



The Royal
Australian &
New Zealand
College of
Psychiatrists



Education and Training

Certificate of Advanced Training in Adult Psychiatry Regulations

working
with the
community

CERTIFICATE OF ADVANCED TRAINING IN ADULT PSYCHIATRY

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Authorising committee/department:	Committee for Training
Responsible committee/department:	Subcommittee for Advanced Training in Adult Psychiatry
Document code:	REGS EDT-TRN Certificate in Advanced Training in Adult Psychiatry Regulations
Date:	30.10.2024

INTRODUCTION

The Certificate of Advanced Training in Adult Psychiatry (the Certificate) provides an opportunity for accredited training in Adult Psychiatry for trainees working towards Fellowship and Fellows of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) who meet the selection criteria and mandatory requirements for the Certificate. The award of the Certificate of Advanced Training in Adult Psychiatry, or “Cert. Adult Psych” recognises completion of such training.

Trainees who undertake the Certificate of Advanced Training in Adult Psychiatry and Stage 3 of the Fellowship Program concurrently must follow the [Stage 3 Mandatory Requirements Education Training Policy](#) and other associated 2012 Fellowship policies and procedures.

The Certificate of Advanced Training in Adult Psychiatry is under the governance of the Committee for Training (CFT) of the RANZCP through the Subcommittee for Advanced Training in Adult Psychiatry (SATAP). In each Branch of the RANZCP, where an Adult training program exists, a Director of Adult Advanced Training (DOAT) coordinates this training and the processes described in these regulations.

Regulations to be read in conjunction with the Curriculum for Advanced Training in Adult Psychiatry.

For the purpose of this document, trainee refers to both trainees and Fellows-in-training unless stipulated otherwise.

AIMS OF ADVANCED CERTIFICATE IN ADULT PSYCHIATRY

- To improve the mental health of the adult population
- To align Advanced Certificate in Adult Psychiatry with population mental health needs.
- To provide the Specialist in Adult Psychiatry with specific expertise within a developmental framework that defines the needs, expectations and challenges people face from late adolescence to early old age.
- To promote Adult Psychiatry as an exciting and rewarding subspecialty with a substantial and evolving academic and research base.
- To ensure the Adult Psychiatric specialists exercise and demonstrate ongoing professional conduct with patients throughout training and post-graduation of the Certificate.
- To advance training in Adult Psychiatry using developments in adult and distance education to make this accessible and equitable.
- To prepare the specialists in Adult Psychiatry to fulfil the roles as medical expert, communicator, collaborator, manager, health advocate, scholar and professional within society.

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1.0 Eligibility

- 1.1 Applicants must satisfy all requirements to enter the Certificate.
 - 1.1.1 Applicants must hold current, general or specialist registration as a medical practitioner in Australia or current registration within a general, vocational or special scope of practice in New Zealand, as appropriate to the country where the applicant is to be employed and trained.
 - 1.1.2 Fellow applicants who have any special conditions, limitations, notations, undertakings or provisional requirements imposed on their registration must provide full disclosure of the nature of these at the time of application.
 - 1.1.3 If the DOAT deems the applicant appropriate for training whilst not holding the required medical registration, the applicant will be asked to give grounds for an exemption from the requirement of unconditional medical registration.
 - 1.1.4 If the DOAT deems the applicant's grounds as valid, the DOAT may recommend to the SATAP exemption from the selection requirement of unconditional medical registration for that applicant.
 - 1.1.5 For all special conditions, limitations, notations, undertakings, or provisional requirements, the SATAP will review the information provided for determination of the applicant's suitability for training should the DOAT support the selection of the applicant.
 - 1.1.6 Applicants must be in good standing and hold registration as either a trainee or Fellow with the RANZCP.
 - 1.1.7 Trainees must have completed all Stage 2 training requirements.
 - 1.1.8 Trainees must have passed the Multiple-Choice Question (MCQ) Examination.
 - 1.1.9 Applicants must have participated in an interview with their relevant DOAT or delegate.
 - 1.1.10 Trainees must hold an appropriate accredited training position in Adult Psychiatry. While Fellows do not occupy accredited training positions, they positions must be able to meet the Certificate requirements.
- 1.2 Specialist International Medical Graduates (SIMG) on the Specialist Pathway are not eligible to enter the Certificate until Fellowship is awarded.

2.0 Selection

- 2.1 The selection process must be based on the published selection criteria and adhere to equal opportunity principles. The process is designed to be impartial and transparent.

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- 2.2 The DOAT in conjunction with the local Subcommittee of Advanced Training (SAT) or Branch Training Committee (BTC) conducts the selection process to ensure all applicants have the requisite skills, competency and qualifications to enter the Certificate.
- 2.3 Applicants must provide the following prior to entry to the Certificate for the purpose of the interview:
- Completed application form.
 - Current curriculum vitae detailing medical experience and past psychiatric posts.
 - Training records and In-Training Assessments (for trainees only).
 - Work performance reports (for Fellows only).
 - Contact details of three referees including current supervisor, clinical lead or equivalent.
- 2.4 **Referee Reports**
- 2.5 Applicants are asked to nominate three referees who are able to provide information about the applicant's professional capabilities. A confidential pro forma referee report may be sent to each referee. The DOAT may follow up references by telephone if necessary and appropriate.
- 2.6 The referee reports should include information on the following:
- The applicant's competency in psychiatry including any other relevant aspects of medicine
 - The applicant's ability to work within a multidisciplinary team
 - The applicant's verbal and written communication skills and management of documentation tasks
 - The applicant's professionalism (e.g. reliability, responsibility, organisation, initiative and ethical attitudes).
 - The applicant's academic ability and attitudes towards developing their knowledge and skills
 - Applicant's collegiality with their peers, consultants and others in the workplace
 - Applicant's suitability to commence Certificate training.
- 2.7 The shortlisting of applications for interview is the responsibility of the DOAT in conjunction with the local delegated body in conjunction where relevant.
- 2.8 The shortlisting process must be objective and transparent and may be used to reduce the number of interviews to approximately double the number of available places.
- 2.9 Shortlisted applicants are to be interviewed with the relevant DOAT and/or local delegates.
- 3.0 Entry**
- 3.0 Trainees who have been selected to the Certificate must notify the RANZCP via submission of the Advanced Training Selection Notification (ATSN) form.
- 3.1 Trainees are able to undertake two Certificates of Advanced Training concurrently (Dual Certificate training) or a maximum of two individual advanced certificates at any one time.

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4.0 Duration of Training

- 4.1 Trainees are required to complete of 24 months full-time equivalent (FTE) training in an accredited Adult psychiatry training post.
 - 4.1.1 Trainees are required to have at least 80 percent of the patient load with adult patients, ages 18 – 25, if they are in an elective youth post for the rotation to be counted towards their training.
- 4.2 Trainees may complete up to 6 months FTE in another recognised clinical area of practice or in teaching or medical administration provided the training experience relates to adults. Prospective approval to undertake such training must be granted on a case-by-case basis from the Director of Advanced Training (DOAT).
- 4.3 Trainees may complete up to 6 months FTE of research. Prospective application to undertake research must be made to the SATAP. The application must include details of the research being undertaken, how this research related to Adult Psychiatry, satisfactory supervisor arrangements and confirmation as to how the Workplace-based Assessments and Entrustable Professional Activities for this period will be achieved.

5 Learning and Development Plan

- 5.1 An outline of proposed training (including rotations) must be drafted for years 1 and 2 of training. The learning and development plan must be agreed with and submitted to the DOAT and submitted to the RANZCP prior to the commencement of training.
- 5.2 The learning and development plan may need to be revised over the course of Certificate training. It is recommended that the learning and development plan be revised prior to the commencement of the second year of training

6 Mandatory Requirements for Training Posts

- 6.1 Trainees need to be in an accredited training post and program must undertake after-hours and emergency duties as required (see Section 4 of [Stage 3 Mandatory Requirements Training Policy](#)).
 - 6.1.1. Where a trainee believes there are exceptional circumstances that would prevent them from undertaking these duties, they should submit an application for exemption from after-hours experience for a specified or temporary time period to their employer and should notify their DOAT of this application.
 - 6.1.2. If the application for exemption approved, this exemption must be communicated to the BTC.
- 6.2 Fellows-in-training should discuss their duties, hours and supervision with their DOAT to fulfil the Advanced Training requirements. Fellows-in-training themselves are not in accredited

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training posts but must be able to demonstrate how they meet the training requirements of the Certificate.

7.0 Workplace Based Assessments Requirements

7.0 Trainees are subject to the requirements outlined in the [Workplace-based Assessment policy and procedure \(15.1\)](#)

7.1 A minimum of three Workplace-based Assessments (WBAs) are required to contribute to the evidence base for each required EPA.

7.2 Trainees must complete a mandatory minimum of one Observed Clinical Activity (OCA) WBA during each 6 months FTE rotation to fulfil Fellowship requirements.

7.3 Fellows in Training are not mandated to complete OCAs during the course of the Certificate however it is recommended that Fellows undertake a variety of WBAs over the course of the Certificate.

7.4 Once completing 24 FTE months of Certificate training Fellows-in-training are not required to complete further WBAs.

8.0 Entrustable Professional Activities EPAs

8.1 Trainees are subject to the requirements outlined in the [Entrustable Professional Activities policy and procedure \(8.1\)](#) and [Part-time Training policy \(20.1\)](#)

8.2 Trainees must attain a minimum of eight Stage 3 Adult psychiatry Entrustable Professional Activities (EPAs) from the available Stage 3 Adult EPAs (see Appendix I).

8.3 Trainees must attain a minimum of two EPAs per each 6 calendar months FTE rotation.

8.4 For the completion of the Certificate, five mandatory adult psychiatry EPAs must be attained.

8.5 If a trainee has attained the below Stage 2 Adult Psychiatry EPAs; the equivalent Stage 3 Adult EPA cannot be attained even if they are mandatory for the completion of the Certificate. In this situation, the remaining three mandatory Stage 3 EPAs are to be attained and trainees are to choose an additional five EPAs to attain from the remaining adult psychiatry EPAs:

- ST2-AP-EPA1 - 'Assess treatment-refractory psychiatric disorders'
- ST2-AP-EPA2 - 'Physical comorbidity'
- ST2-AP-EPA5 - 'Postpartum mental illness'
- ST2-AP-EPA6 - 'Psychiatric disorders in pregnancy'

8.6 It is not possible to attain the same EPA twice. If a Stage 3 Adult EPA is attained prior to enrolling in an Adult Certificate, this EPA cannot be attained again. Trainees will be required to

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select alternative Stage 3 Adult EPAs to ensure a minimum of eight EPAs are attained during the Certificate training.

- 8.7 Trainees undertaking a prospectively approved 6 months FTE elective rotation in another area of practice must attain the EPAs relevant to that area of practice, for example, if undertaking a forensic psychiatry rotation, the trainee must attain two forensic psychiatry EPAs.
- 8.8 Trainees undertaking a prospectively approved 6 months FTE elective rotation in another area of practice will attain six adult Psychiatry EPAs and two EPAs from other clinical areas of practice.

9 Completion of Rotation

- 9.1 Trainees must complete (formative) mid-rotation and (summative) end-of-rotation In-Training Assessment (ITA) for each 6 calendar months rotation.
- 9.2 Mid-rotation and end-of-rotation ITAs are to be reviewed and signed off by the principal supervisor and the DOAT prior to submission to the RANZCP.
- 9.3 The end-of-rotation ITA forms for each rotation must be fully completed, signed by the trainee's DOAT and submitted online via InTrain within 60 days of the completion of a rotation. Should the forms not be submitted within 90 days the rotation is deemed an automatic fail.

10 Formal Adult Psychiatry Teaching Program

- 10.1 It is a requirement that all trainees complete a formal adult psychiatry teaching program.
- 10.2 If a local, SATAP approved program is available, trainees are required to attend.
- 10.3 If no formal program is available, trainees are required to complete self-directed learning which must be discussed prospectively with their DOAT.
 - 10.3.1 Examples of self-directed learning may include seminars, workshops, conferences, journal clubs, study groups and/or teaching.
 - 10.3.2 The Syllabus guide should be utilised when developing a self-directed learning plan.
- 10.4 The teaching program can be undertaken while on a break-in-training depending on the arrangements with the course provider, DOAT and with the employing health service, where relevant.

11 Participation in Committees or Planning Groups

- 11.1 Trainees are required to participate in at least two administrative, quality assurance or planning committees or groups while enrolled in the Certificate.

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- 11.2 Participation in the committees is to provide trainees with the experience of this aspect of a psychiatrist's role.
- 11.3 The choice of committee or planning group should be discussed with and agreed upon prospectively with the DOAT. Consideration will be given to the role of the committee, trainee's role within the committee and the frequency of meetings.

12 Structured Psychotherapy

- 12.1 Trainees are required to treat at least four adults with a mental disorder to completion with a structured psychotherapy.
- 12.2 Structured therapies are those where there are defined (sometimes manualised) therapy techniques employed and a specific timeframe for the therapy. In general a brief course of up to approximately 20 sessions would be expected.
- 12.3 The therapy must be pre-planned, structured, have clear goals and timeframes and a verbal contract for the therapy must be agreed upon with the patient.
- 12.4 The therapy may be delivered in a group format where the trainee is the principle therapist. Group therapy will be counted as one patient for the purposes of recording therapy sessions.
- 12.5 Trainees must receive psychotherapy supervision on a monthly basis while undertaking psychotherapy. Supervision can be undertaken individually or within a small group.
- 12.6 Patients selected to meet the structured psychotherapy requirement must be different to those used to meet the requirements of the Psychotherapy Written Case, Stage 3 Fellowship psychotherapy requirement or any cases used to fulfil any psychotherapy related EPAs.
- 12.7 The Certificate structure psychotherapy requirement is in addition to the Stage 3 Fellowship psychotherapy requirement.
- 12.8 Suitable therapies and further guidance have been provided by SATAP. [See psychotherapy requirements.](#)
- 12.9 Alternative formally structured psychotherapies may be acceptable. Should a trainee wish to undertake an alternative therapy, a prospective application must be made to the SATAP for case-by-case consideration.

13 Case Formulations

- 13.1 Trainees are required to complete 10 adult case formulations while enrolled in the certificate. This includes:
 - Two patients with bipolar disorder
 - Two patients with borderline personality disorder
 - Two patients with schizophrenia
 - Two patients with major depression

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- Two patients with anxiety/trauma- and stressor-related/obsessive-compulsive and related disorders.

13.2 Cases must be de-identified, typed formulations of 800–1000 words (or approximately 2 pages) should include the following:

- Patient age
- Patient gender
- Brief details of presenting context and symptom(s)
- A formulation culminating in a formal diagnosis presented according to a recognised diagnostic system (DSM-5 or ICD-10).

13.3 Case formulations are formative and can assist trainees in preparing for the Clinical Competency Assessment – Modified Portfolio Review (CCA – MPR), the Critical Essay Questions (CEQ) and Modified Essay Questions (MEQ) Examinations.

13.4 Trainees are required to complete a minimum of four case formulations in the first 12 FTE months of training. (preferably completing Case Formulations in each rotation).

13.5 Case formulations should be discussed with the trainee's principal supervisor. The principal must sign and date each case formulation.

13.6 Case Formulations must be submitted to the DOAT who may provide feedback.

14. Submission of Final Checklist

13.1 The final checklist must be signed by the trainee, DOAT and SATAP Chair via InTrain as declaration and confirmation that the trainee has satisfactorily completed the requirements of the Certificate.

15 Supervision Requirements

15.1 Clinical supervision for trainees must be maintained at a minimum of 4 hours per week over 40 weeks for full-time trainees. Of these hours, at least 1 hour per week must be individual supervision of a trainee's current clinical work.

15.2 While 1 hour per week of individual clinical supervision is required in full for all trainees no matter FTE, the other 3 hours of supervision per week can be on a pro-rata basis for trainees working less than full time.

15.3 Fellows-in-training are required to undertake 1 hour per week FTE of individual clinical supervision for at least 40 weeks of the year.

16 Selection of Supervisor for Advanced Certificate Training Post

16.1 A supervisor must be accredited in the specific area of practice by the BTC/NZTC and the DOAT in order to supervise a trainee or Fellow undertaking a Certificate.

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16.2 Non-RANZCP accredited supervisors must be approved by the BTC/NZTC and the DOAT.

17 Targeted Learning Plan and Show Cause Application

- 17.1 All trainees are required to adhere to the [Targeted Learning Plans Policy and Procedure \(6.2\)](#) and [Failure to Progress Education Training Policy and Procedure 19.1](#) throughout the course of certificate training.
- 17.2 A targeted learning plan is required for Fellows when there has been a failure to successfully complete a rotation. Targeted learning plan requirements in this instance must adhere to the guidelines provided in the [Targeted Learning Plans Policy and Procedure \(6.2\)](#)
- 17.3 Fellows are required to submit a training review application after three rotation fails. The training review requirements are outlined in the [Failure to Progress Education Training Policy and Procedure 19.1](#) noting that applications from Fellows are considered by the SATAP in the first instance.

18 Awarding the Certificate

- 18.1 In order to be awarded the Certificate, the applicant must hold RANZCP Fellowship.
- 18.2 To commence the Certificate award process, the Certificate checklist must be submitted to the DOAT once all Certificate requirements have been completed and submitted.
- 18.3 Upon approval of the Certificate checklist and sign off from the DOAT via inTrain, the trainees record will be audited to ensure all Certificate requirements have been satisfied. The trainee cannot progress if any of the Certificate requirements, documentation or RANZCP training administration fees are outstanding.
- 18.4 On confirmation that all Certificate requirements have been completed, the RANZCP organises approval from the SATAP Chair.
- 18.5 On approval from the SATAP Chair, the application progresses via the SATAP to the CFT for ratification.
- 18.6 The CFT ratifies the award of the Certificate and makes recommendation to the Education Committee (EC) for the award of the Certificate.
- 18.7 The EC shall make a determination to grant award of the Certificate. The EC reserves the right to reject the awarding of the Certificate, despite the recommendation of the SAT and CFT.
- 18.8 Should EC award the Certificate, trainees are eligible to use the post nominals Cert. Adult Psych.
- 18.9 The EC ratification date on the Admission to Fellowship schedule is when Certificates are awarded. CFT approval is required to be finalised by the paper due date outlined in the Fellowship schedule in order to make the award round.

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18.10 The RANZCP shall endeavour to adhere to the ratification deadline, as outlined in the Admission to Fellowship schedule, though it may not always be possible. Trainees are encouraged to plan in accordance with the Fellowship schedule dates to be awarded a Certificate.

19 Recognition of Prior Learning

19.1 Trainees are subject to the requirements outlined in the [Recognition of Prior Learning Policy and Procedure \(14.1\)](#)

19.2 Any training and/or work experience must have been completed within the past 8 calendar years in order to be eligible to be considered for RPL.

19.3 Training undertaken in the Fellowship Program prior to entering a Certificate cannot be converted to certificate training or granted as RPL.

19.4 Applicants who have undertaken training that is substantially equivalent to the Certificate training may generally be granted exemption from a maximum of 12 months FTE of Certificate training time and particular EPAs or other elements of the Certificate training on a case-by-case basis

20 Maximum Training Duration

20.1 Trainees must complete certificate training within 6 calendar years from the commencement date of the Certificate. This is inclusive of any breaks-in-training or part-time training.

20.2 Prior to approaching the Certificate deadline, a trainee may submit a prospective application to the SATAP to extend their maximum training duration due to exceptional or mitigating circumstances.

20.3 Applications should include the reason(s) for the application, a plan setting out the proposed timeline for completion of the Certificate requirements and any other relevant information (e.g. evidence of medical condition or other, references, statements showing how the trainee has progressed to date). Trainees should also include letters from their DOAT or should the trainee not want to seek DOAT support, they should express their reasons for this in their application

20.4 If Certificate training has not been completed within 6 calendar years, the trainee must make application in writing to the SATAP as to why they should be able to continue towards the Certificate. Communication will be sent to the trainee with a copy to the DOAT advising of this requirement.

20.5 Trainees should detail the following within their application:

- Set out the facts
- Include any relevant reasons (i.e. the exceptional circumstances) for the non-attainment of the certificate by the mandatory deadline (including evidence where relevant, e.g. a medical certificate)
- Include any mitigating circumstances
- Include a proposed plan to complete the Certificate by a specified time.

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- 20.6 References and letters of support should be sought from the trainee's DOAT as well as from others where relevant. Should the trainee not want to seek either DOAT, they should express their reasons for this in their application.
- 20.7 Trainees are required to submit the application within 60 days of receipt of the request. Should an application not be submitted within this time, the trainee's status in the program will be considered by SATAP and an outcome determined utilising the trainee's record.
- 20.8 Should the SATAP determine that not enough information has been provided to make a determination, they will request further information from the trainee by a specified time period.
- 20.9 The SATAP has the capacity to grant an extension of up to 1 calendar year or may make recommendation for exclusion from the certificate to the CFT.
- 20.10 If the SATAP makes recommendation to exclude the trainee from the Certificate, the recommendation will be made to the CFT and final decision reached by the EC.
- 20.11 Should a trainee be granted an extension but not complete the certificate requirements before the deadline provided, the trainee may request a further extension to their training. The application should adhere to points 20.5 and 20.6.
- 20.12 Any additional extensions must be considered by the SAT and a recommendation made to the CFT for final decision.
- 20.13 The CFT reserves the right to request information from the trainees DOAT and supervisors. In doing so, the SAT will maintain confidentiality of any trainee correspondence as requested.

21 Part Time and Breaks in Training

- 22.1 Trainees wishing to undertake training part time or may want a break in training should refer to the [Leave & Interruptions to Training Policy & Procedure](#) for more information.
- 22.2 Breaks in training can only be applied for and approved for 1 calendar year at a time. A trainee will need to apply for another break in training if they wish to extend their break in training beyond 1 calendar year.
- 22.3 Fellows-in-training can take as many breaks in training within the maximum 6 calendar year time limit.

23 Exiting Certificate Training

- 23.1 A trainee can exit the certificate by voluntary or involuntary means (withdrawal or exclusion).
- 23.2 A Fellow who exits a Certificate of Advanced Training is no longer a RANZCP trainee; exiting the training will not in itself affect their status as a Fellow of the RANZCP.

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- For more information of exiting certificate training, please refer to the [Training Exit and Re-Entry Policy and Procedure \(30.1\)](#).

24 Withdrawal

- 24.1 Trainees who wish to withdraw from the certificate program are required to complete and submit the [Withdrawal from training form](#).
- 24.2 A trainee can withdraw from the certificate at any time. The withdrawal from certificate does not impact a trainee's enrolment in the Fellowship program.
- 24.3 A Fellow can withdraw from the certificate at any time and this withdrawal does not impact their Fellowship status.
- 24.4 Withdrawal will be effective from the date written notice is provided to the RANZCP's head office. No further training will be credited to the trainee's training record from this date.
- 24.5 A trainee who has withdrawn may apply to re-enter Certificate of Advanced Training at a later date. They may be re-instated with previously completed training requirements if the training was completed within 8 years from their re-entry date.
- 24.6 If a Dual Certificate trainee withdrew from, or stopped, one of the Certificates of Advanced Training at any one point, a single certificate would only be awarded on the full completion of all requirements for the relevant certificate program.

25 Exclusion

- 25.1 A trainee may be excluded from training on the following grounds (please refer to [Exit and Re-entry Policy and Procedure \(30.1\)](#) for more detail):
- 25.2 Non-payment of training fees following a period of nine calendar months from the invoice due date
 - Note: If a trainee's grounds for exclusion only relate to unpaid fees and the trainee pays prior to their exclusion is ratified by RANZCP Board, their exclusion will be discontinued. A trainee who has already been excluded for non-payment will need to re-apply to enter training.
- 25.3 Not being able to complete the Certificate within the maximum timeframe of 6 calendar years including break in training time and not being granted additional training months by SATAP to remain in the advanced training program.
- 25.4 Being excluded from the Fellowship program or the removal of RANZCP Fellowship will automatically result in exclusion from the certificate.
- 25.5 Removal from the medical register or a lack of medical registration, or significant changes to a trainee's medical registration;
 - Note: trainees must formally advise the RANZCP head office within 14 days of any changes to, loss of or suspension of a trainee's medical registration, as per the Training Agreement.

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25.6 A breach of the RANZCP's Constitution, Code of Ethics, Fellowship Regulations or other RANZCP policies, guidelines or professional breaches potentially resulting in dismissal from employment or changes to medical registration.

26 Fees

26.1 Trainees are required to pay their annual training & administration fees on time in order to continue their advanced certificate training.

26.2 Fellows are required to pay the training administration fee for the certificate. Once 24 months FTE certificate training is completed, Fellows are required to make payment of the training administration fee until the certificate is awarded.

26.3 Non-payment of the prescribed training fee may result in exclusion from the Certificate program.

27 Review and Appeals Process

27.1 Trainees dissatisfied with training or assessment outcomes must first address their concerns with their supervisor, Director of Advanced Training, or the SATAP. Should the issue remain unresolved, they are to raise the matter promptly as possible with the relevant RANZCP Education Committee for further review and resolution.

27.2 Trainees are referred to the [RANZCP Appeals and complaints](#) webpage which provides guidance for those who aren't satisfied with the outcome of a decision relating to training or assessment, in accordance with the [RANZCP Review, Reconsideration and Appeal Policy and Procedure](#)

REVISION RECORD

Regulation owner:	Education and Training Department		
Contact:	Policy Development Officer (Education), Education and Training		
Date	Version	Approver	Description
30.10.2024	v3.0	Board - B2024/9 R16	Transferred and expanded into new regulation format.
08/08/19	v2.0	Minor Amendment	Addition of Certificate award process.
27/07/18	v1.9	Education Committee	Added to expand EPAs to include Stage 2 'Postpartum mental illness' and 'Psychiatric disorders in pregnancy'. Approved by CFT 28/06/18, Approved EC 27/07/18
10/11/17	v1.8	Minor Amendment	Removed five case formulations per 12 FTE months to provide flexibility for when requirement is completed.
14/08/17	v1.7	SATAP	Updated to clarify committees participation should be notated on ITA form.
15/02/17	v1.6	SATAP	Clarified trainees are encouraged to complete five case formulations per year.
31/03/17	v1.5	Education Committee	Expanded elective post options to include both teaching and medical administration training.
15/08/16	v1.4	SATAP	Revised to include trauma- and stressor-related/obsessive-compulsive and related disorders as option for formulations. Choice of committee should be discussed with DOAT. SATAP approved 19/05/16.

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16/12/15	v1.3	Education Committee	Updated to include structured psychotherapy requirements and adjust mandatory EPA numbers. Case formulation wording modified. Two committees or groups clarified. Included submission of checklist & sign off.
04/11/15	v1.1	Minor Amendment	Updated to clarify EPA requirements in elective rotations.
21/10/15	v1.0	Education Committee	New document. Approved by CFT 08/10/15. Approved EC out of session 14/10/15.
2026			NEXT REVIEW

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APPENDIX I

Adult Psychiatry EPAs table:

ST3-AP-FELL-EPA1	Teach and supervise.
ST3-AP-FELL-EPA2	Consult and collaborate with another health professional about their risk assessment.
ST3-AP-AOP-EPA3 Mandatory*	Assess and manage treatment-refractory psychiatric disorders.
ST3-AP-FELL-EPA4	Recovery and rehabilitation.
ST3-AP-FELL-EPA5 Mandatory	Complex work with families and/or carers.
ST3-AP-AOP-EPA6 Mandatory*	Physical comorbidity 3.
ST3-AP-FELL-EPA7	Preparation and presentation of a treating doctor's report to a tribunal authorising treatment under mental health legislation.
ST3-AP-FELL-EPA8 Mandatory	Demonstrate leadership skills in a multidisciplinary team setting. (Adult)
ST3-AP-FELL-EPA9 Mandatory	First presentation of a complex mental disorder.
ST3-AP-FELL-EPA10	Assessment and management of adults with a comorbid intellectual/developmental disability and mental illness.
ST3-AP-FELL-EPA11	Conduct assessments of adults, collaborate with carers, referrers and health professionals and implement management via telehealth to rural, remote or outlying areas.
ST3-AP-FELL-EPA12	Advanced clinical work with people with cultural and linguistic diversity.
ST3-AP-FELL-EPA13	Medicolegal (civil) assessment and report not connected with the relevant mental health act.
ST3-AP-FELL-EPA14	Assessment and comprehensive management of a patient over the age of 18 years with anorexia nervosa presenting in a severely underweight state (e.g. BMI < 14).
ST3-AP-FELL-EPA15	Assessment and comprehensive management of an outpatient adult with bulimia nervosa.
ST3-AP-FELL-EPA16	Assessment and comprehensive management of a woman experiencing a major postpartum mental illness within 12 months of childbirth.
ST3-AP-FELL-EPA17	Assessment and comprehensive management of a pregnant woman presenting with a psychiatric disorder.
ST3-AP-FELL-EPA18	Assessment and management of a mental illness occurring in an adult with an established diagnosis of epilepsy.
ST3-AP-FELL-EPA19	Assessment and management of psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury.
ST3-AP-FELL-EPA22	Review service delivery in an Early Intervention Service.