

**MENTAL HEALTH SERVICE
BUSINESS RULE COVER SHEET**



Health
South Eastern Sydney
Local Health District

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| SUMMARY | This procedure provides the governance and expectations for Trainees and Supervisors around the documentation and pathways for escalation of clinical issues or risk that may arise for a consumer who is receiving Psychotherapy from a Trainee including in cases when the Trainee has moved to a different site |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) establishes guidelines and standards for the training, supervision, and practice of psychotherapy, promoting evidence-based approaches and ethical conduct. RANZCP actively engages with its members, providing ongoing education and support to enhance their skills and knowledge in psychotherapy. By overseeing and regulating the practice of psychotherapy, RANZCP strives to safeguard the well-being and mental health of individuals seeking psychological treatment in Australia and New Zealand.

2. BACKGROUND

It is a requirement of RANZCP training that Psychiatry Trainees “Trainees” will practice supervised psychotherapy with a range of consumers, utilising a range of psychotherapy techniques. An RANZCP training requirement is to conduct psychotherapy with at least one person over a minimum of 40 weekly therapy sessions-within an accepted therapeutic method and to submit an account of the therapy defining the selection of technique, therapeutic process, supervision and reflection about the case to the RANZCP for assessment as a requirement for Fellowship (the “long case”).

As Trainees in the South Eastern Sydney Illawarra (SESI) training network employed by South Eastern Sydney Local Health District (SESLHD) have six month training rotations, a Trainee engaging a consumer into therapy through a SESLHD service at one site during a training rotation may move to another site after six months while still needing to continue regular psychotherapy with the consumer.

There is a need to define the governance and expectations for Trainees and Supervisors around the documentation and pathways for escalation of clinical issues or risk that may arise for a consumer who is receiving therapy from a Trainee including in cases when the Trainee has moved to a different site.

It is necessary to have the consumer engaged as an active Community Mental Health (CMH) consumer in case there is a crisis situation and the consumer needs to be referred internally to the acute care team or have adjustment to their care, located within the CMH team. This system provides for governance of clinical care with oversight by a CMH Consultant Psychiatrist for any other clinical issues that may arise during the therapy process.

3. RESPONSIBILITIES

3.1 Psychiatry Trainees and Care Coordinators will:

Follow the procedure.

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3.2 Site Coordinators of Training and Community Mental Health Managers will:

Ensure that Trainees, Psychiatry Consultants and CMH Care Coordinators are familiar with the procedure, circulate the procedure document and enable local implementation. They will also ensure that other relevant staff members are aware of the procedure.

3.3 Service Directors and Psychotherapy Supervisors will:

Monitor the compliance and review of the procedure and report to the SESI Network Training Committee (NTC).

4. PROCEDURE

4.1 Commencement of 40-week psychotherapy

The general principle is that a consumer engaged into long form psychotherapy with a Trainee will be registered as an active consumer allocated to an existing CMH team with a responsible Care Coordinator and Consultant Psychiatrist consistent with existing triage and allocation procedures for the catchment area where the consumer resides.

As part of the engagement of the consumer into therapy with the Trainee the Trainee will outline this procedure to the consumer and ensure that the consumer understands and consents to have contact if necessary, with the Care Coordinator as part of the governance process for the therapy to take place.

Selection of a consumer for Trainee conducted psychotherapy must involve discussion between the Trainee, the consumer, the Trainees supervisor and other relevant supervisors including the consultant psychiatrist responsible for direct clinical care of the consumer at the entry into planned psychotherapy, psychotherapy supervisor and local site administrators to ensure the plan for psychotherapy is feasible and able to be supported by the local site CMH team where the consumer resides.

Other issues to do with consent for therapy or details about the process are to be discussed between the Trainee and their nominated Psychotherapy Supervisor.

4.2 Engagement with Community Mental Health

During the period of psychotherapy, the Care Coordinator and the responsible CMH Consultant Psychiatrist may have very little contact with the consumer, as the consumer will be seeing the Trainee almost exclusively for (weekly) sessions of therapy.

The Trainee must work collaboratively with the care coordinator and CMH team staff to ensure that information is provided and documentation is completed

It is the responsibility of the care coordinator (non-medical CMH team staff member) to coordinate 13 week reviews for the consumer in exactly the same way as any other CMH consumer as per [SESLHDPR/642 - Clinical Review in Mental Health](#).

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It is the responsibility of the Trainee to inform the responsible care coordinator and the CMH Consultant at least every thirteen weeks ahead of the routine CMH team review about the progress of therapy, any plans for termination of therapy or other emergent issues that need to be considered in the 13 week review.

Upon termination of therapy, it is the Trainee's responsibility to inform the Care Coordinator with as much notice as possible so that the consumer can be properly discharged from the CMH team and that transfer of care to any other clinician (GP, private psychologist etc) is properly performed according to existing procedures.

4.3 Documentation of Psychotherapy

It is the responsibility of the Trainee conducting therapy to maintain documentation for the consumer within the eMR as per [SESLHDGL/074 - Clinical Documentation in Mental Health](#). At a minimum, the Trainee must record:

- the contact made for regular therapy sessions;
- the date and time the therapy session was held;
- a brief statement about the fact that therapy has occurred including a mental state assessment; and
- a note about any emergent clinical issues or actions that the Trainee will carry forward including notification of the Care Coordinator and the Consultant in charge of care in the CMH team.

The Trainee may choose to keep process notes or a transcript of therapy for the purpose of writing up the case for submission to RANZCP or for supervision purposes. Trainees should be aware that such notes still need to be kept securely by the Trainee for a period defined by medicolegal regulations. These process or supervision notes are not entered into the eMR but the existence of these notes must be noted in eMR.

4.4 Clinical Escalation

Escalation of any clinical issue to do with the consumer will follow the usual process for any other active CMH consumer, via the care coordinator to the responsible consultant or on duty covering consultant. In most cases the Trainee will be the most likely person to have regular contact with the consumer and be aware of any emergent issues so will bear most responsibility to notify the relevant CMH and crisis service about any issues requiring more intensive care.

4.5 Continuation of Psychotherapy if the Trainee rotates location

If the Trainee rotates to a different location during the 40-week psychotherapy period, the Trainee will need to travel from the new site to see the consumer for the regular weekly session at the original site (this will need to be arranged by the Trainee with their new site via their Supervisor and/or Site Coordinator of Training). A consumer should not be expected to travel to the new site where the Trainee is now located.

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This means that if the Trainee moves site the consumer does not move site in relation to their relationship to the CMH team where they are an active client.

Note that with relevant approvals it is possible for some therapy sessions to be conducted online.

Trainees will need to ensure that they maintain their eMR access to allow for documentation in the continuous medical record that the sessions are occurring and any conversations with the care coordinator about clinical matters. Trainees should facilitate the eMR access via the consumer's CMH Administration team.

5. DOCUMENTATION

eMR Progress Note

6. AUDIT

Psychotherapy Supervisors to complete quarterly an audit on completed 40-week cases and report back to SESI Network Training Committee.

7. REFERENCES

[SESLHDPR/642 - Clinical Review in Mental Health](#)

[SESLHDBR/040 - Clinical Handover for Mental Health Services \(ISBAR\)](#)

[SESLHDGL/074 - Clinical Documentation in Mental Health](#)

[SESLHDPR/336 - Documentation in the Health Care Record](#)

8. VERSION AND APPROVAL HISTORY

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|---------------|-------------|---|
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