

Learning Outcomes – Stages 1, 2 & 3

The table below contains the learning outcomes to be completed during each stage of training in the 2012 Fellowship Program.

- The learning outcomes for Stage 1 are to be achieved in the two adult psychiatry rotations.
- The learning outcomes for Stage 2 will be achieved during the area of practice rotations (child and adolescent psychiatry and consultation–liaison psychiatry, plus two elective rotations of the trainee’s choice). These outcomes will remain the same throughout Stage 2.
- The learning outcomes for Stage 3 will be achieved in either the generalist program rotations or the specialty certificate programs.

The learning outcomes describe a progression in the expected sophistication of trainees’ practice.

- The learning outcomes for Stage 1 are focused on the acquisition of knowledge and skills required to practise within the general adult clinical setting, establishing a solid foundation for trainees’ later practice.
- The learning outcomes for Stage 2 enable the trainees to apply their knowledge and skills within a variety of settings and with diverse patient populations.
- The learning outcomes for Stage 3 reflect the increased level of responsibility expected of trainees at this stage of training, preparing them for the transition to consultant psychiatrists and lifelong learning.

It is recognised that the College cannot fully and comprehensively prescribe the training experiences of trainees throughout Australia and New Zealand as the delivery of training programs is variable, and individual training experiences are unique, to some extent. The learning outcomes do, however, prescribe the minimum expectations of what trainees will need to complete in their rotations in order to achieve Fellowship.

NOTE

- *Cells with X in them indicate that no predecessor/successor was required or intended for that row (e.g. the trainee can be assumed to have met the outcome earlier, or the outcome might be subsumed within a broader, more advanced outcome).*

	STAGE 1	STAGE 2	STAGE 3
MEDICAL EXPERT			
1.	ASSESSMENT: Conducts an organised psychiatric assessment with a focus on: history taking, psychiatric interview skills, risk assessment, phenomenology, MSE with relevant physical and cognitive examination and obtaining collateral history from other sources.	ASSESSMENT: Conducts a comprehensive psychiatric assessment with an emphasis on development of advanced interviewing skills.	ASSESSMENT: Conducts comprehensive, culturally appropriate, hypothesis-driven psychiatric assessments integrating information from all sources. Able to assess patients from a range of ages, including those with multiple/complex problems. Competently conducts risk assessments, taking into account immediate and long-term risks.
2.	DIAGNOSIS: Accurately constructs a differential diagnosis for common presenting problems using a diagnostic system (DSM, ICD).	DIAGNOSIS: Uses a detailed understanding of the diagnostic system to provide a justification for diagnosis and differential diagnosis, and applies these to a variety of clinical settings and patient groups.	MENTAL STATE: Conducts and accurately presents comprehensive mental state examinations in patients from a range of ages, including those with multiple/complex problems. Mental state evaluations include appropriate, skilled cognitive assessments with specific tests tailored to the patient's presentation which are conducted and interpreted accurately.
3.	FORMULATION: Identifies and summarises relevant biological, psychological, cultural and social contributors to the patient's illness and recovery.	FORMULATION: Generates a broad formulation incorporating relevant theoretical constructs to inform a management plan, and applies these to a variety of clinical settings and patient groups.	FORMULATION: Integrates and synthesises information to produce a sophisticated diagnostic formulation and risk formulation, and to make a diagnosis according to a recognised diagnostic system (DSM or ICD). Uses this synthesis to inform treatment and prognosis.
4.	MANAGEMENT: Constructs and implements safe management plans under supervision using recognised biological (ECT and psychopharmacology) and psychosocial approaches, with reference to relevant treatment guidelines.	MANAGEMENT: Constructs and implements tailored management plans, with supervision, using evidence-based biological and psychosocial approaches, developing expertise in psychopharmacology and psychotherapeutic skills.	MANAGEMENT: Develops, implements, monitors and appropriately revises comprehensive management plans, incorporating biological, psychological, social and cultural approaches, which are informed by the formulation and prognosis and which acknowledge barriers to implementation. Transfers management

			appropriately, managing termination issues and transfer of care.
5.	PSYCHIATRIC EMERGENCIES: Undertakes the assessment and initial management of psychiatric emergencies, with due regard for safety and risk, under supervision.	PSYCHIATRIC EMERGENCIES: Undertakes the assessment and initial management of psychiatric emergencies in specialty patient groups and a variety of settings.	TREATMENT SKILLS: Demonstrates skills in psychotherapeutic, pharmacological, biological and sociocultural interventions to treat patients with complex mental health problems and manage psychiatric emergencies with appropriate referral and consultation.
6.	LEGISLATION: Describes the principles and practical application of the mental health legislation and informed consent and is able to work appropriately with the relevant mental health legislation.	LEGISLATION: Undertakes designated tasks under the mental health legislation and other applicable legislation (Guardianship, Advance Directives, Forensic mental health, legislation relevant to other aspects of mental health and health care service provision) under supervision.	LEGISLATION: Demonstrates the ability to appropriately apply and manage mental health and related legislation in patient care (e.g. guardianship, advance directives, mental health act, forensic issues). Understands the principles of medico-legal report writing, and relevant concepts and terminology.
7.	REFLECTION: Identifies the principles of reflection and uses supervision to engage in reflection on clinical activities.	REFLECTION: Engages in critical reflection and self-monitoring during clinical practice, integrating and translating new knowledge and skills into changes in clinical practice.	CRITICAL APPRAISAL & REFLECTIVE PRACTICE: Demonstrates the ability to critically appraise and apply contemporary research, psychiatric knowledge and treatment guidelines to enhance outcomes. Practises in a reflective and responsive manner, managing complexity and uncertainty and seeking further assistance, supervision or advice appropriately.
8.	X	REPORT WRITING: Understands the principles of report writing and legal terms with regards to relevant legislation.	X
9.	X	X	PHYSICAL HEALTH MANAGEMENT: Demonstrates the ability to integrate and appropriately manage the patient's physical health together with their mental health problems. Organises and interprets relevant investigations and

			physical examination in a resource-effective and ethical manner.
COMMUNICATOR			
1.	PATIENT COMMUNICATION: Uses effective and empathic verbal and non-verbal communication skills in all clinical encounters with the patient, their families and carers.	PATIENT COMMUNICATION: Adapts verbal and non-verbal communication to suit a wider range of professional settings, both clinical and non-clinical.	COMMUNICATION WITH PATIENTS AND FAMILIES: Demonstrates the ability to communicate effectively with a range of patients and their caregivers. Can convey the formulation and differential diagnoses so as to facilitate understanding, rapport and engagement. Discusses and negotiates treatment plans and interventions, including potential barriers. Effectively manages challenging communications including conflict with patients and families, aiming for positive outcomes.
2.	CONFLICT MANAGEMENT: Recognises challenging communications, including conflict with patients, families and colleagues, and discusses management strategies in supervision to promote positive outcomes.	X	COMMUNICATION WITH COLLEAGUES, SERVICES AND AGENCIES: Demonstrates the ability to communicate effectively both directly and in writing (via reports and letters) with multidisciplinary teams, GPs, colleagues, other health professionals, social services, NGOs and similar agencies. Demonstrates leadership ability in interdisciplinary and administrative settings (ward rounds, meetings, teaching). Effectively manages challenging and conflicted communication and liaison, aiming for positive outcomes.
3.	CULTURAL DIVERSITY: Recognises and incorporates the needs of culturally and linguistically diverse populations, including the use of interpreters and culturally appropriate health workers.	CULTURAL DIVERSITY: Appropriately adapts assessment and management to the needs of culturally and linguistically diverse populations.	CULTURAL DIVERSITY: Appropriately adapts communication regarding assessment and management to the needs of culturally and linguistically diverse populations, including working with interpreters and cultural advisors.

4.	SYNTHESIS: Provides accurate and structured verbal reports regarding clinical encounters using a recognised communication tool.	SYNTHESIS: Prioritises and synthesises information, and communicates this accurately and succinctly, in a variety of settings.	WRITTEN COMMUNICATION AND SYNTHESIS: Demonstrates the ability to provide clear, accurate, contextually appropriate written communication about the patient's condition including written reports and letters (e.g. medico-legal reports, coronial inquiries, agency and GP letters). Can produce comprehensive and professional written case histories and formulations.
5.	DOCUMENTATION: Demonstrates comprehensive and legible case record documentation including discharge summaries and written liaison with referrers, primary care providers and community organisations (where relevant), under supervision.	DOCUMENTATION: Provides timely, structured and reasoned written reports and letters in a variety of settings (e.g. medicolegal reports, coronial inquiries, academic work).	DOCUMENTATION: Records timely, clear and accurate documentation in patient files and maintains documentation as required by the employer (e.g. accurate prescribing, risk assessments, mental state evaluations, updated management plans with justifications of changes, discharge and transfer of care documentation, etc.).
COLLABORATOR			
1.	TEAMWORK: Participates constructively as a member of a multidisciplinary mental health team, demonstrating an awareness of the roles and contribution of various members of the MDT.	TEAMWORK: Recognises and applies theories of group participation in multidisciplinary and multi-agency settings.	COLLABORATION WITH TEAM MEMBERS, COLLEAGUES AND HEALTH PROFESSIONALS: Demonstrates the ability to work effectively and collaboratively with other psychiatrists, within multidisciplinary teams and with other health professionals. Promotes collaboration in group settings such as clinical and administrative meetings.
2.	EXTERNAL RELATIONSHIPS: Demonstrates an ability to work collaboratively and respectfully with consumer and carer representatives, other health professionals and other agencies to improve patient outcomes.	EXTERNAL RELATIONSHIPS: Identifies barriers and uses appropriate techniques to maintain and enhance engagement and therapeutic relationships.	WORK WITH HEALTH SYSTEMS AND GOVERNMENT AGENCIES: Demonstrates the ability to work collaboratively within relevant health services and systems and with government agencies.
3.	PATIENT RELATIONSHIPS: Develops therapeutic relationships with patients, carers and relevant others.	X	COLLABORATION WITH PATIENTS: Demonstrates the ability to work respectfully and collaboratively

			with patients, families, and caregivers (including carer groups and NGOs).
4.	X	X	INTERPERSONAL COLLABORATIVE SKILLS: Demonstrates the ability to use interpersonal skills to improve patient outcomes. Is reflective regarding own role in group settings and in therapeutic and professional relationships. Develops facilitation and conflict resolution skills.
MANAGER			
1.	GOVERNANCE: Describes own scope of practice, responsibilities and line of reporting.	GOVERNANCE: Identifies the principles of clinical governance and organisational structures that interact with mental health service provision.	CLINICAL GOVERNANCE: Demonstrates the ability to work within clinical governance structures in health-care settings, including quality improvement processes. Contributes to clinical governance forums.
2.	ORGANISATIONAL STRUCTURES: Identifies the operational structures of the service and own role within this structure.	ORGANISATIONAL STRUCTURES: Undertakes expanded roles within own trainee structure (e.g. committee representation, rostering, working parties).	CLINICAL LEADERSHIP: Demonstrates the ability to provide clinical leadership within management structures, services and teams. Understands clinical leadership and management principles.
3.	WORKLOAD & RESOURCE MANAGEMENT: Organises, prioritises and delegates tasks within the clinical setting. Accountable for own time management, availability and punctuality.	WORKLOAD & RESOURCE MANAGEMENT: Demonstrates decision making based on own workload, patient needs, access to services and cost implications. Manages own time, punctuality and availability effectively.	RESOURCE PRIORITISATION: Demonstrates the ability to prioritise and allocate resources efficiently and appropriately.
4.	QI FOCUS: Describes the principles of quality improvement and recognises opportunities for service improvement.	QI FOCUS: Participates in quality improvement processes.	X
5.	REGULATION USAGE: Identifies and applies legislative/regulatory requirements and service policies (e.g. adverse outcomes reporting).	X	MANAGEMENT AND ADMINISTRATION: Performs appropriate management and administrative tasks within the health-care system. Identifies and applies legislative or regulatory requirements and service policies.

6.	X	X	ORGANISATIONAL REVIEW AND APPRAISAL: Understands the importance of review of and critical appraisal/audit of different health systems and of governance or management structures. Grasps principles of change management in service development.
HEALTH ADVOCATE			
1.	ADDRESSING DISPARITY: Describes health inequalities and disparities in relation to clinical setting.	ADDRESSING DISPARITY: Aware of health inequalities and disparities in relation to broader health issues and works to mobilise additional resources when needed.	ADVOCACY FOR PATIENTS AND CAREGIVERS: Demonstrates the ability to use expertise and influence to advocate on behalf of patients and their families or caregivers. Addresses disparities that may increase vulnerability or be barriers to progress. Addresses stigma and inequality.
2.	ADDRESSING STIGMA: Identifies the impact of cultural beliefs and stigma of mental illness on patients, families and carers.	ADDRESSING STIGMA: Identifies the principles of prevention, promotion, early intervention and recovery, and applies these to clinical practice.	X
3.	COMMUNITY: Describes the scope and role of local consumer and carer organisations within mental health care.	COMMUNITY: Advocates for mental health within clinical settings and the broader community.	PROMOTION AND PREVENTION: Understands and applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness. Applies this understanding to health policy and the impact on patients and the wider community of resource distribution.
4.	PATIENT FOCUS: Advocates for the patient within the MDT, with particular emphasis on ensuring patient safety.	X	X
SCHOLAR			
1.	PARTICIPATE IN LEARNING: Actively participates in training program, including supervision, formal education course and academic presentations.	PARTICIPATES IN LEARNING: Develops and presents a professional development plan.	COMMITMENT TO LIFE-LONG LEARNING: Demonstrates independent, self-directed learning practices through participation in a range of learning activities, including peer review.

2.	RESEARCH: Critically evaluates academic material.	RESEARCH: Demonstrates knowledge of research methodologies.	DEVELOPMENT OF KNOWLEDGE: Contributes to the development of knowledge in the area of mental health via research, peer review, presentation and critical analysis skills.
3.	FEEDBACK: Identifies and describes the principles of giving and receiving feedback.	FEEDBACK: Develops the skills to provide effective feedback.	X
4.	TEACHING: Describes principles of teaching and learning.	TEACHING: Applies principles of teaching and learning during case presentation, journal club and other professional presentations.	TEACHING AND SUPERVISION: Demonstrates the ability to educate and encourage learning in colleagues, other health professionals, students, patients, families and carers.
5.	PRESENTING: Presents to colleagues, medical students or members of the public, possibly including patients.	X	X
PROFESSIONAL			
1.	ETHICS: Adheres to professional and ethical standards of practice, in accordance with the RANZCP Code of Conduct and Code of Ethics, and local regulatory bodies.	ETHICS: Identifies the influence of various industries and of resource availability in local services, financing agencies and others, and the impact on professional practice and patient care.	ETHICS: Demonstrates ethical conduct and practice in relation to patients, the profession, and society, including clear boundaries.
2.	COMPLIANCE: Identifies and fulfils legislation, regulations and College requirements regarding training, employment and professional registration.	X	PROFESSIONALISM: Demonstrates compliance with relevant professional regulatory bodies. Participates in continuing professional and career development.
3.	SELF-CARE: Identifies strategies to balance personal wellbeing and professional priorities in adapting to trainee responsibilities.	SELF-CARE: Develops and applies skills to effectively manage the balancing of personal and professional priorities.	SELF-CARE: Demonstrate the ability to balance personal and professional priorities to ensure sustainable practice and well-being. Monitors own health and seeks help if needed.
4.	INTEGRITY: Aware of pathways and legislation to report unprofessional behaviours or misconduct of colleagues and acts on these as appropriate, using supervision.	X	RESPECT AND STANDARDS: Demonstrates integrity, honesty, compassion and respect for diversity.

5.	PROFESSIONAL DEVELOPMENT: Identifies learning goals and anticipated milestones in training, in supervision.	PROFESSIONAL DEVELOPMENT: Independently self-evaluates strengths and weaknesses, and identifies strategies to address areas for development.	REFLECTION AND ATTITUDE TO FEEDBACK: Demonstrates reflective practice and the ability and willingness to use and provide constructive feedback.
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Document version history

Version N°	Revision description/reason	Revised by	Date
v1.0	Approved BOE 2011/3	CBFP Project Team	
v1.1	Addition of keywords – Approved BOE 2012/3	CBFP Project Team	
v1.2	Minor wording modifications to Stage 2 learning outcomes as per DOT/CFT feedback received prior to commencement of Stage 2	CBFP Project Team	28/10/2013
v1.3	Clarification to Manager Learning Outcome # 3 (WORKLOAD & RESOURCE MANAGEMENT). Emphasis on importance of time management and punctuality. Concern that this was not explicitly addressed was raised in DOT/CFT sessions February 2014.	CBFP Project Team	14/03/2014
v1.4	Stage 3 Learning Outcomes revised to more closely align with the Fellowship Competencies – Approved EC 2016/2	CBFP Project Team	12/02/2016