

**ST3-YP-AOP-EPA1: Commencing psychopharmacological treatment for a young person**

<b>Area of practice</b>	<b>Youth Psychiatry</b>	<b>EPA identification</b>	ST3-YP-AOP-EPA1	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<p><b><i>Commencing psychopharmacological treatment for a young person (12-25) who has not previously been treated with psychopharmacology.</i></b></p>			
<p><b>Description</b> Maximum 150 words</p>	<p>The trainee:</p> <ul style="list-style-type: none"> <li>• engages with the young person, and family/carers to assist them to understand the rationale for medication treatment within the broader treatment context (in addition to non-medication interventions such as parent, family or individual therapy)</li> <li>• informs the young person, and family/carers of the expected benefits including the likely timeframe of response</li> <li>• informs the young person, and family/carers of the risk of the medication which should include the common, and less common but significant, adverse effects</li> <li>• instigates a review process for benefits and risks</li> <li>• adheres to applicable state/territory/national regulatory requirements</li> <li>• obtains and documents consent of the young person, and family/carers where appropriate.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7,8	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1	<b>PROF</b>	1
	<b>MAN</b>			

<p><b><i>Knowledge, skills and attitude required</i></b></p> <p>The following lists are neither exhaustive nor proscriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge of psychotropic prescribing in young people, including: <ul style="list-style-type: none"> <li>- developmental differences in pharmacokinetics and pharmacodynamics</li> <li>- Consideration of metabolic side effects</li> <li>- legislative requirements as relevant to the medication</li> <li>- off-label prescribing</li> <li>- current evidence base and its limitations</li> <li>- best psychiatric practice in young people</li> <li>- social debate around medication prescribing in young people.</li> </ul> </li> <li>• Demonstrates an awareness of the implications for other systems involved with the young person.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Undertakes a detailed and comprehensive assessment of a young person to inform prescribing practice.</li> <li>• Encourages discussion, questions and interaction within the clinical encounter to ensure understanding, adapting communication to the developmental stage and background of the young person.</li> <li>• Monitors response, including benefits and adverse effects of treatment.</li> <li>• Documents the rationale for medication treatment and issues related to consent.</li> <li>• Addresses possible stigma and misinformation linked to medication prescribing.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical prescribing.</li> <li>• Demonstrates respect for the views and opinions expressed by the young person and family/carers with regards to the treatment offered and incorporates these views in treatment planning.</li> </ul>
<p><b><i>Assessment method</i></b></p>	<p>Progressively assessed during individual or clinical supervision, including three appropriate WBAs.</p>
<p><b><i>Suggested assessment method details</i></b></p>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>

	<ul style="list-style-type: none"> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	<p>Offidani E, Fava GA, Tomba E, Baldessarini RJ. Excessive mood elevation and behavioral activation with antidepressant treatment of juvenile depressive and anxiety disorders: a systematic review. <i>Psychotherapy and psychosomatics</i>. 2013;82(3):132-41.</p> <p>Alvarez-Jimenez M, Gonzalez-Blanch C, Crespo-Facorro B, Hetrick S, Rodriguez-Sanchez JM, Perez-Iglesias R, et al. Antipsychotic-induced weight gain in chronic and first-episode psychotic disorders: a systematic critical reappraisal. <i>CNS drugs</i>. 2008;22(7):547-62.</p>

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Surname:	
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Hospital/service:	

## CONFIRMATION OF ENTRUSTMENT FORM

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<b>ST3-YP-AOP-EPA1: Commencing psychopharmacological treatment for a young person</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA1
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Commencing psychopharmacological treatment for a young person (12-25) who has not previously been treated with psychopharmacology.</b>		
<b>Description</b>	<p>The trainee:</p> <ul style="list-style-type: none"> <li>engages with the young person, and family/carers to assist them to understand the rationale for medication treatment within the broader treatment context (in addition to non-medication interventions such as parent, family or individual therapy)</li> <li>informs the young person, and family/carers of the expected benefits including the likely timeframe of response</li> <li>informs the young person, and family/carers of the risk of the medication which should include the common, and less common but significant, adverse effects</li> <li>instigates a review process for benefits and risks</li> <li>adheres to applicable state/territory/national regulatory requirements</li> <li>obtains and documents consent of the young person, and family/carers where appropriate.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA2: Family interview**

<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA2	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b><i>Independently conducts an initial family interview involving a young person aged 12-25.</i></b>			
<p><b>Description</b></p> <p>Maximum 150 words</p>	<p>The trainee can conduct an initial family interview independently. The trainee:</p> <ul style="list-style-type: none"> <li>• demonstrates ability to be inclusive and engage with all members of the family</li> <li>• gathers all important and relevant information in a culturally and developmentally sensitive way</li> <li>• sensitively directs the course of the interview</li> <li>• communicates their initial hypotheses back to the family, taking account of the family’s values and beliefs</li> <li>• is able to propose and discuss the initial course of action with the family</li> <li>• applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness</li> <li>• manages potentially disruptive family conflict within the interview.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1,2,3,4	<b>HA</b>	2
	<b>COM</b>	1	<b>SCH</b>	
	<b>COL</b>	1, 2	<b>PROF</b>	1, 2
	<b>MAN</b>			
<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands developmental needs of young people present in the interview.</li> <li>• Aware of the importance of rapport with, and engagement of, families/carers.</li> <li>• Understands intrapersonal, interpersonal and systemic issues in patient care.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Understands family dynamics based on theoretical models.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Takes history sensitive to individual, family, social, cultural and developmental context.</li> <li>• Adapts interactions to the developmental stage and background of the young person and family.</li> <li>• Uses culturally and developmentally appropriate verbal and non-verbal communication.</li> <li>• Encourages discussion, questions and interactions within the clinical encounter.</li> <li>• Elicits information from all family members and establishes and maintains an effective working alliance.</li> <li>• Integrates the information obtained into a shared hypothesis and communicates it to the family in an easily understood manner, encouraging feedback.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Demonstrates appropriate respect and empathy for all family.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>

**References**

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-YP-AOP-EPA2: Family interview</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA2
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Independently conduct an initial family interview involving a young person aged 12-25.</b>		
<b>Description</b>	<p>The trainee can conduct an initial family interview independently. The trainee:</p> <ul style="list-style-type: none"> <li>• demonstrates ability to be inclusive and engage with all members of the family</li> <li>• gathers all important and relevant information in a culturally and developmentally sensitive way</li> <li>• sensitively directs the course of the interview</li> <li>• communicates their initial hypotheses back to the family, taking account of the family's values and beliefs</li> <li>• is able to propose and discuss the initial course of action with the family</li> <li>• applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness</li> <li>• manages potentially disruptive family conflict within the interview.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

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Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA3: Liaison with educational institutions or employers regarding management of academic or vocational concerns in a young person**

<b>Area of practice</b>	<b>Youth Psychiatry</b>	<b>EPA identification</b>	<b>ST3-YP-AOP-EPA3</b>
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
<b>Title</b>	<p><b>Liaison with educational institutions or employers regarding management of academic or vocational concerns in a young person (12-25) with mental health problems</b></p>		
<p><b>Description</b> Maximum 150 words</p>	<p>The trainee will be able to assess young people with regard to their vocational and/or educational progress, and develop and monitor management plans to help improve their trajectory, using evidence-based interventions, for example, Individual Placement and Support (IPS) models, and to engage with educational or employment services and agencies, to manage academic or vocational concerns.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Vocational and educational trajectories and recovery</li> <li>• Liaison with employers or educational institutions, referral to, and liaison with, Individual Placement and Support services</li> <li>• Awareness of the importance of vocational and functional outcomes in young people with mental illness, and evidence-based strategies to improve them,</li> <li>• Engagement and provision of psychoeducation to the young person around the assessment and implications thereof</li> <li>• Understanding of the interactions between unemployment and mental health, including suicide rates and substance use</li> <li>• Recommendation of psychological and/or pharmacological treatment as appropriate</li> <li>• Appropriate follow-up.</li> </ul>		

<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor proscriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of evidence-based interventions in young people with concerns around vocational or educational outcomes</li> <li>• Integrate knowledge from the scientific literature regarding social and functional outcomes in young people and incorporate them into clinical work.</li> <li>• Demonstrate understanding and knowledge about the interactions between mental illness and social engagement, and barriers to care.</li> <li>• Referral to, and liaison with other disciplines, for example, occupational therapy, clinical psychology, neuropsychology</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Conduct a comprehensive assessment of a young person's vocational and/or educational needs.</li> <li>• Integrate the information collected and develop a competent formulation, identifying gaps in the available information.</li> <li>• Liaise with employers, educational institutions, voluntary agencies and other professions, eg Occupational Therapy.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Gather collateral information from family/carers or other appropriate sources, with due regard to privacy considerations.</li> <li>• Assess and manage negative syndromes with psychosocial and, where necessary, pharmacological interventions</li> <li>• Provide explanation and education to young people and their family/carers regarding the differential diagnosis and treatment options.</li> <li>• Develop skills and strategies to engage young people, and their families/carers in ongoing support.</li> <li>• Develop a plan consistent with recovery framework principles in collaboration with the young person and their family/carers.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Appreciate the ethical issues in the assessment and treatment of people with vocational or educational concerns, and the range of possible longer-term outcomes.</li> <li>• Respect the young person’s goals for their care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Completion of at least 3 assessments using validated clinical instruments</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	<p>Individual placement and support for vocational recovery in first-episode psychosis: randomised controlled trial. Eóin Killackey, Kelly Allott, Henry J. Jackson, et al. The British Journal of Psychiatry (2019) 214, 76–82.</p> <p>Long term employment trajectories amongst participants with severe mental illness in supported employment. Becker, D. R., Whitley, R., Bailey, E. L. et al (2007) Psychiatric Services, 2007;58, 922–928.</p>

	Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence. Matthew Modini, Leona Tan, Beate Brinchmann, Min-Jung Wang, Eoin Killackey, Nicholas Glozier, Arnstein Mykletun and Samuel B. Harvey British Journal of Psychiatry 2016;209(1)14-22
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<b>ST3-YP-AOP-EPA3: Liaison with educational institutions or employers regarding management of academic or vocational concerns in a young person</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA3
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Liaison with educational institutions or employers regarding management of academic or vocational concerns in a young person (12-25) with mental health problems</b>		
<b>Description</b>	<p>The trainee will be able to assess young people with regard to their vocational and/or educational progress, and develop and monitor management plans to help improve their trajectory, using evidence-based interventions, for example, Individual Placement and Support (IPS) models, and to engage with educational or employment services and agencies, to manage academic or vocational concerns. This includes:</p> <ul style="list-style-type: none"> <li>• Vocational and educational trajectories and recovery</li> <li>• Liaison with employers or educational institutions, referral to, and liaison with, Individual Placement and Support services</li> <li>• Awareness of the importance of vocational and functional outcomes in young people with mental illness, and evidence-based strategies to improve them,</li> <li>• Engagement and provision of psychoeducation to the young person around the assessment and implications thereof</li> <li>• Understanding of the interactions between unemployment and mental health, including suicide rates and substance use</li> <li>• Recommendation of psychological and/or pharmacological treatment as appropriate</li> <li>• Appropriate follow-up.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

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Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

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Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

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 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA4 : Assess and manage metabolic concerns or side effects in a young person**

<b>Area of practice</b>	<b>Youth Psychiatry</b>		<b>EPA identification</b>	<b>ST3-YP-AOP-EPA4</b>
<b>Stage of training</b>	Stage 3 – Advanced		<b>Version</b>	V1.0 EC approved 01.07.2025
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Assess and manage metabolic concerns or side effects in a young person (12-25) receiving pharmacological treatment</b>			
<p><b>Description</b> Maximum 150 words</p>	<p>The trainee will be able to assess young people (12-25) who have experienced significant weight gain, or other metabolic side effects, or are at risk of so doing, as a result of pharmacological treatments, and provide psychoeducation concerning metabolic health risks to young people, in whom pharmacological interventions are being considered. These include:</p> <ul style="list-style-type: none"> <li>• Comprehensive assessment of metabolic and lifestyle risks including tobacco smoking</li> <li>• Awareness of treatment options, and their strengths and weaknesses</li> <li>• Engagement and provision of psychoeducation to the young person around the potential options to manage weight gain, e.g. dietary, exercise. Liaison with other professions, e.g. exercise physiology, joint treatment planning.</li> <li>• Recommendation of psychological and/or pharmacological treatment as appropriate</li> <li>• Appropriate follow-up.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		

***Knowledge, skills and attitude required***

The following lists are neither exhaustive nor proscriptive.

Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

**Ability to apply an adequate knowledge base**

- Demonstrate understanding of metabolic monitoring and management in young people with mental health problems, and, particularly, in those receiving treatment with pharmacological agents
- Demonstrate knowledge of evidence-based interventions in young people with metabolic risks, including their long-term effectiveness.
- Integrate knowledge from the scientific literature regarding management of metabolic risks in young people receiving pharmacological treatments, and the relative merits of different agents, eg 1<sup>st</sup> v 2<sup>nd</sup> generation dopamine antagonists/partial agonists, clozapine, SSRIs, SNRIs etc.
- Demonstrate understanding and knowledge about the metabolic contribution to longer term mortality and morbidity in people with serious mental illness.

**Skills**

- Implement a comprehensive metabolic monitoring, and intervention, assessment and plan, in a young person, including appropriate biochemical and haematological testing and appropriate prescribing.
- Integrate the information collected and develop a competent formulation, identifying gaps in the available information.
- Develop a management plan with a young person with metabolic risk relating to prescription of second or third-line medications, eg clozapine
- Provide explanation and education to young people with a metabolic risk factors, regarding lifestyle, nutritional, exercise and other treatment options.
- Develop skills and strategies to engage young people with metabolic risks, and their families/carers in ongoing care.

	<ul style="list-style-type: none"> <li>• Develop a metabolic risk management plan consistent with recovery framework principles in collaboration with the young person and their family/carers.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Appreciate the ethical issues in the assessment and treatment of people with metabolic risks, and the range of possible longer-term outcomes.</li> <li>• Respect the young person’s goals for their care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Completion of at least 3 metabolic risk monitoring and management plans</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	<p>Antipsychotic-induced weight gain in chronic and first-episode psychotic disorders: a systematic critical reappraisal. Alvarez-Jimenez M, Gonzalez-Blanch C, Crespo-Facorro B, Hetrick S, Rodriguez-Sanchez JM, Perez-Iglesias R, et al. CNS drugs. 2008;22(7):547-62.</p> <p>The effectiveness of the Keeping the Body in Mind Xtend pilot lifestyle program on dietary intake in first-episode psychosis: Two-year outcomes. Teasdale, SB, Curtis, J, Ward, P, et al Obesity Research &amp; Clinical Practice, 2019;13(2):214-216</p> <p>Cardio-metabolic risk and its management in a cohort of clozapine-treated outpatients. Lappin, JM, Wijaya, M, Watkins, A, et al. Schizophrenia Research, 2018;199, September, 367-373</p> <p>A Behavioral Weight-Loss Intervention in Persons with Serious Mental Illness. Daumit, GL, Dickerson, FB, et al. N Engl J Med 2013; 368:1594-1602</p>

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Hospital/service:	

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<b>ST3-YP-AOP-EPA4 : Assess and manage metabolic concerns or side effects in a young person</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA4
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Assess and manage metabolic concerns or side effects in a young person (12-25) receiving pharmacological treatment</b>		
<b>Description</b>	<p>The trainee will be able to assess young people (12-25) who have experienced significant weight gain, or other metabolic side effects, or are at risk of so doing, as a result of pharmacological treatments, and provide psychoeducation concerning metabolic health risks to young people, in whom pharmacological interventions are being considered. These include:</p> <ul style="list-style-type: none"> <li>• Comprehensive assessment of metabolic and lifestyle risks including tobacco smoking</li> <li>• Awareness of treatment options, and their strengths and weaknesses</li> <li>• Engagement and provision of psychoeducation to the young person around the potential options to manage weight gain, e.g. dietary, exercise. Liaison with other professions, e.g. exercise physiology, joint treatment planning.</li> <li>• Recommendation of psychological and/or pharmacological treatment as appropriate</li> <li>• Appropriate follow-up.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA5 : First presentation of a young person (12-25)**

<b>Area of practice</b>	<b>Youth Psychiatry</b>		<b>EPA identification</b>	<b>ST3-YP-AOP-EPA5</b>
<b>Stage of training</b>	Stage 3 – Advanced		<b>Version</b>	V1.0 EC approved 01.07.2025
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>First presentation of a young person (12-25) with a complex mental disorder.</b>			
<p><b>Description</b> Maximum 150 words</p>	<p>The trainee will be able to assess young people (12-25) with a first presentation of a complex mental disorder and develop and implement a management plan. This includes:</p> <ul style="list-style-type: none"> <li>• comprehensive assessment and consideration of differential diagnoses</li> <li>• engagement and provision of education</li> <li>• interventions to assist young people and their family/carers with stigma and barriers to care</li> <li>• development of a recovery plan with the young person and their family/carers</li> <li>• initiation of psychological and pharmacological treatment as appropriate</li> <li>• appropriate follow-up.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p>			

The following lists are neither exhaustive nor proscriptive.

- Demonstrate knowledge of evidence-based interventions in young people with a first presentation of a mental disorder, including their long-term effectiveness.
- Integrate knowledge from the scientific literature regarding young people with a first presentation of a mental disorder into clinical work. For example, knowledge about stigma, the significance of the duration of untreated psychosis, engagement and barriers to care.

### **Skills**

- Conduct a comprehensive bio-psycho-socio-cultural assessment including a sophisticated risk assessment.
- Integrate the information collected and develop a competent formulation, identifying gaps in the available information.
- Develop and defend an appropriate differential diagnosis, acknowledging the degree of uncertainty that may be present in the first presentation of a mental disorder.
- Gather collateral information from family/carers or other appropriate sources, with due regard to privacy considerations.
- Plan and implement appropriate investigations to clarify the diagnosis.
- Provide explanation and education to young people with a first presentation of a mental disorder and their family/carers regarding the differential diagnosis and treatment options.
- Develop skills and strategies to engage young people with a first presentation of a mental disorder and their families/carers in ongoing care.
- Develop an integrated and flexible bio-psycho-socio-cultural management plan in collaboration with the young person and their family/carers.
- Develop a plan consistent with recovery framework principles in collaboration with the young person and their family/carers.
- Implement this plan, under supervision, and in collaboration with the young person and their family/carers, the multidisciplinary team and other services and health professionals.

### **Attitude**

	<ul style="list-style-type: none"> <li>• Advocate on behalf of young people and their family/carers to improve overall outcomes and access to services and supports.</li> <li>• Appreciate the ethical issues in the assessment and treatment of young people with a first presentation of a mental disorder. In particular, the tension between beneficence and nonmaleficence and the maintenance of autonomy while managing risks appropriately and safely.</li> <li>• Respect the young person's goals for their care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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First name:	
Zone:	
Hospital/service:	

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<b>ST3-YP-AOP-EPA5 : First presentation of a young person (12-25)</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA5
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>First presentation of a young person (12-25) with a complex mental disorder.</b>		
<b>Description</b>	<p>The trainee will be able to assess young people (12-25) with a first presentation of a complex mental disorder and develop and implement a management plan. This includes:</p> <ul style="list-style-type: none"> <li>• comprehensive assessment and consideration of differential diagnoses</li> <li>• engagement and provision of education</li> <li>• interventions to assist young people and their family/carers with stigma and barriers to care</li> <li>• development of a recovery plan with the young person and their family/carers</li> <li>• initiation of psychological and pharmacological treatment as appropriate</li> <li>• appropriate follow-up.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA6 – Assess culturally and linguistically diverse young people**

<b>Area of practice</b>	<b>Youth Psychiatry</b>	<b>EPA identification</b>	ST3-YP-AOP-EPA6	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Conducts an assessment of a culturally and linguistically diverse young person (12-25).</b>			
<b>Description</b> Maximum 150 words	The trainee: <ul style="list-style-type: none"> <li>• adapts interviewing style to accommodate language and cultural differences</li> <li>• effectively utilises an interpreter when required</li> <li>• demonstrates a respectful stance with regards to the young person’s, and their family’s cultural background, acknowledging the limits of their own knowledge and seeking advice and information regarding culturally appropriate interactions as required</li> <li>• demonstrates an understanding of how the young person’s, and their family’s cultural background and experiences may have influenced the development of the identified young person and the expression of psychopathology</li> <li>• is aware of the role of different cultural agencies.</li> </ul>			
<b>Detailed description</b> If needed	The framework of this EPA could be used with young people of Māori or Aboriginal and/or Torres Strait Islander cultural identity.			
<b>Fellowship competencies</b>	<b>ME</b>	1,2,3	<b>HA</b>	1
	<b>COM</b>	1	<b>SCH</b>	
	<b>COL</b>	1, 2	<b>PROF</b>	2
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• Understands the interaction between culture and the individual young person, and their family’s presentation.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Develops knowledge of cultural differences in the young person and their family's understanding of mental illness.</li> <li>• Understands the principles of transcultural psychiatry.</li> <li>• Aware of culturally appropriate support services.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• History taking and examination shows awareness of cultural issues in relation to the needs of the young person and the needs of their family.</li> <li>• Identifies and uses resources that are culturally, developmentally and socially relevant and available.</li> <li>• Uses culturally and developmentally appropriate verbal and non-verbal communication.</li> <li>• Encourages discussion, questions and interaction within the clinical encounter.</li> <li>• Identifies when and how to utilise an interpreter appropriately.</li> <li>• Identifies when, and how, to seek assistance from a cultural liaison worker (where available).</li> <li>• Recognises complexity and is able, with supervision, to formulate a management plan.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Openness and respect for the diversity of young people and their families.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>

#### References

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-YP-AOP-EPA6 – Assess culturally and linguistically diverse young people</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA6
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Conducts an assessment of a culturally and linguistically diverse young person (12-25).</b>		
<b>Description</b>	<p>The trainee:</p> <ul style="list-style-type: none"> <li>• adapts interviewing style to accommodate language and cultural differences</li> <li>• effectively utilises an interpreter when required</li> <li>• demonstrates a respectful stance with regards to the young person’s, and their family’s cultural background, acknowledging the limits of their own knowledge and seeking advice and information regarding culturally appropriate interactions as required</li> <li>• demonstrates an understanding of how the young person’s, and their family’s cultural background and experiences may have influenced the development of the identified young person and the expression of psychopathology</li> <li>• is aware of the role of different cultural agencies.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

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Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
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### TRAINEE DECLARATION

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 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA7 – Psychiatric illness in a young person (12-25) with a chronic medical illness**

<b>Area of practice</b>	<b>Youth Psychiatry</b>	<b>EPA identification</b>	ST3-YP-AOP-EPA7	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assess and manage psychiatric illness in a young person (12-25) with a chronic medical illness.</b>			
<b>Description</b> Maximum 150 words	The trainee must demonstrate an ability to assess, identify and manage psychological distress and/or psychiatric illness in a young person (aged 12-25) with a chronic medical illness.			
<b>Fellowship competencies</b>	<b>ME</b>	1,2,3,4,5,6,7,8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1,2,3,4	<b>PROF</b>	1,2,3,4
	<b>MAN</b>	1,2,4		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Common psychological responses of young people with a chronic medical illness including abnormal illness behaviour.</li> <li>• Common psychiatric comorbidities in young people with a chronic medical illness.</li> <li>• Common psychological symptoms related to the underlying chronic medical illness.</li> <li>• Psychodynamic factors, eg. countertransference, transference and therapeutic nihilism, and how these factors can influence the behaviour of the health provider.</li> <li>• Appropriate biological, psychological and social therapies to manage psychiatric symptoms in young people with a chronic medical illness.</li> <li>• Challenges in the use of medications in young people with a chronic medical illness, eg. drug interactions.</li> <li>• Aware of the evidence basis for psychological and other interventions for improving quality of life in chronic illness.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Provides a comprehensive biopsychosocial assessment including consideration of:</li> </ul>			

	<ul style="list-style-type: none"> <li>- treatment adherence</li> <li>- family and cultural factors</li> <li>- the young person's understanding of the illness</li> <li>- illness related behaviour.</li> </ul> <ul style="list-style-type: none"> <li>• Works collaboratively with other health professionals to provide a psychiatric assessment and manage young people with chronic medical illness.</li> <li>• Develops and recommends an appropriate management plan in a consultation or liaison role.</li> <li>• Demonstrates effective verbal and written communication skills.</li> <li>• Ability to take into consideration the young person's expressed will and preferences, prioritise these and negotiate tensions when these cannot be the primary consideration.</li> <li>• Ability to instil hope in the the young person and their carers.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Understands the importance of advocacy.</li> <li>• Aware of the impact on the treating team of caring for young people with chronic medical illness.</li> <li>• Aware of the limitations of a consultation–liaison role.</li> <li>• Models a hopeful and optimistic attitude with an understanding of patient dignity.</li> <li>• Attitude of openness to a range of views about potentially helpful strategies.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including at least three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>

#### References

COGHLAN R, LAWRENCE D, HOLMAN CDJ & JABLENSKY AV. *Duty to care: physical illness in people with mental illness*. Perth: The University of Western Australia, 2001.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-YP-AOP-EPA7 – Psychiatric illness in a young person (12-25) with a chronic medical illness</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA7
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Assess and manage psychiatric illness in a young person (12-25) with a chronic medical illness.</b>		
<b>Description</b>	The trainee must demonstrate an ability to assess, identify and manage psychological distress and/or psychiatric illness in a young person (aged 12-25) with a chronic medical illness.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA8 – Assess and manage complex clinical presentation in a young person (12-25)**

<b>Area of practice</b>	<b>Youth Psychiatry</b>	<b>EPA identification</b>	ST3-YP-AOP-EPA8	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Assesses and implements a management plan for a complex clinical presentation where there are ongoing protection concerns regarding a young person aged 12-25.</b>			
<p><b>Description</b> Maximum 150 words</p>	<p>The trainee independently carries out an assessment and implements a management plan for a clinical situation where there are multiple needs and significant concerns regarding protection of a young person aged (12-25). This involves:</p> <ul style="list-style-type: none"> <li>• a sophisticated assessment, identification and prioritisation of issues and concerns</li> <li>• implementing a comprehensive management plan that addresses risk issues and articulates immediate/short-/long-term goals or strategies</li> <li>• clear delineation of roles and responsibilities with the family, care team and statutory welfare agency</li> <li>• engagement and collaboration with all stakeholders (identifying when engagement and collaboration has not been successful and seeking additional support to address this)</li> <li>• implementing and communicating an appropriate safety plan and management strategy with relevant parties.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1,2,3,4,5,7,8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1,3,4	<b>PROF</b>	1, 2
	<b>MAN</b>			
<p><b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Relevant child protection legislation and the role of statutory agencies.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Awareness of legal frameworks involved in working with young people, including principles of international and national standards of human rights and responsibilities and legislation related to treatment of mental illness, safety, privacy and confidentiality.</li> <li>• Mental health act legislation.</li> <li>• Impact of trauma on the young person and family in the short, medium and long term.</li> <li>• Psychiatric and psychological manifestations of trauma.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Conducts a comprehensive psychiatric assessment where there is complexity at individual, family and systemic levels.</li> <li>• Develops and implements a comprehensive management plan responding to the levels of complexity.</li> <li>• Ability to communicate clearly and work collaboratively with the young person, family and statutory and other agencies.</li> <li>• Ability to consider a parent's capacity to provide an adequate caretaking environment.</li> <li>• Ability to provide clinical opinion in relation to a young person's protection.</li> <li>• Consults with other experts and colleagues as required.</li> <li>• Advocates for the best interests of the young person across all systems of care.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Capacity to hold best interests of the young person at the centre of the assessment and management plan.</li> <li>• Respectful stance in working across, and within, diverse systems of care.</li> <li>• Capacity to tolerate and contain distress, uncertainty and ambiguity generated by complexity.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Professional presentation.</li> </ul>

**References**

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-YP-AOP-EPA8 – Assess and manage complex clinical presentation in a young person (12-25)</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA8
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Assesses and implements a management plan for a complex clinical presentation where there are ongoing protection concerns regarding a young person aged 12-25.</b>		
<b>Description</b>	<p>The trainee independently carries out an assessment and implements a management plan for a clinical situation where there are multiple needs and significant concerns regarding protection of a young person aged (12-25). This involves:</p> <ul style="list-style-type: none"> <li>• a sophisticated assessment, identification and prioritisation of issues and concerns</li> <li>• implementing a comprehensive management plan that addresses risk issues and articulates immediate/short-/long-term goals or strategies</li> <li>• clear delineation of roles and responsibilities with the family, care team and statutory welfare agency</li> <li>• engagement and collaboration with all stakeholders (identifying when engagement and collaboration has not been successful and seeking additional support to address this)</li> <li>• implementing and communicating an appropriate safety plan and management strategy with relevant parties.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA9 – Treatment-refractory disorders in young people (12-25)**

<b>Area of practice</b>	<b>Youth Psychiatry</b>	<b>EPA identification</b>	ST3-YP-AOP-EPA9		
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025		
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.					
<b>Title</b>	<b>Assess and manage treatment-refractory psychiatric disorders in a young person (12-25)</b>				
<b>Description</b> Maximum 150 words	The trainee must demonstrate an ability to assess, develop and implement comprehensive biopsychosocial management plans for young people, aged 12-25, with treatment-refractory psychiatric disorders.				
<b>Fellowship competencies</b>	<b>ME</b>	1,2,3,4,5,6,7	<b>HA</b>	1	
	<b>COM</b>	1, 2	<b>SCH</b>	2	
	<b>COL</b>	1,2,3,4	<b>PROF</b>	1, 2	
	<b>MAN</b>	2, 4			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Demonstrates knowledge of the definitions and controversies of treatment-refractory psychiatric disorders.</li> <li>• Demonstrates knowledge of evidence-based interventions in treatment-refractory psychiatric disorders.</li> <li>• Demonstrates an understanding of the role of families/carers and appropriate skills in working with families/carers.</li> <li>• Recognises the importance of cost-effective utilisation of resources.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Provides a comprehensive biopsychosocial assessment including diagnostic issues, treatment adherence, family and cultural issues, the young person’s understanding of the illness and illness behaviours.</li> </ul>				

	<ul style="list-style-type: none"> <li>• Works collaboratively with other professions and agencies to provide assessment and management of young people with treatment-refractory psychiatric disorders.</li> <li>• Negotiates an integrated management plan in a biopsychosocial framework with the young person.</li> <li>• Can incorporate recovery-based principles into the management plan.</li> <li>• Includes relevant family/carers in the development of a management plan.</li> <li>• Demonstrates effective verbal and written communication skills.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Provides appropriate clinical leadership to assist the young person, family/carers and team to maintain therapeutic hope.</li> <li>• Advocates on behalf of young people and their carers.</li> <li>• Demonstrates an ethical approach, respecting the young person's goals.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Professional presentation.</li> </ul>

**References**

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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## CONFIRMATION OF ENTRUSTMENT FORM

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<b>ST3-YP-AOP-EPA9 – Treatment-refractory disorders in young people (12-25)</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA9
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Assess and manage treatment-refractory psychiatric disorders in a young person (12-25)</b>		
<b>Description</b>	The trainee must demonstrate an ability to assess, develop and implement comprehensive biopsychosocial management plans for young people, aged 12-25, with treatment-refractory psychiatric disorders.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**Conduct an assessment of a young person aged 12-25 with an Ultra-High Risk (UHR) for psychosis presentation using a structured, validated clinical instrument.**

<b>Area of practice</b>	<b>Youth Psychiatry</b>	<b>EPA identification</b>	<b>ST3-YP-AOP-EPA10</b>	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC Approved 01.07.2025	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Conduct an assessment of a young person aged 12-25 with an Ultra-High Risk (UHR) for psychosis presentation using a structured, validated clinical instrument.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee will be able to assess young people (12-25) with a first presentation of an Ultra High Risk for psychosis, using a structured approach to assessment, to assist differentiation between UHR and First Episode of Psychosis. This includes:</p> <ul style="list-style-type: none"> <li>• Comprehensive assessment and consideration of differential diagnoses</li> <li>• Awareness of the UHR concept, and its strengths and weaknesses</li> <li>• Engagement and provision of psychoeducation to the young person around the assessment and implications thereof</li> <li>• Understanding of the differences in approaches to treatment for UHR and FEP</li> <li>• Recommendation of psychological and/or pharmacological treatment as appropriate</li> <li>• Appropriate follow-up.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		

***Knowledge, skills and attitude required***

The following lists are neither exhaustive nor proscriptive.

Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

**Ability to apply an adequate knowledge base**

- Demonstrate knowledge of evidence-based interventions in young people with a first presentation of a UHR state, including their long-term effectiveness.
- Integrate knowledge from the scientific literature regarding young people with a first presentation of a UHR state into clinical work.
- Demonstrate understanding and knowledge about transition to psychosis and other outcomes, the significance of the duration of untreated psychosis, engagement and barriers to care.

**Skills**

- Conduct a comprehensive clinical assessment, including using a structured interview, for example, the CAARMS (Comprehensive Assessment of At Risk Mental States), or SIPS (Structured Interview for Prodromal Syndromes), with appropriate training in the use of the instrument.
- Integrate the information collected and develop a competent formulation, identifying gaps in the available information.
- Develop and defend an appropriate differential diagnosis, acknowledging the degree of uncertainty that may be present in the first presentation of a mental disorder.
- Gather collateral information from family/carers or other appropriate sources, with due regard to privacy considerations.
- Plan and implement appropriate investigations to clarify the diagnosis.
- Provide explanation and education to young people with a first presentation of a UHR state and their family/carers regarding the differential diagnosis and treatment options.

	<ul style="list-style-type: none"> <li>• Develop skills and strategies to engage young people with a UHR state and their families/carers in ongoing care.</li> <li>• Develop a plan consistent with recovery framework principles in collaboration with the young person and their family/carers.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Appreciate the ethical issues in the assessment and treatment of people with a first presentation of a UHR state, and the range of possible longer-term outcomes.</li> <li>• Respect the young person's goals for their care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Completion of at least 3 assessments using validated clinical instruments</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	<p>Mapping the Onset of Psychosis: The Comprehensive Assessment of At-Risk Mental States. Yung, A. R., Yung, A. R., Pan Yuen, H., McGorry, P. D., Phillips, L. J., Kelly, D., ... Buckby, J. (2005). Australian &amp; New Zealand Journal of Psychiatry, 39(11–12), 964–971.</p> <p>Prodromal assessment with the Structured Interview for Prodromal Syndromes and the Scale of Prodromal Symptoms: predictive validity, interrater reliability, and training to reliability. Miller TJ, McGlashan TH, Rosen J, Cadenhead K, Ventura J, McFarlane W, et al. Schizophrenia Bulletin. 2003;29(4):703-15</p>

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>Conduct an assessment of a young person aged 12-25 with an Ultra-High Risk (UHR) for psychosis presentation using a structured, validated clinical instrument.</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA10
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Conduct an assessment of a young person aged 12-25 with an Ultra-High Risk (UHR) for psychosis presentation using a structured, validated clinical instrument.</b>		
<b>Description</b>	<p>The trainee will be able to assess young people (12-25) with a first presentation of an Ultra High Risk for psychosis, using a structured approach to assessment, to assist differentiation between UHR and First Episode of Psychosis. This includes:</p> <ul style="list-style-type: none"> <li>• Comprehensive assessment and consideration of differential diagnoses</li> <li>• Awareness of the UHR concept, and its strengths and weaknesses</li> <li>• Engagement and provision of psychoeducation to the young person around the assessment and implications thereof</li> <li>• Understanding of the differences in approaches to treatment for UHR and FEP</li> <li>• Recommendation of psychological and/or pharmacological treatment as appropriate</li> <li>• Appropriate follow-up.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-YP-AOP-EPA11: Provides leadership in an interagency case conference focused on a young person**

<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA11
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	V1.0 EC Approved 01.07.2025
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
<b>Title</b>	<b><i>Provides leadership in an interagency case conference focused on a young person aged 12-25.</i></b>		
<b>Description</b> Maximum 150 words	The trainee demonstrates the ability to provide active and effective leadership in a multi-agency and multidisciplinary setting. The trainee: <ul style="list-style-type: none"> <li>• can identify and engage the relevant participants</li> <li>• is able to make a significant contribution to the agenda for the conference, synthesising the available information and determining the key areas that require deliberation</li> <li>• uses clear communication strategies (written and verbal) in the conference, being inclusive and respectful of the varying roles and levels of experience and expertise of the participants</li> <li>• is able to make a significant contribution to an accurate and coherent report of the meeting with clear action statements</li> <li>• is able to advocate as appropriate for organisational/systemic change that benefits young people and their families, and applies the principles of promotion, prevention and early intervention.</li> </ul>		
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b> 1, 2
	<b>COM</b>	1, 2	<b>SCH</b>
	<b>COL</b>	3, 4	<b>PROF</b>
	<b>MAN</b>	1,2,3,5	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• Detailed knowledge of the roles and responsibilities of key stakeholders and their relationship to the multidisciplinary team.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Understands the literature on clinical leadership including the characteristics of good leaders.</li> <li>• Understands the principles of group dynamics.</li> <li>• Understands the concept of clinical governance.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Exhibits social awareness and the ability to manage professional relationships, including conflict.</li> <li>• Demonstrates the ability to guide and lead a discussion that is focused, client centred and time managed.</li> <li>• Integrates the information from the case conference to generate a collaborative plan.</li> <li>• Exhibits self-awareness, self-management and mindfulness relevant to his or her leadership roles.</li> <li>• Is able to facilitate or take the lead in making a decision where there is team disagreement that cannot be resolved in a timely manner and evaluate the outcome of this decision.</li> <li>• Demonstrates the use of feedback in relation to his or her own performance.</li> <li>• Demonstrates the ability to support the development of other team members.</li> <li>• Builds partnerships and networks to influence outcomes positively for young people.</li> <li>• Demonstrates critical and strategic thinking in relation to the systems in which he or she works.</li> <li>• Navigates sociopolitical environments.</li> <li>• Demonstrates an ability to effect continuous quality improvement.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Values the contribution of professionals involved to enhance collaborative practice.</li> <li>• Maintains appropriate boundaries whilst developing leadership role.</li> <li>• Demonstrates personal integrity and character.</li> <li>• Demonstrates commitment to high-quality outcomes for young people and their carers.</li> <li>• Shows openness to new information.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b> <i>(These include, but are not limited to, WBAs)</i>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Feedback from multidisciplinary team members.</li> </ul>
<b>References</b>	

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COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-YP-AOP-EPA11: Provides leadership in an interagency case conference focused on a young person</b>			
<b>Area of practice</b>	Youth Psychiatry	<b>EPA identification</b>	ST3-YP-AOP-EPA11
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V1.0 EC approved 01.07.2025
<b>Title</b>	<b>Provides leadership in an interagency case conference focused on a young person aged 12-25.</b>		
<b>Description</b>	<p>The trainee demonstrates the ability to provide active and effective leadership in a multi-agency and multidisciplinary setting. The trainee:</p> <ul style="list-style-type: none"> <li>• Can identify and engage the relevant participants</li> <li>• Is able to make a significant contribution to the agenda for the conference, synthesising the available information and determining the key areas that require deliberation</li> <li>• Uses clear communication strategies (written and verbal) in the conference, being inclusive and respectful of the varying roles and levels of experience and expertise of the participants</li> <li>• Is able to make a significant contribution to an accurate and coherent report of the meeting with clear action statements</li> <li>• Is able to advocate as appropriate for organisational/systemic change that benefits young people and their families, and applies the principles of promotion, prevention and early intervention.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature: ..... Date: .....

<<Mandatory Certificate EPA>>

**ST3-ADD-FELL-EPA3 – Advanced management of intoxication/withdrawal**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA3
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 11/12/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Advanced management of substance intoxication and substance withdrawal.</b>		
<b>Description</b> Maximum 150 words	The trainee demonstrates the capacity to manage substance intoxication and complex withdrawal in a range of settings as part of an overall treatment plan.  This EPA further enhances the competence achieved at Stage 2 and incorporates extended skills in clinical leadership, resource utilisation and workforce development.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b> 2
	<b>COM</b>	1, 2	<b>SCH</b> 2, 3
	<b>COL</b>	1, 2, 3	<b>PROF</b> 1, 2, 3
	<b>MAN</b>	2, 4	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.  <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• Knowledge and implementation of protocols for managing withdrawal from different substances.</li> <li>• Demonstrates detailed knowledge of local, state, national and international withdrawal protocols and guidelines.</li> <li>• Demonstrates an understanding of potential conflicts between previous experience of some consumers and some popular literature about withdrawal regimens and evidence-based practice.</li> </ul> <b>Skills</b> <ul style="list-style-type: none"> <li>• Risk management in patients in which the substance intoxication masks, mimics or exacerbates a comorbid other psychiatric disorder.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Determine which patients require inpatient or outpatient withdrawal by considering psychiatric, physical and social factors and past history.</li> <li>• Ability to integrate withdrawal management into ongoing treatment.</li> <li>• Management of complex psychiatric and physical comorbidities associated with withdrawal syndromes.</li> <li>• Managing complex problems, eg. selective substance withdrawal, psychiatric or medical complications, non-compliance or disagreement with withdrawal protocols.</li> <li>• Attends medical and/or psychiatric wards and emergency departments to provide consultation regarding withdrawal.</li> <li>• Decides on suitability for withdrawal management depending on stage of change.</li> <li>• Demonstrates the ability to balance resource utilisation for substance withdrawal programs within the overall service.</li> <li>• Supports and advises primary health practitioners with withdrawal regimens using telehealth.</li> <li>• Ability to train medical and nursing staff and allied health professionals in withdrawal procedures.</li> <li>• Ability to review and update protocols using evidence-based literature.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Inclusive approach with patient and family.</li> <li>• Willingness to collaborate with GPs and other healthcare providers.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b></p> <p><i>(These include, but are not limited to, WBAs)</i></p>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Professional presentation – about a withdrawal protocol/guideline.</li> <li>• Feedback from colleagues (multidisciplinary team).</li> <li>• Direct Observation of Procedural Skill (DOPS).</li> </ul>
<p><b>References</b></p> <p>Currently used local, state, national and international withdrawal protocols and guidelines.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-ADD-FELL-EPA3 – Advanced management of intoxication/withdrawal</b>			
<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA3
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.7 (EC approved 11/12/15)
<b>Title</b>	<b>Advanced management of substance intoxication and substance withdrawal.</b>		
<b>Description</b>	The trainee demonstrates the capacity to manage substance intoxication and complex withdrawal in a range of settings as part of an overall treatment plan. This EPA further enhances the competence achieved at Stage 2 and incorporates extended skills in clinical leadership, resource utilisation and workforce development.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

<<Mandatory Certificate EPA>>

**ST3-ADD-FELL-EPA4 – Comorbid substance use and other mental health problems**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA4
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.11 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Management of comorbid substance use, including tobacco dependence, and other mental health problems.</b>		
<b>Description</b> Maximum 150 words	Integrated assessment and treatment of co-occurring substance use, including tobacco dependence, and other mental health problems. The trainee must demonstrate the ability to conduct appropriate physical and cognitive assessment, formulate, make accurate diagnoses, plan and implement integrated management strategies. The trainee must be able to explain the relationship between the substance use and mental health problems to patients, family and staff. The trainee demonstrates an awareness of the challenges posed by comorbidity/co-occurring disorders.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b> 1
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	1, 2, 3	<b>PROF</b> 1, 2
	<b>MAN</b>	2, 4	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Current theories explaining comorbid substance use and other mental health disorders.</li> <li>• In-depth knowledge of current literature regarding best practice models of treatment for comorbid disorders.</li> <li>• Understand the challenges of diagnostic clarification and methodology to resolve this.</li> <li>• Knowledge of services and resources available to facilitate integrated treatment, eg. local dual diagnosis/co-occurring disorder teams.</li> <li>• Knowledge of the epidemiology and consequences of tobacco use in people with mental illness.</li> <li>• Knowledge of the pharmacology of tobacco dependence and its treatments.</li> </ul>		

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Ability to develop detailed formulation of interdependence of comorbid problems and diagnosis of substance-induced versus independent mental illness which is communicated to the patient.</li> <li>• Appropriate engagement of family and others in assessment and management.</li> <li>• Management plan shows appropriate use of services available to patients with comorbid problems.</li> <li>• Implementation of treatment, prioritising sequential, parallel and integrated interventions according to the patient's presentation.</li> <li>• Trains and educates junior medical staff and allied health professionals in the principles of integrated treatment in patients with comorbid problems.</li> <li>• Implementation of pharmacological and psychosocial therapies for tobacco cessation.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Welcoming engagement of patients with mental illness and substance use disorder regardless of service setting.</li> <li>• Advocates for patients with comorbidity who are often marginalised or excluded from services.</li> <li>• Patient-centred approach to care.</li> <li>• Advocates for the reduction and prevention of tobacco use in people with mental illness.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Professional presentation – of a specific dual diagnosis, eg. cannabis and psychosis, anxiety and alcohol, etc.</li> </ul>
<p><b>References</b></p> <p>Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, Hopwood M, Lyndon B, Mulder R, Murray G, Porter R &amp; Singh, A (2015) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. <i>Australian and New Zealand Journal of Psychiatry</i> 49(12): 1-185.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-ADD-FELL-EPA4 – Comorbid substance use and other mental health problems</b>			
<b>Area of practice</b>	Addiction Psychiatry	<b>EPA identification</b>	ST3-ADD-FELL-EPA4
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.11 (EC approved 24/07/15)
<b>Title</b>	<b>Management of comorbid substance use, including tobacco dependence, and other mental health problems.</b>		
<b>Description</b>	Integrated assessment and treatment of co-occurring substance use, including tobacco dependence, and other mental health problems. The trainee must demonstrate the ability to conduct appropriate physical and cognitive assessment, formulate, make accurate diagnoses, plan and implement integrated management strategies. The trainee must be able to explain the relationship between the substance use and mental health problems to patients, family and staff. The trainee demonstrates an awareness of the challenges posed by comorbidity/co-occurring disorders.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

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Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-AP-FELL-EPA1 – Teach and supervise**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Teach and supervise.</b>		
<b>Description</b> Maximum 150 words	Teach medical students/junior medical staff/multidisciplinary colleagues and supervise junior medical colleagues/students. The trainee will plan and provide at least one formal teaching session and supervise at least one junior medical colleague or medical student across the course of their attachment.		
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b>
	<b>COM</b>	1	<b>SCH</b> 1, 2, 3
	<b>COL</b>		<b>PROF</b> 1, 3
	<b>MAN</b>	1, 2	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Content is evidence based, relevant to the recipients' needs and level of experience.</li> <li>• Knowledge of adult educational principles.</li> <li>• Understands the principles of clinical supervision.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Competently organises an appropriate teaching session.</li> <li>• Effective presentation skills and use of relevant audiovisual technology.</li> <li>• Ability to engage the recipients interactively in the learning process.</li> <li>• Provides stage-appropriate supervision to junior staff.</li> <li>• Appropriately delegates (and reviews) tasks and responsibilities to others, eg. case note entries, medication prescription, discharge summaries.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Integrates clinical teaching and feedback with supervision.</li> <li>• Evaluates the teaching and/or supervision.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Uses collected feedback constructively to improve teaching and presentation skills.</li> <li>• Embraces opportunities to teach and supervise colleagues.</li> <li>• Willingness to mentor and provide support to junior staff and colleagues.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Professional presentation.</li> <li>• Mini-Clinical Evaluation Exercise – observing supervision.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Feedback from the recipients of a teaching session and recipients of supervision.</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Hospital/service:	

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<b>ST3-AP-FELL-EPA1 – Teach and supervise</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA1
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.5 (EC approved 24/07/15)
<b>Title</b>	<b>Teach and supervise.</b>		
<b>Description</b>	Teach medical students/junior medical staff/multidisciplinary colleagues and supervise junior medical colleagues/students. The trainee will plan and provide at least one formal teaching session and supervise at least one junior medical colleague or medical student across the course of their attachment.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-AP-FELL-EPA2 – Collaborative risk assessment**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA2
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 24/07/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Consult and collaborate with another health professional about their risk assessment.</b>		
<b>Description</b> Maximum 150 words	<p>Discuss with a health professional colleague their risk assessment of a patient with complex problems who is assessed as high-risk and identify gaps, collect further information and collaboratively develop an appropriate management plan.</p> <ul style="list-style-type: none"> <li>• Consult and collaborate with other staff on their risk assessments and management of the identified risk(s).</li> <li>• Promote, maintain and further develop skills in risk assessment and management in complex and high-risk cases.</li> <li>• Develop skills in risk holding and the balance of risk management versus patient autonomy.</li> </ul>		
<b>Fellowship competencies</b>	<b>ME</b>	3, 4, 7, 8	<b>HA</b>
	<b>COM</b>	1	<b>SCH</b> 2
	<b>COL</b>	1, 3, 4	<b>PROF</b> 1, 3
	<b>MAN</b>	1, 2, 4	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Awareness of the complexity and dynamic nature of risk.</li> <li>• Detailed knowledge of local mental health act legislation and processes relevant to risk assessment and management.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Accurately identifies any gaps in the initial information provided by the other health professional.</li> <li>• Gathers further information in collaboration with colleagues if necessary.</li> <li>• Develops a risk formulation collaboratively with colleagues.</li> <li>• Develops and implements a sophisticated risk-management plan with colleagues.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Can apply the above skills to all aspects of risk and weigh up the various factors (eg. risk to self, risk to others, risk of impaired self-care or neglect/harm to dependents and iatrogenic risk caused by an inappropriate intervention).</li> <li>• Awareness of concept of therapeutic risk within a recovery model.</li> <li>• Implements risk assessment decision making collaboratively with colleagues in the context of local mental health act requirements and is aware of medicolegal issues regarding patient rights and autonomy in this context.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Interacts professionally with colleagues to carry out risk assessment and management.</li> <li>• Appropriately balances risk management with patient autonomy and is able to discuss these ethical and clinical issues at a sophisticated level.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Case-based discussion – at least one.</li> <li>• Professional presentation – on this topic.</li> <li>• Mini-Clinical Evaluation Exercise – eg. of an observed collaborative risk assessment discussion.</li> <li>• Feedback from colleagues involved in risk assessment and management.</li> </ul>
<p><b>References</b></p> <p>Carter G, Page A, Large M, Hetrick S, Milner A, Bendit N, Walton C, Draper B, Hazell P, Fortune S, Burns J, Patton G, Lawrence M, Dadd L, Robinson J &amp; Christensen H (2016) Clinical practice guideline for the management of deliberate self-harm. <i>Australian and New Zealand Journal of Psychiatry</i> 50(10):939-1000</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA2 – Collaborative risk assessment</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA2
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.7 (EC approved 24/07/15)
<b>Title</b>	<b>Consult and collaborate with another health professional about their risk assessment.</b>		
<b>Description</b>	<p>Discuss with a health professional colleague their risk assessment of a patient with complex problems who is assessed as high-risk and identify gaps, collect further information and collaboratively develop an appropriate management plan.</p> <ul style="list-style-type: none"> <li>• Consult and collaborate with other staff on their risk assessments and management of the identified risk(s).</li> <li>• Promote, maintain and further develop skills in risk assessment and management in complex and high-risk cases.</li> <li>• Develop skills in risk holding and the balance of risk management versus patient autonomy.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-AP-FELL-EPA4 – Recovery and rehabilitation**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA4	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 26/02/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Recovery and rehabilitation.</b>			
<b>Description</b> Maximum 150 words	The trainee must demonstrate an ability to assess and develop appropriate collaborative treatment plans in adults with chronic mental illness requiring longer-term follow-up using a recovery framework. The trainee will work with the person with mental illness in implementing the treatment plan.			
<b>Detailed description</b> If needed	<p>The trainee will need to demonstrate the ability to work collaboratively with a range of people with severe and enduring mental illness taking into account the following:</p> <ul style="list-style-type: none"> <li>• the importance of recovery</li> <li>• engagement and negotiating the long-term therapeutic relationship</li> <li>• psychological, social and cultural interventions</li> <li>• optimisation of long-term therapy and minimisation of side effects</li> <li>• working with family and carers</li> <li>• the role of NGOs and other organisations</li> <li>• relapse prevention</li> <li>• the importance of careful and comprehensive transfer of care, where relevant.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2
	<b>MAN</b>	2, 4		
<b>Knowledge, skills and attitude required</b>	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.			

<p>The following lists are neither exhaustive nor prescriptive.</p>	<p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Demonstrates knowledge regarding recovery principles and practice.</li> <li>• Understands the issues of stigma and institutionalisation.</li> <li>• Understands the different models of service delivery for rehabilitation, long-term support and follow-up and the evidence base to support these.</li> <li>• Demonstrates knowledge of evidence-based practice in psychiatric rehabilitation.</li> <li>• Understands issues of resource management and the role of other service providers.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Works collaboratively with the person with mental illness towards a comprehensive biopsychosociocultural assessment which includes consideration of strengths and supports, function, cognition and disability and effects of stigma.</li> <li>• Works collaboratively with other professionals and agencies.</li> <li>• Demonstrates appropriate skills in working with families/carers.</li> <li>• Negotiates an agreed integrated treatment plan in a biopsychosociocultural framework which might include, but is not limited to: optimising medication and adherence, psychological interventions and symptom reduction, engaging in psychoeducation, maximising function, understanding the role of community support, developing a relapse prevention plan with the person, negotiating appropriate risk management, addressing with the person issues of physical health and side effects.</li> <li>• Provides appropriate clinical leadership.</li> <li>• Demonstrates effective verbal and written communication skills.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocates on behalf of patients and carers.</li> <li>• Demonstrates a strong understanding of ethical issues.</li> </ul>
<p><b>Assessment method</b></p>	<p>Progressively assessed during individual and clinical supervision, including three appropriate WBAs.</p>
<p><b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Case-based discussion.</li> <li>• Feedback from members of the multidisciplinary team and patients.</li> </ul>
<p><b>References</b></p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Surname:	
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Zone:	
Hospital/service:	

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<b>ST3-AP-FELL-EPA4 – Recovery and rehabilitation</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA4
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.5 (EC approved 26/02/16)
<b>Title</b>	<b>Recovery and rehabilitation.</b>		
<b>Description</b>	The trainee will need to demonstrate the ability to work collaboratively with a range of people with severe and enduring mental illness taking into account the following: <ul style="list-style-type: none"> <li>• the importance of recovery</li> <li>• engagement and negotiating the long-term therapeutic relationship</li> <li>• psychological, social and cultural interventions</li> <li>• optimisation of long-term therapy and minimisation of side effects</li> <li>• working with family and carers</li> <li>• the role of NGOs and other organisations</li> <li>• relapse prevention</li> <li>• the importance of careful and comprehensive transfer of care, where relevant.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

#### ENTRUSTING SUPERVISOR DECLARATION

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Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

#### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

#### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

#### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
Director of Training RANZCP ID: ..... Signature: ..... Date: .....

<<Mandatory Certificate EPA>>

**ST3-AP-FELL-EPA5 – Families and/or carers**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA5	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Complex work with families and/or carers.</b>			
<b>Description</b> Maximum 150 words	The trainee must be able to demonstrate the capacity to work with families/carers to improve patient outcomes where there are complex issues such as: <ul style="list-style-type: none"> <li>• conflict within the family</li> <li>• conflict between the family and the treating team</li> <li>• child welfare issues</li> <li>• mental disorder in carers as well as the patient</li> <li>• significant risk issues.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 4	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understanding of child welfare issues and reporting requirements as they apply to clinical work.</li> <li>• Knowledge of family and group dynamics and of conflict resolution principles.</li> <li>• The effects on children of parents with mental illness.</li> <li>• Knowledge about engagement techniques with families/carers.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• Competently arranging and managing the interview, eg. makes appropriate arrangements to meet with family/carers, assesses the issues within the family/carer environment including any mental disorder in carers, recognises and manages conflict in the family/carer environment, addresses family/carer concerns.</li> <li>• Addresses risk issues.</li> <li>• Recognises and demonstrates an appropriate approach to issues of cultural and linguistic diversity. Works well with cultural workers in clinical work with families/carers, as appropriate.</li> <li>• Develops a detailed and complex formulation and communicates the formulation and all proposed actions effectively to all concerned.</li> <li>• Develops an appropriate management plan including follow-up arrangements.</li> <li>• Keeps appropriately detailed records of all meetings.</li> <li>• Ensures appropriate notifications of child welfare issues and is able to provide any necessary reports.</li> <li>• Ability to use conflict resolution principles in working with families/carers where this is an issue.</li> <li>• Ability to use engagement techniques with families/carers.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• An appropriate attitude to privacy and confidentiality.</li> <li>• Appreciates the importance of maintaining appropriate boundaries.</li> <li>• A non-judgemental attitude in working with families/carers with complex issues.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Feedback from members of the multidisciplinary team, patients and families/carers.</li> </ul>
<p><b>References</b></p> <p>COOKLIN A. Children of parents with mental illness. In: Combrinck-Graham, L, ed. <i>Children in family contexts</i>. 2nd edn. New York: The Guildford Press, 2006; 265–91.</p> <p>COPMI (Children of parents with a mental illness). North Adelaide: COPMI, 2015. Viewed 15 October 2015, &lt;<a href="http://www.copmi.net.au">www.copmi.net.au</a>&gt;.</p> <p>SEGAL J &amp; SMITH M. <i>Conflict resolution skills: building the skills that can turn conflicts into opportunities</i>. Helpguide, October 2015. Viewed 15 October 2015, &lt;<a href="http://www.helpguide.org/articles/relationships/conflict-resolution-skills.htm">www.helpguide.org/articles/relationships/conflict-resolution-skills.htm</a>&gt;.</p> <p>TE POU O TE WHAKAARO NUI. <i>Supporting children of parents with mental illness and/or addiction (COPMIA)</i>. Auckland: Te Pou o Te Whakaaro Nui, 2015. Viewed 15 October 2015, &lt;<a href="http://www.tepou.co.nz/news/children-of-parents-with-mental-illness-and-or-addiction-copmia-update/552">www.tepou.co.nz/news/children-of-parents-with-mental-illness-and-or-addiction-copmia-update/552</a>&gt;.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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## CONFIRMATION OF ENTRUSTMENT FORM

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<b>ST3-AP-FELL-EPA5 – Families and/or carers</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA5
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.5 (EC approved 24/07/15)
<b>Title</b>	<b>Complex work with families and/or carers.</b>		
<b>Description</b>	<p>The trainee must be able to demonstrate the capacity to work with families/carers to improve patient outcomes where there are complex issues such as:</p> <ul style="list-style-type: none"> <li>• conflict within the family</li> <li>• conflict between the family and the treating team</li> <li>• child welfare issues</li> <li>• mental disorder in carers as well as the patient</li> <li>• significant risk issues.</li> </ul>		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-AP-FELL-EPA7 – Report to a tribunal**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA7
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 24/07/15)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
<b>Title</b>	<b><i>Preparation and presentation of a treating doctor’s report to a judge or tribunal authorising treatment under mental health legislation.</i></b>		
<b>Description</b> Maximum 150 words	<p>The trainee has the ability to prepare and present a case to the tribunal, judge or panel having responsibility for authorising involuntary treatment under local mental health legislation. The trainee should perform the role of an expert witness presenting medical (psychiatric) information in a professional manner to enable the tribunal/judge to come to a decision regarding use of the mental health legislation.</p>		
<b>Detailed description</b> If needed	<p>There are two elements to this EPA, namely preparation of evidence prior to a hearing and oral presentation of evidence during a hearing.</p> <p><b>1 Preparation of evidence</b></p> <ul style="list-style-type: none"> <li>• Making a decision to initiate an application for an Order under mental health legislation to the appropriate tribunal, balancing all of the clinical, ethical and legal domains that such a decision requires.</li> <li>• Negotiating, as much as possible, a treatment plan which includes the involuntary Order, with the patient and their family and friends (and any legal representative the patient may have) and explaining the process of involuntary treatment to the patient and their supports/advocates.</li> <li>• Assessment of the patient’s decision-making capacity around any treatment refused.</li> <li>• Gathering comprehensive information from appropriate sources (including collateral sources, family and examination of the patient concerned) whilst respecting the patient’s confidentiality.</li> <li>• Preparing a written report in a professional and comprehensive manner that sets out the reasons for the application, addressing the requirements of legislation.</li> <li>• Discussing the written and verbal evidence with other members of the treating team (who will be involved in the process) prior to the hearing.</li> <li>• Discussing this application and/or hearing with the patient and/or carers.</li> </ul> <p><b>2 Presentation of evidence to a hearing</b></p> <ul style="list-style-type: none"> <li>• Presenting evidence in a professional manner that is relevant to the decision to be made by the body. The evidence should be concise but sufficiently comprehensive to give the tribunal the expert medical information required to make a</li> </ul>		

	<p>decision.</p> <ul style="list-style-type: none"> <li>Presenting evidence in front of the patient in a manner that is respectful; acknowledging when appropriate a patient's disagreement with the treating team's views.</li> <li>Responding to questions or challenges from the judge, chair or members of the tribunal or cross-examination by the patient or their legal representative in a way that clarifies any issues and considers any alternative views. The trainee should be prepared to explain their opinion but should also be flexible if information is provided that requires them to qualify or even change their opinion.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 4	<b>PROF</b>	1, 2, 3, 5
	<b>MAN</b>	2, 5		
<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>Understand appropriate legislation as it applies to the individual jurisdiction.</li> <li>Understand the principles of least restrictive care.</li> <li>Understand the tests of decision-making capacity as laid out in the legislation and/or in the common law.</li> <li>Understand the level of detail and content needed to compose a succinct and informative report.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>Preparation and presentation of the report (see <i>Detailed description</i> above for more information).</li> <li>Ability to present evidence effectively to a non-medical audience.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>Professional approach to the process of preparing the report. In particular, exhibiting sensitivity and tolerance to differing opinions and the necessity for legal review.</li> <li>Non-defensive and non-adversarial approach in interactions with the patient, tribunal and any legal representative.</li> </ul>			
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.			
<p><b>Suggested assessment method details</b></p> <p>(These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>Case-based discussion.</li> <li>Professional presentation – at the relevant hearing. The supervisor must directly observe the trainee perform this task in at least one hearing (followed by feedback in supervision) to be satisfied that the above elements have been performed.</li> </ul>			

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|  | <ul style="list-style-type: none"><li>• Review of the written report, including review of the final version of the report.</li></ul> |
|--|--|

**References**

RYAN C, CALLAGHAN S & PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. *Aust NZ J Psychiatry* 2015; 49: 324–33.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA7 – Report to a tribunal</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA7
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.8 (EC approved 24/07/15)
<b>Title</b>	<b>Preparation and presentation of a treating doctor’s report to a judge or tribunal authorising treatment under mental health legislation.</b>		
<b>Description</b>	The trainee has the ability to prepare and present a case to the tribunal, judge or panel having responsibility for authorising involuntary treatment under local mental health legislation. The trainee should perform the role of an expert witness presenting medical (psychiatric) information in a professional manner to enable the tribunal/judge to come to a decision regarding use of the mental health legislation.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

<<Mandatory Certificate EPA>>

<<If ST3-POA-FELL-EPA2: POA Leadership skills or ST3-ADM-FELL-EPA1: Admin Leadership skills have been entrusted, trainees should not attain the following EPA>>

**ST3-AP-FELL-EPA8 – Adult Leadership skills**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA8	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.8 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Demonstrate leadership skills in a multidisciplinary team setting. (Adult)</b>			
<b>Description</b> Maximum 150 words	The trainee demonstrates the ability to provide strong, active leadership in a clinical team and in multidisciplinary clinical meetings, eg. clinical review meetings, ward rounds or case conferences.			
<b>Fellowship competencies</b>	<b>ME</b>	4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	2, 3, 4	<b>PROF</b>	1, 2, 3, 4, 5
	<b>MAN</b>	1, 2, 3, 4, 5		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands the literature on clinical leadership.</li> <li>• Understands the characteristics of good leaders.</li> <li>• Understands the roles and responsibilities of other team members.</li> <li>• Understands the principles of team and group dynamics.</li> <li>• Understands the concept of clinical governance.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Exhibits social awareness and the ability to manage professional relationships, including team conflict.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Demonstrates the ability to lead a multidisciplinary discussion that is focused, client centred and time managed.</li> <li>• Integrates the information from the case conference to generate a collaborative plan.</li> <li>• Exhibits self-awareness and self-management relevant to his or her leadership roles.</li> <li>• Can facilitate or take the lead in making a decision where there is team disagreement that cannot be resolved in a timely manner and evaluate the outcome of this decision.</li> <li>• Demonstrates the use of feedback in relation to his or her own performance.</li> <li>• Demonstrates the ability to support the development of other team members.</li> <li>• Builds partnerships and networks to influence outcomes positively for patients.</li> <li>• Demonstrates critical and strategic thinking in relation to the systems in which he or she works.</li> <li>• Navigates sociopolitical environments.</li> <li>• Demonstrates an ability to effect continuous quality improvement.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Values the contribution of all professionals involved in order to enhance collaborative practice.</li> <li>• Maintains appropriate boundaries whilst developing leadership role.</li> <li>• Demonstrates personal integrity and character.</li> <li>• Demonstrates commitment to high-quality outcomes for patients and carers.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Professional presentation.</li> <li>• Feedback from multidisciplinary team members.</li> </ul>
<p><b>References</b></p> <p>BRAITHWAITE J &amp; TRAVAGLIA JF. An overview of clinical governance policies, practices and initiatives. <i>Aust Health Rev</i> 2008; 32: 10–22.</p> <p>DOWTON SB. Leadership in medicine: where are the leaders? <i>Med J Aust</i> 2004; 181: 652–4.</p> <p>GREINER CB. Leadership for psychiatrists. <i>Acad Psychiatry</i> 2006; 30: 283–8.</p> <p>LEE T. Turning doctors into leaders. <i>Harvard Business Review</i>. April 2010: 50–58.</p> <p>NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT &amp; ACADEMY OF MEDICAL ROYAL COLLEGES. <i>Medical leadership competency framework: enhancing engagement in medical leadership</i>. 3rd edn. Coventry: NHS Institute for Innovation and Improvement, July 2010. Viewed 9 February 2013 &lt;<a href="http://www.leadershipacademy.nhs.uk/discover/leadership-framework/supporting-tools/documents-to-download">http://www.leadershipacademy.nhs.uk/discover/leadership-framework/supporting-tools/documents-to-download</a>&gt;.</p>	

WARREN OJ & CARNALL R. Medical leadership: why it's important, what is required, and how we develop it. *Postgrad Med* 2011; 87: 27–32.

ZALEZNIK A. Managers and leaders: are they different? *Harvard Business Review*. May–June 1977. [Reprinted in HBR January 2004: 74–81.]

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA8 – Adult Leadership skills</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA8
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.8 (EC approved 24/07/15)
<b>Title</b>	<b>Demonstrate leadership skills in a multidisciplinary team setting. (Adult)</b>		
<b>Description</b>	The trainee demonstrates the ability to provide strong, active leadership in a clinical team and in multidisciplinary clinical meetings, eg. clinical review meetings, ward rounds or case conferences.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

<<Mandatory Certificate EPA>>

**ST3-AP-FELL-EPA9 – First presentation**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA9	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 24/07/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>First presentation of a complex mental disorder.</b>			
<p><b>Description</b> Maximum 150 words</p>	<p>The trainee will be able to assess adults (18–65) with a first presentation of a complex mental disorder and develop and implement a management plan. This includes:</p> <ul style="list-style-type: none"> <li>• comprehensive assessment and consideration of differential diagnoses</li> <li>• engagement and provision of education</li> <li>• interventions to assist patients and their family/carers with stigma and barriers to care</li> <li>• development of a recovery plan with the patient and their family/carers</li> <li>• initiation of psychological and pharmacological treatment as appropriate</li> <li>• appropriate follow-up.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	2		
<p><b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of evidence-based interventions in adults with a first presentation of a mental disorder, including their long-term effectiveness.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Integrate knowledge from the scientific literature regarding adults with a first presentation of a mental disorder into clinical work. For example, knowledge about stigma, the significance of the duration of untreated psychosis, engagement and barriers to care.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Conduct a comprehensive biopsychosociocultural assessment including a sophisticated risk assessment.</li> <li>• Integrate the information collected and develop a competent formulation, identifying gaps in the available information.</li> <li>• Develop and defend an appropriate differential diagnosis, acknowledging the degree of uncertainty that may be present in the first presentation of a mental disorder.</li> <li>• Gather collateral information from family/carers or other appropriate sources, with due regard to privacy considerations.</li> <li>• Plan and implement appropriate investigations to clarify the diagnosis.</li> <li>• Provide explanation and education to patients with a first presentation of a mental disorder and their family/carers regarding the differential diagnosis and treatment options.</li> <li>• Develop skills and strategies to engage patients with a first presentation of a mental disorder and their families/carers in ongoing care.</li> <li>• Develop an integrated and flexible biopsychosociocultural management plan in collaboration with the patient and their family/carers.</li> <li>• Develop a plan consistent with recovery framework principles in collaboration with the patient and their family/carers.</li> <li>• Implement this plan, under supervision, and in collaboration with the patient and their family/carers, the multidisciplinary team and other services and health professionals.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocate on behalf of patients and their family/carers to improve overall outcomes and access to services and supports.</li> <li>• Appreciate the ethical issues in the assessment and treatment of people with a first presentation of a mental disorder. In particular, the tension between beneficence and nonmaleficence and the maintenance of autonomy while managing risks appropriately and safely.</li> <li>• Respect the patient's goals for their care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>

## References

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA9 – First presentation</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA9
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.5 (EC approved 24/07/15)
<b>Title</b>	<b>First presentation of a complex mental disorder.</b>		
<b>Description</b>	<p>The trainee will be able to assess adults (18–65) with a first presentation of a complex mental disorder and develop and implement a management plan. This includes:</p> <ul style="list-style-type: none"> <li>• comprehensive assessment and consideration of differential diagnoses</li> <li>• engagement and provision of education</li> <li>• interventions to assist patients and their family/carers with stigma and barriers to care</li> <li>• development of a recovery plan with the patient and their family/carers</li> <li>• initiation of psychological and pharmacological treatment as appropriate</li> <li>• appropriate follow-up.</li> </ul>		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-AP-FELL-EPA12 – Cultural and linguistic diversity**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA12	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 06/11/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Advanced clinical work with people with cultural and linguistic diversity.</b>			
<b>Description</b> Maximum 150 words	<p>Core skills, knowledge and attitudes in this area were required for the Stage 2 ‘Cultural awareness’ EPA. For this Stage 3 EPA, the trainee needs to have more sophisticated and extensive competencies in working with patients and families/carers where cultural and linguistic diversity issues are important. This includes skills in carrying out more difficult assessments and working with patients/families where cultural and linguistic diversity issues add significantly to complexity. The trainee is able to show leadership within the team and to work collaboratively in developing complex formulations and implementing multifaceted management plans, especially where there is conflict between the patient/family’s culture and the usual clinical practices of the team. Skills are required in engagement, communication and problem solving in the area of cultural and linguistic diversity, including work with patients/families where religious and spiritual issues are prominent and may affect engagement and management and in traumatised patients/families, eg. refugees.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b>	1
	<b>COM</b>	1	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• In-depth knowledge of the concept of ‘cultural competence’.</li> <li>• In-depth knowledge of the influence of culture on the manifestation and experience of mental illness and its treatment. In particular, knowledge about collectivist vs individualistic cultures and how that affects mental health issues. Knowledge about the particular stresses and traumas affecting immigrants, especially refugees, and how these impact on mental health.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Knowledge about the particular stressors affecting culturally and linguistically diverse patients/families such as stigma and racism, including institutional racism.</li> <li>• Knowledge of engagement techniques appropriate to culturally and linguistically diverse patients/families.</li> <li>• Knowledge of services available to culturally and linguistically diverse patients with mental illness, including services for the deaf community and for immigrants and refugees.</li> <li>• Awareness of recommended approaches towards engaging patients from commonly encountered ethnic and cultural groups, including literature on mental health promotion and prevention in relevant local cultures and any relevant governmental mental health policies and initiatives.</li> <li>• Knowledge about spirituality as it affects patients' and families' experiences of mental illness and about spirituality in psychiatric work.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Appropriate and effective use of interpreters using a variety of languages and for the deaf community.</li> <li>• Collaboration skills with cultural advisors, team-based cultural workers, community elders and spiritual leaders to fully assess patients and provide support and appropriate interventions.</li> <li>• Ability to employ specific engagement skills with culturally and linguistically diverse patients and their families/carers and, where required, to take part in appropriate rituals to facilitate greetings and discussions.</li> <li>• Skills in implementation of management plans relevant to the specific cultural needs of patients/families from culturally and linguistically diverse backgrounds.</li> <li>• Skills in providing education and in teaching problem-solving and communication skills to families of patients from culturally and linguistically diverse backgrounds.</li> <li>• Advocacy and clinical skills in working with traumatised patients/families such as refugees or those who have suffered detention.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Appropriate respect for cultural issues in the conduct of assessments and the implementation of ongoing management. Preparedness to acknowledge lack of knowledge and seek guidance from appropriate advisors, elders or community leaders.</li> <li>• Self-awareness and the ability to reflect on one's own cultural attitudes when working in difficult and complex situations where countertransference reactions may arise. Willingness to seek supervision and cultural advice regarding such matters.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Professional presentation.</li> </ul>

- Observed clinical activity (OCA) – where a cultural advisor or language interpreter is present.
- Direct Observation of Procedural Skills (DOPS).

### References

Cultural community involvement, visits and engagement is strongly encouraged, as is the undertaking of appropriate locally available courses in cultural competence and in work with immigrants or refugees.

MINISTRY OF HEALTH. *Involving families: guidance notes*. Wellington: Ministry of Health, November 2000. Viewed 19 October 2015, <[www.health.govt.nz/system/files/documents/publications/involving-families-guidance-notes.pdf](http://www.health.govt.nz/system/files/documents/publications/involving-families-guidance-notes.pdf)>.

MINISTRY OF HEALTH. *Te Puāwaitanga: Māori mental health national strategic framework*. Wellington: Ministry of Health, April 2002. Viewed 19 October 2015, <[www.health.govt.nz/publication/te-puawaitanga-maori-mental-health-national-strategic-framework](http://www.health.govt.nz/publication/te-puawaitanga-maori-mental-health-national-strategic-framework)>.

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Aboriginal and Torres Strait Islander mental health*. Melbourne: RANZCP. Viewed 19 October 2015, <[www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health.aspx](http://www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health.aspx)>.

Te Iho. Auckland: Te Iho. Viewed 19 October 2015, <[psychtraining.org/telho1](http://psychtraining.org/telho1)>.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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RANZCP ID:	
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Hospital/service:	

## CONFIRMATION OF ENTRUSTMENT FORM

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<b>ST3-AP-FELL-EPA12 – Cultural and linguistic diversity</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA12
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.7 (EC approved 06/11/15)
<b>Title</b>	<b>Advanced clinical work with people with cultural and linguistic diversity.</b>		
<b>Description</b>	Core skills, knowledge and attitudes in this area were required for the Stage 2 'Cultural awareness' EPA. For this Stage 3 EPA, the trainee needs to have more sophisticated and extensive competencies in working with patients and families/carers where cultural and linguistic diversity issues are important. This includes skills in carrying out more difficult assessments and working with patients/families where cultural and linguistic diversity issues add significantly to complexity. The trainee is able to show leadership within the team and to work collaboratively in developing complex formulations and implementing multifaceted management plans, especially where there is conflict between the patient/family's culture and the usual clinical practices of the team. Skills are required in engagement, communication and problem solving in the area of cultural and linguistic diversity, including work with patients/families where religious and spiritual issues are prominent and may affect engagement and management and in traumatised patients/families, eg. refugees.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-AP-FELL EPA20 – Review service delivery**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA20	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.1 (EC approved 12/04/19)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Review service delivery</b>			
<b>Description</b>	<p>The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate a service including: understanding the evidence base and service models for the type of service reviewed; an ability to undertake structured review and quality improvement; and an ability to incorporate feedback from people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and context in which the service operates e.g. how it functions within the health service and with other local service providers. The trainee should understand how the service aligns with local and national mental health strategy and plans.</p> <p>The trainee should be able to critically review referral and discharge criteria, the triage and assessment system, the implementation of evidence based practice within the service, barriers to implementation, and the use of outcome measures. The trainee should understand how the service meets recovery principles and practice as in the Australian National framework for recovery-oriented mental health services, or "Rising to the Challenge" (NZ).</p>			
<b>Fellowship competencies</b>	<b>ME</b>	7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1	<b>SCH</b>	1, 2, 3
	<b>COL</b>	1, 3, 4	<b>PROF</b>	1, 2, 3, 4
	<b>MAN</b>	1, 2, 3, 4, 5		
<p><b>Knowledge, skills and attitude required</b></p> <p>The following lists are neither exhaustive nor prescriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitudes described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <p>Demonstrates knowledge of the evidence base for the service model and knowledge of any different models which have been developed for this type of service.</p> <ul style="list-style-type: none"> <li>• Demonstrates an understanding of service reviews and quality improvement principles.</li> </ul>			

	<ul style="list-style-type: none"> <li>Understands issues of resource management.</li> </ul> <p><b>Skill</b></p> <ul style="list-style-type: none"> <li>Articulates the philosophy and objectives of the service and can describe the roles of team members, evidence based treatments available, outcome measures used and their justification.</li> <li>Demonstrates an ability to undertake a structured review of the service taking into account the views of the persons with mental illness and their families/carers and other stakeholders.</li> <li>Critically reviews the referral and discharge criteria, the system of triage and assessment, the implementation of evidence based practice within the service and barriers to implementation or to accessing the service.</li> <li>Demonstrates effective verbal and written communication skills including an ability to report back to the service and formulate quality improvement projects for the service.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>Provides appropriate clinical leadership.</li> <li>Advocates on behalf of patients and carers.</li> <li>Demonstrates an ethical approach.</li> </ul>
<b>Assessment procedure</b>	Progressively assessed during individual and clinical supervision.
<b>Additional assessment considerations (if needed)</b>	<ul style="list-style-type: none"> <li>DOPS</li> <li>Professional Presentation</li> </ul>
<p><b>References</b></p> <ul style="list-style-type: none"> <li>Jorm A (2018) Improving the impact of treatments and services. <i>Australian &amp; New Zealand Journal of Psychiatry</i> 52: 915-916</li> <li>Ministry of Health, Welling (2012) <i>Rising to the Challenge The Mental Health and Addiction Service Development Plan 2012–2017</i>. Available at: <a href="https://www.health.govt.nz/our-work/mental-health-and-addictions/rising-challenge">https://www.health.govt.nz/our-work/mental-health-and-addictions/rising-challenge</a>.</li> <li>The Department of Health, Australian Government (2013) <i>A National framework for recovery oriented mental health services</i>. Available at: <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde">http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde</a>.</li> <li>The Department of Health, Australian Government (2017) <i>The Fifth National Mental Health and Suicide Prevention Plan</i>. Available at: <a href="http://www.health.gov.au/internet/main/publishing.nsf/content/mental-fifth-national-mental-health-plan">http://www.health.gov.au/internet/main/publishing.nsf/content/mental-fifth-national-mental-health-plan</a>.</li> <li>The Royal Australian and New Zealand College of Psychiatrists, <i>Position statement 37</i>, Melbourne: RANZCP, May 1997, <a href="https://www.ranzcp.org/News-policy/Policy-submissions-reports/Document-library/Policy-on-mental-health-services">https://www.ranzcp.org/News-policy/Policy-submissions-reports/Document-library/Policy-on-mental-health-services</a>.</li> <li>The Royal Australian and New Zealand College of Psychiatrists, <i>Position statement 86</i>, Melbourne: RANZCP, March 2016, <a href="https://www.ranzcp.org/News-policy/Policy-submissions-reports/Document-library/Recovery-and-the-psychiatrist">https://www.ranzcp.org/News-policy/Policy-submissions-reports/Document-library/Recovery-and-the-psychiatrist</a>.</li> </ul>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



The Royal Australian & New Zealand College of Psychiatrists

RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

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<b>ST3-AP-FELL EPA20 – Review service delivery</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA20
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.1 (EC approved 12/04/19)
<b>Title</b>	<b>Review service delivery</b>		
<b>Description</b>	The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate a service including: understanding the evidence base and service models for the type of service reviewed; an ability to undertake structured review and quality improvement; and an ability to incorporate feedback from people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and context in which the service operates e.g. how it functions within the health service and with other local service providers. The trainee should understand how the service aligns with local and national mental health strategy and plans. The trainee should be able to critically review referral and discharge criteria, the triage and assessment system, the implementation of evidence based practice within the service, barriers to implementation, and the use of outcome measures. The trainee should understand how the service meets recovery principles and practice as in the Australian National framework for recovery-oriented mental health services, or "Rising to the Challenge" (NZ).		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-AP-FELL-EPA22 – Review service delivery in an Early Intervention Service**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA-22	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.2 (EC approved 27/07/18)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Review service delivery in an Early Intervention Service</b>			
<b>Description</b> Maximum 150 words	The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate the Early Intervention service including: an understanding of the evidence and service models for Early Intervention services, an ability to undertake structured review and quality improvement and to incorporate feedback from young people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and the context in which the service operates eg. how it functions within the health service and with other local service providers. The trainee should be able to critically review the referral and discharge criteria, the system of triage and assessment, barriers to implementation, the implementation of evidence based practice within the service and the use of outcome measures.			
<b>Fellowship competencies</b>	<b>ME</b>	7,8	<b>HA</b>	1, 2
	<b>COM</b>	1	<b>SCH</b>	1, 2, 3
	<b>COL</b>	1, 3, 4	<b>PROF</b>	1, 2, 3, 4
	<b>MAN</b>	1, 2, 3, 4, 5		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• Demonstrates knowledge of the evidence base for Early Intervention services and the different models of service which have been developed.</li> <li>• Demonstrates an understanding of service reviews and quality improvement principles.</li> <li>• Understands issues of resource management.</li> </ul> <b>Skills</b> <ul style="list-style-type: none"> <li>• Articulates the philosophy and objectives of the service and can describe the roles of the team members, the evidence</li> </ul>			

	<p>based treatments available and the outcome measures used and the justification.</p> <ul style="list-style-type: none"> <li>• Demonstrates an ability to undertake a structured review of the Early Intervention service taking into account the views of the persons with mental illness and their families/carers and other stakeholders.</li> <li>• Demonstrates an ability to critically review the referral and discharge criteria, the system of triage and assessment, barriers to implementation and the implementation of evidence based practice within the service.</li> <li>• Demonstrates effective verbal and written communication skills including an ability to report to the service and formulate quality improvement projects for the service.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Provides appropriate clinical leadership.</li> <li>• Advocates on behalf of patients and carers.</li> <li>• Demonstrates an ethical approach.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• DOPS</li> <li>• Professional Presentation</li> </ul>
<p><b>References</b></p> <ul style="list-style-type: none"> <li>• Birchwood M, Connor C, Lester H, Patterson P (2013) Reducing duration of untreated psychosis: care pathways to early intervention in psychosis services. <i>The British Journal of Psychiatry</i> 203: 58-64</li> <li>• Marwaha S, Thompson A, Upthegrove R, Broome M (2016) Fifteen years on – early intervention for a new generation. <i>The British Journal of Psychiatry</i> 209: 186-188</li> <li>• McGorry P, Jackson J (2009) <i>The recognition and management of early psychosis; A preventive approach</i>, 2<sup>nd</sup> edn. Cambridge, United Kingdom: Cambridge University Press</li> </ul>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-AP-FELL-EPA22 – Review service delivery in an Early Intervention Service</b>			
<b>Area of practice</b>	Adult Psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA22
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.2 (EC approved 27/07/18)
<b>Title</b>	<b>Review service delivery in an Early Intervention Service</b>		
<b>Description</b>	The role of a psychiatrist goes beyond clinical work and involves service improvement and development. The trainee must demonstrate an ability to understand and evaluate the Early Intervention service including: an understanding of the evidence and service models for Early Intervention services, an ability to undertake structured review and quality improvement and to incorporate feedback from young people with mental illness, their families and carers and other stakeholders. The trainee must understand the philosophy and objectives of the service, the service model and the context in which the service operates eg. how it functions within the health service and with other local service providers. The trainee should be able to critically review the referral and discharge criteria, the system of triage and assessment, barriers to implementation, the implementation of evidence based practice within the service and the use of outcome measures.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-EDU-FELL-EPA1 – Small and large group teaching**

<b>Area of practice</b>	Medical education	<b>EPA identification</b>	ST3-EDU-FELL-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.2 (EC-approved 26/02/16)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Small and large group teaching.</b>		
<b>Description</b> Maximum 150 words	Teach in a range of settings and target audiences, including medical students, other medical staff, multidisciplinary team members, patients and carers. The trainee will prepare, deliver and evaluate at least one large group teaching and one small group teaching session.		
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b>
	<b>COM</b>	1	<b>SCH</b> 1, 2
	<b>COL</b>	1, 3, 4	<b>PROF</b> 1, 2, 3
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <p><b>Large group teaching</b></p> <ul style="list-style-type: none"> <li>• An understanding of adult learning principles.</li> <li>• An understanding of the purpose, strengths and limitations of large group teaching.</li> <li>• Understand the process of learning from lectures.</li> <li>• Knowledge of techniques that can enhance effectiveness in large group teaching.</li> <li>• Understand processes to evaluate the effectiveness of lectures.</li> <li>• Knowledge of the effective design and use of audio-visual aides.</li> </ul> <p><b>Small group teaching</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the benefits of learning in small groups.</li> </ul>		

- Understanding of potential content outcomes (eg. understanding a topic, learning a practical skill) and process outcomes (eg. development of interpersonal communication skills, reasoning, development of reflection, professional skills).
- Knowledge of conditions for successful small group teaching:
  - Understanding the group, development of clear aims, sufficient preparation, including resources.
  - Awareness of the group's needs.
  - Anticipate possible problems.
  - Practical considerations of size of group and facilities.
  - Group techniques such as breaking the ice, setting ground rules, clarifying aims and tasks.
- Knowledge of the common 'developmental stages' of groups.
- Knowledge of different types of small groups (eg. 'one-off', regular, peer led, problem-based learning).
- Knowledge of potential problems that can be anticipated in small group teaching and effective strategies for dealing with these.
- Understanding techniques that enhance learning in small group settings.
- Knowledge of evaluation process for the session and the assessment of learning.

### **Skills**

#### ***Large group teaching***

- Effective planning of a lecture.
- Skills in setting clear learning objectives.
- Skills in effective structuring of the lecture including the ability to link theory to experience and incorporating the varying stages of learning of the audience.
- Skills in effective audience participation techniques, responding effectively to the audience and ensuring audience attention.
- Effective communication techniques, including use of summarising statements and effective finishing of presentation.
- Effective design and use of audio-visual aides including PowerPoint presentations and handouts.
- Skills in effective evaluation of the efficacy of the lectures.

#### ***Small group teaching***

- Demonstration of skills in facilitating groups:
  - Effective planning for the groups.
  - Communication skills of active listening, responding, questioning, explaining and the provision of feedback.

	<ul style="list-style-type: none"> <li>- Effective time management.</li> <li>- Effective closure.</li> <li>• Development of appropriate resource materials.</li> <li>• Demonstrating skills in effective management of problems that arise in the small group teaching session.</li> <li>• Demonstrating use of a variety of techniques that facilitate learning in small groups.</li> <li>• Use of techniques that can evaluate both the 'outcome' and the 'process' of the small group teaching.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Embraces opportunities to teach a range of audiences and in a range of settings.</li> <li>• Actively seeks out feedback and ensures structured evaluation processes to facilitate improvement in teaching performance.</li> <li>• In small group settings, encourage participants to talk, debate and question. Learner centred; encourage the autonomy of the learners and the responsibility they have toward their own development.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)	<ul style="list-style-type: none"> <li>• Professional presentation.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Feedback from the participants in a teaching session.</li> </ul>
<p><b>References</b></p> <p>BROWN G &amp; EDMUNDS S. Lectures. In: Dent JA &amp; Harden RM, eds. <i>A practical guide for medical teachers</i>. 3rd edn. London: Churchill Livingstone, 2009.</p> <p>DENNICK R &amp; SPENCER J. Teaching and learning in small groups. In: Dornan T, Mann K, Scherpbier A &amp; Spencer J, eds. <i>Medical education: theory and practice</i>. London: Churchill Livingstone, 2011; 131–56.</p> <p>DORNAN T &amp; ELLAWAY RH. Teaching and learning in large groups: lecturing in the twenty-first century. In: Dornan T, Mann K, Scherpbier A &amp; Spencer J, eds. <i>Medical education: theory and practice</i>. London: Churchill Livingstone, 2011.</p> <p>LONG A &amp; LOCK B. Lectures and large groups. In: Swanwick T, ed. <i>Understanding medical education: evidence, theory and practice</i>. London: Wiley-Blackwell, 2010.</p> <p>MCCRORIE P. Teaching and leading small groups. In: Swanwick T, ed. <i>Understanding medical education: evidence, theory and practice</i>. London: Wiley-Blackwell, 2010.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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Hospital/service:	

## CONFIRMATION OF ENTRUSTMENT FORM

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<b>ST3-EDU-FELL-EPA1 – Small and large group teaching</b>			
<b>Area of practice</b>	Medical Education	<b>EPA identification</b>	ST3-EDU-FELL-EPA1
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.2 (EC approved 26/02/16)
<b>Title</b>	<b>Small and large group teaching.</b>		
<b>Description</b>	Teach in a range of settings and target audiences, including medical students, other medical staff, multidisciplinary team members, patients and carers. The trainee will prepare, deliver and evaluate at least one large group teaching and one small group teaching session.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-EDU-FELL-EPA2 – Clinical (bedside) teaching**

<b>Area of practice</b>	Medical education	<b>EPA identification</b>	ST3-EDU-FELL-EPA2	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 26/02/16)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Deliver and evaluate clinical (bedside) teaching sessions.</b>			
<b>Description</b> Maximum 150 words	<p>Teaching clinical (bedside) skills, such as clinical assessment, communication skills, to a variety of learners, including medical students and interns. The trainee will prepare, deliver and evaluate at least three clinical (bedside) teaching sessions.</p> <p>Note: 'bedside' is the term traditionally used in medical education but it is acknowledged that in psychiatric practice, patients are ambulatory.</p>			
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b>	
	<b>COM</b>	1	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understand the basic principles of adult learning and learning styles.</li> <li>• Understand qualities of a good medical teacher.</li> <li>• Understand the principles of clinical teaching.</li> <li>• Understand the principles of giving constructive feedback.</li> <li>• Understand the principles of evaluation of teaching.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Plan and implement clinical teaching sessions.</li> <li>• Tailor teaching to level of learners and presence of patients.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Identify learning outcomes.</li> <li>• Identify and obtain informed consent from appropriate patients.</li> <li>• Role model clinical skills.</li> <li>• Observe learner practising clinical skills.</li> <li>• Promote discussion.</li> <li>• Deliver constructive feedback.</li> <li>• Promote reflective practice in learners.</li> <li>• Evaluate and engage in reflective practice on own teaching.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Demonstrate a professional attitude to teaching.</li> <li>• Create a supportive and respectful learning environment.</li> <li>• Role model and promote empathic understanding and respect for the patient.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Professional presentation.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Feedback from participant(s) of a clinical teaching session.</li> </ul>
<p><b>References</b></p> <p>PASSI V, JOHNSON S, PEILE E et al. Doctor role modelling in medical education: BEME Guide No. 27. <i>Med Teach</i> 2013; 35: 1422–36.</p> <p>SANDARS J. The use of reflection in medical education: AMEE Guide No. 44. <i>Med Teach</i> 2009; 31: 685–95.</p> <p>TAYLOR DC &amp; HAMDY H. Adult learning theories: implications for learning and teaching in medical education: AMEE Guide No. 83. <i>Med Teach</i> 2013; 35: 1561–72.</p> <p>VASSILAS CA, BROWN N, WALL D &amp; WOMERSLEY H. Teaching the teachers' in psychiatry. <i>Advances in Psychiatric Treatment</i> 2003; 9: 308–15.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-EDU-FELL-EPA2 – Clinical (bedside) teaching</b>			
<b>Area of practice</b>	Medical Education	<b>EPA identification</b>	ST3-EDU-FELL-EPA2
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.3 (EC approved 26/02/16)
<b>Title</b>	<b>Deliver and evaluate clinical (bedside) teaching sessions.</b>		
<b>Description</b>	Teaching clinical (bedside) skills, such as clinical assessment, communication skills, to a variety of learners, including medical students and interns. The trainee will prepare, deliver and evaluate at least three clinical (bedside) teaching sessions. Note: 'bedside' is the term traditionally used in medical education but it is acknowledged that in psychiatric practice, patients are ambulatory.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-EDU-FELL-EPA3 – Feedback**

<b>Area of practice</b>	Medical education	<b>EPA identification</b>	ST3-EDU-FELL-EPA3	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.4 (EC-approved 29/04/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Assist learning though receiving and providing feedback.</b>			
<b>Description</b> Maximum 150 words	The trainee is open to receiving feedback and actively solicits and utilises feedback on his/her own performance as a clinician, peer and teacher or supervisor. He/she has a multidimensional view of feedback informed by literature and applies this practically to maximise feedback effectiveness. The trainee should demonstrate the ability to engage in constructive learner-centred feedback conversations with a peer, supervisee or student and be competent in the application of giving feedback in the context of workplace-based formative assessments.			
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b>	
	<b>COM</b>	1	<b>SCH</b>	1, 2
	<b>COL</b>	2, 3	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	1, 2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Is familiar with the main themes in literature on feedback.</li> <li>• Understands the central role of feedback in highlighting gaps between actual and desired performance in assessment for learning, ie. the cycle of task performance, observation and comparison to standard, feedback provision, feedback reception and utilisation and task re-performance.</li> <li>• Is aware of the potential for feedback to both assist and hinder learning.</li> <li>• Can explain some important variables which may influence the impact of feedback, including variables relating to: the feedback culture, the task, the feedback provider and recipient and the delivery, focus and content of the feedback.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Actively seeks and utilises feedback from others.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Establishes an appropriate interpersonal climate for giving supported, sequential feedback to others.</li> <li>• Uses RANZCP WBAs as a vehicle to give constructive feedback on the basis of observed performance relative to the desired standard of competency.</li> <li>• Chooses a useful focus for feedback and engages in a dialogue which encourages learner self-reflexivity, motivation and goal setting.</li> <li>• Where appropriate uses a model for delivering feedback, such as SET-GO, feed-up, feed-back and feed-forward.</li> <li>• Is sensitive to, and manages, negative emotional reactions to feedback.</li> <li>• Incorporates feedback into continuous learning including following up on action plans.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Has a multidimensional view of feedback as an aspect of continued learning which considers situation, culture, nature of feedback and individual characteristics.</li> <li>• Open and receptive to feedback from others and has willingness to modify performance.</li> <li>• As feedback giver – respectful, non-judgmental and learner-centred attitude.</li> <li>• Committed positive attitude to workplace-based assessment.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Professional presentation.</li> <li>• Direct Observation of Procedural Skills (DOPS) - engaging with others in feedback conversations.</li> <li>• Explorative discussion with trainee about own specific experiences with feedback.</li> <li>• Video recording.</li> <li>• General observation and personal experiences with trainee.</li> <li>• Formal and informal feedback from students of trainee, or peers.</li> </ul>
<p><b>References</b></p> <p><b>Recommended references</b></p> <p>ARCHER C. State of the science in health professional education: effective feedback. <i>Med Educ</i> 2010; 44: 101–8.</p> <p>BROWN N &amp; COOKE L. Giving effective feedback to psychiatric trainees. <i>Advances in Psychiatric Treatment</i> 2009; 15: 123–8.</p> <p>CROMMELINCK M &amp; ANSEEL A. Understanding and encouraging feedback-seeking behaviour: a literature review. <i>Med Educ</i> 2013; 47: 232–41.</p> <p>HATTIE J &amp; TIMPERLEY H. The power of feedback. <i>Review of Educational Research</i> 2007; 77: 81–112.</p> <p>SARGEANT J, LOCKYER J, MANN K et al. Facilitated reflective performance feedback: developing an evidence-and theory-based model that builds relationship, explores reactions and content, and coaches for performance change (R2C2). <i>Acad Med</i> 2015; 90: 1698–706.</p>	

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WATLING C, DRIESSEN E, VAN DER VLEUTEN CP & LINGARD L. Learning from clinical work: the roles of learning cues and credibility judgements. *Med Educ* 2012; 46: 192–200.

WATLING C, DRIESSEN E, VAN DER VLEUTEN CP & LINGARD L. Learning culture and feedback: an international study of medical athletes and musicians. *Med Educ* 2014; 48: 713–23.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



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<b>ST3-EDU-FELL-EPA3 – Feedback</b>			
<b>Area of practice</b>	Medical Education	<b>EPA identification</b>	ST3-EDU-FELL-EPA3
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.4 (EC approved 29/04/16)
<b>Title</b>	<b>Assist learning though receiving and providing feedback.</b>		
<b>Description</b>	The trainee is open to receiving feedback and actively solicits and utilises feedback on his/her own performance as a clinician, peer and teacher or supervisor. He/she has a multidimensional view of feedback informed by literature and applies this practically to maximise feedback effectiveness. The trainee should demonstrate the ability to engage in constructive learner-centred feedback conversations with a peer, supervisee or student and be competent in the application of giving feedback in the context of workplace-based formative assessments.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....

**ST3-EDU-FELL-EPA4 – Education introductory supervisory skills**

<b>Area of practice</b>	Medical education	<b>EPA identification</b>	ST3-EDU-FELL-EPA4	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 03/06/16)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Training to become an effective and competent supervisor.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee should be able to understand the principles of effective supervision and demonstrate the abilities and attitudes required to become a competent supervisor in the future. At this level it is expected that the trainee will have engaged in formal educational workshops or seminars around adult education and supervision whilst concurrently using supervision with their own supervisor.</p>			
<b>Detailed description</b> If needed	<p>As part of this EPA it is expected that the trainee will provide some form of supervision or mentorship to junior colleagues. This may be medical students, house officers or Stage 1 or Stage 2 psychiatry trainees. It is anticipated that both knowledge and hands-on practical skills will be demonstrated. Examples of how this could be done include a combination of the following:</p> <ul style="list-style-type: none"> <li>• completing a formal online or face-to-face course on supervision</li> <li>• supervising a Stage 1 or Stage 2 trainee undertaking a standard Workplace-Based Assessment such as case-based discussion, Mini-Clinical Evaluation Exercise or Observed Clinical Activity and obtaining formal feedback after this from both the trainee and supervising consultant who would need to oversee this process</li> <li>• offering 4–6 weeks of supervision to a Stage 1 or Stage 2 trainee or medical student and obtaining formal feedback from them at the mid-point and at completion of supervision.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>		<b>HA</b>	
	<b>COM</b>	1	<b>SCH</b>	2
	<b>COL</b>	2, 3, 4	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	1, 2		
<b>Knowledge, skills and attitude required</b>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p>			

The following lists are neither exhaustive nor prescriptive.

- Has knowledge of the various characteristics that make a good supervisor.
- Understands the roles and responsibilities of a supervisor in the following domains (clinical, educational, leader, mentor and manager) and how these various roles may impact on the supervisory relationship.
- Understands the potential for tension in the dual responsibilities of the supervisor to the organisation (responsibility to ensure safe practice of the trainee and an adequate level of patient care) and to the trainee (to help with professional development and learning).
- Understands the purpose and benefits of supervision.
- Has knowledge of the different theories and principles of learning that can be applied to the practise of supervision.
- Understands the importance of reflection and feedback in supervision and demonstrates some knowledge of the different models for delivering feedback to a trainee.
- Has an awareness of the nature of transference and countertransference in the supervisor–trainee relationship.
- Has an awareness of the common causes of supervisor–trainee difficulties.
- Has an awareness of the red flag signs that a trainee may be in distress and an understanding of the pathways to support trainees in difficulty.
- Understands the purpose and process of managing underperformance.

#### **Skills**

- Is able to provide a clinical role model: being knowledgeable, competent, caring and professional.
- Adopts a supportive and constructive supervisory style, which may involve mentoring, caring, showing an interest and advising, but that can nevertheless address trainee difficulties and shortcomings.
- Understands the relevance of supervision for the trainees and assists them to formulate learning plans which are linked to the curriculum and take into account the clinical context.
- Demonstrates accurate descriptive and reflective skills in conducting supervision.
- Provides structured and appropriate feedback to help guide clinical care and help trainees to meet their learning goals.
- Maintains appropriate professional boundaries within the supervisory relationship.
- Demonstrates conflict resolution skills, with a specific focus on potential conflict resolution within supervision.
- Demonstrates the ability to create a supportive plan for trainees who fail to meet requirements of a rotation.
- Demonstrates an awareness of the supervisor’s own limits and boundaries.

#### **Attitude**

- Non-judgemental, respectful and supportive attitude.
- Committed to creating an open, reflective and positive environment for trainees.

	<ul style="list-style-type: none"> <li>• Ethical, well boundaried, safe and professional practice.</li> <li>• Fosters enquiry, facilitates learning and promotes excellence in trainees.</li> <li>• Willing and able to accept feedback themselves and strives to evaluate and improve own performance as a supervisor.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b> <i>(These include, but are not limited to, WBAs)</i>	<ul style="list-style-type: none"> <li>• Professional presentation.</li> <li>• Feedback from a supervisee.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b> DAVYS A & BEDDOE L. Reflective learning model for supervision. In: <i>Best practice in professional supervision: a guide for the helping professions</i> . London: Jessica Kingsley Publishers, 2010. HEALTH WORKFORCE AUSTRALIA. <i>A framework of professional activities for supervisors</i> . Melbourne: RANZCP, 2014. Viewed 29 March 2016, < <a href="http://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Clinical-supervision-support-project-framework.aspx">www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Clinical-supervision-support-project-framework.aspx</a> >. LAKE FR. Teaching on the run tips: doctors as teachers. <i>Med J Aust</i> 2004; 180: 415–6. SCHUMACHER DJ, ENGLANDER R & CARRACCIO C. Developing the master learner: applying learning theory to the learner, the teacher, and the learning environment. <i>Acad Med</i> 2013; 88: 1635–45.	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar



The Royal Australian & New Zealand College of Psychiatrists

RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

## CONFIRMATION OF ENTRUSTMENT FORM

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: [traininghelp@ranzcp.org](mailto:traininghelp@ranzcp.org)

<b>ST3-EDU-FELL-EPA4 – Education introductory supervisory skills</b>			
<b>Area of practice</b>	Medical Education	<b>EPA identification</b>	ST3-EDU-FELL-EPA4
<b>Stage of training</b>	Stage 3 - Advanced	<b>Version</b>	V0.3 (EC approved 03/06/16)
<b>Title</b>	<b>Training to become an effective and competent supervisor.</b>		
<b>Description</b>	The trainee should be able to understand the principles of effective supervision and demonstrate the abilities and attitudes required to become a competent supervisor in the future. At this level it is expected that the trainee will have engaged in formal educational workshops or seminars around adult education and supervision whilst concurrently using supervision with their own supervisor.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

### ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Supervisor Name (print) .....  
 Supervisor RANZCP ID: ..... Signature: ..... Date: .....

### DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP – accredited supervisor.

Director of Training Name (print) .....  
 Director of Training RANZCP ID: ..... Signature: ..... Date: .....