

Adult checklist & sign off

To be submitted by trainees and Fellows completing the Certificate of Advanced Training in Adult Psychiatry.

Please submit this form 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.

Please fill in the completion dates of all training requirements below; Directors of Advanced Training must initial to confirm completion.

Trainee name RANZCP ID

Satisfactorily completed Certificate of Advanced Training in Adult psychiatry training requirements		Completion date	DOAT initial	
24 months FTE training in accredited adult psychiatry training posts				
Eight Stage 3 adult psychiatry EPAs	Five mandatory EPAs	ST3-AP-AOP-EPA3*		
		ST3-AP-FELL-EPA5		
	<i>*If similar Stage 2 EPA has been attained, it should not be repeated; choose an additional EPA</i>	ST3-AP-AOP-EPA6*		
		ST3-AP-FELL-EPA8		
		ST3-AP-FELL-EPA9		
	Three (*five) additional EPAs			
Elective rotation <i>If in elective rotation, two relevant EPAs must be attained</i>				
Formal adult psychiatry teaching program				
Two committees or planning groups				
Structured psychotherapy <i>Treatment to completion</i>	Patient 1			
	Patient 2			
	Patient 3			
	Patient 4			

Satisfactorily completed Certificate of Advanced Training in Adult psychiatry training requirements		Completion date	DOAT initial	
10 case formulations	Two patients with bipolar disorder 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Two patients with major depression 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Two patients with schizophrenia 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Two patients with borderline personality disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Two patients with anxiety disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
Formative & Summative forms	Rotation 1	Mid-rotation ITA form		
		End-of-rotation ITA form		
	Rotation 2	Mid-rotation ITA form		
		End-of-rotation ITA form		
	Rotation 3	Mid-rotation ITA form		
		End-of-rotation ITA form		
	Rotation 4	Mid-rotation ITA form		
		End-of-rotation ITA form		

TRAINEE DECLARATION

I confirm that I have completed 24 months FTE of adult psychiatry certificate training and all the requirements as listed above.

Trainee signature Date

DIRECTOR OF ADVANCED TRAINING DECLARATION

Dr has satisfactorily completed 24 months FTE of adult psychiatry certificate training and all the requirements as listed above. I recommend award of the Certificate of Advanced Training in Adult Psychiatry.

DOAT name RANZCP ID

DOAT signature Date

The College training team will audit the trainee's training record to ensure all documents have been submitted and recorded accurately. This form will be forwarded to the Chair of Subcommittee for Advanced Training in Adult Psychiatry (SATAP) to confirm the award of the Certificate.

Office use only

Date checklist & sign-off received Zone

SATAP CHAIR DECLARATION

I concur that Drhas satisfactorily completed 24 months FTE of adult psychiatry certificate training and all the requirements and is eligible to be awarded the Certificate of Advanced Training in Adult Psychiatry.

SATAP Chair name

SATAP Chair signature Date

Trainees may use the following table to assist in keeping track of their Fellowship requirements.

Fellowship training requirements (Trainees only)				Completion date	✓
Stage 2 Psychotherapy EPAs <i>must all be complete by end of Stage 3</i>		ST2-PSY-EPA2: Therapeutic alliance			<input type="checkbox"/>
		ST2-PSY-EPA3: Supportive psychotherapy			<input type="checkbox"/>
		ST2-PSY-EPA4: CBT – Anxiety management			<input type="checkbox"/>
Minimum of one OCA with patients with addiction per 6 month-FTE rotation*	Year 1	OCA in rotation 1	*Unless transitioned from 2003 program with an OCI pass.		<input type="checkbox"/>
		OCA in rotation 2			<input type="checkbox"/>
	Year 2	OCA in rotation 3			<input type="checkbox"/>
		OCA in rotation 4			<input type="checkbox"/>
Centrally administered summative assessments		Essay-style Exam			<input type="checkbox"/>
		Psychotherapy Written Case			<input type="checkbox"/>
		OSCE			<input type="checkbox"/>
		Scholarly Project			<input type="checkbox"/>
Leadership and management requirements					<input type="checkbox"/>
Psychotherapy requirement <i>at least 6 sessions each</i>		Patient 1			<input type="checkbox"/>
		Patient 2			<input type="checkbox"/>
		Patient 3			<input type="checkbox"/>
Final qualitative report					<input type="checkbox"/>