**RANZCP CLP Alternate Rural PathwayTraining Plan Template**

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| --- | --- |
| **Application date:** | **Anticipated Pathway start date:** |
| **Trainee:** | **RANZCP ID:** | **Principal Supervisor (PS):** |
| **Hospital and included rotation(s):** |
| **Expected duration to complete required experiences:** ☐ 6 months ☐ 12 months ☐ 18 months |
| **Other supervisors who may contribute (completing WBAs etc.):** *Consider C-L psychiatrists who may be able to complete CBDs by videoconference* |
| **Description of how the trainee will obtain consultation experience:** |
| **Description of how the trainee will obtain ongoing liaison experience:** |
| **Will the trainee be involved in any additional health care settings to obtain CLP experience?** ☐ Yes ☐ No If yes, describe arrangements. |
| **Approx. number of patient referrals (per week):** | **Approx. number of liaison hours (per week):** |

Plan of CLP tutorials, individual supervision, sessions or clinics whereby trainee will discuss and/ or engage in CLP experiences:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  |  |  |  | *e.g., <add example on non-psych clinic>* |
| **PM** |  | *e.g. indiv. supervision with PS (1 hour)* | *e.g., CLP case discussion with PS fortnightly, 3-5 pm.* | *e.g., weekly <insert> MDT meeting, 4pm.* |  |

*I declare that:*

* *the trainee’s position/ roster includes consultation experience and ongoing liaison component*
* *the number of potential patients presenting with different psychiatric sequelae during the rotation is sufficient to achieve the required experiences*
* *the referred patient population has comorbid mental health and medical conditions, or significant somatisation and they are at a level of complexity that require consultation and liaison with medical and surgical specialists (including specialist general practitioners) and treating staff (non-psychiatrists)*
* *I am familiar with the requirements of RANZCPCLP training*

Principal Supervisor Signature Date:

*I support this application for approval for the trainee identified above to complete their mandatory CLP rotation by the Alternate CLP Rural Pathway and believe the rotation(s) outlined and the plan will provide appropriate opportunities for the trainee to complete WBAs, EPAs and demonstrate competence in CLP.*

Director of Training Signature Date: