

APPLICATION TO CONDUCT PSYCHOTHERAPY SESSIONS VIA VIDEOCONFERENCE

Trainees must prospectively apply to their Director of Training (DOT) for approval to conduct a portion of the psychotherapy sessions (for the Psychotherapy Written Case) via videoconference and, in exceptional circumstances, teleconference.

Trainees on a break in training are reminded that applications to conduct therapy on a break in training must be considered by the Committee for Training.

If supported, the trainee must submit this form alongside their Psychotherapy Written Case.

TRAINEE DETAILS

RANZCP ID:

Name:

Stage of Training:

Mobile Phone:

Email:

APPLICATION TO (select all that apply)

- Conduct therapy by videoconference.
- Conduct therapy by videoconference during the first five sessions.
- Conduct therapy sessions by telephone (up to five sessions).

PSYCHOTHERAPY CASE INFORMATION

Name and location of the Health Service where the patient is registered and will remain an open case:

Clinician responsible for the patient's clinical care:

RANZCP Psychotherapy Supervisor (if different from above):

Number of psychotherapy sessions completed to date:

Number of psychotherapy sessions planned to be completed by videoconference / telephone:

Please detail the reasons why the sessions are required to be conducted by videoconference / telephone:

Patient consent obtained to conduct therapy sessions by videoconference / telephone:

Please outline the patient's suitability to undertake therapy by videoconference / telephone and any potential impacts of conducting sessions by videoconference / telephone. This section is to be completed if applying to conduct therapy by videoconference or telephone.

VIDEOCONFERENCE / TELEPHONE CHECKLIST

To be completed by the trainee (Y/N checklist):

1. The patient is registered as an open case at an approved workplace and managed with appropriate clinical governance.
2. The health service has medical indemnity in place which includes videoconference/telephone sessions
3. I will make entries into the relevant health facilities case notes.
4. Both locations will be designated as private for the duration of the session.
5. The audio and video equipment being used is adequate (e.g. no delays in communication) and is being conducted on a device approved by the workplace.
6. I have considered and discussed any cultural sensitivities where the recording or viewing of personal images may cause distress (where relevant).
7. I am aware of the current literature relating to telehealth and have completed any applicable local training in relation to telehealth.

TRAINEE DECLARATION

I declare the information provided above to be true.

Trainee name:

Trainee signature:

RANZCP PSYCHOTHERAPY SUPERVISOR DECLARATION

I support this application to conduct psychotherapy sessions by videoconference / telephone: Y/N

Comments (if not approved, please provide further information as to why):

The information provided above is correct.

Supervisor name:

Supervisor signature:

SERVICE DIRECTOR / LOCAL TRAINING COORDINATOR

The patient remains an open registered case with the health service and a clinician remains responsible for the clinical care of the patient. Y/N

Comments (as required)

Supervisor name:

Supervisor signature:

DIRECTOR OF TRAINING

I approve this application to conduct psychotherapy session by videoconference. (Y/N)

Comments (if not approved, please provide further information as to why)

DOT name:

DOT signature:

Please return this form to the trainee as this approval will be required to be submitted alongside the Psychotherapy Written Case application.