

Responsible Committee/ Department	Committee for Child and Adolescent
Document Code	Fellows in Training Guidance Document
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1. Purpose

- 1.1 This document aims to serve as a guide to prospective Fellows and those employing Fellows undergoing Advanced Training in Child and Adolescent Psychiatry (ATCAP).
- 1.2 This document provides principles which are relevant to Fellows that have already been selected to training or those who gain Fellowship part way through the completion of ATCAP certificate requirements.

2 Training requirements for Fellow

- 2.1 Fellows are required to complete all mandatory [Child and Adolescent Advanced Certificate training components as detailed on the RANZCP website](#).
- 2.2 Where a trainee is elected to Fellowship prior to completion of the ATCAP certificate requirements, they should review their Learning and Development Plan as appropriate and submit to the Director of Advanced Training (DOAT) in Child and Adolescent for approval.

3 Commencing ATCAP as a Fellow

- 3.1 An application to undertake ATCAP must be made to the DOAT of the relevant training program using the [Application to commence a Certificate of Advanced Training form](#).
- 3.2 As part of the application, Fellows are required to demonstrate how they would meet all ATCAP Certificate requirements including supervision requirements. The [Learning and Development plan](#) may be submitted with the application to demonstrate how training requirements will be met.

4 Supervision

- 4.1 The minimum supervision for Fellows-in-training are:
 - At least two hours of clinical supervision for at least 40 weeks of the year to be provided by a RANZCP accredited child and adolescent psychiatrist supervisor in the first 12 FTE months of training of which at least 1 hour must be individual supervision. The remaining hour maybe pro-rata.
 - At least one hour per week of clinical supervision for at least 40 weeks of the year to be provided by a RANZCP accredited supervisor thereafter.
- 4.2 Unless approved by the Subcommittee for Advanced Training in Child and Adolescent Psychiatry (SATCAP), the following applies:

- A significant proportion of individual supervision must be face-to-face to ensure observation elements of supervision can be met.
 - Ensure sufficient time to facilitate the timely completion of the required formative and summative assessments of ATCAP is provided during supervision.
- 4.3 Supervision may cover any aspects of the Syllabus, Learning Outcomes or Developmental Descriptors as well as domains relating to attitudes and skills outlined in the CanMEDS framework.
- 4.4 Supervision is recommended to include an element of direct supervision and/or observation of clinical work and may include the following specific areas of focus:
- aspects of the assessment and treatment of child, adolescent or family under supervisor or supervisee's direct clinical care
 - psychological understanding and managements
 - consultative skills
 - ethical standards
 - responsibility for other members of the team
 - dynamics of the treatment setting
 - discussion of other relevant aspects of work in the area of practice
 - enhancement of reflective practice
- 4.5 It is recommended that Fellows-in-training enrolled in the ATCAP do not provide supervision for trainees enrolled in Stage 2 of Fellows-in-Training Child and Adolescent, complete WBA associated with Stage 3 Child and Adolescent Entrustable Professional Activities (EPA) or Confirmation of Entrustment (CoE) for the mandatory EPA with the exception of Perinatal Psychiatrist who may complete EBA and entrustment of EPA 9. It is recommended that Fellows-in-Training do not provide primary supervision for Stage 2 trainees.
- 4.6 Additional supervision arrangements may be required to complete the Psychotherapy requirements of the certificate.
- 4.7 DOAT approval should be sought where a supervision plan incorporates other supervisors.
- 4.8 Fellows-in-training may apply to their DOAT should a Break-in-training be required. Please refer to the [Leave & Interruptions to Training policy and procedure](#) for more information.

5 Experience in inpatient and community settings

- 5.1 All ATCAP Fellows-in-training are required to complete six FTE months training in both an inpatient and community setting.
- 5.2 The DOAT may be able to provide details of local services and also positions which are accredited for Stage 3 training which meet the requirements of inpatient and community training.
- 5.3 Fellows-in-training may wish to submit an application for an alternative inpatient and community setting, it is recommended that the inpatient and community competence documents are referenced to ensure that the positions can deliver the required training experience.

- 5.4 Where it is not possible to gain inpatient experience directly comparable to Stage 3 training, a FIT must apply in writing (with DOATs support) to SATCAP for individual consideration.
- 5.5 Up to 12 months FTE of research or medical education can be prospectively approved on a case-by-case basis by SATCAP. Fellows-in-training would be required to maintain their clinical currency by spending at least 0.2 FTE (or one day per week) in direct clinical work.

6 Training in a private setting

- 6.1 The SATCAP advises applicants that collaboration and Multi-Disciplinary Team (MDT) work is considered to be at the core of the clinical work in child and adolescent psychiatry.
- 6.2 Where a significant proportion of the 24 FTE months of the training is planned to be in a private practice setting, applicants must outline how the experience and supervision would incorporate collaboration and MDT work.
- 6.3 SATCAP recommends that a proportion of the training be in the public sector using the MDT model of care if possible. This would best precede experience gained over the private practice setting.

7 Formal teaching program

- 7.1 Fellows must ensure that they can enroll and participate in a RANZCP accredited FEC.
- 7.2 The FEC should be undertaken continuously and alongside clinical training unless prior approval by DOATCAP is sought.
- 7.3 If a Fellow-in-training has completed a FEC equivalent of a RANZCP accredited ATCAP FEC, a clear Continuous Professional Development (CPD) plan for the formal education in CAP should be submitted along with a Learning Development Plan (LDP) or separately.

8 Time and duration in training

- 8.1 Applicants should be aware that training should be generally undertaken at a minimum of less than 0.5 FTE. Training less than 0.5 FTE requires approval from the Committee for Training (CFT) and training at less than 0.3 FTE is not permitted.
- 8.2 Certificate training must be completed within six calendar years of commencement of the certificate inclusive of any breaks in training or part-time training time.
- 8.3 Fellows-in-training that have not completed Certificate training within six calendar years must show cause in writing to the relevant Subcommittee of Advanced Training (SAT) as to why they should be able to continue towards the certificate.

9 Specialist International Medical Graduates

- 9.1 A Specialist International Medical Graduate (SIMG) who has completed significant training in child psychiatry prior to application may wish to apply for retrospective accreditation of training time and experience should they be accepted into ATCAP. Please refer to the [Recognition of Prior Learning Policy and Procedure \(14.1\)](#) for more information.
- 9.2 The SIMGs should discuss with the relevant DOAT for guidance in their application process as to which previous experiences might be considered equivalent to SATCAP.

Revision Record

Regulation owner	Education and Training department		
Contact:	Project Officer, Education and Training		
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