

Introducing a Competency-Based Fellowship Program for Psychiatry in Australia and New Zealand

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INTRODUCTION

- In December 2012, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) introduced a competency-based Fellowship program called the 2012 Fellowship Program.
- The 2012 Fellowship Program is the result of 5 years of systematic development of a curriculum improvement driven competency-based training program designed to address workforce shortages and increase the quality of psychiatrists entering independent practice.
- Increasing demands on the mental health sector and the need for the RANZCP to maintain best practice medical education were key reasons for the change. This poster outlines the new program, highlighting the new inclusions and structure of the program. The rationale for the change and the benefits of the 2012 Fellowship Program will also be discussed. www.ranzcp.org/2012-fellowship-program

THE PROGRAM

- The CanMEDS (1, 2) model was adapted as the best practice model for medical education.
- The RANZCP embarked on a development process where the seven CanMEDS competencies (medical expert, communicator, collaborator, manager, health advocate, scholar and professional) were adapted to suit the context of psychiatry. From this, key Learning Outcomes and Developmental Descriptors for each stage of training (Stage 1, Stage 2, and Stage 3) were constructed.

ASSESSMENTS

- The program and assessments were then comprehensively mapped to the Fellowship Competencies and Learning Outcomes. Summative Entrustable Professional Activities (EPAs) and formative Workplace-based Assessments (WBAs) were introduced to help supervisors in their determination of trainee competence and provide a framework for provision of feedback to trainees (3, 4).
- In each stage, trainees complete a set number of rotations, EPAs and WBAs. A revised assessment structure is being implemented with trainees completing a Written Exam (2 papers), a Scholarly Project (new), Psychotherapy Written Case, Objective Structured Clinical Examination (OSCE). Recently (June 2013) the change from Observed Clinical Interviews (OCI) to Summative Observed Clinical Activities (SOCAs) was approved.

BENEFITS OF THE NEW PROGRAM

- The adaptation of the CanMEDS competencies in the context of psychiatry provides a framework of key competencies and learning objectives focused on developing trainee psychiatrists' competence so that they are completely prepared to enter the workforce upon attainment of Fellowship.
- The introduction of EPAs and WBAs provides structure to the supervision arrangements and allows trainees to better track or map their progress than the previous training model.
- The inclusion of EPAs and WBAs provides trainees and supervisors with a key feedback mechanism that will help progress training towards Fellowship.
- Reviewing and evaluating the effectiveness of the EPAs and WBAs will form a key aspect of the initial implementation of the new program.
- The curriculum is mapped to Learning Outcomes, Developmental Descriptors and Fellowship competencies. Providing a sound framework for the delivery of the new program. Blueprinting of the syllabus for each stage and assessments to Fellowship Competencies helps provide structure and distinct outcomes to help trainees and supervisors track their progress.
- The introduction of EPAs and WBAs will assist supervisors in the identification of trainees that are failing to progress along the expected trajectory. Associated policies and procedures will help to identify trainees in difficulty and ensure the development of a plan to assist them to attain the required competencies.

REFERENCES

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