This is a simpler way of explaining common examples of 2003 training Transitioning into the 2012 model from December 2015, compared to the Transition Matrix. I'm pretty sure it's correct – as far as I can grasp the Matrix, and I've also checked several of the details with the College.

If you've done (and it's still got currency):	After Dec 2015 run-change you'll have:	And you'll be in:
All of BT and passed the Clinicals and the Writtens plus both Cases (so you're a "full" AT)	 All of ST1 and ST2 completed Writtens and OSCE done Psychotherapy Case done Scholarly Project exempted Maybe a bit of ST3 time done, depending how much AT time you did pre Transition 	Stage 3 Doing either Generalist ST3 or an AT Certificate within ST3
BT tasks largely complete but you haven't passed any exams or done the Psychotherapy Case so you're not an AT		Stage 3
1 year Adult psychiatry (6/12 of it acute)	 1 year's Adult ST1 time Antipsychotic use EPA Providing Psychoeducation EPA Mental Health Act EPA Risk Assessment EPA All the other ST2 runs and time (so the CAP & C-L 	Ready to sit the exams and to submit your Psychotherapy Case. NB: under the 2012 Regulations you can do
All the other required BT runs (6/12 Child, 6/12 C-L, 6/12 POA, 6/12 something else so min. 3 FTE years)	required runs are done and min. 3 years of BT) 2 CAP EPAs 2 C-L EPAs 2 POA EPAs	Generalist ST3, or you can start an AT Certificate in ST3, before you pass the exams or the Case.
Addiction requirement (min. 3/12 run or the 10 cases)	2 Addiction EPAs	
ECT requirement	ECT EPA	
Psychotherapy short cases completed	 CBT anxiety management EPA Supportive psychotherapy EPA Therapeutic alliance EPA 	
 Maori MH requirement (min. 3/12 run or the Te Iho assessments) 	the Cultural Awareness EPA AND the 2 optional ST2 Maori MH EPAs	
1st Episode Case passed	Scholarly Project exempted	

If you've done (and it's still got currency):	After Dec 2015 run-change you'll have:	And you'll be in:
Much of Basic Training but not all, and the Written exams (this is just one example – the details will vary)		Stage 2
1 year Adult psychiatry (6/12 of it acute)	 1 year's Adult ST1 time Antipsychotic use EPA Providing Psychoeducation EPA Mental Health Act EPA Risk Assessment EPA 	You'll stay in ST2 until you've completed: the 2 x POA EPAs, which you'll need to be in a POA run to do the ECT EPA, for which
 Done most of the required BT runs – say you've done (in 2nd and 3rd year) 6/12 Child, 6/12 C-L and 6/12 General psych at a CMHC but you haven't done POA yet 	18 months of ST2 time2 CAP EPAs2 C-L EPAs	you'll need to be in a run where ECT is done, (like a POA inpatient run) the 2 Addiction EPAs
 Psychotherapy short cases partly completed – you've done 2 x 5-session CBT Cases and done Family therapy, but you haven't done the other 2 x 10-session short cases yet 	 CBT anxiety management EPA Therapeutic alliance EPA 	
Maori MH requirement done via the Te Iho assessments	the Cultural Awareness EPA AND the 2 optional ST2 Maori MH EPAs	Once the above is done, you'll move to ST3 and do your OSCE, the 3rd psychotherapy EPA, the
Written exam (both papers)	 MCQ Written exam Essay-style Written exam 	Psychodynamic Case History and the Scholarly Project, while doing either generalist ST3 or an AT Certificate in ST3.
 1st Episode Case not done yet ECT requirement not done yet Done 30 psychodynamic sessions with your patient and the Psychotherapy Case is thus not written yet 		(the Psychodynamic Case History, the Supportive psychotherapy EPA and the Scholarly Project can be done in ST2 or left to Stage 3 and finished there)

A couple of other examples:

If you've done (and it's still got currency):	After Dec 2015 run-change you'll have:	And you'll be in:
All of BT and passed the Clinicals and the Writtens plus both Cases (so you're a "full" AT) and also a year of AT completed	 All of ST1 and ST2 completed Writtens and OSCE done Psychotherapy Case done Scholarly Project exempted One year of ST3 time done. You can count your completed AT time as completed ST3 time, provided you've done: the initial year's CME requirement, the regular weekly psychotherapy requirement, with supervision, the regular consultative skills requirement. 	Stage 3 Doing either Generalist ST3 or an AT Certificate within ST3
Only 1 st and 2 nd year, with only a few of the BT training requirements (this is just one example – the details will vary)		Stage 2
1 year Adult psychiatry (6/12 of it acute)	 1 year's Adult ST1 time Antipsychotic use EPA Providing Psychoeducation EPA Mental Health Act EPA Risk Assessment EPA 	You'll be half-way through your ST2 runs with quite a few ST2 requirements to complete before you could move to ST3. Still to do: C-L run & 2 C-L EPAs
ECT requirement (done in acute ward in 1 st year)	The ECT EPA	Another run of any sort which will probably have A required EDA.
 Done half of the required BT runs – say you've done (in 2nd year) 6/12 Child & 6/12 POA but you haven't done C-L yet and you haven't completed 3 years of BT yet. 	 12 months of ST2 time (& the required CAP run) 2 CAP EPAs 2 POA EPAs 	 2 x required EPAs attached to it 2 x Addiction EPAs Min. one other psychotherapy EPA
The 2 x 10-session Brief Psychotherapy cases done	The Supportive psychotherapy EPA	(then you can move on to ST3)
Maori MH requirement done via the Te Iho assessments	the Cultural Awareness EPA AND the 2 optional ST2 Maori MH EPAs	In 2016 you'd be eligible to sit the MCQ Written paper, & the Essay paper, although it's recommended to leave the Essay paper to ST3.

From this, some General Advice:

The Annual Experiences in BT are not required in the new Regulations in ST1 or ST2 so no point doing them unless you want to sit Clinical exams or commence pre-Clinicals AT in 2015

The 10 Observed Interviews of 1st Year don't exist as such in the 2012 Regulations. If yours have lost Currency, there's there's no need to refresh them before Transition (unless you need to so as to sit the OSCE in 2015).

The Learning Goal projects in AT are not required in the new Regulations (in ST3) so no point doing them unless you want to complete Fellowship pre or soon after the Dec 7th run-change (you don't have to Transition to the 2012 Regulations if you will be eligible for Fellowship by the end of August 2016).

<u>Continuity of Care cases</u> aren't required in the new regulations, for Fellowship – so they're like the Learning Goals, as above.

<u>Do the Te Iho Assessments</u> if you won't have done a Maori Clinical team run before transition. The Te Iho assessments aren't hard to do and you get 3 EPAs awarded for them! (If you've done a Maori Clinical Team run then you'll also get these 3 EPAs). NB: Purely Pacific Island runs DO NOT COUNT for this – they are NOT Maori Clinical Team runs.

Aim to complete all the Psychotherapy short cases before Transition - if you do all of these cases you get all three of the Psychotherapy EPAs.

If you can't complete all the Psychotherapy short cases before Transition then at least try to complete all cases within a subcategory i.e.

do BOTH the 5-session CBT cases (earns the CBT EPA)

do BOTH the brief 10-session cases (earns the Supportive therapy EPA)

do the Family or Marital or Group therapy experience (earns the Therapeutic Alliance EPA)

If you complete your psychotherapy cases in a patchy manner you WON'T get any EPAs awarded.

E.g. if you go into Transition with only one 5-session CBT case and one 10-session brief IPT case, you get NO EPAs for that. Get them signed off though, as you can use them as evidence of past experience when completing the psychotherapy EPAs under the new regulations.

<u>The Psychodynamic long case experience</u> doesn't translate to any EPAs at Transition (currently, but I'm challenging that with the College as it ought to earn you the Therapeutic Alliance EPA in my view) – but you still need to do it as you still need to pass the Psychodynamic Psychotherapy Case History.