

Stage 3 Leadership and Management Form

To be submitted by trainees completing Stage 3 of the 2012 Fellowship Program.

This form may be attached to the end-of-rotation In-Training Assessment (ITA) form or may be submitted when complete directly to the College's training team. **Email:** training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

<div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 5px;">Trainee name</div> <div style="border: 1px solid #4a7ebb; height: 30px; margin-top: 5px;"></div>	<div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 5px;">RANZCP ID</div> <div style="border: 1px solid #4a7ebb; height: 30px; margin-top: 5px;"></div>
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Please refer to the [Leadership and management guideline](#) which contains a comprehensive resource list and can assist trainees to develop their knowledge and competencies as leaders and managers.

Please tick the option which applies (select one only)	✓
Completed a BTC-approved module or e-module in leadership and management.	<input type="checkbox"/>
Achieved two Medical administration EPAs under appropriate supervision with experience in management, as approved in advance by the BTC.	<input type="checkbox"/>
Developed, implemented and evaluated a new policy or procedure in a team or service.	<input type="checkbox"/>
Implemented and evaluated a specific multidisciplinary clinical practice change such as a Clinical Practice Guideline or Clinical Pathway.	<input type="checkbox"/>
Facilitated a specific quality improvement cycle with a peer group, team or service, including elements of assessment, evaluation against external standards, implementing change, reassessment and evaluation.	<input type="checkbox"/>
Developed a strategy for how a quality improvement activity might work in a service setting.	<input type="checkbox"/>
Developed a program for increasing the engagement of people with mental health problems and mental illness in mental health services.	<input type="checkbox"/>
Other BTC-approved activity:	<input type="checkbox"/>

TRAINEE DECLARATION

I confirm I have completed the above Leadership and management option on
(completion date)

Trainee signature Date

Director of Training name RANZCP ID

Director of Training signature Date