

PLANNING EPAS THROUGHOUT TRAINING: A GUIDE FOR TRAINEES AND SUPERVISORS

IN STAGE 1 – The basic principles:

1. To complete Stage 1 trainees **MUST**, by the end of the year, have done both the mandatory EPAs (*Psychoeducation* and *Antipsychotics*).
2. If possible, they should also do another 2-3 Stage 2 EPAs in Stage 1, as that lightens the EPA-load in Stage 2.
3. Trainees must complete 2 EPAs per run, so that's usually a minimum of 4 EPAs across Stage 1.
4. In special circumstances, a trainee can pass the 1st run without doing 2 EPAs, but this should only happen rarely.

So the best thing is to look at both of the allocated ST1 runs and figure out which EPAs are best done in each setting. Trainee and supervisor should discuss this at the start of each run, to finalise the plan. e.g.

Runs with 1 st years in them		Likely EPAs
Inpatient Units where ECT is done frequently <ul style="list-style-type: none"> • He Puna Waiora • Tiaho Mai • Whangarei IPU 	Possible – and required at some point	One or both of: <i>Psychoeducation</i> and/or <i>Antipsychotics</i>
	Recommended ST2 EPAs	<i>ECT</i> (as you may not get a chance to do this anywhere else) <u>Maybe</u> <i>Mental Health Act</i> (if you can manage 3-4)
Inpatient Units where it's hard (but not impossible) to do enough ECT to gain the competencies <ul style="list-style-type: none"> • Waiatarau • Te Whetu Tawera 	Possible – and required at some point	One or both of: <i>Psychoeducation</i> and/or <i>Antipsychotics</i>
	Possible ST2 EPAs	<i>Mental Health Act</i> <i>Risk Assessment</i> (or maybe <i>Comorbidity</i> or <i>Cultural Diversity</i>) <u>Maybe</u> <i>ECT</i> (if you can't do this in ST1, make sure to ask for an <u>inpatient</u> Old Age run in ST2, and do it there)
Community Runs <ul style="list-style-type: none"> • North Adult CMHC WDHB • Te Roopu Whitiara • Taylor Centre (and occasionally, for more experienced 1 st years) <ul style="list-style-type: none"> • West Adult CMHC, Whitiki Maurea , St Lukes, Awhinatea, Faleola, Manukau, etc. 	Possible – and required at some point	One or both of: <i>Psychoeducation</i> and/or <i>Antipsychotics</i>
	Possible ST2 EPAs	<i>Risk Assessment</i> <i>Mental Health Act</i> Maybe <i>Cultural Diversity</i> – if you're in a Cultural Service run or any run where the patients/families are ethnically varied Maybe <i>Addictions (Comorbidity)</i> as this is another EPA that can be done in almost all runs NB: <u>not</u> the ST2 Maori MH or Pacific Is EPAs even if you're in a Maori or PI clinical team run. Those can <u>ONLY</u> be done in ST2.

Examples of ST1 EPA combos trainees might do: (mandatory ST1 runs are in red)

HPW / Taylor Centre: *Mental Health Act* & *ECT* / *Psychoeducation* & *Antipsychotics*

Waiatarau / Tiaho Mai: *Psychoeducation* & *Mental Health Act* / *ECT* & *Antipsychotics*

Whitiki Maurea / TWT: *Cultural Diversity* & *Psychoeducation* / *Mental Health Act* & *Antipsychotics* *

TWT / North Adult CMHC: *Psychoeducation* & *Antipsychotics* / *Comorbidity* & *Risk Assessment**

Whangarei IPU / Te Roopu Whitiara: *ECT* & *Antipsychotics* / *Cultural Diversity* & *Psychoeducation*

*(ECT is done later in a Stage 2 Old Age inpatient run)

In Summary:

- By the end of Stage 1 trainees must have passed both Adult runs (one of them an acute run) and completed the 2 mandatory ST1 EPAs (Psychoeducation & Antipsychotics)
- Trainees can do (& are strongly advised to do) a few ST2 EPAs in ST1 – they should try to do 2 of these, ideally. If a trainee plans to do more than a total of 3-4 EPAs in any run, need to get the EPA plan approved by the Director of Training – EPAs are not scout badges!
- The Stage 2 EPAs trainees *could* do in ST1 are: Mental Health Act, ECT, Risk Assessment, Cultural Awareness, Addictions –need the Director of Training (DoT)'s permission to do Addiction EPAs in ST1, which can be taken as read, although it's recommended to do the Intoxication/Withdrawal one in a C-L run in ST2.
- If there's a different Stage 2 EPA a trainee's keen on, other than as above, they should email the DoT to discuss.

IN STAGE 2 – The basic principles:

1. To complete Stage 2 trainees must, by the end of the 2 years, have done all of the mandatory ST2 EPAs. There are a lot of these! So even if 2 were done in 1st year, it's going to mean doing a steady 3-4 EPAs in every ST2 run.
2. In addition to all the ST2 Generalist, Addiction and Psychotherapy EPAs, every run has 2 run-specific EPAs attached to it as well.
3. Trainees must complete a minimum of 2 EPAs per run so as to pass the run.
4. One of the psychotherapy EPAs can be deferred until Stage 3.

That leaves (in Stage 2):

6 run-specific ST2 EPAs to complete – 2 Child, 2 Liaison, 2 Psychiatry of Old Age (POA)

2 run-specific ST2 EPAs depending on which 'elective' run is done (Adult or Forensic or Maori MH)

2 general ST2 EPAs still left to do (assuming 2 general ST2 ones were done in ST1)

4 subspecialty ST2 EPAs also required that can be done in many runs so are like more "general" EPAs. These are the two Psychotherapy EPAs and the two Addictions EPAs.

That's usually at least 14 ST2 EPAs (assuming 2 were done in ST1).

14 EPAs in the 4 runs of ST2 means doing 2 runs with 3 EPAs/run and 2 runs with 4 EPAs/run

Trainees *shouldn't* assume they'll make this a little easier by doing an Addictions run in ST2. We have too few CADS runs and they're now prioritised for Stage 3 trainees, especially ST3 trainees doing the Addictions Certificate.

In each ST2 run:

- Read and be clear about the 2 run-specific EPAs attached (see the [EPA](#) link beside each one listed [here](#))
- For Adult 'elective' runs in ST2, there's now a big choice. Trainees need to decide which 2 of these to do based on a) what it's *feasible* to do in that run (supervisor's advice is crucial) and b) what trainee's interested in. Note that if in a Pacific Is clinical team trainee is expected to do those ones, as they're relevant to the run. If in a Maori clinical team trainee is expected to do the 2 Maori MH EPAs of ST2. Only if they're in a team that is in two ST2 'Areas of Practice' does trainee get to choose (e.g. in a Maori Forensic team, trainee can choose, with their supervisor, from the 2 ST2 Maori MH EPAs or the 2 ST2 Forensic EPAs – or do one of each).
- Trainee needs to decide (with supervisor's advice) which other 1 or 2 "general" EPAs to do. Plan these ones based on the *whole* allocations plan for Stage 2, as far as that can be figured out.

Examples

The trainee who in ST1 on page 1, did **Whitiki Maurea /TWT** – is now planning **Liaison, POA, Adult and Child** in ST2.

ST2 runs already done: Cultural Diversity and Mental Health Act

In Liaison they plan: the 2 C-L EPAs, PLUS the Addictions Intoxication/Withdrawal EPA. This can usually be done in C-L runs but is *hard* to do elsewhere. (could do 1 other general EPA if wished, as well)

In POA they plan: the 2 POA EPAs, PLUS the ECT EPA as they couldn't do it in ST1 – means they **MUST** ask for an inpatient POA allocation and explain why on the preferences form. (could do 1 other general EPA if wished, as well)

In Adult run they plan: any 2 Adult ST2 EPAs relevant to the run – can't determine this until allocation finalised. PLUS (as these are almost always community runs) aim ideally to do 2 psychotherapy EPAs (note that *not* all Child runs are suitable places to do psychotherapy EPAs – some are, but not all)

In Child & Adolescent run they plan: the 2 CAP EPAs, PLUS the remaining ST2 EPAs – hopefully not more than 2 final ones, like Risk Assessment and Comorbidity (Addictions)

The trainee who in ST1 on page 1, did **HPW/Taylor Centre** – is now planning **POA, Liaison, Forensics and Child** in ST2.

ST2 runs already done: ECT and Mental Health Act

In POA they plan: the 2 POA EPAs, PLUS 1 psychotherapy EPA (like CBT or supportive therapy). (could do 1 other general EPA if wished, as well)

In Liaison they plan: the 2 C-L EPAs, PLUS the Addictions Intoxication/Withdrawal EPA. This can usually be done in C-L runs but is *hard* to do elsewhere. (could do 1 other general EPA if wished, as well)

In Forensics run they plan: the 2 Forensic ST2 EPAs, PLUS another psychotherapy EPA (therapeutic alliance or supportive therapy) and Comorbidity (Addictions)

In Child & Adolescent run they plan: the 2 CAP EPAs, PLUS the remaining ST2 EPAs – hopefully not more than 2 final ones, like Risk Assessment and Cultural Diversity.

These sample plans are guides and suggestions to illustrate how to plan EPAS in ST2 – they're not prescriptions. Trainees need to finalise their plans with their run-supervisor, and adapt them according to actual allocations. Feel free to ask the Director of Training for advice, but specific allocations cannot be promised a year ahead of time – not even the AoP type of the elective run. As above, a lot of planning can still be done even without knowing the exact allocations of the 3rd year in training. This is the kind of 'thinking ahead' that all trainees need to be doing.

Also note:

We have a small bottleneck in getting everyone through their Child & Adolescent runs and to some degree Liaison also, so trainees will probably *not* get a CAP run until the 4th ST2 run. Plan the EPAs accordingly – not ALL of them can be done in ALL of the CAP runs. If a trainee ends up with lots of EPAs still to be done going into their 4th ST2 run in CAP, they may well *not* be able to achieve them all and may end up taking 2.5 years to complete ST2. This is perfectly allowable, but remember that all the big final College assessment deadlines *don't* shift, so they'll be compressing Stage 3 and putting more pressure on themselves there to complete the same number of major College assessments in a shorter time. e.g.

2 years in ST2 (assumes MCQ exam passed in ST2)	Max. 3 years in ST3 (before the final <i>final</i> deadline at 6 years**) In which to pass: Essay paper, OSCE, Case History, Scholarly Project
2.5 years in ST2 (assumes MCQ exam passed in ST2)	Max. 2.5 years in ST3 (before the final <i>final</i> deadline at 6 years). In which to pass: Essay paper, OSCE, Case History, Scholarly Project

** Not finally ratified by the College higher-ups yet, but I'm sure about it not being just 5 years, but extended to 6 years pretty routinely.

NB: Trainees repeating a run-type in ST2 (incl. Adult runs) don't repeat the EPAs. They do 2 'General' EPAs instead.

IN STAGE 3 – The basic principles:

1. **To complete Stage 3** trainees must, by the end of the 2 ST3 years, have passed all 4 runs and completed a minimum of 2 EPAs per run.
2. In any run **the EPAs a trainee does do are determined by whether they're a "Generalist" or are doing a Certificate Programme.**
3. **Trainees can do any *feasible* Certificate-EPA in a run**, even if they're not enrolled in the relevant Certificate Programme, if the run is in the right 'Area of Practice' for that Certificate-EPA.
4. It's permissible to do **EPAs marked as 'FELL'** in any run, but the run has to be *suitable* for the achievement of that EPA (i.e. offer enough opportunities for competencies to be gained). For Generalists, 'FELL' EPAs don't contribute to any mandatory Certificate Programme requirements.
5. **'FELL' EPAs are *optional* EPAs for Generalists. They are not required so as to achieve fellowship!**
6. Most trainees will also need to complete the **remaining ST2 Psychotherapy EPA**. Note that any patients receiving therapy as part of this EPA have to be *different* from the long-case psychodynamic patient, or from the patients for the 3 psychotherapy cases of the ST3 generalist requirements.
7. **The remaining ST2 Psychotherapy EPA can't be used as one of the "minimum 2 EPAs" required per ST3 run.** Those 2 mandatory EPAs per run in Stage 3: a) have to be ST3 EPAs and b) have to be run-specific (in that run's Area of Practice or FELL ones).
8. **The remaining ST2 Psychotherapy EPA is graded at the standard of a trainee at the end of 3rd year**, not at the Stage 3 standard.

There are **no mandatory EPAs for 'Generalists'** – i.e. for achieving Fellowship per se. Everyone has to achieve at least 2 EPAs per run to pass the run, so that's a total of 8 EPAs in Stage 3.

The only reasons for any trainee to ever do more than 2 EPAs per run Stage 3 are:

1. Because they're finishing the **final ST2 Psychotherapy EPA** in a Stage 3 run
2. Because they're doing **Dual Certificates** and are overlapping some time – doing the requirements for 2 Certificate programmes in the same run.

The only general requirements for Stage 3 trainees to get Fellowship that everyone has to do are:

1. One attendance at the annual Wellington-based 'Forum' – an ST3 **Leadership and Management course**.
2. **Three 6-session psychotherapy cases** in any modality (with the usual supervision).

Flowchart for planning Stage 3 EPAs

