

Forensic checklist & sign off

To be submitted by trainees and Fellows completing the Certificate of Advanced Training in Forensic Psychiatry.

Please submit this form to the College's training team. **Email:** training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Please fill in the completion dates of all training requirements below; Directors of Advanced Training must initial to confirm completion.

Trainee name RANZCP ID

<i>Satisfactorily completed Certificate of Advanced Training in Forensic Psychiatry training requirements</i>		<i>Completion date</i>	<i>DOAT initial</i>
24 months FTE training in accredited a forensic psychiatry training posts. <ul style="list-style-type: none"> 3 months FTE treatment of prisoners/remandees 3 months FTE acute inpatient unit in a hospital 3 months FTE rehabilitation 3 months FTE community (treatment and/or assessment work) 			
Eight Stage 3 forensic psychiatry EPAs	Six mandatory EPAs	ST3-FP-FELL-EPA1	
		ST3-FP-AOP-EPA4	
		ST3-FP-AOP-EPA5	
		ST3-FP-AOP-EPA6	
		ST3-FP-AOP-EPA7	
	Two additional EPAs		
One OCA with forensic patients per each 6-month FTE rotation	Year 1	OCA in rotation 1	
		OCA in rotation 2	
	Year 2	OCA in rotation 3	
		OCA in rotation 4	
Formal forensic psychiatry teaching program			
Research project			

Satisfactorily completed Certificate of Advanced Training in Forensic Psychiatry training requirements		Completion date	DOAT initial
Formative & summative forms	Rotation 1	Mid-rotation ITA form	
		End-of-rotation ITA form	
	Rotation 2	Mid-rotation ITA form	
		End-of-rotation ITA form	
	Rotation 3	Mid-rotation ITA form	
		End-of-rotation ITA form	
	Rotation 4	Mid-rotation ITA form	
		End-of-rotation ITA form	

TRAINEE DECLARATION

I confirm that I have completed 24 months FTE of forensic psychiatry certificate training and all the requirements as listed above.

Trainee signature

Date

DIRECTOR OF ADVANCED TRAINING DECLARATION

Dr has satisfactorily completed 24 months FTE of forensic psychiatry certificate training and all the requirements as listed above. I recommend award of the Certificate of Advanced Training in Forensic Psychiatry.

DOAT name

RANZCP ID

DOAT signature

Date

The College training team will audit the trainee's training record to ensure all documents have been submitted and recorded accurately. This form will be forwarded to the Chair of Subcommittee for Advanced Training in Forensic Psychiatry (SATFP) to confirm the award of the Certificate.

Office use only

Date checklist & sign-off received

Zone

SATFP CHAIR DECLARATION

I concur that Dr has satisfactorily completed 24 months FTE of forensic psychiatry certificate training and all the requirements and is eligible to be awarded the Certificate of Advanced Training in Forensic Psychiatry.

SATFP Chair name

SATFP Chair signature

Date

Trainees may use the following table to assist in keeping track of their Fellowship requirements.

Fellowship training requirements (<i>Trainees only</i>)		Completion date	✓
Stage 2 Psychotherapy EPAs <i>must all be complete by end of Stage 3</i>	ST2-PSY-EPA2: Therapeutic alliance		<input type="checkbox"/>
	ST2-PSY-EPA3: Supportive psychotherapy		<input type="checkbox"/>
	ST2-PSY-EPA4: CBT – Anxiety management		<input type="checkbox"/>
Centrally administered summative assessments	Essay-style Exam		<input type="checkbox"/>
	Psychotherapy Written Case		<input type="checkbox"/>
	OSCE		<input type="checkbox"/>
	Scholarly Project		<input type="checkbox"/>
Leadership and management requirements			<input type="checkbox"/>
Psychotherapy requirement <i>At least 6 sessions each</i>	Patient 1		<input type="checkbox"/>
	Patient 2		<input type="checkbox"/>
	Patient 3		<input type="checkbox"/>
Final qualitative report			<input type="checkbox"/>