

2012 Fellowship Program

Stage 3 Forensic psychiatry EPAs & COE forms

For more information about EPA standard and the EPA entrustment process, please see the preamble in the EPA Handbook – Stage 1 and 2.

The Stage 3 forensic psychiatry EPAs have been collated here, together with their respective Confirmation of Entrustment (COE) forms, for ease of printing.

Document version history

Version №	Revision description/reason	Date
0.3	Updated EPA3 – Academic forensic psychiatry: research project	23/08/18
v0.2	Updated with DOPS	14/12/16
v0.1a	Minor amendment to duplicate EPA names	15/02/16
v0.1	First version of collated Stage 3 forensic psychiatry EPAs & COE forms published on website.	17/11/15

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<< Mandatory Certificate EPA>>

ST3-FP-FELL-EPA1 – Forensic education seminars

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-FELL-EPA1
Stage of training	Stage 3 – Advanced	Version	v0.8 (EC-approved 10/04/15)

Title	Forens	Forensic education seminars.			
Description	Write a	Write and present an appropriate seminar on a topic relating to forensic psychiatry to each of:			
Maximum 150 words	a group of mental health professionals				
	• just	ice agencies or the wider community.			
Detailed description		tivity requires in-depth knowledge of a topic in forens			
If needed		of the available literature. Secondly, it involves organ	-		
		effectively to a particular audience in a manner that is respectful of the often sensitive nature of issues in forensic psychiatry. The trainee should research, construct the presentations and personally deliver the seminar.			
	A mental health professional group can be multidisciplinary or include psychiatrists, psychiatry trainees, nurses, psychologists, occupational therapists or social workers primarily.				
	Justice agency groups would include primarily police, corrections officers, probation and parole staff, legal aid, prosecutors, judicial officers.				
	 Wider community groups could include consumer groups, carer groups, school groups, general p workers, political groups. 		oups, school groups, general practitioners, NGO		
Fellowship competencies	ME		НА	1	
	COM	1	SCH	1, 2, 3	
	COL	1, 2, 3, 4	PROF	1, 2, 3	
	MAN				
Forensic competencies	ME	b, c, d, e	НА	a, b, c	

For Certificate of forensic psychiatry trainees only	СОМ	а	SCH	a, b, c	
poyonany namedo omy	COL	a, b, c	PROF	а	
	MAN	a, c			
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.		s of the knowledge, skills and attitude described		
The following lists are neither	Ability to apply an adequate knowledge base				
exhaustive nor prescriptive.	Demonstrate a depth of knowledge about a topic of forensic psychiatry, obtained by experience and systematic review of the available literature.				
	Skills				
	Organise and present the information in a way that imparts it effectively to a particular audience.				
	Capacity to answer questions and deal with feedback in a thoughtful and reflective manner.				
	Attitude				
	Impart knowledge in a way that is respectful of the diverse needs and levels of expertise in the audience.				
	Organise and present the information in a manner that is respectful of the (often sensitive) nature of issues in forensic psychiatry.				
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.				
Suggested assessment method details	Professional presentation.				
References	,				



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Zone:	
Hospital/service:	

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Should be directed to the Education department at the Conege. training@ranzcp.org			
ST3-FP-FELL-EPA1 – Forensic education seminars (COE form)			
Area of practice	Forensic psychiatry		
Stage of training	Stage 3 – Advanced <i>Version</i> v0.8 (EC-approved 10/04/15)		
Title	Forensic education seminars.		
Description	Write and present an app to each of: a group of mental he justice agencies or th	alth professionals	a topic relating to forensic psychiatry

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the supervision. I am confident the trainee knows when to as timely manner. The trainee has completed three related	sk for additional help and will seek	assistance in a
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
PRINCIPAL SUPERVISOR DECLARATION (if different from I have checked the details provided by the entrusting supervisors)		: <u>.</u>
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
TRAINEE DECLARATION I have completed three related WBAs in preparation for training document only and cannot be used for any other		s is a RANZCP
Trainee name (print)	. Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZC	P-accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	Signature	. Date

<< Mandatory Certificate EPA>>

<<Trainees can attain either ST3-FP-FELL-EPA2A or EPA2B, not both>>

ST3-FP-FELL-EPA2A – Systemic working: case review

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-FELL-EPA2A
Stage of training	Stage 3 – Advanced	Version	v0.10 (EC-approved 10/04/15)

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

Title	System	Systemic working: case review.		
Description Maximum 150 words	Participate in a systemic review process of a serious adverse event.			
Fellowship competencies	ME	3, 7, 8	НА	2
	СОМ	1, 2	SCH	2, 3
	COL	1, 3, 4	PROF	1, 2, 3, 4, 5
	MAN	1, 2, 3, 4, 5		
Forensic competencies	ME	a, b, c, e	НА	b, c
For Certificate of forensic psychiatry trainees only	СОМ	a, c	SCH	b
, , , , , , , , , , , , , , , , , , , ,	COL	a, b	PROF	a, b
	MAN	a, b, c, d		
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.			
The following lists are neither	Ability to apply an adequate knowledge base			
exhaustive nor prescriptive.	Awareness of local governance frameworks and processes.			
 Awareness of local policies and guidelines relating to incidents (eg. local serious untoward incident/critical review policies and procedures), complaints, patient safety and disciplinary procedures. 				

Systemic working: case review v0.10 Education Committee approved 10/04/15

	Recommendations from previous investigations and inquiries.
	Inquiries and critical appraisal of inquiry processes (eg. hindsight bias and counterfactual arguments).
	Principles and practice of root cause analysis or other suitable method.
	Theoretical basis of effective communication with an understanding of how communication failures can occur and adversely affect clinical outcome.
	Relevant mental health legislation where applicable.
	Skills
	Keeping records of incidents and relevant paperwork.
	Application of root cause analysis to an inquiry process.
	 Providing accurate and timely reports and giving evidence after an incident to an internal or external inquiry.
	Consider reactions of others facing potential criticism.
	Staying within limits of own expertise.
	Recognition of different perspectives.
	Check correct information has been imparted and understood by all intended recipients.
	Risk awareness and risk management commensurate with case in question.
	Contingency planning to minimise future incidents.
	Attitude
	 Demonstrate ability to act professionally with understanding of confidentiality, conflict of interest and the professional and psychological impact of the event and subsequent inquiry on those involved.
	 Honesty, integrity, respect, awareness of biases and sources of biases – self-awareness.
	Objectivity.
	Ethical and moral approach to participation in the process.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
_	Case-based discussion.
Suggested assessment method details	



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ST3-FP-FELL-EPA	2A – Systemic working: c	ase review (COE forn	1)			
Area of practice	Forensic psychiatry	EPA identification	ST3-FP-FELL-EPA2A			
Stage of training	Stage 3 – Advanced	Version	v0.10 (EC-approved 10/04/15)			
Title	Systemic working: case	review.				
Description	Participate in a systemic	review process of a s	erious adverse event.			
process. The corresponder to the trainee in order to t	Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity. ENTRUSTING SUPERVISOR DECLARATION In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity. Supervisor Name (print)					
Supervisor RANZCP ID: Date						
PRINCIPAL SUPERVISOR DECLARATION (if different from above) I have checked the details provided by the entrusting supervisor and verify they are correct.						
Supervisor Name (pr	int)					
Supervisor RANZCP ID: Date						
TRAINEE DECLARATION I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.						
Trainee name (print) Date						
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZCP-accredited supervisor.						
Director of (Advanced) Training Name (print)						

<< Mandatory Certificate EPA>>

<<Trainees can attain either ST3-FP-FELL-EPA2A or EPA2B, not both>>

ST3-FP-FELL-EPA2B – Systemic working: clinical audit

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-FELL-EPA2B
Stage of training	Stage 3 – Advanced	Version	v0.8 (EC-approved 10/04/15)

Title	Systemic working: clinical audit.			
Description Maximum 150 words	Undertake and complete a clinical audit.			
Fellowship competencies	ME	7	НА	2
	СОМ	1	SCH	1, 2, 3
	COL	1, 3, 4	PROF	1, 2, 3, 5
	MAN	1, 2, 3, 4		
Forensic competencies	ME	a, b, c, e	НА	b, c
For Certificate of forensic psychiatry trainees only	СОМ	a, c	SCH	b
	COL	a, b	PROF	a, b
	MAN	a, b, c, d		
Knowledge, skills and attitude required	Compet below.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.		
The following lists are neither exhaustive nor prescriptive.	Ability to apply an adequate knowledge base			
extraustive not prescriptive.	Principles, purpose and practice of audit, including closure of audit cycle.			
	How to identify relevant clinical standards relating to an appropriate issue.			
Audit processes within local governance frameworks.				

	Policies around confidentiality and how to manage this in an audit setting.				
	Techniques of data analysis.				
	Skills				
	Identify a clinical process or outcome requiring measurement against standards or in need of improvement.				
	Design or identify an audit tool that compares clinical practice against the standards.				
	Identify population in question.				
	Work collaboratively within local governance frameworks.				
	Collect data.				
	Analyse results using appropriate tools.				
	Interpret findings.				
	Identify appropriate recommendations for change to practice.				
	Produce audit report.				
	Attitude				
	Collaborative work with management and clinicians.				
	Respect for colleagues and their practices.				
	Flexibility.				
	Openness to others' ideas.				
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.				
Suggested assessment method details	Professional presentation – of the audit.				
References					



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Zone:	
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ST3-FP-FELL-EPA2B – Systemic working: clinical audit (COE form)						
Area of practice	Forensic psychiatry	EPA identification	ST3-FP-FELL-EPA2B			
Stage of training	Stage 3 – Advanced	Version	v0.8 (EC-approved 10/04/15)			
Title	Systemic working: clinic	cal audit.				
Description	Undertake and complete	a clinical audit.				
			ription of the EPA assessment			
	oonding EPA contains the krook be entrusted with this active		titude that must be demonstrated by			
	J DC CHITUSICU WITH THIS ACTIV	vity.				
	VISOR DECLARATION	arm the entirity describ	ed with only distant (reactive)			
supervision. I am cor	nfident the trainee knows wh	nen to ask for additiona	I help and will seek assistance in a			
timely manner. The trainee has completed three related WBAs in preparation for this activity.						
Supervisor Name (print)						
Supervisor RANZCP	Supervisor RANZCP ID: Date					
	SOR DECLARATION (if differ					
I have checked the details provided by the entrusting supervisor and verify they are correct.						
Supervisor Name (print)						
Supervisor RANZCP ID: Date						
TRAINEE DECLARAT						
			cknowledge that this is a RANZCP			
raining document only and cannot be used for any other purpose.						

DIRECTOR OF (ADVANCED) TRAINING DECLARATION

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print)

ST3-FP-FELL-EPA3 - Academic forensic psychiatry: research project

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-FELL-EPA3
Stage of training	Stage 3 – Advanced	Version	v0.9 (EC-approved 10/04/15)

Title	Academic forensic psychiatry: research project.			
Description Maximum 150 words	This EPA is to be generally used in a prospectively approved academic post. Before undertaking this EPA, prospective discussion is required with your DOAT to ensure appropriate topic and supervision.			
Fellowship competencies	ME	7	НА	
	СОМ	1	SCH	1, 2, 3
	COL	1, 3, 4	PROF	1, 2, 3, 5
	MAN	1, 4		
Forensic competencies	ME	d	НА	
For Certificate of forensic psychiatry trainees only	СОМ	а	SCH	a, b, c
peyernany namedociny	COL	a, b	PROF	a, b, d
	MAN	d		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. Ability to apply an adequate knowledge base Statistical and research methodology. Principles of critical appraisal. Understanding the ethical issues and research governance processes including requirements for local ethical committees. Skills Formulation of a research question relevant to forensic psychiatry.			

	Design appropriate research methodology.				
	Obtain ethical and local research governance approval if appropriate.				
	Identify and liaise with relevant stakeholders.				
	Collect and analyse data appropriately and ethically according to local protocols.				
	Use appropriate statistical tests with assistance from a statistician where necessary.				
	Interpret results.				
	Prepare a paper for submission for publication in a peer-reviewed journal.				
	Appropriate use of citations.				
	Attitude				
	Research integrity.				
	Objectivity.				
	Willingness to engage in lifelong learning.				
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.				
Suggested assessment method details	Professional presentation.				
References					



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ST3-FP-FELL-EPA3 – Academic forensic psychiatry: research project (COE form)				
Area of practice	Forensic psychiatry			
Stage of training	Stage 3 – Advanced	Version	v0.9 (EC-approved 10/04/15)	
Title	Academic forensic psychiatry: research project.			
Description		EPA, prospective discu	ively approved academic post. ussion is required with your DOAT to	

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant supervision. I am confident the trainee knows when to ask for additional help and will seek timely manner. The trainee has completed three related WBAs in preparation for this activity	assistance in a
Supervisor Name (print)	
Supervisor RANZCP ID: Signature	Date
PRINCIPAL SUPERVISOR DECLARATION (if different from above) I have checked the details provided by the entrusting supervisor and verify they are correct	
Supervisor Name (print)	
Supervisor RANZCP ID: Signature	Date
TRAINEE DECLARATION I have completed three related WBAs in preparation for this activity. I acknowledge that this training document only and cannot be used for any other purpose.	is a RANZCP
Trainee name (print) Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZCP-accredited supervisor.	
Director of (Advanced) Training Name (print)	
Director of (Advanced) Training RANZCP ID: Signature	. Date

<< Mandatory Certificate EPA>>

ST3-FP-AOP-EPA4 – Consultation and liaison

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA4
Stage of training	Stage 3 – Advanced	Version	v0.9 (EC-approved 10/04/15)

Title	Consul	Consultation and liaison role to contribute to a multi-agency approach to manage a complex forensic patient.			
Description Maximum 150 words	a comp	Interface with other service providers in a consultation and liaison role to contribute to a multi-agency approach to manage a complex forensic patient. The trainee should have experience providing forensic opinions and/or guidance to other services within a multi-agency setting. In practice, this will involve both oral and written communications with other agencies, such as general mental health services and the criminal justice system.			
Detailed description If needed	correcti	A multi-agency setting would involve two agencies or more that include (but are not limited to) civil mental health services, correctional services, police force, probation and parole, drug and alcohol services, psychological services, the department of family and community services and non-government organisations.			
Fellowship competencies	ME	3, 4, 5, 6, 7, 8	НА	1, 2	
	СОМ	1, 2	SCH	2	
	COL	1, 2, 3, 4	PROF	1, 2, 5	
	MAN	1, 2, 4, 5			
Forensic competencies	ME	a, c, d, e	НА	a, b, c	
For Certificate of forensic psychiatry trainees only	СОМ	a, c, d	SCH	a, b	
peyermany mannees only	COL	b	PROF	a, b	
	MAN	a, b, c			
Knowledge, skills and attitude required	below.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. Ability to apply an adequate knowledge base			

The following lists are neither	Understands the forensic issues of patients in a multi-agency setting.				
exhaustive nor prescriptive.	Identifies how agencies align in the system of service delivery for mentally disordered offenders.				
	Identifies issues such as privacy and confidentiality and how they impact upon communications.				
	Skills				
	Provides forensic opinions and/or guidance regarding a patient with forensic issues within a multi-agency setting.				
	Communicates advice effectively and appropriately records outcomes.				
	Provides leadership within a multi-agency group, preferably by chairing a planning meeting/case conference and being responsible for coordinating a recovery-focused action plan. (Formal role as chair is not compulsory.)				
	Frames advice or recommendations cognisant of the available resources.				
	Attitude				
	Negotiates boundary tensions in an appropriate and respectful manner.				
	Advocates for the forensic client within a multi-agency system.				
	Considers and appreciates the forensic psychiatrist's role in providing opinions and/or guidance to other services.				
	Maintains an appropriate attitude in the context of competing interests and resources within and between services.				
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.				
Suggested assessment	Case-based discussion.				
method details	Observation of performance at a case conference/meeting.				
References	•				



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ST3-FP-AOP-EPA4 – Consultation and liaison (COE form)				
Area of practice	Forensic psychiatry			
Stage of training	Stage 3 – Advanced	Version	v0.9 (EC-approved 10/04/15)	
Title	Consultation and liaison manage a complex forer		a multi-agency approach to	
Description	to a multi-agency approa should have experience services within a multi-ag	ch to manage a comp providing forensic opir gency setting. In practi with other agencies, so	sultation and liaison role to contribute olex forensic patient. The trainee nions and/or guidance to other ice, this will involve both oral and uch as general mental health	

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the a supervision. I am confident the trainee knows when to as timely manner. The trainee has completed three related	sk for additional help and will seek	assistance in a
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
PRINCIPAL SUPERVISOR DECLARATION (if different from I have checked the details provided by the entrusting sup		
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
TRAINEE DECLARATION I have completed three related WBAs in preparation for t training document only and cannot be used for any other		s is a RANZCP
Trainee name (print)	. Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZC	P-accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	Signature	. Date

<<Mandatory Certificate EPA>>

ST3-FP-AOP-EPA5 - Violence risk assessment 3

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA5
Stage of training	Stage 3 – Advanced	Version	v0.9 (EC-approved 10/04/15)

Title	Violenc	Violence risk assessment and management 3.		
Description Maximum 150 words	Develop a formulation, risk assessment and management plan for a complex mentally disordered offender with a history of serious violence.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 7, 8	НА	2
	СОМ	1, 2	SCH	
	COL	1, 4	PROF	1, 2, 3
	MAN	4		
Forensic competencies	ME	a, b, c, d, e	НА	a, b, c
For Certificate of forensic psychiatry trainees only	СОМ	а	SCH	b
, , , , , , , , , , , , , , , , , , , ,	COL	a, b	PROF	а
	MAN	b, c		
Knowledge, skills and attitude required	Compe	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.		
The following lists are neither	Ability to apply an adequate knowledge base			
exhaustive nor prescriptive.	Knowledge of evidence-based static and dynamic risk factors for violence.			
	• Evidence of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, anamnestic, actuarial and structured professional judgement (SPJ) approaches.			
	Advanced knowledge of at least one actuarial (eg. VRAG, PCL-R) and at least one SPJ (HCR-20, START, DASA) violence risk assessment tool.			

- Advanced knowledge of the construct of psychopathy and its relevance to violence.
- Advanced knowledge of the evidence base linking mental disorder to violence.

Skills

- Elicit from patient and/or obtain from other sources an appropriately detailed account of past violence.
- Based on obtained history and mental state, construct a formulation that demonstrates understanding of aetiology of violence in the specific case, including an understanding of relevant evidence-based dynamic and static risk factors.
- Assessment of likelihood and gravity of future violence, including possible scenarios of elevated risk.
- Development of appropriate management plan to minimise future risk of harm including a consideration of:
 - biological treatments
 - psychosocial interventions
 - victim safety planning
 - legal issues
 - placement and security issues
 - transfer of care
 - the recovery of the patient.
- Appropriate documentation of assessment, decisions and reasoning.

Attitude

- Non-judgemental approach to the problem of violent behaviour, constructing violence as a problematic behaviour to be managed rather than a moral failing to be condemned.
- A diligent attitude to communicating information and plans where appropriate to carers and health workers involved.
- Appropriate attitudes to balancing competing priorities, eg. civil liberties, confidentiality, therapeutic rapport, when managing risk.
- Awareness of own limitations and willingness to seek others' opinion when required.
- Awareness that risk in general can only be managed, not eliminated, and that there is a necessary role for carefully
 considered 'therapeutic risk taking' in psychiatric practice.
- Adherence to an ethical framework that conceives risk assessment as a process that systematically articulates and then strives to meet relevant clinical needs, rather than simply the provision of a predictive categorical label.

Assessment method

Progressively assessed during individual and clinical supervision, including three appropriate WBAs on three different cases.

Suggested assessment method details	 Observed Clinical Activity (OCA) – on a previously unknown patient. Case-based discussion. Professional presentation – a case discussion or case conference chaired by the trainee.
References	



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Surname:	
First name:	
Zone:	
Hospital/service:	

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ST3-FP-AOP-EPA5 – Violence risk assessment (COE form)				
Area of practice	Forensic psychiatry			
Stage of training	Stage 3 – Advanced	Version	v0.9 (EC-approved 10/04/15)	
Title	Violence risk assessment and management.			
Description Please refer to the E	mentally disordered offer	nder with a history of s	anagement plan for a complex serious violence.	
process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.				

ENTRUSTING SUPERVISOR DECLARATION In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance timely manner. The trainee has completed three related WBAs in preparation for this activity.	in a
Supervisor Name (print)	
Supervisor RANZCP ID: Date Date	
PRINCIPAL SUPERVISOR DECLARATION (if different from above) I have checked the details provided by the entrusting supervisor and verify they are correct.	
Supervisor Name (print)	
Supervisor RANZCP ID: Date Date	
TRAINEE DECLARATION I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZ training document only and cannot be used for any other purpose.	ZCP
Trainee name (print) Date	
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZCP-accredited supervisor.	
Director of (Advanced) Training Name (print)	
Director of (Advanced) Training RANZCP ID: Signature	

<< Mandatory Certificate EPA>>

ST3-FP-AOP-EPA6 - Long-term care

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA6
Stage of training	Stage 3 – Advanced	Version	v0.9 (EC-approved 10/04/15)

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

Title	Management of a long-term forensic patient.			
Description Maximum 150 words	Implement, coordinate, review and ensure continuity of the multidisciplinary management plan of a long-term forensic patient, including the use of appropriate biological, psychological, social and cultural approaches.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	НА	1, 2
	СОМ	1, 2	SCH	2
	COL	1, 2, 3, 4	PROF	1, 2, 3
	MAN	2, 4, 5		
Forensic competencies	ME	a, b, c, d, e	НА	a, b, c, d
For Certificate of forensic psychiatry trainees only	СОМ	a, c, d	SCH	b
	COL	a, b, c	PROF	a, b
	MAN	b, c		
Knowledge, skills and attitude required	Compe	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.		
The following lists are neither	Ability to apply an adequate knowledge base Impact of legal context (relevant legislation) on patient evaluation. Impact of cultural factors on clinical presentation. Classification/diagnostic systems.			
exhaustive not prescriptive.				
	• Prin	Principles and practice of risk assessment.		

Long-term care v0.9 Education Committee approved 10/04/15

- Roles and responsibilities of other agencies.
- Effects of secure institutions on patients and staff.
- Application of a range of treatment interventions including physical, psychological and social to patients with complex needs.
- Up-to-date principles and evidence base for pharmacological, psychological and social treatments.
- Principles and practice of rehabilitation.

Skills

- Collect and integrate all appropriate information from multiple sources including carers and other agencies.
- Identify and work collaboratively with the relevant stakeholders including patients, carers and other agencies and organise case conferences to develop an integrated management plan.
- Perform an advanced risk assessment utilising a multidisciplinary approach and appropriate risk tools based on the patient profile. Disseminate findings to professional colleagues.
- Perform a thorough review of all past treatment with medication and implement a trial of medications that are appropriate in dose and method of delivery. Put in place measures to monitor and manage compliance.
- Formulate and implement treatment and risk management plans, in accordance with evidence-based practice, with the multidisciplinary team in collaboration with the patient and carers. Use rehabilitation principles including the recovery model to meet the patient's needs.
- Engage the relevant clinicians to perform clinical assessments to clarify diagnostic issues and to conduct appropriate treatment strategies, eg. psychotherapies, specialised targeted therapies (eg. for sex offending, intellectual impairment, brain injury, drug and alcohol counselling).
- Identify short- and long-term goals of treatment, being mindful of the identified risks and addressing risk management including plans to address crises.
- Set up channels of communication between all agencies involved with regular documentation of progress and risk review.
- Recognition of, and ability to manage, countertransference and parallel processes in multidisciplinary teams.

Attitude

- Awareness of limits to expertise and knowledge and willingness to reflect, learn and improve practice.
- Multidisciplinary approach to practice including recognition of diverse perspectives and the contributions of multidisciplinary and multi-agency approaches.
- Patient-centred therapeutic approach with recovery orientation.
- Application of evidence-based practice.

Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs as below.
Suggested assessment method details	 Case-based discussion – the same patient over a period of 12 months. Present case to a supervisor as a possible 'complex case' and then follow the case over a 12-month period with regular (3-monthly) discussion about progress. (Trainee not expected to be managing the patient for the whole 12 months.)
	 Professional presentation – to take form of case discussion or case conference chaired by the trainee. This should include a summary of all components of history reviewed, identified current stakeholders and a timeframe of goals to progress.
	Observed Clinical Activity (OCA).
References	



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should be directed to the Education department at the College. training@ranzcp.org				
ST3-FP-AOP-EPA6 – Long-term care (COE form)				
Area of practice	Forensic psychiatry			
Stage of training	Stage 3 – Advanced	Version	v0.9 (EC-approved 10/04/15)	
Title	Management of a long-term forensic patient.			
Title Management of a long-term forensic patient. Implement, coordinate, review and ensure continuity of the multidisciplinary management plan of a long-term forensic patient, including the use of appropriate biological, psychological, social and cultural approaches.				
Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment				

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (supervision. I am confident the trainee knows when to ask for additional help and will seek a timely manner. The trainee has completed three related WBAs in preparation for this activity	assistance in a
Supervisor Name (print)	
Supervisor RANZCP ID: Signature	Date
PRINCIPAL SUPERVISOR DECLARATION (if different from above) I have checked the details provided by the entrusting supervisor and verify they are correct.	
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Supervisor RANZCP ID: Signature	Date
TRAINEE DECLARATION I have completed three related WBAs in preparation for this activity. I acknowledge that this training document only and cannot be used for any other purpose.	is a RANZCP
Trainee name (print)	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZCP-accredited supervisor.	
Director of (Advanced) Training Name (print)	
Director of (Advanced) Training RANZCP ID: Signature	Date

<< Mandatory Certificate EPA>>

ST3-FP-AOP-EPA7 – Expert evidence 3

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA7
Stage of training	Stage 3 – Advanced	Version	v0.8 (EC-approved 10/04/15)

Title	Expert	Expert evidence 3.				
Description Maximum 150 words		Assess patients for legal purposes and provide psychiatric evidence by way of written (all) and oral (at least one) testimony to legal bodies (eg. tribunal, panel, court) relating to each of the following four tasks.				
	• Det	ention/supervision/release/restriction	reviews in prison, hospital	or community settings.		
	• Psy	chiatric defences and mitigation, eg.	insanity or equivalent.			
	• Unf	itness to plead or other forms of capa	acity.			
	• Dis	position.				
Detailed description	The ass	The assessments could be mock reports.				
If needed						
Fellowship competencies	ME	1, 2, 3, 4, 8	НА			
	COM	1, 2	SCH			
	COL	1, 4	PROF	1, 2, 5		
	MAN					
Forensic competencies	ME	a, b, c, d, e	НА	С		
For Certificate of forensic psychiatry trainees only	СОМ	a, b, c	SCH	a, b, c		
, ,, ,	COL	b, c	PROF	a, b		
	MAN	MAN a				

Knowledge, skills and attitude required

The following lists are neither exhaustive nor prescriptive.

Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

Ability to apply an adequate knowledge base

- Evidence of knowledge of the literature in the area.
- Relevant legislation and how it applies to the task at hand.
- Understands the requirements of the legal body seeking opinion/testimony.
- The theoretical underpinnings of the task specific to the testimony/opinion sought (eg. insanity/unfitness to plead).
- What an expert is and where the limits of expertise lie.
- Psychiatric knowledge as it applies to the task at hand including the limits of that knowledge.

Skills

- Ability to meet with the instructing parties and interact in a constructive, objective and professional way.
- Conduct an organised and comprehensive interview consistent in scope with the requirements of the required opinion or testimony. This includes effective communication of role, limits of confidentiality and consent.
- Write a structured, relevant and focused report specifically addressing the required issues. The trainee should
 demonstrate flexibility in their approach to balancing the competing needs for rigour and concise writing. The opinion
 should be clear and understandable in the context of the body of their report. Unnecessary jargon should be avoided.
 Collateral information should be appropriately sought and integrated into the report in a coherent fashion.
- Ability to translate the psychiatric issues into understandable language for the legal forum involved when writing opinion or giving oral evidence.
- Oral evidence should be clear, concise and relevant. The trainee should demonstrate the capacity to maintain composure when challenged and be prepared to justify, expand upon or modify their opinion appropriately.

Attitude

- Awareness of the potential ethical problems arising (including confidentiality, conflicts of agency, etc.) and an ability to
 resolve such problems professionally. The trainee should display a clear grasp of the differing roles of an expert witness
 and the wide gap in epistemology between mental health and legal forums.
- Alert and responsive to the differing requirements of various legal forums including process and level of formality.
- In both written and oral work, the trainee should demonstrate the capacity to maintain objectivity and not be influenced by potential outcomes or fiscal reward.
- The trainee should display an awareness of the limits of their opinion/testimony and communicate this effectively.

Assessment method

Progressively assessed during individual and clinical supervision, including three appropriate WBAs.

Suggested assessment
method details

- Case-based discussion a case where the trainee observed or gave evidence. These must include discussion of a written report prepared by the trainee.
- Observed Clinical Activity (OCA) direct observation of interviewing subjects for the purpose of preparing a report.
- Observation of providing oral evidence.

References



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ST3-FP-AOP-EPA7 – Expert evidence (COE form)					
Area of practice	Forensic psychiatry				
Stage of training	Stage 3 – Advanced	Version	v0.8 (EC-approved 10/04/15)		
Title	Expert evidence.				
Description	Assess patients for legal purposes and provide psychiatric evidence by way of written (all) and oral (at least one) testimony to legal bodies (eg. tribunal, panel, court) relating to each of the following four tasks. • Detention/supervision/release/restriction reviews in prison, hospital or community settings. • Psychiatric defences and mitigation, eg. insanity or equivalent. • Unfitness to plead or other forms of capacity. • Disposition.				

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

in my opinion, this trainee can be trusted to perform the acti supervision. I am confident the trainee knows when to ask f timely manner. The trainee has completed three related WE	or additional help and will seek	assistance in a
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
PRINCIPAL SUPERVISOR DECLARATION (if different from about have checked the details provided by the entrusting super-		
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
TRAINEE DECLARATION I have completed three related WBAs in preparation for this training document only and cannot be used for any other put		s is a RANZCP
Trainee name (print) Si	gnature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION verify that this document has been signed by a RANZCP-a	accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	Signature	. Date

COE - Expert evidence v0.9

ST3-FP-AOP-EPA8 - Women's consultation-liaison

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA8
Stage of training	Stage 3 – Advanced	Version	v0.7 (EC-approved 10/04/15)

Title	Women's forensic psychiatry: consultation-liaison.			
Description Maximum 150 words	Undertake assessment and provide advice on treatment and management in a consultation–liaison role regarding complex female forensic patients within a secure environment, eg. prison.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	НА	1, 2
	СОМ	1, 2	SCH	2
	COL	1, 2, 3, 4,	PROF	1, 2, 3, 5
	MAN	1, 2, 4, 5,		
Forensic competencies	ME	a, b, c, d, e	НА	a, b, c, d
For Certificate of forensic psychiatry trainees only	СОМ	a, b, c, d	SCH	a, b
	COL	a, b, c	PROF	a, b
	MAN	a, c		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. Ability to apply an adequate knowledge base Evidence of knowledge of the literature in the area of mentally disordered female offenders, including the background theories of female offending behaviours and the epidemiological, criminological and cultural factors involved in these theories. The relevant legislation and case law that pertains particularly to women forensic patients. For example, infanticide, women in abusive relationships.			

	+
	• Specific knowledge of the literature in areas more commonly related to female offending, both with respect to criminogenic factors and personal factors, eg. arson, shoplifting, PTSD, borderline personality disorder, depression and victim issues.
	The impact of gender upon presentations of common mental disorders and the gender-related issues toward incarceration. This may include life-cycle stages and motherhood, etc.
	Skills
	Demonstrates skills in leadership of a team when advising on treatment and management of complex female forensic patients.
	Liaises with other disciplines involved in the care of complex female forensic patients.
	Manages boundary issues and challenging team dynamics specific to working with female forensic patients.
	Frames advice or recommendations cognisant of the available resources.
	Identifies issues such as privacy and confidentiality and how they impact upon communications.
	Advocates as appropriate for the forensic client within a multi-agency system.
	Attitude
	Recovery-focused approach to the problems female forensic patients raise.
	A diligent attitude to communicating information and plans to other health workers involved.
	Awareness of own limitations and willingness to seek others' opinion when required.
	Awareness of the presence, and implications, of stigma for female forensic patients.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment	Case-based discussion.
method details	Mini-Clinical Evaluation Exercise – direct observation of consultation with other services in the assessment, treatment and management of female forensic patients.
References	



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should be directed to the Education department at the College. training@ranzcp.org					
ST3-FP-AOP-EPA8 – Women's consultation–liaison (COE form)					
Area of practice	Forensic psychiatry				
Stage of training	Stage 3 – Advanced	Version	v0.7 (EC-approved 10/04/15)		
Title	Women's forensic psycl	hiatry: consultation-li	iaison.		
Description		regarding complex fer	treatment and management in a male forensic patients within a		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the supervision. I am confident the trainee knows when to as timely manner. The trainee has completed three related	sk for additional help and will seek	assistance in a
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
PRINCIPAL SUPERVISOR DECLARATION (if different from I have checked the details provided by the entrusting su		
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
TRAINEE DECLARATION I have completed three related WBAs in preparation for training document only and cannot be used for any other		s is a RANZCP
Trainee name (print)	. Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZC	P-accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	Signature	. Date

ST3-FP-AOP-EPA9 - Medicolegal assessment (civil): injury and impairment

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA9
Stage of training	Stage 3 – Advanced	Version	v0.11 (EC-approved 10/04/15)

Title	Medicolegal assessment (civil): injury and impairment.			
Description Maximum 150 words	To conduct, either individually or in collaboration, assessments of psychiatric injury and impairment in civil jurisdictions (eg. workers' compensation, personal injuries, victims of crime, total and permanent disability) and to prepare reports setting out findings and addressing relevant questions.			
Fellowship competencies	ME	1, 2, 3	НА	
	СОМ	1, 2	SCH	
	COL	1, 4	PROF	1, 2
	MAN			
Forensic competencies	ME	a, b, e	НА	d
For Certificate of forensic psychiatry trainees only	СОМ	a, b, c	SCH	a, b
, , , , , , , , , , , , , , , , , , , ,	COL	b, c	PROF	a, b, d
	MAN	а		
Knowledge, skills and attitude required	Compete below.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.		
The following lists are neither exhaustive nor prescriptive.	Ability to apply an adequate knowledge base			
exhaustive not prescriptive.	Understands the legal or administrative context of the assessment request and any obligations or relevant court rules a medical expert must address in fulfilling that function.			
	Understands the ethical issues and risks of providing an expert opinion.			
	Understands the role of an expert witness, including the limits of expertise.			

Suggested assessment method details	 Case-based discussion – on relevant assessments carried out by the trainee including discussion of the report prepared by the trainee. Observed Clinical Activity (OCA).
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
	The trainee should be aware of the limits of their expertise.
	The trainee must be aware of the need for objectivity, balance and fairness.
	Attitude
	 Recognises issues of bias, financial gain and abnormal illness behaviour and deals objectively and ethically with the possibility of malingering and dissembling. (This may include the use of appropriate instruments for assessment of symptom validity.)
	Manages any requirements to appear as an expert witness.
	Responds to any follow-up requests for clarification or supplementary advice.
	 Prepares a written report following a logical format with an opinion that answers the questions of the requesting agency, includes a diagnostic formulation that is balanced, relevant and in language understandable to the requesting agency. It may include (where relevant) discussion of opinion(s) expressed by another expert(s); any such discussion must be professional and objective.
	 When conducting an interview, appropriately introduces themselves and discusses with the interviewee the purpose of the assessment, their role as assessor and the limits of confidentiality and deals with any questions of the interviewee.
	 Conducts a comprehensive and focused evaluation of the information available usually, but not invariably, including interview and mental state assessment.
	In preparation for the assessment, reviews collateral information and specific instructions of the requesting agency.
	Skills
	• Recognises that 'malingering' is an issue of truthfulness and might be considered an 'ultimate issue', ie. a matter for the court to determine.

References

RYAN C, CALLAGHAN S & PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. *Aust NZ J Psychiatry* 2015; 49: 324–33.



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should be directed to the Education department at the Conege. training@fairzcp.org					
ST3-FP-AOP-EPA9 – Medicolegal assessment (civil): injury and impairment (COE form)					
Area of practice	Forensic psychiatry				
Stage of training	Stage 3 – Advanced	Version	v0.11 (EC-approved 10/04/15)		
Title	Medicolegal assessment (civil): injury and impairment.				
Description	and impairment in civil ju	risdictions (eg. workerd permanent disability	on, assessments of psychiatric injury rs' compensation, personal injuries,) and to prepare reports setting out		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the a supervision. I am confident the trainee knows when to ask timely manner. The trainee has completed three related W	k for additional help and will seek a	assistance in a
Supervisor Name (print)		
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TRAINEE DECLARATION I have completed three related WBAs in preparation for the training document only and cannot be used for any other		is a RANZCP
Trainee name (print)	Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZCF	r-accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	. Signature	Date

ST3-FP-AOP-EPA10 - Medicolegal assessment (civil): fitness and capacity

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA10
Stage of training	Stage 3 – Advanced	Version	v0.10 (EC-approved 24/07/15)

Title	Medicolegal assessment (civil): fitness and capacity.				
Description Maximum 150 words	To conduct, either individually or in collaboration, psychiatric assessments of fitness and/or capacity in civil jurisdictions such as: • testamentary capacity • capacity to consent (or refuse) medical treatment • areas of specific capacity (eg. to possess a firearm, to drive, manage finances, pilot aircraft, to practise in a profession) • guardianship. Assessments must cover assessment of capacity with respect to at least two of the above domains.				
Fellowship competencies	ship competencies ME 1, 2, 3, 8 HA				
	СОМ	1, 2	SCH		
	COL	1, 4	PROF	1, 2, 5	
	MAN				
Forensic competencies	ME	a, b, e	НА	d	
For Certificate of forensic psychiatry trainees only	СОМ	a, b, c	SCH	a, b	
poyermany named and	COL	b, c	PROF	a, b, d	
	MAN	а			
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. Ability to apply an adequate knowledge base				

The following lists are neither exhaustive nor prescriptive.	Understands the legal or administrative context of the assessment request and any obligations or relevant court rules a medical expert must address in fulfilling that function.
	Understands the ethical issues and risks of providing an expert opinion.
	Understands the role of an expert witness, including the limits of expertise.
	Skills
	In preparation for the assessment, reviews collateral information and specific instructions of the requesting agency.
	 Conducts a comprehensive and focused evaluation of the information available usually, but not invariably, including interview and mental state assessment.
	• When conducting an interview, appropriately introduces themselves and discusses with the interviewee the purpose of the assessment, their role as assessor and the limits of confidentiality and deals with any questions of the interviewee.
	 Prepares a written report following a logical format with an opinion that answers the questions of the requesting agency, includes a diagnostic formulation that is balanced, relevant and in language understandable to the requesting agency. It may include (where relevant) discussion of opinion(s) expressed by another expert(s); any such discussion must be professional and objective.
	Responds to any follow-up requests for clarification or supplementary advice.
	Manages any requirements to appear as an expert witness.
	Attitude
	The trainee must be aware of the need for objectivity, balance and fairness.
	The trainee should be aware of the limits of their expertise.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	Case-based discussion – on relevant assessments carried out by the trainee including discussion of the report prepared by the trainee.
	Professional presentation.
References	•



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Silodia de directea to	the Education department	at the College. training	<u>eranzcp.org</u>		
ST3-FP-AOP-EPA10 – Medicolegal assessment (civil): fitness and capacity (COE form)					
Area of practice	Forensic psychiatry				
Stage of training	Stage 3 – Advanced	Version	v0.10 (EC-approved 24/07/15)		
Title	Medicolegal assessment (civil): fitness and capacity.				
Description	 and/or capacity in civil juris testamentary capacity capacity to consent (o areas of specific capa pilot aircraft, to practis guardianship. 	sdictions such as: or refuse) medical treatricity (eg. to possess a fice in a profession)	ment irearm, to drive, manage finances, y with respect to at least two of the		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive)

supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.
Supervisor Name (print)
Supervisor RANZCP ID: Date
PRINCIPAL SUPERVISOR DECLARATION (if different from above) I have checked the details provided by the entrusting supervisor and verify they are correct.
Supervisor Name (print)
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TRAINEE DECLARATION I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.
Trainee name (print) Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZCP-accredited supervisor.
Director of (Advanced) Training Name (print)
Director of (Advanced) Training RANZCP ID: Signature

ST3-FP-AOP-EPA11 - Adolescent forensic psychiatry

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA11
Stage of training	Stage 3 – Advanced	Version	v0.8 (EC-approved 10/04/15)

Title	Adolescent forensic psychiatry: clinical assessment and treatment.					
Description Maximum 150 words	Undertake assessment and provide treatment and management for adolescent patients within a forensic, secure or custodial environment, eg. juvenile justice centre or youth justice centre.					
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	НА	HA 1, 2		
	СОМ	1, 2	SCH	2		
	COL	1, 2, 3, 4	PROF	1, 2, 3, 5		
	MAN	1, 2, 4, 5				
Forensic competencies	ME a, b, c, d, e HA a, b, c, d					
For Certificate of forensic psychiatry trainees only	СОМ	a, c, d	SCH	а		
	COL	a, b, c	PROF	a, b, c, d		
	MAN	a, b, c, d				
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.					
The following lists are neither	Ability to apply an adequate knowledge base					
exhaustive nor prescriptive.	• Evidence of knowledge of the literature in the area of mentally disordered young offenders, including the background theories of youth offending and the epidemiological, criminological and cultural factors involved in these theories.					
 The relevant legislation and case law that pertains particularly to young offenders. For example, doli in competence and mental health diversion provisions. 						
	Specific knowledge of the literature in areas more commonly related to youth offending, both with respect to criminogenic factors, psychiatric disorders and developmental issues, eg. developmental trauma, intellectual disability, learning difficulties, ADHD, conduct disorder and psychotic illnesses.					

	 The impact of developmental age upon presentations of common mental disorders and the youth-related issues involved in incarceration. This should include an understanding of relevant developmental stages, family factors and community factors. Skills 				
	 Demonstrates skills in leadership of a team when advising on the treatment and management of young offenders with mental health issues. 				
	Liaises with other disciplines involved in the care of young offenders with mental health issues.				
	Manages boundary issues and challenging team dynamics specific to working with young offenders.				
	Frames advice or recommendations cognisant of the available resources.				
	 Identifies issues such as privacy and confidentiality and how they impact upon communication with care providers and relevant agencies. 				
	Liaises and collaborates with the families of young offenders with mental health issues.				
	Advocates, as appropriate, for the young offender within a multi-agency system.				
	Attitude				
	Recovery-focused approach to the problems young offenders raise.				
	A diligent attitude to communicating information and plans to other health workers involved, including custodial staff where appropriate.				
	Awareness of own limitations and willingness to seek others' opinion when required.				
	• The trainee should have an awareness of, and have appropriate attitudes around, team dynamics, boundary issues and countertransferential issues that may arise in the collaborative care of adolescent forensic patients.				
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.				
Suggested assessment	Case-based discussion.				
method details	Multisource feedback may be used in the assessment of competency to practise with the adolescent forensic facility and in the provision of education regarding the mentally disordered young offender.				
	 Direct observation of consultation with other services in the assessment, treatment and management of adolescent forensic patients. 				
References					



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nould be directed to the Education department at the College. training@ranzcp.org					
ST3-FP-AOP-EPA11 – Adolescent forensic psychiatry (COE form)					
Area of practice	Forensic psychiatry				
Stage of training	Stage 3 – Advanced	Version	v0.8 (EC-approved 10/04/15)		
Title	Adolescent forensic psychiatry: clinical assessment and treatment.				
Description Undertake assessment and provide treatment and management for adolescent patients within a forensic, secure or custodial environment, eg. juvenile justice centre or youth justice centre.					

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

NTDUCTING CUREDVICOR REGUARATION

ENTRUSTING SUPERVISOR DECLARATION In my opinion, this trainee can be trusted to perform the supervision. I am confident the trainee knows when to astimely manner. The trainee has completed three related	sk for additional help and will seek	assistance in a
Supervisor Name (print)		
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TRAINEE DECLARATION I have completed three related WBAs in preparation for training document only and cannot be used for any other		s is a RANZCP
Trainee name (print)	. Signature	. Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZC	P-accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	Signature	Date

ST3-FP-AOP-EPA12 – Old age forensic psychiatry

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA12
Stage of training	Stage 3 – Advanced	Version	v0.5 (EC-approved 10/04/15)

Title	Assessment of an older person in a criminal or civil context.				
Description Maximum 150 words	Complete a comprehensive assessment of an older person for a medicolegal purpose.				
Fellowship competencies	ME	1, 2, 3, 6, 8	НА		
	СОМ	1, 2	SCH		
	COL	1, 4	PROF	1, 2, 5	
	MAN				
Forensic competencies	ME	a, b, e	НА		
For Certificate of forensic psychiatry trainees only	СОМ	a, c	SCH		
, , , , , , , , , , , , , , , , , , , ,	COL	b, c	PROF	а	
	MAN				
Knowledge, skills and attitude required The following lists are neither	below.				
exhaustive nor prescriptive.	 Ability to apply an adequate knowledge base Thorough knowledge of the neuropsychiatry of old age including awareness of executive impairment and disinhibition leading to offending. 				
	Understands the developmental tasks of old age.				
	Knowledge of the ethical issues unique to old age including end of life.				
	Awareness of the two-way risk relationship for violence between patients with dementia and their carers.				
	Awareness that elder abuse may be perpetuated by an older person themselves.				

	 Understands the models of service delivery and agencies involved in the care of older people. Knowledge of the relevant legislative frameworks (includes mental health act, guardianship or equivalent legislation,
	 Knowledge of the relevant legislative frameworks (includes mental health act, quardianship or equivalent legislation)
	fitness to plead, etc.).
	Skills
	Able to engage patients regardless of age, functional capacity and communication problems.
	Able to conduct interviews with others well enough to get valid collaborative information.
	 Can undertake both diagnostic and functional assessments of an older person and provide a meaningful synthesis of information.
	 Can perform appropriate cognitive testing and recognise deficits that require skilled assessment from other professionals (eg. neuropsychiatry, speech and language therapy).
	Interacts with families and other agencies in an empathic and effective manner.
	 Synthesises the assessment and translates it into an accurate and relevant format for the jurisdiction in which the assessment is placed.
	Attitude
	A diligent attitude to obtaining sufficient information from available sources.
	Respect for information from carers.
	Evidence-based approach.
	An ethical and objective approach to the issues raised by the assessment.
	A respectful approach to the older person and avoidance of preconceptions about older people.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment	Case-based discussion.
method details	Observed Clinical Activity (OCA).



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should be directed to the Education department at the College: training@ranzcp.org					
ST3-FP-AOP-EPA12 – Old age forensic psychiatry (COE form)					
Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA12		
Stage of training	Stage 3 – Advanced	Version	v0.5 (EC-approved 10/04/15)		
Title	Assessment of an older person in a criminal or civil context.				
Description	•				
Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity. ENTRUSTING SUPERVISOR DECLARATION					

In my opinion, this trainee can be trusted to perform the supervision. I am confident the trainee knows when to as timely manner. The trainee has completed three related	sk for additional help and will seek a	assistance in a
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Trainee name (print)	. Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZC	P-accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	Signature	. Date

ST3-FP-AOP-EPA13 – Sexual offending

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA13
Stage of training	Stage 3 – Advanced	Version	v0.4 (EC-approved 10/04/15)

Title	Assessment and management of sexual offending.				
Description Maximum 150 words		Apply evidence-based principles of assessment, risk assessment and multimodal management of sexual offending or problematic sexual behaviour.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 8	НА		
	СОМ	1, 2	SCH		
	COL	1, 2, 3	PROF	1, 2, 4, 5	
	MAN				
Forensic competencies For Certificate of forensic psychiatry trainees only	ME	a, b, c, d, e	НА	a, b, d	
	СОМ	a, d	SCH		
	COL	b, c	PROF	a	
	MAN				
Knowledge, skills and attitude required	below.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.			
The following lists are neither exhaustive nor prescriptive.	Ability to apply an adequate knowledge base				
	Knowledge of evidence-based static and dynamic risk factors for sexual offending.				
	 Evidence of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, anamnestic, actuarial and structured professional judgement (SPJ) approaches. 				
	Detailed/in-depth knowledge of at least one actuarial and at least one SPJ sexual offending risk assessment tool.				
	Detailed/in-depth knowledge of the pathways to sexual offending including appraisal of proximal and distal risk factors.				

• Detailed/in-depth knowledge of evidence base about the association of various forms of mental disorder to sexual offending, including issues relevant to intellectual disability and juvenile offenders.

Skills

- Elicit from patient and/or obtain from other sources an appropriately detailed, culturally informed psychosexual history.
- Understand issues relevant to victims including the evidence base for sequelae and issues relevant to disclosure.
- Based on obtained history and mental state, construct a formulation that demonstrates understanding of aetiology of sexual offending or problem behaviour in the specific case, including an understanding of relevant evidence-based dynamic and static risk factors.
- Assessment of likelihood and gravity of future sexual offending, including possible scenarios of elevated risk.
- Develop an appropriate management plan to minimise future risk of harm including a consideration of:
 - psychosocial interventions
 - biological treatments
 - victim-safety planning
 - legal issues including child protection and correctional approaches to sexual offenders.
- Appropriate documentation of assessment, decisions and reasoning.

Attitude

- Objective approach to the problem of sexual offending behaviour, constructing sexual offending as a problematic behaviour to be treated rather than a moral failing to be condemned.
- A diligent attitude to communicating information and plans where appropriate to carers and health workers involved.
- Appropriate attitudes to balancing competing priorities, eg. mandatory reporting and legal obligations, confidentiality, therapeutic rapport, when managing risk.
- Awareness and management of own reactions to the nature of the material involved.
- Awareness of own limitations and willingness to seek others' opinion when required.
- Awareness that risk in general can only be managed, not eliminated, and that there is a necessary role for carefully
 considered 'therapeutic risk taking' in psychiatric practice.
- Adherence to an ethical framework that appreciates the ethical dimensions of risk assessment with particular caution about application in non-clinical settings.

Assessment method

Progressively assessed during individual and clinical supervision, including three appropriate WBAs on three different cases.

Suggested assessment
method details

- Observed Clinical Activity (OCA).
- Case-based discussion.

References

LAWS RD & O'DONOHUE WT, eds. Sexual deviance. 2nd edn. New York: Guilford Publications, 2008.

SALEH FM, GRUDZINSKAS JR AJ, BRADFORD JM & BRODSKY DJ, eds. Sex offenders: identification: risk assessment, treatment, and legal issues. New York: Oxford University Press, 2009.



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ST3-FP-AOP-EPA1	3 – Sexual offending (CO	E form)			
Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA13		
Stage of training	Stage 3 – Advanced	Version	v0.4 (EC-approved 10/04/15)		
Title	Assessment and management of sexual offending.				
Description	Assessment and management of sexual offending. Apply evidence-based principles of assessment, risk assessment and multimodal management of sexual offending or problematic sexual behaviour.				

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the acsupervision. I am confident the trainee knows when to ask timely manner. The trainee has completed three related W	t for additional help and will seek a	assistance in a
Supervisor Name (print)		
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TRAINEE DECLARATION I have completed three related WBAs in preparation for th training document only and cannot be used for any other parts.		is a RANZCP
Trainee name (print)	Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZCP	-accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	. Signature	Date

COE - Sexual offending v0.5

ST3-FP-AOP-EPA14 – Civil forensic psychiatry: Family Court

Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA14
Stage of training	Stage 3 – Advanced	Version	v0.7 (EC-approved 10/04/15)

Title	Civil forensic psychiatry: Family Court.			
Description Maximum 150 words	Undertake assessment, either individually or in collaboration, of families appearing before the Family Court in relation to child custody proceedings and prepare reports setting out findings and addressing relevant questions.			
Fellowship competencies	ME	1, 2, 3, 8	НА	1, 2
	СОМ	1, 2	SCH	
	COL	1, 3, 4,	PROF	1, 2, 5
	MAN			
Forensic competencies	ME	а	НА	С
For Certificate of forensic psychiatry trainees only	СОМ	a, b	SCH	
	COL	b, c	PROF	а
	MAN	а		
Knowledge, skills and attitude required The following lists are neither	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. Ability to apply an adequate knowledge base			
exhaustive nor prescriptive.	 Understands the legal or administrative context of the assessment request and any obligations or relevant court rules a medical expert must address in fulfilling that function. 			
	Understands the ethical issues and risks of providing an expert opinion to the Family Court.			
	Understands the role of an expert witness, including the limits of expertise.			
	Evidence of knowledge of the literature in the assessment of parenting capacity.			
	• The	relevant legislation that pertains particularly to asses	sments for	the Family Court.

Suggested assessment method details	 Case-based discussion. Direct observation of consultation with other sources of information in the assessment of families. 		
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.		
	 The trainee should have an awareness of, and have appropriate attitudes around, interpersonal dynamics and boundaries that may arise in the assessment of parents and their children. 		
	 Awareness of own limitations and willingness to seek others' opinion when required. 		
	A diligent attitude to eliciting information from parents, children, relatives, teachers and other health workers involved.		
	 Non-judgemental approach to the issues raised by family assessments for the Family Court. 		
	Attitude		
	Advocate, as appropriate, for the children in the midst of custody disputes.		
	 Identify issues such as privacy and confidentiality and how they impact upon communication with the Family Court and relevant agencies. 		
	Frame advice or recommendations cognisant of the available resources.		
	 Manage boundary issues, which may be present when working with families, particularly when child custody is in dispute between two parties. 		
	Liaise with other disciplines involved in the care of families appearing before the Family Court.		
	Prepare reports setting out the relevant context, family assessment, clinical findings and addressing relevant questions.		
	Skills		
	The impact of developmental age upon the assessment of children involved in Family Court assessments.		
	 Specific knowledge of the literature in areas more commonly related to family assessments with respect to psychiatric disorders and developmental issues, eg. developmental trauma, intellectual disability, learning difficulties, ADHD, conduct disorder and autism spectrum disorder. 		

References

AZAR ST& COTE LR. Sociocultural issues in the evaluation of the needs of children in custody decision-making. What do our current frameworks for evaluating parenting practices have to offer? *Int J Law Psychiatry* 2002; 25: 193–217.

AZAR ST, LAURETTI AF & LODING BV. The evaluation of parental fitness in termination of parental rights cases: a functional-contextual perspective. *Clin Child Fam Psychol Rev* 1998; 1: 77–100.

DONALD T & JUREIDINI J. Parenting capacity. *Child Abuse Review* 2004; 13: 5–17.

REDER P, DUNCAN S & LUCEY C. What principles guide parenting assessments? In: Duncan S, Reder P & Lucey C, eds. *Studies in the assessment of parenting*. London: Taylor & Francis, 2003; 3–26.

WHITE A. Assessment of parenting capacity: literature review. Sydney: Centre for Parenting and Research, NSW Department of Community Services, 2005.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar

Civil forensic psychiatry: Family Court v0.7 Education Committee approved 10/04/15



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ST3-FP-AOP-EPA14 – Civil forensic psychiatry: Family Court (COE form)			
Area of practice	Forensic psychiatry	EPA identification	ST3-FP-AOP-EPA14
Stage of training	Stage 3 – Advanced	Version	v0.7 (EC-approved 10/04/15)
Title	Civil forensic psychiatry: Family Court.		
Description		n relation to child cust gs and addressing rele	n collaboration, of families appearing tody proceedings and prepare evant questions.

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant supervision. I am confident the trainee knows when to ask for additional help and will seek timely manner. The trainee has completed three related WBAs in preparation for this activit	assistance in a
Supervisor Name (print)	
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Supervisor RANZCP ID: Signature	Date
TRAINEE DECLARATION I have completed three related WBAs in preparation for this activity. I acknowledge that this training document only and cannot be used for any other purpose.	s is a RANZCP
Trainee name (print) Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZCP-accredited supervisor.	
Director of (Advanced) Training Name (print)	
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