Submission to Australian Medical Council for Accreditation of the RANZCP Competency-Based Fellowship Program

working with the community

Tuesday, 10 April 2012
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<tr>
<td>ACCC</td>
<td>Australian Competition and Consumer Commission</td>
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<tr>
<td>ACE</td>
<td>Assessment of Clinical Expertise</td>
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<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<tr>
<td>AHWOC</td>
<td>Australian Health Workforce Officials Committee</td>
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<tr>
<td>AMC</td>
<td>Australian Medical Council</td>
</tr>
<tr>
<td>ANZCA</td>
<td>Australian and New Zealand College of Anaesthetists</td>
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<tr>
<td>APAT</td>
<td>Approved Psychiatry Advanced Training</td>
</tr>
<tr>
<td>APT</td>
<td>Advanced Psychiatry Training</td>
</tr>
<tr>
<td>ASTPRA</td>
<td>Advanced Specialist Training Posts in Rural Areas</td>
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<tr>
<td>AT</td>
<td>Advanced Trainee</td>
</tr>
<tr>
<td>ATSIMHC</td>
<td>Aboriginal &amp; Torres Strait Islander Mental Health Committee</td>
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<tr>
<td>AWP</td>
<td>Accredited Work Party</td>
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<tr>
<td>BOE</td>
<td>Board of Education</td>
</tr>
<tr>
<td>BOPP</td>
<td>Board of Practice &amp; Partnerships</td>
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<td>BPT</td>
<td>Basic Psychiatry Training</td>
</tr>
<tr>
<td>BTC</td>
<td>Branch Training Committee</td>
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<tr>
<td>CAP</td>
<td>Critical Analysis Problem</td>
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<tr>
<td>CbD</td>
<td>Case-based Discussion</td>
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<tr>
<td>CBFP</td>
<td>Competency Based Fellowship Program</td>
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<tr>
<td>CBFP</td>
<td>Competency-Based Fellowship Program</td>
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<tr>
<td>CBFP PMG</td>
<td>Competency Based Fellowship Program Project Management Group</td>
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<tr>
<td>CCME</td>
<td>Committee for Continuing Medical Education</td>
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<tr>
<td>CELR</td>
<td>Committee for External Liaison &amp; Reporting</td>
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<tr>
<td>CEQ</td>
<td>Critical Essay Question</td>
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<td>CEQR</td>
<td>Committee for Educational Quality Reporting</td>
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<td>CFE</td>
<td>Committee for Examinations</td>
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<td>CFR</td>
<td>Committee for Research</td>
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<tr>
<td>CFT</td>
<td>Committee for Training</td>
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<tr>
<td>CIP</td>
<td>Curriculum Improvement Project</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>CSE</td>
<td>Clinical Skills Examination</td>
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<td>CSIMGME</td>
<td>Committee for Specialist International Medical Graduate Education</td>
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<td>CTA</td>
<td>Clinical Training Agency</td>
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<tr>
<td>DFTP</td>
<td>Dual Fellowship Training Program</td>
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<tr>
<td>DOAT</td>
<td>Director of Advanced Training</td>
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<tr>
<td>DOHA</td>
<td>Department of Health and Ageing</td>
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<tr>
<td>DOT</td>
<td>Director of Training</td>
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<tr>
<td>DOTs</td>
<td>Directors of Training</td>
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<td>EAR</td>
<td>Education Activities Report</td>
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<td>ECE</td>
<td>Exemption Candidate Examination</td>
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<td>ECM</td>
<td>Executive Council Meeting</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>ECQG</td>
<td>Education Content &amp; Quality Group</td>
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<td>ECT</td>
<td>Electroconvulsive Therapy</td>
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<tr>
<td>EMQ</td>
<td>Extended Matching Question</td>
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<tr>
<td>EPA</td>
<td>Entrustable Professional Activity</td>
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<td>ESST</td>
<td>Expanded Settings for Specialist Training</td>
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<td>ESTP</td>
<td>Expanded Settings Training Program</td>
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<td>FAC</td>
<td>Fellowship Attainment Committee</td>
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<tr>
<td>FARC</td>
<td>Finance, Audit and Risk Committee</td>
</tr>
<tr>
<td>FEC</td>
<td>Formal Education Course</td>
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<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
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<tr>
<td>GC</td>
<td>General Council</td>
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<td>GNRC</td>
<td>Governance, Nominations, and Remuneration Committee</td>
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<td>GRC</td>
<td>Governance and Risk Committee</td>
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<tr>
<td>HWIP</td>
<td>Health Workforce Information Program</td>
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<td>HWNZ</td>
<td>Health Workforce New Zealand</td>
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<tr>
<td>ICT</td>
<td>Information &amp; Communication Technology</td>
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<tr>
<td>IMG</td>
<td>International Medical Graduate</td>
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<tr>
<td>ITA</td>
<td>In Training Assessment</td>
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<tr>
<td>MCNZ</td>
<td>Medical Council of New Zealand</td>
</tr>
<tr>
<td>MEQ</td>
<td>Modified Essay Question</td>
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<tr>
<td>MHPN</td>
<td>Mental Health Practitioner Network</td>
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<tr>
<td>mini-CEX</td>
<td>Mini-Clinical Evaluation Exercise</td>
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<tr>
<td>MOCI</td>
<td>Modified Observed Clinical Interview</td>
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<tr>
<td>MOSCE</td>
<td>Modified Observed Structured Clinical Examination</td>
</tr>
<tr>
<td>MSE</td>
<td>Mental State Examination</td>
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<tr>
<td>MTRP</td>
<td>Medical Training Review Panel</td>
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<tr>
<td>NRAS</td>
<td>National Registration and Accreditation Scheme</td>
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<tr>
<td>OCA</td>
<td>Observed Clinical Activity</td>
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<tr>
<td>OCI</td>
<td>Observed Clinical Interview</td>
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<td>OMSTP</td>
<td>Outer Metropolitan Specialist Trainees’ Program</td>
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<tr>
<td>OSCE</td>
<td>Observed Structured Clinical Examination</td>
</tr>
<tr>
<td>OSCE</td>
<td>Observed Structured Clinical Examination</td>
</tr>
<tr>
<td>OTP</td>
<td>Overseas Trained Psychiatrist</td>
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<tr>
<td>PGY1</td>
<td>Post Graduate Year One</td>
</tr>
<tr>
<td>PGY2</td>
<td>Post Graduate Year Two</td>
</tr>
<tr>
<td>PMG</td>
<td>Project Management Group</td>
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<td>PPC</td>
<td>Practice and Partnerships Committee</td>
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<tr>
<td>RANZCP</td>
<td>Royal Australian and New Zealand College of Psychiatrists</td>
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<tr>
<td>RCP</td>
<td>Royal College of Psychiatrists (UK)</td>
</tr>
<tr>
<td>RHCE</td>
<td>Rural Health Continuing Education</td>
</tr>
<tr>
<td>RPL</td>
<td>Recognition of Prior Learning</td>
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<td>RSIG</td>
<td>Rural Special Interest Group</td>
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<tr>
<td>SAQ</td>
<td>Short Answer Question</td>
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<tr>
<td>SAT</td>
<td>Sub-Committee for Advanced Training</td>
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<tr>
<td>SATADD</td>
<td>Subcommittee of Advanced Training Addiction Psychiatry</td>
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<tr>
<td>SATAP</td>
<td>Subcommittee of Advanced Training Adult Psychiatry</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>SATCAP</td>
<td>Subcommittee of Advanced Training Child &amp; Adolescent Psychiatry</td>
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<tr>
<td>SATCL</td>
<td>Subcommittee of Advanced Training Consultation Liaison Psychiatry</td>
</tr>
<tr>
<td>SATFP</td>
<td>Subcommittee of Advanced Training Forensic Psychiatry</td>
</tr>
<tr>
<td>SATPOA</td>
<td>Subcommittee of Advanced Training Psychiatry of Old Age</td>
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<tr>
<td>SATPsy</td>
<td>Subcommittee of Advanced Training Psychotherapies Psychiatry</td>
</tr>
<tr>
<td>SIMG</td>
<td>Specialist International Medical Graduate</td>
</tr>
<tr>
<td>STP</td>
<td>Specialist Training Program</td>
</tr>
<tr>
<td>TCE</td>
<td>Trainee Clinical Examination</td>
</tr>
<tr>
<td>TRC</td>
<td>Trainee Representative Committee</td>
</tr>
<tr>
<td>WBA</td>
<td>Workplace-based assessment</td>
</tr>
</tbody>
</table>
Training Programs Offered

Trainees completing the training program at the Royal Australian and New Zealand College of Psychiatrists (RANZCP) receive Fellowship of the RANZCP or FRANZCP.

The FRANZCP is offered in Australia and New Zealand.

Address in New Zealand:

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Executive Summary

Over the past five years, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has undertaken a significant curriculum renewal project. Initially funded by the Department of Health and Ageing (DoHA) the Competency-Based Fellowship Project (CBFP; Curriculum Improvement Project) has been informed by, and is the outcome of:

- Workforce and societal needs and requirements;
- Review and consideration of contemporary literature in medical education;
- Recent best practice developments in assessment;
- Considerable stakeholder engagement and consultation;
- Considerable discussion and development of a consensus position regarding best practice training for Psychiatrists in the Australian and New Zealand context for the foreseeable future;
- Fitness for purpose of all components of the Training Program.

The involvement of Trainees, Supervisors, Directors of Training (DOT), health services, and community representatives has guided the College throughout the development and implementation phases of the CBFP.

The RANZCP is positive about the outcomes that the CBFP will provide. The College believes that the CBFP will ensure that the training requirements of Psychiatrists in Australia and New Zealand are catered for with increased flexibility, greater utility, and improved workforce outcomes.

The changes to College governance including: the involvement of community representatives, amended committee responsibilities, and redefined governance structure have led to more efficient management and planning across the education portfolio. Planned College wide governance initiatives will further serve to enhance this aspect. There is significant education and training experience and expertise within the committees, which is further supported by dedicated and knowledgeable College staff, and where appropriate reference to external advice and consultation.

The College operates in a health system with many partners; all decisions regarding the training program will impact on providers of health services and the society at large. As such, consultation has been undertaken with various levels of government, health departments, other organizations (non-government), community groups, training sites and training Supervisors. At all times, decisions regarding the CBFP have been framed and informed by consideration of feasibility, practicality, impact on workforce, patient safety, and best practice.

The CBFP is an outcomes-based curriculum, it has been constructed around the CanMEDs model, utilising seven (7) professional domains. Effective training programs are framed around documented and agreed outcomes, these outcomes capture the scope of professional practice required to serve the needs of society into the foreseeable future. Once documented, the outcomes informed the development of the training framework. Based on recent developments in medical education and contemporary literature, the College developed a competency framework and associated competency assessment (workplace
based assessment (WBA)) to direct and monitor Trainee progress and achievement of the training program outcomes.

Training is a continuum, from novice through to expert\(^1\), as such the CBFP specifies expected competency and outcomes for each stage of the learning journey. Key summative assessment tools, validated and refined through use in the current RANZCP Training Program, have been retained to ensure both continuity and achievement of required standards. New assessment methodologies have been implemented to support and drive the development of competencies and training outcomes (e.g., ten Cate’s body of work\(^2\)). These new assessment tools have been designed as formative assessment for learning, in order to ensure that the Trainee has a clear understanding of the learning journey, and their pathway to achieve the competencies and outcomes required for Fellowship and independent practice.

The involvement of Trainees and Training Supervisors has been key to the development and testing of the suite of WBA tools. The College is confident that the use of WBAs will enhance the Supervisor / Trainee relationship and lead directly to optimal training outcomes, progression and consistency of training experiences. In addition, flexibility within the training program would be enhanced. Trainees will be able to tailor their training to suit their particular professional interest and professional future on the completion of 1 years of compulsory training (Stage 1). It is the view of the Board of Education that the utilisation of WBA tools for the assessment of competency, and the introduction of Entrustable Professional Activities (EPAs) will serve to further support continuous appraisal of competency throughout the training life cycle.

Assessment has been tailored specifically for purpose; high stakes summative assessment has been retained and refined from the current training program. The refinements have been made in response to expert consultancy recommendations, and a change in content emphasis brought about as a result of the reframing and documentation of the expected outcomes in respect to appropriate competency development and level of training. New formative assessment tools have been introduced to support training Supervisors in their professional judgment of a Trainee’s competency and, in particular, to provide training Supervisors with a framework for feedback and development of an individualised learning plan for the Trainee. Entrustable Professional Activities (EPAs) capture a range of professional competencies within the scope of practice of a psychiatrist, allowing Supervisors to make a more accurate appraisal of the Trainee’s readiness for more independent practice. The CBFP is a comprehensive curriculum that documents all of the requirements for expert professional practice and Fellowship of the College, and incorporates all of the pathways, options and activities that must be undertaken in order to achieve this outcome.

\(^1\) Dreyfus S DH. A five stage model of the mental activities involved in directed skill acquisition. San Francisco, California: California University Berkeley Operations Research Center [monograph on the Internet]; 1980.
\(^2\) ten Cate TJO, Snell L, Carraccio C, Medical competence: The interplay between individual ability and the health care environment. Medical Teacher 2010; 32:669-675.
During the curriculum renewal process that has resulted in the creation of the CBFP, the College has consulted widely in the curriculum revision process and development of the CBFP project. The College has undertaken focused research, reviewed the training program and sought stakeholder feedback and participation. It is the stated intention of the Board of Education to continue this level of consultation and feedback with respect to the CBFP. Particular attention will be placed on the key considerations of assessment utility and feasibility, training flexibility, workforce alignment and training outcomes.

Trainees and the Trainee Representative Committee (TRC) have been widely consulted and involved in decision making and have been involved in the development of the new framework through their representatives on BOE committees and GC. A TRC representative sits on the Board of Education (BOE). The College is committed to the principles of adult learning; Trainees have been involved in the creation of the new curriculum and will have greater freedom to shape their future professional practice through the increased flexibility inherent in the CBFP and the competency based approach to training.

The Committee for Training (CFT), and representatives from the training Supervisors and Directors of Training (DOTs) have been closely involved in the creation of the CBFP; additional professional development has been provided to these groups during 2011 to ensure that skills and abilities with respect to mentoring, supervision, training and feedback were high. Subsequently, targeted and focused training regarding the CBFP, new procedures and assessments have been instituted across the College in preparation for the introduction of the CBFP. The collective level of competency and ability of Training Supervisors and Directors of Training is high. The College is very confident that the changes introduced by the CBFP will not only be successfully implemented by this group, but serve to further support and improve their effectiveness leading directly to improved training outcomes.

The College remains committed to the notion of the continuum of medical education. Fellowship and entry into independent practice is not an end point; rather these points mark the beginning of another learning journey. Given the complexity and size of the change undertaken through the CBFP project, the current CPD requirements, its structure and assumptions have not yet been reviewed or changed. However, once introduced, it is the intention of the College to align psychiatry training with ongoing professional learning.

The purpose of the CBFP is to direct and support the training of the next generation of psychiatrists in Australia and New Zealand. The Training Program is flexible and responsive to workforce and professional requirements, Trainees can undertake multiple pathways to the same outcome – Fellowship. This flexibility allows the CBFP to respond dynamically to changing professional practice and societal needs, while assuring the professional peers, regulatory bodies and the community that an exceptionally high standard of competency is being maintained and certified.

Specific outcomes and professional practice have been documented and are required to be achieved during the training journey. The attainment of these outcomes is monitored and judged through the utilisation of EPAs as the key to competency assessment. The introduction of EPAs will serve as a developmental aspect of Trainee’s progression from basic to advanced competency. These reference points allow Trainees and training
Supervisors to plan for learning, frame feedback and clearly identify when mastery of complex multi-factorial professional abilities has been met.

The CBFP will achieve the significant benefits for all participants in the training system; Trainees, Supervisors, administrators, health networks, and government agencies. The implementation of the CBFP will build on the strengths of the previous curriculum and has been a collective effort which codified countless hours of psychiatry experience into a solid professional foundation for the high quality education and training of future psychiatrists. The College recognises the need to update the curriculum to include the newer, contemporary core competencies that are necessary for psychiatry practice within an evolving mental health environment.

1 The Context of Education and Training

1.1 The structure and organisation of the education provider

<table>
<thead>
<tr>
<th>Accreditation standards</th>
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<tbody>
<tr>
<td>1.1.1 The education provider’s governance structures and its education and training, assessment and continuing professional development functions are defined.</td>
</tr>
<tr>
<td>1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.</td>
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<tr>
<td>1.1.3 The education provider’s internal structures give priority to its educational role relative to other activities.</td>
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Briefly describe the education provider’s governance structures and functions, including the roles and responsibilities of senior officers.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a company limited by guarantee. The RANZCP is governed by its General Council (GC), a democratically-elected Board of Directors which oversees a wide range of issues concerning the affairs and activities of the College, and is its supreme policy-making body.

The College comprises Branches in each State and Territory of Australia, and New Zealand. The RANZCP governance structure also includes Boards, Faculties, Sections and Special Interest Groups. All Fellows of the College may seek to change policy or to initiate new policy through the State, Territory and National Branches, Boards, Committees, Faculties and Sections of the College.

The College’s current Board and Committee governance structures are shown in Figure 1. The College organisational charts are shown in Appendix 1 and Appendix 2. The College’s Chief Executive Officer and Company Secretary is Mr Andrew Peters.

According to the College constitution, the Council consists of Fellows of the College, being:
Members elected to the offices of President, President Elect, Honorary Secretary, Treasurer and Immediate Past President as well as representatives from each state/territory and New Zealand, representatives from College faculties and chairs of College Boards.

The current College Executive is:
- Dr Maria Tomasic, President
- Dr John Chalk, Honorary Secretary
- Dr Murray Patton, President Elect
- Dr Darryl Watson, Treasurer

The Executive Officers meet weekly with the CEO and senior management team providing a forum for discussion of key issues and progress against projects. The GC is directly supported operationally by the Resource Management Committee (RMC), which addresses issues of audit/risk, finance and asset management, and human resources management. Boards and Committees operate under delegated authority from GC and act on behalf of, and are responsible to, Council for the ongoing operation of a specific aspect of the College function.

**Governance review**
In August 2010, a College-wide initiative to improve governance was led by the GC. This has been assisted through the establishment of the Governance and Risk Committee (GRC) as a subcommittee of GC and the appointment of a Governance Officer with responsibility for this College function. The Governance Officer assists with and maintains appropriate procedures and functions across all College committees. The changes to the governance section have refined and streamlined the communication of committee outputs and procedural operations within the College governance and administration domains.

In 2010, GC approved an independent external review of the governance structures, functions and operations of GC. *Governance Matters* was appointed by the College to undertake the review and the Final Report was submitted to GC in November 2011. A copy of the proposed governance structure is shown in Appendix 3.

**Scope**
The review included extensive engagement and consultation as well as questionnaires, audits, interviews, group consultations, the review of governance models of comparable organisations, both medical and non-medical, and reference to the governance literature and legislation. The review also included consultation with members of GC and the College membership and personnel internal and external to the College.

The Review examined a number of overarching areas associated with GC, inter alia:
- Strategic planning
- Governance of the College’s boards, committees, branches, faculties and sections
- Working with government, carers and consumers
- Adequacy of, and management of, physical resources
- Compliance
- Approaches to new business
- Risk management
- Human resources
- Strengths and weaknesses of the current structure. This may include examining the reporting lines from other RANZCP boards and committees
- Performance monitoring and assessment
- Councillors' training and performance management
- Meeting management
- Succession planning and election of councillors
- Election and role of the executive officers
- Role of the Chief Executive Officer (CEO).

The review examined and advised the College on the skill mix, size and representative structure required for the governance of the RANZCP as an organisation. The review demonstrated an appreciation and understanding of the role of RANZCP, particularly in the context of the environment in which it undertakes its activities, its major stakeholders and the challenges of appropriate representation from state/NZ jurisdictions, Faculties, Sections and Special Interest Groups.

The outcomes and recommendations of the review were provided to the Fellowship in December 2011 and will be progressed in 2012. Changes to the College constitution are required to implement the changes. The proposed Board will comprise of a minimum of 7 directors and 2 optional co-opted board directors (this includes the President, President elect and 5 Fellows. In addition, a Membership Advisory Council (MAC) will be introduced. The MACs will involve Trainees and Overseas Trainee Psychiatrists (OTPs) who will receive voting rights. Previously the Trainee Representative Committee (TRC) and OTPs did not have voting rights on the GC. Education will be a portfolio overseen directly by a Board member, and an Education representative will sit on MAC. The MAC will include representatives from Branch Committees and key committees of the College. TRC and OTP representatives on MAC will have voting rights which they do not have in current structure. Overall, Education will continue to be a key focus for the College and its governance arrangements. This structure will also be used for the portfolios of Practice, and Partnerships Committee (PPC); the Finance, Audit and Risk Committee (FARC); and the Governance, Nominations, and Remuneration Committee (GNRC). A diagram of the new structure is provided in Appendix 3.

Provide an outline of the structure and accountabilities for managing training and education activities, including:

- the central, national/regional/state structures
- any units that make a significant contribution to education and training processes, such as faculties, chapters or special societies
- the management structure for any training programs offered jointly with another organisation.

The training and education activities for the RANZCP are delivered through the Board of Education (BOE) in association with the state/territory branches and the NZ national office.
The Board of Education (BOE)

Since its establishment in 2007, the College’s BOE has provided stable governance for all College activities associated with the education portfolio. This includes facilitating the day-to-day operations by implementing; monitoring, evaluation and reporting processes, and a broad range of continuous improvement activities. In this context, curriculum redevelopment and the introduction of the CBFP has been the primary focus of the BOE work plan since 2007. See Appendix 4 for the regulations/by-laws.

The BOE has refined the structure of education committees to ensure alignment and more complementary roles and responsibilities. A key focus for the College and the BOE is in managing the stakeholder relationships within the College which involve the Branches, regional training program personnel, Trainees, and Faculty/Sections/Interest Groups. The BOE and the Education department, in particular, have worked to improve the relationships with these groups through increased communication and consultation in regional meetings and teleconferences, reporting via email, website information, newsletters and the increased engagement of DOTs in decision making. The continued engagement with these stakeholders forms a key priority.

With the aim of engaging with the community as a key stakeholder, the BOE has introduced representation of carer and consumer groups within the BOE and the constituent committees. The introduction of community members into College governance structures will facilitate and enhance the link between College activities and community needs.

The organisational structure and membership of the BOE is described in Figure 1. The Chair and two Deputy Chairs are elected from the Fellowship for a maximum of two three-year terms of office. The Chairs of all constituent education committees are ex officio board members, and Trainees and overseas trained psychiatrist (OTPs) also have nominated representatives on the board. Community members now sit on the BOE and two committees. The General Manager Education and department staff provide direct support for the BOE. Bi-national representation is required for all BOE committees.

The BOE comprises a number of College committees dealing with educational matters. The education committees directly reporting to the BOE are:

- Fellowship Attainment Committee (FAC). Which looks after:
  - Committee for Training (CFT)
    - Accreditation Sub-Committee (ASC) – reports to CFT
  - Committee for Examinations (CFE);
  - Committee for Specialist International Medical Graduate Education (CSIMGE),
- Committee for Continuing Medical Education (CCME);
- Committee for Educational Quality and Reporting (CEQR),
- Committee for Education Projects (CEP)
Figure 1: RANZCP Board of Education Governance structure
Branches and Training Regions
The College has branches in each state/territory and a national office in New Zealand. The branches are responsible for the administration and delivery of the training program within their region.

Units and faculties – List and include involvement in Sub-speciality Advanced Training (SAT)
The College has a number of Faculties, Sections, and Special Interest Groups, these are outlined below.

Faculties:
- Faculty of Psychiatry of Old Age,
- Faculty of Child and Adolescent Psychiatry,
- Faculty of Forensic Psychiatry.

Sections:
- Addiction Psychiatry,
- Consultation Liaison Psychiatry,
- Psychotherapies,
- Neuropsychiatry,
- Social and Cultural Psychiatry.

Special Interest Groups
- Leadership and Management,
- History and Philosophy of Psychiatry,
- Rural Psychiatry.

The Faculties and Sections, are not directly linked to education and training. Any issues surrounding education and training are heard through GC and forwarded through to BOE and the relevant committee. The advanced training sub-specialities are represented by the Sub-committees of Advanced Training or SATs as outlined in the CFT.

Identify other relevant strengths and challenges in relation to the governance of the education provider as they relate to the program change, plans for development and the processes for addressing the challenges, with examples.

The strengths of the BOE governance structure lie in the engagement of all relevant parties and the transparency of all decisions made within the committees and working parties. The current structure allows for all respective stakeholders to be involved in the decision making processes. The involvement of the Trainee Representative Committee (TRC) and Overseas Trained Psychiatrists (OTP) in all committees has strengthened the BOE and its committees by expanding the coverage of all training related issues and allowing for the direct engagement of key educational representatives. The recent involvement of community members has provided direct links between the College and community/consumer networks. This allows for increased transparency of the decisions made and the engagement of all key stakeholders on specific issues.

The restructure of CEQR has ensured that the College has a process for the continuous quality improvement of all educational aspects, including CPD, as well as including due diligence and due process to BOE decisions.
The proposed amendments to the governance structure will strengthen the College’s position and enhance the ability to progress key issues. This will occur through the proposed increase in number of meetings conducted by the Board of Directors, increasing from 4 to 8-10. The reduction in the number of councillors from 27 on the current GC to 7-9 Members of the new College Board will also help to progress key educational issues.

The College will face a transition period from the current training program to the CBFP training program in late 2012 (New Zealand) and early 2013 (Australia). To facilitate this transition, the College plans to maintain a high level of communication, consultation and review across the College, involving Branches, regions, Trainees and Fellows, as well as the broader health services sector. The Board and the GC will play a key role in the engagement of all stakeholders and enable effective and stable authority with transparent decision making.

With the aim of engaging with the community as a key stakeholder, the BOE has introduced representation of carer and consumer groups within the BOE and the constituent committees. The introduction of community members into College governance structures will facilitate and enhance the link between College activities and community needs.

1.2 Program Management

Accreditation standards

1.2.1 The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
- setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
- setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.

1.2.2 The education provider’s education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

Provide a list of the committees which have roles in the organisation’s training, assessment and continuing professional development activities. Please include a flow chart to illustrate reporting relationships.

The BOE is responsible for the governance of the education and training programs at the RANZCP. The organisation structure of BOE is shown in Figure 1. A description of the committees is located in Appendix 5.
Provide a list of the committees which have roles in developing the revised training program if separate to those listed above.

The governance structure for the CBFP Project is summarised in Table 1 and Figure 2. The CBFP Project Management Group (PMG) reported to the BOE. The PMG appointed expert Working Parties to develop specific key deliverables guided by terms of reference, specific timelines, budget and other sub-project specifications. An Education Content and Quality Group (ECQG) was established to provide quality assurance to the work of the respective Working Groups. The governance and management roles and responsibilities are summarised in Figure 2, Figure 3, and Table 1. Appendix 6 provides a summary of the working groups.

In late 2011, the decision was taken to dissolve the PMG and various working parties and return all responsibility for the final stage of curriculum development and implementation to the BOE. It was considered that the PMG had delivered an exceptional project during its oversight of the CBFP. The BOE has undertaken direct oversight of the CBFP implementation; building on the work of PMG and ECQG, consolidating the work of these committees and the working parties. In practical terms, very little changed as previously the PMG and working parties all reported to the BOE, however, this change to a direct governance structure allowed for the development of the many operational and practical elements required for the CBFP to be progressed and confirmed by the GC in a more timely and efficient manner. The working parties now report directly to the BOE. There is a move towards working with the CFT and CFT executive as the training program is integrated with existing College structures.
Figure 2: Previous CBFP Project Management Governance (ended November 2011)
Figure 3: Current CBFP governance structure (started December 2011)
<table>
<thead>
<tr>
<th>Role</th>
<th>Previous structure</th>
<th>2012 structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Council</td>
<td>Responsible for authorising the project, providing resources, including financial resources, and bears the ultimate responsibility for the project’s success.</td>
<td>No Change</td>
</tr>
<tr>
<td>Board of Education</td>
<td>Owners of the project, approves the project approach at each checkpoint and the process design (Project Management Plan). Responsible for resolution of major project issues and mitigation of project risks. Provides governance and direction to the CBFP Project Management Group and the Project Team.</td>
<td>Increase responsibility for finalising the curriculum and, driving the implementation of the CBFP. BOE has taken on the responsibilities that previously resided in the PMG</td>
</tr>
<tr>
<td>College Management</td>
<td>Provides project management includes the Education General Manager Elaine Halley, CBFP, Project Manager Michelle Orkin, General Manager Membership Services Mirco Kabat. CBFP Project Officers. • Leads the Project Team and reports to the respective governance committees, CEO, general managers, and Executive Officers. • Manages the overall project, allocates and manages resources, budget and project timeline, identifies and manages project risks. • Develops and implements the project.</td>
<td>No Change</td>
</tr>
<tr>
<td>CBFP Project Management Group (CBFP PMG)</td>
<td>Provides a Project Management Plan to the owners of the project. Executes with the Project Team, the Project Management Plan with project scope and organisational change requirements in accordance with the approved Project Management Plan and other associated project documents. Identifies and manages risks.</td>
<td>PMG has been dissolved as its work was completed.</td>
</tr>
<tr>
<td>Chair, CBFP PMG</td>
<td>Provides project leadership, recommendations on project resources and ensure that project objectives and benefits are met. Resources the Development and Implementation Phases recommending to the Board of Education appropriate expert Working Parties to ensure that project objectives and benefits are met. Develops and executes with the Project Team, a communications plan in accordance with the requirements of change and the approved Project Management Plan. Reports to the Board of Education.</td>
<td>As above.</td>
</tr>
<tr>
<td>CBFP Education and Content Quality Group</td>
<td>Provides expert education content and quality assurance at the final stages of the development of education deliverables. Signs off (quality assurance) education deliverables. Reports to the CBFP PMG.</td>
<td>ECQG have finished. Working parties are reporting directly to BOE.</td>
</tr>
<tr>
<td>Working Parties (Working Groups)</td>
<td>Provides expert education content in developing the educational outcomes, delivering specific key education milestones against the schedule timelines of Phase I (Development and Planning) of the Project in accordance with the approved Project Management Plan.</td>
<td>No change. Reports directly to BOE. See Appendix 6 for full list of working parties.</td>
</tr>
</tbody>
</table>
How is the education provider evaluating the adequacy of its resources for training as part of the major change development? What challenges face the education provider in resourcing its education and training activities during the implementation of the program change.

The College is utilising a variety of avenues to evaluate the adequacy of the major change to the training program. These are detailed below:

- In the initial development literature reviews were conducted to assist in the development of the proposal.
- A comprehensive site visit to institutions in Canada and the United Kingdom was conducted to benchmark the College proposal and to engage experts on the developmental pathway of the program guiding the College in the next steps.
- Open discussion or consultation with College Fellows and Trainees, as well as health services and Directors of Training. This included avenues for feedback through documents on websites and at Congress as well as through committee and working party meetings.
- Any resources and documents (policies or regulations) that are developed through working parties are completed in consultation with the relevant bodies such as Trainees or Supervisors/DOTs. The feedback process is used to allow for all relevant views to be covered and included in the development.
- Consultations with health services were held across Australia and New Zealand.
- Feasibility studies on the development of new assessments such as EPA's and WBA's have been conducted to assess the scope and impact of the new assessment.
- Evaluation of the training the trainer workshops for Supervisors and DOT's was conducted to allow for the refinement and further development of adequate resources.

The College faces several challenges in implementing the major change to the training program, these are summarised below:

- Ensuring that the procedures and protocols are implemented effectively across all training sites in Australia and New Zealand.
- Maintaining the training programs relevancy to community and health services.
- Ensuring that the new assessments and procedures are reliable and accurate.
- Diversity of settings and locations.
- Making sure that no Trainee is disadvantaged by the CBFP
- Transitioning Trainees to the new program.
- Developing new procedures and protocols for all Trainers and Supervisors/DOTs.

The College GC and BOE are confident that the arrangements and strategies that have been planned for, or implemented will ensure that these challenges and any others that might arise will be proactively addressed and ameliorated. The College has invested significant resources in ensuring that the CBFP achieves all stated aims and will be implemented in an effective, efficient and equitable manner for all Trainees.
Provide the College's planning document or schedule that identifies the key tasks and developments that need to occur and the timeframe for their achievement.

The Project Management Plan is provided in Appendix 7.

1.3 **Educational Expertise**

<table>
<thead>
<tr>
<th>Accreditation standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.3.1</strong> The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.</td>
</tr>
<tr>
<td><strong>1.3.2</strong> The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.</td>
</tr>
</tbody>
</table>

Describe how the education provider provides/accesses educational expertise for development, management and continuous improvement of its education, training, assessment and continuing professional development activities. What challenges face the education provider in resourcing its program

Fellows and affiliate members with experience in medical education are involved in the development, management and continuous improvement of the College’s training programs and assessments. In addition, the College continues to engage external expertise to advise and assist with educational developments and operational issues. A number of staff with experience in education development, project management, and curriculum design have been employed and this increases the College’s ability to provide specialist skills in this area.

An example of access in educational expertise lies in the external review of the College examinations. In 2008, the College sought external expert advice from Dr Gareth Holsgrove to review and provide advice on areas of improvement for the College examination and assessment processes. Holsgrove’s review and recommendations were then reviewed by Professor Brian Hodges (see Appendix 8) to provide a counterpoint. These reviews provided a basis for the improvement and refinement of the College’s assessments and examinations. The continued engagement of educational experts for examination panels and in review of College policy/procedures is seen as an important strategy in the continuous improvement of the training program and assists in responding to changes that occur regularly within the mental health sector. The College has also sought external expert advice on the Specialist Training Posts (STP) evaluation, accreditation surveys and the development of the CBFP. The College views these interactions and relationships as effective tools for the continued development of educational imperatives and an effective training program.

The College has actively sought out key institutions for assistance in the development of the CBFP. In particular:

- The University of Sydney, Sydney Medical School has been involved in a proposal for a PhD program with the College.
The University of Western Australia Tell Centre has been involved in the train the trainer workshops for DOTs who will be training Supervisors to implement the CBFP.

Feedback and review of key documents from Directors of Training based within the mental health system is consistently sought on all items in the education and training portfolio. The DOT workshop and involvement in the CFT meetings serve as key avenues for the College to gain external review of new policies and regulations for example. In addition, the expertise and knowledge of the DOTs assists the College to progress and effectively develop new material that is grounded in the mental health system.

Throughout the development of the CBFP the College has engaged key Fellows with specific areas of expertise to assist in the development of the program and in the early development work such as literature reviews and proposals. A key element early in the development of the program was a series of consultation visits to key organisations in the United Kingdom and Canada to review and benchmark the College proposal for a competency based program (see Appendix 9). The visit included interviews and workshops at the following:

- University Of Alberta
- University of Toronto
- Royal College of Physicians and Surgeons of Canada
- Royal College of Psychiatrists (UK)

In 2009, Professor Hodges from the University of Toronto was commissioned to review the Colleges proposal and provide advice and direction (see Appendix 10). Workshops were held and relevant literature was reviewed and applied to assist in the development and progression of the Colleges proposal.

Educational expertise has also been sought through the following options:
- Conference/congress attendance and presentations – both internal at the College and at international events see Appendix 11,
- Literature reviews and analysis,
- Workshops and feedback on developmental material,
- Benchmarking and review of other institutions programs such as Royal College of Psychiatrists (UK) and the Canadian Psychiatric Association, and the Royal Canadian College of Physicians and Surgeons.

Outline strengths and challenges as they relate to the program change.

The motivations for developing and implementing a competency based training program are both:
- external, attempting to address workforce shortages and increasing demands in the area of mental health; and
- internal, with broad aims to increase flexibility, decrease the time taken to complete training and improve curriculum alignment, while retaining high standards in accordance with community expectations.

These motivations are further reinforced through Australian Medical Council encouragement to adopt the principles of competency-based education.
A key imperative for the new CBFP Training Program is to improve Trainees’ educational journey by addressing existing problems such as extended time spent in training, curriculum alignment, exam pass rates and variability in training experiences. The CBFP Training Program aims to develop new Fellows that are fully equipped with the appropriate skills to serve the community with the best attainable quality of psychiatric care.

The CBFP provides the College with an opportunity to improve upon the existing training program. GC’s decision in 2008 to adopt a competency-based framework aligns the College with contemporary international best practice in medical education and provides a defensible means for defining the required outcomes of the training program that enable readiness for independent practice.

The primary objective of the CBFP Training Program is that it is informed by a more effective and efficient outcome-oriented framework than is currently in place and which better reflects the College’s commitment to continuous improvement as ‘fitness-for-purpose’ in its educational undertakings. The College deems that postgraduate medical education must prepare specialist psychiatrists to be creative problem solvers and critical thinkers who are capable of innovative practice and are committed to accepted professional and societal standards of patient-centred care. The Fellowship training program is informed by defensible educational approaches that promote self-regulation and responsibility for one’s own professional development across the lifetime of professional practice. The key objectives and benefits of the CBFP are listed in Table 2.

In order to define ‘competence’ to accommodate these principles, a holistic or qualitative approach to competence has been adopted. This holistic approach better reflects the complexity of the contemporary professional practice of specialist psychiatrists rather than a simplistic behavioural approach to competence which is largely concerned with aggregation of objectifiable technicist skills. The move to competency also represents an acknowledgement that the accumulation of time spent in a training environment is not a definitive assurance of competence, and that the substantiated acquisition of capabilities is a more defensible statement of competent practice.
### Table 2: Objectives & Benefits of the CBFP

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Benefits</th>
</tr>
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<tbody>
<tr>
<td>An aligned curriculum developed with learning outcomes, teaching and learning strategies and assessment requirements.</td>
<td>Clarity for education stakeholders regarding the integration between learning content, methods and assessment.</td>
</tr>
<tr>
<td>Integrate the concept of competent performance into the College’s educational philosophy.</td>
<td>The College’s educational philosophy is aligned with international best practice in specialist medical education.</td>
</tr>
<tr>
<td>Competency-based educational framework, developed in line with international specialist medical education best practice.</td>
<td>Educational framework benchmarked against international best practice in specialist medical education.</td>
</tr>
<tr>
<td>Integration of contemporary concepts of best practice in adult education into the training program.</td>
<td>Promotion of the concepts of adult education, lifelong learning and self-reflection in Trainees and in the broader Fellowship.</td>
</tr>
<tr>
<td>Workplace-based assessments align to, and assess, the development of competencies.</td>
<td>Training progression is mapped against a developmental trajectory and competencies are linked to performance as a medical professional.</td>
</tr>
<tr>
<td>Training program that better reflects the complexity of contemporary professional practice of specialist psychiatrists (medical expert; communicator; collaborator; manager; health advocate; scholar and professional).</td>
<td>Holistic approach to competence to help prepare psychiatrists to meet professional and societal expectations in all aspects (not only medical expertise) of psychiatric practice.</td>
</tr>
<tr>
<td>The provision of a broad range of clinical experience during training.</td>
<td>Demonstrable competencies in a range of clinical settings and psychiatric/medical modalities, with a broad patient demographic, recognising the fundamental importance of experiential learning</td>
</tr>
<tr>
<td>Streamlining training requirements to enable timely completion of the training program.</td>
<td>Increased flexibility in training, through opportunities for recognition of prior learning and lateral entry.</td>
</tr>
<tr>
<td>Address issues associated with competing demands for service provision and training requirements for Trainees.</td>
<td>Sustainable workforce planning, emphasising the importance of the workplace in preparing psychiatrists for socially-responsive competent practice.</td>
</tr>
</tbody>
</table>

Transition of current Trainees to the new structure is a key challenge that the College faces. With over 1000 Trainees currently in the program and across a variety of different stages the challenge is to ensure a smooth and effective transition that does not disadvantage any Trainee. Details of the transition are located in Section 3.

Another key challenge is the communication and dissemination of updates on CBFP developments and progression. The College has commenced a comprehensive communication strategy to ensure that all key stakeholders are receiving up to date information. Details of the communication plan are covered in Section 2 and 7. In line with the communication is the link to the health sector and health services. The College also conducted consultation visits at specific sites for health services to meet and discuss issues of relevance to the new program. These are outlined in Section 1.4.
Provide a summary of the collaborative links with other institutions and describe the nature of those links, with an emphasis on any change occurring as part of the program change.

The College has key links to other psychiatric organisations in the UK through the Royal College of Psychiatrists as seen in the collaboration with CPD programs and resources. Connections also exist with the Canadian Psychiatric Association. There are key projects and collaborations with the:

- University of Sydney, Sydney Medical School – Proposed research posts
- Monash University - delivery of Formal Education Courses (FEC)
- The University of Melbourne - delivery of FEC
- The NSW Institute of Psychiatry – delivery of FEC
- In New Zealand the College has key connections with the University of Otago in Dunedin, Christchurch and Wellington - assist in the delivery FEC.
- University of Western Australia – Tell centre and train the trainer resources and workshops.
- University of Auckland – assist in delivery of FEC.

The nature of these links will not change with the introduction of the new program.

1.4 Interaction with the Health Sector

Accreditation standards

1.4.1 The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.

1.4.2 The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

Describe the relationships with national and state/territory health departments and opportunities to discuss expectations of and requirements for education and training. Please describe processes for communicating with these stakeholders about the major program change.

The College has strong relationships with state/territory and federal departments of health in Australia and with the New Zealand Ministry of Health. The College regularly engages in consultation visits with the Departments of Health in Australia. The President and CEO regularly meet with the Commonwealth Minister for Health and Minister for Mental Health and their advisors. The College also conducts similar visits with the New Zealand Ministry of Health and relevant Ministers to progress any key issues pertaining to the NZ and to update on College affairs. Regular meetings with the state/territory Departments of Health are also conducted to ensure that they are kept up to date on College developments and the progression of the CBFP. These often include state/territory Ministers and their health representatives. The Victorian branch of the RANZCP meets regularly with the state/territory department of health and the relevant ministers to update and communicate relevant issues.
The College and the BOE collaborate closely with the RANZCP New Zealand National Committee on a range of issues, specifically in the development of a submission and the provision of expert advice to the New Zealand Ministry of Health during 2009-2010. In early 2011, the College engaged the health services for input into the training submission to Health Workforce New Zealand. The input of the health services has ensured that the College has been able to provide a complete view of training issues and processes.

The processes that exist for communicating with health departments at state/territory and federal/NZ level include:

- Regular email or letters from the Office of the President
- The College website
- Position statements
- Provision of newsletters
- Media releases
- Consultations and teleconferences where needed.

Until the end of 2011 the College received funding from the Department of Health and Ageing (DoHA) for CBFP development. Regular status reports (provided monthly) and communications regarding the program were in place to inform the DoHA of progress and developments. The CBFP Program Manager and Education General Manager had regular communications with DoHA by email and phone. Progress reports were provided to DoHA every six months (see Appendix 12).

**Describe the relationships with community and government agencies and opportunities to discuss expectations of and requirements for education and training. Please describe processes for communicating with these stakeholders about the major program change.**

Input from health services has been proactively sought across a range of developmental activities. To ensure the implications of any proposed changes to College accreditation procedures are adequately addressed, the perspectives of the health services have been considered. For example, a Working Party reviewing the College’s policies and procedures regarding training program accreditation included health services representation in its membership.

Engagement of health services is seen as being integral to the implementation phase of the CBFP and a key tenet of its project management plan and communication strategy. Health services have been represented on the CBFP Project Management Group and have been invited to provide feedback on CBFP documents and implementation plans. The CBFP Project Management Group (PMG) has also worked closely with health services through consultation visits. The Chair of the BOE and senior College staff visited each state/territory in Australia and New Zealand to consult with key health service personnel on the implementation of the program. The College has also provided key stakeholders including health service providers, with key online resources such as documents for feedback, frequently asked questions and options for general feedback on the program. The CBFP website provides online communications and options for health services (and others) to view and provide feedback on the implementation of the CBFP (see [http://cbfp.ranzcp.org/health](http://cbfp.ranzcp.org/health)).
The College views the engagement of the community, community organisations, and health service personnel as key to the implementation and development of the CBFP program. In 2012, the CBFP is a standing item on all BOE committees as well as the Executive Officer Meetings and CEO/General Managers meetings allowing for continuous engagement and communication to occur.

The maintenance and increase of the level of engagement and consultation with the health services sector in College activities is a key activity for the College ensuring the training program meets the needs of the community and the psychiatric workforce. The changing economic climate in NZ particularly is an imperative for the College to consider alternatives in the provision of mental health to ensure that the community’s needs continue to be considered and that the psychiatric workforce is sustainable. The College and the BOE collaborate closely with the RANZCP NZ National Committee on this and a range of issues. A key element of this collaboration was the provision of expert advice to the NZ Ministry of Health during 2009-2010. Further to this, in early 2011 the College engaged the health services for input into the training submission to Health Workforce New Zealand. The input of the health services has ensured that the College has been able to provide a complete view of training issues and processes. The College plans to continue its interactions with the NZ government on issues including the recruitment to and engagement of the NZ health sector to ensure delivery of optimum care in mental health.

An important collaboration with the health services sector is in the Commonwealth funded Specialist Training Program (STP). The College has administered this program since 2010 and the program was extended in 2012. The STP program provides funding for approved training positions in expanded health care settings across Australia. The College administered 110 FTE positions under this program in 2011 and increased the number of positions available to 118 in 2012. In addition, the increase in staff allocated to the STP in 2012 is expected to facilitate interaction and enhance relationships between the College and health services sector, in particular regarding the management of STP posts. The College will continue facilitating the delivery of this funded initiative.

The College’s engagement with the health service providers has markedly increased in recent years with the broad based developmental activities in the education portfolio. Consultation and input into key directions such as in changes to the training program via the CBFP and in changes to the College’s clinical examinations are two key examples of this engagement. The College plans to increase and maintain engagement with the health services through continued consultation meetings and site visits.

Outline any major challenges identified to the introduction of the changed program in the health services, and mechanisms by which the education provider will address these challenges.

The College identified several challenges for the health services including:

- New forms and procedures
- New training model
- New assessments (EPA and WBA)
- Transition of Trainees
- Sharing of Trainee files and documents between health services
• New training schedules

To reduce the impact of the change in training program the College introduced the following:
• Online resources such as webinars, frequently asked questions, documents for comment.
• Presentations at congress and other conferences
• Information sheets
• Consultation visits
• Feasibility studies
• WBAs tools and resources
• DVDs for WBAs
• Handbooks and guidelines
• Learning outcomes and developmental descriptors
• Train the trainer workshops and related resources
• Feedback options and registers to ask any questions

**Appendices Section 1**
Appendix 1: RANZCP Organisational Chart
Appendix 2: RANZCP BOE governance Chart
Appendix 3: Proposed new governance structure
Appendix 4: BOE regulations and by laws
Appendix 5: BOE list of committees
Appendix 6: CBFP working parties
Appendix 7: CBFP Project Management Plan
Appendix 8: External examination review
Appendix 9: CBFP Visit report
Appendix 10: Review of College proposal
Appendix 11: Conference material for 2011
Appendix 12: Example progress report to DoHA Dec 2011
2 Organisational Purpose and Training Program Outcomes

2.1 Organisational purpose

Accreditation standards

2.1.1 The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

2.1.2 In defining its purpose, the education provider has consulted Fellows and Trainees, and relevant groups of interest.

Outline the mission and/or purpose of the organisation and the range of roles it undertakes. Describe any reviews of the purpose which relate to the program change.

The RANZCP is the principal organisation providing accreditation and representation for the medical specialty of psychiatry in Australia and New Zealand. The College is responsible for training, examining and awarding the Fellowship of the College qualification to medical practitioners.

The RANZCP was founded in 1962 when the Australasian Association of Psychiatrists (founded on 9 October 1946) resolved to “take the necessary action forthwith to convert the association into a College”. The Australian and New Zealand College of Psychiatrists was officially incorporated in Sydney on 28 October 1963. The Australasian Association of Psychiatrists was officially dissolved at a special general meeting in Melbourne on 12 April 1964. The first formal meeting of the council of the new College took place in Canberra on 25 October 1964. The meeting coincided with the College’s first annual congress.

The RANZCP was granted the Royal prefix with effect from May 1978. A meeting of the College ratified the inclusion of “Royal” in the College’s name on 7 May 1978. The RANZCP is a company limited by guarantee.

The College vision is as follows:

“A Fellowship of psychiatrists leading the achievement of quality psychiatric care and mental health for our community.”

The new College strategic plan (see Appendix 13) outlines the purpose and vision of the College for 2012-2014. The RANZCP is a collegial community of medical specialists and Trainees committed to:

1. Preparation of medical specialists in the field of psychiatry.
   1.1. Provides the leading role in the training, support and examination of specialist psychiatrists.
   1.2. Actively involved in the assessment, orientation and support of overseas trained psychiatrists.
2. Support and enhancement of clinical practice.
   2.1. Sets and supports standards of psychiatric practice.
   2.2. Supports and provides lifelong learning via formal continuing professional development (CPD) and conference activities.
3. Enhancing the value of College membership
3.1. Provides a broad range of relevant services, support and resources to all College members.

3.2. Responds to members’ needs through new initiatives, advocacy and representation.

4. Influence and leadership across the mental health sector
   4.1. Takes a leading role in the mental health sector and the ongoing development/progression of mental health policy, practice and administration.
   4.2. Provides informed input in workforce development, distribution, role evolution, regulation and accreditation.
   4.3. Publishes leading psychiatric journals.

5. Partnerships and collaboration
   5.1. Collaborates with people with mental illness, their families and carers to maximise opportunities for recovery.

6. Actively forms partnerships and alliances to improve the mental health of our community.
   6.1. Organisational effectiveness and performance
   6.2. Strives to achieve excellence in respect to organisational governance, culture, systems, employment and calibre of staff.

The Colleges’ values are:

- Collaboration with the community to achieve improved health outcomes for those most at risk.
- Improve access to mental health treatment for all members of the community.
- Clinical excellence and evidence-informed practice.
- Organisational integrity excellence and transparency.
- Compassionate and ethical care, behaviour and standards of practice forward thinking and innovation.
- Committed to being a more environmentally responsible organisation.
- Committed to early intervention and recovery.
- Improved health outcomes and access to mental health services for Indigenous populations

Through its various structures, the College:

- Conducts training and examinations for qualification as a consultant psychiatrist;
- Administers the Continuing Professional Development Program (CPD) for practising psychiatrists;
- Holds an annual scientific congress and various sectional conferences throughout the year;
- Publishes journals, statements and other policy documents; and,
- Represents psychiatrists with government, allied professionals and community groups.

The purpose and priorities of the College will not change with the introduction of the CBFP.
Provide your organisation’s definition of the discipline(s) in which it offers training. If this is changing as part of the program change, how has your organisation compared this definition to those used by other local and international authoritative sources? If relevant to the program change, describe how the role of the specialist practitioner in this discipline is developing.

The College only has one discipline and the definition will not be changing as a result of the proposed changes to the training program.

Describe how the education provider is communicating with stakeholders about any change in its purpose and roles (if separate to other communication about the program change).

The BOE has developed a comprehensive communication strategy that incorporates key stakeholders, Trainees, Fellows, DOTs, Supervisors, health services, branch staff, and other relevant bodies.

The strategy involves comprehensive coverage of all CBFP activities and developments. The primary communication tools are the website, the CBFP communiqué, and the consultation visits. The website is updated weekly to include any new material, new documents for review, upcoming events, Frequently Asked Questions (FAQs), newsletters, governance, consultation visits, key dates, forms and any other information. The website is organised into sections for all key stakeholder groups, Trainees, SIMGs, Supervisors, training directors, local training committees, health services/jurisdictions, consumers and carers, sections/faculties/special interest groups, and FEC providers.

A key feature of the website is the feedback form and feedback register. These processes allow stakeholders to provide general feedback or ask questions about the CBFP and to receive a response. Updates regarding queries may appear in the newsletter and then on the website.

A monthly CBFP communiqué (see Appendix 16) is disseminated to all interested parties and placed on the website. The communiqué updates all activities and events for that month and the new information such as FAQs that have been included on the website.

A key component of the communication strategy is the program of consultation visits. The BOE Chair and senior College staff visited all state/territories in Australia and NZ to consult with key personnel and answer any questions. The visits to each location included two sessions. The first session involved Clinical Directors, General Managers, mental health organisations, and Chief Psychiatrists. The second session involved key training representatives such as DOTs, Training Coordinators, Trainees, and others.

The sessions included a presentation and a question and answer session allowing for the health services to understand the implementation and development of the CBFP. In 2012 communication will include presentations and an information booth at congress, visits to branch committees as appropriate will continue, regular communiqués and website updates will continue. CBFP project staff members also attend relevant committee meetings to provide updates and answer any questions.

Key links (all publicly available):

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3 In New Zealand this should be the provider’s gazetted Scope of Practice.
The College also employs several other communication avenues for the CBFP including the annual congress. In 2011, the College conducted several workshops and presentations at the Darwin Congress and plans to conduct similar events in 2012 in Hobart are underway. See the attached presentations in Appendix 11 for examples of these events.

A comprehensive communication plan is underway for 2012 with emails being sent to all key references groups and stakeholders. These emails and website updates involve the dissemination of new events and documents as well as the provision of information of the progress of the program implementation. In addition, the College has a twitter account that is used to send short message and links to new material approved by the CEO and Office of the President.

The College journals also include updates for the College president and CEO regarding key items of information. These journals are available to all College members as well as being online through medical databases and search engines such as Google scholar, Scopus and other academic library resources. The journals are released monthly.

The online Trainee portal also provides a key avenue for the College TRC to communicate with Trainees. This resource is designed for the TRC to communicate with other Trainees and allows for discussion and comment.

The online CPD resources also provide the College with regular communications regarding training and education updates.

The College also communicates with medical graduates through employment seminars and medical road-shows. Key Fellows are made available to talk to potential new Trainees about the new program and answer any questions.

Describe the organisation’s processes for communicating with the community at large.

As above, the communication strategy applies to the broader community as well. The addition of community members on committees in the education portfolio assists in the communication and dissemination of key materials to the community. Furthermore, regular media releases and statements by the College President are regular features of the College. Relationships with a broad range of other organisations and government are developed and maintained in both Australia and New Zealand. Specific sections of the College journals (Australasian Psychiatry and the Australian and New Zealand Journal of Psychiatry) are dedicated to the CEO and College President to allow for the communication of key facets of the College and any news or updates on items relevant for the community. These journals are available through a variety of databases online and through Google scholar.

The College website which is publicly accessible provides a key avenue for communication. The College also collates position statements of items pertaining to health and mental health and makes regular submissions to government projects. To meet its strategic priority of influencing and providing leadership across the mental health sector in Australia and New
Zealand, the RANZCP is proactive in regard to policy issues seen as areas of significance and relevance to psychiatry. To promote the interests of psychiatry, the RANZCP responds to requests for submissions and comment from external organisations to inform and influence mental health policy and service delivery across Australia and New Zealand. Representatives of the RANZCP also present to Inquiries on matters relating to mental health as required.

2.2 Graduate outcomes

<table>
<thead>
<tr>
<th>Accreditation standards</th>
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<tr>
<td>2.2.1 The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners’ role in the delivery of health care. The outcomes are related to community need.</td>
</tr>
<tr>
<td>2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.</td>
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<tr>
<td>2.2.3 The education provider makes information on graduate outcomes publicly available.</td>
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</table>

Provide a statement of the graduate outcomes\(^4\) for the revised training program. Indicate how the education provider has reviewed their appropriateness. How do these differ to the College’s current statements of graduate outcomes? How do they relate to the existing and emergent needs of the society in which graduates will practise and to workforce needs?

The College Regulations for Training for Fellowship cite the key outcomes from the training program as:

“To develop skills to treat mental illness and mental health problems and to decrease the level of distress experienced by people with mental health problems and mental illness, carers and communities, utilising a broad biopsychosociocultural model which acknowledges the diversity of each person’s experience.”

The College places particular emphasis on developing a sensitive awareness of the impact of mental health problems and mental illness on a person’s quality of life and the meaning of recovery for that person, with attention to the specific needs of Aboriginal and Torres Strait Island and Maori people with mental health problems and mental illness. The Royal College of Physicians and Surgeons of Canada CanMEDS Physician Framework\(^5\) has informed the development of the CBFP. The primary contribution from the framework is the College’s adoption of the seven CanMEDS Roles, as Psychiatrist Roles (see Appendix 14 and Appendix 15).

- Medical Expert
- Communicator
- Collaborator

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\(^4\) Section 2.2 of the Accreditation standards discusses the broad responsibilities of the specialist in the health care of the community. In outlining the curriculum, please address both these common components of specialist medical education and training and the discipline-specific component of the training program.

The competencies developed through the RANZCP training program are described as follows:

Medical Expert
As Medical Experts, psychiatrists perform comprehensive, culturally appropriate psychiatric assessments with patients of all ages. Fundamental to the practice of psychiatry is the ability to perform and report thorough mental state examinations, integrating all available information to accurately formulate and diagnose patient conditions, subsequently providing an evidence-based biopsychosociocultural management plan, mindful of the impacts of patients' physical health. Demonstrable skills in psychotherapeutic, pharmacological, biological and sociocultural interventions are requisite. Psychiatrists define and review patient outcomes, revising management as appropriate based on this review. Medical expertise is supported by the application of contemporary research, psychiatric knowledge and treatment guidelines, as well as the application of mental health and related legislation in patient care.

Communicator
As Communicators, psychiatrists communicate effectively with a range of patients, carers, multidisciplinary teams, general practitioners, colleagues and other health professionals, using their interpersonal skills for the improvement of patient outcomes. Communication skills range from the ability to provide clear, accurate, contextually appropriate written communication about patients' conditions, to being able to enter into dialogue about psychiatric issues with the wider community.

Collaborator
As Collaborators, psychiatrists are able to work effectively with other psychiatrists, within multidisciplinary teams and with other health professionals, whilst working within relevant health systems and with government agencies. Psychiatrists are also able to work respectfully with patients, families, carers, carer groups and non-government organisations.

Manager
As Managers, psychiatrists are able to work within clinical governance structures in healthcare settings providing clinical leadership and are able to work within management structures of the healthcare system. The ability to critically review and appraise different health systems and management structures is also requisite. Psychiatrists prioritise and allocate resources efficiently and appropriately with the facility to perform appropriate management and administrative tasks within the healthcare system, applying health and other relevant legislation where appropriate. Psychiatrists also incorporate an awareness and application of Information and Communication Technology (ICT) into their practice.

Health Advocate
As Health Advocates, psychiatrists use their expertise and influence to advocate on behalf of individual patients, their families and carers, as well as more broadly, on an epidemiological level. Psychiatrists lessen the impact of mental illness through their understanding, and application, of the principles of prevention, promotion and early intervention.

Scholar
As Scholars, psychiatrists are committed to lifelong learning and have the ability to critically appraise and apply psychiatric and other health information for the benefit of patients. Psychiatrists are able to transfer information to colleagues, other health professionals, students, patients, families and carers and are able to facilitate the learning of colleagues,
Trainees and other health professionals, contributing to the development of mental health knowledge.

Professional
As professionals, psychiatrists’ commitment to their patients, profession and society is demonstrated through their adherence to ethical conduct and practice, complying with all relevant regulatory requirements, at all times comporting themselves with integrity, honesty, compassion and respect for diversity. Psychiatrists actively engage in reflective practice, giving due consideration to feedback received from others. Psychiatrists are expected to contribute to the profession beyond their commitment to patient care, whilst remaining mindful of the necessity to maintain a responsible equilibrium between personal and professional priorities in the pursuit of sustainable practice and wellbeing.

The CBFP is outlined in full in Section 3 and in Table 3. The Fellowship competencies are also outlined in Appendix 14 and Appendix 15.

Table 3: Fellowship competencies

<table>
<thead>
<tr>
<th>Medical Expert</th>
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<tbody>
<tr>
<td>1. Conduct a comprehensive, culturally appropriate psychiatric assessment with patients of all ages</td>
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<tr>
<td>2. Demonstrate the ability to perform and report a comprehensive mental state examination, which includes cognitive assessment</td>
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<td>3. Demonstrate the ability to integrate available information in order to formulate the patient’s condition and make a diagnosis according to ICD or DSM</td>
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<td>4. Develop, negotiate, implement and evaluate outcomes of a comprehensive evidence based biopsychosociocultural management plan (appropriately revise)</td>
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<tr>
<td>5. Demonstrate skills in psychotherapeutic, pharmacological, biological and sociocultural interventions to treat patients with complex mental health problems</td>
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<tr>
<td>6. Demonstrate the ability to integrate and appropriately manage the patient’s physical health with the assessment and management of their mental health problems</td>
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<tr>
<td>7. Demonstrate the ability to critically appraise and apply contemporary research, psychiatric knowledge and treatment guidelines to enhance patient outcomes</td>
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<td>8. Demonstrate the ability to appropriately apply mental health and related legislation in patient care</td>
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<thead>
<tr>
<th>Communicator</th>
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<tbody>
<tr>
<td>1. Demonstrate the ability to communicate effectively with a range of patients, carers, multidisciplinary teams, general practitioners, colleagues and other health professionals</td>
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<tr>
<td>2. Demonstrate the ability to provide clear, accurate, contextually appropriate written communication about the patient’s condition</td>
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<thead>
<tr>
<th>Collaborator</th>
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<tbody>
<tr>
<td>1. Demonstrate the ability to work respectfully with patients, families, carers, carer groups and non-government organisations</td>
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<tr>
<td>2. Demonstrate the ability to use interpersonal skills to improve patient outcomes</td>
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<tr>
<td>3. Demonstrate the ability to work effectively with other psychiatrists, within multidisciplinary teams and with other health professionals</td>
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<tr>
<td>4. Demonstrate the ability to work within relevant health systems and with government agencies</td>
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<tr>
<th>Manager</th>
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<tbody>
<tr>
<td>1. Demonstrate the ability to work within clinical governance structures in health care settings</td>
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<tr>
<td>2. Demonstrate the ability to provide clinical leadership within management structures within the health care system</td>
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<tr>
<td>3. Demonstrate awareness of the importance of review of and critical appraisal of different health systems and governance/management structures</td>
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<tr>
<td>4. Demonstrate the ability to prioritise and allocate resources efficiently and appropriately</td>
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<tr>
<td>5. Demonstrate the ability to perform appropriate management and administrative tasks within the health care system</td>
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</table>
How does this differ from the current program?

The current Fellowship training program is structured as a time-based apprenticeship model, consisting of a minimum of three years of basic training, followed by an additional two years of advanced training. Based on a broad biopsychosociocultural model that aims to assert the individuality of patients and their circumstances, basic training entails the acquisition of knowledge and skills in phenomenology, interviewing, clinical assessment and the principals of management planning in the first year and in clinical management and teamwork over the remaining two years. Formal examinations are conducted as a component of basic training and include two case history submissions, a two part written examination and two-component clinical examination. Advanced training is split into either Generalist Stream (GSAT) or Approved Program (APAT) advanced training, or a combination of both of these. The Generalist Stream involves 12 months of general adult psychiatry practice coupled with a further 12 months in either one or more of the seven sub-specialist advanced training areas or in clinically relevant research. The process of training is described in the regulations in Appendix 17 and Appendix 18.

The primary differences between the current training program and the CBFP lie in the focus of the program, as detailed in Section 4. Primarily, the CBFP is focused on competencies rather than a time based apprenticeship model. The CBFP and assessments are mapped to the development of specific competencies and an outcome orientated framework. The competency based framework is designed to build on the continuous quality improvement activities that the College has undergone in recent years. The CBFP will map and blueprint the syllabus for each stage and assessments to the Competencies and provide distinct learning outcomes and developmental descriptors (see Section 3) for each stage. It marks a distinct shift from the current training program which is based on a broad biopsychosociocultural model and a time-based apprenticeship model. The objectives and benefits of the new program are outlined in Table 2, Section 3.
How do they relate to the existing and emergent needs of the society in which graduates will practise and to workforce needs?

The CBFP was introduced to ensure that best practice in the areas of psychiatry were being met and to assist in addressing workforce shortages and to meet increasing demands in the area of mental health. The CBFP will provide best practice in high quality education and training for Trainee psychiatrists. The project has broad aims to increase flexibility, improve the progression through training and align Trainee experience to specific outcomes based on actual practice and workforce distribution, while retaining high standards in accordance with community expectations.

The motivations for developing and implementing a competency based training program are both external, attempting to address workforce shortages and increasing demands in the area of mental health, and internal with broad aims to increase flexibility, decrease the time taken to complete training and improve examination pass rates through a better aligned curriculum. These motivations are further reinforced through Australian Medical Council encouragement to adopt the principles of competency-based education. The objectives of the new program need to be met whilst retaining high standards of training in accordance with community expectations.

The CBFP provides the College with an opportunity to improve upon the existing training program. The decision to introduce a competency-based framework aligns the College with contemporary international best practice in medical education, enhancing the outcomes of the training program and assisting Trainees’ readiness for independent practice as a psychiatrist. A key imperative for the redeveloped program is to improve Trainees’ educational journey by addressing existing problems such as extended time spent in training, curriculum alignment, examination pass rates and variability in training experiences. The new program aims to ensure our new Fellows are fully equipped with the appropriate skills to serve the community with the best attainable quality of psychiatric care. Further detail on the CBFP is found in Section 3.

Appendices – Section 2

Appendix 13: RANZCP 2012-2014 strategic plan
Appendix 14: RANZCP CBFP Fellowship Competencies
Appendix 15: CBFP Overview
Appendix 16: CBFP communiqué
Appendix 17: Current training regulations - Basic
Appendix 18: Current training regulations - Advanced
Appendix 19: Original CBFP proposal
3 The Curriculum for the Education and Training Program

3.1 Curriculum framework, structure, composition and duration

Accreditation standards

3.1.1 For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

3.2.2 Successful completion of the training program must be certified by a diploma or other formal award.

A concise description of the program structure and duration including, if relevant, individual program components and core and elective components. The response should address:

- a summary of the changes planned and the rationale
- requirements for training in specific institutions/environments/disciplines
- how the plans for change in the program respond to developments in health care such as new service delivery or care models.

The CBFP is principally concerned with the redevelopment of the College’s existing five-year Fellowship training program underpinned by international best practice benchmarks in specialist medical education. The CBFP is informed by a more effective and efficient outcome-oriented framework than is currently the case, which reflects the College’s commitment to continuous improvement in its educational undertakings. For Fellowship of the RANZCP, Trainees are required to complete 60 months of accredited training in approved training programs. The CBFP Training Program will consist of three stages: basic, proficient and advanced levels, referred to as stage 1, stage 2 and stage 3. Within the three stages training rotations will occur in 6 months FTE duration, enabling clinical competence and educational experiences to be obtained in a number of mandatory and elective areas of psychiatric practice, as summarised diagrammatically in Figure 4 and Figure 5.
Trainees will acquire competency in multiple areas of practice, but also have the opportunity to further develop competencies in single areas of practice to achieve an advanced certificate in addition to Fellowship. Supervision of Trainees will continue to be formalised and supported through workplace-based assessment (WBA), to take place during existing protected supervision hours. See Appendix 14 and Appendix 15 for details on the competencies and a summary of the CBFP.

Progression between the training stages is dependent on the attainment of competent performance across all the roles (medical expert, communicator, collaborator, manager, health advocate, scholar, professional – see Section 2) of the curriculum framework, in addition to the successful completion of all summative assessment requirements. A series of longitudinal requirements are also to be achieved concurrently across the training program.
Stage 1 of Training (Basic)
Stage 1 of training requires the completion of 12 months of General Psychiatry, 6 months of which must be in an acute setting. Stage 1 allows Trainees to develop competent performance to a basic standard across all the roles with patients who have a range of psychiatric disorders.

During Stage 1, Trainees must achieve four Entrustable Professional Activities (EPAs), listed below and in more detail in Section 5 - Figure 7.

- Active participation in a team meeting
- Initiating antipsychotic medication with a patient with schizophrenia
- Diagnostic explanation to a family about a young adult’s illness
- Completing a discharge summary/patient transfer
For progression to Stage 2 training, attainment of the requisite competencies (evidenced by the Supervisor’s report as a part of the In-Training Assessment Report) is required.

Supervision of Trainees in Stage 1 will comprise a minimum of 4 hours per week for 40 weeks of training during which time structured formative WBAs will be completed. In the allocated supervision time, 2 hours per week will be spent outside of ward rounds and case review, with a minimum of 1 hour allocated to individual supervision of clinical work. WBA will occur during this allocated supervision time, as a means of supporting the supervision and feedback given to Trainees. Generally, the WBA will take place during the individual supervision sessions. Although WBAs are formative the program requires the mandatory completion of a minimum number of three per EPA.

Stage 2 of Training (Proficient)
Stage 2 requires the completion of an additional 24 months FTE of training. Trainees will be required to complete two mandatory Areas of Practice; 6 months of Consultation–Liaison Psychiatry and 6 months of Child and Adolescent Psychiatry. Progression is once again determined by the Supervisor entrustment of activities which involves the completion of two EPAs per rotation. For the remaining 12 months, the Trainee will develop competence in a minimum of two additional areas of practice. Addiction Psychiatry and Psychiatry of Old Age are not mandatory rotations but they have mandatory EPAs which Trainees must complete regardless of whether they undertake a rotation in the area. Additionally five mandatory EPAs must be achieved by the end of 36 months, see below:

- competent performance in the delivery of electroconvulsive therapy (ECT).
- application and use of the Mental Health Act.
- safe and effective use of clozapine.
- comprehensive risk assessment.
- cultural competence.

This can be demonstrated during in-training assessment and supervision.

Progression to Stage 3 training will be contingent on Trainees demonstrating the requisite competencies to a proficient standard and completing the prescribed EPAs (evidenced in the Supervisor’s report and the In-Training Assessment Record).

Stage 3 of Training (Advanced)
Stage 3 requires the completion of a total of 24 months FTE of training. Trainees will acquire advanced competencies in either a single area or multiple areas of practice. Stage 3 provides Trainees with the opportunity to consolidate their abilities as they draw closer to Fellowship, with particular emphasis on the manager, health advocate, scholar and professional roles.

Trainees may opt to pursue advanced CanMEDS competencies in a single area of practice to be able to undertake certificate training in one of the following:

- Addiction Psychiatry.
- Adult Psychiatry.
- Child & Adolescent Psychiatry.
- Consultation–Liaison Psychiatry.
- Forensic Psychiatry.
- Psychotherapies.
• Psychiatry of Old Age.

The BOE may also accredit other areas of advanced certificate training in the future. Alternatively, Trainees will be able to undertake general psychiatry training in a range of College recognised Areas of Practice to pursue advanced competencies. There is a mandatory requirement for the successful completion of a prescribed minimum number of EPAs by the end of Stage 3 training. Trainees who wish to undertake research or specialised administrative/managerial training for 12 months of Stage 3 training must be able to demonstrate that they have maintained clinical competence.

In general, supervision of Trainees in Stages 2 and 3 will comprise a minimum of 4 hours per week for 40 weeks of training annually. Of this total supervision time, 1 hour per week will be allocated to individual supervision of clinical work. WBAs will occur during this allocated supervision time as a means of supporting the supervision and feedback given to Trainees. Supervision arrangements for Trainees in a research or non-clinical position could differ from this requirement, depending upon the specifics of the training post.

**Longitudinal Requirements**

The development of competent performance in the psychotherapies will occur during Stages 2 and 3. This will be facilitated by the completion of one long psychotherapy intervention (approximately 1 year or 40 sessions) and a minimum of four briefer interventions. The four briefer interventions are likely to include structured therapy (e.g., CBT), Family therapy, Group therapy, supportive therapy, psychological intervention in crisis. The psychotherapies must be supported by regular supervision. It is recommended that the long case is completed by the end of Stage 2. Continuity of patient care is incorporated into the Fellowship competencies and learning outcomes as signed off on the ITA.

All Trainees are required to be proficient in treating high-prevalence disorders by the end of training. It is highly recommended, but not mandatory, that throughout training, Trainees spend the equivalent of one supervised session per week in an ambulatory care setting assessing and treating patients with high-prevalence disorders as an appropriate means of meeting this requirement.

Trainees must also complete a Scholarly Project, more on this item is available in Section 3.3.

**College Recognised Areas of Practice**

The BOE determines areas of practice in which competencies may be acquired. To date the following areas of practice have been identified:

- Addiction
- Adult
- Child & Adolescent
- Consultation–Liaison
- Forensic
- Indigenous Australian/Maori
- Psychiatry of Old Age
- Psychotherapies
- Research/Academic
- Rural

The following areas are under consideration:

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6 The working group will finalise the development of the four brief interventions through mid 2012.
The College will also consider other areas of practice in the future.

**Fellowship**

Attainment of Fellowship is contingent on acquiring advanced competencies, the completion of the prescribed EPAs and all longitudinal and examination requirements. Furthermore, the CBFP is structured to ensure that, Fellowship of the RANZCP remains a generalist certification.

**Program Objectives**

The motivations for developing and implementing a competency based training program are both:

- external, attempting to address workforce shortages and increasing demands in the area of mental health, and
- internal with broad aims to increase flexibility, decrease the time taken to complete training and improve curriculum alignment, while retaining high standards in accordance with community expectations.

These motivations are further reinforced through Australian Medical Council encouragement to adopt the principles of competency-based education.

A key imperative for the new CBFP is to improve Trainees’ educational journey by addressing existing problems such as extended time spent in training, curriculum alignment, exam pass rates and variability in training experiences, as well as providing an opportunity to introduce supporting measures for the formalizing of supervision. The CBFP Training Program needs to ensure new Fellows are fully equipped with the appropriate skills to serve the community with the best attainable quality of psychiatric care.

The CBFP provides the College with an opportunity to improve upon the existing training program. GC’s decision in 2008 to adopt a competency-based framework aligns the College with contemporary international best practice in medical education and provides a defensible means for defining the required outcomes of the training program that enable readiness for independent practice.

The primary objective of the CBFP is that it is informed by a more effective and efficient outcome-oriented framework than is currently in place and which better reflects the College’s commitment to continuous improvement as ‘fitness-for-purpose’ in its educational undertakings. The College deems that postgraduate medical education must prepare psychiatrists to be creative problem solvers and critical thinkers who are capable of innovative practice and are committed to accepted professional and societal standards of patient-centred care. The Fellowship training program is informed by defensible educational approaches that promote self-regulation and responsibility for one’s own professional development across the lifetime of professional practice. The key objectives and benefits of the CBFP are listed in Table 2.

In order to define ‘competence’ to accommodate these principles, a holistic or qualitative approach to competence has been adopted. This holistic approach better reflects the complexity of the contemporary professional practice of psychiatrists rather than a simplistic behavioural approach to competence which is largely concerned with aggregation of objectifiable technicist skills. The move to competency also represents an acknowledgement that the accumulation of time spent in a training environment is not a definitive assurance of
competence, and that the substantiated acquisition of capabilities is a more defensible statement of competent practice.

The requirements for the training in specific institutions/environments/disciplines have been reviewed by the Accreditation Working Party and will be progressed by the Accreditation sub-committee when it commences in 2012. The current guidelines and proforma for establishing and maintaining approved training programs including the accreditation of formal education courses and clinical settings will be amended to reflect the updated standards and requirements when they are approved in 2012. The following are available:

- Guidelines for Establishing Viable Training Programs
- Guide to Accreditation of Advanced Training Posts
- Submission for the Accreditation of Formal Education Courses (template)
- Accreditation Proforma Formal Education Courses (criteria)
- Standard Operating Procedure for CFT Accreditation Visits to Training Programs

In addition, the College has developed guidelines and related documents for the Accreditation of Training Programs to assist DOTs in developing and maintaining training programs in specific environments.

The changes to the RANZCP training program are based on needs of health care and were developed in collaboration with the federal government and funding bodies. The development of the CBFP occurred through funding provided by the Department of Health and Ageing (DoHA). The program was designed in direct response to the needs of the community, and the health care systems in both Australia and New Zealand. Furthermore, the program was also developed in response to workforce needs. The College will continue to work with Health Workforce New Zealand (HWNZ) and Health Workforce Australia (HWA) to ensure that all needs are being met.

**Briefly outline how your planned educational and training requirements have been compared to those of other organisations that provide training in these disciplines.**

The initial development of the program involved a formal submission to the department of Health and Ageing for funding in 2008. In this process the College consulted a broad group of experts from across the College Fellowship to develop the concept. This involved the development of a formal proposal that included literature reviews of key areas of medical education such as curriculum development, styles of learning, competency based programs, and research into training models and best practice. The proposal is attached in Appendix 19.

As outlined in Section 1, College staff and Senior College Fellows visited key programs in the United Kingdom and Canada to view and discuss key aspects of existing competency based programs and analyse the most appropriate methods to assist in the continuing development and implementation of the CBFP. The visit included interviews, workshops and the collation of relevant literature on new assessments such as EPAs (e.g., ten Cate body of work) and WBAs (already applied in other programs) allowed the College to view competency based frameworks in practice. A copy of the report is attached in Appendix 9.

Ongoing communication and observation of developments in other competency based programs is conducted to ensure that new and updated developments are reviewed. This occurs through the literature scans of medical education literature as well as reviews of documents placed on other College websites. Any developments, for example literature on EPAs/WBAs are incorporated in the ongoing continuous quality improvement of the College training program and assessments.
Please address the following issues relating to the common roles of medical specialists:

- how the training program addresses the knowledge, skills and professional qualities necessary for graduates to fill the broad responsibilities of specialists in the community
- how the training program addresses: the issues associated with the understanding of the Australian health system and, if relevant, the New Zealand health care system; and the delivery of safe, high quality and cost effective health care within these health systems.
- how the training program includes the key competencies of the MCNZ’s *Domains of Competence*\(^7\) or another internationally recognised framework.\(^8\)

Throughout the development of the CBFP the College referred to the clinical contexts of training to grow the curriculum framework and the reform process. This was completed to align the development of the program with the needs of the community and the mental health sector. These factors include but were not limited to:

- a chronic shortage of medical specialists;
- a shifting political climate which demands evidence-based practice in the training of medical specialists in that competence is demonstrated;
- a growing emphasis on cultural competence in specialist medical education;
- shifting demographic demands – significantly, an aging population which in coming years will require greater resource allocation and focus on the disorders of aging (dementia, life-span);
- workforce planning issues;
- the need for the development of comprehensive and well defined quality assurance processes to ensure that standards are met throughout training and that they are maintained throughout one’s professional life;
- consideration of the learning environment, noting the variability in the training environments and the balance between training requirements and service demands;
- the role of supervision and its central role in all aspects of specialist education including curriculum development and the learning environment;
- the requirement for infrastructure support to effectively implement best practice standards in the area of outcomes-based education frameworks;
- a shift in educational thinking and generational change within the profession of psychiatry itself.

Following significant research into curricula and medical training worldwide (see Appendix 9) the College decided to utilise the widely accepted and peer reviewed CanMEDS framework. This framework encompasses 7 key domains that have been adapted to fit the discipline of psychiatry. Section 2 of this report describes the framework and the descriptions of the competencies as they apply to the training program. The CanMEDS framework has been

\(^7\) MCNZ’s *Domains of Competence* are: Medical care, Communication, Collaboration, Management, Scholarship and Professionalism. See the MCNZ’s publication Good Medical Practice.

\(^8\) For training programs in New Zealand refer to the Medical Council’s additional criteria around cultural competence for this standard. [www.mcnz.org.nz/education/tabid/58/Default.aspx](http://www.mcnz.org.nz/education/tabid/58/Default.aspx)
used to develop learning outcomes and developmental descriptors (see Appendix 20 and Appendix 21) that Trainees must cover throughout the training program and to continue into professional practice. This framework is being blueprinted against the assessments and rotations to produce an outcome based program focused on producing Fellows that have developed skills and knowledge mapped around the key competencies of:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional
- Cultural competence (MCNZ)\(^9\)

The program was developed in consultation with the Australian and New Zealand Health care systems. The involvement of health service providers in both Australia and New Zealand allowed the development of the program to be grounded in the key issues surrounding both health care systems. For example, input from health services was proactively sought across a range of developmental activities. The BOE has endorsed that the perspectives of the health services are considered, to ensure the implications of any proposed changes to College accreditation procedures were adequately addressed. For example, a Working Party reviewing the College’s policies and procedures regarding training program accreditation has included health services representation in its membership.

Engagement of health services was seen as being integral to the implementation phase of the CBFP and a key tenet of its project management plan and communication strategy. Health service representatives have been represented on the CBFP PMG and were invited to provide feedback on CBFP documents and implementation plans. The CBFP PMG also worked closely with health services through consultation visits. In 2010-2011 the Chair of the BOE and senior College staff visited each state/territory in Australia and New Zealand to consult with key health service personnel on the implementation of the program.

Key Fellows bring their working knowledge of both public and private health care systems when working on College activities allowing for the development of the CBFP to be grounded within the health care system in both countries throughout the development and implementation phase. Furthermore, the training program is actively delivered by DOTs and DOATs who are directly employed by health services and not the College. This allows for an impartial view on the development of the program to emerge providing a key avenue of feedback and for the CBFP to be developed in context.

The College and the Board of Education collaborate closely with the RANZCP NZ National Committee on a range of issues, specifically in the development of a submission and the provision of expert advice to the NZ Ministry of Health during 2009-2010. In early 2011, the College engaged the health services for input into the training submission regarding Health Workforce New Zealand. The input of the health services has ensured that the College has been able to provide a complete view of training issues and processes.

The health services have also been included in consultations on the roll out of local College clinical examinations. For example, the decentralisation of the Observed Clinical Interview, while beneficial from both Trainee and health service perspectives, requires engagement and support from the health services. The engagement of local health representatives as

\(^9\) The College applied the CanMEDS framework and the MCNZ competence of cultural competence.
Local Exam Secretary (LES) and Local Hospital Coordinator (LHC) for local/multiple OCIs has assisted in the delivery of clinical exams across both Australia and New Zealand, in 2012.

**MCNZ 3.1 Additional Criteria: Cultural Competence**

The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of Trainees. The MCNZ has defined cultural competence as follows: “Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this.” The full Statement on Cultural Competence can be found at [http://www.mcnz.org.nz/portals/0/guidance/cultural%20competence.pdf](http://www.mcnz.org.nz/portals/0/guidance/cultural%20competence.pdf)

Related Statements and resources available on the MCNZ’s website include:

- “Statement on best practices when providing care to Maori patients and their whanau”
- “Best health outcomes for Maori: Practice implications”
- “Best health outcomes for Pacific Peoples: Practice implications”
- Chapters 4, 5, 6 & 7 of Coles Medical Practice in New Zealand (2011 ed)

Examples of components which would contribute to meeting this requirement include but are not limited to:

- development of a cultural competence Resource kit for Trainees and Fellows
- establishment of links with Maori and Pacifica medical organisations
- formal representation of particular groups in the governance structure
- obtaining and acting on specialist advice relating to education provision of support for particular cultural groups
- development of tools to assess cultural competence
- nominating workshops/courses that contribute to cultural competence as part of CPD activities
- embedding assessment of cultural competence across aspects of the training programme

The College has established two committees, Te Kaunihera (New Zealand) and the Aboriginal and Torres Strait Islander Mental Health Committee to represent the relevant indigenous groups in Australia and New Zealand. These committees fall under the Board of Practice and Partnerships. These committees provide the College with direct links to community groups and allow for the groups to be formally represented within the College governance structure. Specialist advice relating to education provision and support is sought through these committees. Where needed the College also sources advice on education provision directly through DOTs and Fellows who are collaborating with indigenous organisations across Australia and New Zealand.

Reporting directly to the Board of Practice and Partnerships, the Aboriginal and Torres Strait Islander Mental Health Committee is an active working arm of the Board. The Committee includes 3 community members to assist in representing the indigenous groups and issues.

The Committee’s overarching functions are to:
- Assist with the development of policy and provide advice in the area of the College relationship with Aboriginal and Torres Strait Islander community groups.
- Determine the principles and priorities in promoting Aboriginal and Torres Strait Islander mental health within College activities including training, research and professional development, including development of cultural competencies.
- Promote the views and aspirations of Aboriginal and Torres Strait Islander peoples and assist the College in advocating with and on behalf of these groups to promote mental health to the community and to reduce the impact of mental illness.
- Support Aboriginal & Torres Strait Islander psychiatric Trainees as well as non Indigenous psychiatry Trainees who have an interest in Aboriginal and Torres Strait Islander mental health.
- Provide leadership, support, direction and advice to other College committees that support and strengthen Indigenous developments.

In New Zealand, Te Kaunihera is the College committee responsible for Maori groups. The Te Kaunihera Committee reports directly to the Board of Practice and Partnerships and is an active working arm of the Board. Te Kaunihera includes four community members that represent the Maori groups and relevant issues. The Committee’s overarching functions are to:

- Develop policy and provide advice in the area of the College relationship with New Zealand Maori community groups.
- Determine the principles and priorities in promoting Maori mental health within College activities including training, research and professional development, including development of cultural competencies.
- Promote the views and aspirations of New Zealand Maori and assist the College to promote mental health to the community and to reduce the impact of mental illness.
- Support prospective New Zealand Maori Psychiatry Registrars, current Maori Registrars and Fellows by providing, in partnership with other organizations, a regular recruitment and retention Psychiatry Wananga (traditional learning retreat).
- Provide leadership, support, direction and advice, as appropriate, to other College committees that support and strengthen indigenous developments.

The College views cultural competence as an important part of a Trainee psychiatrist and practicing psychiatrist’s skill set. Over and above attaining the entrustment of the mandatory cultural competence EPA, the College will offer Trainees the option of completing and elective training experience with Aboriginal and Torres Strait Islander or Maori populations. This training experience is designed to provide Trainees with an understanding of the mental health issues facing Aboriginal and Torres Strait Islander or Maori populations. Specifically the training experience is will enable the Trainees to:

- Demonstrate knowledge and understanding of the epidemiology of mental health problems facing indigenous people in Australia or New Zealand
- Conduct an assessment and provide treatment of an indigenous person and their family
- Utilise and adapt the available mental health resources for the assessment and treatment of indigenous peoples
• Liaise with appropriate local indigenous mental health and health workers to facilitate treatment for indigenous people with mental health problems as close to their families as possible
• Demonstrate an awareness of and sensitivity to the mental health issues relating to persons of Aboriginal and Torres Strait Island origin or persons of Maori origin, as appropriate.

3.2 Sub-specialties and joint training programs

If the education provider encompasses sub-specialties or similar categories, please provide an outline of these programs. For any programs developed since the last AMC accreditation, indicate how the need for these and the structure of the program was determined.

For any programs offered jointly with another organisation, please provide a brief outline of the structure of training.

The College currently provides advanced certificates in:

• Addiction Psychiatry.
• Adult Psychiatry.
• Child & Adolescent Psychiatry.
• Consultation–Liaison Psychiatry.
• Forensic Psychiatry.
• Psychotherapies.
• Psychiatry of Old Age.

In the CBFP, Trainees may opt to pursue advanced competencies in a single area of practice in order to achieve an advanced certificate. Other areas of advanced certificate training may be accredited by the BOE in the future.

The College is currently progressing the development of the advanced certificates for implementation. These are being developed by the SAT’s in conjunction with the College, the outcomes and implementation of the CBFP will be used to guide the development of the certificates in line the with CanMEDS competencies. Details of the current advanced certificates regulations and course content are outlined in Appendix 18. An example of an advanced certificate is provided in Appendix 22.

The College offers a Dual Fellowship Training Program (DFTP) with the Royal Australasian College of Physicians (RACP). DFTP is a unique opportunity to specialise simultaneously and gain Fellowship in Child and Adolescent Psychiatry and Paediatrics in a minimum of seven years Full Time Equivalent (FTE). Entry into the DFTP can be via two pathways:

• Pathway A (Paediatrics - Psychiatry)
• Pathway B (Psychiatry - Paediatrics).

Before applying to join the DFTP and to undertake Pathway A, Trainees must register for the RANZCP training program and gain an appropriate training position. Pre-requisites for application to the DFTP are completion of three years basic physician training in Paediatrics and the FRACP Examination in Paediatrics. Before applying to join the DFTP and to undertake Pathway B, Trainees must obtain a suitable paediatric registrar post and register as a Trainee of the RACP training program. Pre-requisites for application to the DFTP are completion of four years training in Psychiatry (including two years advanced training in child...
and adolescent psychiatry) and successful completion of the RANZCP Written and Clinical Examinations. This program will continue in the new CBFP structure.

3.3 Research in the training program

<table>
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<th>Accreditation standards</th>
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<tr>
<td><strong>3.3.1</strong> The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the Trainee to participate in research.</td>
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<tr>
<td><strong>3.3.2</strong> The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.</td>
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Describe any formal learning opportunities in the revised program about research methodology, critical appraisal of literature, scientific data, and/or evidence-based practice. Indicate which are new and which are existing opportunities.

Current training program

Within the current basic training program, the content of the Formal Education Courses (FECs) include a research methodology component. The NSW Institute of Psychiatry, for example, provides the FEC for most NSW Trainees and provides Trainees an opportunity to obtain a Master’s degree when the coursework is supplemented by some research. The Victorian FEC programs conducted through Monash University and the University of Melbourne provide avenues to complete an elective course focusing on skills in research. FEC courses also provide seminars/workshops on research related aspects such as literature reviews, critical appraisal, and scientific data. In addition, academic posts are available through the STP program. Advanced Trainees may pursue an academic track through funded research posts. These avenues will continue in the new program.

The College has instigated the New Investigators grant to assist in stimulating Trainees or Fellows with research interests to pursue a research track. Trainees and Fellows are also encouraged to participate in research activities through the annual RANZCP Congress. Several awards and prizes are available to Trainees and Fellows as incentives for research in psychiatry and these are presented at the College Annual Congress. Research options are also available through the CPD program. Diplomas, Masters and PhD courses are also actively encouraged.

Proposed new program

The application of sound research methodology to clinical decisions is an essential aspect of psychiatry. The development of specific skills in research methodology is seen as a key step in formulating a solid foundation for Trainees, affiliate members, and Fellows as practising psychiatrists. The College is in the process of developing an academic pathway for Trainees through:

- The Scholarly Project within the CBFP program (detailed below)
- Through strengthening links with universities to offer joint research/training posts.
- Academic/research posts available through the STP

In the proposed new program the College will further develop the proposed collaboration with the University of Sydney, Sydney Medical School on a joint PhD research/College training post. Should this model prove successful, similar opportunities will be sought with other Australian Universities. Further meetings will progress this item in 2012 and a formal
A proposal is being developed by the University of Sydney. Developments within the CBFP will provide increased opportunities for an academic track through the introduction of core competencies defined as “Contribute to the development of knowledge in the areas of mental health”. Further, research is currently encouraged via some STP posts based at university locations (as well as Link 59 Clinical Research) and will be further encouraged via the CBFP’s introduction of a Scholarly Project.

**Scholarly Project**

In the new program, Trainees will be required to complete a Scholarly Project to attain Fellowship. The Scholarly Project will be between 3000-5000 words addressing the key learning goals and can be submitted at any stage of the training. The Scholarly Project has been designed to help Trainees meet the Fellowship competencies, particularly in the (CanMEDS) role of Scholar. The Scholarly Project will contribute to the Trainee’s ability to achieve the Scholar learning outcomes including:

- critically evaluate academic material (Stage 1)
- demonstrate knowledge of research methodologies (Stage 2)
- generate research of peer-review quality (Stage 3).

The specific learning goals of the Scholarly Project are the ability to:

i. Conduct a critical appraisal of the literature base in an area of knowledge pertaining to psychiatry or mental health in its broader sense.

ii. Formulate a scholarly question(s) or hypothesis(es) based on i.

iii. Complete a project to address the question(s) or test the hypothesis(es) described in ii above.

iv. Present the results of iii and discuss in regards to i, including a critical review of project methodology.

The Trainee’s Scholarly Project will be assessed according to their ability to address the learning goals i–iv above.

Completing a successful Scholarly Project will require not only research-related knowledge but also effective project planning. Trainees will be required to plan ahead as early in training as possible considering the time it will take them to complete their Scholarly Project and the availability of their proposed Supervisor. Trainees are encouraged to select a Scholarly Project topic based on their own research interests. There may be research opportunities within particular training rotations but the choice of research subject will lie with the Trainee.

Five different options for completing their Scholarly Project are available:

i. A quality assurance project or clinical audit.

ii. A systematic and critical literature review.

iii. Original and empirical research (qualitative or quantitative).

iv. A case series.

v. A doctoral thesis, research Masters or Honours thesis in a field relevant to psychiatry or mental health; accepted publication in a recognised peer-reviewed English-language journal relevant to psychiatry or mental health; or equivalent other project as approved by the Scholarly Project Subcommittee.

All forms of Scholarly Project will be assessed by the Scholarly Project Sub-committee of the CFE according to the same criteria. Trainees who have completed a doctoral thesis, research Masters or Honours thesis in a field relevant to psychiatry or mental health or have a publication accepted by a recognised peer-reviewed English-language journal relevant to
psychiatry or mental health may apply for exemption from the Scholarly Project. Projects will be considered for exemption in the form in which they were accepted for degree or publication. The regulations and procedures for the Scholarly Project are outlined in Appendix 23 and the marking criteria are outlined in Appendix 24.

**Detail the opportunities in the revised program for Trainees to enter research training during their specialist training program. Indicate which are new and which existing opportunities are.**

The College is also actively promoting an academic/research track through the Specialist Training Program (STP). The STP provides a number of funded positions with research opportunities available at different universities/research institutions across the country. These positions provide Trainees with an option to engage in an academic position. The number of positions in 2012 has expanded and has opened further opportunities for Trainees to engage in academic and research training.

### 3.4 Flexible training

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<th>Accreditation standards</th>
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<tr>
<td>3.4.1 The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.</td>
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<tr>
<td>3.4.2 There are opportunities for Trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give Trainees appropriate credit towards the requirements of the training program.</td>
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**Please describe the implications of the changed program for the progression of Trainees who have already commenced training.**

The major modifications to the training requirements and summative assessments associated with changing from the current Fellowship Training Program to the CBFP are summarised in Appendix 25. This outlines in specific detail how and when Trainees will be transitioned from the current training program to the CBFP.

In commencing the new CBFP Training Program, from January 2013 (December 2012 in NZ), arrangements will be required for managing Trainees enrolled in the current Training Program. It has been determined that it will not be feasible for the College to operate two separate Training Programs and run two sets of examinations at two levels for an extended period of time; therefore a transitional period, is planned over two years (2014-2015) where all Trainees will be migrated to the CBFP.

The principle of no disadvantage will be paramount in utilizing RPL to facilitate the transition of existing Trainees into the CBFP Training Program. Therefore to ensure transparency of this process and adherence to the no disadvantage principle, a conversion table has been developed to define transitional arrangements. These can be found in Appendix 26.
Provide an update on the working party formed to develop guidelines for recognition of prior learning and to define the conversion arrangements for current Trainees transitioning to the CBFP.

As detailed above, the working party developing RPL and transition guidelines has provided detailed plans that have been approved by the BOE. The Transition and RPL documents approved by BOE are located in Appendix 25 and Appendix 26. As the program is implemented the arrangements for transition and RPL will be reviewed to ensure that the no disadvantage rule is upheld.

**Indicate if revised program will change opportunities for flexible training.**

The College has a substantial commitment to the provision of flexible training pathways for all Trainees. These will continue when the new program in introduced. There are current provisions for Trainees to train part time and to take breaks in training, enabling Trainees the flexibility to accommodate their personal and other needs in association with the completion of their RANZCP training program.

The College currently has special provision in place for Advanced Trainees (stage 3 in the CBFP) to continue training part-time. Part time training can be completed with a minimum time commitment of 0.3 FTE. The College also encourages Trainees to job-share where this is practicable. This will continue in the CBFP.

A recent analysis of Trainee progress in the current training program indicates that nearly half of the respondent Trainees took the option of part time training or a break in training at some stage during their pathway to Fellowship. The current options for flexible training will not change in the new program. Trainees in stage 3 will be able to train part time at a minimum of 0.3 FTE.

**Append the RPL policy and other policy relating to flexible training and provide access to application forms.**

The following documents are attached relating to Transition and RPL:

- Transition - Appendix 25
- RPL - Appendix 26
3.5 The continuum of learning

Accreditation standards

3.5.1 The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

Describe any actions to articulate the revised training program with preceding and subsequent stages of medical training, including continuing professional development.

The CBFP was designed to integrate the principles of lifelong learning by aligning elements of training provided to medical students and medical graduates into the Fellowship training program. To ensure a smooth transition from medical student to medical graduate to specialist medical training the College has consulted widely with key stakeholders throughout the development of the CBFP. The integration of key elements of training from undergraduate to prevocational to Fellowship and CPD provides a continuum of learning that will provide a suitably qualified practicing psychiatrist.

The College also attends medical conferences and events to provide promotional material detailing the new program and what current medical students will be required to complete when they begin their Fellowship. Key Fellows attend events and provide presentations and are available for students and others to discuss the merits and details of the new program. Samples of promotional material are provided in Appendix 27. In addition, scholarships for medical students to attend congress are being established for 2012.

In terms of continuing professional development the College has just approved that the CPD be mapped to the CBFP competencies, further detail is provided in Section 9.

Appendices – Stage 3

Appendix 20: Learning outcomes
Appendix 21: Developmental descriptors
Appendix 22: CBFP advanced certificate regulations example
Appendix 23: Scholarly Project regulations
Appendix 24: Scholarly Project marking criteria
Appendix 25: Transition plan and documents
Appendix 26: Recognition of prior learning
Appendix 27: RANZCP promotional material
Appendix 28a: The syllabus for learning for Stage 1 of the CBFP,
Appendix 28b: Stage 1 Curriculum map and blueprint
Appendix 28c: Draft Stage 2 syllabus
Appendix 29: The information to be provided to Trainees on the CBFP (the training program handbook).
Appendix 30: WBA materials and examples

Other Appendices referred to in Section 3

A detailed schedule for development of CBFP training program:
See CBFP Project Management Plan Appendix 7
The syllabus for learning for Stage 1 of the CBFP and if available, the syllabus for Stage 2
The Stage 1 syllabus and curriculum map are provided in Appendix 28. The Draft Stage 2
syllabus (unapproved) is provided in Appendix 28c. The Stage 3 syllabus will be blueprinted
in late May to inform the stage 3 syllabus working group.

The information to be provided to Trainees on the CBFP (the training program handbook).
The Trainee handbook is being updated from current program to include new assessments
and processes, the draft version of which will available for the August site visit. Currently the
Trainee handbooks are collated by branches as they relate specifically to the branch
processes. The College is progressing the development of a comprehensive Trainee
handbook. An example of a current Trainee handbook is in Appendix 29. Promotional
material to new Trainees is provided in Appendix 27 and 2011 Congress material (Appendix
11, 2012 Congress material not available at the time of writing).

The policy and procedures for any research project or research requirement.
See Appendix 23 and Appendix 24.

The recognition of prior learning policy.
See Appendix 26.
4 The Teaching and Learning Methods

4.1 Teaching and learning methods

Accreditation standards

4.1.1 The training is practice-based involving the Trainees’ personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.

4.1.2 The training program includes appropriately integrated practical and theoretical instruction.

4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

Describe the teaching and learning methods that will be used in the revised program, highlighting changes from the current program, including:

- mandatory skills courses
- educational activities and educational material including distance education programs that the education provider provides

The revised curriculum has been driven by a philosophical belief that effective medical education and training should be closely aligned to the performance of professional competencies within real time in-vivo practice environments. Trainees must interact, learn and perform their role as medical experts and practitioners and also be able to demonstrate their competency in a number of everyday practice activities. The implementation of WBA assessments and EPAs will ensure that the locus of assessment of progress towards proficient levels of performance is situated within authentic practice.

The College is committed to an enhanced apprenticeship model; Trainees learn through observation, formal coaching, reflection and performing clinical tasks. They are subsequently assessed performing these tasks while involved in direct patient care. Trainees interact with the health services, administration and the full scope of the health network, and in doing so; gain valuable experiences. These allow them to successfully apply their knowledge and skills within the context of the wider socio-political environment of medicine.

In addition to the experiential learning facilitated by the training program, Trainees are formally mentored and supervised by expert clinicians. Significant investment has been made by the College to support and further educate Supervisors to ensure that the highest possible training outcomes can be achieved.

Under the CBFP training program, Trainees will also be required to undertake formal education activities in addition to their clinical training. This approach will facilitate the development of a breadth and depth of knowledge, skill and competencies, while also promoting academic discourse with peers and colleagues in small group settings. It is the stated aim of the BOE to develop tailor-made training that is applicable for Trainees.

During the development of the CBFP, the BOE has not reduced the amount of training time required of Trainees. Trainees must still complete 60 months FTE clinical training to be
eligible for Fellowship as the College recognises that in addition to achieving a range of competencies, that the tacit knowledge required of a proficient psychiatrist is only achieved over time.

Some of the key qualities and underpinnings of the CBFP include:

- A developmental approach to learning: The focus in Stages 1 and 2 will be on basic knowledge and skills, progressing to more advanced competencies in Stage 3 (advanced training)
- Formative assessment through WBAs that constitute learning and teaching in authentic clinical environments
- In addition to a competency-based programme, a time-based programme exists of 60 months to enable Trainees to gain tacit knowledge of the speciality which is only possible through constant exposure to professional practice
- Assessment by the achievement of defined EPAs (that is, assessment of the incorporation of knowledge, skills and attitudes of a core clinical activity within the expected scope of practice of a psychiatrist.)
- Supervised clinical practice; a developmental trajectory of professional performance is encouraged through appropriate targeted supervision. It is expected that coaching and more directive instruction at the start of training will characterise the Supervisor-supervisee relationship. It is anticipated that the active, directive role of the Supervisor in the learning environment in the early stages of supervision will change to a mentoring, peer and monitoring collegial relationship in the latter part of training with a more distant supervision approach. Role modelling is an important aspect of supervision that occurs throughout training and Trainees are encouraged to reflect on the nature of supervision and how they respond to feedback.
- The processes of reflective and experiential learning as specific approaches have been incorporated into the CBFP
- The continuum of learning through the link to a competency based CPD program

Please describe any requirement for completion of university or other formal courses. In relation to the Formal Education Courses, please provide information on how the College intends to address the issue of minimising differences between FECs within the context of the development and implementation of the CBFP. Please provide an update on how the College is reviewing FEC accreditation requirements under the CBFP to encompass the Stage 1 (and Stage 2) syllabi.

Formal Education Courses (FECs) have been a component of the FRANZCP training program for many years. The College believes that these courses provide Trainees with opportunities for learning, and provide additional educational opportunities unavailable in their normal training environment.

This ‘rounding-out’ of the training is considered to be an important aspect in the creation of competent, knowledgeable and skilled future consultants. The BOE has however, heard the feedback from Trainees and the AMC in previous reports that there may be an issue of equity regarding access to these courses. The development of stage appropriate syllabi has documented knowledge areas and the depth to which Trainees should go into in each area. These syllabi will assist in evaluating FECs. As indicated in the most recent AMC report for the current training program, the BOE has commenced a blueprinting and review process regarding the current FEC structure. The blueprinting process is mapping the syllabus to Fellowship competencies and learning outcomes for each stage of the training program.
Suggested learning and teaching outcomes are also being identified. These blueprints will inform the development of clear guidelines for standardising FEC content while understanding that the mode of delivery will vary across jurisdictions. The CFT has undertaken to review FECs informed by the CBFP blueprint.

Understandably, this review has been somewhat delayed as the focus of the BOE in recent times has been on completing that CBFP curriculum, policies, regulations, and transition arrangements.

The BOE wishes to assure the AMC that the concerns raised previously regarding the FECs is shared and will result in changes to the current arrangements. This being said, the BOE remains committed to the notion of enhancing the local contextualised training experienced by Trainees in their clinical work places. FECs provide a valuable opportunity for a broader exposure to theories, knowledge, and skills that might otherwise be unavailable to Trainees. This enhancement of training ensures not only that individual Trainees become better consultants, but also ensures that there is a range of skills and knowledge dispersed across the profession.

**Describe informal arrangements for the provision of training by external organisations and any implications of the CBFP for these arrangements.**

The Formal Education Courses (FECs) are constructed around a College provided syllabus. Each FEC provider then collates material related to the course and often involves external consultant psychiatrists that have specific skills in an area to deliver key lecture material rather than external organisations. However, the University of Melbourne and Monash University in Victoria and the NSW Institute of Psychiatry deliver FEC programs in NSW and Victoria. In New Zealand, Christchurch Trainees may complete a week long exams refresher course provided by the University of Otago. This is paid for as a training expense by their employer.
5 Assessment of Learning

5.1 Assessment approach

<table>
<thead>
<tr>
<th>Accreditation standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1 The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.</td>
</tr>
<tr>
<td>5.1.2 The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.</td>
</tr>
<tr>
<td>5.1.3 The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for Trainees with a disability.</td>
</tr>
</tbody>
</table>

Outline the proposed assessment policy in as much detail as possible, indicating what is new and what builds on the College’s existing policy and process.

The current assessment policy includes the completion of in training assessment including two case histories (first Presentation and Psychotherapies case) a written examination and a clinical examination. The College has undergone some significant changes and refinement of the assessment processes in recent years, following external reviews of the examinations by Dr Gareth Holsgrove and Professor Brian Hodges. The process of continuous quality review and refinement for the written and clinical examinations has seen improvements in the quality and reliability of these assessments. In 2012 the clinical examination will be separated into two components with the OCI/MOCI and OSCE/MOSCE being treated as separate assessments. The College is confident that this initiative will allow Trainees greater flexibility while incorporating the notion of competency progression methodology into clinical assessment and facilitating smooth progression to workplace based assessments (WBA). The CBFP assessment policy will build upon the existing framework of assessments with some changes and new additions, the focus of which will be on formative WBA ‘for learning’ with the objective of enhancing feedback and driving improved training outcomes in addition to the summative EPAs. The assessment policy is summarised in Figure 6 in Section 3 and is described in more detail in the following Section.

A range of formative and summative assessments, mapped into the competency-based curriculum are fundamental components of the CBFP.

Summative assessments

The CBFP summative assessment regime has been determined with due consideration for the following:

- Curriculum alignment; ensuring that the content, teaching and assessment of training is blueprinted and aligned
- ‘Fitness for purpose’; ensuring that the assessment methods chosen are capable of assessing the competencies, knowledge and abilities required for Fellowship of the College
- Timing of assessments; ensuring that summative assessment occurs at appropriate points on the training pathway
- Timely progression and patient safety; ensuring that the assessment program is capable of distinguishing those Trainees ready to progress whilst assisting those
unable to perform at the required standard to achieve the required competencies prior to them undertaking more advanced practice
- Length of training; the assessment program has been determined based on a 60 month training program
- Fellowship; when considering the assessment pathway the CBFP has been emphatic about the College’s position regarding Fellowship of the RANZCP being a general psychiatry qualification.

The components of the CBFP summative assessment program are mapped to the training program in Figure 6.

The current examination regime has been retained in the CBFP, however, some structural modifications and changes in the level of knowledge or performance expected will be implemented in order to respond to the change in the timing of these assessments. For example: In the current Fellowship Training Program the Observed Clinical Interview (OCI) and the Objective Structured Clinical Examination (OSCE) are held at the end of Basic Training and set at the standard of a Trainee entering Advanced Training. Whereas in the CBFP the OCI and OSCE exams will be held during Stage 3 and set at the standard of a Junior Consultant.

WE – Written Examination; OCI – Observed Clinical Interview; OSCE – Objective Structured Clinical Examination

*Figure 6: Summative Assessment Program mapped against Training Program stages*
Table 4: Summative Assessment Summary

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Key elements</th>
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</thead>
</table>
| Written Examination                                                      | Trainee eligibility after acquiring Stage 1 competencies to a proficient standard, and satisfactory in-training assessments.  
 Set to standard of junior consultant (application of knowledge).  

Observed Clinical Interview (OCI)                                         | Trainee eligibility in Stage 3 on successful completion of the Written Examination.  
 Two OCIs from three attempts within a 6 month period of Stage 3 training.  
 Junior consultant standard.  
 Locally run, with trained local examiners.  

Objective Structured Clinical Examination (OSCE)                          | Trainee eligibility in Stage 3 on successful completion of the Written Examination.  
 12 stations, assessment of generalist skills.  
 Junior consultant standard.  

Psychotherapy Long Case                                                   | Write up/formulation of long case submitted.  
 Structured case-based discussion.  

Scholarly Project                                                         | Successful completion of a Scholarly Project during the 60 months of training.  

Supervisor in-training assessments (Fellowship Competencies) supported by Workplace Based Assessments (WBAs) | Demonstrate competence to a basic standard at end of Stage 1 for progression to Stage 2.  
 Demonstrate competence to a proficient standard at end of Stage 2 for progression to Stage 3.  
 Demonstrate competence to an advanced standard for completion of Stage 3.  

Entrustable professional activities (EPAs) supported by WBAs              | Successful completion during Stage 1 and 2 for progression to the next stage of training.  
 Successful completion during Stage 3 for completion of Stage 3.  

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**Written Examination (Stage 2/Stage 3)**
The Written Examination will test the application of knowledge at the level expected of a Junior Consultant. As such, Trainees will be required to undertake the examination at any time after stage 1 but before registering for the advanced certificates. The Written Examination may be attempted after a Trainee has demonstrated to their Supervisor/DOT.
that they have acquired Stage 1 competencies as demonstrated by satisfactory In Training Assessments (ITAs) and completed stage 1 EPAs. It is expected that Trainees have attained a proficient level of knowledge and competency before attempting the written exam. The written exam must be passed before the clinical exams can be attempted.

**Observed Clinical Interview (Stage 3)**
Trainees are required to pass two OCIs from three attempts; Trainees are limited to three attempts per defined 6 month period during Stage 3. The OCI will be run locally whenever possible and will be structured with a greater degree of flexibility than is currently possible. These changes have been implemented to ensure that the OCIs more closely replicate authentic practice, as well as to increase testing time to improve the reliability of the examination in line with advice from educational experts consulted by the RANZCP. The increase in the reliability of the OCI assessment will allow for the OCI and OSCE to be completed as separate assessments. Locally run OCIs have been implemented in 2012, any feedback or changes from these examinations will be included in the CBFP assessments beginning in 2013.

The OCIs can be attempted in Stage 3, once the Written Examination is successfully completed. The OCI standard is set at the level of Junior Consultant with Trainees examined by trained local examiners.

**Objective Structured Clinical Examination (Stage 3)**
Trainees will be eligible to sit the OSCE on completion of the Written Examination. The timing of the OSCE will be approximately halfway through Stage 3 training (end of 4th year). The OSCE will comprise 12 stations (10 active and 2 bye stations); this will include 8 stations of shorter length than was previously the case, and 2 'long' stations of a similar length to the pre 2012 OSCE format. This change is in response to expert advice, that the increase in the number of OSCE stations will increase the psychometric reliability and validity of the exam. The long stations allow a more in depth testing of an area of knowledge.

The OSCE is one of the final broad assessments of the core general psychiatry competencies required for a graduating psychiatrist, and consequently the required standard is set at Junior Consultant level.

**Psychotherapy Long Case (longitudinal)**
The function of the Case Histories assessments in the current Fellowship Training Program, namely written skills and clinical reasoning, will be adequately addressed under new CBFP requirements, such as the Scholarly Project and Case-based Discussion (CbD – a Workplace-Based Assessment). The First Presentation case is to be discontinued, with the substance of the assessment incorporated into a CbD.

The psychotherapies case is to be reformatted as an experiential requirement; this revision stipulates that a patient must be seen for an extended period of at least one year, or 40 sessions. The assessment of this requirement will entail the submission of a written report and a subsequent structured CbD. Recognising that Trainees will be required to demonstrate their competence in psychotherapies in clinical settings in addition to a written report a working party is currently undertaking a review of psychotherapies training and assessment.

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10 See Appendix 8 examination review and point 11 for Holsgrove’s rationale for increasing OSCE stations.
Scholarly Project (longitudinal)

Trainees will be required to submit a Scholarly Project at some stage during the 60 months of training. The project is to be completed concurrently during the normal training program. It is premised on the following principles:

- Specialists need to take a leadership role in research and evaluation of their practice
- The practical experience of scholarship and research is a fundamental part of postgraduate training
- Critique and assimilation of scientific evidence are a vital part of professional practice
- Psychiatrists need to demonstrate a minimal level of skill in scholarship prior to entering independent practice – anticipating that these skills will grow and develop throughout their professional lives.

The specific learning goals include the abilities to:

- Conduct a critical appraisal of the literature base
- Formulate a scholarly question(s) then complete a project to address the question(s) or test the hypotheses
- Present and discuss the findings.

To this end, the Scholarly Project may take the form of one of the following:

- A quality assurance project or clinical audit
- A systematic and critical literature review
- Original and empirical research – quantitative or qualitative
- Research higher degree
- Accepted original research publication or literature reviews in a peer-reviewed journal relevant to the discipline of psychiatry or mental health; or equivalent other project as determined by the committee.

Entrustable Professional Activities (Stages 1, 2 & 3)

EPAs are activities identified as core to the profession and are specific clinical tasks associated with particular areas of practice. Typically they are professional activities undertaken regularly in everyday practice. EPAs inherently involve a summative decision on a Trainee’s ability to complete a defined professional activity independently. A professional activity is acquired or entrusted once a Supervisor deems that a Trainee is competent to undertake the task unsupervised or supervised at a distance. The Supervisor exercises their expert judgment in determining if the Trainee can be entrusted with a particular activity, informed by observation and completion of a minimum of three WBAs associated with the EPA. By ‘entrusting’ a Trainee with an activity, the Supervisor is acknowledging a standard of competence and demonstrating their trust in the ability and competence of the Trainee.

The constitutive elements of the EPAs cover a number of competencies (Learning Outcomes) across the seven Psychiatrist (CanMEDS) Roles (see Section 4.1). These activities can be mapped against competency-based curricula. Therefore, EPAs can be used to infer that the Trainee has met the Learning Outcomes covered by the curriculum to the appropriate standard through satisfactory performance (i.e. the Trainee is able to perform the task independently).

Across the Training Program, the EPAs will together constitute the breadth of professional practice expected of Fellows. Each EPA will require multiple domains of competence.
appropriate for the expected level of performance of Trainees as they progress through the levels of training from Basic to Advanced. Generally, two EPAs are allocated for every 6 month area of practice. In addition to the EPAs associated with specific areas of practice within the Trainee’s rotation, a number of generic EPAs will be required (e.g., Mental Health Act, clozapine, ECT, risk assessment, leadership and management). The proposed EPAs for Stage 1 of the Training Program are shown in Figure 7.

Supervisor (in-training) Assessment (Stages 1, 2 & 3)
The Supervisor assessment at the end of every training rotation provides final affirmation that the Trainee has sufficiently attained all Learning Outcomes and educational requirements associated with the identified area of practice. Supervisors are able to cite attainment of EPAs and outcomes of all WBAs undertaken as evidence of meeting Learning Outcomes in the Supervisor assessment.

Formative assessments
Formative assessment is assessment for learning; that is, the assessment identifies strengths in the Trainee’s performance and highlights areas for improvement. From this information, the Trainee, in conjunction with their Supervisor, is able to refine their learning plan to improve performance. Feedback is a vital aspect of Adult Learning, as it informs the Trainee’s future learning pathway, formative WBA will provide training Supervisors with a

Figure 7: Stage 1 EPAs

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing a discharge summary and transfer of care</td>
<td>Succinct and concise summary of the clinical admission and course with clear follow up plans. Trainee will also complete patient transfer summary.</td>
</tr>
<tr>
<td>Initiating antipsychotic medication in a patient with schizophrenia</td>
<td>Discussion of the clinical presentation of the patient requirement for medication, choice medication (risk/benefits/costs/availability, informed consent, documentation, communication to patient, carers and families, communication to MDT, review plan.</td>
</tr>
<tr>
<td>Active participation in regular team meetings</td>
<td>Clear and concise communication to other members of the team, keeping to time frames, understand and apply lines of responsibility, managing divergent views and possible conflict, clarify management goals for each patient discussed and allocate tasks to appropriate team members.</td>
</tr>
<tr>
<td>Diagnostic explanation to a family about a young adult’s illness</td>
<td>Transfer of knowledge about the young adult’s illness in everyday terms. Ability to form a therapeutic relationship with the young adult and their family, responding empathically to concerns. Appraise any additional information raised. Awareness of confidentiality issues and any legislation that may impact on the management plan.</td>
</tr>
</tbody>
</table>
template for providing meaningful feedback and Trainees with valuable insight into their training pathway.

**Workplace-Based Assessments (WBAs)**

WBA measures what doctors actually do in practice; evaluating a range of competencies that a Trainee uses during day-to-day encounters with patients. The RANZCP WBA tools allow formative evaluation of Trainees within training. The primary purpose of the WBA tools is to promote learning by providing structured feedback on performance within an authentic workplace context. The value of WBA tools for Trainees lies in the opportunity they provide for immediate structured feedback on their performance, supporting and enhancing learning. Convincing evidence supports the notion that systematic feedback through WBA can change clinical performance. These tools will be particularly valuable when supervising Trainees who are experiencing difficulties.

WBAs will generally take place during protected supervision time, although it is not expected the assessments will take place during all supervision sessions. WBAs are formative assessments intended to guide Trainees' development through the provision of timely and specific feedback, informing the collaboration with Supervisors to identify an appropriate learning plan.

**Mandatory WBAs**

It is intended that a minimum of three mandatory WBAs will be completed to inform Supervisor judgments associated with an EPA. Any of the WBA tools might be utilised for this purpose, the selection of which will be based on a collaborative decision between Trainee and Supervisor. The mandatory WBAs will inform Supervisor decisions regarding EPAs and identify issues regarding competency development, allowing for remedial measures to be implemented.

**Elective WBAs**

Given the value of WBAs in providing authentic feedback of performance, Trainees and Supervisors will be advised to undertake as many WBAs as possible in any given training rotation. Undertaking a WBA will involve a collaborative decision between Supervisor and Trainee in relation to Learning Outcomes and specific learning goals. The choice of WBA tool and focus of the assessment will be determined by the Supervisor and/or Trainee. The CBFP protocols for the WBA tools provide examples of the range of clinical activities that might be targeted by different assessment tools.

Through blueprinting, WBAs will be aligned with both EPAs and other summative assessments, and will therefore benefit Trainee preparation for these examinations (e.g., OCI during Stage 3).

The WBA tools that will be available in the CBFP Training Program are described in the following sections, and WBA assessment templates are provided in Appendix 30.

**Case-based Discussion (CbD)**

CbD is a structured interview designed to explore professional judgment in clinical cases selected and presented by the Trainee. The CbD is conducted in the workplace, during a meeting between a Supervisor and Trainee.

**Mini-Clinical Evaluation Exercise (mini-CEX)**

The mini-CEX is a brief (15 minute) snapshot of doctor–patient interaction, a Supervisor observing the Trainee undertakes an assessment utilising a set template, and provides feedback about performance. Over the course of training, the mini-CEX is repeated in multiple settings, looking at various clinical skills with different observers/assessors.
Observed Clinical Activity (OCA)
Similar in structure to the summative OCI, the Observed Clinical Activity (OCA) formative assessment requires Trainees to be observed for the duration of a full clinical encounter; Trainees will then be marked on a series of competencies and provided with immediate feedback.

Professional Presentation
The Professional Presentation tool evaluates a Trainee during a professional presentation to varying audiences and provides feedback to the Trainee about their performance, for example grand round presentations and journal clubs.

Describe the new assessment methods that have been introduced as a part of the CBFP developments, and any pilots of them and comment on their success.

There are a number of new assessments in the CBFP and these include:

- EPA. These are outlined in Section 3 and in the preceding sub-section.
- WBA. These are outlined in Section 3 and in the preceding sub-section.
- Scholarly Project. This assessment is outlined in Section 3.

As outlined in the Submission for Stage 1 Assessment for Accreditation, the College is conducting a feasibility study regarding the new WBAs. It is anticipated that this project will report on findings by the middle of the year and be available for the AMC accreditation team to review both findings of the feasibility study and any subsequent changes or modifications proposed by the BOE at the August accreditation site visit.

Indicate how and when information about the assessment requirements for the revised program is being communicated to Trainees.

The College has a broad communication plan that is outlined in Section 2, Section 7, and Appendix 31. The communication plan outlines the development of the new assessments such as EPAs and WBAs. Key elements of this communication included:

- Consultation visits have been held in a variety of locations allowing for CBFP materials to be disseminated and discussed. See Appendix 32 for details
- At Congress in 2011 and in 2012 a number of presentations and workshops were/will be held to update Trainees, Supervisors and others on the new program and the assessments
- Documents describing the new assessments have been placed on the College website and on the CBFP website. Updates on feasibility studies have also been placed on the CBFP website
- Newsletters such as Psych –e and the CBFP communiqué have been used to disseminate updates regarding new assessments
- Email updates have been used to provide updates on CBFP developments
- TRC representatives sit on all College committees as voting members or observers and are able to communicate updates and inclusions on CBFP developments through the TRC website own website.
5.2 Feedback and performance

Accreditation standards

5.2.1 The education provider has processes for early identification of Trainees who are under performing and for determining programs of remedial work for them.

5.2.2 The education provider facilitates regular feedback to Trainees on performance to guide learning.

5.2.3 The education provider provides feedback to Supervisors of training on Trainee performance, where appropriate.

Describe the mechanisms for early identification of Trainees who are under performing and for the management of underperformance. Outline any changes for the revised program.

The College uses remediation as a means of identifying poorly performing Trainees. This process occurs through the four major assessment pieces. Remediation occurs when a Trainee has failed two successive examinations or case histories.

A number of remediation procedures have been implemented including the establishment of procedures within local committees (BTCs) to provide support for poorly performing Trainees. Feedback on the Remediation Regulations have also been sought to clarify and improve these processes. The College is currently investigating the different ‘types’ of remediation, i.e. rotational, written examination, case histories and clinical examination. A number of changes have been made to provide DOTs with more control over the remediation of their Trainees. These changes include revised guidelines and procedures to assist both the Trainee and Supervisor/DOT. Further details are located in Appendix 33.

The CFT maintains that remediation is an effective tool for improving Trainees’ performance in the workplace or in assessments. Furthermore, the CFT and the College support the recommendation that remediation programs need to be individualised to increase their effectiveness. The Remediation policy and guidelines are currently being updated. Feedback on remediation will be sought from key stakeholders to assess effectiveness of these changes. A discussion paper analysing the effect of remediation on subsequent assessment attempts is under preparation. These processes will not change for the implementation of the new program.

The College is developing failure to progress pathways to identify Trainees that are underperforming. In Training Assessments (ITAs) and WBAs will be used to identify Trainees at risk. This policy will be completed in mid 2012.
Describe the mechanisms for providing feedback to Trainees on the outcome of assessments including oral and written feedback, and who has responsibility for providing this feedback. Outline any changes being made as a result of the CBFP developments.

Within the Written Examination the Trainees are initially provided with pass or fail feedback via an online portal. Subsequently, Trainees are provided with a detailed letter that documents their performance in the examination including their results in the four separate components of the examination and their performance in each diagnostic category (e.g., anxiety disorders). See Appendix 34 for an example of a feedback letter. Fail candidates are provided with charts depicting how they performed in relation to the examination average. Candidates who have failed twice in succession will complete remediation and receive further feedback from a Supervisor. In the new program this process will not change.

For the case histories, Candidates also receive a pass/fail grade which is provided online, followed by a more detailed feedback letter. In the event that a case is failed, the candidate is informed about which criteria led to the fail mark and may also receive a brief account of the strengths and weaknesses of the case. This process will continue for the Psychotherapies case, the first case presentation is not continuing in the new program. A copy of the feedback letter is in Appendix 35.

In case of the Scholarly Project, Trainees will receive the result initially online and then a feedback letter in the following weeks. The feedback letter will include comments from the examiner including general comments, areas that require attention and further development, and areas to consider for publication (see Appendix 24).

In the Clinical Examinations (OCI and OSCE) Trainees also receive their results online, i.e., pass and fail, again followed up by a more detailed letter outlining how they performed. For the OSCE, candidates receive detailed feedback on each station and how they performed against the cohort average and cut score. Information on performance relating to the clinical or aspects of clinical assessment and management (e.g., approach, history taking is also provided. For the OCI, candidates receive some general written feedback from the examiners, their competency rating in each domain, and some specific feedback on their performance in key areas relevant to each marking domain. If a candidate is required to complete remediation further feedback on their performance is conducted by their Supervisor. This will not change for the implementation for the new program. A copy of the feedback letters are in Appendix 36 and Appendix 37.

List the reasons a Trainee would be dismissed from the program and the processes for dismissal. Indicate any changes resulting from the CBFP developments.

There will be no change to the current regulations for dismissal in the CBFP (see Appendix 38 for details). Reasons for exclusion or removal from training include:

- Non-payment of College fees – if a Trainee has not paid their College fees then they could be excluded until this is rectified
- Breach of the code of ethics or conduct – if a Trainee breaches the code of conduct then they may be excluded from the College
- Serious concerns regarding the failure to meet adequate standards in training
- Medical board deregistration or conditional registration
- Termination of employment.

The process for dismissal first involves the identification of an issue by the Supervisor or Director of Training. A formal request is then sent to the College and considered by CFT and
is then followed up by FAC and the BOE. Trainees are able to appeal the decision. Full
details are outlined in Appendix 38.

The College is currently developing the Failure to Progress policy and guidelines which will
outline the response to underperforming Trainees who are not progressing in the new
program. The timeline for development of this policy is mid 2012.

5.3 Assessment quality

<table>
<thead>
<tr>
<th>Accreditation standard</th>
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<tbody>
<tr>
<td>5.3.1 The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on Trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.</td>
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Describe how the education provider has analysed its assessment processes and how it has used the findings from its analysis to improve assessment methods for the revised program.

Following the educational reviews, the College has been developing analytical processes to
inform changes to improve reliability in an ongoing manner. For the Written Examination the
College applies a set of protocols to establish a passmark and the reliability of each
examination (see Figure 8). The current processes will be transferred to the CBFP. The
quality assurance and reliability processes start with the question development where new
questions are peer reviewed by CFE members of the Written Assessment Subcommittee and
appropriate content experts for accuracy, applicability and acceptable question structure. Questions that meet quality and content criteria are then mapped to the current assessment blueprint. The Chair/s of the Written Subcommittee select questions for each exam according to the assessment blueprint. Subsequently, the entire examination paper is reviewed and approved by the whole Written Subcommittee. The final step is for the pass mark and standard setting process to occur. According to advice from Dr Holsgrove, the Written Subcommittee of the CFE allocates the questions for review to small groups of CFE members. The members of these groups first rank the questions individually according to their relevance and difficulty, and then the group reaches consensus through discussion. The CFE applies a modified Ebel method to provide a borderline passmark for each item. These pass marks are collated to provide an overall pass mark for each individual component and the overall examination. One or more other groups of reviewers chosen from the general College membership, and usually distributed around Australia, then repeat the process in a method called satellite Ebeling. This wider review is conducted to enhance the accuracy of the Ebeling process.
Figure 8: Written examination—Question/exam development and analysis processes
After the examination is completed the reliability of the results and the question performance are assessed to provide an accurate measure of internal consistency. Any question that is answered incorrectly by a significant proportion of the cohort is reviewed for accuracy of content, publication errors (e.g. incorrect answer given to Pearson Assessment Corporation), or question structure that may have caused problems (e.g. ambiguity). A question that fails this quality assurance process will be excluded from the examination. The CFE then apply the Evans method\textsuperscript{11} to account for differences in the total scores available for different components and provide a more reliable and accurate overall result. At a later date following the examination, the College and the CFE analyse the results, the standard setting and question performance. Any questions that are deemed to have not performed well statistically are reviewed and removed from the question bank or rewritten. The results from this analysis assist with item selection and question writing for subsequent examinations. This methodology ensures that the College is providing a reliable examination and allows for a process of constant quality improvement.

From the beginning of 2010 all Written and Clinical Examinations are mapped and blueprinted against the curriculum statements and desired outcomes. The written examination blueprinting is published on the College website. The College is in the process of completing the same for the CBFP. This will enable the assessments to be mapped against the competencies and the learning outcomes.

An external review of the College examinations was conducted by an expert in the field, Dr Gareth Holsgrove in 2008 and the recommendations reviewed by the Board of Education and Committees. A second external expert, Professor Brian Hodges, provided a subsequent review and critique of the Holsgrove recommendations. The outcomes of these reviews are contained in the Appendix 8. An important element of the review was focused on ensuring that Trainees were not over-burdened with multiple assessments that affect their progression from Trainee (or exemption candidate) to practitioner. The review included looking at the structure of the examinations and assessments in the Basic Training component of the College Fellowship.

The reviews suggested a number of changes, to the Clinical Examination for both Trainees and Exemption Candidates. In particular, it was recommended that the two components of the TCE and ECE (OCI/MOCI and OSCE/MOSCE) should be uncoupled. The uncoupling of clinical examination components would allow that candidates who were successful in the OSCE/M-OSCE were considered to have completed this component of the clinical examinations and would not be required to sit it again. Partial uncoupling of the components of the clinical examinations (Trainee Clinical Examination and Exemption Candidate Examination) began in 2010.

The implementation phase for the changes to the clinical examinations was completed in early 2012 with the introduction of the multiple MOCI/OCI examinations and the 12 station (10 active and 2 by-stations) OSCE/MOSCE examination and complete independence between the two components. The establishment of state-based panels of accredited examiners by the CFE has enabled the MOCI/OCI examinations to be conducted on multiple sites simultaneously in most states/territories and in New Zealand instead of on only one or two sites. This will improve access to the Clinical Examination for many candidates.

Changes to examinations have been made in accordance with recommendations of the 2008 external Examinations Review (see Appendix 8). The first set of changes were implemented with the Clinical Examinations in May and June 2010 and at the July 2010 Written Examinations. In March 2011 further revisions to the format of the written

\textsuperscript{11} A note of combining marks from different components of an assessment programme Evans, Jolly and Holsgrove at Bart's and The Royal London (unpublished, 1994 updated by Holsgrove in 2011).
examination questions were successfully implemented by combining the short answer question (SAQ) type into the modified essay question (MEQ) type. Changes have also been made to Trainee eligibility to sit the written examinations, removing the requirement for successful prior submission of the psychotherapy case.

Following the Clinical Examination the CFE review the results and collate feedback from Trainees and examiners. This process allows for the identification of any issues that have arisen and assists in the refinement of the examination process. The reliability of the examination is assessed and noted by the CFE to review and to assist in the development of the future examinations.

**Outline the mechanisms that will be used to measure reliability and validity of assessment methods for the CBFP, highlighting new methods.**

The current methods as described above will continue for the Written and Clinical Examinations.

The subcommittee for the Scholarly Project will include experts with experience in a wide variety of research domains and methods to review and consider the projects. Adjudicating Fellows will consider each Scholarly Project according to the assessment criteria in Appendix 24 to ensure that a reliable and valid assessment is being conducted.

Criteria for the Psychotherapy Long Case will be developed by the SAT Psychotherapies and will ensure that marker training is included, this is in development and will be progressed through 2012.

The WBAs are considered to be formative but will require Supervisor training as they will assist Supervisors in assisting both EPAs and ITAs.

**5.4 Assessment of specialists trained overseas**

**Accreditation standard**

5.4.1 The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

Outline the policy and procedures for assessment of overseas-trained specialists, including the governance of the process, and the possible outcomes of the assessment. Describe separately the policy and procedures that are required in New Zealand, if relevant.  

As reported in previous AMC Annual Reports, the College has continued to progress improvements in the assessment of Overseas Trained Psychiatrists (OTPs) to ensure alignment with the guidelines on the Specialist Assessment pathways and a nationally consistent assessment of Specialist International Medical Graduates (SIMGs). The processes for IMGs and OTPs will not change in the new program.

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12 Refer to the MCNZ’s website for additional criteria for this standard www.mcnz.org.nz/Education/tabid/58/Default.aspx
A summary of related items is presented here with a complete version provided in Appendix 39.

- The Committee for SIMG Education (CSIMGE) is the College body responsible for overseeing policy and procedures associated with Specialist International Medical Graduates seeking permanent registration as a psychiatrist in Australia or New Zealand and/or seeking to be employed in an Area of Need positions.

- In the period 2009-11, the CSIMGE has continued to review and improve its structure, processes and goals and to expand educational support provided to SIMGs, including modifying the assessment processes in accordance with the Council of Australian Governments (COAG) National Consistent Assessment of IMGs Guidelines.

- The CSIMGE was formally revised in 2009 to mandate the inclusion of a member who had progressed to Fellowship having had an appointment in an Area of Need position and a member who had progressed to Fellowship via the Exemptions pathway as an SIMG. Representation on the CSIMGE from the College’s Overseas Trained Psychiatrists (OTP) Committee is also required. The current CSIMGE membership comprises several SIMG members and psychiatrists practicing in rural and remote regions.

Assessment processes for SIMGs are defined as follows:

- The CSIMGE assesses applications from SIMGs wishing to practice psychiatry in Australia and seeking exemption from the RANZCP training and assessment requirements, and applications for area of need (AON) positions including dual pathway.

- The process of assessment of individual applications for AON/ Specialist Assessment was decentralised by delegating the assessment to regional State Assessment Panels (SAPs). The CSIMGE provides training and accreditation of the members of the SAPs and ongoing mentoring and support. Since the introduction of the SAPs, the CSIMGE has continued its recruitment, training, accreditation, mentoring and support of SAP members and functions, and has completed a review and ratification of SAP recommendations.

- On assessment SIMGs are informed of their eligibility to enter the College’s Exemptions Candidate Pathway to Fellowship and of their category of exemption. The exemption categories are outlined below in Table 5. In the CBFP the OCI/OSCE will be assessed at the same level for IMGs and Trainees. This reflects the change in level of the Clinical exam for training pathway to a junior consultant level. The categories and processes in Table 5 will remain the same.

- In response to national guidelines of Specialist Assessment Pathways, the CSIMGE and BOE developed a proposal for Substantial Comparability as an alternative pathway to Fellowship for SIMGs whose training, experience and qualifications are deemed comparable to psychiatrists trained in Australia or New Zealand and who hold the FRANZCP. Substantial Comparability is detailed in Appendix 40. Phase 1 was implemented in July 2011.

- Since 2007, the CSIMGE has:
  - Provided two preparatory workshops each year for the clinical examinations (ECE),
- Assisted with the development of remediation plans after recurrent unsatisfactory performance at the clinical examinations, and
- Undertaken the development of intensive education intervention for SIMGs approaching the end of their 9 year exemption period.

- In March 2011, the College submitted a discussion paper and gave evidence to the Australian Governments House of Representatives Standing Committee on Health and Ageing’s inquiry into registration processes and support for Overseas Trained Doctors. A copy of the submission is in Appendix 41.
- The CSIMGE also works with the STP to develop a variety of projects on SIMG up-skilling.
### Categories for Exemption Status

<table>
<thead>
<tr>
<th>Qualifications and training experience</th>
<th>Requirements to attain Fellowship</th>
</tr>
</thead>
</table>
| **Cat I** | - Possession of a recognised specialist qualification in psychiatry, which has been awarded:  
  - after at least 3 years of training which is recognised as equivalent to RANZCP training and was assessed appropriately by examination, and less than 10 years total experience in supervised or peer-reviewed work in psychiatry, OR  
  - less than 5 years supervised or peer-reviewed work in psychiatry after being awarded the specialist qualification.  
  - Generally exempt Basic Training (except where training is found to be incomplete). The applicant may be required to complete selected training if mandatory rotations are found to be incomplete. All applicants are expected to have completed 60 months of psychiatric training and/or supervised or peer-reviewed advanced training or specialist experience prior to moving to Australia or New Zealand. If the total is less than 60 months, Supervised Clinical Practice (in Australia or New Zealand) or Advanced Training must be undertaken.  
  - Evidence of completion of training in the Psychotherapy experience is required.  
  - Required to complete the Written Examination and the Exemption Candidate Examination (ECE) comprising the Modified Objective Structured Clinical Examination (M-OSCE) and the Modified Observed Clinical Interview (M-OCI).  
  - Required to complete the Non Government and other Community Organisations (NGO) and Indigenous experiences as defined in the Training and Assessment Regulations, available on the College Website ([www.ranzcp.org](http://www.ranzcp.org)). From 1 January 2009, required to complete the Observed Interviews and Consultancy Exercises as defined in the Training and Assessment Regulations. These experiences and attendance at an ECE Preparation Workshop must be completed in order to be eligible to apply for the ECE. |
| **Cat II** | - Possession of a recognised specialist qualification in psychiatry, which has been awarded after at least 3 years of training which is recognised as equivalent to RANZCP training and was appropriately assessed by examination and at least 10 years total experience in supervised or peer-reviewed work in psychiatry, including at least 5 years supervised or peer-reviewed work in psychiatry after being awarded the specialist qualification.  
  - Exempt Basic Training (except where training is found to be incomplete). The applicant may be required to complete selected training if mandatory rotations are found to be incomplete.  
  - Evidence of completion of training in the Psychotherapy experience is required.  
  - Generally exempt from the Written Examination.  
  - Required to complete the ECE comprising the M-OSCE and the M-OCI.  
  - Required to complete the NGO and Indigenous experiences as defined in the Training and Assessment Regulations, available on the College Website ([www.ranzcp.org](http://www.ranzcp.org)). From 1 January 2009, required to complete the Observed Interviews and Consultancy Exercises as defined in the Training and Assessment Regulations. These experiences and attendance at an ECE Preparation Workshop must be completed in order to be eligible to apply for the ECE. |
| **Cat III** | - Senior and internationally eminent psychiatrist with evidence of good standing.  
  - Required to complete the Indigenous experience as defined in the Training and Assessment Regulations, available on the College website ([www.ranzcp.org](http://www.ranzcp.org)).  
  - Exempt all training and assessment, except Indigenous experience. The final decision on the awarding of Category III, Seniority and Eminence rests with the Committee. The State Assessment panel can recommend candidates for Category III, however the CSIMGE must approve all recommendations.  
  - Category III can be provided to those applicants who meet the criteria outlined in the guidelines and can demonstrate seniority and eminence in Administrative or Academic fields only. |
Indicate if any changes to the process or standards for assessment will occur as part of the curriculum development and state the rationale for the changes proposed.

There will be minimal changes to the assessments for IMGs. Any changes are aligned with the changes to the assessments for all Trainees. As the existing processes assess training of SIMGs against current curriculum, these assessments will be adjusted to assess against the CBFP curriculum upon its introduction. This will entail a review of the Category I and II requirements. Other changes for SIMGs will align with the increase in standard for the written exam and the clinical exams. It is appropriate for SIMGs to sit an exit level exam.

Describe any systems for recognition of training completed in countries with comparable training and/or clinical experience and outline any changes proposed as a result of the curriculum developments.

Substantial comparability and exemption categories are outlined above and in Table 5. Full details of the substantial comparability and exemption are shown in Appendix 39. It can be anticipated that in Phase 2 of the Substantial Comparability Pathway that a revised system of assessing training, clinical experience and issues such as comparability of medical systems, governance and quality for Psychiatric qualifications completed in other countries will be developed. Further qualifications may be added to those already on the list for the Substantial Comparability Pathway. Such a system may allow better assessment of those who are partially comparable and how they meet the new curriculum requirements. This will inform any changes to Category I and II (the Partial Comparability Pathway).

**MCNZ 5.4 Assessment of international medical graduates**

<table>
<thead>
<tr>
<th>Additional criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The requirements for specialist registration in Australia differ from the requirements for registration in New Zealand. In New Zealand the MCNZ has the statutory role in determining whether an IMG applying for registration in a vocational scope of practice:</td>
</tr>
<tr>
<td>• is fit for registration</td>
</tr>
<tr>
<td>• has the prescribed qualification</td>
</tr>
<tr>
<td>• is competent to practice within that scope of practice.</td>
</tr>
<tr>
<td>The prescribed qualification is not an international postgraduate medical qualification but rather the combination of the IMG’s qualifications, training and experience (QTE).</td>
</tr>
<tr>
<td>The role of the education provider is to provide comprehensive advice and recommendations on the IMG’s qualifications, training and experience and whether this is at the level of a NZ trained specialist, and to advise the MCNZ on the suitability of the proposed employment position and Supervisor for the assessment period.</td>
</tr>
</tbody>
</table>

In New Zealand, RANZCP Fellowship is not a requirement for specialist registration whereas in Australia, Fellowship of the College is required for any doctor to gain specialist medical registration. The process for specialist registration differs in New Zealand (regulated by the Medical Council of New Zealand, MCNZ) from Australia (regulated by the AMC). The MCNZ seeks the advice of the RANZCP via the NZ branch office regarding a SIMG’s training and experience as a specialist. This process of assessment for vocational registration is independent of the RANZCP pathway to Fellowship for SIMGs. For specialist recognition in
New Zealand, the Medical Council of New Zealand is the organisation responsible for this determination. [http://www.mcnz.org.nz/](http://www.mcnz.org.nz/)

SIMGs based in New Zealand not intending to practice in Australia and who have gained Vocational Registration from the Medical Council of New Zealand, may apply to become Affiliates of the College. SIMGs residing in New Zealand who seek to pursue Fellowship of the RANZCP and who are not seeking to practice psychiatry in Australia, may apply for specialist assessment directly to the College, rather than via the AMC.

IMG’s from New Zealand are assessed in the same manner as those residing within Australia. See Section 5.4 for details.

**Appendices – Section 5**

Appendix 30: WBA materials and examples  
Appendix 31: Communication plan  
Appendix 32: List of consultation visits  
Appendix 33: Remediation flowchart  
Appendix 34: Written exam feedback letter(s)  
Appendix 35: Case History feedback letter(s)  
Appendix 36: OCI feedback letter  
Appendix 37: OSCE feedback letter  
Appendix 38: Maintenance of training status  
Appendix 39: CSIMGE summary and flowchart  
Appendix 40: IMG Trainee handbook  
Appendix 41: RANZCP submission to OTD hearing

**Other Appendices**

*The document(s) provided to Trainees that explains the assessment policy, the nature of the assessments and the criteria used.*

See the following websites, login is AMC and password is AMC 2012.

[http://www.ranzcp.org/prefellowship/written-exam.html](http://www.ranzcp.org/prefellowship/written-exam.html)  

*The policy and procedures for remediation and reassessment of Trainees, and for supplementary examinations.*

See Appendix 33. The policy is being updated at present.

*The education provider’s assessment, grading and progression rules.*

See section Appendix 34 to 38.

*The web address and/or access to the information available to overseas-trained specialists seeking assessment by the provider.*

The appeals process accessible by overseas-trained specialists seeking assessment of their qualifications and experience.

See Appendix 39 to 41.
6 Monitoring and Evaluation of the Curriculum

6.1 Ongoing monitoring

Accreditation standards

6.1.1 The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and Trainee progress.

6.1.2 Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.

6.1.3 Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing Trainees are not unfairly disadvantaged by such changes.

Describe the processes to seek Trainee feedback on proposed changes to the training program and to ensure that existing Trainees understand transitional arrangements.

The College has a detailed communication plan for the CBFP that encompasses feedback loops with Trainees. Further information on communication with Trainees is outlined in Section 7.3 and the communication strategy is outlined in Section 2 and Appendix 31. In summary, the College applies the following communication and feedback avenues for Trainees.

- CBFP Website
  - Documents on the CBFP website for review and comment.
  - Feedback registers on CBFP regarding any key issues are available on the website. CBFP staff follow up each email and use the feedback to update the FAQ section of the website.
  - A list of Frequently Asked Questions (FAQ) is provided to assist Trainees (and others).

- Consultation visits were held in most health jurisdictions to allow for Trainees (and others) outside of the TRC to speak to College Fellows, BOE chairs and College staff (General Manager Education).

- TRC representatives are on all committees and working parties. The representatives have voting rights and can table papers or items of interest allowing for changes to be made. This allows for feedback to be gathered from the Trainee perspective.

- Congress workshops were held in 2011 and will be held in 2012 to assist in clarifying transition and allow Trainees to ask any questions.

- Open dialogue between the College and TRC (see Section 2 and Section 7.3)

- Email updates to key stakeholders through the College, branches, and health services.
• Training and IMG newsletters – Distributed monthly, containing new and updated information on CBFP to all Trainees and IMG candidates. Contact details are included for Trainees to speak to or email in further questions.

• Branch Newsletters – Containing new and updated CBFP information, sent out by the branches to all branch member and Supervisors (each branch has different distribution lists).

• CBFP communiqué – Distributed to all Fellows and Trainees contains updated information and links to the website for new material and key events.

• Psyche- bulletin – College newsletter distributed monthly CBFP updates are included as well as updated links to TRC discussion papers.

• TRC meeting minutes including CBFP updates are made available on the College website after each meeting. All Trainees can track the progress on the TRC and the work-plan as well as discussion papers on key issues.

In terms of transition, TRC representatives have been involved in the relevant working parties developing the transition arrangements and regulations. TRC approval is sought on all developed documents regarding the curriculum and training program prior to their approval and finalisation. This allows the Trainee representatives to convey any concerns and request changes before the transition arrangements are progressed. Feedback from these meetings is then conveyed to the wider training body through the CBFP website and the TRC website as well as the College newsletters.

The TRC regularly consult with the College Executive Officers regarding ongoing matters and are able to raise any concerns regarding College matters. In addition, the College TRC project officer acts as a key link in the feedback loop between the College and the Trainees/TRC by providing assistance as well as key information where needed.

Describe the processes to seek Supervisor feedback on proposed changes to the training program.

Supervisors’ feedback on the proposed CBFP is gathered via the following methods:

• CBFP Website
  o Documents for comment
  o Feedback register

• Face-to-face DOT workshops held twice per year provide key avenues for the dissemination of information and the gathering of feedback from Supervisors regarding the curriculum, training program and assessment.

• The Train-the-Trainer workshops and associated resources (see Appendix 42) on new assessments such as WBAs and new procedures
  o Supervisors provide feedback on the new assessments such as WBAs and EPAs and the procedures involved. This was conducted during the training workshops and also afterwards through DOT and DOT workshops/CFT meetings.
  o This feedback was incorporated into the development and refinement of the WBAs and EPAs procedures. The Supervisor feedback also assisted in the development of resources and training regarding the new program and assessments.
DOT feedback on follow up program from Train-the-trainer sessions was collated. The CFT is considering this feedback and resources will be developed to further assist DOTs with new material.

- Input into handbooks and guidelines on specific aspects of the training program e.g., EPAs, learning outcomes and developmental descriptors.
- Newsletters – such as Psyche bulletin, training and IMG newsletters are sent out each month containing new information.
- Branch newsletters often include updated information and provide contact details for Supervisors.
- Consultation visits held at sites and different health jurisdictions allows Supervisors and others to speak to key College staff including the BOE Chair and General Manager of Education.
- Congress workshops and presentations
- Open dialogue between the College and DOTs/CFT.

The CFT and DOT workshops provide key avenues for Supervisors’ views to be represented. Directors of Training as registered Supervisors provide the College with key sources of feedback on the development of the CBFP. DOTs from all of Australia and New Zealand review documents and are involved in key decisions.

Provide a copy of the College plans for ongoing monitoring of the new program and indicate how they cover curriculum content, quality of teaching and supervision, assessment and Trainee progress.

To monitor and evaluate the new program the College has planned to complete a range of activities including:

- Monitoring of the progression of new Trainees and the timeframes to complete assessments and progress through the stages of training. This will follow on from the Trajectory to Fellowship Project (see Appendix 43). This will be completed by data extraction and analysis. This project will be ongoing.
- Quarterly and annual Education Activities Reports are prepared for committees within the education portfolio; these reports detail the training numbers, progression, examination pass rates, and new Fellows.
- Training dashboards to training regions, branches, and DOTs to provide key information on progress and passrates. These are completed twice per year and will be continued in the new program.
- The annual accreditation surveys will be refocused to align with the CBFP and allow for Trainees and Supervisors (including DOTs) to provide anonymous feedback on the training program. These surveys are based on the training regulations and assessments. The information collected through these surveys will allow for the BOE committees and the College to gain an understanding on any issues or difficulties that Trainees or Supervisors may have had with the new program. Individual training region reports are provided to complete the feedback loop and assist in the continuous quality improvement process.
- The College will develop feedback forms for new assessments to allow for the streamlining and refinement of the processes and procedures involved. These will include short one page forms for Trainees and Supervisors to complete during the
course of the training program. Feedback will be forwarded to the training staff to help monitor the implementation of the new assessments, see Appendix 44).

- The existing avenues for feedback through committees and Boards will allow for Trainees and Supervisors and other stakeholders to raise issues that require attention.
- The Admission to Fellowship survey will be amended in the future to capture information from those who have completed Fellowship under the CBFP, including their feedback on the training program and their preparedness to practice.
- The College will look into an evaluation (possibly external) of the CBFP once it has been completely implemented with new Fellows attaining Fellowship.
- Supervisor and Trainee feedback will be sought at the end of each stage of the program once initiated. This will occur through constant communication between the College, Trainees, and Supervisors/ DOTs, as well as through committee meetings.

Committee for Education Quality and Reporting (CEQR)

The CEQR is involved in the monitoring and evaluation of all Board of Education activities. As such it has established a work-plan for monitoring and evaluation of education activities, establishing benchmarks and quality assurance of resources/procedures and further linking evaluation reports to College decision making.

The BOE portfolio was recently strengthened with the revised CEQR developing a new work-plan to review key aspects of the training program. Each year on a 5 yearly annual cycle the CEQR will evaluate/review one of the following key areas of the Education portfolio:

- Education Policies.
- Education and Academic Performance.
- Accreditation.
- CME/CPD.
- Reporting (External and Internal).

This process will provide a key quality assurance aspect to College activities and provide continuous quality improvement avenues to ensure that the standards within the training program are being maintained. The work-plan and strategic overview are attached in Appendix 45 and Appendix 46.

CEQR will review the changes to the examinations following the review by external experts Holsgrove and Hodges. This will involve a review of the changes and the quality assurance processes used to ensure that the changes have improved the quality of the exam and that the Trainees have not been disadvantaged. The review will occur when the changes to the clinical exam are completely implemented.

All aspects of the new program will be reviewed as part of routine monitoring of the education portfolio. The methodologies developed by CEQR through various monitoring and evaluation activities will provide a baseline and avenues to compare the CBFP outcomes with the old program.

CBFP

In the development of the CBFP the College has completed a variety of evaluation activities to ensure that a reliable program encompassing quality teaching and assessment activities
that are based in best practice will be implemented. To achieve this, the following was completed:

- Feasibility studies into the EPAs, and WBAs are being conducted to ensure that the processes and procedures are practicable and realistic for both Trainee and Supervisor.
- A variety of workshops were conducted by the College to discuss and review the material being included in the new program. These workshops often formed part of committee meetings and allowed for the progression and development of syllabus, curriculum, assessments, and procedures.
- The CBFP working parties (see Appendix 6) were selected groups of experts appointed by the CBFP PMG to develop and implement specific aspects of the new program, such as WBAs, learning outcomes, or the Scholarly Project. The engagement of experts external to the CBFP working parties allowed for the integration of educational expertise into development of the curriculum and assessments to occur.
- Reviews of relevant literature and exemplars of material related to the new program were conducted to help drive and develop the program. For example, material collated by the RCPsych (UK) was reviewed as was the Lancet series on Global Mental Health. Relevant literature from peer reviewed journals was also reviewed to ensure that reliable and current methods and curriculum resources were being included. These scans and reviews will continue as the program is implemented.
- Consultation visits and the inclusion of community members on College Committees formed key aspects of the evaluation of the CBFP and will continue to do so as it is implemented. The engagement of stakeholders in the community and in the health services allowed for the independent feedback to be provided on the new program and a detailed perspective on how the implementation of a new program will affect the delivery of services when it is implemented. A list of consultation visits is provided in Appendix 32.
- In 2011 and 2012 the BOE has conducted a series of face-to-face meetings with key staff members, BOE Committee Chairs and relevant senior fellows to monitor and evaluate the progress of key CBFP developments and review progress. BOE executive meetings continue to monitor the implementation of the CBFP.
- At the 2011 College Congress in Darwin and again at the 2012 Congress being held in Hobart, specific sections of the program have been dedicated to the CBFP with the purpose of disseminating information and seeking feedback.

In the development phase of the CBFP, the Education Content Quality Group (ECQG) was developed to provide expert education content and quality assurance at the final stages of the development of education deliverables. The members of the ECQG were selected as they were prominent figures in medical education and psychiatry and were able to provide in depth reviews of educational material. The ECQG signed off on any quality assurance deliverables relating to the development of the new program. The aim of this group was to:

- Provide expertise in educational quality assurance,
- Review the draft material developed by the different Working Groups of the CBFP PMG
• Systematically evaluate project educational deliverables against appropriate procedures, methods and tools
• Provide recommendations to the Working Group via the CBFP PMG to improve educational validity of project deliverables as required.
• Refer issues and risks to the CBFP PMG as perceived in the context of education development
• Sign-off the project educational deliverable and report this approval to the CBFP PMG as work completed.

Areas of review included:

• Stage 1 syllabus
• Learning outcomes
• WBA assessment outcomes
• Developmental descriptors

6.2 Outcome evaluation

Accreditation standards

6.2.1 The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.

6.2.2 Supervisors, Trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

Describe how the education provider communicates the outcomes of program evaluation to stakeholders, and seeks their input into curriculum development.

The College has a broad communication strategy to disseminate the outcomes of evaluations to stakeholders. This primarily occurs through Committee meetings and the placing of material on the College website. The various newsletters are also used. Details of CBFP evaluations such as the feasibility study have been placed on the CBFP website for comment. Full details of the communication strategy and plan are outlined in Sections 2, 7, and Appendix 31.

A number of other methods have been applied to provide details of the evaluations and program monitoring including:

• The collection and reporting of baseline data across all training regions. Training region dashboards are provided to branches and DOTs twice per year.
• Annual reports are provided each year to College members.
• Updates from the CEO, President, and other executive officers occur in the College journal, Australasian Psychiatry. These are completed bi-monthly and are available online to all members/subscribers and in related online electronic databases in Universities and other institutions. E.g., Ebsco and Google scholar.
• Trainee and DOT newsletters as well as the Psych-e bulletin are also used to provide summaries and outcomes of College evaluation activities.
• Annual College congress, through posters, presentations, and workshops. The College has a booth at the exhibition section of congress where reports and handouts regarding a variety of activities are provided each year.

Reports from evaluations projects are collated and disseminated to all Committees in the BOE portfolio. Reports are also forwarded to the EO’s of the College as well as relevant sections including Membership Services (where appropriate). Summaries are then provided in newsletters and in some cases are presented at College Congress. The feedback from committees are then actioned by the Education department in the form of updated polices, discussion papers, regulations or procedures.

The publication of quarterly Education Activities Reports as well as the annual Education Activities Report (see Appendix 47) provides a key information dissemination process to allow stakeholders to review annual College education activities. The production of journal articles in publication such as Australasian Psychiatry is also an avenue that the Education department is pursuing at present. In addition, the College has extensive communication strategies through newsletters and website updates as well as email distributions and twitter to disseminate outcomes and findings from any monitoring or evaluation activity. The introduction of an external relationships manager has expanded the College’s ability to contact and work with key stakeholders. The feedback from all stakeholders is considered by various committees and working parties responsible for developing the CBFP and is incorporated as appropriate

Appendices – Section 6

Appendix 42: Train-the-Trainer resources – (Three files)
Appendix 43: Trajectory to Fellowship congress presentation
Appendix 44: Draft Feedback Form
Appendix 45: CEQR Work-plan
Appendix 46: Strategic plan and overview
Appendix 47: Education Activities Report for 2010
7 Implementing the Program - Trainees

7.1 Admission policy and selection

Accreditation standards

7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.

7.1.2 The processes for selection into the training program:

- are based on the published criteria and the principles of the education provider concerned
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.

7.1.3 The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.

7.1.4 The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

Provide the College selection policy and selection criteria. If relevant, indicate what changes will occur as the new curricula are implemented and state the rationale for the changes.

In order to enter training under the RANZCP Fellowship Regulations 2012, potential applicants must complete the relevant registration and selection processes in accordance with the Policies and Procedures on Registration for Entry to the Training Program (Stages 1 and 2) or Registration to Enter Stage 3 of the Training Program.

Enrolment in advanced certificates such as: Adult, Addiction, Consultation-Liaison, Forensic, Old Age, Psychotherapies or Child and Adolescent Psychiatry will remain unchanged. Details on these procedures are outlined in Appendix 48. There will, however, be an increase in the number and diversity of posts available to Trainees via the Specialist Training Program initiative.

The process of selecting psychiatry Trainees helps determine whether new applicants have the necessary qualities, skills and experience to become psychiatrists. The selection process adheres to Equal Opportunity Principles and is designed to be open, impartial and transparent.
Criteria for selection include:

- Evidence of good standing and eligibility for registration as a medical practitioner with the relevant medical board; and
- Satisfactory completion of at least 1 year full time equivalent (FTE) general medical training (see Appendix 48).

The selection process is very similar in each Training program, and follows a standardised RANZCP selection protocol. The selection process is conducted as follows:

- The selection process is coordinated by a local Branch Training Committee.
- Applicants first make contact with the local Branch Training Committee to establish the availability of appropriate positions and obtain an application pack before contacting the College Secretariat. Application packages are obtained from the relevant State/Territory Training Office or NZ Branch Office (see Appendix 49).
- Before qualifying for an interview, Trainees have to meet the essential criteria of having completed at least one intern year after leaving Medical School, and of having the necessary type of medical registration either for Australia or New Zealand. This is checked by the Chair of the Selection Committee.
- A Selection Committee is convened and is informed about the selection process, and the criteria and issues as described below. These panels aim to have a mix of personnel, they include a Trainee representative and often have an advisor with HR experience. Panel participants are members of Branch Training Committee, local Training Program Committee and/or employing health service personnel.
- Trainees are assessed in a number of ways:
  - Written application and CV
  - Referee reports
  - Performance at interview.

Members of the panel generally take turns to ask questions or to discuss the interviewee’s approach to a clinical vignette. There are eight criteria used to identify the most important qualities, skills or experience required of applicants taking part in the selection process. Criteria are categorised as follows:

- **Advantageous**
- **Important**
- **Very important**

Further details regarding the Selection Process can be viewed via the Training flowchart - from enquiry to registration, and the explanatory notes in Figure 9.

For OTP or IMG the Council of Australian Governments (COAG) has introduced nationally consistent assessment pathways. To view the pathways, please see Section 5. If Trainee/OTPs already hold a postgraduate qualification in psychiatry from another country,
they may be eligible to be assessed by the Committee for Specialist IMG Education see Section 5 for details.

Describe how the selection process is implemented: either at hospital, regional or national level. Indicate if any changes will occur as the CBFP is implemented and state the rationale for the changes.

The selection process is implemented at the branch level with involvement from local branch representatives and the relevant Director of Training. The selection processes are outlined in Figure 9. Despite the process being decentralised, the selection of Trainees into training is consistent with the Brennan Principles\(^\text{13}\). This means that a standardised process, summarised in Figure 9, is followed to provide ongoing assurance of RANZCP-wide compliance in all Trainee selection activities.

Figure 9: Selection process from enquiry to entry into Training

The selection process is usually conducted and endorsed by State/Territory Branches or the respective Training Committee with input from jurisdictions. Advertisements appear in the media and at health service settings. Candidates apply to the relevant Training Committee by the advertised closing date and may also be required to apply to health services for an accredited position. The appointment process varies between and throughout Australia and New Zealand according to employer requirements.

Describe the role of the employer and the education provider in the phases of the selection process. Indicate if any changes will occur as the College changes its training programs.

This process will not change. There are some variations in different programs, depending on whether the Selection Panel are closely linked with the employing services so that selection and employment decisions are integrated, compared to programs where this is a two-stage process. An offer of employment by a local service does not mean an automatic entry to the RANZCP training program – a specific RANZCP selection interview is always required,

\(^{13}\) The Brennan Principles provide a framework for a best practice approach to the selection of Trainees. (Brennan, P.J., Trainee Selection in Australian Medical Colleges, January 1998)
either in conjunction with the employer in the initial phase, or as a separate interview. The College reviews and endorses the selection procedures and process at a branch level to reflect the variations across the services.

Provide a copy of the information on the selection process and appeals mechanism that will be made available to CBFP applicants.

As each Branch conducts the selection processes the different application packs are based on a suggested template that is attached in Appendix 49.

The relevant employment appeals mechanisms are conducted at the branch level with the College acting as an advisory body. Applicants wishing to pursue further appeals regarding training can apply through the College’s general appeals process, which is detailed below:

- A Trainee may request a review of a decision affecting their training and assessment. The relevant committee and/or the BOE then consider the requests.
  - It is required that the applicant, prior to making application for a formal reconsideration, has attempted to informally clarify the decision with the relevant Committee first.

- Reconsideration is the first formal step in the College’s complaints resolution process. It is available to Trainees and exemption candidates where a decision has been made that the applicant believes unfairly affects their progression through the training program and evidence of grounds for reconsideration can be established.

- Reconsideration involves re-evaluation of a decision by the FAC, BOE, CFT or CFE as appropriate.

Following reconsideration, the final stage of the College’s complaints resolution process for Trainees and Exemption Candidates is the Appeals process see Appendix 52. Appeals are dealt with in the RANZCP Appeals Process and the Regulations relating to the Appeals Committee.

The following flowchart and procedure documents provide further information regarding the complaints resolution process for Trainees and Exemption Candidates:

- Incident Report Procedure for College Examinations (Appendix 50)
- Education Committee Decisions Flowchart (Appendix 51)
- Procedure for Reconsideration of BOE Committee Decisions (Appendix 52)

In March 2012 the appeals process was being reviewed and updated. The documents were not ready for submission with this report and will be finalised in mid 2012.
7.2 Trainee participation in the governance of their training

Accreditation standard

7.2.1. The education provider has formal processes and structures that facilitate and support the involvement of Trainees in the governance of their training.

The Trainees’ organisation(s) and/or Trainees’ committee is asked to describe its operations. The response should address:

- their constitution, in particular whether the organisation is separate to or part of the education provider structure
- the process by which the representatives of the Trainee group are nominated or elected
- the support and funding provided by the education provider
- mechanisms for Trainee representatives or committees to communicate with other Trainees.

The Trainees are represented by the Trainee Representative Committee (TRC). The TRC was established by the RANZCP in 2007, to provide formal representation for all Registrars within the College organisational structure. The TRC is a representative committee reporting to the College’s GC, and comprising members from each Australian state/territory, and New Zealand.

Recently the College has created the mentoring role of Immediate Past Chair of the TRC to assist in maintaining the corporate continuity of the committee and the development of its membership. The College has also developed the new role of Endorsed Representative in order to aid the TRC in providing Trainee representatives on more College Committees, maintaining the current size of the TRC and preserving formal lines of communication and governance.

A clearer and transparent working relationship between the College and Trainee representatives is a key focus that the College is progressing. The College Executive Offices have facilitated the approval of communiqués and documents published by TRC for dissemination to the wider Trainee body. Teleconference, email communications and face-to-face communications have been used to progress this. Regular meetings are held between TRC representatives and College Executive Officers to cover issues and update developments from around the College that affect Trainees, in particular in the reporting phase of projects and initiatives.

As detailed in Section 1 the TRC is a functioning part of the College governance structure. The TRC regulations are in Appendix 53. Membership of the TRC comprises of ten voting members and a small number of co-opted members.

Voting members are elected annually by Registrars/Trainees respectively employed within those States, Territories or New Zealand. A Committee member who is admitted to Fellowship may complete the annual term, but is not eligible for election thereafter.
Eligibility for election is based on nomination of a registered Trainee, by two similarly registered Trainees from the nominees’ State or Territory of employment, or from New Zealand as the case may be. Trainees on formal breaks from training remain eligible for election. All nominees serve on the Committee for a minimum of one year.

Upon the formation of the committee, the Chair and Deputy Chair are elected, by the members of the TRC.

- In the event of the resignation of either the Chair of the Committee or a Deputy Chair prior to having served a full term, in the case of the Chair, the Deputy Chair of the Committee shall assume the position of interim Chair and in the case of a Deputy Chair the Committee shall appoint an interim Deputy Chair.
- The term of office for all members is one (1) year and are eligible for re-appointment to serve a maximum of five (5) consecutive terms i.e. 5 years

The TRC is supported by the staff of the College. In particular, the TRC is supported by a Project Officer, a member of the Policy Unit. The Project Officer works in close collaboration with the Chair and Deputy Chair. The TRC develops an annual budget based on the budget process developed by the College and in conjunction with the College’s Finance department. Any spending above and beyond the budget can be approved by the Executive Officers of the College or General Council.

The TRC utilise a number of communication mechanisms including the Trainee portal on the College website which includes regulations, minutes from recent meetings, and discussion papers. Approved emails from the TRC are also sent out periodically to all Trainees regarding key issues or events. Additionally, the TRC often place relevant items in College newsletters such as Psych- e bulletin which is sent to all Trainees and College members monthly. As TRC representatives are provided by each state Trainees can contact their representative to discuss any relevant issues that may require attention from the Committee.

Describe the Trainee representation on the major committees of the education provider. The response should indicate:

- positions in which Trainees are invited observers and those in which Trainees are full members
- capacity for Trainees independently to place matters on the agenda
- whether separate structures for Trainee representation exist in New Zealand and if so how they function.

The TRC participates actively with representation on all College committees and Boards as full voting members and are observers at GC level. The TRC represents all Trainees in Australia and New Zealand. As voting members TRC representatives are able to place matters and agenda items at all Committees and Boards. The TRC is also able to work closely with the EO’s and meet regularly to discuss key matters of concern. Representatives from the TRC have also been proactively sought for the CBFP Project Management Group as well as a number of BOE and CFT Working Parties (e.g. Rural Training, Remediation, Accreditation) as they work to address particular issues for the ongoing improvement of the Training Program.

Trainee involvement in the area of dispute resolution and other decision-making processes has also been improved through the inclusion of a TRC representative as a full voting member of the FAC since in 2009. This has enabled direct Trainee involvement in decisions
regarding policy and procedure changes in the current training program in addition to the reconsideration/appeals processes conducted by the FAC. The TRC Chair also participates in the monthly College Executive meetings.

There is no separate structure for the Trainee representation in New Zealand. Trainees are currently represented by 2 TRC members in New Zealand allowing for double representation on the committee.

Provide a summary of the activities/processes of the education provider in which Trainee representatives formally participate, such as accreditation, Trainee selection, curriculum development/education boards, examinations, appeals/disputes. Cross reference to the Sections of the accreditation submission in which more detailed information is available.

As mentioned previously, in Section 2 the TRC has representatives on all BOE committees and are observers on the GC. In addition, Trainee representatives have participated in all CBFP working parties. This structure allows the TRC and the Trainees they represent to be active in all BOE and College activities. The TRC is also an active entity in itself and has an active work-plan. The regular meetings and advice that the TRC and the TRC chair receive through the Executive Officers assist in guiding the TRC to further develop their work-plan and progress items of interest. The engagement of Trainees on committees and work parties allows for the feedback to be received and for the Trainee perspective to be addressed throughout the entire decision making process.

The current TRC work-plan outlines current areas of focus and progress to date, see Appendix 54 for more detail. The TRC has initiated and participated in discussions on a number of issues on behalf of the Trainee body, and has developed a series of discussion papers including:

- *Need for Greater Training in the Psychotherapies* (March 2009) and associated survey for all Trainees about training in the psychotherapies, with results referred to CBFP for consideration in development of competency based curriculum.
- *Currency and Equal Opportunity in Training* (May 2009), resulting in changes to the Training Regulations to enable more flexibility in part-time arrangements during advanced training, and also referred to the CFT Rural Working Party
- *Framework for Dialogue Regarding Assessment of Registrars* (June 2009), which was referred to the CFE for implementation
- Suggested Framework for Dialogue Regarding Assessment of Registrars (June 2009)
- *Exit Examination* (May 2010), referred to CBFP as a key input for consultation on the assessments options (see CBFP Submission)
- Critiques of Existing and Planned Changes to Examinations (August 2010)
- Mandatory Waits in Exam Remediation Discussion Paper (November 2010)
- Mandatory Research in CBFP (November 2010)
- Evidence Based Medicine Discussion Paper (December 2010)
- Mandatory Rural Training in the RANZCP Fellowship Programme: An Updated Discussion Paper (May 2011)
- The Tension Between Service Delivery and Training in the RANZCP Psychiatry Training Programme (August 2011)
- TRC discussion papers and minutes of TRC meetings are disseminated to the Trainee body via the College website.
- The College Executive has undertaken to notify Trainees of relevant external surveys, for example those of the AMA Council of Doctors in Training newsletters.

### 7.3 Communication with Trainees

<table>
<thead>
<tr>
<th>Accreditation standards</th>
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<tbody>
<tr>
<td>7.3.1 The education provider has mechanisms to inform Trainees about the activities of its decision-making committees, in addition to communication by the Trainee organisation or Trainee representatives.</td>
</tr>
<tr>
<td>7.3.2 The education provider provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.</td>
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<tr>
<td>7.3.3 The education provider provides timely and correct information to Trainees about their training status to facilitate their progress through training requirements.</td>
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Outline the education provider's strategy for communication with Trainees, in particular concerning the revised program. How is the effectiveness of the strategy reviewed?

The CBFP communication plan with Trainees is outlined in Section 2 and Section 6 and is detailed in Appendix 31. The effectiveness of the communication plan was obtained through the constant dialogue between Trainee representatives and College committees, as well as the dedicated project officer. This process allowed the College to effectively address any issue or concerns that had been raised. The feedback from Committees and working groups was included in the development process of the CBFP and is demonstrated through the alignment of Trainee needs and the development/implementation of the CBFP.

The appointment of a Project Officer within the College secretariat to provide dedicated support to the TRC has enhanced the TRC's ability to represent Trainee interests and issues across the College. The inclusion of newsletters, website updates, and congress workshops, have all assisted in enhancing communication channels between Trainees and the College. The increased communication and engagement of Trainees and overseas trained psychiatrists in education committees has also provided the College with a more detailed understanding of perceptions of the College’s training programs, while increasing awareness of College governance and processes amongst Trainees and overseas trained psychiatrists.

**Describe the mechanisms by which the views of the Trainees are obtained and subsequently considered by your organisation. Give recent examples, including examples of changes made to the training program and requirements as a result of Trainee input.**

The TRC has representatives on all committees and can place items on the agenda examples of their work-plan (Appendix 54) and recent items are in Section 7.2.

A recent example of TRC driven amendments to the training program are the recent changes to the rural training regulations. This is summarised below:
• The TRC developed a discussion paper on the mandatory nature of rural training (see Appendix 55).
• The TRC discussion paper was considered by the BOE and after research and consultation on this issue, the Rural Working Party of the CFT was set up to further the issue. The rural working party recommended that:
  o Rural Psychiatry Training is removed as a mandatory requirement.
  o Actions are taken to promote and support Rural Psychiatry Training as an option in RANZCP Training. The BOE consulted more widely with external stakeholders to develop these issues.
  o The CFT recommended to the BOE that the RSIG develop rural competencies, including Rural Training experiences.
• The GC reviewed the paper and decided that the following was required:
  o Further engagement with the Rural Special Interest Group to work with the Committee for Education Projects to develop rural competencies that can be achieved by a variety of ways and processes to enhance education in rural/regional areas.
  o A process to investigate the socio-political implications of removing Rural Training as a mandatory Training requirement was needed.
• Following the review, the GC approved the motion that the rural psychiatric training was to become an elective rotation from term 1, 2013.
• The GC recognised the importance of rural and regional psychiatry and will actively work to promote and support Trainees and psychiatrists to work in this area. The BOE in consultation with TRC will work to promote and support rural psychiatry as a recognised area of practice within the CBFP.
• There are currently two projects underway to identify the best methods and processes to promote and enhance psychiatry in rural/regional areas of practice.
• The College through the BOE will monitor the proportion of Trainees undertaking a period of training in a rural area of practice.
• Funding for rural placements is also increasing through the STP project, as funded by DoHA.
• Under the CBFP the regulations will be transferred and the rural rotation will be offered as an optional rotation with specific EPAs and WBAs. The College will also investigate new avenues for the delivery of psychiatric services in rural areas.

Describe the mechanisms by which Trainees are informed about activities by decision-making committees, particularly those pertaining to training.

Trainees are informed of committee decisions through a variety of mechanisms. Initially Trainees have representatives on all College committees and observe at the GC meetings. The feedback from these meetings is then presented back to the TRC at the following meeting and placed on the Trainee website for all to access or communicated through newsletters. The TRC and the College continue to work together to increase the transparency of the decision making processes within the College governance structure. Key decisions and events such as revised training material are communicated through training newsletters and or the monthly Psych –e bulletin. Any updated links or forms are communicated in a similar manner with the option of an email from the TRC to all Trainees being an option for important messages. DOTs, Supervisors, and branches also provide detailed information regarding College decisions through branch newsletters or other communications such as email dissemination.
Describe the education provider’s system(s) for providing information to Trainees and their Supervisors about training status and progression through requirements. Outline any changes occurring with the introduction of the revised program.

At present, Trainees and Supervisors can access their details through an online portal on the College website. The training records include all information on training progress and assessment completion. Currently, these are updated daily for Basic Training and weekly for Advanced Training. This process will more than likely cross over to the CBFP but the availability of material will be revised as the program is implemented and is dependent of resourcing.

After examination and assessment deadlines the results are provided online for Trainees to view their result. In addition, detailed feedback is provided to those that have not succeeded. The feedback letters outline the performance of the Trainee, for example the written examination letters provide information on the performance compared to the College average in each of the four components as well as performance in the specific diagnostic criteria. See Appendix 34 for an example.

In addition, the College provides all DOT’s with training dashboards for their training region. These include: assessment results; Trainee numbers; Trainee progression through training; time to complete assessments; comparison to College average; and the number of Fellows completing training in their training region. These are provided twice per year. See Appendix 56 for an example. After each assessment summaries of results for each training region are provided to DOTs showing the passrate and results. These allow DOTs and Supervisors to assess the performance of Trainees after each assessment. This occurs twice per year for written examinations, four times per year for the case histories, four times per year for the M-OCI/OCI clinical examination, and twice for the M-OSCE(OSCE clinical examination.

The College also provides an annual Education Activities Report (Appendix 47) and quarterly reports on training activities and results. These reports contain detailed information on training numbers and assessment passrates, as well as an analysis of recent Fellows and the time to progress through training.

The introduction of new assessments will be added into the existing training records structure to allow for Trainees and Supervisors to review their progress. The processes detailed above will be strengthened to include the new and modified information, such as the Scholarly Project, EPAs, and WBAs.
7.4 Resolution of training problems and disputes

Accreditation standards

7.4.1 The education provider has processes to address confidentially problems with training supervision and requirements.

7.4.2 The education provider has clear impartial pathways for timely resolution of training-related disputes between Trainees and Supervisors or Trainees and the organisation.

7.4.3 The education provider has reconsideration, review and appeals processes that allow Trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.

7.4.4 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Details of training resolution and appeals are shown in Section 7.1. In summary the College has a formal appeals and reconsideration process as shown in Appendix 38 and Appendix 52.

The processes for handling Trainee complaints have been in place since 2009. All Trainees have been informed by newsletters and email communications about the complaints processes including appeals, incident reports, the procedures for reconsideration as well as bullying and harassment. A TRC representative is included on the FAC and the College Appeals Committee to ensure Trainees’ views are represented. A register of reconsiderations and outcomes was developed and implemented. These records are maintained by the relevant branch or committee (e.g., CFT, CFE, FAC or BOE) and reported quarterly to the BOE at its face-to-face meetings. To enhance the independence of the TRC, the committee is supported by the College’s Policy, Projects, and Practice department rather than the Education department.

To assist the Trainees in resolutions and appeals the College has the following additional procedures in place:

- A dedicated staff member to work with the TRC
- The TRC are kept abreast of all issues relating to appeals and disputes and sit on the FAC where the appeals are heard. In order to maintain TRC representative impartiality, applications for reconsideration made directly to the CFE/CFT are reviewed by the executives of each committee and then de-identified information is provided to the TRC representatives.
- The TRC is given assistance to develop discussion papers and a work-plan to help drive and instigate change to the training program and resolve potential problems in the training program.
- The TRC chair regularly meets with the College EOs to discuss and progress any potential issues that may have arisen.

The conflict of interest issue has previously been raised in DOT and CFT meetings, where it was noted that the balancing of both service and training needs is seen as part of a DOT’s role. To improve DOTs ability to effectively manage both roles the College has several mechanisms in place. Initially, the BTC’s are available for consultation and advice where a
conflict of interest has been identified. Secondly, the development of guidelines for the DOT handbook is also seen as a key reference point to assist DOTs in the processes and procedures where a conflict of interest is identified. The CFT and DOTs/DOATS have supported the resolutions and guidelines. The College is reviewing the College Appeals processes to ensure there is reference to conflict of interest and that the Trainee handbook and relevant policies are updated as required. The ‘Deeds of Undertaking’ was reviewed at the July 2011 DOT and CFT meeting with those signing registering with the Governance Office.

The College has progressed the policies and procedures for the transfer of Trainee performance information between Supervisors. These were designed to ensure that a clear and transparent process was implemented across all jurisdictions within the College. These documents relate to the sharing of relevant College and training information only. The transfer of information has been agreed upon and has been found to be consistent with the College’s privacy statement. Two documents have been developed and provided online to support Supervisors sharing relevant RANZCP Trainee’s documentation with other Supervisors. These are the:

Sharing of Individuals Training Information Statement:
This document outlines the issues in relation to the College privacy statement and the rationale for the processes involved in the sharing of Trainee’s information between Supervisors, see Appendix 57.

Supervisor’s Cover Letter for Sharing Training Forms:
This document is the cover letter detailing the nature of the contents of the training form and processes required, see Appendix 58.

Both of these documents have been viewed and approved by the CFT and the TRC. These documents will be available online following final approval from the CEO and have been advertised in training newsletters as has the requirement for the Supervisors share information.

Appendices – Section 7
Appendix 48: Trainee selection processes
Appendix 49: Application to commence training
Appendix 50: Incident report
Appendix 51: Education Committee Decisions flowchart
Appendix 52: Procedure for Reconsideration of BOE Committee Decisions
Appendix 53: TRC regulations
Appendix 54: TRC work-plan
Appendix 55: TRC Rural training discussion paper
Appendix 56: Training dashboards example
Appendix 57: Sharing of Information
Appendix 58: Sharing of Information - cover letter
8 Implementing the Program – Delivery of Educational Resources

8.1 Supervisors, assessors, trainers and mentors

Accreditation standards

8.1.1 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the program and the responsibilities of the education provider to these practitioners.

8.1.2 The education provider has processes for selecting Supervisors who have demonstrated appropriate capability for this role. It facilitates the training and professional development of Supervisors and trainers.

8.1.3 The education provider routinely evaluates Supervisor and trainer effectiveness including feedback from Trainees.

8.1.4 The education provider has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.

8.1.5 The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from Trainees, and to assist them in their professional development in this role.

Describe processes for selecting Supervisors, trainers and assessors/examiners. Indicate if any changes will be made to these processes with the introduction of the revised training program and describe the rationale for the changes.

Overall, the College is making limited changes to the selection processes and accreditation of Supervisors. The current processes for Supervisor selection and examiner training are outlined below. The training will be modified to include new tools, assessments and learning activities.

Supervisors are approved by the relevant local Training Committee/Sub-Committee for Advanced Training. They are accountable to these committees (and hence the College) for ensuring that supervision is adequately provided in accordance with the Training and Assessment Regulations and associated Links. Employment issues (for example disciplinary action) are the responsibility of the employer.

All Fellows of the RANZCP and psychiatrists who do not have FRANZCP are eligible to apply to the relevant local Training Committee to become approved College principal Supervisors. Sometimes non-psychiatrists may be approved to provide additional supervision of specific areas, such as psychotherapy or addiction psychiatry. In most circumstances, the principal Supervisor will be a College Fellow or non-College psychiatrist with the option for non-psychiatrists to provide additional supervision. Other medical specialists who are providing circumscribed, time limited supervision, which is additional to the mandatory supervision, do not need to apply to become Supervisors as outlined below. Fellows of the RANZCP with the relevant Certificate or equivalent background and training are eligible to apply to become approved Supervisors of advanced Trainees in the relevant subspecialty. In some cases there will be liaison with the relevant sub specialty group in relation to Supervisor status, such as for basic training in psychiatry of old age.
All applicants for approval as Supervisors shall:

- Complete a Supervisor training program e.g., train-the-trainer (see Appendix 42)
- Provide application in writing to the relevant Director of Training, for consideration and approval by the relevant local Training Committee/Sub-Committee for Advanced Training
- Undertake to meet the requirements as set out below.

The relevant local Training Committee/Sub-Committee for Advanced Training will:

- Run Supervisor training workshops, or monitor the availability and suitability of other Supervisor training programs
- Select appropriate Supervisors from eligible applicants.
- Maintain a register of approved Supervisors.
- Provide up to date information on local Supervisor status to the College Training staff.

Supervisors must undertake training to ensure the provision of high quality supervision for Trainees, for their professional development as Supervisors and to raise the standard of care delivered to people with mental health problems and mental illness under their Trainees' care. Supervisor training may be undertaken by Trainees during at least the second year of their advanced training.

Initial training for Supervisors involves satisfactory completion of a Supervisor training program following the examples and guidelines provided by the Committee for Training or its designated Working Party and approved by the relevant local Training Committee. Each program must run for at least the equivalent of two half days. Examples of approved Supervisor training programs include:

- Approved teaching modules
- Approved workshops connected to Congress
- Approved local Training Committee/Sub-Committee for Advanced Training workshops.

The College requires that further Supervisor training is conducted every five years and the satisfactory completion of a Supervisor update training program. This program follows the examples and guidelines provided by the Committee for Training or its designated Working Party and approved by the relevant local Training Committee.

A Supervisor shall be able to:

a) Demonstrate familiarity with the RANZCP Training and Assessment Regulations, relevant Curricula and the RANZCP Code of Ethics
b) Demonstrate the ability to be interested in and supportive to the Trainee
c) Demonstrate a commitment to satisfy the educational aims and objectives for the training rotation and to monitor that the content of supervision is appropriate to the Trainee
d) Demonstrate the ability to encourage and facilitate a Trainee’s professional development by reflecting constructively upon the work presented in supervision
e) Demonstrate a commitment to supervision by satisfactory attendance, and suitable availability outside supervision

f) Demonstrate the ability to identify problems that may arise in supervision in terms of structural issues, content issues and interpersonal issues

g) Demonstrate the ability to propose approaches to effectively resolve problems that may arise in supervision.

Ongoing approval of Supervisor status is dependent on the following being undertaken:

a) Review of individual Supervisor’s performance by the relevant local Training Committee/Sub-Committee for Advanced Training after one year for new Supervisors, and five yearly thereafter

b) Attendance at a Supervisors’ peer review group three times per year, and presentation at one of these meetings (minimum) or a meeting of medical staff where supervision is discussed

c) Each six months, submission of a confidential report by each Trainee about their supervision to the relevant local Training Committee/Sub-Committee for Advanced Training

d) Each twelve months, submission by the relevant Director of Training to the relevant local Training Committee/Sub-Committee for Advanced Training of a report listing the performance (satisfactory or unsatisfactory) of Supervisors in the relevant program(s)

e) Completion of a Supervisor update program every five years

Assistance for Supervisors experiencing difficulty shall occur as follows:

a) The relevant Director of Training shall promptly meet with the Supervisor to discuss areas of concern, and to offer assistance.

b) If performance does not improve, the relevant Director of Training and one other member of the relevant local Training Committee/Sub-Committee for Advanced Training shall meet with the Supervisor to discuss areas of concern, to offer assistance and to set clear goals for improvement.

c) If concerns regarding performance continue, accreditation of Supervisors shall be withdrawn for a twelve month period. Written documentation must be kept of meetings and discussions relating to unsatisfactory performance of Supervisors. The Director of Training shall promptly advise the Supervisor in writing of the final decision.

Application for reappointment as a Supervisor shall be made on the prescribed application form and will be dependent on the following:

a) That twelve months has passed since appointment was withdrawn

b) That previous concerns regarding performance have been appropriately addressed.

The CFE has established bi-national panels of accredited examiners, through the appointment of Fellows to newly created positions of Accredited College Examiner, Clinical Examinations. The role of a RANZCP Accredited College Examiner is to participate in the assessment of candidates in both OCI (MOCI) and OSCE (MOSCE) assessments.
Accredited examiners will be a resource at a local level for clinical examination preparation and a source of knowledge for Trainees, specialist international medical graduates, Supervisors, Directors of Training and/or Branch committees. The aim is for each state/territory of Australia and regions/cities within New Zealand to be proportionately represented on the panel of accredited examiners. Examiners may be accredited for both types of assessment for Trainees (OCI and OSCE) and Exemption Candidates (MOCI and MOSCE).

The local examiner panels will enable the OCI (MOCI) component of the Clinical Examination to be conducted relatively locally, reducing the travel burden for examiners and candidates and improving sustainability. The OSCE/MOSCE component of the Clinical Examination is regarded as too complex to be staged locally and will continue to be offered in various locations in Australia and New Zealand in rotation.

Over 100 Fellows have volunteered to join the accredited examiner panels. Resources for training local examiners have been developed, and training days have been held to coincide with the scheduled Clinical Examinations during 2010, 2011, and 2012. The examiner panels will be monitored by CFE to ensure quality and sustainability.

Each year the CFE undertakes annual calibration activities to ensure the validity of the clinical exams for both Trainees and Exemption Candidates. This is completed through the compilation and use of DVDs depicting the specific components of the clinical examination. Examples of examiner training materials (including mentoring program) are in Appendix 59 to Appendix 61.¹⁴

Training for the examination of new assessments such as the Scholarly Project and WBAs will be conducted under the examiner and Supervisor training program, see Section 3 and Appendix 42 for details.

Describe the training available to Supervisors and trainers, including frequency and how participation in training is encouraged. Describe any changes to the training available and planned for the CBFP.

The College has developed a suite of materials to assist Supervisors and trainers. Throughout 2010, the online DOT handbook was reviewed and updated to ensure adequate resources were available for DOTs and associated staff. The Education department developed a welcome pack to assist Fellows newly appointed as DOTs, DOATs, BTC or SAT Chairs or other CFT members. DOT Peer Group teleconference bi-monthly meetings are ongoing, providing a key source of information and collegial support for DOTs. The Supervisor training CD ROM resource was developed and rolled-out to DOTs in February 2010 and subsequently uploaded to the College website. The CFT will review all of the documents. These will be updated to reflect changes relating for the CBFP.

The College, DOTs and local branches provide a range support mechanisms for Supervisors including:

- Online Records,
- Links and Forms,
- Newsletters,
- Workshops,
- and Branch Training Committees (BTCs).

¹⁴ Includes mentoring: [http://www.ranzcp.org/prefellowship/mentoring.html](http://www.ranzcp.org/prefellowship/mentoring.html)
The College continues to investigate options to better involve DOTs and those Fellows assisting DOTs in deputy roles. The possibility of using local mentoring strategies, such as those for new DOTs, is under consideration. In addition, the biannual circulation of Training Program Dashboards has been implemented. These are designed to provide DOTs and Supervisors with a guide as to how their Trainees are performing compared to the College average. The College is working with DOTs and BTCs to ensure that accurate and useful/applicable information is made available.

The College IT department is also supporting DOTs experiencing difficulties accessing web resources and online records. The College through CFT and DOT meetings has encouraged anyone with concerns to pursue this issue with the relevant personnel.

A range of Supervisor training and development resources have been produced to inform Supervisors about the CBFP Training Program and to up-skill Supervisors in the new elements, in particular WBA tools and EPAs. The College considers the core training module to be mandatory and involves face-to-face workshop training. Completion of the core training module will grant accreditation to supervise Trainees in the new CBFP Training Program. It is expected that Health Services will continue to release Supervisors to complete training and attend other relevant professional development sessions associated with the CBFP. This expectation has been and will continue to be addressed during consultation rounds (see Section 9). Flexibility has been built into the training model. The train the trainer methodology of Supervisor training will generally enable Supervisor training sessions to be held locally to minimise impost. Release time for Supervisors may be for short time periods and within current scheduled activities.

The main time impost for DOTs will be in the initial training for the new program. As for Supervisors, it is expected that Health Services will continue to release DOTs to complete training and attend other relevant professional development sessions associated with the CBFP. DOTs will receive training during 2011 and 2012 and will be involved in training their Supervisors through the train the trainer methodology.

In terms of program changes, it is not anticipated that there will be any additional work for DOTs in the CBFP Training Program; however, this will be carefully monitored during the implementation process. The formative (WBA) assessment forms that the Supervisor completes with the Trainee will not involve the DOT unless there is an issue with the Trainee’s progress. The end of rotation (Supervisor in-training assessment) reports will be sent to DOTs for review and submission to the College, as is current practice. It is anticipated that the ICT Systems and Training Support for the CBFP Training Program, particularly Stage II, will streamline administrative processes and potentially reduce the administrative burden on DOTs and Supervisors.

**Describe plans for support and professional development of clinicians as examiners and assessors, particularly for new assessment methods.**

The CFE has established examiner panels to train examiners and assessors; this is described in Section 8.1. With the addition of new assessments the College has engaged the University of Western Australia’s TELL Centre (www.tellcentre.org) to deliver train the trainer workshops for DOTs which included details on the EPAs and WBAs. The training the trainer workshops were held in all states and territories across Australia and New Zealand.

Competent supervision has been recognised by all stakeholders as fundamental to the success of the CBFP. The curriculum changes and new elements of the CBFP Training Program present major implications for supporting and developing Supervisors in broader
aspects of teaching and learning. The CBFP aims to formalise the role of supervision and provide tools (WBAs and EPAs) for the purpose of in-training assessment to assure competent performance. Clearly defined roles and responsibilities will aim to support Supervisors to understand expectations of supervision within the CBFP. Currently, many Supervisors perceive their role to be a mentor and they enjoy this aspect of supervision. The inclusion of formative assessments to supervision will change the dynamics of the relationship between Supervisor and Trainee and require cultural change in approaches to supervision.

As all Directors of Training (DOTs) and Supervisors will require training and professional development to effectively implement the new program and to embed the concept and educational imperatives of competent performance within training, significant resources have been developed to prepare and support existing Supervisors, predominantly through the development of sustainable and flexible approaches to Supervisor training.

The key elements of the model that has been employed to train DOTs and Supervisors in the CBFP are the following:

- A modular training program, constructed around four stages:
  1. CBFP Preparation
  2. Core CBFP Training
  3. CBFP Training Follow-up
  4. Continuing Professional Training
- The core training module to be mandatory and involve face-to-face (workshop) training.
- Completion of the core training module enables accreditation to supervise in the new CBFP Training Program.
- A train the trainer methodology to be used to train Supervisors, with the DOTs and other coordinator roles being initially trained and then to be the key means of ensuring all Supervisors are subsequently able to receive training.
- A comprehensive communication and information campaign will be aligned with Supervisor training to initiate broad awareness of the CBFP prior to existing Supervisors undertaking the training modules.
- DVDs and webinars have also been developed to assist.
- Follow-up training for Supervisors will also be conducted to address any deficits prior to the CBFP starting.

Specific resources have been developed (or are in preparation) to support the modular Supervisor training program, including:

- Slideshow presentations
- Information packs
- DVD examples of WBAs
- Fact sheets
- Online tutorials.

The train the trainer (DOTs and training coordinators) workshops which cover these areas are conducted as two day face-to-face workshops with accompanying DVD and paper-based materials for training of Supervisors. A copy of the train the trainer workshop was placed on the CBFP website along with slides for Supervisors and Trainees to view and comment on. Copies and examples of the new assessments available have been placed on the CBFP website to allow for familiarisation and testing of the assessments. Ongoing training and review of the new assessments will occur as the program is implemented. The College will
collect feedback (via surveys and feedback forms) from Supervisors and Trainees to allow for the continuous quality improvement of the program as well as the identification of any gaps in the training that require addressing.

Website: http://cbfp.ranzcp.org/train-the-trainer-resources

Suggested appendices for this Section:

The position descriptions for Supervisors of training and other training and assessing roles.

Supervisors and Directors of training are not employed by the College. These roles lie with the employer and as such vary from role to role.

Resource materials related to the roles and expectations for Supervisors and mentors.

See http://www.ranzcp.org/prefellowship/training-directors.html

Sample programs for Supervisor training workshops.

See Appendix 59.
8.2 Clinical and other educational resources

Accreditation standards

8.2.1 The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.

8.2.2 The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.

8.2.3 The education provider’s accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the Trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.

8.2.4 The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that Trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

Provide information on the progress of the Accreditation Working Party. Provide copies of revised accreditation standards for the CBFP, if available. If available provide the plans for implementing the new standards.

The College and the Board of Education established the Accreditation Review Working Party in 2009. The AWP was focused on the review of accreditation standards, accreditation team membership, procedures to support accreditation visits (including Trainee surveys), reporting and review of accreditation recommendations. The AWP work plan included:

- the development of resources to support accreditation training materials for accreditors,
- review and modify accreditation standards for training programs and training posts
- review and modify the processes for accrediting Supervisors
- review accreditation policy and make recommendations to improve accreditation processes
- the further development of annual Trainee and Supervisor surveys to inform accreditation activities (via a pilot survey).
The following summary of outcomes that have been implemented or are pending final approval by BOE are listed below, they are supplemented by a full list of outcomes, made available in Appendix 62 to Appendix 68.

1. Training Post Accreditation

The rotation accreditation standards have been finalised by the working party along with a discussion paper.

2. Training Program Accreditation

A new schedule for the training program accreditation has also been devised to accommodate the move from a three year cycle to a five year cycle. Accreditation standards will be updated in 2012 to ensure alignment with CBFP.

3. Accreditation Visitor Panel

Selection and training procedures have been developed. This includes a dedicated member of the College staff as a member of the accreditation panel to advise on procedures and reporting. An accreditation visitor panel handbook has also been produced to assist, see Appendix 64.

4. Accreditation Surveys

A pilot accreditation survey of all sites due for re-accreditation visits in 2010 was completed in December 2010. The pilot was conducted in three training zones with Trainees and Supervisors and delivered online. Information from the pilot survey was used to drive the development of the annual accreditation surveys implemented in 2010. Detailed results from 2010 are available in Appendix 65. Work in progress includes the dissemination of results to committees, training regions, and accreditation site visitors.

Accreditation surveys gathering feedback on training regulations and the training programs were disseminated to Trainees, Fellows in training, and Supervisors in July 2011. The results were disseminated to all training directors and training programs, as well as branch training chairs. The surveys were delivered online and were sent to all accredited Supervisors and all active Trainees. Copies of the surveys are in the Appendix 66 and Appendix 67. Results and recommendations have been sent to the relevant committees and feedback provided to the individual training regions. These surveys will be conducted annually to assist in the data collection and accreditation processes.

5. Governance and Regulations

An independent accreditation subcommittee has approval from BOE to be established in 2012 to oversee and report to BOE on accreditation activities. A discussion paper has been produced and can be found in Appendix 63. The AWP work was completed in August 2011 the Accreditation Sub-Committee will begin work in mid 2012.

Accreditation Activities for 2010 and 2011 are summarised in Table 6, and proposed accreditation visits for the future are shown in Appendix 68. All recommendations and actions resulting from these visits must be completed and followed up on within 12 months from the site visit.

Engagement with health services in College accreditation activities remains a key challenge for the College to meet in the following years. Providing continued support to an expanding training program and establishing adequate resourcing to assist Supervisors are also key areas of development for the College to progress. Outcomes from the AWP will be integrated into CBFP rollout. The training program accreditation standards will be reviewed.
to ensure that CBFP requirements are delivered to Trainees. As recommended by the AWP, an accreditation subcommittee of the CFT will be established in 2012, to oversee future accreditation activities, including the roll out of policies and procedures developed by the AWP.

Table 6 The College’s Accreditation Visits 2010 to 2012

<table>
<thead>
<tr>
<th>State/Territory/Country</th>
<th>Training Zone</th>
<th>Date Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ</td>
<td>Auckland</td>
<td>28-29 July 2010</td>
</tr>
<tr>
<td>NZ</td>
<td>Christchurch</td>
<td>23 August 2010</td>
</tr>
<tr>
<td></td>
<td>Dunedin</td>
<td>24 August 2010</td>
</tr>
<tr>
<td></td>
<td>LCNI (Wellington)</td>
<td>29 September 2010</td>
</tr>
<tr>
<td></td>
<td>UCNI</td>
<td>30 September 2010</td>
</tr>
<tr>
<td>Victoria</td>
<td>Northern</td>
<td>26-27 August 2010</td>
</tr>
<tr>
<td>NSW</td>
<td>Northern Sydney/Central Coast</td>
<td>17-18 November 2011</td>
</tr>
<tr>
<td>Victoria</td>
<td>West</td>
<td>April 12-13 2011</td>
</tr>
<tr>
<td>WA</td>
<td>N/A</td>
<td>March 8-9 2012</td>
</tr>
<tr>
<td>NT</td>
<td>N/A</td>
<td>October (tentative)</td>
</tr>
<tr>
<td>Queensland</td>
<td>N/A</td>
<td>Beginning April 16 2012</td>
</tr>
</tbody>
</table>

Explain how the education provider monitors the training programs of individual Trainees. Describe the processes for advising Trainees on the choice of training sites to benefit their overall training, with an emphasis on any changes planned for the CBFP.

Trainees programs are monitored through a number of different methods these are outlined below:

- Detailed training records and progression through the program are collated at the College and recorded in the College data base. The College is able to review how each Trainee is progressing through the program including the completion of rotations, assessments, as well as other associated forms. These records allow the College, the Supervisors and the DOTs to track the progression of Trainees against the training program and identify areas where individual Trainees require further assistance. The records are available online for the Trainee and Supervisor and allow them to track their own progress against the College expectations.
- The regular meetings between Trainee and Supervisor/DOT allow for the Trainee progression and the Trainee programs to be monitored through dedicated
supervision hours. Reports are also completed at the end of each rotation and provided to the College.

- Resources and information packs on training options such as advanced certificates

No changes will be made to this system for the CBFP, however additional information on EPAs and WBAs and other assessment options will be included in the report.

The choice of training sites for new Trainees is controlled by each branch/training region, with many advertising or placing reference material and jobs sites or through medical related journals/ material. Trainees apply to the Branches and training sites as detailed in Section 7. The College provides details of the program and the different sites through its website. The College has recently made available the number of available training posts in each training region on the College website. This information details the total number of current Trainees and the total number of vacant positions. The College will update this information twice a year.

Provide an assessment of the challenges in your disciplines in integrating and/or balancing teaching, assessment and supervision with service demands, and the likely effect of the program change on these challenges.

Resource implications for the implementation of the CBFP Training Program for Supervisors and Health Services have been discussed through consultative visits and are being evaluated through the feasibility studies planned for late 2011 and 2012. Key areas of potential impact are in supervision and DOT workloads. In general, the current expectations of supervision, as prescribed in the RANZCP Training and Assessment Regulations, November 2003 (Version 22, approved 28/05/11)¹⁵ will be retained in the CBFP. In particular:

- Regulation 7.1 (i) Clinical supervision shall be for not less than 4 hours per week for not less than 40 weeks in each year of training. At least 1 of these 4 hours per week shall include individual supervision of [the Trainee’s] current clinical work; this applies whether [the Trainee is] part-time or full-time. The other 3 hours of supervision must be at least on a pro-rata basis if [the Trainee is] part-time.
- Regulation 7.1 (ii) During the first year of training [the Trainee] shall receive closer supervision, with at least 2 of the 4 hours per week supervision provided outside ward rounds/case review meetings.

To this end, it is intended that the formative assessments in the CBFP, namely WBAs, can be completed during this supervision time (see Figure 10), predominantly in the 1 hour of one-on-one supervision time. However, not all of this one-on-one time is expected to be used for the purposes of formative (WBA) assessments.

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Other Supervisory activities, listed below will continue:

- examination preparation
- examination coordination
- mentoring
- other training in work hours
- administration related to supervision training e.g., supervision paperwork, consultation, professional development

It is anticipated that there will be minimal additional time impost on Supervisors following the introduction of the CBFP. The BOE is currently undertaking a feasibility study into the WBAs and their implications, the outcome of this study will inform final decisions regarding the extent and number of WBAs and the balance between mandatory and non-mandatory assessments.
Table 7: Model of annual time requirements for supervision of a Trainee in CBFP (Hours)

<table>
<thead>
<tr>
<th>Year</th>
<th>Individual</th>
<th>Other</th>
<th>Supervision (Including WBA/EPA requirements totalling 10 hours)*</th>
<th>Admin</th>
<th>Exam prep</th>
<th>Exam co-ord</th>
<th>Other training</th>
<th>TOTAL (hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>1</td>
<td>80</td>
<td>80</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>40</td>
<td>120</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>40</td>
<td>120</td>
<td>40</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Stage 3</td>
<td>4</td>
<td>40</td>
<td>120</td>
<td>40</td>
<td>40</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>40</td>
<td>120</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Depending on the results of feasibility studies

Notes: The EPA/WBA supervision requirements have been incorporated into the total supervision hours and account for 10 hours. Administration time is an estimate and will be tested in a feasibility study.

Appendices – Section 8

Appendix 59: Training materials for Supervisors - Handbook
Appendix 60: Supervisor Link 44
Appendix 61: Supervisor Link 38
Appendix 62: Accreditation Working Party outcomes
Appendix 63: Accreditation sub-committee proposal
Appendix 64: Accreditation site visitor handbook
Appendix 65: Accreditation survey pilot
Appendix 66: Accreditation survey 2011 Trainee
Appendix 67: Accreditation survey 2011 Supervisor
Appendix 68: Accreditation site visits
9 Continuing Professional Development

9.1 Continuing Professional Development Programs

Please refer to the notes which accompany this section of the accreditation standards for further information of the requirements in Australia for continuing professional development programs and in New Zealand for recertification.

<table>
<thead>
<tr>
<th>Accreditation standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1.1 The education provider’s professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.</td>
</tr>
<tr>
<td>9.1.2 The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.</td>
</tr>
<tr>
<td>9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.</td>
</tr>
<tr>
<td>9.1.4 The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.</td>
</tr>
<tr>
<td>9.1.5 The education provider has mechanisms to allow doctors who are not its Fellows to access relevant continuing professional development and other educational opportunities.</td>
</tr>
<tr>
<td>9.1.6 The education provider has processes to counsel Fellows who do not participate in ongoing professional development programs.</td>
</tr>
</tbody>
</table>

The College has reported that the new CPD program built on the existing CPD program and expanded to incorporate planning for professional development, the promotion of active and peer reviewed practice based learning activities and recognition for the translation of learning into clinical practice improvement, was implemented in January 2010. Please outline any changes to the program planned or being considered as a result of the CBFP developments.

The College program for Continuing Professional Development (CPD) provides a pathway for psychiatrists to review and further develop professional practice to ensure the continued high standard of psychiatric practice in order to achieve the best attainable quality of psychiatric care and patient outcomes.

The CPD program offered by the College aims to facilitate and support activities that promote engagement, reflection on current practice and the ongoing development of skills and knowledge. The program embraces adult and lifelong learning principles and aims to be:

- Practice based, incorporating peer interaction and review to reflect the collegiate nature of learning in medicine
- Flexible and inclusive of a wide range of activities
Supportive of participants and responsive to feedback, audit of the program and research in the evolving field of CPD

A decision to redevelop the College’s CPD program was taken by the Committee for Continuing Medical Education (CCME) in September 2007 to ensure the program would meet the requirements of the AMC and the Medical Council of New Zealand (MCNZ) and hence to support its participants in maintaining professional standards and in their compliance with registration requirements.

The new program, implemented in January 2010, built on the existing CPD program and expanded to incorporate planning for professional development, the promotion of active and peer reviewed practice based learning activities and recognition for the translation of learning into clinical practice improvement. A copy of the program is provided in Appendix 69.

A Remediation Working Party was established in 2011 and developed guidelines to support those Fellows identified as underperforming using the following strategies in consultation with the relevant local medical boards:

- Assessment of the area/s requiring remediation/refresher
- One-on-one peer support and/or mentoring
- Supervision arrangements
- Full compliance with the CPD program

The Remediation Policy and associated information was passed by GC in February 2012 (see Appendix 72). The Remediation for Fellows policy is advertised and accessible on-line in the updated website under programs, http://www.ranzcp.org/fellowship/programs-for-fellows.html

The Refresher Program was first developed in 2009 and as part of the working party and CCME was reviewed and updated in 2011. Information on the Refresher Program is available on-line http://www.ranzcp.org/fellowship/programs-for-fellows.html

The CCME introduced the redeveloped program in January 2010 ensured flexibility by providing a comprehensive, evidence-based framework for participants to possibly engage in a three year cycle of planning, completing and reviewing professional development and learning activities. CPD participants can now plan their CPD program across an extended period so that major elements such as a practice visit, research project or presentation at an international conference may be accommodated within the program. Participants are required to engage in a personal annual review and program plan update, and can either do so at the end of Years 1 and 2 of the triennium, with a final review and reflection at the end, or through yearly complete submissions.

The CPD program’s annual obligations, which are based on the requirements of the AMC and MCNZ, include gaining at least 55 credits (with a minimum of 50 hours for practitioners within New Zealand), including:

- At least 15 credits (10 hours at 1.5 credits per hour) of peer reviewed activities.
- At least 20 credits of self guided learning.
- For practitioners within New Zealand, a reminder of a clinical audit as relevant to their scope of practice.
- CPD participants are required to gain at least 55 credits annually or 165 credits of CPD activity, over a period of three years of engagement in practice (full time or part time, clinical, administrative, educational or research). A participant’s optional three year or triennium CPD program may begin in any calendar year.
The three year program cycle allows some flexibility for participants unable to achieve the full CPD program obligations in any one year of their program, to use additional credits gained in the previous or subsequent year of the cycle to make up any shortfall, with the proviso that:

- At least some CPD activity must be registered during each year of the three year program (a minimum of 20% annual completion in any one year).
- A maximum of 60% of the three year plan may be completed in any one year of the triennium.

CPD online modules were introduced in 2010 as a joint venture with the Royal College of Psychiatrists (UK) this online resource provides access to over 80 interactive learning modules covering a wide range of topics relevant to the practice of psychiatry. Learning modules are all internationally peer-reviewed and provide a rich information source to help psychiatrists improve their knowledge, acquire new skills quickly, and keep up to date with new research and best practice in psychiatry. Those who have registered and are comfortable with the technology have been found to be more likely to attempt multiple learning activities.

It is a requirement that CPD participants undertake at least 15 credits (10 hours) of a peer reviewed activity each year as part of their CPD program, which may include hosting a practice visit, undertaking or providing supervision or attending a peer review group (PRG). The College’s PRGs have been operating since 1996 and are small self-selected groups of psychiatrists (and other mental health specialists) who meet regularly with their peers to review their practice and to obtain support and assistance with issues experienced as practitioners.

Attending a PRG is an integral component of CPD for the majority of participants. As of Jan 2012 there are over 740 registered Peer Review Groups with the College. Registration of peer review groups, along with an identified Fellow as a coordinator and records of attendance by peer psychiatrists is a requirement of the CPD program.

Each year the College completes an audit of participation and activities. Annual claims for a particular calendar year are received and processed in the subsequent year. The CPD claims and audit processes for the 2010 CPD year were completed in 2011 (see Appendix 47).

Participation in the CPD program increased over the last five years with 80% of those participating submitting a Claim in 2005 to over 90% in 2010. The Triennium option was a new initiative for 2010 and only 23 participants who submitted a claim in 2010 had chosen the option at the time. A total of 235 Claims were randomly chosen for Formal Audit (8.2% of all Fellows in Australia and 12% of Fellows in New Zealand who submitted a claim for 2010 chosen for Formal Audit) and out of the Audit, 169 were completed correctly the first time and all information was provided, with nearly ¾ of them having completed a professional development plan. A random selection of 176 late claims and individual CPD participants were also selected for a data verification audit. The average total CPD claim from the data submitted for an Individual was 124 Credits for 2010; this compared well with the Average total for 2010 Claims for all Fellows and Affiliates submitted was 133 Credits. The pass rate for the Formal CPD Audit has decreased in 2010 to just over ¾ of Audit participants. Changes introduced in 2010 and the changing CPD environment may have contributed to the increased participation but the decline in CPD pass on Audit.

The CCME has reviewed CPD Accreditation and Endorsement processes and polices in 2011/2012, proposing an initial endorsement process of CPD designed to target Fellows and...
Affiliates. A full review of the proposal, based on feedback from Board of Education, is due to take place at the next major CCME Meeting in 2012.

Expanding the range of learning resources available in CPD through online technologies, such as podcasting, Skype, and applications remains an area that the College continues to explore. With around 150 new Fellows/Affiliates eligible to join the College, the challenge is to continue to engage them in a CPD program that meets their needs, is accessible and is of consistent quality. Ensuring a process of review and Endorsement of CPD activities, both on-line, Face-to-face and through other mediums should maintain the College training and education standards in the programs delivered to Fellows and members.

**MCNZ 9.1 Additional criteria: Continuing professional development (CPD) – to meet Medical Council requirements for recertification**

<table>
<thead>
<tr>
<th>The following elements need to be defined:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The categories of practitioner and the number of practitioners undertaking their recertification programme.</td>
</tr>
<tr>
<td>• Any categories of practitioner that are not enrolled in recertification programmes.</td>
</tr>
<tr>
<td>• Confirmation that the recertification programme is available for practitioners registered within a vocational scope of practice who are non-members.</td>
</tr>
<tr>
<td>• Details of the hours per year that members are required to spend on recertification activities and how that is comprised.</td>
</tr>
<tr>
<td>• Details of the process that is in place for evaluating whether practitioners participating in the programme are meeting the requirements.</td>
</tr>
<tr>
<td>• Whether the education provider collects information about:</td>
</tr>
<tr>
<td>• the numbers of and outcomes for practitioners who undertake regular practice reviews</td>
</tr>
<tr>
<td>• Whether their practitioners have undertaken a credentialing process and if so whether there are checks in place to ensure those practitioners are doing CPD appropriate for their clinical responsibilities.</td>
</tr>
</tbody>
</table>

*How the education provider has respect for cultural competence and identifies formal components of the recertification programme that contributes to the cultural competence of Fellows and affiliates. (Please refer to the additional information provided about cultural competence under standard 3.1).*

The College program for Continuing Professional Development (CPD) provides a pathway for psychiatrists to review and further develop professional practice to ensure the continued high standard of psychiatric practice in order to achieve the best attainable quality of psychiatric care and patient outcomes. The CPD is delivered in the same manner in Australia and New Zealand.

The CPD program’s annual obligations, which are based on the requirements of the AMC and MCNZ, include gaining at least 55 credits (with a minimum of 50 hours for practitioners within New Zealand), including:

- At least 15 credits (10 hours at 1.5 credits per hour) of peer reviewed activities.
- At least 20 credits of self guided learning.
- For practitioners within New Zealand, a reminder of a clinical audit as relevant to their scope of practice.
CPD participants are required to gain at least 165 credits of CPD activity, over a period of three years of engagement in practice (full time or part time, clinical, administrative, educational or research). A participant’s three year CPD program may begin in any calendar year. A reminder is in the CPD guide for practitioners in NZ to complete a minimum of 50 hours per calendar year)

Reports in compliance with the requirements of the declaration of the College Peer Review Groups and Practice Visits programs as Quality Assurance Activities under the Qualified Privilege Legislation in Australia and New Zealand during 2009 were submitted and participants attending these activities have continuity of protection under the qualified privilege legislation until 2014.

Annual claims for a particular calendar year are received and processed in the subsequent year and hence reported in the year subsequent to that. The CPD claims and audit processes for the 2009 CPD year were completed in mid 2010 and are summarised in Appendix 47.

The enrolment and participation rates in CPD for the past six years are shown in Appendix 47. Participation is indicated by the submission of an annual CPD claim form. Data for all CPD participants and for Fellows only is shown. The CPD claim forms submitted by the College membership category are shown in Appendix 47, including the 2010 claims submissions that were compiled in for the 2011 report. The claims for 2011 report will be available in the near future.

In accordance with the policy and procedure for CPD audits, audits are conducted by the CME office on 10% of CPD claims each year. Appendix 47 displays the results for the CPD claims audited for 2005 -2010. From the 2011 claim period to achieve success in audit, evidence must verify participation in at least 55 credits (50 hours NZ) of CPD during the year including planning; at least 15 credits (10 hours NZ) of peer review activities; 20 credits of self-guided learning, and for practitioners within New Zealand; a minimum of one clinical audit if relevant to scope of practice.

9.3 Remediation of poorly performing Fellows

Additional criteria:

The response to this standard should encompass details of:

A process for auditing whether individual practitioners are participating in the recertification programme and whether they are meeting the requirements. This includes a system for dealing with those who are not complying.

- A process for reporting to the MCNZ, for the purposes of the MCNZ’s audit of recertification, those who are participating in the recertification programme and whether they are complying or not.
- A system for identifying and managing compliance with recertification programmes, and where appropriate to refer the doctor to the MCNZ.
- A system for informing the MCNZ if the provider becomes aware of performance /competence concerns on the part of the practitioner.

Remediation and refresher programming is a standing agenda item for monthly CCME meetings. A Remediation Working Party drawn from two committees was formed and met in August 2011. This meeting included consultation from another College on their system (ANZCA) on their remediation for Fellows program and processes. A College wide approach
to the development of guidelines for remediation has been initiated by the CCME. This was a key activity for 2011 with the Remediation Working Party developing and implementing a formal remediation program for Fellows who were identified by Registration Authorities as underperforming.

In addition, guidelines have been developed or updated for the support of those Fellows identified as underperforming or for those returning after a period of absence from practice, using the following strategies in consultation with the relevant local medical boards:

- assessment of the area/s requiring remediation/refresher
- one-on-one peer support and/or mentoring
- supervision arrangements
- full compliance with the CPD program
- see Appendix 72 for more detail.

The CCME and CEQR have contacted AHPRA and the Medical Board of Australia regarding non-compliance to CPD to confirm and state its position; details of these contacts are located in Appendix 73 and Appendix 74.

The College currently has over 85% of all full Fellows engaged in CPD activities and actively audit the claim form submitted each year. The College also actively contacts non-involved Fellows to encourage their involvement in the CPD, as detailed in Appendix 47.

Non-compliance with CPD regulations is dealt with using a number of processes. These are constantly being upgraded and improved in order to ensure that the appropriate processes are in place to gain maximum effectiveness for CPD participations and ensure that all Fellows have appropriate professional development opportunities that are related to current practice.

The College employs a number of detailed processes to ensure accurate audit documentation is collected. These processes require that the Audit documentation:

- Support the claimant’s full participation in at least 50 hours (55 Credits) of CPD during the year including at least 10 hours of peer reviewed activity or part thereof for the triennium
- Be professionally presented and fully detailed as requested in the CPD log book
- Be clearly labelled and organised preferably as per Claim Form categories for CPD activities
- The following documentation will need to be verified and signed off by the relevant coordinator or Supervisor where appropriate: Peer Review Groups; Practice Visits; Group or Individual Supervision. Graduate and post-graduate programs are also to be verified by the relevant coordinator or Supervisor.

Audit documentation is required to state the number of hours spent on each activity. This is particularly relevant in relation to Peer Review activities, structured learning, accredited group learning and teaching activities. Documents failing to meet these requirements will not be accepted for auditing but shall be returned to the participant for resubmission.

To achieve success in audit Fellows/Affiliate members must have the required documentation submitted to the College to provide evidence that they have completed a program of CPD of not less than 50 hours for the year, including at least 10 hours of peer review activities for a full year/ NZ or for those participating in the triennium, part thereof.
The College has specific processes involved to deal with CPD participants that may have failed an audit. A participant will be deemed to have failed an audit if he/she has not provided sufficient evidence to verify participation in at least 55 credits or 50 hours of CPD during the year including at least 15 credits or 10 hours of peer reviewed activity or as claimed in the triennium as part thereof. Fellows who have failed an audit because of inadequate or unsuitable documentation shall be contacted and offered assistance in complying with the audit requirements and the opportunity to resubmit documentation. Fellows who have failed an audit because of non submission of documentation shall be contacted and the reasons for their non compliance ascertained. Assistance in re-engaging with the CPD program and the opportunity to submit documentation shall be offered where appropriate. Fellows deemed to have not participated in a particular year because of non compliance with audit requirements shall be given every opportunity to redress the situation.

Following consideration by the remediation working group, a College wide approach to the development and implantation of guidelines for remediation was initiated by the CCME. This was a key activity for 2011 with the Remediation Working Party achieved:

1. Developed a formal remediation program for Fellows identified by Registration Authorities as underperforming in order to assist those Fellows to meet their remediation goals.
2. Completed a Literature review and benchmarking process to determine best practice in relation to Remediation for under-performing Fellows.
3. Identified new and existing resources could be developed or accessed to support a Remediation program for Fellows.
4. Full details on the identification and remediation of poorly performing Fellows/Affiliates is provided in Appendix 75.
5. Advertise the availability of the Remediation Program to Fellows and Affiliates (see http://www.ranzcp.org/fellowship/programs-for-fellows.html)

Appendices – Section 9

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Appendix 71: CPD Online Usage report
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Appendices are located in Addendum 1. A second addendum contains relevant CBFP polices, regulations, and resources. Please note that some items have been progressed and developed following the production of some appendices and some changes in terminology of context may occur.

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