



POA checklist & sign off

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

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 Psychiatry of Old Age training requirements		Completion date	DOAT initial
24 months FTE training in accredited psychiatry of old age training posts, including: <ul style="list-style-type: none"> 6 months FTE in an inpatient setting 6 months FTE in a community setting 			
Written learning plan agreed with, and submitted to the DOAT prior the commencement of training and at the beginning of year 2	Year 1		
	Year 2		
Formal psychiatry of old age teaching program			
Eight Stage 3 psychiatry of old age EPAs			
Research project (3000–5000 words)			
Minimum of one OCA with older patients (> 65 years old) per 6 month-FTE rotation	Year 1	OCA in rotation 1	
		OCA in rotation 2	
	Year 2	OCA in rotation 3	
		OCA in rotation 4	
Psychotherapy patients > 65 years old		Patient 1	
		Patient 2	
		Patient 3	
Medico-legal reports	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Management (pre- and post) of older people receiving ECT		Patient 1	
		Patient 2	

Satisfactorily completed Certificate of Advanced Training in Psychiatry of Old Age training requirements		Completion date	DOAT initial	
40 case summaries	25 high prevalence	Unipolar mood disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Anxiety disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
		Post-traumatic stress disorder 1 <input type="checkbox"/>		
		Substance use disorder 1 <input type="checkbox"/>		
		Mild neurocognitive disorder 1 <input type="checkbox"/>		
		Major neurocognitive disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Delirium 1 <input type="checkbox"/>		
		Somatic symptom and related disorders 1 <input type="checkbox"/>		
	15 low prevalence	Psychotic disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Bipolar disorders 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		Obsessive-compulsive disorder 1 <input type="checkbox"/>		
		Hoarding disorder 1 <input type="checkbox"/>		
	Half-day memory clinics		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <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 psychiatry of old age certificate training and all the requirements as listed above.

Trainee signature

Date

LOCAL DIRECTOR OF ADVANCED TRAINING DECLARATION

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

Local DOAT name

RANZCP ID

Local 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 then be forwarded to the Chair of Subcommittee for Advanced Training in Psychiatry of Old Age (SATPOA) to confirm the award of the Certificate.

Office use only

Date final summary report received

Zone

SATPOA CHAIR DECLARATION

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

SATPOA Chair name

SATPOA Chair signature

Date

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

Fellowship training requirements (<i>Trainees only</i>)		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 per 6 month-FTE rotation*	OCA in rotation 1	<i>*POA OCA requirements may satisfy this.</i>	<input type="checkbox"/>
	OCA in rotation 2		<input type="checkbox"/>
	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	<i>*POA psychotherapy requirements may satisfy this.</i>	<input type="checkbox"/>
	Patient 2		<input type="checkbox"/>
	Patient 3		<input type="checkbox"/>
Final qualitative report			<input type="checkbox"/>