

Psychotherapies checklist & sign off

To be submitted by trainees and Fellows-in-training completing the Certificate of Advanced Training in the Psychotherapies.

Please submit this form to the College 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 satisfactory completion. Submission of this form does not supersede the submission of all Certificate forms.

Trainee name	RANZCP ID
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FORMAL TEACHING PROGRAM

- 40 hours or equivalent of core program

Program name	
Completion date	Program coordinator initial

- 120 hours or equivalent of modality program

Program name	
Completion date	Program coordinator initial

PSYCHOTHERAPY EPAS

Eight Stage 3 Psychotherapy EPAs with brief vignettes		Completion date	DOAT initial
Foundational	ST3-PSY-FELL-EPA1		
	ST3-PSY-FELL-EPA2		
	ST3-PSY-FELL-EPA3		
	ST3-PSY-FELL-EPA4		
Advanced	ST3-PSY-AOP-EPA5		
	ST3-PSY-AOP-EPA6		
	ST3-PSY-AOP-EPA7		
Elective			

FORMATIVE & SUMMATIVE FORMS (Trainees only)

Trainees must submit a Stage 3 Generalist ITA form for their rotation to have their training time recorded towards Fellowship		Completion date	DOAT initial
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		

Satisfactorily completed the case requirements in **ONE** of the following modalities:

INDIVIDUAL DYNAMIC PSYCHOTHERAPIES

				Completion date	DOAT initial
20 hours of infant or toddler observation					
Long case summaries	one case seen twice per week for 2 years				
	two cases seen once per week for 1 year (can be the same case for 2 years)	Year 1			
		Year 2			
Short case summaries	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"/>	

STRUCTURED AND BRIEF PSYCHOTHERAPIES

				Completion date	DOAT initial	
Case formulations	six patients with anxiety 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"/>
	five patients with affective disorder					
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
	three other patients – a variety of primary diagnosis where CBT may be used to target a well-defined problem					
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			

GROUP PSYCHOTHERAPIES

				Completion date	DOAT initial
20 hours of group observation					
Long cases	one individual case, seen once per week for 1 year				
	one group case, seen once per week for 1 year				
Short cases	Two group (psychodynamic or structured) occurring weekly for 16 weeks (can be the same group for 32 weeks)		Week 16		
			Week 32		

FAMILY AND COUPLES THERAPY

				Completion date	DOAT initial
Case formulations	three cases of family therapy: child				
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	three cases of family therapy: adolescent				
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	three cases of family therapy: adult				
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	two cases of couples therapy				
	1 <input type="checkbox"/>	2 <input type="checkbox"/>			
	one case of longer-term therapy				
	1 <input type="checkbox"/>				

TRAINEE DECLARATION

I confirm that I have completed all the certificate training requirements for the modality as listed above.

Trainee signature		Date	
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DIRECTOR OF ADVANCED TRAINING DECLARATION

Dr has satisfactorily completed all the certificate training requirements for the modality as listed above.
I recommend award of the Certificate of Advanced Training in the Psychotherapies.

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 then be forwarded to the Chair of the Subcommittee for Advanced Training in the Psychotherapies (SATPsy) to confirm the award of the Certificate.

<i>Office use only</i>	
Date checklist & sign off received	Zone
SATPSY CHAIR DECLARATION	
I concur that Dr has satisfactorily completed all the certificate training requirements and is eligible to be awarded the Certificate of Advanced Training in the Psychotherapies.	
SATPsy Chair name	
SATPsy 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		<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"/>
	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>*Certificate psychotherapy modality requirements may satisfy this.</i>	<input type="checkbox"/>
	Patient 2		<input type="checkbox"/>
	Patient 3		<input type="checkbox"/>