

CONTENT	PAGE
Overview <ul style="list-style-type: none"> - Descriptive summary of station - Main assessment aims - 'MUSTs' to achieve the required standard - Station coverage - Station requirements 	2
Instructions to Candidate	3
Station Operation Summary	4
Instructions to Examiner <ul style="list-style-type: none"> - Your role - Background information for examiners - The Standard Required 	5 5-8 8
Instructions to Role Player	9-10
Marking Domains	11-13

1.0 Descriptive summary of station:

The candidate is a consultant on a general adult psychiatry ward. Dr Frank Thomas, a final year registrar, has turned up late for work, slightly dishevelled and malodorous. The nurse in charge of the unit has just told the candidate that she overheard the registrar saying to an inpatient 'I'm so sick of moaning patients' which immediately upset the inpatient. The candidate is meeting with Dr Thomas in their office to discuss this as soon as possible after he arrived at work.

1.1 The main assessment aims are to:

- Identify an impaired doctor and demonstrate understanding of mandatory reporting of a colleague with an addiction disorder.
- Cover the ethical dilemma presented by supporting the registrar you are supervising and mandatory reporting.
- Address the issue of having to stand him down from work to protect patients.
- Demonstrate an approach to the registrar that is professional, collaborative, empathetic and leads to an immediate action plan.

1.2 The candidate MUST demonstrate the following to achieve the required standard:

- Demonstrate interview skills that elicit criteria for alcohol use disorder.
- Identify that there is a risk to patients if this doctor continues working.
- Explain the requirement to escalate within the health service.
- Demonstrate awareness of process for reporting to the registration authorities.
- Address the dilemma of the dual role of support for the trainee and mandatory reporting.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Governance Skills, Other Skills (e.g. ethics, capacity, collaboration, advocacy.)
- **Area of Practice:** Addiction Psychiatry
- **CanMEDS Domain:** Medical Expert, Manager, Professional
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment - data gathering process, Management – initial plan); Manager (Organisational structures – clinical responsibilities), Professional (Ethics, Compliance & Integrity)

References:

- Australian Health Practitioner Regulation Agency. <http://ahpra.gov.au>
- Medical Board of Australia. <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx>
- Medical Council of New Zealand. <https://www.mcnz.org.nz/fitness-to-practise/health-concerns/>
- Royal Australian and New Zealand College of Psychiatrists. Code of Ethics Principle 9 & Guideline 6.

1.4 Station requirements:

- Standard consulting room.
- Five chairs (examiners x 2, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: 30-year-old male, wearing a shirt with a collar which is very crinkled, hair looks greasy.
- Pen for candidate.
- Timer and batteries for examiners.

2.0 Instructions to Candidate

You have **fifteen (15) minutes** to complete this station after **five (5) minutes** of reading time.

You are working as a junior consultant psychiatrist on a general adult psychiatry ward in a public hospital.

Dr Frank Thomas is the final year registrar working with you. You have a good working relationship and have known him since he was an intern.

Over the past two months Dr Thomas has been more distracted and irritable at work, and not followed through with tasks in his usual timely manner. There have been a couple of incidents where he has snapped at colleagues. You have also noticed that he has become a little untidy in his personal presentation. You have become concerned by this continuing deterioration in presentation and behaviour, but when discussed several times in supervision Dr Thomas has said that he has been doing a little extra overtime, repeating that he was *'okay'* and would be fine.

It is a normal day on the ward, but Dr Thomas missed the morning handover. The ward nurse in charge has come to your office to tell you that Dr Thomas has just rushed into the ward looking for you, and that he appeared harassed and dishevelled. As he was leaving the ward a patient told him she didn't like the food to which he replied, *'I'm so sick of moaning people'*. The nurse reports that the patient was visibly distressed, but Dr Thomas ignored her and left the ward.

You have just found Dr Thomas alone in his office, and are going to talk to him about today's events.

Your tasks are to:

- Discuss with Dr Thomas what has happened this morning to develop a clear understanding of the problem.
- Advise Dr Thomas of your assessment of the situation and the implications for today.
- Identify immediate interventions and negotiate a plan with Dr Thomas.
- Outline key ethical issues **to the examiner**.

If you have not commenced the final task, you will be given a prompt at thirteen (13) minutes.

Station 2 - Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
 - A copy of 'Instructions to Candidate'.
 - Pens.
 - Water and tissues (available for candidate use).
- Do a final rehearsal with your simulated patient and co-examiner.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE of the scripted prompt at **thirteen (13) minutes** to commence the final task.
- DO NOT redirect or prompt the candidate unless scripted – the simulated patient has prompts to use to keep to the aims.
- If the candidate asks you for information or clarification say:
'Your information is in front of you – you are to do the best you can.'
- At **fifteen (15) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

- Retrieve all station material from the candidate.
- Complete marking and place your co-examiner's and your mark sheet in **one** envelope by / under the door for collection (**do not seal envelope**).
- Ensure room is set up again for next candidate. (See 'Prior to examination' above.)

If a candidate elects to finish early after the final task:

- You are to state the following:
***'Are you satisfied you have completed the task(s)?
If so, you must remain in the room and NOT proceed to the next station until the bell rings.'***
- If the candidate asks if you think they should finish or have done enough etc., refer them back to their instructions and ask them to decide whether they believe they have completed the task(s).

3.0 Instructions to Examiner

3.1 In this station, your role is to:

Observe the activity undertaken in the station and judge it according to the station assessment aims and defined tasks as outlined in 1.1 and 1.2.

When the candidate enters the room briefly check ID number.

You have no opening statement or prompts.

The role player opens with the following statement:

'Hello, sorry I was late this morning.'

If the candidate has NOT commenced the final task, at **thirteen (13) minutes** you are to give a time prompt. This is your specific prompt:

'Please proceed to the final task.'

3.2 Background information for examiners

In this station the candidate is expected to talk with their final year registrar, Dr Thomas, about his worsening presentation and behaviour which led to an altercation with a patient this morning. The aims of this station are to assess the candidate's ability to identify an impaired doctor, and demonstrate an understanding of mandatory reporting requirements of a colleague with an addiction disorder that is impacting on their ability to undertake their duties at work.

The candidate must include in their plan:

- That Dr Thomas must not continue with work for the day;
- Information to Dr Thomas about mandatory reporting and that they (the candidate) will have to report Dr Thomas to the relevant authority as an impaired doctor.
- Some discussion about how to access help.

The candidate is then expected to demonstrate their ability to apply ethical principles of behaviour of a psychiatrist / doctor in their discussion with the registrar. Their approach to the registrar should be collaborative, empathetic, and enable the candidate to negotiate an immediate action plan.

In order to 'Achieve' this station the candidate **MUST**:

- Demonstrate interview skills that elicit criteria for alcohol use disorder.
- Identify that there is a risk to patients if this doctor continues working.
- Explain the requirement to escalate within the health service.
- Demonstrate awareness of process for reporting to the registration authorities.
- Address the dilemma of the dual role of support for the trainee and mandatory reporting.

A surpassing candidate may decide to help the registrar call the medical board and self-report their alcohol addiction; find a support organisation or GP, and make an appointment for the Registrar as soon as possible.

Regulatory requirements:

Professional conduct

The RANZCP Code of Ethics states that *'Psychiatrists have a duty to attend to the health and well-being of their colleagues, including trainees and students.'* (Section 9.1 Code of Ethics RANZCP)

Mandatory Reporting

a. **In Australia** at the Australian Health Practitioner Regulation Agency (AHPRA) website:

- i. Page 7 of mandatory notification guidelines for registered health practitioners.
<http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx>

b. **In New Zealand** at the Medical Council of New Zealand (MCNZ) website:

- i. Health Concerns section of website: <https://www.mcnz.org.nz/fitness-to-practise/health-concerns/>

Levels of Governance

The Health Practitioners Competence Assurance Act 2003 notes that a *'mental or physical condition means any mental or physical condition or impairment, and includes, without limitation a condition or impairment caused by alcohol or drug abuse'*. This supports a lower threshold for referral than that of alcohol or drug dependence. According to MCNZ a practising doctor needs to be able to:

- make safe judgments
- demonstrate the level of skill and knowledge required for safe practice
- behave appropriately
- not risk infecting patients
- not act in ways that adversely impact on patient safety.

If anyone believes a doctor is unwell and may be unable to practise safely, they are required by law to let AHPRA / MCNZ know if they are one of the following:

- a doctor - self notification
- the doctor's employer
- any registered health practitioner
- anyone in charge of an organisation that provides health services
- a person in charge of an educational programme or course who believes a student may be unable to practise medicine safely.

Under section 140 of the National Law, one of the four identified areas of notifiable conduct for AHPRA includes *'practice while intoxicated by alcohol or drugs'*. Under the National Law, AHPRA works with health complaints organisations in each state or territory to decide which organisation takes responsibility for and manages complaints or concerns raised about a registered health practitioner. State-based arrangements for reporting concerns; for instance in Queensland reports are made to the Office of the Health Ombudsman; on New South Wales concerns are made via NSW Health Professional Councils Authority of the NSW Health Care Complaints Commission.

Every doctor has a responsibility to tell us about a colleague / doctor who is unable to practise safely. In New Zealand the reporting threshold is that of 'reasonable belief', that a doctor may be unable to perform the functions required for the practice of medicine, the obligation of a doctor to notify takes effect, otherwise meet a breach of professional obligation giving rise to disciplinary proceedings.

Delaying assessment, treatment, and assistance for the doctor can negatively impact on patient care, and may also affect the doctor professionally and personally. Without help and support, an unfit colleague or doctor puts the community, the profession, and their reputation at risk so early intervention can often enable a doctor to continue practising while receiving treatment.

The RANZCP Code of Ethics (July 2010) serves to guide ethical conduct and may be applied by other bodies as a benchmark of satisfactory ethical behaviour in the practice of psychiatry as this is interpreted in Australia and New Zealand. The Code applies to all Fellows and trainees of the College, and those seeking to qualify for election to Fellowship and Associates of the College. In this scenario the following three principles apply:

3. Psychiatrists shall provide the best attainable psychiatric care for their patients.
9. Psychiatrists have a duty to attend to the health and well-being of their colleagues, including trainees and students.
10. Psychiatrists shall uphold the integrity of the medical profession.

Diagnosis of Alcohol related disorder

ALCOHOL USE DISORDER DSM-5 (F10.20)

The key criteria are:

- Craving alcohol.
- Evidence of physical dependence – without alcohol person exhibits increased anxiety; tremors or shakes; increased sweating; nausea.
- Increasing tolerance to alcohol – requiring more alcohol for the same effect.
- Loss of control – can no longer curb or restrain drinking alcohol.

DSM-5 criteria:

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following:
 - a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 - b) A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following:
 - a) The characteristic withdrawal syndrome for alcohol (refer to criteria A and B of the criteria set for alcohol withdrawal).
 - b) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

The severity of an AUD is graded *mild, moderate, or severe*.

The ICD-10 makes the following observations:

Identification of a substance use disorder may be made on the basis of self-reported data, reports from informed third parties, presence of drug paraphernalia, or objective analysis of specimens of urine, blood, etc. In cases where the consequence of use is significant it is highly advisable to seek corroboration from more than one source of evidence relating to substance use. History taking should elicit whether there has been harmful use or a dependence syndrome. In ICD-10 supplementary codes indicate the level of alcohol involvement (evidence of alcohol involvement determined by blood alcohol content; and, evidence of alcohol involvement determined by level of intoxication).

Additionally, many people with substance misuse take more than one type of substance, but the diagnosis of the disorder should be classified, whenever possible, according to the most important single substance (or class of substances) used, i.e. that causing the presenting problem. Misuse of other than psychoactive substances, such as laxatives or aspirin, should also be considered, as should other possible causes of erratic behaviour.

Candidates should aim to briefly identify harmful use versus dependence. According to ICD-10, harmful use is '*a pattern of psychoactive substance use that is causing damage to health*'. The damage may be physical (e.g. liver damage) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol). In this scenario harmful patterns of use are suggested, in that Dr Thomas's behaviour have been criticised by others and have been associated with adverse interactions in the ward. There may also be social consequences of various kinds, but this is not, in itself, evidence of harmful use. Just experiencing acute intoxication or 'hangovers' is not sufficient evidence of harmful use.

In ICD-10, dependence is diagnosed when '*a cluster of physiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value*'. Central to the dependence syndrome is the strong desire to continue use. Periods of abstinence may be followed by return to substance use associated with a more rapid reappearance of other features of the syndrome than would occur in nondependent individuals. ICD-10 recommends that harmful use should not be diagnosed if a dependence syndrome, a psychotic disorder or another specific form of drug- or alcohol-related disorder is present.

There are a number of key questions that the candidate could pursue in order to assess whether Dr Thomas may have an alcohol use disorder. In the past year, has Dr Thomas:

- had times when drinking more, or longer than intended?
- more than once wanted to cut down or stop drinking, or tried to, but could not?
- spent time drinking? Spent time being sick or getting over the aftereffects?
- experienced cravings - a strong need, or urge, to drink?
- found that drinking, or being sick from drinking, has often interfered with taking care of home or family, causing job troubles?
- continued drinking even though it was causing trouble with family or friends?
- given up or cut back on activities that were important or interesting, or given pleasure, in order to drink?
- more than once found himself in situations while or after drinking that increased chances of him getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
- continued to drink even though it was making him feel depressed or anxious or adding to another health problem, or after having had a memory blackout?
- developed evidence of tolerance, drinking much more than once needed to get the desired effect?
- found that when the effects of alcohol were wearing off, he experiences withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, or sweating?
- experienced perceptual abnormalities.

If these symptoms are present, his drinking may already be a cause for concern. The more symptoms the candidate exists, the more urgent the need for change and the individual should seek formal assessment by a health professional.

3.3 The Standard Required

Surpasses the Standard – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

Achieves the Standard – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

- i. they have competence as a **medical expert** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, 'common sense' and a scientific approach).
- ii. they can act as a **communicator** who effectively facilitates the doctor patient relationship.
- iii. they can **collaborate** effectively within a healthcare team to optimise patient care.
- iv. they can act as **managers** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources.
- v. they can act as **health advocates** to advance the health and wellbeing of individual patients, communities and populations.
- vi. they can act as **scholars** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge.
- vii. they can act as **professionals** who are committed to ethical practice and high personal standards of behaviour.

Below the Standard – the candidate demonstrates significant defects in several of the domains listed above.

Does Not Achieve the Standard – the candidate demonstrates significant defects in most of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

4.0 Instructions to the Role Player

4.1 This is the information you need to memorise for your role:

Your name is Frank Thomas, and you are doing your psychiatric training in a general hospital. You are currently working in an acute inpatient psychiatric ward, and the candidate is your consultant that you report to (i.e. your boss).

Today you slept in and missed the morning handover. The nurse in charge of the ward has just told your consultant (the candidate) that you rushed into the ward to find the consultant. You were feeling harassed and as you were leaving the ward a patient told you she didn't like the food to which you replied, *'I'm so sick of moaning people'*. The nurse has reported that the patient was visibly distressed, you apparently ignored her and left the ward.

The consultant has come to find you are alone in your office, and is going to talk to you about today's events.

You are normally a thoughtful and conscientious doctor, but in the past few months you have become very reliant (dependent) on alcohol to help you manage your workload and medical training pressures. It started as drinking after work with friends, and then having a *'few extra'* at home to help you sleep. In the past two months you have started going straight home, and having at least one glass of wine before doing anything else. You are now drinking two bottles of red wine a night and having no alcohol-free days.

The candidate may ask you about any of the following and these are your responses:

- You have had times when you are drinking more, or longer than you had intended to. Most weeknights you intend to not drink, then with your meal you decide to have one glass of wine. After the bottle is opened you find it very hard to limit yourself to one glass and then end up opening another bottle – so you are drinking more than you intended which makes you very angry with yourself.
- Experiences of craving — you have noticed that you have a strong need, or urge, to drink often during the day and can't wait to get home for that glass of wine after work. You really look forward to your first glass of wine, and feel like it's the only way to relax after work.
- You now have increased the time you spend drinking, plus the time spent being sick or getting over the after-effects (hangovers). You have found that drinking, or being sick from drinking, has often interfered with taking care of home and meeting family commitments, and has now started causing job troubles.
- More than once you have wanted to cut down or stop drinking, and even tried to a few weeks ago, but could not. You have continued drinking even though it was causing trouble with family and friends – who have started commenting negatively about how much you are drinking.
- Part of this, is that you have given up or cut back on activities that were important or given you pleasure before (like playing soccer with friends and going surfing with your brother), in order to drink with friends or alone.
- More than once, recently, you have found yourself in situations while or after drinking that increased chances of getting hurt (such as driving, swimming, or having unsafe sex).
- Your mood has become more irritable and low, mainly related to the effects of alcohol itself or how it is impacting on you. Despite this you have continued to drink even though it was making you feel depressed or anxious, or after having had a memory blackout.
- Of concern you have noticed that you are able / need to drink much more than before to get the desired effect - evidence of the development of alcohol tolerance.
- You have also found that when the effects of alcohol were wearing off, you are experiencing withdrawal symptoms, such as trouble sleeping, shakiness, irritability, low mood, restlessness, nausea, or sweating.
- If asked, you are not aware of any unusual experiences like seeing, feeling or hearing unusual things that you cannot readily explain (called perceptual abnormalities).
- You delay drinking on weekends until after the normal working hours, but think about that first drink most of the day. You have taken on doing extra overtime to help delay that first drink.
- You know deep down that you are now dependent on alcohol, and feel completely trapped. You really want someone to help you.

As these symptoms are present, your drinking is already a cause for concern. The more symptoms the candidate elicits, the more urgent the need for change, and the individual should seek formal assessment by a health professional.

It is likely the candidate will ask you some/all of the criteria above and it is important to answer the questions consistently with all candidates.

4.2 How to play the role:

Wearing trousers and a business shirt with a collar and with sleeves rolled up which is crinkled and appears that has been slept in. Your hair is messy and, if normally clean shaven, you have not shaved today. If bearded, the beard is scruffy.

You appear harassed and are worried and feeling trapped by what is happening. Present as contrite about being late. You will intermittently remind the consultant that you go back a long way, he knows you are a good registrar.

You, as a normally conscientious doctor, feel both guilty and ashamed about your behaviour. You are very anxious that your consultant might find out about how much you are drinking and will think you are an idiot. You have always wanted to be a psychiatrist and you are scared you may lose your job and career if you are found out. However, you desperately want help. You have been nagging yourself to *'do what you are always telling your patients to do – see your GP'* but then you feel so embarrassed and think you can get 'over it' yourself.

You feel out of control and even today have been thinking *'This is it, no more alcohol'* but you know this has become almost impossible.

4.3 Opening statement:

'Hello, sorry I was late this morning.'

4.4 What to expect from the candidate:

The candidate is expected to inquire about your wellbeing and ask what happened today with the patients and any interaction with the staff. They should ask you about this sensitively, in a respectful manner, and try to understand what is happening for you.

4.5 Responses you MUST make:

'I know I snapped at a patient. I don't know what is happening to me.'

'Things are a little out of control; I'm not sure how I feel.'

'I go to sleep when I stop drinking; usually about 2.00am.'

4.6 Responses you MIGHT make:

If asked whether you think you are dependent on alcohol?

Scripted Response: **'Yes'**.

If asked whether you have done anything about your alcohol dependence.

Scripted Response: **'I just don't know what to do. Can you help me?'**

If asked whether you have seen a GP?

Scripted Response: **'Not yet.'**

If asked whether you have alcohol-free days?

Scripted Response: **'I am drinking too much alcohol and can't seem to have alcohol free days.'**

If asked how much you are drinking at night?

Scripted Response: **'I probably drink about two bottles of red wine a night.'**

If asked about being late for work?

Scripted Response: **'I know I have overslept for the third time in the last two weeks. I was really irritated with myself.'**

STATION 2 – MARKING DOMAINS

The main assessment aims are to:

- Identify an impaired doctor and demonstrate understanding of mandatory reporting of a colleague with an addiction disorder.
- Cover the ethical dilemma presented by supporting the registrar you are supervising and mandatory reporting.
- Address the issue of having to stand him down from work to protect patients.
- Demonstrate an approach to the registrar that is professional, collaborative, empathetic and leads to an immediate action plan.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.1 Did the candidate adequately conduct an assessment of the registrar? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

clearly achieves the standard overall with a superior performance in a number of areas; competent overall management of the interview; superior technical competence in eliciting information that enables identification of immediacy of need for intervention.

Achieves the Standard by:

managing the interview environment; engaging the registrar as well as can be expected; demonstrating flexibility to adapt the interview style to the problem; prioritising information to be gathered; appropriately balancing open and closed questions; summarising; being attuned to specific disclosures, including non-verbal communication; recognising emotional significance of the registrar's situation and responding empathically; sensitively evaluating quality and accuracy of information; clarifying inconsistent information efficiently.

To achieve the standard (**scores 3**) the candidate **MUST:**

- Demonstrate interview skills that elicit criteria for alcohol use disorder.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

significant deficiencies such as being insensitive to the registrar; using aggressive or interrogative style; having a disorganised approach.

1.1. Category: ASSESSMENT – Data Gathering Process	Surpasses Standard	Achieves Standard			Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	

1.13 Did the candidate formulate and describe a relevant initial management plan? (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:

provides a sophisticated link between the plan and key issues identified, including the registrar, the hospital and the wider community needs; specifies that he cannot return to work until he has a clear, supportive management plan; clearly addresses difficulties in the application of the plan.

Achieves the Standard by:

demonstrating the ability to prioritise and implement a plan of action for both registrar and patients; planning for risk management; considering specific interventions; engaging appropriate treatment resources; considering rights for confidentiality of the registrar; outlining realistic time frames for action and review of the plan; ensuring appropriate record keeping and communication to necessary others; identifying potential barriers; recommending need for referral to a GP / specialist.

To achieve the standard (**scores 3**) the candidate **MUST:**

- Identify that there is a risk to patients if this doctor continues working.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

errors or omissions will impact adversely on care of patients; plan lacks structure or is inaccurate; plan not tailored to registrar's immediate needs and circumstances.

1.13. Category: MANAGEMENT - Initial Plan	Surpasses Standard	Achieves Standard			Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	

4.0 MANAGER

4.2 Did the candidate demonstrate capacity to understand their clinical role within an organisation? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

readily accepts the complex roles and responsibilities of psychiatrists in the system of care; acknowledges limitations of personal responsibility; considers the need to review care provided to patients while the registrar was impaired.

Achieves the Standard by:

competently explaining operational escalations within service; recognising the importance of undertaking expanded role within organisation; appropriately responding to this unfamiliar clinical situation; planning to meet potentially changed work demands; utilising broader clinical expertise.

To achieve the standard (scores 3) the candidate **MUST:**

- a. Explain the requirement to escalate within the health service

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1) if:

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

has limited understanding of organisational leadership; not considering the organisational requirements for action; approach places patients at risk. Does not immediately stop the impaired doctor from working.

4.2. Category: ORGANISATIONAL STRUCTURES – Clinical Responsibilities	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

7.0 PROFESSIONAL

7.2 Did the candidate demonstrate an adequate knowledge of legislative and regulatory requirements? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

recognises the different approaches available to address non-compliance; analyses and incorporates other professional guidelines and codes of conduct into practice; balances aspects of individual rights / rights to natural justice with patient and organisation rights and reputation; addresses any role of media.

Achieves the Standard by:

applying relevant legislation / regulation particularly AHPRA / MCNZ; demonstrating integrity, honesty and compassion; distinguishing between professional and unprofessional behaviours; acting on unprofessional behaviour or misconduct of others; identifying how the registrar can independently self-report.

To achieve the standard (scores 3) the candidate **MUST:**

- a. Demonstrate awareness of process for reporting to the registration authorities.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

does not seek advice or support; poor knowledge of regulation / legislation / College requirements; does not sufficiently address unprofessional behaviour / misconduct.

7.2. Category: COMPLIANCE & INTEGRITY	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

7.1 Did the candidate appropriately adhere to principles of ethical conduct and practice? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:

comprehensively considered all major aspects of ethical conduct and practice.

Achieves the Standard by:

identifying professional standards of practice in accordance with College Code of Ethics and institutional guidelines; applying ethical principles to resolve conflicting priorities; utilising ethical decision-making strategies to manage the impact on professional practice / patient care; seeking peer review in difficult countertransference situations; recognising the importance and limitations of obtaining consent and keeping confidentiality. Maintaining professional boundaries between role of supervisor and clinician.

To achieve the standard (**scores 3**) the candidate **MUST:**

a. Address the dilemma of the dual role of support for the trainee and mandatory reporting.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

did not appear aware of or adhere to accepted medical ethical principles.

7.1. Category: ETHICS	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

GLOBAL PROFICIENCY RATING

Did the candidate demonstrate adequate overall knowledge and performance at the defined tasks?

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
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