



The Royal
Australian &
New Zealand
College of
Psychiatrists

Certificate of
Postgraduate
Training

in Clinical Psychiatry

Certificate of Postgraduate Training in Clinical Psychiatry

Curriculum

upskilling medical
practitioners in
mental health care



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INTRODUCTION

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has received funding under the Psychiatry Workforce Program (PWP) to develop the Certificate of Postgraduate Training in Clinical Psychiatry (the Certificate). The PWP is an Australian Government Department of Health and Aged Care initiative that has been introduced to address mental health workforce maldistribution and shortages. The Program aims to improve access to high quality mental health care for all Australians.

Please note the program being developed by the RANZCP is vocational training for registered medical practitioners and is not a higher education award in accordance with the Australian Qualifications Framework.

About the Program

The Certificate of Postgraduate Training in Clinical Psychiatry (the Certificate) is a program for medical practitioners that focusses on the development of practical clinical skills which can be applied to assessing patients who present with new mental health conditions or require assistance and/or support to manage a mental health condition.

Aim

The Certificate will optimise patient care by supporting medical practitioners in developing enhanced skills to provide mental health care in our communities.

Program Design

The Certificate is designed to:

- upskill medical practitioners in psychiatry principles and techniques to assist patients with mental health conditions, in the context of their everyday practice
- prompt depth of learning in an elective special interest area, applicable to the patients they consult with
- create pathways to access advice from specialist psychiatrists
- develop a community of medical practitioners who value continuing professional development in mental health and ongoing learning together.

Eligibility

To be eligible to apply, applicants must have current general or current specialist registration as a medical practitioner in Australia.

Medical practitioners must be:

- a) undertaking their fifth or subsequent postgraduate year
- b) working in Australia with patients who require assessment and/or care and support in relation to their mental health.



Duration

Minimum time to complete the Certificate

Participants must be engaged in learning within the Certificate for a minimum of 12 calendar months. It is expected that many participants will complete the Certificate over 24 months or longer, applying their learning progressively as they work.

Maximum time to complete the Certificate

Participants must complete all core and elective components of the Certificate within 48 calendar months (4 years) from commencement.

Program Structure

Flexible Model of Delivery

Participants do not need to complete any rotations or placements at designated accredited sites, and the RANZCP does not find employment for participants while they are enrolled in the Certificate.

Participants will complete the various learning and assessment activities of the Certificate while working as a medical practitioner in Australia in their usual clinical environment or equivalent, with patients who require assessment, care and/or support in relation to mental health.

Participants undertake the Certificate alongside their usual day to day practice as a medical practitioner and arrange to complete learning and assessment activities at their place of work.

Learning Environment

Participants complete a range of activities during the Certificate, contributing to an online learning and assessment portfolio. The portfolio contains core and elective learning components.

Core learning focuses on the development of generalisable knowledge and skills which can be applied to various patient presentations.

Elective learning allows participants to select a special interest area to develop specific knowledge and skills for assessing patients from an identified population, or who have symptoms of a specific mental health disorder (or category of mental health disorders), or both, and for supporting patients in relation to their mental health.

Clinical Expertise and Guidance from Psychiatrists

Throughout the program, participants will be guided and assessed by RANZCP Fellows. Participants will engage with psychiatrists who undertake the following roles in relation to learning and assessment of the program:

- Certificate Supervisors
- Certificate Reviewers
- Peer Group Facilitators
- Assessors



Supervision

During the program, participants' learning will be supported by a Certificate Supervisor. The Certificate Supervisor will meet with the participant regularly to review progress (in-person or by video conference).

Certificate Supervisors will:

- facilitate opportunities for the participant to observe psychiatrists and be observed to complete Structured Feedback Activities
- discuss and provide feedback on activities completed within the participant's learning and assessment portfolio
- provide the opportunity for the participant to ask questions about any patients they are working with for whom they may need assistance.

The following table provides examples of potential supervision and review arrangements.

Engagement	Observations of psychiatrist consultations (Direct observation of psychiatrists by participants in person or by video conference).	Structured Feedback Exercises (Direct observation of participants by psychiatrists in person or by video conference).	Progress Review Meetings (Meetings in person or by video conference).
<p>Private Practice <i>Most suited to General Practitioners (GPs) and other medical practitioners working in private practices who have patients presenting with mental health conditions, paired with psychiatry supervisors who also work predominantly in private practice or at a private mental health hospital.</i></p>			
<p>The Certificate participant pairs with a psychiatry supervisor.</p>	<p>The Certificate participant organises to go to the psychiatrists practice at scheduled times to observe the psychiatrist with patients and/or observe consultations. These may be patients that the participant has referred for assessment and/or management.</p>	<p>Structured Feedback Exercises may be conducted at the psychiatrist's rooms or Certificate participant's practice.</p>	<p>Meetings are organised at mutually convenient times to discuss specific experiences and progress in the Certificate.</p>
<p>Community Mental Health Services <i>Most suited to medical practitioners who work in settings with limited patients presenting with mental health conditions, do not work at a public hospital and/or are not paired with a psychiatrist supervisor who works in private practice.</i></p>			
<p>The Certificate participant engages with a community mental health service and a psychiatrist who</p>	<p>The Certificate participant organises a series of sessions to observe the psychiatrist with patients at the health service or unit.</p>	<p>Structured Feedback Exercises are conducted with patients who present to the community clinic.</p>	<p>Meetings are organised to discuss specific experiences and progress in the Certificate when both the Certificate participant</p>



<p>can provide supervision through the service.</p>	<p>They may also participate in outreach services.</p>		<p>and the supervisor are at the community clinic.</p>
<p>Public Hospitals that have a Psychiatric Service/Unit <i>Most suited to medical practitioners who work in a hospital that has psychiatry services (minimum consultation-liaison psychiatry service).</i></p>			
<p>The Certificate participant employed at the hospital engages with the head of the psychiatry department or the psychiatrist working with the emergency mental health care team, to identify a psychiatrist who will provide supervision.</p>	<p>The Certificate participant organises a series of sessions to observe the psychiatrist at outpatient clinics or the emergency mental health care unit/centre.</p>	<p>Structured Feedback Exercises may be conducted with patients in the emergency department, outpatient clinics or inpatient services.</p> <p>The Certificate participant may request that they are observed assessing or providing care in the department in which they work (e.g., the emergency department).</p>	<p>Meetings are organised to discuss specific experiences and progress in the Certificate when both the Certificate participant and the supervisor are at the hospital.</p>
<p>Public or Private Hospitals <i>Most suited to medical practitioners working in a hospital who have patients presenting with mental health conditions, paired with psychiatry supervisors also working predominantly in private practice or hospitals.</i></p>			
<p>The Certificate participant pairs with a psychiatry supervisor.</p>	<p>The Certificate participant organises a series of sessions to observe the psychiatrist at outpatient clinics or their practice.</p>	<p>Structured Feedback Exercises may be conducted at the psychiatrist's rooms or Certificate participant's workplace.</p> <p>The Certificate participant may request that they are observed assessing or providing care at the hospital (e.g., on the ward).</p>	<p>Meetings are organised at mutually convenient times to discuss specific experiences and progress in the Certificate by video conference.</p>



Certificate Curriculum

The curriculum focuses on providing education and training in foundation concepts of psychiatry, psychiatric assessment, and interventions. Knowledge and skills can be applied when assisting patients from a variety of age groups and populations, and to those who require assessment and/or care and support in relation to their mental health.

Key Competencies

The Certificate Key Competencies outline the expectations of graduates on completion of the program. The competencies are aligned to the CanMEDS roles, and it is intended that participants build on the knowledge and skills they have attained during their medical education, training and practice to date.

The attainment of each competency is in the context of:

- 1) the medical practitioner assessing and supporting patients specifically in relation to their mental health
- 2) the medical practitioner's area of practice, whether that be hospital medicine or a specialty, such as general practice, rural generalism, emergency medicine or paediatrics.

Upon completion of the Certificate, it is not expected that all graduates will be competent to assess and support all patients with mental health conditions.

Refer to the mapping of the Certificate Key Competencies to Summative Assessment.

Curriculum Learning Outcomes

The Curriculum Learning Outcomes outline the core knowledge, skills and attributes of participants on completion of the program. They are intended to be applied to the participants' primary area of practice. The Curriculum Learning Outcomes guided the development of both learning and assessment activities, including the content of the online learning modules, and the feedback areas of the Structured Feedback Exercises.

Curriculum Learning Outcomes are presented as three sections:

- 1) Foundation Knowledge
- 2) Assessment of Mental Health Presentations
- 3) Interventions



Learning and Assessment

As the Certificate program is competency-based, participants can choose the amount of time they devote to their study to complete the requirements.

Core Components

Learning		
Activity	Requirements	Participants guided by:
Initial Supervisor Meeting	Meeting within first 6 weeks	Certificate Supervisor
Online Learning Modules	Foundations of Clinical Psychiatry: Concepts to Set the Scene	Certificate Supervisor to discuss Applied Learning
	Psychiatric Assessment: Exploring Patients' Presenting Concerns	
	Stress, Avoidance and Anxiety: High Prevalence Conditions	
	Alcohol and Other Substance Use	
	Highs and Lows: The Spectrum of Mood Disorders	
	Deliberate Self-Harm, Suicide and Risk Mitigation	
	Disordered Thought and Perception: Identifying and Managing Psychosis	
	Forgetfulness, Confusion and Aging: Differentiating the Causes of Cognitive Impairment	
	Neurodevelopmental Concerns of Children and Adults	
Confronting Disordered Eating		
Patient Consultation Observations	5 observations	n/a
Practice Logbook	40 unique entries	n/a
Reflections	8 reflections	n/a
Peer Group Discussion Meetings	12 hours	Peer Group Facilitator



Structured Feedback Exercises	Comprehensive Patient Assessments	Certificate Reviewers
	Care Plan Reviews	Certificate Reviewers
	Observed Care Plan Discussions	Certificate Reviewers
	Case-based Discussions	Certificate Reviewers
Assessment		
Assessment	Activity	Participants assessed by:
Online Learning Modules	Activities throughout modules	n/a
	Applied Learning template responses for each module	Certificate Supervisor
Core Clinical Skills Activities	Assessing patients presenting with mental health conditions	Certificate Supervisor
	Assessing and managing risk in relation to patients who may harm themselves or others	
	Use of psychosocial interventions to support patients in relation to their mental health	
	Initiating pharmacotherapy for patients with mental health conditions	

Elective Components

Learning		
Activity	Requirements	Participants guided by:
Elective Learning Plan	Prepared on template, approved by Certificate Committee	Elective Supervisor
Narrative Review	2000 words	
Structured Feedback Exercises	Comprehensive Patient Assessments	
	Care Plan Reviews	
	Observed Care Plan Discussions	
	Case-based Discussions	



Assessment		
Assessment	Activity	Participants assessed by:
Elective Clinical Skill Activity	As per Elective Learning Plan	Elective Supervisor
Oral Presentation	On elective special interest area	Certificate Assessors

Also refer to Mapping of Curriculum Sections to Learning Activities / Formative Assessment.



KEY COMPETENCIES

Role	Key Competencies
<p>By the end of the Certificate, in relation to patients presenting with <u>mental health conditions</u> within a medical practitioner’s primary area of practice, graduates will be able to:</p>	
Medical Expert	Apply knowledge of biological, psychological and social sciences and principles of psychiatry assessment techniques and interventions to patient care
	Conduct a psychiatric interview appropriate to the patient
	Perform and report a comprehensive mental state examination
	Apply the principles of prevention and early intervention to reduce the impact of mental health conditions
	Integrate available information about a patient and their context to develop a formulation and differential diagnosis according to ICD or DSM
	Develop and implement evidence based biopsychosocial and culturally informed mental health care plans in collaboration with patients
	Incorporate the principles of trauma informed care, recovery and self determination to facilitate person centred care and supported decision making
	Demonstrate skills in psychological, sociocultural and pharmacological interventions to assist patients with their recovery
	Recognise the interplay between the patient’s physical and mental health needs to promote optimum patient outcomes
	Assess and manage psychiatric emergencies, with due regard for safety and risk
	Apply mental health and related legislation in patient care
Communicator	Use effective communication and counselling skills with patients their families and carers
	Recognise and incorporate the needs of culturally and linguistically diverse populations, including the use of interpreters and cultural liaison officers
	Communicate effectively with colleagues, health professionals and service providers
	Provide clear, accurate and concise written communication about patient assessment, formulations and/or mental health care plans



Collaborator	Use interpersonal skills to develop therapeutic relationships and to provide care
	Partner with family, carers and significant others to provide care
	Work effectively with a multidisciplinary mental health team, including those with lived experience and peer workers, demonstrating an awareness of the roles and contribution of various members.
	Work collaboratively with general practitioners, psychiatrists and community and tertiary health care services in team care arrangements to improve patient outcomes.
Leader	Incorporate practice improvement and quality assurance processes to improve mental health outcomes for patients
Health Advocate	Advocate on behalf of patients, their families, and carers in relation to patients' needs
	Promote ways for patients' families to support family members toward recovery and independence
	Recognise and address the stigma of mental health conditions on patients, families and carers
	Appreciate the role of cultural beliefs in recovery and incorporate this into care for patients, families and carers.
	Facilitate access to available mental health support services that would be most beneficial to individual patients, their families and carers
	Advocate for better culturally specific mental health care services for Aboriginal and Torres Strait Islander communities.
Scholar	Educate colleagues and the community about mental health and wellbeing
	Incorporate evidence into decision making
	Recognise the value and commit to ongoing professional development and peer review
Professional	Identify standards within the RANZCP Code of Ethics that are unique to psychiatry and apply them to practice
	Acknowledge personal limitations in relation to psychiatric care of patients and recognise when to engage the help of a team, or refer
	Demonstrate reflective practice and the ability to use feedback constructively when learning
	Acknowledge the importance of self-care and providing assistance to colleagues, when required



CURRICULUM LEARNING OUTCOMES

1. Foundation Knowledge

No.	Learning outcome
1.1	Broadly discuss biological sciences relevant to psychiatry and their application to clinical practice, such as: <ul style="list-style-type: none">• Functional neuroanatomy• Neurophysiology• Psychopharmacology• Genetics, epigenetics and inheritance.
1.2	Discuss psychological theories, including: <ul style="list-style-type: none">• Developmental psychology• Theories of personality• Behavioural psychology• Cognitive psychology• Social psychology• Family, social network and systems theories.
1.3	Discuss the role of systemic, relational and psychodynamic processes in understanding human behaviour and emotions.
1.4	Describe responses to acute and chronic stress exposure and trauma.
1.5	Broadly discuss the impact of the following upon developmental goals and people's mental health across the lifespan*: <ul style="list-style-type: none">• Occupation• Social factors, including social stratification, poverty and inequality• Gender identity• Sexuality and sexual orientation• Family/domestic violence• Childhood abuse and neglect• Bullying and harassment• Racism and discrimination• Intergenerational transmission of trauma• Immigration and status as a refugee or asylum seeker• Information technology, including social media• Terrorism, disasters and pandemics• Physical health and illness• Pregnancy and childbirth• Relationships and related stressors• Loneliness• Ageing• End of life issues and palliative care• Substance misuse and addiction
1.6	Describe how individual variation and different cultural, spiritual and religious factors may impact upon clinical presentation and engagement with interventions.



1.7	Discuss the factors that contribute to mental health outcomes for Australian First Nations peoples.
1.8	Discuss the protective factors, and modifiable and non-modifiable factors for suicide and self-harm.
1.9	Discuss the interaction between substance use and physical and mental health.
1.10	For the disorders listed in <i>Appendix One</i> , generally describe the epidemiology, aetiology, symptoms, phenomenology, course, assessment, psychiatric and medical comorbidity and differential diagnosis.
1.11	Critically discuss the diagnostic and classificatory systems in psychiatry (ICD or DSM).
1.12	Discuss the phenomenology of bereavement, grief and loss.
1.13	Define formulation and describe its essential elements.
1.14	Outline the principles of patient-centred and patient-directed care.
1.15	Describe the principles of a recovery-oriented approach to mental health care.
1.16	Describe the range of mental-health related services within their regional area (primary, specialised and population mental health crisis and support services), including eligibility and access for patients via various schemes and initiatives.



2. Assessment of Mental Health Presentations

No.	Learning outcome
Clinical Skills	
2.1	Establish rapport with patients and a therapeutic alliance based on trust and respect.
2.2	Engage language interpreters and cultural liaison workers to provide care to people of culturally and linguistically diverse backgrounds.
2.3	Adapt assessment technique to take into account individual patient needs.
2.4	Conduct a psychiatric assessment of a patient which includes: <ul style="list-style-type: none">• A focussed psychiatric history, using hypothesis driven inquiry, tailored to a patient's presentation• psychosociocultural and developmental history, including an attachment, loss and trauma history.• Mental State Examination (MSE)• Cognitive assessment.
2.5	Undertake a comprehensive biopsychosocial assessment to identify factors which may reduce or increase risk.
2.6	Obtain corroborative history and relevant collateral information from other health professionals involved in the care of the patient.
2.7	Share information, obtained from other sources, with the patient unless it is unsafe or harmful to do so.
2.8	Select and administer screening tools, disorder-specific questionnaires and rating scales, and incorporate findings into the clinical assessment, as appropriate.
2.9	Select and interpret relevant diagnostic investigations.
2.10	Identify psychiatric syndromes and symptoms caused by a range of medications prescribed for medical conditions.
2.11	Recognise when patients' psychological signs and symptoms are manifestations of a physical condition.
2.12	Integrate available information to generate a broad formulation of a patient's mental health problems, and make a differential diagnosis according to ICD or DSM
2.13	Generate a risk formulation for a suicidal patient and an aggressive patient, which includes the following in relation to the risk: <ul style="list-style-type: none">• likelihood• seriousness• immediacy.
2.14	Recognise a psychiatric emergency and institute appropriate management.



2.15	Intervene to minimise risk and optimise safety, which may include: <ul style="list-style-type: none">• crisis intervention• de-escalation techniques• development of safety plans• referral to emergency mental health services
Underpinning Knowledge	
2.16	Discuss the basic principles of psychiatric interviewing and the importance of obtaining collateral history and available information from other sources.
2.17	Describe the various screening tools, disorder-specific questionnaires and rating scales, which may be used to assist in the assessment and monitoring of patients with mental health problems.
2.18	Discuss strategies to overcome barriers to a comprehensive psychiatric assessment.
2.19	Describe how the psychiatric interview may be adapted to special groups, purpose and context.
2.20	Discuss mental health formulation, including the integration of predisposing, precipitating, perpetuating and protective factors.
2.21	Discuss the dynamic relationship of formulation to diagnosis and development of mental health care plans.
2.22	Outline the principles of a comprehensive biopsychosocial assessment to determine risk of harm to self and others.
2.23	Critically discuss the use and limitations of risk assessment tools in clinical practice.



3. Interventions

No.	Learning outcome
Clinical Skills	
3.1	Apply the principles of recovery, prevention and early intervention to reduce the impact of mental health conditions.
3.2	Discuss formulation and diagnosis, if appropriate, with the patient, family and carers, communicating in a way that is most meaningful to those involved.
3.3	Use interpersonal skills to develop therapeutic relationships.
3.4	Establish goals of care in collaboration with patients, families and/or carers, which may include managing symptoms, achieving recovery, improving function, providing supportive care and/or addressing social and community factors that have an effect on wellbeing.
3.5	Recognise the valuable contribution of families, carers and members of the patient's social network to an individual's wellbeing and invite their participation to support the patient's recovery.
3.6	Advocate on behalf of patients, their families and carers in relation to patients' needs.
3.7	Implement strategies that reduce discrimination and address the impact stigma of mental illness has upon patients, families and carers.
3.8	Develop structured mental health care plans with patients diagnosed with mental health conditions listed in <i>Appendix One</i> , based on the formulation and/or diagnosis, and using evidence-based approaches.
3.9	Incorporate lifestyle interventions (e.g., diet, exercise, sleep) into comprehensive mental health care plans.
3.10	Identify social interventions that may benefit a patient and engage or refer where appropriate.
3.11	Identify available mental health support services that would be beneficial to individual patients, their families and carers.
3.12	Demonstrate effective counselling skills with the patient and their family and or carers.
3.13	Demonstrate skills in delivering psychological interventions for the patient and their family and or carers.
3.14	Recognise the physical and mental health impacts that looking after a person with a mental health disorder may have upon carers and provide advice and support to carers to maintain their wellbeing.
3.15	Safely prescribe pharmacological treatment.
3.16	Provide education to patients, families, and their carers about psychiatric medication and the broader therapeutic context in which they are prescribed.



3.17	Develop a crisis and safety plan in collaboration with patients, their families and carers, and other care providers.
3.18	Communicate the risk and safety plan to others, as appropriate.
3.19	Notify relevant authorities when there is a reasonable belief: <ul style="list-style-type: none">• of sexual misconduct or physical violence with or in the presence of a child• that a patient's behaviour is causing significant emotional or psychological harm to a child• significant neglect of a child.
3.20	Apply local mental health and related legislation.
3.21	Be aware of personal capacity to manage uncertainty and take clinically informed risks when this is in the interest of the patients' overall wellbeing, balancing autonomy and safety.
3.22	Recognise the limits of clinical capabilities and seek support from colleagues, including a specialist psychiatrist, when appropriate.
3.23	Determine the need for and timing of referral to colleagues and other health care professionals, such as specialist psychiatrists, physicians or allied health.
3.24	Effectively handover responsibility for mental health care of a patient to another clinician or service (e.g., discharge plan), when appropriate.
3.25	Maintain clear and contemporaneous records and written documentation about patient assessment and mental health care plans.
3.26	Provide concise and accurate written communication to other health professionals and services about patient care.
3.27	Manage the risks and benefits associated with disclosure of clinical information about mental health issues, limiting such disclosure to only what is necessary.
3.28	Monitor, evaluate and regularly update the mental health care plan with the multidisciplinary team (where appropriate), patients, families and carers, including at critical periods (i.e., at times of crisis, if evidence of change of presentation etc).
3.29	Plan and implement quality improvement activities to improve mental health outcomes for patients within the practice or clinic setting.
Underpinning Knowledge	
3.30	Discuss the interplay between psychological, social and cultural factors and biological treatments when developing a comprehensive mental health care plan.
3.31	Describe the principles of trauma-informed mental health care.
3.32	Discuss the collaborative care of patients, based on formulation, needs assessment, availability of resources and the engagement of support.



3.33	Describe the principles of care coordination for patients with mental health conditions and the role of the interdisciplinary team.
3.34	Describe the general counselling skills and techniques used during the therapeutic process.
3.35	<p>Discuss the principles, theoretical underpinnings, evidence-based indications and use of the following psychological interventions and the application of these approaches to real world contexts:</p> <ul style="list-style-type: none">• Psychoeducation• Supportive psychotherapy• Psychodynamic therapy• Cognitive behavioural therapy (CBT)• Motivational interviewing• Interpersonal therapy (IPT)• Dialectical behavioural therapy (DBT)• Acceptance and commitment therapy (ACT)• Trauma-focussed therapy• Brief psychodynamic interpersonal therapies• Family and systemic therapy.• Crisis counselling
3.36	Discuss role of social services (e.g. housing, financial) and support services (e.g. patient and carer advocacy organisations).
3.37	Discuss the role of those with lived experience and the carer workforce (e.g. peer support workers).
3.38	<p>Discuss the principles, use, evidence-based indications, contraindications, side effects, toxicity and precautions of:</p> <ul style="list-style-type: none">• Antipsychotic medication• Antidepressant• Mood stabilisers• Anxiolytics, sedatives and hypnotics• Stimulants and other medications used for ADHD• Cognitive enhancers• Pharmacotherapy for substance misuse disorders• Novel and emerging medical treatments, such as ketamine, cannabinoids and psychedelic assisted therapy
3.39	Describe the strategies to improve the effectiveness of pharmacotherapy for patients with psychiatric conditions, including patient and family education, adherence strategies, switching strategies, augmentation strategies, drug level monitoring and working with community pharmacists.
3.40	<p>Explain the management of complex pharmacotherapeutic scenarios including:</p> <ul style="list-style-type: none">• polypharmacy• treatment resistance• psychiatric comorbidities• physical health comorbidities• side effect sensitivity



	<ul style="list-style-type: none">• prescribing for specific populations, e.g. children, pregnant and breastfeeding women, older people.
3.41	Broadly discuss the role of neurostimulation (e.g., electroconvulsive therapy) for the treatment of mental disorders.
3.42	Describe interventions for mental health conditions listed in <i>Appendix One</i> , with reference to evidence-based treatment guidelines.
3.43	Outline the principles of, and strategies for management of risk of harm to self and others.
3.44	Discuss the tensions arising from the competing priorities of managing risk and delivering recovery-oriented and trauma-informed care.
3.45	Describe the principles and practical application of mental health legislation and informed consent, specifically: <ul style="list-style-type: none">• patient rights• criteria for involuntary treatment (in local jurisdiction)• principles of least restrictive care• assessment of decision-making capacity.
3.46	Discuss a medical practitioner's duty of confidentiality in the context of risk related to mental health.
3.47	Outline requirements for mandatory notification of mental health patients who are also health practitioners.
3.48	Discuss the provision of follow-up care, such as involvement of the patient's social network, developing crisis plans, strategies for relapse prevention and monitoring of physical health.
3.49	Describe the use of technology in the psychiatric care and support of patients.



Mapping of Key Competencies to Summative Assessment

Key Competencies	CSA 1 – Assessing new mental health presentations	CSA 2 – Assessing and managing risk	CSA 3 – Use of psychosocial interventions	CSA 4 – Initiating pharmacotherapy	CSA - Elective	Elective Oral Presentation	Portfolio
Medical Expert							
Apply knowledge of biological, psychological and social sciences	✓			✓	✓		✓
Conduct a psychiatric interview	✓				✓		✓
Perform and report a comprehensive mental state examination	✓				✓		✓
Apply the principles of prevention and early intervention					✓	✓	✓
Integrate available information about a patient and their context to develop a formulation and differential diagnosis according to ICD or DSM	✓	✓		✓	✓	✓	✓
Develop and implement evidence-based mental health care plans		✓	✓		✓	✓	✓
Incorporate the principles of trauma informed care, recovery, self determination and supported decision making			✓		✓	✓	✓
Demonstrate skills in psychological, sociocultural and pharmacological interventions			✓	✓	✓		✓
Recognise the interplay of the patient's physical and mental health needs	✓			✓	✓	✓	✓
Assess and manage psychiatric emergencies		✓			✓		✓
Apply mental health and related legislation		✓			✓		✓

✓ Dependent on elective special interest area



Key Competencies	CSA 1 – Assessing new mental health presentations	CSA 2 – Assessing and managing risk	CSA 3 – Use of psychosocial interventions	CSA 4 – Initiating pharmacotherapy	CSA - Elective	Elective Oral Presentation	Portfolio
Communicator							
Use effective communication and counselling skills with patients			✓		✓		✓
Recognise and incorporate the needs of culturally and linguistically diverse populations	✓				✓		✓
Communicate effectively with colleagues, health professionals and service providers					✓		✓
Provide clear, accurate and concise written communication					✓		✓
Collaborator							
Use interpersonal skills to develop therapeutic relationships and to provide care	✓				✓		✓
Partner with family, carers and significant others to provide care					✓		✓
Work effectively with a multidisciplinary mental health team			✓		✓		✓
Work collaboratively with GPs, psychiatrists, community and tertiary health care services in team care arrangements		✓			✓		✓
Leader							
Incorporate practice improvement and quality assurance processes					✓		✓
Health Advocate							
Advocate on behalf of patients, their families, and carers					✓		✓



Key Competencies	CSA 1 – Assessing new mental health presentations	CSA 2 – Assessing and managing risk	CSA 3 – Use of psychosocial interventions	CSA 4 – Initiating pharmacotherapy	CSA - Elective	Elective Oral Presentation	Portfolio
Promote ways for patients' families to support family members			✓		✓		✓
Recognise and address the impact stigma			✓			✓	
Appreciate the role of cultural beliefs in recovery and incorporate this into care			✓		✓		✓
Facilitate access to available mental health support services			✓		✓		✓
Advocate for better culturally specific mental health care services for Aboriginal and Torres Strait Islander communities					✓		✓
Scholar							
Educate colleagues and the community about mental health and wellbeing						✓	✓
Incorporate evidence into decision making			✓	✓	✓	✓	✓
Recognise the value and commit to ongoing professional development and peer review						✓	✓
Professional							
Identify standards in the RANZCP Code of Ethics unique to psychiatry and apply them to practice			✓		✓		✓
Acknowledge personal limitations and recognise when to engage the help		✓		✓	✓	✓	✓
Demonstrate reflective practice and the ability to use feedback constructively when learning			✓		✓	✓	✓
Acknowledge the importance of self-care and providing assistance to colleagues when required							✓



Mapping of Learning Outcomes to Learning Activities / Formative Assessment

Curriculum Sections	Online Modules – Applied Learning	SFE - Comprehensive Patient Assessment	SFE - Care Plan Review	SFE - Observed Care Plan Discussion	SFE - Case-based Discussion	Elective Narrative Review
1. Foundation Knowledge						
Knowledge	✓					
2. Assessment of Mental Health Presentations						
Clinical Skills	✓	✓	✓		✓	
Underpinning Knowledge	✓					✓
3. Interventions						
Clinical Skills	✓		✓	✓	✓	
Underpinning Knowledge	✓					✓



Appendix One

The RANZCP endorses the use of both the International Classification of Disease (ICD) and Diagnostic and Statistical Manual of Mental Disorders (DSM) in defining the range of mental and behavioural disorders with which participants should be familiar.

Neurodevelopmental disorders

- Autism spectrum disorder
- Attention deficit hyperactivity disorder

Neurocognitive disorders

- Delirium
- Dementia

Mood disorders

- Depressive disorders
- Bipolar disorder

Schizophrenia or Other Primary Psychotic Disorders

Anxiety or fear-related disorders

- Generalised anxiety disorder
- Panic disorder
- Social anxiety disorder

Personality disorders and related traits

- Personality disorder
- Prominent personality traits or patterns

Disorders due to substance use or addictive behaviours

Obsessive-compulsive or related disorders

Disorders specifically associated with stress

- Post traumatic stress disorder
- Adjustment disorder

Somatic symptom and related disorders

- Somatic symptom disorder
- Illness anxiety disorder

Feeding or eating disorders

The RANZCP welcomes any queries via email at certpsychhelp@ranzcp.org