**Child and adolescent psychiatry learning and development plan**

*To be submitted by trainees and Fellows completing a Certificate of advanced training in Child and Adolescent Psychiatry.*

Complete this plan in conjunction with your Director of Advanced Training (DOAT). The complete/amended plan must be approved within 6 weeks from the commencement of the plan.

**A learning and development plan should be agreed and submitted to your DOAT every 12 months FTE of training. \***

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| --- | --- | --- |
| RANZCP ID | enter ID |  |
| Name | enter name |  |
| Training program | enter program name |  |
| Director of Advanced Training | enter DOAT name |  |
| Learning plan timeframe | From | select date | To  | select date |  |

1. PLAN FOR TRAINING POSTS

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| Describe the overall plan for posts across this period, as far as can be currently determined. This section may contain the plan for the area or setting of training post and how these would meet your training and development needs. Trainees are reminded of the mandatory requirements for inpatient and community settings.  |
| enter text |
| In this year of training, a trainee may select any of the mandatory Stage 3 CAP EPA or Other FELL. Indicate which EPAs are planned to be undertaken during this period: 1. Choose EPA.
2. Choose EPA.
3. Choose EPA.
4. Choose EPA.

If intending to complete other Stage 3 Fellowship EPAs, indicate which EPAs are planned to be completed.Click or tap here to enter text.If details of rotations can be determined, list them on the following page.\*The *Learning and development plan* must be reviewed for every 12 months FTE of training and a new plan developed. Shorter timeframes can be utilised where appropriate. Guidance in completion of the LDP can be found the [RANZCP Certificate of Advanced Training in Child and Adolescent Psychiatry website](https://www.ranzcp.org/pre-fellowship/about-the-training-program/certificates-of-advanced-training/child-and-adolescent-psychiatry). |

|  |
| --- |
| **Training post 1** |
| (Probable) | From  | select date | To | select date | FTE (e.g. 0.5, 0.6, 1.0) | enter FTE |
| Hospital or health service | enter hospital or health service |
| Supervisor(s) | enter supervisor name |

|  |
| --- |
| **Training post 2** |
| (Probable) | From  | select date | To | select date | FTE (e.g. 0.5, 0.6, 1.0) | enter FTE |
| Hospital or health service | enter hospital or health service |
| Supervisor(s) | enter supervisor name |

**ADDITIONAL POSTS (Part-time- trainees only)**

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| **Training post 2** |
| (Probable) | From  | select date | To | select date | FTE (e.g. 0.5, 0.6, 1.0) | enter FTE |
| Hospital or health service | enter hospital or health service |
| Supervisor(s) | enter supervisor name |

|  |
| --- |
| **Training post 2** |
| (Probable) | From  | select date | To | select date | FTE (e.g. 0.5, 0.6, 1.0) | enter FTE |
| Hospital or health service | enter hospital or health service |
| Supervisor(s) | enter supervisor name |

1. Development of Specific CanMEDS learning goals

You must complete Part 2 of the Learning and Development Plan (Specific Learning against CanMeds Roles) with at least one Learning Outcome in each domain. You may have more than one Learning Outcome for each domain if you wish. A learning outcome may include a number of actions or activities including those already cited elsewhere in the LDP if they are relevant to development of competence in child and adolescent psychiatry.

ATCAP who have not achieved Fellowship should include plans for completion of Centrally Administered Summative Assessments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CanMEDS role** | **Learning Outcome** | **Actions or Activities** | **Target Date** | **Outcome** **(e.g. completion date)** |
| **Medical expert** | Learning Outcome. | Actions or Activities. | select date | select date |
| **Communicator** |  Learning Outcome. | Actions or Activities. | select date | select date |
| **Collaborator** |  Learning Outcome. | Actions or Activities. | select date | select date |
| **Leader/Manager** |  Learning Outcome. | Actions or Activities. | select date | select date |
| **Health advocate** |  Learning Outcome. | Actions or Activities. | select date | select date |
| **Scholar** |  Learning Outcome. | Actions or Activities. | select date | select date |
| **Professional** |  Learning Outcome. | Actions or Activities. | select date | select date |

**Trainees only – Fellowship Program assessments**

**(Page may be removed by Fellows in Training or where central summative assessments complete)**

Stage 3 trainees plan for achievement of any outstanding centrally administered summative assessments required for Fellowship, including any relevant courses or relevant activities they are doing to facilitate completion.

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| --- | --- | --- | --- | --- |
| Learning objectives | ***Progress******(Complete Yes/No)*** | Activity/activities (if not complete) | Review Date\* | Outcome |
| Psychotherapy Written Case  | Yes/No | Supervisor:Goals and activities for this year of training:Enter Goals and Activities.Planned submission date:[ ]  Targeted Learning Plan (post 60 months FTE) attached | enter date | enter outcome |
| Scholarly Project | Yes/No | Supervisor(s):Goals and activities for this year of training:Enter Goals and Activities.Planned Proposal Submission date:Planned Project Submission date:[ ]  Targeted Learning Plan (post 60 months FTE) attached | enter date | enter outcome |
| Essay-style Exam | Yes/No | Goals and activities for this year of training:Enter Goals and Activities.Planned sitting date:[ ]  Targeted Learning Plan (post 60 months FTE) attached | enter date | enter outcome |
| OSCE | Yes/No | Goals and activities for this year of training:Enter Goals and Activities.Planned sitting date:[ ]  Targeted Learning Plan (post 60 months FTE) attached | enter date | enter outcome |

1. TRAINEE STATEMENT

I have reviewed my last Learning and Development Plan and attached to this plan. [ ]  Yes [ ]  No [ ]  N/A (first plan)

Date discussed with Accredited CAP Supervisor Name: Enter Supervisor Name. Date select date

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature |  | Date  | select date |

1. DIRECTOR OF ADVANCED TRAINING DECLARATION

I confirm that the proposed learning and development plan is appropriate for a period of certificate training in child and adolescent psychiatry. It contains:

appropriate clinical attachments/training posts, proposed duties and supervision

appropriate training and professional development goals.

I have reviewed the trainee’s *Case records* to ensure it has informed development of the trainee’s plan. [ ]  Yes [ ]  No [ ]  N/A (first plan)

|  |  |  |  |
| --- | --- | --- | --- |
| Director of Advanced Training signature |  | Date  | select date |
|  |  | RANZCP ID | enterID |