the time of application.

1.1.3 If the DOAT deems the applicant suitable for training, having determined that the conditions on the registration do not impact on Child and Adolescent training, the DOAT will make recommendations to the SATCAP to grant entry to an applicant who has any special conditions, limitations, notations, undertakings or provisional requirements imposed on their medical registration.

1.1.4 Applicants must be in good standing with the RANZCP and hold registration either as trainee or Fellow.

1.1.5 Trainees must have completed all Stage 2 training requirements.

1.1.6 Trainees must have passed the Multiple-Choice Question (MCQ) Examination

1.1.7 Trainees must have completed the required minimum 40 psychotherapy sessions towards the Psychotherapy Written Case (for trainees commencing from August 2024). A letter from the psychotherapy supervisor confirming the completion of the psychotherapy sessions must be provided prior to commencement.*

1.1.8 * Exemptions from this requirement will be considered by the SATCAP on a case-by-case basis. If the 40 sessions cannot be completed before the commencement date, a plan must be agreed between the trainee, DOAT and the service provider, and approved by the SATCAP.

1.1.9 Applicants must have participated in an interview with their relevant DOAT or delegate.

1.1.10 Trainees must hold an appropriate, accredited Child and Adolescent training position.

1.1.11 While Fellows do not occupy accredited training positions, they must demonstrate how the Certificate training requirements will be met as detailed in a learning and development plan approved by the relevant Child and Adolescent DOAT.

1.2 Specialist International Medical Graduates (SIMGs) on the Specialist Pathway are not eligible to enter the Certificate until Fellowship is awarded.

2. Selection

2.1 The selection process will be based on the published selection criteria and adhere to equal opportunity principles. The process is designed to be impartial and transparent.

2.2 The DOAT in conjunction with the local Subcommittee of Advanced Training (SAT) or Branch Training Committee (BTC) conducts the selection process to ensure all applicants have the requisite skills, competency and qualifications to enter the Certificate.

2.3 Applicants must provide the following prior to entry to the Certificate for the purpose of the interview:

- Completed application form.
- Current curriculum vitae detailing medical experience and past psychiatric posts.
- Training records and In-Training Assessments (for trainees only).
- Work performance reports (for Fellows only).
- Contact details of three referees including current supervisor, clinical lead or equivalent.

2.4 Referee Reports

2.4.1 Applicants are asked to nominate three referees who are able to provide information about the applicant's professional capabilities. A confidential proforma referee report may be sent to each referee. The DOAT may follow up references by telephone if necessary and appropriate.

2.4.2 The referee reports should include information on the following:

- The applicant's competency in psychiatry including any other relevant aspects of medicine.
- The applicant's ability to work within a multidisciplinary team
- The applicant's verbal and written communication skills and management of documentation tasks
- The applicant's professionalism (e.g. reliability, responsibility, organisation, initiative and ethical attitudes).
- The applicant's academic ability and attitudes towards developing their knowledge and skills
- Applicant's collegiality with their peers, consultants and others in the workplace
- Applicant's suitability to commence Certificate training.

2.5 The shortlisting of applications for interview is the responsibility of the DOAT in conjunction with the local delegated body where relevant.

2.6 The shortlisting process must be objective and transparent and may be used to reduce the number of interviews to approximately double the number of available places.

2.7 Shortlisted applicants are to be interviewed by the relevant DOAT and/ or local delegates.

3. Duration of Training

3.1. Trainees must successfully complete 24 months full-time equivalent (FTE) training in accredited Child and Adolescent psychiatry posts. Fellows in training must complete 24 months full-time equivalent (FTE) training in suitable Child and Adolescent psychiatry positions.

- Trainees must successfully complete 6 months FTE in a community setting.
- Trainees must successfully complete 6 months FTE in an inpatient setting.

3.2. In situations where a trainee is unable to meet the 6 months FTE inpatient requirement due to mitigating or exceptional circumstances, a trainee (with their DOAT's support) can apply to SATCAP for consideration of exemption of this requirement and completion of an alternative inpatient experience.

3.3. Up to 12 months FTE of research or medical administration/ education in an area relevant to child and adolescent mental health can be prospectively approved on a case-by-case basis by SATCAP. Applications should address goals and outcomes of the research position. Trainees are required to maintain their clinical currency during research or medical education positions by spending at least 0.2 FTE (one day per week) in direct clinical work.

3.4. It is expected that training must be undertaken in settings where trainees will be exposed to patients between 0 to 18 years old (prior to the patient turning 19 years old). Where a trainee is working in a setting where the exposure is not limited to patients between the 0 and 18 years (e.g.a youth position), the trainee must demonstrate that at least 80% of their clinical contact is with patients between 0 – 18 years.

3.5. In a perinatal and infant rotation where the primary patient is in the dyad, the index patient is in the infant and should be coded as such. In a case where the primary patient is the parent, this should not be more than 20% of the workload.

3.6. The trainee has the responsibility to ensure that sufficient breadth of clinical case work occurs with developmental age groups, and to participate every 6 months in a process of reflection with the DOAT, including notifying the DOAT should that not be the case.

4. Learning and Development Plan

4.1. An outline of proposed training (including rotations) must be drafted for year 1 and year 2 of training. The Child and Adolescent Learning and Development Plan must be agreed with and submitted to the DOAT.

4.1.1. The LDP should be submitted to the RANZCP within 6 weeks of the commencement of training and at the beginning of year 2

4.1.2. Where a trainee has not submitted or obtained approval of the LDP prior to the 6th week of the calendar year in which the plan was to commence, then the training for that year will not start until the plan is approved.

4.2. The LDP is similar to the CPD Professional Development Plan. It will include proposed training rotations and domains for the training year.

4.3. The LDP may need to be revised over the course of the Certificate training relevant to the availability of accredited rotations or mandatory training requirements, or subject to other training development requirements.

5. Mandatory Requirements for Training Posts

5.1. A trainee must undertake after-hours and emergency duties required by being in an accredited training post (see Stage 3 Mandatory Requirements Training Policy).

5.1.1. Where a trainee believes there are exceptional circumstances that would prevent them from undertaking these duties, they should submit an application for exemption from after-hours experience for a specified or temporary time period to their employer and should notify their DOAT of this application.

5.1.2. If the application for exemption is approved, this exemption must be communicated to the BTC.

5.2. Fellows-in-training should discuss their duties, hours and supervision with their DOAT to fulfil the Advanced Training requirements. Fellows-in-training themselves are not in accredited training posts but must be able to demonstrate how they meet the training requirements of the advanced training certificate.

6. Work-Based Assessments Requirements

6.1. Trainees are subject to the requirements outlined in the Workplace-Based Assessment Policy and procedure (15.1)

6.2. A minimum of three Workplace-Based Assessments (WBAs) are required, to contribute to the evidence-base for each required EPA.

6.3. Trainees must complete a mandatory minimum of one Observed Clinical Activity (OCA) WBA with a child, adolescent or a family/group during each 6-month FTE rotation.

6.3.1. Over the course of 24 months of Certificate training, it is recommended that trainees complete an OCA with a child under 12, an adolescent and a family/group.

6.4. Once completing 24 FTE months of Certificate training and attaining a minimum of four OCAs, Fellows-in-training are not required to complete further WBAs.

7. Entrustable Professional Activities

7.1. Trainees are subject to the requirements outlined in the Entrustable Professional Activities Policy and Procedure (8.1) and the Part-Time Training Policy (20.1)

7.2. Trainees must attain eight Stage 3 Child and Adolescent Psychiatry Entrustable Professional Activities (EPAs) from the available Stage 3 Child and Adolescent EPAs (see Appendix 1).

7.3. The Child and Adolescent Psychiatry EPAs 1-8 are mandatory and must be attained for the completion of the Certificate.

7.3.1. EPA9: Infant Mental Health Formulation is an optional EPA and may be completed in addition to and not in lieu of EPAs 1-8. This EPA may also be completed in a Perinatal rotation, not accredited for ATCAP, with the approval of the DOAT.

7.3.2. Trainees are recommended to attain EPAs 1-4 during year 1 and EPAs 5-8 in year 2 of their Child and Adolescent Certificate training.

7.4. Trainees must attain a minimum of two EPAs per each 6 -month FTE rotation.

7.5. It is not possible to attain the same EPA twice. If a Stage 3 Child and Adolescent EPA is attained prior to enrolling in the Certificate, this EPA cannot be undertaken again. Trainees will be required to complete elective CAP EPAs or to select a relevant alternative Stage 3 'FELL' EPAs to ensure a minimum of eight EPAs are attained during Certificate training.

7.6. Fellows-in-training are not required to complete further EPAs once they have completed the 24 FTE months of Certificate training and attained a minimum of eight Stage 3 Child and Adolescent EPAs.

8. Completion of Rotation

8.1. Trainees must complete mid-rotation (formative) and end-of-rotation (summative) In-Training Assessment (ITA) for each 6 calendar FTE month rotation.

8.2. Mid-rotation and end-of-rotation ITAs are to be reviewed and signed off by the principal supervisor and the DOAT prior to submission to the RANZCP.

8.3. The end-of-rotation ITA forms for each rotation must be fully completed by the trainee and the DOAT and submitted online via InTrain within 60 days of the completion of a rotation. Should the ITA not be submitted within 90 days, the rotation is deemed an automatic fail.

9. Formal Education Course

9.1. Trainees must successfully complete a recognised and accredited formal child and adolescent psychiatry education course (teaching program).

9.2. The FEC may be undertaken while on a break in training, depending on the arrangements with the course provider and with the employing health service, where relevant.

10. Psychotherapy

10.1. Trainees must provide psychotherapy to at least **nine** discrete patients/dyads/families/ groups, comprised of at least **six sessions** each.

10.1.1. Only one of the three dyadic/family/group cases can be met through the provision of group therapy to individual participants.

10.1.1.1. The group would need to run for at least 6 sessions and have appropriate supervision, including co-therapy by supervisor.

10.1.1.2. Provision of psychoeducation to an audience is not group therapy as there would not be sufficient attention to group interaction and dynamics.

10.1.1.3. When documenting the psychotherapies form (on InTrain), the provision of the group would account for one "patient" and details of the group (such as the target population, model of intervention, group structure) should be in the "case particulars. "Patient age" should be documented as the identified age of the identified target patient population. Where the target age crosses age domains the predominant developmental age of children that are subject of the constituted group should be used.

10.1.2. The Patient's age group for the psychotherapy sessions must include at least:

- Three patients under 6 years old
- Three patients 6-12 years old
- Three patients 13-18 years old

10.1.3. The following modalities must be undertaken:

- Three structured, manualised (e.g. CBT, IPT)
- Three dynamically informed (e.g. individual, play therapy, parent-child)
- Three dyadic or family/ group in any model (e.g. mother-infant, groups)

10.2. Trainees must be supervised by an appropriate supervisor for a particular modality, and this could include group supervision.

10.3. The psychotherapy session may be signed off after the sixth session, if the supervisor is satisfied that the therapy was provided adequately. The therapeutic contact may continue after the sign off date.

10.3.1. The completion and sign-off of any three cases will fulfil the Stage 3 Fellowship psychotherapy requirement for pre-Fellowship trainees.

11. Submission of Final Qualitative Report and Sign Off

11.1. All trainees must submit a final qualitative report to DOAT upon completion of the Certificate training program

11.2. Trainees who are undertaking training in a Certificate Program concurrently with Stage 3 training are required to submit an additional or updated final qualitative report to their DOAT upon completion of their Certificate training.

11.3. The final qualitative report must be a 500 – 750 words qualitative personal overview of their certificate training experience. It should include an evaluation of the trainee's own experience, including their development during the certificate, perceived strengths and weaknesses of their certificate training experience and feedback regarding their supervision. The submission of the

report will be alerted by the DOAT via InTrain and the report will be reviewed by the SATCAP Chair.

11.4. The final checklist must be completed on InTrain by the trainee and DOAT before the SATCAP Chair confirms that the trainee has satisfactorily completed the requirements of the Certificate.

12.0 Supervision Requirements

12.1 A trainee, including FiT, currently enrolled in the Certificate of Child and Adolescent cannot be an accredited supervisor for another RANZCP Child and Adolescent trainee.

12.2 Clinical supervision for Stage 3 trainees must be maintained at a minimum of 4 hours per week over 40 weeks for full-time trainees. Of these hours, at least 1 hour per week must be individual supervision of a trainee's current clinical work.

12.3 While 1 hour per week of individual clinical supervision is required in full for all trainees no matter FTE, the other 3 hours of supervision per week can be on a pro-rata basis for trainees working less than full time.

12.4 Fellows-in-training are recommended to undertake at least 2 hours of clinical supervision (out of which 1 hour is individual clinical supervision) for at least 40 weeks of the year in the first 12 FTE months of training and at least one hour per week of clinical supervision for at least 40 weeks of the year provided by an accredited supervisor thereafter. For more information, please refer to the Fellows in Training guidance document.

13.0 Selection of Supervisor for Advanced Certificate Training Post

13.1 A supervisor must be accredited in the specific area of practice by the BTC/NZTC and the DOAT, in order to supervise a trainee or Fellow-in-training undertaking a Certificate.

13.2 Supervisors for Certificate of Advanced Training Programs must have the relevant Certificate of Advanced Training or be Accredited Members of the Faculty, Accredited Membership of that Faculty or equivalent background and training to be eligible to apply to be a supervisor. Accreditation of supervisors is the responsibility of the DOAT and the local BTC, with oversight of the relevant local SATCAP.

13.3 Non-RANZCP accredited supervisors must be approved by the BTC/NZTC and the DOAT.

14.0 Targeted Learning Plan and Training Review Application

14.1 All trainees are required to adhere to the Targeted Learning Plans Policy and Procedure (6.2) and Failure to Progress Policy and Procedure 19.1 throughout the course of certificate training.

14.2 A Targeted Learning Plan is required for Fellows when there has been a failure to successfully complete a rotation. Targeted learning plan requirements in this instance must adhere to the guidelines provided in the Targeted Learning Policy and Procedure (6.2)

14.3 Fellows are required to submit a Training Review Application after three rotation fails. The training review requirements are outlined in the Failure to Progress Policy and Procedure 19.1 noting that applications from Fellows are considered by the SATCAP in the first instance.

15.0 Awarding of the Certificate

15.1 To be awarded the Certificate, the applicant must hold RANZCP Fellowship.

15.2 To commence the Certificate awarding process, the Certificate Checklist must be submitted to the DOAT once all Certificate requirements are completed.

15.3 Upon completion of the Certificate Checklist by both trainee and DOAT, the trainee's record will be audited to ensure all Certificate requirements have been satisfied. The trainee cannot progress if any of the certificate requirements, documentation or RANZCP training fees are outstanding.

15.4 On confirmation that all Certificate requirements have been completed, the RANZCP organises approval from SATCAP Chair.

15.5 On approval of the SATCAP Chair, the application progresses via the SATCAP to the CFT for ratification.

15.6 The CFT ratifies the award of the Certificate and makes recommendation to the Education Committee (EC) for the award of the Certificate.

15.7 The EC shall make a determination to grant the award of the Certificate.

15.8 Should EC's approval be granted, trainees will receive the post nominals 'Cert. Child Adol. Psych'.

15.9 The EC reserves the right to reject the awarding of the Advanced Certificates if they are not conforming to the recommendations of the SAT and CFT.

15.10 The EC ratification date on the Admission to Fellowship Schedule is when Certificates are awarded. CFT approval is required to be finalised by the paper due date outlined in the Fellowship schedule in order to make the award round.

15.11 The RANZCP shall endeavour to adhere to the ratification deadlines, as outlined in the Admission to Fellowship Schedule, though it may not always be possible. Trainees are encouraged to plan in accordance with the Fellowship schedule dates to be awarded a Certificate.

16.0 Recognition of Prior Learning

16.1 Trainees are subject to the requirements outlined in the Recognition of Prior Learning Policy and Procedure (14.1)

16.2 Any training and/or work experience must have been completed within the past 8 calendar years in order to be eligible to be considered for RPL.

16.3 Training undertaken in the Fellowship Program prior to entering a Certificate cannot be converted to certificate training or granted as RPL.

16.4 Applicants who have undertaken training that is substantially equivalent to the Certificate training may be granted exemption from a maximum of 12 months FTE of Certificate training time and particular EPAs or other elements of the Certificate training on a case-by-case basis.

17.0 Maximum Training Duration

17.1 Trainees must complete certificate training within 6 calendar years from the commencement date of the Certificate. This is inclusive of any breaks-in-training or part-time training.

17.2 RANZCP will advise the trainee that their six years maximum duration deadline is approaching and a reminder will be sent to the trainee and the DOAT.

17.3 Prior to approaching the Certificate deadline, a trainee may submit a prospective application to the SATCAP to extend their maximum training duration due to exceptional or mitigating circumstances.

17.4 If Certificate training has not been completed within 6 calendar years, the trainee must make application in writing to the SATCAP as to why they should be able to continue towards the Certificate.

17.5 Trainees are required to submit the application within 60 calendar days of notification from the RANZCP. Should an application not be submitted within this time, the trainee's status in the program will be considered by SATCAP and an outcome determined utilising the trainee's record.

17.6 Applications for extension of maximum training duration should detail the following:

- Set out the facts such name, identification and training zone, the nature of the application (prospective, 6 calendar years since commencement of certificate training) and progress in training at the time of application.
- Any relevant reasons (i.e. the exceptional circumstances) for the non-attainment of the certificate by the mandatory deadline (including evidence where relevant, e.g. a medical certificate)
- Include any mitigating circumstances
- Include a proposed timeline and plan to complete the remaining of the Certificate training by a specified time.

17.7 References and letters of support should be sought from the trainee's DOAT as well as from others where relevant. Should the trainee not want to seek their jurisdictional DOAT support, they should express their reasons for this in their application.

17.8 Should the SATCAP determine that not enough information has been provided to make a determination, they will request further information from the trainee by a specified time.

17.9 The SATCAP has the capacity to grant an extension of up to 1 calendar year or may make recommendation for exclusion from the certificate to the CFT.

17.10 If the case, a recommendation to exclude a trainee from the Certificate will be made by the SATCAP to the CFT, and the final decision will rest with the EC.

17.11 Should a trainee be granted an extension but not complete the certificate requirements before the deadline provided, the trainee may request a further extension to their training. The application should adhere to points 17.5 and 17.6.

17.12 Any additional extensions must be considered by the SAT and a recommendation made to the CFT for final decision.

17.13 The CFT reserves the right to request information from the trainee's DOAT and supervisors. In doing so, the SAT will maintain confidentiality of any trainee correspondence as requested.

18.0 Part Time (0.5 FTE) and Breaks in Training

18.1 Trainees wishing to undertake training part time (0.5 FTE or less) or requesting a break in training should refer to the Part Time Training Policy & Procedure (20.1) and Leave & Interruptions to Training Policy & Procedure (23.1) for more information.

18.2 Stage 3 trainees should ensure that DOAT-CAP is aware of breaks in certificate training where they continue Fellowship Training within a general or alternate certificate training post.

18.3 Breaks in training can only be applied for and approved for 1 year at a time. The trainee will need to apply for another break in training if they wish to extend their break in training beyond 1 year.

18.4 Fellows-in-training are not required to apply for breaks in training but are reminded of the maximum 6 calendar year time limit. Fellows-in-Training should liaise with the relevant DOAT with regard to the possible impacts on completion of other training requirements e.g. participation in the Formal Education Course.

19 Exiting Certificate Training

19.1 A trainee can exit a Certificate of Advanced Training by voluntary or involuntary means (withdrawal or exclusion).

19.2 A Fellow-in-training who exits a Certificate of Advanced Training is no longer a RANZCP trainee; exiting training will not in itself affect their status as a Fellow of the RANZCP.

- For more information on exiting certificate training, please refer to the Training Exit and Re-Entry Policy and Procedure (30.1).

20 Withdrawal

20.1 Trainees who wish to withdraw from the certificate program are required to complete and submit the Withdrawal from training form.

20.2 A trainee can withdraw from the certificate at any time. The withdrawal from certificate does not impact a trainee's enrolment in the Fellowship program.

20.3 A Fellow can withdraw from the certificate at any time, and this withdrawal does not impact their Fellowship status.

20.4 Withdrawal will be effective from the date the written notice is provided to the RANZCP head office. No further training will be credited to the trainee's training record from this date.

20.5 A trainee who has withdrawn, may apply to re-enter Certificate of Advanced Training at a later date. They may be re-instated with previously completed training requirements, if the training was completed within 6 years from their re-entry date.

20.6 If a Dual Certificate trainee withdrew from, or stopped, one of the Certificates of Advanced Training at any one point, a single certificate will be awarded on the full completion of all requirements for the relevant certificate program.

21 Exclusion

21.1 A trainee may be excluded from training on the following grounds (please refer to Exit and Re-entry Policy and Procedure (30.1) for more details):

21.2 Non-payment of training fees following a period of nine calendar months from the invoice due date.

21.2.1 If a trainee's grounds for exclusion only relate to unpaid fees and the trainee pays prior to their exclusion is ratified by RANZCP Board, their exclusion will be discontinued. A trainee who has already been excluded for non-payment will need to re-apply to enter training.

21.3 Not being able to complete the Certificate within the maximum timeframe of 6 calendar years including break in training time and not being granted additional training months by SATCAP to remain in the advanced certificate training program.

21.4 Being excluded from the Fellowship program or the removal of RANZCP Fellowship will automatically result in exclusion from the Certificate.

21.5 Trainees will be excluded from training on removal from the medical register or if they lack medical registration. This may also occur where there are significant changes to a trainee's medical registration.

- Trainees must formally advise the RANZCP within 14 calendar days of any changes to, loss of or suspension of a trainee's medical registration, as per the Training Agreement.

21.6 Any breach of the RANZCP's Constitution, Code of Ethics, Fellowship Regulations or other RANZCP policies and guidelines, or professional breaches potentially resulting in dismissal from employment or changes to medical registration.

22 Fees

22.1 Trainees are required to pay their annual training fees on time in order to continue their Advanced Certificate training.

22.2 Fellows with 24 FTE months of advanced training completed, with requirements still outstanding, are required to pay training fees according to Payment Band E fee category (0–2.99 months), as listed on Fees | RANZCP.

22.3 Fees for both Fellowship training program and Certificates of Advanced Training are calculated based on the number of months of training recorded in InTrain.

22.4 Non-payment of the prescribed training fees may result in exclusion from the Certificate program.

23 Review of decisions

23.1 Trainees dissatisfied with training or assessment outcomes must first address their concerns with their supervisor, DOAT, or the SATCAP. Should the issue remain unresolved, they are to raise the matter promptly with the relevant RANZCP Education Committee for further review and resolution.

23.2 Trainees are referred to the RANZCP Appeals and complaints webpage which provides guidance for those who aren't satisfied with the outcome of a decision relating to training or assessment, in accordance with the RANZCP Review, Reconsideration and Appeal Policy and Procedure.

24 Monitoring, evaluation and review

The Education Committee shall oversee the implementation, monitoring and reviewing of this regulation. This regulation will be reviewed every three years or as necessary and updated as required.

CERTIFICATE OF ADVANCED TRAINING IN CHILD AND ADOLESCENT PSYCHIATRY

REVISION RECORD

Regulation owner:	Education and Training Department		
Contact:	Training Manager		
Date of approval:	**Version**	**Approver**	**Description**
30/07/2026	v2.2	Board	Minor amendments as requested by the SATCAP: - 1.1.7- updated so the letter from the supervisor confirming the completion of the 40 psychotherapy sessions must be provided prior to commencement; - added 1.1.8 – exemption from the requirement in 1.1.7 may be considered by DOAT and a plan should be put in place; – 3.6 – clarified that trainees are required to reflect on their experience every 6 months with the DOAT. Renamed section 1- Eligibility and Entry Requirements; - Replaced obsolete terms with current ones for Formal Education Course and Training Review; - Clarified 17.2; 17.10; 20.5; - 22.1 - admin fees removed; - 22.2 rewritten for clarity and in line with the website/ Fees; - added 22.3 for clarity; - Minor clarifications and editing. - Approved by CFT on 26/06/2026. - by EC on 03/07/2026. - by Board on 30/07/2026
14/06/2024	V2.1	SATCAP	Addition of InTrain process alignment for the regulations. Completion of alternative inpatient experience if unable to meet inpatient requirement,
15/05/2024	V2.0	SATCAP	Formatted into the new regulation template. New Entry Requirements of minimum 40 psychotherapy cases (commencing from August 2024).
11/04/23	V1.9	SATCAP	Amendment to the Learning and Development Plan (LDP), where Trainee may use the Case record developed by SATCAP for the purpose or their own case recording systems. Trainees must submit a LDP 12 months of training. Part-time trainees may want to develop or review LDP each calendar year in consultation with their supervisor and DOATCAP. The LDP for Year One must be submitted no later than six weeks from the date of commencement of training. The LDP for Year Two must be submitted prior to the date of commencement of the second year of training.
05/10/22	v.1.8	SATCAP	Amendment to requirement in situations where a 6-month FTE inpatient rotation is not possible, a minimum of 0.5 FTE (6 months) is required for posts that do not have an inpatient service. A trainee can apply to their Director of Advanced Training (DOAT) for consideration. Applications may be escalated to the SATCAP for further review if needed. Additionally, submission of case record is not mandatory. Addition of completion of minimum 40 psychotherapy sessions towards the psychotherapy written case (to be implemented August 2023).
29/01/21	v.1.7	SATCAP	Amendment that the Learning and Development plan (LDP) must be agreed with and submitted to the DOAT no later than six weeks from the commencement of each training year. Trainees who had completed their 1st LDP prior to Feb 2021 may continue using the original format, however their 2nd LDP must use the new format
08/08/19	v1.6	N/A	Addition of Certificate award process. Amendment that the Learning and Development plan (LDP)
26/06/19	v1.5	Education Committee	Updated to clarify EPA 1–8 are mandatory after the addition of EPA 9.
27/07/17	v1.4	SATCAP	Updated to clarify the psychotherapy session may be signed off after the sixth session if supervisor is satisfied.
31/10/16	v1.3		Clarified OCA is mandatory requirement for all enrolled in the Certificate program.
16/08/16	v1.2	SATCAP	Updated to include up to 12 months of research or medical education, added examples for dynamically informed psychotherapy. SATCAP approved 17/03/16.
21/12/15	v1.1	Committee for Training	Updated to clarify that if the Certificate's psychotherapy requirements are completed, the Stage 3 psychotherapy are considered met. Fellowship OCA considered met by Certificate OCA. Minor amendment, Final summary report replaced by checklist and signoff.
21/10/15	v1.0	Education Committee	New document. Approved by CFT 08/10/15. Approved EC out of session 14/10/15.
2029			**NEXT REVIEW**

APPENDIX I

Table 1: Child and Adolescent EPAs

EPA Number	EPA Title
ST3-CAP-AOP-EPA1 *Mandatory*	Independently conducts an initial family interview involving children and adolescents.
ST3- CAP-AOP-EPA2 *Mandatory*	Discussing a formulation and negotiating a management plan with a pre-adolescent child and/or family.
ST3- CAP-AOP-EPA3 *Mandatory*	Produces comprehensive psychiatric reports after initial assessment of children, adolescents and their families.
ST3- CAP-AOP-EPA4 *Mandatory*	Commencing psychopharmacological treatment for children and adolescents who have not previously been treated with psychopharmacology.
ST3- CAP-AOP-EPA5 *Mandatory*	Provision of psychiatric consultation to the multidisciplinary team for the management of a child or adolescent in an inpatient setting.
ST3- CAP-AOP-EPA6 *Mandatory*	Conducts an assessment of culturally and linguistically diverse children and adolescents.
ST3- CAP-AOP-EPA7 *Mandatory*	Provides leadership in an interagency case conference focused on a child or adolescent.
ST3- CAP-AOP-EPA8 *Mandatory*	Assesses and implements a management plan for a complex clinical presentation where there are ongoing child protection concerns.
ST3-CAP-AOP-EPA9	Conducts comprehensive assessment of child under three presenting with feeding and sleeping problems and presents the formulation to the family