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2003 PSYCHOLOGICAL METHODS CASE HISTORY AND TRANSITION

As previously advised in earlier Training and Assessment newsletters, 2003 Regulation Trainees who have passed the 2003 Psychological Methods Case History prior to transition are exempt from submitting a 2012 Psychotherapy Written Case once they transition to the 2012 Fellowship Program.

The final date for first-time submissions of the 2003 Psychological Methods Case History **was** 13 November 2015. Trainees who did not submit a Psychological Methods Case History by this date are now required to successfully complete the 2012 Psychotherapy Written Case in order to attain Fellowship.

Exam Assistants for OSCE Examination – Saturday, 16 April 2016 - Volunteers required for Melbourne

The Committee for Examination would like to invite local trainees and SIMGs to assist with the running of the OSCE examination. The April 2016 OSCE Examination is to be held in Melbourne on Saturday, 16 April 2016. Your attendance at the examination venue would be required from 7:00am to 5:30pm. The examination will be held at the Royal Melbourne Hospital and the Royal Women's Hospital.

Exam assistants play a pivotal part in the smooth running of this event. This is an excellent opportunity for future candidates to improve their chances of success by seeing the examination process in action.

A training webinar will be conducted on Friday afternoon, 15 April 2016 at 3:00pm. Your help will be very much appreciated by the College and your colleagues who will be sitting these examinations.

If you are interested, please contact the Exams Department at clinicals@ranzcp.org

OSCE Examination

Candidates undertaking the April 2016 OSCE are not to bring their travel luggage with them to the examination site. One small handbag/document satchel will only be accepted for storage by College staff, and personal belongings should be kept to a minimum. Please note that local security protocols at the hospital will prohibit any baggage being left unattended.

Whilst the College aims to start the examination on time, there are instances where it can be delayed. For candidates who are travelling / flying, we ask that they **do not** book flights immediately following the examination. We highly recommend that you book a flight at least 2.5 to 3 hours after the scheduled conclusion of the examination.

The College regrets any inconvenience these arrangements may cause, but thanks candidates in advance for their cooperation. Please contact the Exams department at clinicals@ranzcp.org if you have any further questions.

OSCE Examination Attire

The Committee for Examinations recommends that candidates presenting at the examinations, wear comfortable modest clothing and footwear but still be professionally presented. Candidate attire should not restrict movement and their attire should allow them to move swiftly and freely across stations as well as within a station.

Trainee Representative Committee

Trainee Newsletter Contribution

Prepared by Dr. Karen McDonnell, Dr. Rebecca Graham, Dr. Lois Evans, Dr. Daniel Brass

TRC Update: Examinations

The Trainee Representative Committee have been diligently advocating on behalf of all concerned trainees in light of the recent significantly low examination pass rates in 2015 and new 'Junior Consultant Standard' set by the CBFP. The Psychotherapy written case (PWC), Scholarly project (SP), Multiple choice paper (MCQ), essay-style paper (EMQ) and modified Objective Structured Clinical Examination time (OSCE) are all now assessed at Junior Consultant level. Based on the feedback received from trainees the TRC have identified several concerns with the CBFP examination process and have since highlighted them to the relevant committees. We wish to share with you some of these concerns, followed by a list of recommendations made by the TRC to the College body.

Summative assessment feedback – including the language used to communicate results (pass/fail rather than neutral wording such as satisfactory/non-satisfactory), the delay in communicating results which significantly reduces the time trainees have to decide whether to apply for the next round with no time allowed for reflection on why they may have failed, or plan their approach to revision following a fail grade. We believe that many trainees are opting to resit a year later primarily due to this delay in feedback which ultimately delays progress through training.

Junior Consultant Standard of summative assessments – The TRC strongly believe there has been an inconsiderate lack of information regarding the new 'junior consultant standard'. We surmise that

this standard is difficult to define because different junior consultants working in various fields will have different levels of knowledge. We understand that it is likely to take several sittings of all new assessments until the required standard is understood by the College as well as trainees. However, we feel that this threatens the welfare of current trainees bi-nationally including significant negative emotional, psychological, practical, social and financial consequences.

Trainee trajectory and show cause provision – Trainees are concerned how they will complete all the training requirements in five years. Currently it is not clear how or when assessments should be attempted. The recommendation from the College following the high failure rate is that trainees are sitting exams too early. This leaves trainees with the impression that they should sit all College requirements into Advanced Training. Waiting until this stage in training places a high burden on trainees and gives them little time to concentrate on advanced training requirements. Under the previous regulations, this was discouraged as it was thought to interfere with the specific learning required for this training. The TRC believe waiting to complete all assessments late in training will place unacceptable and unjustified amounts of distress and anxiety on trainees which may culminate in high levels of trainee burn-out and poorer trainee welfare. The TRC strongly advocated for RANZCP to publish a trainee trajectory with more specific recommendations on when to sit examinations.

Written examinations – In August 2015, the pass rates were very low at 62% and 23% for the MCQ and EMQ respectively. There are currently high levels of demoralisation, anxiety and distress from trainees around this high failure rate.

Psychotherapy Written Case (PWC) – Trainees can submit this at any stage of training, yet psychotherapy supervisors, clinical supervisors and Directors of training are struggling to understand the application of junior consultant standard and feel unable to assist with this high level write up. Furthermore, the Psychotherapy Advanced Certificate requires trainees to pass the PWC prior to advanced training and therefore trainees must demonstrate that they are working at a junior consultant level after only three years of training. This may leave a real risk of deterring trainees from applying to Psychotherapy Advanced Certificate.

Scholarly Project (SP) and Objective Structured Clinical Examination (OSCE) – The TRC has grave concerns that the problems which have beset the other summative assessments will also affect the SP and OSCE.

The College have made clear their commitment to recognise the welfare of trainees as a priority. However, the TRC feel that the college have failed to consider the impact of these examination changes on the welfare of trainees. The TRC understand the origin for the development of the CBFP and the College's genuine intent that it would allow for better support for trainees. However, the trainees experience of the CBFP and current examination requirements is one of confusion, miscommunication and distress. This stems from the fundamental uncertainty of the 'junior consultant standard', when to sit exams, current low pass rates, tension between sitting summative assessments and advanced certificate training and increased fees. It is a difficult time for trainees across Australasia. There is more uncertainty and bigger hurdles. The TRC asked that the College solemnly take into account our considerations and recommendations in its continual efforts to support the well-being of all trainees and improve examination rates.

Recommendations

1. The TRC recommended that any summative assessment sat in 2015 should not contribute to a requirement to 'show cause' on the basis of three failed attempts at the same summative assessment.
2. The TRC suggested that a benchmarking exercise be conducted with respect to the 'junior consultant' standard of the written examinations by recruiting a sample of first and second year consultant psychiatrists who would undertake the assessment under examination conditions with these papers being marked on a blinded basis by examiners. The TRC are aware of individuals who have recently gained their Fellowship that would be willing to assist with this.
3. The TRC asked that the college promulgate to all trainees clear guidelines and procedures, as well as developing practical advice such as 'suggested' times for sitting the various assessments, with the goal of completing generalist training in five years. With the 'junior consultant' standard applying to all summative assessments, trainees are struggling to understand how they should complete all assessments in stage 3, especially if they intend to complete certificate programs with their own strict requirements. At present, variation between branches and DoT is such that some trainees are receiving clear advice, but many others are not. This is clearly a source of inequity between trainees in different regions.
4. The TRC asked that the college, via its Directors of Training and its Branches, urgently provide resources to the PWC and SP supervisors about the expected standard, and how it can be met. The TRC recommends that clear marking criteria for the PWC be developed, including annotations to guide markers in the assessment of the PWC under the new standard. The TRC requests that a bank of five gold standard PWC be developed so that the mystery of the junior consultant standard in this assessment is once and for all extinguished and this will allow anxieties to settle. Whilst we appreciate this is a significant amount of work, the reward to trainees, supervisors and the broader College community more than outweighs the investment. These steps will enable branches, Directors of Training and supervisors to provide trainees with advice about their readiness to submit their PWC and SP.
5. Regarding the essay examination, The TRC requested publication of the May and August 2015 MEQ examinations, and their marking keys, on the College website to assist with clarification of the new standard for trainees preparing to sit their essay examination. The TRC noted that in many post graduate essay examinations people are offered a choice and write one of two or three questions. This could be one step that the College could consider, which may help reduce trainee anxiety going into the exam, and lead to a fairer examination where people are given a fairer chance to demonstrate their knowledge.
6. The College could consider making some small changes, such as a change in terminology from pass/fail to satisfactory/unsatisfactory to help with how results are received.
7. There should be better mechanisms for getting feedback to trainees through electronic

communication linked to the trainee's nominated email account or their individual training record.

8. Urgent completion of outstanding forms relating to Stage 3 of the CBFP, including the advanced training certificates, would be helpful for those now in Stage 3.

Dr. Karen McDonnell – non-jurisdictional representative NZ

Dr. Rebecca Graham – TRC representative Tasmania

Dr. Lois Evans – TRC representative NZ

Dr. Daniel Brass – TRC representative Victoria

TRC Notice

The Section of Leadership and Management bi-national committee are seeking a trainee representative to join the committee to ensure the appropriate representation of trainees.

If you would like to be considered for this role, please forward a brief CV to Ben Riethmuller, Administration Officer of the TRC, by email to ben.riethmuller@ranzcp.org. The TRC will review expressions of interest and endorse an appropriate trainee to take this important role.

CBFP

New Stage 3 EPAs approved

Six new Stage 3 EPAs have been approved by the Education Committee. They are:

- (Addiction) ST3-ADD-AOP-EPA6: Provide training for other clinicians in delivery of brief interventions for substance use disorder.
- (Adult) ST3-AP-AOP-EPA4: Recovery and rehabilitation.
- (Medical administration) ST3-ADM-AOP-EPA3: Reviewing performance and development of a learning plan.
- (Medical education) ST3-EDU-FELL-EPA1: Small and large group teaching.
- (Medical education) ST3-EDU-FELL-EPA2: Deliver and evaluate clinical (bedside) teaching sessions.

- (Medical education) ST3-EDU-AOP-EPA4: Develop a summative assessment for learners who have completed a course, program or teaching session.

The new EPAs can be found on the [EPA forms](#) page of the website. Stage 3 trainees are reminded that FELL (Fellowship) EPAs can be attained in any rotation whereas AOP (area of practice) EPAs can be attained in the relevant area of practice only. For example, trainees can attain the adult psychiatry EPA, *ST3-AP-AOP-EPA4: Recovery and rehabilitation*, in adult psychiatry rotations only but can attain the medical education EPAs, *ST3-EDU-FELL-EPA1: Small and large group teaching* and *ST3-EDU-FELL-EPA2: Deliver and evaluate clinical (bedside) teaching sessions* in any rotation.

New Stage 3 forms available

The new Stage 3 Generalist mid-rotation and end-of-rotation ITA forms are now available on the website. Trainees complete a formative mid-rotation ITA form at the mid-point of each rotation and must submit a summative end-of-rotation ITA form at the completion of each rotation.

The Stage 3 Leadership and Management form is now available and must be used by trainees to confirm successful completion of the Stage 3 leadership and management requirements.

All new forms are available on the [Training program forms](#) page of the website.

Stage 3 Mandatory Requirements Policy update

The Stage 3 policy has been updated to clarify that group psychotherapy is an acceptable modality for the Stage 3 psychotherapy requirements. However, a group psychotherapy session counts as one session for one patient and cannot be claimed as more than one patient.

For more information, please refer to the Stage 3 Mandatory Requirements Policy available in the [Training chapter](#) of the [Regulations, policies and procedures](#).

WBAs and EPAs refresher

With so many trainees recently joining the 2012 Fellowship Program and undertaking EPAs for the first time, (welcome transitioning trainees and new Stage 1 trainees), the following information has been prepared about how WBAs are used to entrust EPAs.

Supervisors use the four WBA tools, together with other information, to assess whether trainees can attain a particular EPA. A minimum of three WBAs are used when assessing each EPA. Supervisors also draw on other available data, including information from other staff or sources, review of reports, to determine whether a trainee has achieved an EPA.

Trainees must maintain a portfolio of their Fellowship Program forms. This includes their WBA and EPA forms (the COE [Confirmation of Entrustment] form) together with copies of all mid-rotation and end-of-rotation ITA forms. Trainees provide this portfolio to their supervisor at the start of each rotation.

More information and the WBA tools can be found on the [Workplace-based Assessments](#) web page.

Updated RPL form

The Recognition of prior learning (RPL) form has been revised. The updated form can now be used to apply for RPL for any stage of training (the previous form only catered to Stages 1 and 2) and Certificates of Advanced Training.

The new form is available on the [Training program forms](#) page of the website.

For more information, please refer to the Recognition of Prior Learning Policy and Procedure available in the [Administration chapter](#) of the [Regulations, policies and procedures](#).

Addiction Certificate learning plan available

Trainees and Fellows completing a Certificate of Advanced Training in Addiction Psychiatry must complete a learning and development plan for every 12 months FTE of training. Now available on the [Certificate of Advanced Training in Addiction Psychiatry](#) web page, the learning and development plan also contains a guide to the plan with suggested

activities that will support trainees in developing skills in addiction psychiatry.

Policy

College releases new guidance for health professionals working in Australian immigration detention centres

The College has recently released its newest professional practice guideline (PPG), [Guidance for psychiatrists working in Australian immigration detention centres](#). The PPG was developed by the College's Asylum Seeker and Refugee Mental Health Working Group, chaired by the President Professor Malcolm Hopwood. It was developed in response to concern that the capacity of psychiatrists and trainees to provide high quality mental healthcare and to practice ethically and effectively in detention centres is currently limited, particularly in the context of the possible interpretation of the *Australian Border Force Act 2015* (Cth).

The Asylum Seeker and Refugee Mental Health Working Group identified five overarching ethical and professional issues pertinent to delivering mental healthcare to adults and children detained in immigration facilities, as follows:

1. Proper use of professional knowledge and skills
2. Responsibility to the patient
3. Clinical independence
4. Advocacy
5. Confidentiality

The PPG draws on the College's *Code of Ethics* (4th edition) and other policy documents and position statements, as well as international medical and human rights documents. It sets out a series of practice points that are evidence-based, non-partisan and intended to support psychiatrists and trainees to negotiate the complexity of supporting the mental health of asylum seekers.

The full version of the document can be accessed via the 'Guidelines and resources' section of the College website (www.ranzcp.org). Questions and comments can be forwarded to policy@ranzcp.org.

Invitation to provide feedback to College submission on medical complaints

The Australian Senate has referred the issue of the [medical complaints process in Australia](#) for inquiry and report. The particular focus of the inquiry is on experiences of medical practitioners and trainees within the profession. The College will be making a submission to this inquiry, and would welcome feedback from trainees on this topic.

Terms of reference include:

- prevalence of bullying and harassment in Australia's medical profession
- barriers, whether real or perceived, to medical practitioners reporting bullying and harassment
- roles of the Medical Board of Australia, the Australian Health Practitioners Regulation Agency and other relevant organisations in managing investigations into professional conduct, performance or health of a registered medical practitioner or student
- whether the National Registration and Accreditation Scheme results in better health outcomes for patients
- desirability of requiring complainants to sign a declaration that their complaint is being made in good faith.

If trainees wish to contribute to the College's response to this inquiry, feedback can be provided to Lucy Evans, Policy Officer, College Practice, Policy and Partnerships Department via lucy.evans@ranzcp.org by **COB Monday 2 May 2016**. The final submission will not identify individual respondents, and internal documentation of feedback can be kept confidential upon request.

Conferences

2016 International RANZCP Congress of Psychiatry Hong Kong

The RANZCP International Congress will be held on 8-12 May 2016 in Hong Kong and will welcome psychiatrists, trainees, allied health professionals, community representatives, medical students and other medical practitioners from around the world.

Trainee input into the development of the Congress program has been strong and psychiatry trainees can [register](#) for Congress at a heavily discounted rate.

Come and join over 80 trainees who have already registered for Congress 2016!

The Trainee Representative Committee has collaborated with the Section of Early Career Psychiatrists and trainees in Hong Kong and mainland China on various academic and networking activities tailored for the needs of trainees.

Highlights of the Congress [program](#) for trainees include:

- *Enriching the Training Experience*; A symposium on how to 'value add' to your training years, going beyond the formal clinical and examination programs. Scheduled for Monday 9th May at 11am.
- *Psychiatry Training in the Global Village*; A symposium exploring overseas training opportunities in the South East Asian region, and beyond, using case studies. Scheduled for Tuesday 10th May at 11.15am.
- Meet the TRC; this successful event returns after last year's Congress in Brisbane. A confidential lunchtime session to get feedback from registrars on any issues of concern. Scheduled for Monday 9th May at 12.30-13.30pm.
- A social networking event for trainees on Tuesday evening 10th May.
- Formal organised opportunities for trainees to network with international colleagues and senior psychiatrists.
- Other sessions that may be of interest to trainees include:
 - **Pre-Congress Workshop 13:** *Leadership and Management – Trainee and early career psychiatrist workshop*
 - **Pre-Congress Workshop HKAM:** *Family Approaches to Child and Adolescent Mental Disorders (FACAMD)* – Hosted by the RANZCP and the Hong Kong College of Psychiatrists. Available as a stand-alone activity or a 2 day package with Workshop 1 (Neurodevelopmental Disorders: Focus on Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder).
 - **Pre-Congress workshop 6:** *Competency Assessment: Challenges and Controversies*
 - *'Developing Entrustable Professional Activities (EPAs) for the Competency*

*Based Fellowship Program for psychiatry
in Australia and New Zealand'*

- *'Changes to Advanced Training Certificate requirements with the introduction of the 2012 Fellowship Program'*
- *'There's more than one way to train a psychiatrist' – a symposium describing and comparing psychiatry training in Aus/NZ, HK and China.*
- *'Training across 3 countries with a focus on Advanced Training'*
- *'An introduction to conducting research in clinical settings'*
- *'I've got my letters, now what? Practical consideration for early career psychiatrists'*
- *'CPD Redevelopment: A study of systems in the Asia-Pacific Region'*

Grants

Educational grants available for Rural Trainees

The College has grants of up to \$2,000 available to RANZCP trainees who show a commitment to training in rural Australia. All RANZCP trainees based in RA2–RA5 are eligible to apply.

The Specialist Training Program (STP) is providing these educational grants for eligible activities in 2016 including support to attend:

- lectures
- workshops
- coaching for exam preparation
- RANZCP conferences

Applications are now open and will be available up to 31 October 2016 (funds permitting) with activities to be completed by 31 December 2016.

If you would like to apply please complete the [application form](#).

Please visit the [Rural Grant webpage](#) or email ruralprojectSTP@ranzcp.org for further information.

Applications are assessed by a Panel of College Fellows from the Rural Working Party. All applicants are notified of the outcome of their grant application after Panel review.

The Royal Australian and New Zealand College of Psychiatrists has received Australian Government funding under the Specialist Training Program for this grant initiative.