



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

# The Psychotherapy Case in the RANZCP 2012 competency based Fellowship Program

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# The 2012 Fellowship Program



- Philosophy: framework of medical competencies development
- Workplace and centrally administered assessments
- Combination of formative and summative: central assessments summative
- Trainee trajectory:
  - College provides baseline to ensure steady progression
  - To a large extent self-directed timing and planning
- Role of supervisor:
  - Critical to realistic appraisal of progress and readiness to progress
  - Critical conversations

# CENTRALLY ADMINISTERED SUMMATIVE ASSESSMENTS

- Timing of attempting summative centrally administered assessments within the framework
  - Refer: Trainee Progress Trajectory
    - Timing varies from assessment to assessment
    - Psychotherapy case:
      - Can be submitted at any time
      - Expected completion Stage 3 60 months
- Completion of all tasks requires demonstration of standard expected at end of Stage 3
  - This was a decision of the former Board of Education and endorsed by the former General Council of the RANZCP

# MILLER'S TRIANGLE: EXAMPLE OF APPLICATION

**VALIDITY**



**Does  
Performance  
Assessment**

Psychotherapy Written Case

**Shows how  
Competence**

**Knows how  
Competence**

**Knows  
Knowledge**

Miller 1990

# MATCHING ASSESSMENT TASK TO SKILLS AND READINESS

- Requires careful unpicking of each assessment
  - Locating each assessment on Miller's Prism of Clinical Competence
  - Factual knowledge: KNOWS
    - Most basic level of trainee competence focus on facts
    - Foundation for all levels of practice
    - Tested by MCQ
    - Standard expected at end of Stage 3 might be attained quite early in training
  - KNOWS HOW
    - Tested for example by Essay
  - SHOWS HOW
    - OSCE
  - DOES: knowledge APPLIED in realistic clinical settings and ACQUIRED SKILLS
    - Tested in structured clinical examination or written assessment
    - Standard expected at end of Stage 3
    - Psychotherapy case

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# MATCHING ASSESSMENT TASK TO SKILLS AND READINESS

- Trainee and supervisor:
  - Carefully consider competency requirements of each assessment and trainee current level of skills and knowledge
  - Mapping how the different assessments complement and enhance each other
- Disadvantages to prematurely attempting
  - A recent cohort
    - Stage 1 and 2
    - 18 – 27.5 months of training
    - Most at around the 24 month mark
  - Trajectory suggests completion by 60 months

- 3 stages over 5 years
  - Stage 1: BASIC: low level of independence; high level of supervision
  - Stage 2: PROFICIENT
  - Stage 3: ADVANCED – standard of junior consultant
    - High level independence
    - Low level of supervision
    - Completes complex tasks

- Refer: CBFP Developmental Descriptors include for example:
  - Detailed and comprehensive assessment
  - Sophisticated understanding, integration and formulation
  - Accuracy
  - Independent practice
  - Critical evaluation
  - Safely operates within required scope of practice
  - Develops supervisory skills
- Alignment with the Psychotherapy Written Case marking proforma

# THE PSYCHOTHERAPY EXPERIENCE IN GENERAL



- By the end of stage 2:
  - Proficient standard: distant (reactive) supervision
  - Completion of 2 (of 3) EPAs:
    - Psychodynamically informed patient encounters and managing the therapeutic alliance;
    - Supportive psychotherapy; and
    - CBT for management of anxiety
  - The 3<sup>rd</sup> EPA is to be completed by the end of Stage 3 and this EPA is assessed at a proficient standard
- 3 formative psychotherapy case discussions required to be completed during the conduct of the psychotherapy case
  - Golden opportunity to gauge progress and readiness

- The competence of the trainee as a therapist is not the major focus of the assessment
- Assessment including mental state examination and initial formulation:
  - May have been completed at an early stage of training
  - PROFICIENT STANDARD
- Other criteria at standard expected at end of Stage 3: the trainee is expected to maturely reflect on all aspects of the therapy at junior consultant level in the written report

# REQUIREMENTS.....

- Requires:
  - Selection of patient and model of therapy:
    - Psychodynamic principles in psychological treatment
    - Complex meanings of symptoms, behaviours and motivations
    - Signposts in case discussion
  - Time
  - Breadth of reflection and experience
  - Close work with a supervisor
  - Maturity in the write-up, reflection on treatment process
  - Re-formulation at standard expected at end of Stage 3
  - Much closer to the apex of Miller's triangle than the base
  - Drafting may be essential
    - Drafting at the time
    - Returning later
  - Calibration with other supervisors

# THE ASSESSMENT



- Setting the standard
  - Expert judgement
  - Quality assurance processes: calibration, co-marking, moderation, training packs for examiners
  - Triple marking first round
- Face to face calibration meeting 4/12/2015
  - Specific focus on cases submitted under the 2012 program
- Calibration is a critical quality assurance process:
  - Annual face to face meeting
  - Orientation of new examiners
  - Ongoing within buddy teams
- Building up a bank of cases for examiner calibration

- Supervisors:
  - Facilitating conversations about how much training and experience is likely to be needed to attain and demonstrate the required competencies
  - Accurate feedback on trainee ability to demonstrate the required standard expected at end of Stage 3
- Directors of Training
- Resources
  - Psychotherapy Written Case 2012 Fellowship Program Regulations, Policies and Procedures
  - Psychotherapy Written Case marking proforma 16/10/15
  - Guide to Psychotherapy training
  - Developmental Descriptors
  - Trainee Newsletter
  - Committee for Examinations members
  - Draft article for publication
  - Podcast

# PSYCHOTHERAPY WRITTEN CASE ASSESSMENT CRITERIA – PASS/FAIL RATE



Domain	Satisfactory rate (%)	Unsatisfactory rate (%)
Assessment (including Mental State Examination)	9	91
Formulation	36	64
Management Plan	45	55
Clinical Progress	55	45
Supervision	91	9
Communication/liaison	100	0
Discussion	73	27

Total cohort (November 2014 to August 2015)

11

# ACKNOWLEDGEMENTS, KEY MESSAGES AND QUESTIONS



- Acknowledge work of Drs Warren Kealy-Bateman and Lisa Lampe
- Key messages:
  - The focus of the assessment is not the trainee's competence as a therapist
  - If the therapy is conducted early in training it is acceptable that assessment including mental state and initial formulation may be at the PROFICIENT standard
  - All other components of the case report must demonstrate critical reflection, ability to apply knowledge and skill at level expected at end of Stage 3
  - The Psychotherapy Written Case marking proforma provides the specific marking criteria for each domain and the level expected.
  - Good quality guidance as to the standard expected at end of Stage 3 is available in RANZCP documentation.