



Recognition of a New Area of Practice Form

To be submitted by a Faculty or Section seeking recognition of a new Area of Practice under the RANZCP Fellowship Regulations.

Please submit this form with an Email: board_education@ranzo	y supporting documentation to the Education Committee
For more information on the prod Application Policy and Procedure	cess please refer to the New Area of Practice and Advanced Certificate
AREA OF PRACTICE (AOP	P) DETAILS
Proposed AOP	
Faculty/Section	
Proposed Stage 2	Has an application for this AOP been submitted previously?
Training Stage Stage 3	No Yes, previous application submission date
Please attach supporting docume	entation to be considered with this application.
Submitted by	Date
1. SYLLABUS AND LEARN	IING OUTCOMES
 How does the proposed Outcomes? 	AOP align with the current Fellowship Syllabus and Learning
	required to the Syllabus, Learning Outcomes and Developmental odate the proposed AOP?

2. TRAINING POSTS AND TRAINING OPPORTUNITIES

•	What training opportunities will be available in all locations where posts may be available?
•	Please list which programs may not be able to offer training in the proposed AOP. See Appendix for a list of recognised training programs.
•	How will the Faculty/Section ensure training posts will be made available to the greater majority of training programs across both Australia and New Zealand?
•	What are the challenges in finding training posts in each training program? Please describe the process for identifying new training posts.
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•	What impact will the proposed AOP have on current training posts and training opportunities?
•	Will existing training posts be reclassified to the proposed AOP or will new training posts be created to facilitate the proposed AOP?
<u>.</u>	Please describe the roll out process of the new posts.

•	Please describe potential challenges in identifying and recruiting supervisors in all locations.
•	How will these challenges be managed?
E	NTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)
•	Will existing EPAs will be used in the proposed AOP? If yes, please list EPAs.
•	If new EPAs are required, who will develop the new EPAs for the proposed AOP?
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•	Has any consultation with Health Services occurred?		
•	What was the outcome of these consultations?		
6. BE	ENEFIT TO PATIENT CARE		
•	How will patient safety be improved by the inclusion of the proposed AOP?		
<u>7. RE</u>	COGNITION		
•	Does the proposed AOP has academic standing?		
•	Does the proposed AOP represent an internationally recognised body of knowledge		
	in psychiatry i.e. recognised by the World Health Organisation and the World Psychiatric Association?		

Please continue to the next section if also applying for Recognition of a new Certificate of Advanced Training.





Recognition of a New Certificate of Advanced Training Form

To be submitted by a Faculty or Section seeking recognition of a new Certificate of Advanced Training under the RANZCP Fellowship Regulations.

Please submit this form with any supporting documentation to the Education Committee

Email: board_education@ranzcp.org

For more information on the process please refer to the New Area of Practice and Advanced Certificate Application Policy and Procedure.

CERTIFICATE OF ADVANCED TRAINING DETAILS

Proposed Certificate title	
Faculty/Section	
Existing established Area of Practice No	Has an application for this Certificate been submitted previously? No Yes, previous application submission date
Submitted by	Date

1. TRAINING POSTS AND TRAINING OPPORTUNITIES

- What impact will the proposed Certificate have on current advanced training posts and advanced training opportunities?
- Will existing advanced training posts be reclassified to the proposed Certificate or will new training posts be created to facilitate the proposed Certificate?

•	How will Fellows-in-training be incorporated into the training program?
2. DI	RECTORS OF ADVANCED TRAINING (DOATs)
	Will there be issues with identifying suitable DOATs in each of the proposed area with
	training posts?
•	If yes, please elaborate on issues and how to manage them; if no, please describe plan for identifying suitable DOATs.

AUSTRALIA

- Australian Capital Territory (ACT)
- NSW Northern Sydney/Central Coast (NSWN)
- NSW Newcastle (NSWNEW)
- NSW North Western Sydney (NSWNW)
- NSW South Eastern Sydney Illawarra (NSWSESI)
- NSW Sydney South Western (NSWSSW)
- Northern Territory (NT)
- Queensland (QLD)
- South Australia (SA)
- Tasmania (TAS)
- Victoria Northern (VICN)
- Victoria Southern (VICS)
- Victoria Western (VICW)
- Western Australia (WA)

NEW ZEALAND NZ Auckland (NZAUCK)

- NZ Christchurch (NZCHRI)
- NZ Dunedin (NZDUN)
- NZ Hamilton (NZUCNI)
- NZ Wellington (NZWELL)