

Information for Psychotherapy Supervisors and for Registrars, about College Psychotherapy Requirements (2012 Regulations)

To our supervisors – thanks very much for helping with the supervision of our registrars – we really appreciate it. I've divided this up into sections as the info regarding the different stages varies a little.

First, for psychotherapy supervisors, a quick explanation of College assessments and acronyms:

EPAs – Entrustable Professional Activities. These are areas of expertise chosen as “samplers” of the development of competencies through the various stages of training. They each involve several competencies and are mandatory assessments. Registrars have to get 2 signed off by their main rotation supervisor in every 6 month run. The three “Psychotherapy” ones done in Stage 2 or 3 of training are:

- *Therapeutic Alliance* (Psychodynamically informed patient encounters and managing the therapeutic alliance)
- *Supportive psychotherapy*
- *CBT for anxiety* (Cognitive-behavioural therapy (CBT) for management of anxiety)

Details about each of these are attached. For that EPA to be signed off, the registrar will need to have a form documenting any Workplace-based Assessments the supervisor has done with them, to show to their rotation-supervisor. The rotation-supervisor might also phone the psychotherapy supervisor to discuss the registrar's performance, before doing their end-of-run feedback form. Each EPA has to be supported by 3 workplace-based assessments, to help the supervisor assess the trainee's development of competencies related to that EPA.

WBAs – workplace-based assessments. Practical activities designed to demonstrate whether the registrars is gaining the required competencies. The two most often used for the Psychotherapy EPAs will be the Mini-CEX and the Case-based Discussion.

The Mini-C.E.X. involves observing the registrar performing a clinical task (e.g. psychotherapy) observed by the supervisor, then discussing this and giving them feedback. The observation will generally be via audio or video recording of a therapy session (with the patient's consent), or could be direct if the supervisor is co-facilitating group or family therapy. The Mini-CEX is likely to be the main type of workplace-based assessment that psychotherapy supervisors (such as psychologists) will do with registrars.

The Case-based Discussion (CbD) involves the registrar presenting the case to the supervisor and then discussing it in detail, followed by feedback. The format preferred by the College doesn't work as well for psychotherapy cases, as the supervisor is supposed to choose one case from 3-4 the registrar is involved with – this is to prevent them from swotting up to be obsessively word-perfect before the session. Obviously that can't be done when there's just one therapy case the supervisor and registrar are involved with, so as long as the supervisor thinks the registrar is approaching the CbD task sensibly, I think it's all right to do a CbD on a specific case that a supervisor and registrar are involved with.

Supervising Stage 2 Registrars (2nd-3rd years) who are completing the Stage 2 Psychotherapy EPAs

- *Therapeutic Alliance EPA* (Psychodynamically informed patient encounters and managing the therapeutic alliance)

This is mainly about competency in managing the therapeutic alliance in *general clinical work*, not necessarily in psychotherapy per se (although it could include this). It's about using psychodynamic knowledge and skills in general patient interactions (e.g. understanding how transference and countertransference can affect all relationships). The 'Confirmation of Entrustment' (COE) form for this EPA will be signed off by the main rotation-supervisor who *might* choose to touch base with the trainee's psychodynamic case supervisor or their short-case supervisor(s) as well, before signing off this EPA, but that's not essential. If the rotation-supervisor arranges for another psychotherapy supervisor to co-sign the COE form, this is done as below:

ENTRUSTING SUPERVISOR DECLARATION			
In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.			
Supervisor Name (print)	Rotation-supervisor name here		
Supervisor RANZCP ID:	insert ID	Signature	Rotation-supervisor signs here
			Date date
PRINCIPAL SUPERVISOR DECLARATION (if different from above)			
I have checked the details provided by the entrusting supervisor and verify they are correct.			
Supervisor Name (print)	Psychotherapy supervisor name here		
Supervisor RANZCP ID:	ignore	Signature	Psychotherapy supervisor signs here
			Date date

- *Supportive psychotherapy EPA*

This is a specific psychotherapy modality, not merely the trainee's ability to be empathic. It involves techniques such as clarification, advice, reassurance, strengthening of defences, encouragement, praise, reframing and education, plus linking the patient with practical supports. Some motivational Interviewing techniques may also be used, such as confrontation and pro-and-con discussions. It's used with patients where an 'uncovering', psychodynamic approach is contraindicated. These cases may be supervised by a specific psychotherapy supervisor, or sometimes by the main rotation supervisor. No set number of cases or number of sessions are specified, but at least 3 workplace-based assessments are needed so the trainee will need to work with about 3 patients to achieve this EPA. The most likely WBAs are the Case-based Discussion or Mini-CEX (if a session is recorded or otherwise observed). If an additional psychotherapy supervisor is involved with the cases, the COE form can be signed by the therapy case supervisor plus the main rotation-supervisor, as above. Two COE forms can be used if 2 or 3 different psychotherapy case supervisors were involved.

- *CBT for anxiety EPA* (Cognitive-behavioural therapy (CBT) for management of anxiety)

This EPA is about the development of specific CBT competencies (knowledge and skills) especially regarding CBT for anxiety. To develop those skills, the trainee does not necessarily need to work solely with patients with anxiety disorders, however. Patients may have depression with anxiety symptoms, and may be from any age-range (youth, adults or older people). There is again no set number of cases or sessions specified, but therapy with about 3 patients will be needed for sufficient experience and the achievement of the 3 WBAs. With this EPA it is especially likely that the registrar might collect sufficient cases and experience across a couple of rotations, and might have more than one supervisor for the cases. When enough experience has been gained such that the CBT competencies have been achieved, the main rotation-supervisor for that rotation will sign off the EPA, but *they might not have CBT competencies themselves*. The College nonetheless requires the

‘entrusting’ supervisor to be an accredited psychiatrist supervisor and this usually means the main rotation-supervisor. The rotation-supervisor will thus definitely need to liaise with the psychotherapy supervisor(s) for these cases before signing off on the EPA. Again, one or two COE forms can be used (as above) to document the achievement of this EPA, signed off by the supervisors involved.

Supervising Stage 3 Registrars (4th – 5th years) who are completing Psychotherapy cases required in Stage 3

In Stage 3, three cases of any type of psychotherapy are required, for at least 6 sessions each. This is a fundamental requirement for Fellowship, so all Stage 3 trainees must achieve it. Some subspecialty Advanced Trainee streams require a few more cases, e.g. Child Psychiatry (6 more) and Adult Psychiatry (4 more). The Addictions subspecialty programme also requires achievement of a Psychotherapy EPA with more CBT cases and Motivational Interviewing cases. The Psychotherapies subspecialty stream of course requires several short and long cases across the two Stage 3 years. So psychotherapy supervisors may be involved with any of these cases. Other than for trainees in the Psychotherapies subspecialty stream, these will mostly be short, structured therapies of various types.

For the 3 x min. 6-session cases required for Fellowship – if these are not *also* contributing to any EPA, then no Workplace-based Assessments are needed. The registrar has to document each case on a specific sign-off form, which the rotation-supervisor has to sign. In Auckland, the actual cases will usually *not* be supervised by the rotation-supervisor, but often by a psychologist on the team who has assisted the registrar with the case. The rotation-supervisor will thus need to liaise with the actual psychotherapy supervisor before signing off the form. This process is the same for the additional cases required in the Child Psychiatry and Adult Psychiatry subspecialty streams.

Where these psychotherapy cases in Stage 3 *do* contribute to an EPA – e.g. in the Psychotherapy or Addictions subspecialty streams, then 3 Workplace-based Assessments with the patients will be required, for each EPA. As above, these might be Case-based Discussions or a Mini-CEX if the therapy is recorded or observed. Both the psychotherapy supervisor and the rotation-supervisor can sign the EPA form, as shown above.

Note that for a few of these cases, the registrar might need to do *both* a WBA process *and* the specific Stage 3 form signing off each psychotherapy case.

Supervising Stage 2 or 3 Registrars (2nd-5th years) who are completing the ‘long’ Psychodynamic Case (for the Psychotherapy Written Case History)

Registrars are required to complete at least 40 sessions of psychodynamic psychotherapy with a patient, and then to write the therapy up as an 8000-10,000 word Psychotherapy Written Case (the PWC). This therapy might be supervised by a psychiatrist with an interest in psychotherapy, or by a psychologist or other psychotherapist. This is not an EPA (although this experience might be *one* thing contributing, for example, to competencies for the Therapeutic Alliance EPA) so no Workplace-based Assessments are required, but three *Case Discussions* during the course of the therapy *are* required, and are each documented on a specific form. Note that written consent on a [College consent form](#) is required from the patient before therapy starts, and the supervisor needs to see this.

These Case Discussions are done in early therapy (say, in the first 10 weeks) mid-therapy (around the 20 session point) and late therapy (in the termination phase). They are structured very similarly to the generic Case-based Discussion format, but are much more specific to the psychodynamic therapy process. They’re formative – aimed to provide feedback and skill-shaping, not a pass-fail exercise.

After completing the 40 sessions of psychotherapy, registrars will write this up as a Case History. This is a mandatory College assessment and is summative – it must be passed to achieve Fellowship. The College has provided detailed guidelines about the Case History requirements, and a Marking Proforma, which are attached – and the registrar should provide the supervisor with the College Case History requirements and Marking Proforma, as a guide. Supervisors for these psychodynamic cases will need to read the draft Case History and give the registrar feedback to help them finalise it. It is recommended that the registrar also gets a local FRANZCP psychiatrist familiar with the standard of the Case History to read the Case as well, before sending it in. Note that the standard is high for this Case – that of a junior consultant, and details such as spelling and grammar need to be pretty much perfect. If the draft case is badly affected by spelling and grammar errors so as to make it hard to read, the registrar should get an external English editor to correct these, before supervisors try to read the case and give feedback.

The psychotherapy supervisor's role is not to correct these kind of grammatical details, but to give feedback on the way the registrar has understood and recorded their grasp of the Case – especially the Formulations and process of therapy. Two Formulations are required – the initial one is done after the assessment phase (one or a small number of initial sessions). It might not be fully accurate, as some information about the patient might not emerge until later in therapy and the registrar might be less insightful at this early stage. This is expected by the markers. The second Formulation (a re-Formulation done at the end of the Case after termination) is however expected to be detailed and astute, covering all information gained during therapy, and with a far more sophisticated grasp of psychodynamic processes demonstrated by the registrar.

Also note that the 40 sessions of therapy might be done in 2nd year (a relatively junior stage). The therapy itself might thus be very much that of a 'beginner' (although we would still hope for a basic level of competence, guided by supervision). However, in writing up the Case itself, the registrar must have learned from the therapy and experiences in the intervening years, and at that stage, their grasp of the issues in the Case must be that of a junior consultant. Thus for a Case to pass, even if carried out at an earlier stage of training, it needs to be written up at a high standard, and with a senior-level grasp of the psychodynamic issues and processes involved, with the registrar demonstrating good insight into their personal dynamics and counter-transference as well.

For any other queries, please email the Director of Training: felicityp@adhb.govt.nz

Links:

- [Therapeutic Alliance EPA](#) details
- [Supportive psychotherapy EPA](#) details
- [CBT for anxiety EPA](#) details
- [Case-based Discussion form](#) (generic)
- [Mini-CEX form](#) (generic)
- [the Stage 3 Psychotherapy Case record form](#)
- the [Case Discussion form](#) and [Case Discussion Protocol](#) for psychodynamic 40-session cases
- the [Psychotherapy Written Case requirements](#) (extracted from the College Regulations). This is long–12 pages– but is, I'm afraid, essential reading for all supervisors of 40-session psychodynamic cases
- [1 hour training module on-line](#) about how to do Workplace-based Assessments and EPAs – (for all supervisors, i.e. not aimed specifically at psychotherapy supervisors)

(if for some reason you can't access these, email Felicity as above, for the links as attachments)