



RANZCP ID:	
Surname:	
First name:	
Zone:	
Location:	
Area of Practice	<input type="checkbox"/> Forensic psychiatry <input type="checkbox"/> Prospectively approved other <i>(please specify)</i>

Certificate of Advanced Training in Forensic Psychiatry Fellow-in-training end-of-rotation In-Training Assessment (ITA) form

Please refer to the RANZCP website for detailed information on the [Certificate of Advanced Training in Forensic Psychiatry](#) requirements.
Privacy Statement: Registrar evaluations are held and used in accordance with the [College's Privacy Policy Statement](#).

1. CONTACT INFORMATION

Mobile phone:

Email address:

2. APPROVED TRAINING DETAILS

The Director of Advanced Training and/or Principal Supervisor should amend as necessary.

(Please check the experience(s) below when complete only)

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> 3 months FTE treatment of prisoners/remandees | <input type="checkbox"/> 3 months FTE acute inpatient unit in a hospital |
| <input type="checkbox"/> 3 months FTE rehabilitation | <input type="checkbox"/> 3 months FTE community (treatment and/or assessment work) |

Start Date End Date

Training at FTE Calculated FTE months:

*If <0.5 FTE, prospective approval required. See [part-time training policy](#).

Partial Completion of a 6-month period: *(skip if full 6 month period was completed)*

..... FTE months in total were actually completed, due to: Part-time training prolonged leave other

(please give details)

3. FELLOW-IN-TRAINING STATEMENT

The following is a true and accurate record: *(check as appropriate)* **Yes** **No**

I have received formative feedback on my training progress mid-way or prior to mid-way through this 6 month period.

During this 6 month period I have received 1 hour per week of individual clinical supervision.

I have completed this psychiatry training in accordance with the RANZCP Fellowship Regulations 2012.

4. STATEMENT OF COMPLETED EPAs and WBAs

- It is **mandatory** to complete the Supervisor ID/Name, Date Entrusted and WBA columns. Incomplete forms will be returned.
- Fellows-in-training only need to provide details of the EPAs and/or WBAs done in **this** rotation. It is **not** necessary to complete the form for EPAs or WBAs done previously.
- Fellows-in-training should check their training record online by logging onto the College website 'Member Access' and click 'My Training Reports' to ensure that the data provided on this form has been accurately and fully reflected on their training records.

Fellows-in-training are required to complete two EPAs per 6 months FTE period

EPAs <i>(It is not necessary to provide details of EPAs attained previously)</i>	Entrusting supervisor's RANZCP ID or Name <i>(PRINT)</i>	Date entrusted <i>(DD/MM/YYYY)</i>	The following WBA tools were used to support the EPA attainment <i>(please indicate number of each)</i>				
			CbD	Mini-CEX	OCA	PP	DOPS
Stage 3 Forensic psychiatry	*Either EPA2A or EPA2B may be obtained, not both.						
Mandatory ST3-FP-FELL-EPA1: Forensic education seminars							
Mandatory ST3-FP-FELL-EPA2A: Systemic working: case review*							
Mandatory ST3-FP-FELL-EPA2B: Systemic working: clinical audit*							
ST3-FP-FELL-EPA3: Academic forensic psychiatry: research project							
Mandatory ST3-FP-AOP-EPA4: Consultation and liaison							
Mandatory ST3-FP-AOP-EPA5: Violence risk assessment 3							
Mandatory ST3-FP-AOP-EPA6: Long term care							
Mandatory ST3-FP-AOP-EPA7: Expert evidence 3							
ST3-FP-AOP-EPA8: Women's consultation-liaison							
ST3-FP-AOP-EPA9: Medicolegal assessment (civil): injury and impairment							
ST3-FP-AOP-EPA10: Medicolegal assessment (civil): fitness and capacity							
ST3-FP-AOP-EPA11: Adolescent forensic psychiatry							
ST3-FP-AOP-EPA12: Old age forensic psychiatry							
ST3-FP-AOP-EPA13: Sexual offending							
ST3-FP-AOP-EPA14: Civil forensic psychiatry: Family Court							
Other EPAs (please specify)							

CbD=Case-based discussion; **Mini-CEX**=Mini Clinical Evaluation Exercise; **OCA**=Observed Clinical Activity; **PP**=Professional Presentation
DOPS=Direct Observation of Procedural Skills

OCA WBA(s) completed in this 6 month period attached *(number in box)*.
(All OCA forms must be submitted.)

5. SUPERVISOR ASSESSMENT

- Please indicate (by placing a ✓ in the relevant box) which statement most appropriately describes the Fellow-in-training's performance for each CanMEDS role with reference to the [Forensic competencies](#).
- The columns marked with an * should help inform the feedback provided to the Fellow-in-training (page 4), i.e. the Fellow-in-training's strengths and weaknesses.

	CanMEDS Roles Supervisor to add specific comments under each role.	EXPECTATIONS					Unable to Comment
		Rarely Met *	Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	
1	Medical Expert						
2	Communicator						
3	Collaborator						
4	Manager						
5	Health advocate						
6	Scholar						
7	Professional						

6. FEEDBACK PROVIDED AT THE END OF ROTATION REVIEW

Supervisor to Fellow-in-training

The assessment given in Section 6 may assist you to complete this page.

Fellow-in-training's three areas of particular strength:

Three areas identified as needing further development:

7. PRINCIPAL SUPERVISOR REPORT – FINAL SUMMATIVE ASSESSMENT

Please check the final (overall) grade for the Fellow-in-training's progress in the Certificate for the past 6 month period.

Choose only one grade in either the Pass or Fail category.

Fail grades		Pass grades		
<input type="radio"/> Rarely Met the overall standard required	<input type="radio"/> Inconsistently Met the overall standard required	<input type="radio"/> Almost Always Met the overall standard required	<input type="radio"/> Sometimes Exceeded the overall standard required	<input type="radio"/> Consistently Exceeded the overall standard required

In the case of a failing grade: *(check as appropriate)*

Yes No

Were these concerns discussed with the Fellow-in-training earlier, e.g. at the mid-rotation point?

Has a supportive plan been undertaken with the Fellow-in-training in this 6 month period prior to this final assessment?

Is there a formal targeted learning plan in place for this Fellow-in-training?
(As per the policy this will be required within 60 days of a failing grade.)

8. PRINCIPAL SUPERVISOR DECLARATION

I declare that the above information was provided in good faith and is considered to be a true reflection of the Fellow-in-training's ability. This training was completed in accordance with the RANZCP Fellowship Regulations 2012.

I acknowledge that this document forms a part of the Fellow-in-training's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

I hereby verify that this assessment has been discussed with the Fellow-in-training.

Supervisor name (print)

Supervisor RANZCP ID Signature Date

9. FELLOW-IN-TRAINING DECLARATION

I have sighted the assessment on this report, have discussed the assessment with my Principal Supervisor and am aware that this assessment will form part of my RANZCP Training Record.

Yes No

I agree with the information on this form.

Fellow-in-training name (print) Signature Date

10. DIRECTOR OF ADVANCED TRAINING DECLARATION

I have checked the information provided by both the Fellow-in-training and supervisor. I hereby verify that the 'Approved Training Details' provide an accurate record of the Fellow-in-training's training status and that, to the best of my knowledge, the assessment details accurately reflect the assessment by the appropriate supervisor.

I acknowledge that this document forms a part of the Fellow-in-training's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

Director of Advanced Training name (print) RANZCP ID

Director of Advanced Training signature Date