upskilling medical practitioners in mental health care
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<td>ACEM</td>
<td>Australasian College for Emergency Medicine</td>
</tr>
<tr>
<td>ACRRM</td>
<td>Australian College of Rural and Remote Medicine</td>
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<tr>
<td>AGFTP</td>
<td>Australian Government Funded Training Program</td>
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<tr>
<td>AMA</td>
<td>Australian Medical Association</td>
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<tr>
<td>ARST</td>
<td>Additional Rural Skills Training</td>
</tr>
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<td>AST</td>
<td>Advanced Specialised Training</td>
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<tr>
<td>CBD</td>
<td>Case Based Discussion</td>
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<td>CPR</td>
<td>Care Plan Review</td>
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<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>CPA</td>
<td>Comprehensive Patient Assessment</td>
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<td>CASG</td>
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<td>Diploma</td>
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<td>DEAG</td>
<td>Expert Advisory Group (for the Diploma)</td>
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<td>EPA</td>
<td>Entrustable Professional Activities</td>
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<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
</tr>
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<td>GPs</td>
<td>General Practitioners</td>
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<td>PWP</td>
<td>Psychiatry Workforce Program</td>
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<tr>
<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
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<td>RANZCP</td>
<td>Royal Australian and New Zealand College of Psychiatrists</td>
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<tr>
<td>RACP</td>
<td>Royal Australian College of Physicians</td>
</tr>
<tr>
<td>RG</td>
<td>Rural Generalist</td>
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<td>RPL</td>
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INTRODUCTION

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has received funding under the Psychiatry Workforce Program (PWP) to develop a Diploma of Psychiatry (Diploma). The PWP is an Australian Government Department of Health and Aged Care initiative that has been introduced to address mental health workforce maldistribution and shortages. The Program aims to improve access to high quality mental health care for all Australians.

By developing the Diploma, the RANZCP aims to optimise patient care by providing a continuing professional development (CPD) opportunity to support medical practitioners in developing enhanced skills to provide mental health care in our communities. It is anticipated that the core audience of the RANZCP Diploma of Psychiatry, as guided by the PWP, will be general practitioners (GPs), rural generalists (RGs), and emergency medicine physicians.

Please note the Diploma program being developed by the RANZCP is vocational training for graduate medical practitioners and is not a higher education award in accordance with the Australian Qualifications Framework.

Due to the Tertiary Education Quality and Standards Agency (TEQSA) requirements, the RANZCP is exploring a new naming structure for this course.
1. OVERVIEW OF THE DIPLOMA

The following table provides an overview of the various aspects of the Diploma.

<table>
<thead>
<tr>
<th>Entry Requirements</th>
<th>Minimum Duration</th>
<th>Topic Areas</th>
<th>Teaching and Learning</th>
<th>Assessment</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration with the Medical Board of Australia (MBA)</td>
<td></td>
<td>Core areas:</td>
<td>Online learning modules – readings and active learning tasks.</td>
<td>Formative Assessment</td>
<td>Yes</td>
</tr>
<tr>
<td>PGY 5 or above</td>
<td>Generally, 12 months, complete within 2 years or request extension (Maximum 4 years).</td>
<td>• Assessment of new mental health presentations</td>
<td>Minimum of 5 observations of psychiatry consultations</td>
<td>Core areas:</td>
<td>Hospital based training, practice-based training, employed in community clinic or combination of above.</td>
</tr>
<tr>
<td>Current employment working with patients who require assessments and support in relation to their mental health</td>
<td></td>
<td>• Assessment and management of risk</td>
<td>Logbook - 40 patients</td>
<td>Minimum of 12 Structured Feedback Exercises (SFEs) - customised tools and feedback to be obtained from different reviewers.</td>
<td>Participants nominate a Primary Supervisor.</td>
</tr>
<tr>
<td>ACRRM and RACGP Trainees can apply to enrol concurrently if their supervising psychiatrist is willing to supervise them:</td>
<td></td>
<td>• Psychosocial interventions</td>
<td>Reflections – minimum of 10 (applying learning to patients, review by supervisor)</td>
<td>Elective:</td>
<td></td>
</tr>
<tr>
<td>• ACRRM AST in Mental Health, or</td>
<td></td>
<td>• Pharmacotherapy</td>
<td>Interactive peer group discussion meetings via video conference – 12 hours</td>
<td>• Minimum of 4 SFEs on special interest area.</td>
<td></td>
</tr>
<tr>
<td>• RACGP RG ARST</td>
<td></td>
<td>Elective:</td>
<td>Narrative Review on elective special interest area.</td>
<td>Summative Assessment</td>
<td></td>
</tr>
<tr>
<td>Practitioners completing short-term specialist training (STT) are not eligible to enrol.</td>
<td></td>
<td>• Assessment and care plans for patients within a special interest area</td>
<td></td>
<td>• Elective Oral Presentation</td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td>• Portfolio</td>
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2. DIPLOMA STRUCTURE AND ELIGIBILITY REQUIREMENTS

2.1 Prerequisites

To be eligible for enrolment, applicants must be:

- registered as a medical practitioner with the Medical Board of Australia (general or specialist)
- undertaking their fifth or subsequent postgraduate year
- working with patients who require assessment and/or care and support in relation to their mental health.

Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP) trainees completing the ACRRM Advanced Specialised Training (AST) in Mental Health or RACGP Rural Generalist (RG) Fellowship Additional Rural Skills Training (ARST) respectively can apply to enroll in the Diploma concurrently if their supervising psychiatrist is willing to become an accredited Diploma Supervisor and support these trainees to complete the Diploma requirements. ACRRM and RACGP senior trainees are also welcome to apply.

2.2 Duration

Participants must complete all the requirements of the Diploma in a minimum of 12 calendar months and a maximum of 4 calendar years.

The Diploma program is competency-based, and participants can choose the amount of time they devote to their study to complete requirements within these timeframes.

2.3 Diploma Requirements

Participants complete a range of activities during the Diploma, contributing to an online learning and assessment portfolio. The portfolio contains core and elective learning components.

Core learning focuses on the development of generalisable knowledge and skills which can be applied to various patient presentations.

Elective learning allows participants to select a special interest area to develop specific knowledge and skills for assessing patients from an identified population, or who have symptoms of a specific mental health disorder (or category of mental health disorders), or both, and for supporting patients in relation to their mental health.

3. SUPERVISION

Participants of the Diploma must be employed as a medical practitioner and consult with patients who require assessment and/or support in relation to their mental health. Participants will undertake Diploma requirements as part of their regular employment, employers and organisations (such as hospitals, community health services or private practices) will not be accredited as they are for specialist training programs. Continued employment is the responsibility of the participant, as is the exposure to the clinical experiences necessary to complete the learning and assessment activities of the Diploma.
### 3.1 Supervision options

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Consultation Observations of psychiatrists</th>
<th>Structured Feedback Exercises</th>
<th>Progress Review Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private Practice</strong></td>
<td>Most suited to General Practitioners (GPs) and other medical practitioners working in private practices who have patients presenting with mental health problems, paired with psychiatry supervisors also working predominantly in private practice or a private mental health hospital.</td>
<td>The Diploma participant pairs with a psychiatry supervisor.</td>
<td>The Diploma participant organises to go to the psychiatrists practice at scheduled times to observe the psychiatrist with patients and/or observe consultations. These may be patients that the participant has referred for assessment and/or management.</td>
</tr>
<tr>
<td><strong>Community Mental Health Services</strong></td>
<td>Most suited to medical practitioners who work in settings with limited patients presenting with mental health problems, do not work at a public hospital and/or are not paired with a psychiatrist supervisor who works in private practice.</td>
<td>The Diploma participant engages with a community mental health service and a psychiatrist who can provide supervision through the service.</td>
<td>The Diploma participant organises a series of sessions to observe the psychiatrist with patients at the health service or unit. They may also participate in outreach services.</td>
</tr>
<tr>
<td><strong>Public Hospitals that have a Psychiatric Service/Unit</strong></td>
<td>Most suited to medical practitioners who work in a hospital that has psychiatry services (minimum consultation-liaison psychiatry service).</td>
<td>The Diploma participant employed at the hospital engages with the head of the psychiatry department or the psychiatrist working with the emergency mental health care team, to identify a psychiatrist who will provide supervision.</td>
<td>The Diploma participant organises a series of sessions to observe the psychiatrist at outpatient clinics or the emergency mental health care unit/centre.</td>
</tr>
</tbody>
</table>
3.2 Diploma Supervisor

During the Diploma, participants’ learning will be supported by a Diploma Supervisor. Each participant will be allocated a Diploma Supervisor who will meet with the participant regularly to review progress (every 3 months). These meetings may be conducted in-person or by video conference.

Diploma Supervisors will meet with participants at the commencement of the Diploma to establish goals and how participants intend to achieve the Diploma requirements within their practice, and to discuss strengths and areas for development and potential ideas for the elective special interest areas.

Diploma Supervisors will:

• facilitate opportunities for the Diploma participant to observe psychiatrists and be observed to complete Structured Feedback Activities
• discuss and provide feedback on activities completed within the participant’s learning and assessment portfolio
• provide the opportunity for the participant to ask questions about any patients they are working with for whom they may need assistance.

Participants can nominate a psychiatrist who works with them to become an accredited Diploma Supervisor or request a Diploma Supervisor to be allocated to them.

A final progress review meeting will be held in which the Supervisor confirms the participant’s portfolio is ready for assessment.

Participants will also have the option of nominating or requesting the allocation of an Elective Supervisor, who has expertise to guide the participant’s with their learning in their selected special interest area.

3.3 Diploma Reviewers

Diploma Reviewers are RANZCP Fellows who engage with Diploma participants and provide them with feedback as they learn and develop their clinical skills. Participants will have multiple Diploma Reviewers and review may occur in-person or by video conference.

Reviewers will:

• observe participants in consultations with their patients (i.e. during initial assessments, proposing and developing mental health care plans to patients and their families, use of psychosocial interventions, educating patients about use of pharmacotherapy, if indicated)
• review participant’s initial formulations and draft mental health care plans
• have case-based discussions with participants and prompt them to reflect on their experience with a patient and how they might improve their approach to assess or support future patients in relation to their mental health.

RANZCP Fellows will also take on the role of Peer Group Discussion Facilitators and Oral Presentation Assessors.
4. DIPLOMA CURRICULUM

With such a potentially broad audience, the curriculum focuses on providing education and training in foundation concepts of psychiatry, psychiatric assessment and interventions. Knowledge and skills can be applied when assisting patients from a variety of age groups and populations, and to those with mental health related problems and mental illness. This ensures the learning activities and assessment are relevant for all participants.

4.1 Key Competencies

The draft Key Competencies outlines the expectations of graduates on completion of the Diploma. The competencies are aligned to the CanMEDS roles, and it is intended that participants build on the knowledge and skills they have attained during their medical education, training and practice to date.

It is important to note that the attainment of each competency statement is in the context of:

1) the medical practitioner assessing and supporting patients specifically in relation to their mental health

2) the medical practitioner’s area of practice, whether than be hospital medicine or a specialty, such as general practice, rural generalism, emergency medicine or paediatrics.

Upon completion of the Diploma, it is not expected that all graduates will be competent to assess and/or support all patients with all mental health problems or illnesses. The RANZCP Fellowship Program, with a minimum of five years working in an accredited training post within psychiatric health services, is designed to prepare trainees for this breadth of specialist practice.

4.2 Curriculum Learning Outcomes

The draft Curriculum Learning Outcomes provides an additional level of detail and guide the content of the learning and assessment strategy. The outcomes cover the four core areas of learning: assessment of new mental health presentations, assessment and management of risk, psychosocial interventions, and pharmacotherapy.

5. LEARNING ACTIVITIES

During the Diploma, participants will engage in a number of different learning activities to: acquire foundation knowledge; practice applying this knowledge to assessing and supporting patients in relation to their mental health; obtain feedback on their clinical skills; and improve the quality of the care they provide to patients.

5.1 Core Activities

Participants of the Diploma must complete the following core learning activities while enrolled in the Diploma:

- Online interactive learning modules (including responses to short answer questions, reflections, and case studies).
- Observations of psychiatry consultations (minimum of 5 initial, follow up or treatment consultations).
- A logbook of patients who have been assessed and/or supported by the Diploma participant in
relation to their mental health (minimum of 40 unique patient experiences).

- Reflections on their learning from providing patient care, as included in the Diploma participant’s logbook (minimum of 10 reflections of approximately 800 words).

- Attendance at Peer Group Discussion Meetings, within which they will be expected to present cases from their own practice and highlight any challenges they experience as they apply their new knowledge and skills in supporting patients (minimum of 12 hours).

- Structured Feedback Exercises (SFEs), which will provide evidence of progress with clinical skill development (minimum of 12). Four different tools each target various assessment, planning and intervention skills and techniques designed specifically for the Diploma will be utilised:
  - Comprehensive Patient Assessment
  - Care Plan Review
  - Observed Care Plan Discussion
  - Case-based Discussion

  For more information on each tool, refer to Appendix One.

5.2 Elective Activities

Participants of the Diploma must complete the following elective learning activities while enrolled in the Diploma:

- A learning plan to develop knowledge and skills in a selected special interest area, which will be reviewed by the participant’s Diploma or Elective Supervisor and approved by the Diploma Committee.

- A concise written narrative review on their selected special interest area (approximately 2000 words).

6. ASSESSMENT

During the Diploma participants will engage in both formative and summative assessment activities.

The primary purpose of Structured Feedback Exercises (SFEs) is learning, however, as participants complete them as evidence toward assessment of their competence they are a method of formative assessment. The items on the SFEs have been mapped/blueprinted to the skills of the Curriculum Learning Outcomes.

Summative assessment (listed below) is used to ensure that on completion of the Diploma, participants can demonstrate that they have met the Key Competencies of the Diploma. The summative assessment activities have been mapped/blueprinted to the Key Competencies.

6.1 Core Assessment

Online Learning Modules

The online learning modules are designed to drive learning in foundation psychiatry knowledge, mental health assessment and biopsychosocial interventions. Questions from each of the four core areas of learning will be included throughout the modules and participants must successfully answer assessment questions to complete each module.
Core Clinical Skills Activities

Participants will be able to ‘tag’ completed SFEs, so they combine as evidence for the completion of Clinical Skills Activities.

There are four Clinical Skills Activities which must be completed for the core component of the Diploma:

1) Assessing patients presenting with new mental health problems
2) Assessing and managing risk in relation to patients who may harm themselves or others
3) Use of psychosocial interventions to support patients in relation to their mental health
4) Initiating pharmacotherapy for patients diagnosed with mental health disorders.

6.2 Elective Assessment

Elective Clinical Skill Activity

Participants will also ‘tag’ completed SFEs so they combine to complete an Elective Clinical Skill Activity relevant to their special interest area, as approved within their elective learning plan.

Oral Presentation

Participants will use the research compiled for their written narrative review and their experiences with patients to complete SFEs and the Elective Clinical Skill Activity to prepare and deliver an Oral Presentation on their special interest area to their peers. Participant’s reflections on their experience of the Diploma and the sharing of key learning points which peers would find valuable must also be included. Each participant will be allocated 30 minutes for their presentation and to answer questions from other participants and the Oral Presentation Assessors.

During the session participants are expected to interact, ask questions of other participants, and provide feedback to their peers.

Two Oral Presentation Assessors will score the participant independently.

Portfolio Review

When participants have completed all the learning and assessment activities of the Diploma (both Core and Elective components), they will meet with their Diploma Supervisor for a final progress review. The Diploma Supervisor will confirm the participant’s portfolio is ready for review. The Diploma Committee will determine whether the participant has met the Key Competencies, and if so, award the Diploma.

7. PROGRESS REVIEW

During the Diploma participants will meet with their Diploma supervisor every 3 months to review their contributions to their portfolio, and to discuss their progress with learning activities and assessment. Upon submission of a progress review form, 3-months will be accrued to the participant’s Diploma record.
8. RECOGNITION OF PRIOR LEARNING

Recognition of Prior Learning (RPL) will be considered for Diploma participants who:

1) enroll in the Diploma for the first time, with previous study and experience
2) who re-enroll in the Diploma after a period of absence and decide to re-commence their learning.

For participants who enroll for the first time, RPL applications should be submitted upon enrolment and will be accepted up until 3 months after the participant commenced the Diploma.

The Diploma participant must have been a registered medical practitioner at the time of completing the study, examination, or activity for which they are requesting RPL and engaged in continuing professional development in relation to mental health between completion of the activity and enrolment in the Diploma.

For participants who have previously completed the ACRRM AST in Mental Health and the RACGP ARST in Mental Health, previously known as the FARGP, the minimum time of completion for the Diploma may be reduced from 12 months to 6 months.

For participants re-entering the Diploma after a period of absence, only Diploma learning or assessment activities that have been submitted and confirmed in the Diploma Portfolio while enrolled in the Diploma will be considered for RPL.

8.1 Former RANZCP Trainees

Trainees who exit the RANZCP Fellowship Program prior to completing Stage 2 can apply for RPL to obtain exemption from learning and/or assessment components of the Diploma including:

- the Practice Logbook, Reflections and Peer Group Discussion Meetings if the trainee has completed 12 months Full Time Equivalent (FTE) in the training program and two In-Training Assessments.
- Core Clinical Skills Activities equivalent to Entrustable Professional Activities (EPA) completed
- the Elective Clinical Skills Activity, if the trainee has completed an area of practice EPA in Stage 2.

RPL applications should be submitted upon enrolment in the Diploma, however RPL applications will be accepted until 3 months after commencing the Diploma. RPL applications will be accepted up until 3 years after exit from the RANZCP Fellowship Program.

Only workplace-based assessments or EPAs that have been submitted and signed off while registered in the training program are suitable for RPL.

8.2 Award of the Diploma for RANZCP Former Trainees and Specialist International Medical Graduates (SIMGs)

Trainees who have completed Stage 2 and successfully completed the RANZCP Fellowship Program Multiple Choice Examination are eligible for the award of the Diploma.

Partially comparable Specialist International Medical Graduates (SIMGs) who have completed 12 months of training in the RANZCP Fellowship Program and substantially comparable who completed 6 months of their placement are also eligible for the award of the Diploma.
Former trainees and SIMGs will have 12 months from date of finishing Stage 2 to apply (or if they exit the RANZCP Fellowship Program during Stage 3, they would have 12 months from the date of exit).

9. GOVERNANCE

The RANZCP has established three committees to guide the development of the Diploma: the Diploma Expert Advisory Group (DEAG), the Curriculum Authorship Steering Group (CASG) and the Diploma Teaching and Learning Steering Group. Membership of these groups include RANZCP members, community member representation as well as representatives from key stakeholder organisations and potential end users of the Diploma:

RANZCP Diploma of Psychiatry Expert Advisory Group
- Chair (Deputy Chair of the Education Committee)
- Deputy Chief Medical Officer for Mental Health
- Two RANZCP Fellows
- One RANZCP Fellow from New Zealand
- Two members from the RANZCP Committee for Training
- Member from the RANZCP Australian Government Funded Training Program Committee
- Member from the Royal Australian College of General Practitioners (RACGP)
- Member from the Australian College of Rural and Remote Medicine (ACRRM)
- Member from the Royal Australasian College of Physicians (RACP) (vacant)
- Member from the Australasian College for Emergency Medicine (ACEM)
- Member from the Australian Department of Health and Aged Care
- Member from the Australian Medical Association (AMA)
- Career Medical Officer
- Community Member

RANZCP Diploma of Psychiatry Curriculum Authorship Steering Group
- Chair, RANZCP Fellow
- Member from the RANZCP Committee for Training
- Two RANZCP Fellows
- Member from the RANZCP Education Committee
- Co-opted Member, Representative from the Royal Australian College of General Practitioners (RACGP)
- Co-opted Member, Representative from the Australian College of Rural and Remote Medicine (ACRRM)

RANZCP Teaching and Learning Steering Group
- Chair, RANZCP Fellow
- Member from the RANZCP Education Committee
- Member from the Diploma of Psychiatry Curriculum Authorship Steering Group
- Four RANZCP Fellows

Feedback obtained in the consultation process will be reported to the Committees and will greatly assist in the development of the RANZCP Diploma of Psychiatry.

9.1 Diploma Queries

The RANZCP welcomes any queries on the above via email at diploma@ranzcp.org
**APPENDIX ONE: Structured Feedback Exercises**

### Structured Feedback Exercises

Diploma participants will undertake formative Structured Feedback Exercises (SFEs). They include direct observation of Diploma participants consulting with patients and/or discussing specific patients with a Diploma Reviewer. A minimum of one SFE must be completed per 3-month term.

<table>
<thead>
<tr>
<th><strong>Comprehensive Patient Assessment (CPA)</strong></th>
<th><strong>Care Plan Review (CPR)</strong></th>
</tr>
</thead>
</table>
| The Diploma participant is observed by a Diploma Reviewer conducting an assessment of a patient presenting with a new mental health problem(s). Feedback will be provided on:  
  - Rapport and communication skills  
  - Obtaining a history of the presenting problem  
  - Background psychiatric history  
  - Mental State Examination  
  - Risk assessment  
  - Understanding of the patient, including broad formulation. | The Diploma participant develops a formulation and draft mental health care plan and obtains feedback from a Diploma Reviewer prior to discussing the plan with patients, family and/or carers and implementing the plan. At least one CPR must be on the same patient for which a CPA was conducted. The Diploma participant:  
  - Presents a summary of a patient to a Diploma Reviewer (it may or may not have been a case that the Diploma Reviewer observed for a Comprehensive Patient Assessment)  
  - Presents their formulation and the Diploma Reviewer helps to identify any gaps  
  - Discusses their proposed mental health care plan with the Diploma Reviewer  
  - Modifies their plan with the Diploma Reviewer, if required. Feedback will be provided on the participant’s formulation, diagnosis (if applicable), pharmacotherapy intervention (if applicable), psychological care plan, social intervention and support services and collaboration with colleagues. |

<table>
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<tr>
<th><strong>Observed Care Plan Discussion (OCPD)</strong></th>
<th><strong>Case-based Discussion (CBD)</strong></th>
</tr>
</thead>
</table>
| Following on from a Care Plan Review, the Diploma participant is observed with a patient as they:  
  - Discuss the formulation and proposed mental health care plan with the patient, family and/or carers  
  - Commence implementation of the plan, possibly including observation of trainee delivering a brief psychosocial intervention. Feedback will be provided on participant’s discussion of mental health problems with the patient, development of a therapeutic alliance, pharmacotherapy (if applicable), psychotherapy and time management of the consultation and plans for follow up. | A retrospective activity, based on a case which the Diploma participant has consulted with independently, for which some of the outcomes are known. The Diploma participant:  
  - Presents a summary of a patient to a Diploma Reviewer which may include a discussion on any or all of the following:  
    - Presentation of case formulation  
    - Differential diagnosis  
    - Initial biopsychosocial care plan  
    - Patient advocacy and collaboration  
    - Patient outcomes after implementation of the care plan  
  - Reflects on patient care and what they may improve upon for a similar case in the future  
  - Answers the Diploma Reviewer’s prompts of how they would manage ‘what if’ scenarios  
  - May also provide de-identified patient medical record and referral letters for feedback on written communication. |