The Royal Australian & New Zealand College of Psychiatrists

Royal Australian and New Zealand College of Psychiatrists

Australian Medical Council (AMC) Comprehensive Report 2011

working with the community

Friday, 30 September 2011

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Glossary of Terms

ACCC	Australian Competition and Consumer Commission
ACE	Assessment of Clinical Expertise
AHPRA	Australian Health Practitioner Regulation Agency
AHWOC	Australian Health Workforce Officials Committee
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
APT	Advanced Psychiatry Training
APAT	Approved Psychiatry Advanced Training
ASTPRA	Advanced Specialist Training Posts in Rural Areas
AT	Advanced Trainee
AWP	Accredited Work Party
BOE	Board of Education
BPT	Basic Psychiatry Training
BTC	Branch Training Committee
CAP	Critical Analysis Problem
CBFP	Competency Based Fellowship Program
CBFP PMG	Competency Based Fellowship Program Project Management Group
CCME	Committee for Continuing Medical Education
CPD	Continuing Professional Development
CELR	Committee for External Liaison & Reporting
CEQ	Critical Essay Question
CEQR	Committee for Educational Quality Reporting
CFE	Committee for Examinations
CFT	Committee for Training
CIP	Curriculum Improvement Project
COAG	Council of Australian Governments
CSE	Clinical Skills Examination
CSIMGE	Committee for Specialist International Medical Graduate Education
CTA	Clinical Training Agency
DFTP	Dual Fellowship Training Program
DOHA	Department of Health and Ageing
DOT	Director of Training
DOAT	Director of Advanced Training
EAR	Education Activities Report
ECE	Exemption Candidate Examination
ECM	Executive Council Meeting
EMQ	Extended Matching Question
ESST	Expanded Settings for Specialist Training
ESTP	Expanded Settings Training Program
FAC	Fellowship Attainment Committee
FEC	Formal Education Course
FTE	Full Time Equivalent
GC	General Council
GRC	Governance and Risk Committee
HWIP	Health Workforce Information Programme
HWNZ	Health Workforce New Zealand
KFC	Key Feature Case
IMG	International Medical Graduate
MCNZ	Medical Council of New Zealand
MEQ	Modified Essay Question
MHPN	Mental Health Practitioner Network
MSE	Mental State Examination

MOCI	Modified Observed Clinical Interview
MOSCE	Modified Observed Structured Clinical Examination
MTRP	Medical Training Review Panel
NRAS	National Registration and Accreditation Scheme
OCI	Observed Clinical Interview
OSCE	Observed Structured Clinical Examination
OTP	Overseas Trained Psychiatrist
OMSTP	Outer Metropolitan Specialist Trainees' Program
PGY1	Post Graduate Year One
PGY2	Post Graduate Year Two
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RCP	Royal College of Psychiatrists
RHCE	Rural Health Continuing Education
RSIG	Rural Special Interest Group
RRC	Registrars Representative Committee
SAQ	Short Answer Question
SAT	Sub-Committee for Advanced Training
SIMG	Specialist International Medical Graduate
STP	Specialist Training Program
TRC	Trainee Representative Committee
TCE	Trainee Clinical Examination

Section A: COLLEGE DETAILS

Name:	The Royal Australian and New Zealand College of Psychiatrists
Address:	309 La Trobe Street MELBOURNE VIC 3000
Date of last AMC assessment:	April – May 2009
Periodic reports since last AMC assessment:	2010 Annual Report 2010 Supplementary report – Recommendation 17 submitted September 2010
Reaccreditation due:	2011 via comprehensive report
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Section B: Response to AMC Recommendations and Questions

Recommendations:

The RANZCP Board of Education (BOE) has led the College's response to the recommendations provided in the 2009 Australian Medical Council (AMC) Accreditation Review. The actions to address these recommendations are summarised in Appendix 1, and outcomes are described in the following section. In monitoring this action plan, the BOE contends that significant progress has been made in addressing these recommendations following the 2009 accreditation review. In addition, during the 2009 AMC review, the College outlined plans to change the psychiatry training program through the five year Curriculum Improvement program. In subsequent annual reporting and correspondence with the AMC, the College has advised that this project has become the Competency Based Fellowship Program (CBFP) and that this new training program will be implemented from December 2012 in New Zealand and January 2013 in Australia.

The AMC Specialist Education Advisory Committee at its meeting of March 2011 confirmed that the CBFP meets the definition of a major change and given the magnitude of this change, this new training program will require separate accreditation. The College submits this comprehensive report and associated submission outlining the new program and its alignment to the AMC accreditation standards for the Stage 1 assessment of a major structural change in an established training program, according to AMC Accreditation procedures.

In section B the College will document progression and response to the AMC's recommendations and questions. To assist, a recommendations matrix is provided in Appendix 1 to summarise the AMC recommendations and the College's responses/progression to each.

GOVERNANCE

Recommendation 1: Continue to work towards full engagement of trainees and overseas-trained psychiatrists in the governance structures of the College.

2010 Annual Report Feedback from AMC

The AMC commends the College's efforts towards full engagement of trainees and overseas-trained psychiatrists in the governance structures of the College, including:

- Voting rights for a member of the Trainee Representative Committee (TRC) on the Fellowship Attainment Committee (FAC);
- Appointment of a Project Officer to provide dedicated support to the TRC; and
- Participation of TRC representatives in the CBFP Project Management Group and a number of Committee for Training and Board of Education Working Parties include Rural Training, Trainee Progression, and Accreditation.

In the next report please indicate whether or not overseas-trained psychiatrists have been appointed to the Fellowship Attainment Committee and Committee for Examinations.

RANZCP Response

Provision has been made for representation as full voting members from the Overseas Trained Psychiatrists' Committee (OTPC) and the Trainee Representative Committee (TRC) on the Board of Education, the Fellowship Attainment Committee and the Committees for Examinations, Education Projects and Education Quality and Reporting. In addition, OTPC representation on the Committee for Specialist International Medical Graduate Education and

TRC representation on the Committees for Training and Continuing Medical Education has been established to assist in the engagement of Trainees within the college governance structures. TRC representatives continue to be involved in the CBFP PMG and the Committee for Training and Board of Education working parties as noted above.

Further changes to governance processes within the College's educational portfolio relevant to recommendations from the 2009 AMC Accreditation Review, are listed below:

- The Committee for External Liaison Reporting (CELR) was redefined and renamed the Committee for Educational Quality Reporting (CEQR) to more accurately reflect objectives and the updated terms of reference. See recommendation 27 and Section D1.
- The Curriculum Improvement Project (CIP) changed to Competency Based Fellowship Program (CBFP) with oversight through a newly constituted Project Management Group. Full details are found in the CBFP submission.
- The Registrar Representative Committee (RRC) was redefined and renamed the Trainee Representative Committee (TRC), for full details see recommendation 19 and 20 and section D7.
- The college is also in the process of establishing community members to the BOE, CEQR and CCME. These members will be appointed in late 2011 and begin committee roles in 2011/2012.

Representation on the Board of Education and key education committees has enhanced trainees' and overseas trained psychiatrists' engagement within the governance structures of the College and strengthened the College's ability to engage with these stakeholders on important aspects concerning their training and pathways to Fellowship.

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.

In April 2010, a dedicated Project Officer was appointed to support the TRC. This has further enhanced the TRC's ability to represent all trainees' interests and issues across the College.

In November 2010, General Council approved the College undertaking an independent external review of the governance structures, functions and operations of General Council. The organisation Governance Matters has been appointed by the College to undertake the Review, and the Final Report will be submitted to General Council in November 2011. Further details are located in Section D1.

INTERACTION WITH THE HEALTH SECTOR

Recommendation 2: Continue to promote ongoing dialogue with health service providers in Australia and New Zealand in relation to workforce training and development to meet the educational objectives of the College and the workforce priorities of health service providers.

2010 Annual Report Feedback from AMC

The RANZCP 2010 annual report indicated that health services have been identified and invited to participate in a working party reviewing College policies and procedures. The AMC will expect to see an update in the next report.

RANZCP Response

Input from health services has been proactively sought across a range of developmental activities. The Board of Education has endorsed that the perspectives of the health services are considered, to ensure the implications of any proposed changes to College accreditation procedures are adequately addressed. A Working Party reviewing the College's policies and procedures regarding training program accreditation has included health services representation in its membership (see recommendation 21).

Engagement of health services is seen as being integral to the implementation phase of the Competency Based Fellowship Program initiative and a key tenet of its project management plan and communication strategy. Health service representatives have been represented on the CBFP Project Management Group (see recommendation 8 and CBFP submission) and have been invited to provide feedback on CBFP documents and implementation plans. The CBFP Project Management Group has also worked closely with health services through consultation visits. The Chair of the Board of Education 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, (see recommendation 8 and 9). 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-jurisdictions). The College views the engagement of the community, community organisations, and health service personnel as key stakeholders in the implementation and development of the CBFP program.

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. The decentralisation of the Observed Clinical Interview (see section D5), while beneficial from both trainee and health service perspectives, requires engagement and support from the health services. The engagement of local health representatives for local/multiple OCIs have guaranteed the effective delivery of clinical exams across both Australia and New Zealand, when this is rolled out in 2012.

CURRICULUM

From the 2009 accreditation decision:

That, in keeping with AMC policy concerning the assessment of proposed major changes to accredited training programs, the College provides detailed reports on the progress of the Curriculum Improvement Project.

2010 Annual Report Feedback from AMC

The RANZCP 2010 annual report indicated that the Curriculum Improvement Project had been redefined and renamed as the Competency Based Fellowship Program (CBFP). The AMC will expect to see an update on the CBFP in the next report.

This will be described in detail in the CBFP submission.

Recommendation 3: In annual reports to the AMC, report on the outcome and development of basic training and of the advanced training programs, including College mechanisms to encourage links between the advanced training programs.

2010 Annual Report Feedback from AMC

- The AMC commends the College's efforts to encourage links between the advanced training programs via cross-membership of committees, individuals who have roles in advanced and basic training activities, and the connection provided via the competency based approach to training that is in development.

RANZCP Response

The College reports on the outcomes of Basic and Advanced Training through a number of methods. The primary reporting method is completed though annual Education Activity Reports, (the 2010 report is available in Appendix 2. The report includes outcomes on all Basic Training elements including enrolments, examinations and other assessments, withdrawn trainees as well as updating any changes to the program in terms of how examination and or assessments and regulations have been modified. Information and developments are also provided for all Advanced Training specialities as well as the enrolment of a numbers of fellows and international graduates into the training programs. The 2010 EAR is publically available and has been disseminated to all branches and committees, trainees, and Fellows.

To ensure that links are maintained between different advanced training programs the following mechanisms are completed:

- Chairs of Subcommittees for Advanced Training (SATs) representing the range of sub-speciality AT training programs, meet twice yearly at CFT face to face meetings.
- Directors of Advanced Training (DOATs) are now members of the local Branch Training Committees
- A number of Directors of Training (DOTs) are Approved Program Advanced Training (APAT) DOATs
- 3 SATs are represented on the CFT executive
- NZ DOATs are now invited to attend the 3 annual National BTC meetings (previously they went to only 1).

In addition, SATs have been involved in identifying advanced competencies and structure of sub-speciality training in the CBFP development process. Their input and feedback is ongoing in the process.

Plans to develop generic advanced competencies through CBFP are in progress. Further information on these processes can be found in the CBFP submission.

Recommendation 4: Review the formal education courses and seek better alignment of requirements, quality and costs between the various jurisdictions.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that the College had planned for a working party to address this recommendation but the working party had not commenced work. Please respond to this issue in the next report.

RANZCP Response

<u>Formal Education Course (FEC) evaluation</u>

In late 2010, an evaluation of all current FEC programs was undertaken to inform the FEC accreditation working party, the CFT and the CBFP. All 13 FEC program coordinators completed an evaluation survey focused on the course content, evaluation methods, learning

objectives and alignment with RANZCP curricula. A copy of the completed report is in Appendix 3.

The key findings from the survey were:

- There were 492 trainees across 13 programs, of whom 53.5% were female.
- Primary teaching strategies applied were Critical Appraisal (used by 92.3% of programs), Examination Preparation (92.3%), Didactic Lectures (84.6%), and Small Group Tutorials (84.6%).
- Primary assessment methods used included Examination Preparation (mock exams) as well as College requirements (written examination, case histories).
- 84.6% of courses based their syllabus on the RANZCP curriculum and 84.6% viewed it as theoretical support to clinical training.
- 84.6% agreed that a RANZCP approved syllabus would improve the design and delivery of the FEC.
- Differences in the number of sessions, contact hours, attendance rates, and the alignment of College curriculum were noted.

A summary of findings from the FEC evaluation are listed below:

- Further alignment with College curriculum and syllabus would benefit the delivery of FEC programs.
- The focus of the programs varied with some focusing exclusively on examinations and others having a broader scope.
- Learning objectives appeared consistent across FEC programs but these were achieved through different means; some courses relied more on lectures or small group tutorials whereas others focused on critical appraisals or a mixture of teaching methods.

A number of recommendations from the survey were made including:

- More consistency and alignment across providers, in course delivery in terms of number of sessions, hours and number of classes per week/month would be of benefit to trainees.
- Sharing of resources amongst FEC programs would benefit the smaller programs to better meet trainees' needs.

The report has been disseminated to all FEC coordinators, the Committee for Training, Board of Education, CBFP staff and related committees, the Trainee Representative Committee, the Fellowship Attainment Committee, Directors of Training and Branch Training Chairs.

The report has been used by College staff to identify and understand the delivery of FEC programs to trainees across Australia and New Zealand, with a view to providing strategic improvements and increased alignment with RANZCP goals and objectives. The CBFP staff has utilized the findings to inform the CBFP syllabus, in the development of curricula and in the preparation of the CBFP to be delivered in 2013. The report has also been used by FEC coordinators to review and compare what their program has in common with other FEC programs. The increased knowledge has enabled them to potential revise their networking, resourcing and learning objectives for the program delivery. The CFT have used the FEC findings to inform the accreditation process for FEC programs. The FEC evaluation has also provided specific information to progress the development of a bi-national formal education program with BTCs (and DOTs) being contacted for data regarding their FEC providers.

<u>Alignment of FECs</u>

Initially, advice was sought from CFT FEC Accreditation Working Party regarding the role of FECs and the alignment of these FECs to the College curriculum outcomes, see Appendix 4. The following definition was applied:

“A FEC, while it is an educational program with an academic structure, should also be providing information which trainees would be able to apply to their clinical practice. This is currently reflected in the end of rotation trainee assessment forms which ask the supervisor to confirm whether or not the trainee is able to apply the material learnt from their FEC to day to day practice.”

The alignment between FECs and the College curriculum is defined in the initial submission for accreditation. The granting of RANZCP Recognised Course status is contingent on the FEC’s ability to demonstrate that the graduates of the course possess the knowledge, skills and attitudes that are relevant to contemporary professional practice as a psychiatrist as outlined in the RANZCP Curriculum for Basic Training. A key element is the appropriate alignment between the FEC and the College curriculum. The alignment with the College is explored at subsequent site visits by the CFT. Where a FEC is found to be out of alignment, then that FEC would be notified and requested to rectify the situation. Further monitoring would then occur at future site visits.

In reviewing the FEC programs the College notes that costs are difficult to align as these costs may be set by external bodies such as universities, which have increased fees compared to others. Fees for FECs not linked to a university postgraduate degree were noted to be more aligned. Further, the regional differences and different health systems/jurisdictions make it a challenge for identical FECs to be delivered. For example, courses located in larger cities such as Melbourne and Sydney will have larger resourcing and networks due to higher trainee numbers and staffing. The College is working toward aligning FECs where possible so that trainees receive similar experiences and training. Minimising differences between FECs is an ongoing issue that will be progressed within the context of the CBFP as it is developed and implemented.

Recommendation 5: Develop a curriculum for a bi-national formal education program appropriately aligned to the curriculum and assessment and where appropriate negotiate with third party providers to provide this education program.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that this will be progressed in the context of the CBFP. Please provide an update in the next report.

RANZCP Response

The curriculum for a FEC program is being progressed through the CBFP. At present, the stage 1 CBFP syllabus has been completed and prescribes the teaching and/or self-directed learning of a first year trainee under the CBFP. Further details on the CBFP training requirements for stage 1 and stage 2 can be found in the CBFP submission and Appendix 5. The development of the FEC program will be progressed as the curricula and assessments for the CBFP are developed and approved, thus allowing the alignment of the FECs with the content of the CBFP. This item will be progressed throughout 2012 -2013.

Information on the stage 1 syllabus is publically available on the CBFP website http://cbfp.ranzcp.org/cbfp-documents, and the CBFP submission. It is anticipated that FEC providers will be accredited against this syllabus following the implementation of the CBFP.

Recommendation 6: Proceed with the development of an academic track for trainees with appropriate potential and commitment.

2010 Annual Report Feedback from AMC

- The AMC notes the College's response to the development of an academic track for trainees as an existing option for interested trainees. The AMC recommendation related to a more systematic and active promotion of an academic pathway for trainees, by the College, rather than reliance on individual trainees' initiative. The College's comment on this in the next report would be welcome.

RANZCP Response

The College values research and an academic track for trainees to contribute to the expanding area of psychiatric and mental health research. In seeking to further establish this area it is important to identify that under current College regulations, advanced trainees may pursue an academic track from an academic setting such as a funded research post. In addition, the College has commenced negotiations 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. 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.

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, i.e. scholarly competencies.

The CBFP Scholarly Project has been proposed in response to a resolution and recommendation of the RANZCP General Council to further enhance the research and academic base for all trainees. It is recognised that there are a variety of views on what should constitute a scholarly project and that its introduction should be balanced by other adjustments to the requirements for Fellowship.

The Scholarly Project is to be an Advanced Training requirement for Fellowship in the CBFP. It will be premised on the following principles:

- Specialists need to take a leadership role in research and evaluation of their practice.
- The practical experience of scholarship is a fundamental part of post-graduate training and this necessarily entails a critique and assimilation of scientific evidence as it applies to their 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 are the ability to conduct a critical appraisal of the literature base in an area of knowledge pertaining to psychiatry, formulate a scholarly question(s), and complete a project to address the question(s) and to present the results and discuss the findings.

There are a number of acceptable options for the scholarly project under consideration. These include:

1. A quality assurance project or clinical audit.
2. A systematic and critical literature review.
3. Original and empirical research – quantitative or qualitative.
4. Research as a component of a higher degree; research masters; accepted original research publication or literature review in a peer reviewed journal relevant to the discipline of psychiatry; or, equivalent other project as determined by the committee.

The present proposal is to be regarded as a 'work in progress' with wide consultation planned across College committees and Branches. A working party has been established and will meet in late 2011 to progress this issue. Further discussion on the Scholarly Project can be found in the CBFP submission.

Recommendation 7: Actively progress recognition of prior learning and policies that will facilitate streamlined progression through advanced training.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that this will be progressed in the context of the CBFP. Please provide an update in the next report.

RANZCP Response

The College is actively progressing the recognition of prior learning policies (RPL) to facilitate streamlined progression through advanced training. In the past three years, the college has processed over 150 applications for recognition of prior learning. These are summarised in Table 1 and Table 2. Over 90% of all applications were approved, with the majority for Basic Training requirements.

Table 1 Recognition of Prior Learning Applications and Approvals 2009-2011

	Approved	Not Approved	In Progress	Total
2009	56	1	0	57
2010	76	3	3	82
2011	9	2	1	12
Totals	**141**	**6**	**4**	**151**
Percentages	*93.4%*	*4.0%*	*2.7%*	*100*

Please note these figures include data up till September 2011

Table 2 Recognition of Prior Learning Applications – Stage of training summary 2009-2011

	BT - Accepted	AT - Accepted	Both BT & AT - Accepted	Not approved/In progress	Total
2009	52	2	2	1	57
2010	71	0	5	6	82
2011	8	1	0	3	12
Totals	**131**	**3**	**7**	**10**	**151**
Percentages	*86.7%*	*2.0%*	*4.6%*	*6.6%*	*100.00*

Please note these figures include data up till September 2011

The development of the CBFP is also progressing the recognition of prior learning. As part of the change process, a plan for transition will be implemented. A key guiding principle will be

that of ensuring that no trainee is disadvantaged by the training program changeover. The transition to CBFP regulations, with a process of prospective implementation, will assist in the progression of trainees through advanced training and will ensure that none are disadvantaged by the introduction of the CBFP. Prior to the implementation of the CBFP, feedback from trainee representatives will be sought regarding transitional arrangements. A CBFP working group has been formed to develop guidelines for RPL and to consider associated issues. Further details can be found in the CBFP submission, including lateral entry into the training program and transitional details. This section includes details of application processes and further information on the working party.

Recommendation 8: Include in the Curriculum Improvement Project careful, continuing and repeated communication with Fellows, directors of training, supervisors, trainees, and health services.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated a communication strategy as a key aspect of the CBFP. Please provide an update in the next report.

RANZCP Response

The CBFP PMG 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 (FAQ's), 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. The CBFP PMG keeps track of queries and requests and ensures that a response is provided to all enquirers through a feedback register.

A monthly CBFP communiqué (see Appendix 6) 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 personal 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. The College is planning a second round of visits to all states/territories of Australia and New Zealand beginning in November 2011. CBFP project staff members also attend relevant committee meetings to provide updates and answer any questions.

Key links (all publicly available):

The website: http://cbfp.ranzcp.org/

Newsletters: http://cbfp.ranzcp.org/communiques-

Feedback register (trainee example): http://cbfp.ranzcp.org/trainees/32

FAQs: http://cbfp.ranzcp.org/faq

ASSESSMENT

Recommendation 9: Continue to develop more effective communication with trainees, exemption candidates, supervisors and Fellows about assessment development, implementation and standards. This should include comprehensive web-based information.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated a number of approaches being used. Please provide an update in the next report.

RANZCP Response

A variety of communication methods is currently in place at the College. Training newsletters and Exemption Candidate newsletters are issued monthly to trainees, SIMGs and other relevant stakeholders. These contain essential information including changes to regulations and forms, examinations, accreditation visits, key dates and outcomes from research and or meetings.

The redeveloped College website includes a number of web resources, such as downloadable forms, documents, access to training details/progress. The restructure of the links and forms webpage has improved the accessibility to information.

In October 2010, the RANZCP SIMGE website section was reviewed and updated to improve the clarity of communication to IMGs; this has proven successful with exemption candidates and provides a key resource for the communication of training requirements and documents.

In 2010, the examinations and assessments communications were updated and improved to include more web based information. This included updates and changes to regulations via the website, newsletters, updated weblinks, downloadable forms and documents, examinations requirements/procedures and key dates. The College also provides regular direct communications to stakeholders on changes to assessments and examinations, such as the introduction of multiple Observed Clinical Interview (OCI) examinations.

The information provided through these avenues ensures key stakeholders are informed of College directions in a timely manner and defines the College's commitment to introduce change effectively and openly.

Recommendation 10: In annual reports to the AMC, report on:

A: Progress in achieving formal alignment of objectives, training and assessment. This information should be provided in the 2010 annual report, with specific attention to blueprinting of assessments, and improved access to training opportunities in common and low acuity psychiatric conditions for Australian trainees;

B: Outcomes of the external review of the assessment processes and any changes to assessment as a result;

C: Further development and implementation of procedures for management and remediation of poorly performing trainees;

D: How the College is addressing the low overall pass rate for summative assessment, with attention to how the expected standard in basic training is applied.

2010 Annual Report Feedback from AMC

The RANZCP 2010 annual report indicated that:

- Blueprinting has been completed. The AMC notes that the College intends to address the low-acuity high-prevalance training needs via continued use of the Australian expanded settings program.
- A training progression Working Party was established.

The AMC will expect to see an update in the next report.

RANZCP Response

A: Progress in achieving formal alignment of objectives, training and assessment. This information should be provided in the 2010 annual report, with specific attention to blueprinting of assessments, and improved access to training opportunities in common and low acuity psychiatric conditions for Australian trainees;

Blueprinting

The blueprinting of College examinations has been completed, reviewed by the Committees for Examinations and Training and approved by the Fellowship Attainment Committee. From the beginning of 2010 all Written and Clinical Examinations are mapped against the blueprint. The written examination blueprinting is published on the College website.

Access to Training Opportunities

Improved access to training opportunities in common and low acuity psychiatric conditions for Australian trainees has been a key focus of the College in 2010 and 2011. The College has achieved this through the development of the expanded settings training posts, via the STP project (see Table 3). In 2010, a total of 69 FTE training posts were under College contractual management (see recommendation 23, Section D5 for more).

Table 3 Types of expanded setting positions for psychiatry training funded through the STP program (2010)

Setting	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Public community setting		3		3			14	1	**21**
Private hospital	1	3		7		1	3	3	**18**
Public community setting & ACCHS	1	1	1	2	2		3		**10**
Not for profit community setting		1		3			3		**7**
Public setting		1		2			2		**5**
Both public & private community settings				2			3		**5**
Private & not-for-profit community settings		1							**1**
Private community setting							1		**1**
Youth custodial facilities							1		**1**
Public community setting, ACCHS, Remote public hospital			1						**1**
Both public & private community settings and residential facilities				1					**1**
University							1		**1**
Total	**2**	**10**	**2**	**20**	**2**	**1**	**31**	**4**	**72**

Note: Please note 3 positions were not filled in 2010. This project has expanded in 2011 with the number of positions increasing to 96 FTE (See http://stp.ranzcp.org/)

B: Outcomes of the external review of the assessment processes and any changes to assessment as a result;

Changes to examinations have been made in accordance with recommendations of the 2008 external Examinations Review (see Appendix 7). 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 examination questions were successfully implemented by combining the short answer question (SAQ) type into the modified essay question (MEQ) type.

A number of other recommendations and changes to the assessments are in progress:

- Changes to the structure of the written examination papers.
- Change in the scoring of the clinical examinations
- Introduction of multiple OCI, M-OCI examinations
- Increasing the number of stations in the OSCE, M-OSCE examinations
- Uncoupling of the components of the Trainee Clinical Examination and the Exemption Candidate Examination
- Changes to the pre-requisites to sit the Trainee Clinical Examination.

Further details on this item can be found in recommendations 12 and 14 and Section D5.

C: Further development and implementation of procedures for management and remediation of poorly performing trainees;

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 8 and a flow chart in Appendix 9.

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 revised link 83 (Remediation policy and guidelines) has been updated to allow for this. Feedback on remediation will be sought from key stakeholders to assess effectiveness of these changes. A discussion paper on the effect of remediation on subsequent assessment attempts is under preparation.

D: How the College is addressing the low overall pass rate for summative assessment, with attention to how the expected standard in basic training is applied.

Examination results for the written and clinical examinations are reviewed by the Fellowship Attainment Committee for each occurrence, with particular attention to the pass rates for trainees and exemption candidates. Improvements in pass rates for trainees have been noted for both the written examination and Trainee Clinical Examination in 2011. Exemption Candidate pass rates have been stable over the same period and continue to be monitored.

An improvement in pass rates for the Written Examination has been evident since 2009, see Section C. During this time changes, based on recommendations from the 2008 external examination review, have been implemented including the removal of the Key Featured Cases question. The August 2010 paper also saw the introduction of Critical Assessment Problems as subject response type questions or multiple choice questions for the Written Examination paper. In March 2011, the Short Answer Questions were included into the expanded Modified Essay Questions section of the exam. These changes have been implemented to increase the application and demonstration of knowledge in a summative format.

The College has implemented recommendations from the external review of the examinations and in line with these has moved to uncouple the clinical examination components, the Observed Clinical Interview (OCI) and the objective Structured Clinical Examination (OSCE). This change was implemented for the May and June 2010 Clinical Examinations. An increase in the number of OSCE and MOSCE stations is currently being implemented and twelve station MOSCE/OSCEs will be fully operational for the 2012 examination series. In addition, multiple local MOCI/OCI examinations will be implemented in 2012, requiring candidates to pass two of three attempts at the examination. See recommendation 12, 14 and Section D5 for more information. Details on passrates for the TCE and ECE are provided in Section C.

Recommendation 11: Develop and implement criteria for satisfactory completion of mandatory training experiences and effective supervisor training about these as a matter of priority.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that the College website provided forms with relevant information addressing these issues. The AMC will expect to see an update in the next report.

RANZCP Response

The communication of training regulations and experiences is an essential element of the College. The College website is the primary repository of this information and website usage statistics indicated that there is significant uptake of these resources. The website also includes detailed information on the criteria for satisfactory completion of mandatory training experiences and effective supervisor training. In addition, the College website provides trainees and supervisors with detailed documentation on training regulations as well as specific links and forms.

In 2010, Link 22 (Approved Activity of Ethical Practice), 26 (Experience with People with Mental Health Problems and Mental Illness), Link 27 (Carer Experience), and Link 28 (Experience with NGO and Other Community Organisations) and the related forms were updated to provide current advice about requirements and timeframes. In addition, Link 38 (Supervisors) and Link 44 (Approved Basic Training in Psychotherapies) were updated to provide specific information regarding supervision requirements.

To assist in the training of Supervisors, the College developed a CD ROM aimed at preparing supervisors. This CD has recently been uploaded and is publically available online from the College website.

All links are continuously improved and updated, to improve usability and accessibility of policies, procedures and forms to College training program. As part of the development of the CBFP, current regulations, policies, procedures and associated documentation are undergoing extensive review.

Recommendation 12: Actively consider reducing the burden of formative and summative assessment and assessment of mandatory experience.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that recommendations from the external review were being implemented. Please provide an update in the next report.

RANZCP Response

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 review of the Holsgrove recommendations.

The outcomes of the examinations review are contained in the Appendix 7. Part of the review was focused on ensuring that trainees are not over-burdened with formative and summative 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 review 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 exam components would allow candidates to carry an OSCE/M-OSCE pass forward to the next examination and to only resit the OCI/M-OCI if they had failed this component. The uncoupling of the components of the clinical examinations (Trainee Clinical Examination and Exemption Candidate Examination) was implemented in 2010 with associated changes following in 2011. For full details on this item see recommendation 10, 14 and Section D5.

The implementation phase for the changes to the clinical examinations will be completed in early 2012 with the introduction of the multiple MOCI/OCI examinations and the 12 station OSCE/MOSCE examination. The establishment of state-based panels of accredited examiners by the CFE will enable 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 and reduce the burden of travel for them.

Pass rates and progression pathways of candidates will be reviewed after the full implementation. For further details see Section D5.

Recommendation 13: As a priority, investigate further the reasons that trainees do not complete in the minimum time and identify in greater depth reasons for this and possible strategies to address them.

2010 Annual Report Feedback from AMC

The RANZCP 2010 annual report indicated that:

- All trainees, at 4th year and above, who had not completed clinical examinations had been surveyed, with results expected by October 2010.
- A training-zone dashboard had been prototyped for implementation in September 2010.

The AMC will expect to see updates in the next report.

RANZCP Response

The College views the completion of training in the minimum time as a priority and has taken steps to further understand the issues affecting progression through training. A review of the reasons trainees delay sitting the TCE has been undertaken by a survey of all trainees who had not sat/passed the TCE after 4 or more years of training. A response rate of 29% was achieved for the survey. A copy of the preliminary results is attached in Appendix 10. The survey results are under review by the TRC, CFT, CFE and DOTs to examine if any further actions are required to ensure that trainees are able to meet the requirements. Recommendations following on from this survey and the Committee reviews will help to identify any further strategies to address reasons for delaying the clinical exam.

A number of other initiatives have been undertaken to assess any reasons or issues that are delaying trainees progressing through to Fellowship. The first involves the production of regional dashboards to all training regions. A training-region prototype dashboard had been proposed for implementation in 2010, with feedback from CFT and DOTs. Follow-up feedback was gathered in March 2011 on a revised prototype which led to the dissemination of Training Dashboards in July 2011. The College is currently working with Training regions to ensure that the most accurate information is provided.

A second initiative is the addition of new monitoring programs such as the Trajectory to Fellowship Project (see Appendix 11). This project uses data extracted from the College database to analyse what variables are potentially affecting trainees' progression. This has seen an improvement in the understanding of the training process. This project includes the time taken to complete assessments such as the TCE and written exam. It was evident from the trajectory to fellowship project that trainees were taking the opportunity to training part time or to take a break in training. The project highlighted that of the 382 trainees that started training between 2003 and 2006, a total of 44% (51% of females, 33% of males) of undertook some PT training and/or at least one Break In Training (BIT). The longer period of time taken to complete the clinical exam reflects the flexibility of the training program in accommodating personal and family lifestyle options.

This project is in progress and further analysis will continue in 2011. This project and others will help the College to understand which assessments, rotations, or examinations are proving difficult and hindering the progression of trainees through Fellowship. Outcomes from this project will help the strategic direction of the College in terms of assessments (including examinations) and rotations/experiences.

Recommendation 14: Consider changes to the OCI requirement such as making it a formative hurdle conducted locally.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated several changes relevant to this recommendation were being made in the context of the CBFP for progressive rollout over 2010 and 2011. The AMC will expect to see an update in the next report.

RANZCP Response

The College has implemented a number of changes to the assessments and examinations including the clinical examination.

<u>Revisions to the OCI/MOCI scoring were implemented from the May and June 2011 Clinical Examinations</u>

Following on from recommendation 10 and 12, structural and scoring methodology changes to the Clinical Examinations were introduced from May (TCE) and June (ECE) 2010. The CFE considers the Clinical Examination to be a test of clinical skills assessed across two components, the OCI (MOCI) and OSCE (MOSCE); and as such it is a single examination. A change to the scoring of the OCI/MOCI to a competency based system enabled the OCI and

OSCE components to be 'uncoupled' to enable candidates to carry forward their result from the OSCE; if they pass the OSCE component of the Clinical Examination but fail the OCI, they therefore only need to subsequently re-sit the OCI. Full details of the changes to the grading system items are located in Section D5.

Multiple OCI/MOCI

Multiple OCIs/MOCIs will be introduced from 2012 to improve the reliability of the examination following de-coupling of the two components of the clinical examination. Multiple OCI/MOCI examinations will be held on many sites simultaneously with the benefit of enabling candidates to sit in locations closer to home, instead of having to travel to a central location as previously. This change aligns with CBFP developments regarding Workplace Based Assessments, (see recommendation 10 and Section D5 for more detail).

Panel of Accredited Examiners

The College has established bi-national accredited examiners panels from the May 2010 Trainee Clinical Examination (TCE) and continued to roll these out during 2010-2011 (see recommendation 12 and Section D5). Details of changes relevant to the CBFP can be found in the CBFP submission.

Recommendation 15: Further develop mechanisms for trainee performance information to be communicated between supervisors.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that the College had approved an approach to this issue that was consistent with privacy policy but that it was not yet implemented. The AMC will expect to see an update in the next report.

RANZCP Response

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 processes 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 Appendix12.

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 13.

Both of these documents have been viewed and approved by the CFT and the TRC. These documents are available online and have been advertised in training newsletters as has the requirement for the supervisors share information. Feedback on newly implemented documentation/processes will be sought in late 2011 and early 2012.

ADMISSION POLICY AND SELECTION

Recommendation 16: Review and report to the AMC on the outcome of the move to selection of basic trainees in PGY2, including any increase in the level of supervision required.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that the College had not commenced the recommended review. Please respond to this issue in the next report.

RANZCP Response

In early 2011, the BTCs and DOTs were contacted for statistics and advice regarding PGY2 entry as this data had not been systematically collected. The College is currently in the process of contacting Supervisors and other stakeholders regarding this issue. This is planned to occur via BTCs in late 2011. A key consideration is supervisors' feedback regarding any increased supervision required for PGY2 trainees and the progression to fellowship.

This issue was progressed at the July 2011 DOT workshop and the following points were discussed:

- All trainees were interviewed as part of the application process and support is offered to all trainees as appropriate to their needs.
- Trainees arrived via a variety of graduate pathways; including not just undergraduate from secondary school, but through post graduate programs, mature entry schemes, overseas or equivalency programs; therefore all applications were dealt with on a 'case by case' basis and cannot be generalised as PGY2.
- As training regions and DOTs assessed applicants on a case by case basis, no set criteria was applied.
- The levels of experience of applicants differed greatly between Australia and New Zealand, due to differences in the education and health systems.
- Positive and negative experiences were discussed with some DOTs indicating that little or no increase in supervision was apparent, whilst others indicated that more supervision and attention was needed.
- No general consensus was made, other than DOTs assessed each application on a case by case basis.

The College will collate this information and progress the issue further within in the context of the CBFP.

The College has also collated relevant data from universities with medical courses in Australia and New Zealand on graduation numbers including age, type of course, experience levels and other variables. This data will be used to assist the College in progressing this issue.

Recommendation 17: Implement a policy for retrospective accreditation which favours the cohort of trainees in transition, applying the 'no disadvantage' principle to affected trainees and ensuring that AMC standard 6.1.3, which requires that trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes, is met. In practical terms, the Team recommends that the enforcement of the regulations relating to the regularisation of advanced training, in their full expression commence for intakes from 2010.

2010 Annual Report Feedback from AMC

- Recommendation 17 is the subject of the Supplementary Report due in September 2010.

RANZCP Response

A supplementary report on recommendation 17 was submitted to the AMC in September 2010, see Appendix 14. The report outlines the College's response to the AMC, that the ability to meet AMC standards would be affected by the rejection of the recommendation relating to the regularisation of advanced training for intakes from 2010.

The proposal to regularise Advanced Training was brought before the College General Council in 2010. The issue was not supported by the General Council. The issue of regularising advanced training will now be implemented in the context of curriculum developments through the CBFP.

In relation to the principle of 'no disadvantage' to trainees, the SEAC recommended changes, are consistent with the AMC requirement that existing trainees should not be unfairly disadvantaged by changes to their specialist training program. The explanatory notes related to Standards 1.5, 6.1 and 7.3 were clarified and the standards themselves remain unchanged. As General Council rejected the proposal relating to the regularising of Advanced Training, the College Training and Assessment Regulations remain unchanged in this regard. Therefore, the provisions in the Regulations enabling trainees to commence Advanced Training prior to completing all requirements of Basic Training (preclinical AT) are retained. Therefore the principle of 'no disadvantage' to trainees has been upheld.

In 2010, the removal of a prerequisite for sitting the TCE, namely the successful completion of the Psychotherapy Case History, was removed to facilitate the training progression of candidates in this position and provide greater flexibility within the training program.

Recommendation 18: Report in annual reports to the AMC on recruitment into basic training in New Zealand.

2010 Annual Report Feedback from AMC

The AMC notes the 50% increase in the New Zealand intake of trainees. In future reports, please include absolute trainee numbers reported as well as relative percentages.

RANZCP Response

The College notes the AMC request to provide trainee numbers and relative percentages in future reports. The recruitment of psychiatry trainees is seen as a key priority for the New Zealand National Committee. Currently, a coordinated national approach to recruitment is being progressed in New Zealand. To achieve a closer relationship between Government and College opportunities for further government support are under investigation. Data on intake and progression of New Zealand trainees is shown in the Education Activities Report (EAR) 2010 in Appendix 2 and Section C.

Recruitment data from first year trainees in New Zealand shows that intake has almost doubled from 14 in 2008 to 26 in 2009, an increase of 86%, see Table 4 and Figure 1. Figures from 2010 and 2011 remained steady with 22 and 18 being recruited across the year.

Table 4 NZ trainee intake, percentage increase over time and percentage of all trainee intake- 2008-2011

Basic Intake year	NZ new trainees intake	Percent Increase on 2008	Total intake of new trainees Aus/NZ	Percent of NZ trainees in total intake
2008	18	-	147	12.2%
2009	27	50.0%	187	14.4%
2010	22	22.2%	123	17.9%
2011	18	0%	132	13.6%

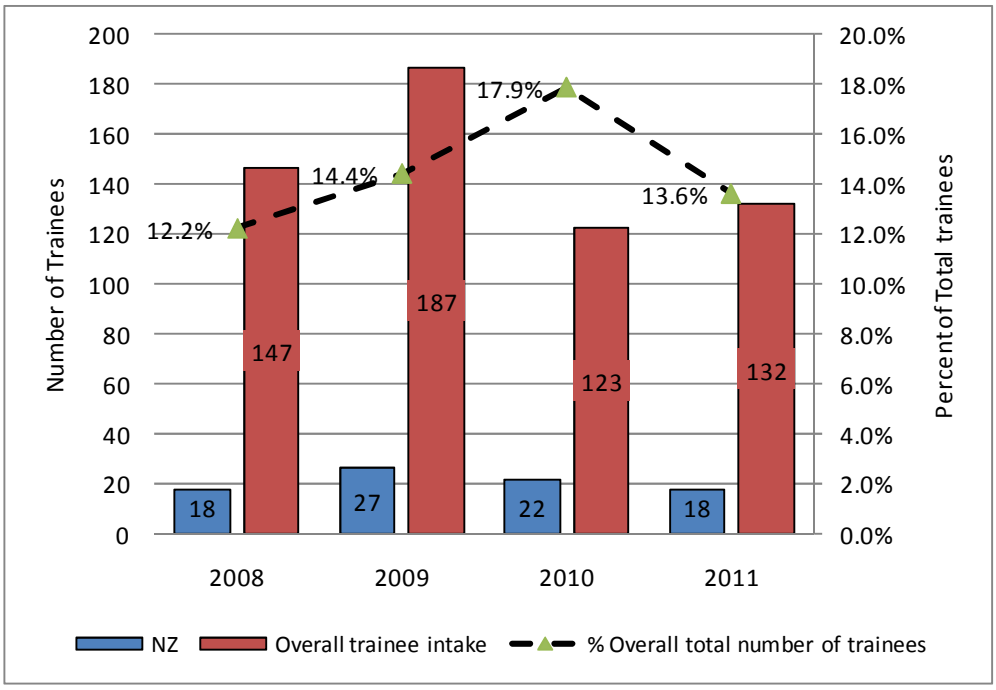


Figure 1 New Zealand Intake of Trainees, total College trainee intake and percentage of total College intake 2008-2010

COMMUNICATION WITH TRAINEES

Recommendation 19: Foster a clear and functional working relationship with trainee representative bodies that will clarify consultation and communication processes with the wider trainee body.

2010 Annual Report Feedback from AMC

- Limited details were provided on fostering the relationship and communication with trainee representative bodies (e.g. College officers were reported to be "facilitating approval of communiqués and documents produced by the RRC"). Because of the sometimes difficult history in these working relationships, the AMC will expect to see more detailed information on this issue in the next report.

RANZCP Response

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 monthly 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. Trainees, through the TRC, are consulted on monitoring and evaluation issues that are focused on or include trainee related issues such as the accreditation survey. This feedback from the TRC is used to help drive College evaluation activities and ensure that feedback from the wider trainee cohort is considered. The inclusion of TRC representatives on the Board of Education, the Fellowship Attainment Committee and other Education committees has improved the communication channels between trainees and Education and training decision making, as has the appointment of a project officer to support TRC initiatives.

Recommendation 20: Review its current processes for handling complaints, and strengthen the independence of parties assessing these complaints, including the possible appointment of a Dean of Trainees or similar independent trainee advocate.

2010 Annual Report Feedback from AMC

- The AMC notes the College's efforts and response to the handling of trainee complaints. In the new report please provide details in relation to the possible appointment of independent trainee advocate, as specified in AMC Recommendation 20.

RANZCP Response

The review and restructure of the processes for handling trainee complaints has been in place since 2009. All trainees have been informed by newsletters and email communications about the new complaints processes including appeals, incident reports, the procedures for reconsideration as well as bullying and harassment. A TRC representative has been 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 by the FAC in January 2010. These records are maintained 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 as previously.

A review of other medical Colleges showed that the RANZCP processes for the handling of complaints are consistent with standard practice. At present, the TRC and its representative's support and advocate on issues affecting the trainees and the training program. The TRC are included in consultations, committees, and Board activities. In addition, all trainees are regularly informed of the ways that they may appeal RANZCP recommendations, in writing through the monthly College training newsletter. Supervisors and DOT's are also informed through the same communication pathways to ensure that all essential information regarding complaints and appeals is readily available.

CLINICAL AND OTHER EDUCATIONAL RESOURCES

Recommendation 21: In relation to its processes for accreditation and quality assurance of training:

A: Report in annual reports to the AMC on the review and development of accreditation standards and procedures;

B: Continue to develop quality assurance processes for training programs which enhance appropriate feedback to trainees, supervisors, directors of training and the College.

2010 Annual Report Feedback from AMC

The RANZCP 2010 annual report indicated that an Accreditation Review Working Party had met in April 2010 and established a work plan that included:

- development of resources to support accreditation,
- training materials for accreditors, and
- further development of annual trainee and supervisor surveys to inform accreditation activities.

The AMC will expect to see an update in the next report.

RANZCP Response

Accreditation Standards and Procedures

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 for 2010 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 Section D8.

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 3 year cycle to a five year cycle. Accreditation standards will be updated in 2012 to ensure alignment with CBFP.

3. Accreditation Business Model

The AWP has produced a discussion paper on a proposed business model for the College. This paper and any outcomes are still being progressed in consultation with relevant parties within the College. Further work on this area includes detailed cost modelling on trainee fees and the impact on trainees and the College.

4. Accreditation Visitor Panel

Selection and training procedures have been developed. This includes a dedicated staff member 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 15.

5. Accreditation Surveys

A pilot accreditation survey of all sites due for re-accreditation visits in 2011 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 2011. Detailed results and data are from one training zone are available in Appendix 16. Work in progress includes the dissemination of results to 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 are 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 17 and Appendix 18. These surveys will be conducted annually to assist in the data collection and accreditation processes.

6. Governance and Regulations

An independent accreditation subcommittee has approval from BOE to be established in 2011 to oversee and report to BOE on accreditation activities. A discussion paper has been produced and can be found in Appendix 19 and Appendix 20. The AWP work will be completed in August 2011 with an Accreditation Sub-Committee beginning work in late 2011.

Recommendation 22: In relation to the accreditation of formal education courses:
A: Report in the 2010 annual reports to the AMC on the outcomes of the next accreditation round;

B: Further develop processes to review the quality and standard of formal education courses bi-nationally, to improve the alignment of their content with the requirements of the psychiatry training program.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that an online feedback system was being developed. Please provide an update in the next report.

RANZCP Response

A: *Report in the 2010 annual reports to the AMC on the outcomes of the next accreditation round;*

Information on this item can be found in Section D8.

B: *Further develop processes to review the quality and standard of formal education courses bi-nationally, to improve the alignment of their content with the requirements of the psychiatry training program.*

At present, the College formally reviews all FECs on a triennial basis during training program accreditation visits, a list of accreditation visits in 2010 can be found in Table 36. The FEC Accreditation Working Party has confirmed that all existing Basic Training FECs are currently accredited. In addition, the SATs have monitored the accreditation of APAT FECs. The majority of FECs were reviewed in 2009 and will be reviewed again in 2012. Further detail on this item can be found in recommendations 4 and 21. A revision of FEC accreditation standards to ensure alignment with syllabi developed through CBFP will occur with the implementation of the new training program.

A evaluation of the FEC programs was undertaken in late 2010, with all 13 programs involved, see recommendation 4. The evaluation included items related to the alignment with the College in particular the College Curriculum. The information gathered from this evaluation as feedback into various working groups for the CBFP and AWP as well as the CFT and BOE.

Further information on the online feedback system (accreditation surveys) can be found in recommendation 21.

Recommendation 23: Be proactive in its relationship with health care facilities that provide training, including those identified under the Expanded Specialist Training Program, to promote and sustain training independent of short term funding initiatives.

2010 Annual Report Feedback from AMC

- The AMC notes that there is an evaluation of STP and cost benefit analysis project to be conducted in second half of 2010. The outcomes of this should be reported in the next annual report.

RANZCP Response

The College has substantial and effective working relationships with health care facilities that provide training. The appointment of an STP Relationships Coordinator has increased the College's capacity to interact with health care facilities on training related matters. The College was commissioned by the DoHA to evaluate the program as it operated during 2010 (as the program related to the specialty of psychiatry). The contract management of training posts have facilitated improved relationships in 2010 and into 2011. In 2010, the STP contract managed 69 FTE expanded settings training posts along with associated support projects, this was expanded to 96 FTE in 2011. The College works closely with the DoHA and health care facilities to ensure that all needs are met and the STP provides an effective and appropriate service.

Summary of the STP Evaluation Report

The evaluation aimed to determine the extent to which the program achieved its objectives, as set by DoHA; assess the value of the program as determined by key stakeholder groups; and identify any issues with the program and potential improvements.

Using a multilayered multi-methods approach, five groups of stakeholders were either surveyed or interviewed: trainees, supervisors, health organisations, state/territory health departments and the College. Program records were also audited to generate statistics regarding the posts.

The evaluation found that the program met the objectives set by the DoHA, and that all stakeholder groups agreed it was a valuable program and substantially added to the training experience for psychiatry trainees.

The evaluation also found that the program could benefit from a number of improvements. These related to clarifying the priority of the program (meeting service needs versus training needs), providing further support to ensure quality, ongoing supervision, and reviewing funding for the program overall. Stakeholders would also benefit from further information to do with improving access to the Medicare Benefits Schedule and more general information about the program. Some administrative processes could be reviewed to provide a more streamlined and transparent program.

The potential of the program could be enhanced by ensuring funded posts are filled, new posts are available to recruit medical graduates to the specialty and all states and territories are appropriately resourced to access the funding available for these posts.

A number of recommendations were made, these are available in detail in the report, located in Appendix 21.

Analysis of STP Costs

As part of Commonwealth funding, the RANZCP has undertaken a number of projects aimed at strengthening existing STP infrastructure and enhancing training opportunities for trainees.

One such project is the development of a cost recovery model to assist facilities in exploring financial issues in relationship to sustaining and/or establishing a Psychiatry training post supported by STP funding. During 2010, the RANZCP interviewed a number of STP Participants in relation to the costs associated with psychiatry training. Data collected from this project has subsequently been used to develop a user-friendly tool available for stakeholder use, see Appendix 21 and Appendix 23.

The development of a cost recovery model achieves several objectives including:

1. Establish an evidence-based cost recovery model to support and inform the ongoing implementation of training posts funded under the STP.

2. Provide a cost-recovery model as an information tool for external stakeholders to assist in recovering their costs and in assessing the feasibility of establishing an STP post.

3. Establish the approximate cost involved in maintaining an STP post and provide this information to the Commonwealth Government

The implementation of the cost recovery model has allowed the identification of all the costs involved in the set up and running of an ESTP post. This has informed the College and the STP to better understand and improve the delivery of the funding and positions provided. In particular the following has been achieved.

- The cost - benefits recovery model provides an accurate picture of costs to the private sector is realised to allow for future planning
- Further investigation of costing factors that were identified in a 2008 Department of Health and Ageing evaluation of the Expanded Settings Training Program has been completed. As a result an evidence based costing model has been identified, including the following factors:
    - Salary levels which are dependent on stage of training and state
    - Public sector on-costs which varied between states and public hospitals
    - Private sector on-costs
    - Costs of supervision
    - Whether the registrar replaced a salaried doctor
    - Whether the registrar billed patients
    - Whether the registrar's work permitted the specialist to bill more patients
    - Whether the presence of registrars enables more beds to be filled (e.g. because of registrars in emergency departments)
    - Related costs to the College for administration and accreditation

The final model was completed in conjunction with Cutcher and Neale and is available on the college website for download and implementation. The weblink has been provided below to detail the cost recover model:

http://stp.ranzcp.org/current-stp-support-projects/cost-recovery-model

Further details of the STP can be found in Section 8, and at Appendix 21 to Appendix 23.

Recommendation 24: Through the Committee for Training and Board of Education, clarify and make explicit the processes in place to manage conflict of interest between director of training roles in trainee welfare and the individual's role in service provision and to promulgate these to directors of training, trainees and training institutions.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that Guidelines for Directors of Training were yet to be developed. Progress on this should be reported next year.

RANZCP Response

The conflict of interest issue was raised in DOT and CFT meetings in 2010, 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. Furthermore, the 'Deeds of Undertaking' were reviewed at the July 2011 DOT and CFT meeting with outcomes awaiting further developments and dissemination.

A discussion paper by the TRC on the duality of interest (see Appendix 24) is being developed and will be reviewed by relevant College committees and the BOE when completed.

SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

Recommendation 25: Further develop supports for directors of training, including through the website, strengthen its orientation of new directors of training and further develop the directors and supervisor workshops.

2010 Annual Report Feedback from AMC

- The RANZCP 2010 annual report indicated that support for Directors of Training had been improved via web resources, handbooks and frequent interactions between Directors of Training. Progress on this should be reported next year.

RANZCP Response

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.

At the August 2010 meeting, DOTs and CFT members identified existing support mechanisms such as Online Records, Links and Forms, Newsletters, Workshops, BTCs. 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. The College is working with DOTs and BTCs to ensure that accurate and useful information is made available.

The 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.

The College is currently progressing the development of supervisor training resources to be developed and rolled-out through CBFP implementation. These include workshops, Train-the-Trainer initiatives and online modules. More detail is available in the CBFP submission.

MONITORING AND EVALUATION

Recommendation 26: Invest further in its data collection mechanisms, specifically:

- *plans for a regular educational activities report that is made widely and publicly available*
- *enhance the level of detail in its data collection on trainees, including for example the number of part-time trainees and breaks in training, location of trainees, progression through assessments*
- *enhance its capacity to produce reports on these data.*

2010 Annual Report Feedback from AMC

- The AMC notes the improvements to the College's data collection, including data cleansing and enhanced technical capacity (Recommendation 26). Please include the following with the next report:
    - The 2009 education activities report due for publication mid-2010;
    - The proportion of trainees who are part-time and/or undertaking a break in training;

- The regional location of trainees;
- Details of efforts to improve data quality.

RANZCP Response

The College has improved both the quality and efficiency of the data collection within the education portfolio. This was enabled via the technical upgrade and data cleaning of the College database along with additional reporting features. Additional means of capturing and analysing data have also improved the accuracy and rigour in data collection and analysis. The implementation of additional methodological rigour and procedures has also increased the accuracy and quality of the data being provided.

The College has strengthened its data collection and reporting activities with the annual publication of the Education Activities Report (EAR) since 2007. The 2010 EAR is publically available online. Significant data cleansing and technical upgrading to the College database during 2009-2010 has facilitated improved reporting and online services via the College website since that time. Dashboard reporting in development (see recommendation 13) has been provided and is being refined. For more data reports see sections C, D6 and D9.

Data requests on the proportion of trainees who are part-time and/or undertaking a break in training and the regional location of trainees are located in Section C and in the 2010 EAR.

A number of initiatives have been implemented to improve data quality. The implementation of specialist statistical software SPSS has increased the ability to provide accurate and reliable data. The expansion of the education team to include a specialist Research and Evaluation position since 2009 has increased the ability to meet evaluation and monitoring requirements. Increased rigour and appropriate methodology for research and evaluation projects has enabled the College to provide enhanced monitoring and evaluation mechanisms across the education portfolio and broader College activities.

A survey of new and recent Fellows is in progress to understand the relationship between training and practice as a psychiatrist. The focus of this survey includes how the training relates to practice and how relevant the training experiences have been. This project will be continued in 2012.

Recommendation 27: Adopt a strong process methodology to ensure that evaluation activities are prioritised and related to program improvement

2010 Annual Report Feedback from AMC

- The AMC notes the College's efforts towards prioritising evaluation activities in relation to program improvement, including the new Committee for Educational Quality and Reporting. Please include a report of the activities of the Committee for Educational Quality and Reporting, including minutes of meetings, with the next report.

RANZCP Response

The introduction of CELR/CEQR has strengthened the Colleges' evaluation framework and methodologies. CEQR has enabled the College to provide increased quality assurance on evaluation, monitoring, and reporting activities. The current CEQR 2010-2012 work plan is attached (see Appendix 25), this has been developed and approved through the BOE. CEQR is currently in the process of enhancing its membership with the addition of OTP, community and co-opted members from other committees to increase the depth and scope of the committee. CEQR is also in the process of identifying key quality assurance activities across the College, particularly those that the Education department that are required to be completed. The related minutes of meetings have been provided in the Appendix 26.

Recommendation 28: Pursue the development of a systematic framework for program evaluation, with a particular focus on the use of evaluation information for program improvement.

2010 annual report feedback from AMC

- The AMC notes the College's other evaluation and program improvement initiatives, including the Accreditation Working Party. Please include a report of Accreditation Working Party activities relevant to Recommendation 28 with the next report.

RANZCP Response

Full details on the AWP activities can be found in recommendation 21 and Section D5.

The College is considering adopting the STP program logic model utilised for the STP evaluation for broader application across the education portfolio. This item will be discussed further in late 2011.

ASSESSMENT OF OVERSEAS-TRAINED PSYCHIATRISTS

Recommendation 29: Report in annual reports to the AMC on new policies and procedures developed by the Committee for Specialist International Medical Graduate Education concerning exemption categories.

2010 Annual Report Feedback from AMC

The AMC notes the numerous activities that the College has underway in relation to exemption categories and the Committee for Specialist International Medical Graduate Education. Please provide the following in the next report:

A: Details of the outcome of a tentative meeting with the Australian Minister for Health and Ageing planned for June 2010;
B: The number of exemption applications received, a summary of the status of those applications, and non-identifying data on the regional location of the applicants;
C: Details of all changes to the Category 3 Eminence Guidelines.

RANZCP Response

A: Details of the outcome of a tentative meeting with the Australian Minister for Health and Ageing planned for June 2010.

Due to a number of factors the tentative meeting with the Australian Minister for Health and Ageing planned for June 2010 did not eventuate. The College, however, pursued other avenues to raise its concerns on a number of issues faced by OTPs. The College made a submission and presentation to the House of Representatives Standing Committee on Health and Ageing inquiry into registration processes and support for Overseas Trained Doctors in March 2011. The submission highlighted key areas that the College believed should be addressed as part of the Inquiry, specifically highlighting the issues relevant to its constituents who received their primary and or secondary medical qualifications in countries other than Australia or New Zealand.

In the submission and meeting the College highlighted that in regards to overseas trained psychiatrists there is a need for:

- Greater clarity, consistency and alignment between the requirements and processes within and between the AMC, AHPRA and other government agencies;
- A centralised system, as in New Zealand, for the assessment and verification of qualifications and training;

- The provision of a central contact point for overseas trained psychiatrists with enquiries about any aspect of their pathway to registration as specialist psychiatrists in Australia; and
- Enhanced support for specialist overseas trained psychiatrists in Area of Need or other situations prior to them receiving full specialist registration.

The issues concerning overseas trained specialist psychiatrists in Australia are outlined, with recommendations in the attached report in Appendix 27.

The College is awaiting the tabling of the Standing Committee's report and looks forward to future opportunities to progress these issues with the Australian government.

B: The number of exemption applications received, a summary of the status of those applications, and non-identifying data on the regional location of the applicants

Specialist Assessments

The Committee for Specialist IMG Education considers applications for Specialist Assessment and/or Area of Need. Data in Table 5 and Table 6 are an aggregate of the assessments for 2010. Overall, Table 5 shows a total number of 116 applications for Specialist Assessment or Area of Need in 2010 (i.e., decision made during 2010).

Table 5 Applications for Specialist Assessment for Fellowship and Area of Need, by geographical distribution: 2010[a]

	ACT /NSW	QLD /NT	SA	TAS	VIC	WA	AUST	Total
Specialist Assessment only (New)	7	8	3	0	11	2	31	**31**
Dual Pathway (Specialist Assessment and Area of Need) (New)	6	5	0	2	0	4	17	**17**
Area of Need only (New)	4	1	0	0	0	2	7	**7**
Area of Need Extension	6	21	0	1	0	2	30	**30**
Specialist Assessment Extension/Renewal	5	4	2	1	9	6	27	**27**
Specialist Assessment Review	0	0	0	0	1	1	2	**2**
Specialist Assessment & AON Extension	0	2	0	0	0	0	2	**2**
Total	**28**	**41**	**5**	**4**	**21**	**17**	**116**	**116**

Table 6 Outcomes of new applications for Specialist Assessment for Fellowship, by geographic location: 2010[a]

	ACT /NSW	QLD /NT	SA	TAS	VIC	WA	AUST	Total
Category 1	11	2	2	0	11	6	32	**32**
Category 2	2	10	1	2	0	0	15	**15**
Category 3	0	1	0	0	0	0	1	**1**
Total	**13**	**13**	**3**	**2**	**11**	**6**	**48**	**48**

C: Changes to Category 3 Eminence Guidelines

The annotated Category 3 guidelines have been approved by the CSIMGE for implementation to make them more appropriate for clinical administration. They clearly outline the requirement for those working in clinical roles to provide evidence of clinical functioning and CPD activities, including peer review.

The revised forms for applicants and the CSIMGE to determine Category 3 have been approved for implementation also.

Exemptions granted in accordance with Category 3 of the Equivalence Guidelines now require evidence of both Seniority and International Eminence, as detailed below:

Seniority

At least five (5) years experience as a senior psychiatrist since obtaining the recognised specialist qualification (e.g., a senior administrator in national/state wide service, or a professor).

Eminence

The applicant is distinguished at an international level in the field of psychiatry. This may derive from academic or administrative fields.

Academic Eminence

Examples of academic eminence include, professorship, publications in international peer reviewed journals (min 50), editor of international journals, keynote addresses at international meetings, Significant contributions to notable international societies, Funded research projects (as evidenced by research grants received, and excellence in teaching (as evidenced by formal teaching evaluations or teaching initiatives.

Candidates are also expected to show evidence of eminence in Professorship and the number of publications and at least three (3) of the remaining criteria above to be considered eligible.

Eminence in Administration

Examples of eminence in administration include, Senior administrative and budgetary responsibility for services of the extent and complexity generally encountered in the larger Australasian centres (FTE > 200 staff, budget > A$20,000,000 (on 2008 figures), catchment population > 200,000), evidence of excellence in quality improvement and service development projects, evidence of excellence in working with consumer, carer or NGO groups, significant involvement in National Mental Health policy development, and an additional qualification in management.

Candidates would be expected to show evidence of eminence in senior administrative roles and at least two (2) of the remaining criteria above to be considered eligible.

Additional Criteria

For both Academic Eminence and Eminence in Administration, it is expected that candidates would be functioning at an appropriate consultant level in any clinical role they might have. This will be reflected in the referee's reports. It is also required that candidates provide evidence of their participation in continuous professional development

activities, usually as part of a recognised program (such as the RANZCP CPD program). The College places particular emphasis on peer review as part of the ongoing maintenance of professional practice. The full criteria for Category 3 attached in Appendix 28.

A number of new policies and procedures have been introduced by the CSMIGE, these are listed below:

Substantial Comparability

The categorisation of exemption candidates as "substantially comparable" and the corresponding pathway to Fellowship was introduced in July 2011. The College's approach to the SIMGs assessed as substantially comparable allows adequate recognition of candidates with comparable training qualifications and clinical experience, and formalises process and procedures for this pathway towards Fellowship.

The pathway for such substantially comparable SIMGs to attain Fellowship will be through a period of peer oversight and performance assessments. For more detail, see Section D5.

Remediation

The CSIMGE supported the amendment to the Training and Assessment Regulations for trainees, however, due to the structure and set up of IMG support (i.e., less DOT support) they wish to retain the status quo in terms of remediation requirements for SIMGs.

The CSIMGE will, however, consider improvements to its remediation in terms of the remediation plans being more thorough and the bringing forward of the education plan (Currently required for extensions to a candidate’s 9 year extension status) earlier and as part of remediation.

ECE workshop accreditation

The ECE Workshop accreditation has now been completed however the funding for the project is being determined at present to further progress the project.

CONTINUING PROFESSIONAL DEVELOPMENT

Recommendation 30: Further develop strategies to increase participation in continuing professional development programs and reporting of participation.

2010 Annual Report Feedback from AMC

The AMC notes the College's CPD communication strategy. Please include the number and proportion of Fellows participating in the CPD program with future reports.

RANZCP Response

The College has developed a communication strategy to inform Australian Fellows about the mandatory CPD component of the new National Registration and Accreditation Scheme. This has been implemented since 2010 and is delivered via the College website as well as email communications and the monthly College Psych-e Bulletin. The College has also implemented mechanisms to enhance the reporting of CPD participation rates.

Overall, 93% of all 3131 Full Fellows are enrolled in the College CPD program (see Figure 4). A total of 85% of all enrolled Full Fellows submitted a claim form and were classified as participating in CPD. A full list of CPD Data is provided in Section C Table 25-Table 32 of this report.

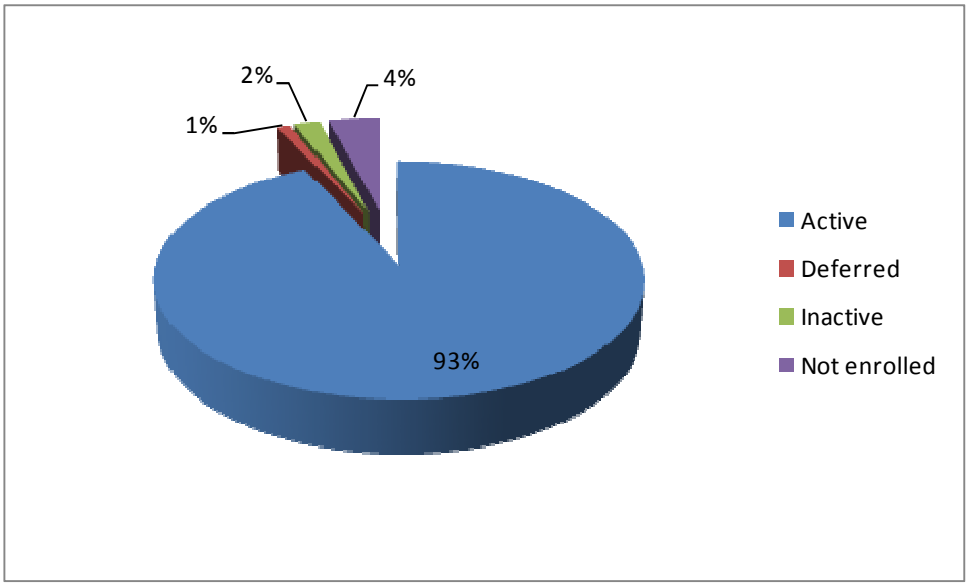


Figure 2: CPD participation by Full Fellows, 2010

Audit of 2010 CPD Claims is underway, noting that over 95% of eligible Fellows have submitted a Claim for 2010. Non-Submitting Fellows have been sent a reminder in July 2011 with returns of updating information including <0.5% of Fellows updated as retired, with others returning claims or deferring. Outcomes of the completed 2010 CPD Audit expected October 2011.

Recommendation 31: Report in annual reports to the AMC on:

A: The implementation and evaluation of the new CPD Program

B: Developments concerning a remediation program for under-performing Fellows.

2010 Annual Report Feedback from AMC

The AMC notes sound progress in relation to the College's CPD program.

RANZCP Response

A: The implementation and evaluation of the new CPD Program

In continuing the College's CPD program the following issues are being progressed.

- Accreditation of externally provided CPD activities; a discussion paper has been drafted.
- The CCME is liaising with the CEO and other College staff regarding IT infrastructure for CPD with a view to simplify and streamline compliance. An online portal is being considered.
- The CCME is focusing on strengthening supports for rural and remote psychiatrists:
    - Liaison with branches regarding their CME activities and how this group might be involved, e.g. streaming opportunities will be investigated.
    - Links with the Mental Health Practitioners Network (MHPN) are being investigated.
    - The Practice Visits Program is being developed via Rural Health Continuing Education (RHCE) funding and will be promoted and reinvigorated at College Congress. This will include visitor training activities.
    - The Rural Special Interest Group (RSIG) will be consulted regarding development of policy/process for "virtual Peer Review Groups (PRGs)".
- A survey was conducted in 2011 to assess the first complete year of the new CPD program (2010). The outcomes of the survey were included in an updated FAQ sheet (see Appendix 29) in response to questions and areas lacking clarity.

B: Developments concerning a remediation program for under-performing Fellows

A Remediation Working Party has been formed and met in August 2011. This meeting included consultation from another college on their system (ANZCA) for remediation. A College wide approach to the development of guidelines for remediation has been initiated by the CCME. This is a key activity for 2011 with a Remediation Working Group currently considering:

1. Development of a formal remediation program for Fellows identified by Registration Authorities as underperforming in order to assist those Fellows to meet their remediation goals.

2. Recommendations for Policy development in relationship to Fellows identified by Registration Authorities as underperforming.

3. Literature review and benchmarking process to determine best practice in relation to Remediation for under-performing Fellows.

4. How do Registration authorities in Australia and New Zealand define and measure under-performance?

5. What can the RANZCP do to support under-performing Fellows

6. What new and existing resources could be developed or accessed to support a Remediation program for Fellows?

7. How will a Remediation Program (and associated Guidelines etc) for Fellows be introduced and maintained?

8. What are the responsibilities of a Remediation Program for reporting to Registration Authorities regarding progress and outcomes of a Fellow's participation.

9. What are the desired outcomes of a Remediation Program and how should these be determined for individual Fellows?

These items will be progressed in 2011. The CCME would be interested in more guidance from SEAC regarding remediation.

Not in formal recommendations:

The disparity in the application of the mandatory requirement for rural training needs to be reviewed by the College together with re-evaluation of this requirement (p.73)

2010 Action Plan

- The mandatory requirement for rural training and its current application to be reviewed (CFT)
- Action to modify the requirement to be proposed, where indicated by the review.

RANZCP Response

After research and consultation on this issue, the Rural Working Party of the CFT has recommended to the BOE via the FAC that.

1. Rural Psychiatry Training is removed as a mandatory requirement.
2. Actions are taken to promote and support Rural Psychiatry Training as an option in RANZCP Training. The BOE will now consult more widely with external stakeholders
3. The CFT has recommended to the BOE that (1) the RSIG be engaged to develop Rural competencies that can be achieved by a variety of ways, including Rural Training experiences, and (2) GC initiate a process to investigate the socio-political implications of removing Rural Training as a mandatory Training requirement.

These motions were discussed by the General Council at the February 2011 meeting. The motion was rejected based on the implications for the workforce. The General Council resolved the following:

- Take action to promote and support Rural Psychiatry Training as an option in RANZCP Training.
- Engage 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.
- Initiate a process to investigate the socio-political implications of removing Rural Training as a mandatory Training requirement.

The GC reported that it was a challenge to balance educational versus policy imperatives regarding rural psychiatry training i.e., educational value versus service needs, and that the Board of Education (BOE) believes that rural training is valuable. The decision on being mandatory or non-mandatory was deferred pending further information. It was agreed that the following items (see below) needed to be considered further prior to deciding whether or not rural psychiatry training should be non mandatory or mandatory:

Impact on training rotations

- Effect on funding for Specialist Training Programs (STP)
- Impact on stakeholders, in particular government
- Socio-political implications
- Models of rural training

The TRC have prepared a discussion paper on the mandatory rural training rotation, see Appendix 30 and Section D7 for details.
Funding for rural placements is also increasing through the STP project, as funded by DoHA.

This issue will be progressed further, during 2011 through the BOE. The development of rural competencies for the CBFP is also in the process of consultation and is an ongoing engagement with key parties at present.

Section C: Statistics

C1. The number of trainees entering each College training program, including basic and advanced training

The College trainee intake for both Basic and Advanced Training programs in 2009 and 2010 are shown in Table 7 and Table 8. The breakdown of trainees and Fellows in Training across each state and sub-speciality is shown in Table 9. Overall, there are a total of 1217 trainees and Fellows in Training, with 783 in Basic Training, 434 in Advanced Training and 200 Fellows in Training.

Table 7 Basic and Advanced psychiatry training intake by geographic distribution 2009-2010.

	Selection	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Overseas	Total
2009	Basic Intake	4	60	2	38	12	2	31	11	160	27	-	187
	Advanced Intake	2	34	1	23	5	1	36	6	109	15	-	122
2010	Basic Intake	1	41	0	24	5	3	28	9	111	20		123
	Advanced Intake	2	33	0	21	13	1	30	12	112	14	1	127

Table 8 Intake of various College programs by year 2004-2010 (*including Fellows in Training*).

	2004	2005	2006	2007	2008	2009	2010
Basic	143	141	150	115	147	187	123
Advanced	50	156	119	99	141	121	127
Generalist		56	54	47	78	56	74
Addiction		2	2	2		5	2
Adult	5	30	10	5	11	1	5
Child and adolescent	12	23	13	6	9	21	17
Consultation Liaison	6	5	6	4	9	9	7
Forensic	6	7	11	3	8	5	4
Old age	17	18	8	10	8	10	14
Psychotherapies	4	15	15	22	18	14	4
Total	**193**	**297**	**269**	**214**	**288**	**308**	**250**

Table 9 Basic and Advanced psychiatry trainees (Total Trainees and Fellows in Training), by specialty/geographic distribution: 2010

		ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	Overseas	Total
Basic training	*Trainee*	14	252	3	126	40	13	166	47	661	121	1	783
Advanced Training Generalist (GSAT)	*Trainee*	3	36	2	25	10	1	39	10	126	19		**145**
Advanced training (APAT)													
Addiction	*Trainee*		4							4			**4**
	Fellow in training		3		3					6	2		**8**
	Subtotal	0	7	0	3	0	0	0	0	10	2	0	**12**
Adult	*Trainee*		1		3	1		1	2	8	2		**10**
	Fellow in training		2		1	2		1		6	3		**9**
	Subtotal	0	3	0	4	3	0	2	2	14	5	0	**19**
Child and Adolescent	*Trainee*		7		12	3		9		31	4	2	**37**
	Fellow in training		2		5	1		2		10	6		**16**
	Subtotal	0	9	0	17	4	0	11	0	41	10	2	**53**
Consultation Liaison	*Trainee*	1	2					5		8	3		**11**
	Fellow in training	1	6		2			9		18	2		**20**
	Subtotal	2	8	0	2	0	0	14	0	26	5	0	**31**
Forensic	*Trainee*		1		1					2	2		**4**
	Fellow in training		7		3	3	1	4	2	20	5		**25**
	Subtotal	0	8	0	4	3	1	4	2	22	7	0	**29**
Old Age	*Trainee*		2		2	1		6	3	14	3		**17**
	Fellow in training	1	12		5	4		18	5	45	9	1	**55**
	Subtotal	1	14	0	7	5	0	24	8	59	12	1	**72**
Psychotherapies	*Trainee*	1	2					2		5	1		**6**
	Fellow in training	1	31		2	1		28	2	65	2		**67**
	Subtotal	2	33	0	2	1	0	30	2	70	3	0	**73**
Advanced Training (APAT) - *Trainee subtotal*		2	19	0	18	5	0	23	5	72	15	2	**89**
Advanced Training - *Fellows in Training subtotal*		3	63	0	21	11	1	62	9	170	29	1	**200**
Advanced Training (APAT) Total (*Trainees plus Fellows in Training)*		**5**	**82**	**0**	**39**	**16**	**1**	**85**	**14**	**242**	**44**	**3**	**289**
Grand Total Advanced training *(GSAT plus APAT)*		**8**	**118**	**2**	**64**	**26**	**2**	**124**	**24**	**368**	**63**	**3**	**434**
College total (Basic and Advanced Training)		**22**	**370**	**5**	**190**	**66**	**15**	**290**	**61**	**1029**	**184**	**4**	**1217**

The total numbers of trainees taking part time training or a break in training are shown in Table 10 - Table 12. The tables show the number of trainees as well as the percentage of trainees. Included is the combined percentage of trainees taking part time training or a break in training that do not have full time training status.

Table 10 Total number of trainees training Part-Time or on a Break in Training by geographic location- Advanced Training Generalist (GSAT)

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Grand Total
BIT	0	1	0	1	0	0	1	0	0	**3**
FT	4	39	2	20	9	1	30	6	14	**125**
PT	1	1	0	5	2	0	5	2	0	**16**
Grand Total	**5**	**41**	**2**	**26**	**11**	**1**	**36**	**8**	**14**	**144**
% Both PT and BIT	20.0	4.9	0.0	23.1	18.2	0.0	16.7	25.0	0.0	**13.2**
% PT	20.0	2.4	0.0	19.2	18.2	0.0	13.9	25.0	0.0	**11.1**
% BIT	0.0	2.4	0.0	3.8	0.0	0.0	2.8	0.0	0.0	**2.1**

Table 11 Total number of trainees training Part-Time or on a Break in Training by geographic location- Advanced Training APAT

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Grand Total
BIT	0	9	0	3	1	0	7	2	8	**30**
FT	2	58	0	24	9	1	46	12	27	**179**
PT	1	13	0	15	3	1	18	4	8	**63**
Grand Total	**3**	**80**	**0**	**42**	**13**	**2**	**71**	**18**	**43**	**272**
% Both BT and BIT	33.3	27.5	0.0	42.9	30.8	50.0	35.2	33.3	37.2	**34.2**
% PT only	33.3	16.3	0.0	35.7	23.1	50.0	25.4	22.2	18.6	**23.2**
% BIT Only	0.0	11.3	0.0	7.1	7.7	0.0	9.9	11.1	18.6	**11.0**

Table 12 Total number of trainees training Part-Time or on a Break in Training by geographic location- Basic Training

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Grand Total
BIT	0	23	0	9	3	1	11	4	6	**57**
FT	10	207	4	123	42	12	149	43	103	**693**
PT	1	31	2	18	3		18	11	11	**95**
Grand Total	**11**	**261**	**6**	**150**	**48**	**13**	**178**	**58**	**120**	**845**
% Both BT and BIT	9.1	20.7	33.3	18.0	12.5	7.7	16.3	25.9	14.2	**18.0**
% PT only	9.1	11.9	33.3	12.0	6.3	0.0	10.1	19.0	9.2	**11.2**
% BIT Only	0.0	8.8	0.0	6.0	6.3	7.7	6.2	6.9	5.0	**6.7**

C2. The number of trainees who completed training in each program

In 2009, a total 232 trainees completed a College training program, with 44.9% (n=104) of these completing the Basic Training program. Once the Basic Training program has been completed, trainees may opt to apply for Generalist Stream Advanced Training (GSAT) or Approved Program of Advanced Training (APAT) to progress their training Fellowship of the College. Table 13 shows the APAT completions for each sub-speciality across 2008-2010. In 2010, a total of 100 trainees completed the requirements for Basic Training and 132 trainees/Fellows in Training completed Advanced Training, with 101 trainees completing the GSAT stream. The total number of Fellows admitted to RANZCP is shown in Table 14. Overall in 2010, 183 were admitted to Fellowship with 96 completing the trainee pathway and 87 completing the specialist pathway.

Table 13 Completions of the various Training Programs by year including Fellows in training, 2009-2010

Program	2006	2007	2008	2009	2010	Total
Basic	149	96	109	109	100	563
Advanced	123	143	165	128	132	691
Addiction	0	1	1	0	1	3
Adult	5	10	14	4	3	36
Child and Adolescent	11	19	14	12	10	66
Consultation-Liaison	4	5	0	2	6	17
Forensic	1	0	15	6	2	24
Old age	6	7	4	9	4	30
Psychotherapies	4	5	3	6	5	23
General	92	96	114	89	101	492

Table 14 New Fellows, by pathway to Fellowship: 2009-2010

Year	Australia		New Zealand		Total
	Training	Specialist Assessment	Training	Specialist Assessment	
2009	78	47	20	5	**150**
2010	79	79	17	8	**183**

C3: The College's Summative Assessment Activities

The College has four assessments that are required to be completed in basic training. These assessments are a Written Examination, Clinical Examination and two Case History submissions. The summative assessment types required during Basic Training are described in Table 15.

Table 15 Summary of College Summative Assessments required for Basic Training

Assessment component	Assessment activity	Assessment purpose
1. Mandatory training rotations	6 x 6 months FTE with in-training assessment	Review and assess trainees' clinical skills, technical skills, attitudes and academic performance and to make recommendations for their future training.
2. Case history submissions	1 x first presentation case 1 x psychological case	Presentation of a patient who the trainee has personally managed, presenting for the first time to the mental health service. Presentation on a patient(s) for whom the predominant mode of intervention has been psychological (40 hours, over six months).
3. Written Examination	1 x written examination (2 x 3 hours papers)	Evaluate knowledge of the theoretical and scientific underpinnings of psychiatry; and clinical and ethical issues in psychiatry.
4. Trainee clinical examination	a. OSCE b. OCI	Assess clinical skills across a range of psychiatric disorders including components where integration of general medical skills and knowledge is central to the case. Standard set for end of Basic Training.

The written examination may be attempted at any point in Basic Training. This examination assesses trainee knowledge of the theoretical and scientific underpinnings of psychiatry, and clinical and ethical issues in psychiatry.

The clinical examination consists of an Observed Clinical Interview (OCI) and presentation plus an Objective Structured Clinical Examination (OSCE). This examination assesses trainee clinical skills across a range of clinical and non-clinical scenarios including components where the integration of general medical skills and knowledge are central to the case. Modifications to these assessments are outlined in recommendation 10, 12, 14 and Section D5.

A separate pathway to Fellowship exists for exemption candidates and Specialist International Medical Graduates (SIMGS) who are exempt a range of training requirements but are still required to undertake some summative assessments. Candidates who did not complete their medical training in Australia or New Zealand are individually assessed to ascertain their level of comparability to a Fellow of the College. The majority of exemption candidates are required to sit the ECE to satisfy the educational requirements. Details regarding the changes to SIMG processes can be found in Recommendations 10, 12, 14, 29, and D5. Details of the changes to the Clinical exams are outlined in Recommendations 10, 12, 14, 29, and Section D5.

College summative assessments are described in Table 16, which defines requirements for SIMGs to attain Fellowship. Category 1 candidates are required to successfully complete both Written and Exemption Candidate Examinations. Category 2 candidates must be successful in the Exemption Candidate Exam.

Table 16 College Summative Assessment required for SIMGs

Assessment component	Assessment activity	Assessment purpose
1. Written examination	2 x 3 hours written examinations	Evaluate the knowledge in the theoretical and scientific underpinnings of psychiatry; and clinical and ethical issues in psychiatry.
2. Exemption Candidate examination	a. MOSCE b. MOCI	Assess clinical skills across a range of psychiatric disorders including components where integration of general medical skills and knowledge is central to the case. Standard set at level of consultant.

Case Histories

Case Histories may be submitted four times per year; current College policy requires trainees to submit both a First presentation and a Psychological case for assessment. Annual aggregated data is presented in Table 17 and Table 18 for each submission type.

Table 17: First presentation case submission - number of participants, % pass rate 2005-2010

	1st Submission		2nd Submission		3rd Submission		4th Submission	
	n	%	n	%	n	%	n	%
2005	104	79	23	87	3	67	1	100
2006	90	64	15	87	4	100		
2007	100	63	31	84	3	100		
2008	60	73	19	95	2	50		
2009	131	79	20	100	0	0		
2010	111	63	31	97	2	100		

Table 18 Psychotherapy case submission - number of participants, % pass rate 2005-2010

	1st Submission		2nd Submission		3rd Submission	
	n	%	n	%	n	%
2005	149	73	40	75	12	83
2006	100	74	27	78	5	60
2007	82	68	22	73	2	100
2008	61	72	15	87	2	100
2009	122	66	31	100	2	100
2010	103	71	43	93	1	100

Written Examination

Written Examinations are conducted twice a year; annual aggregated data is presented in Table 19 for Trainees and Table 20 for SIMG exemption candidates.

Table 19 Trainee written examination % passrate, by attempt and year: 2004-2010

	1st Attempt		2nd Attempt		3rd Attempt		4th Attempt		5th Attempt		>5 attempts	
	n	%	n	%	n	%	n	%	n	%	n	%
2004	293	82	57	70	14	57	10	70	6	50	8	50
2005	187	72	21	19	16	0	8	13	2	0	9	0
2006	136	78	46	57	15	13	9	22	7	43	3	0
2007	126	64	29	24	12	25	11	9	6	17	8	0
2008	128	82	32	56	20	70	8	25	6	17	8	50
2009	157	78	27	70	17	41	5	100	2	50	8	50
2010	163	83	17	47	7	86	7	43	2	0	7	43

Table 20 Exemption candidates written examination number of participants and percentage passed 2004-2010

	1st Attempt		2nd Attempt		3rd Attempt		4th Attempt		5th Attempt		>5 attempts	
	n	%	n	%	n	%	n	%	n	%	n	%
2004	10	59	5	80	1	100					2	50
2005	13	62	3	33								
2006	18	50	5	80	1							
2007	36	53	8	75			1					
2008	49	74	13	54	2							
2009	63	86	12	50	6	83	1	100	1	100		
2010	42	90	5	60	2	100	2	50				

Trainee Clinical Examination (TCE)

The Trainee Clinical Examinations (TCE) are conducted twice each year; aggregated data is presented in Table 21 and Table 22. Data is shown for 2005 to 2009. The results for 2005-2009 are shown in Table 21, with 2010 data in Table 22.

Table 21 Trainee clinical examination % passrate by attempt/year: 2004-2009

	1st Attempt		2nd Attempt		3rd Attempt		4th Attempt		5th Attempt		>5 attempts	
	n	%	n	%	n	%	n	%	n	%	n	%
2005	121	51	59	51	17	29	8	50			3	33
2006	125	60	73	41	30	37	16	53	3	33		
2007	88	62	40	60	29	45	16	37	7	14		
2008	98	74	26	62	16	69	9	56	9	44	7	14
2009	107	69	28	71	6	33	8	63	6	50	13	31

In 2010, the TCE was amended (see recommendations 10, 12, 14 and section D5) section, to increase the reliability of the exam and to assist candidates in progressing through Basic Training. The following changes were made:

- Changes to the scoring of the OCI were made to improve the assessment of the trainees' competence by standardising marking across 5 domains against defined criteria.
- Candidates who obtained an OSCE score above the cut score, but failed the OCI were only required to re-sit and pass the OCI to be deemed successful in the TCE and progress to Advanced Training.

- Candidates who failed the OSCE but passed the OCI were required to re-sit and pass both.

Table 22 Trainee clinical examination clinical exam attempts: 2010

	1st attempt		2nd attempt		3rd attempt		4th attempt		5th attempt		5+ attempts		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
Unsuccessful	15	12%	6	14%	3	18%	1	33%	1	100%	5	56%	**31**
Passed OSCE	43	35%	12	29%	6	35%	2	67%	0	0%	3	33%	**66**
Pass	66	53%	24	57%	8	47%	0	0%	0	0%	1	11%	**99**
Total	**124**		**42**		**17**		**3**		**1**		**9**		**196**

For reference purpose:

- **Unsuccessful**= Attempted and failed both OCI and OSCE components at the examination.
- **Passed OSCE**= Passed OSCE but failed OCI at June 2010 examination or attempted and failed OCI only at Nov 2010 examination as passed OSCE at June 2010 TCE
- **Pass** = Attempted and passed both OCI and OSCE components at the examination or attempted and passed OCI only as passed the OCSE component at the June 2010 TCE.

Exemption Candidate Examination

The Exemption Candidate Examinations (ECE) are conducted twice a year; annual aggregated data is presented in Table 23. The ECE's began in 2006. data is shown from 2006-2009, with 2010 data in Table 24.

Table 23 Exemption Candidate Examination pass rates, by attempt/year: 2006 to 2009

Year	1st Attempt		2nd Attempt		3rd Attempt		4th Attempt		5th Attempt		>5 Attempts	
	n	%	N	%	n	%	n	%	n	%	n	%
2006	38	31%	12	25%	15	40%	9	33%	7	14%	9	11%
2007	12	29%	12	35%	2	13%	-	-	-	-	-	-
2008	66	53%	27	52%	7	14%	9	40%	4	-	6	10%
2009	29	45%	13	39%	8	36%	2	25%	3	33%	0	-

In 2010 the ECE was amended (see recommendations 10, 12, 14 and Section D5, to increase the reliability of the exam and to assist candidates in progressing through Basic Training. The following changes were made:

- Changes to the scoring of the MOCI were made to improve the assessment of the trainees' competence by standardising marking across 5 domains against defined criteria.
- Candidates who obtained a pass in the MOSCE, by achieving a MOSCE score one standard error of measurement above the cut score, but failed the M-OCI were only required to re-sit and pass the MOCI to be deemed successful in the ECE and be eligible to apply for Fellowship.
- Candidates who fail the MOSCE but pass the MOCI were required to re-sit and pass both.

Table 24 Exemption Candidate examination clinical exam attempts: 2010

	1st attempt		2nd attempt		3rd attempt		4th attempt		5th attempt		5+ attempts		Total
	n	%	N	%	n	%	n	%	n	%	n	%	
Unsuccessful	45	45%	20	38%	8	35%	6	43%	3	43%	10	63%	**92**
Passed M-OSCE only	18	18%	13	25%	9	39%	3	21%	1	14%	4	25%	**48**
Pass	38	38%	20	38%	6	26%	5	36%	3	43%	2	13%	**74**
Total	**101**	**100**	**53**	**100**	**23**	**100**	**14**	**100**	**7**	**100**	**16**	**100**	**214**

For reference purpose:

- **Unsuccessful**= Attempted and failed both MOCI and MOSCE components at the examination.
- **Passed MOSCE**= Passed MOSCE but failed MOCI at June 2010 examination or attempted and failed MOCI only at Nov 2010 examination as passed M-OSCE at June 2010 ECE.
- **Pass** = Attempted and passed both MOCI and MOSCE components at the examination or attempted and passed MOCI only as passed the MOCSE component at the June 2010 ECE.

C4. Continuing Professional Development (CPD) programs

Statistical data on participation in CPD are presented in Table 25 to Table 28. This data includes current enrolment patterns (Table 27 and Table 28) and indicates a steady increase in both CPD enrolments and participation rates of Fellows of the College.

Table 25 Active enrolees in CPD (as at 15 December 2010)

	2009		2010	
Membership Type	**Number**	**% CPD Enrolees**	**Number**	**% CPD Enrolees**
Full Fellow	2437	85%	2910	89%
Fellow, other (retired etc)	174	6%	67	2%
Affiliate	154	5%	166	5%
External Enrolee	116	4%	131	4%
Total	**2881**		**3274**	

Table 26 Full Fellows enrolment in CPD (as at 15 December 2010)

	2009		2010	
Enrolment Category	**Number**	**% Full Fellows**	**Number**	**% Full Fellows**
Active	2437	87%	2910	93%
Deferred	33	1%	38	1%
Inactive	284	10%	71	2%
Not enrolled	53	2%	112	4%
Total	**2807**		**3131**	

Table 27 CPD participation rates for all CPD participants: 2005- 2010

Year	Enrolled in CPD	Claim form submitted	% of enrolees
2005	2151	1750	82
2006	2278	1842	81
2007	2397	1955	82
2008	2587	2182	84
2009	2881	2455	85
2010	3249	TBC	TBC

Table 28 CPD participation rates for all RANZCP Fellows: 2005- 2010

Year	Enrolled in CPD	Claim form submitted	% of enrolees
2005	1939	1570	81
2006	2039	1636	80
2007	2137	1744	82
2008	2008	2398	1963
2009	2009	2611	2212

Table 29 Membership Category and Claims Submission (2009)

Membership Category	Claim form submitted	% of Enrolees
Full Fellows	2212	90%
Affiliates of the College	134	5%
Other College Members (FO/ASN)	15	1%
External enrolees	94	4%
Total	**2455**	

Table 30 Audit of CPD Claims 2005 - 2009

Year	Claims Received	Number Audited	% Claims Audited
2005	1750	95	5.4%
2006	1842	100	5.4%
2007	1955	187	9.6%
2008	2182	187	8.6%
2009	2455	236	9.6%

Table 31 CPD Audit results 2009

Audit Result	Number	%
Successful Audit (Pass)	213	90%
Claims Not Submitted for Audit	12	5%
Unsuccessful Audit (Fail)	6	3%
Excused	5	2%
Total	**236**	

Table 32 CPD Audit Results 2005 - 2009

Audit Year	Audit Approved	Audit not successful	Not Submitted	Total	% Approved
2005	88	7		**95**	92.6%
2006	86	14		**100**	86.0%
2007	164	3	20*	**187**	87.7%
2008	157	5	22*	**187**	84.0%
2009	213	6	17*	**236**	90.2%

* Number of randomly selected members who did not submit documents to support CPD Claims. These members were automatically audited the following year and did not receive a certificate of CPD completion for the year of non submission.

Section D: Summary of Developments Against AMC Standards and Plans for the Future

The Board of Education (BOE) has provided leadership and guidance in the College's response to the AMC recommendations arising from the 2009 accreditation review. The following section outlines the College's response against the AMC standards and outlines plans for future directions as applicable. A key feature of forward planning is in preparation for the transition to the CBFP training model. A detailed report on the CBFP can be found in the separate submission to the AMC for stage 1 assessment for accreditation of the CBFP. Other key features of the College's actions include the review of accreditation policies, procedures and guidelines, the continuous improvement of the assessment and examination programs and the introduction of the Specialist Training Program (STP).

1. CONTEXT IN WHICH THE EDUCATION AND TRAINING PROGRAM IS DELIVERED

Structure and Governance of the College

A recent College-wide initiative to improve governance has been led by the General Council (GC). This has been assisted through the establishment of the Governance Risk and Committee (GRC) as a subcommittee of GC and the appointment of a governance officer with responsibility for this College function. The governance officer assists and maintains appropriate procedures and functions across all College committees. As a result, the improvement of processes for elections, the updating of regulations and improvement in committee functions are facilitated and reported. The changes to the governance section have improved the communication of committee outputs and procedural operations within the College governance and administration domains.

Review of governance

In November 2010, General Council approved an independent external review of the governance structures, functions and operations of General Council. Governance Matters was appointed by the College to undertake the review and the Final Report is expected to be submitted to General Council in November 2011.

Scope

The review is expected to be one of engagement and consultation and to involve 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. Consultation with members of General Council and the College membership and personnel internal and external to the College is expected.

It is proposed that the Review will examine a number of overarching areas associated with General Council, 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 is expected to examine and advise on the skill mix, size and representative structure required for the governance of the RANZCP as an organisation. The review will demonstrate 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 Board of Education - Changes to Governance, Structure and Function

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 monitoring, evaluation and reporting processes and a broad range of continuous improvement activities. In this context, curriculum redevelopment and the introduction of a new training program through the CBFP has been the substantial element of the BOE work plan since 2007. Specific information on CBFP can be found in the CBFP submission.

As outlined in Recommendations 1 and 27, the BOE has refined the structure of education committees to ensure alignment and more complementary roles and responsibilities. In this process, the Committee for External Liaison and Reporting (CELR) was renamed the Committee for Educational Quality and Reporting (CEQR) with revised regulations and terms of reference, approved by General Council in February 2010. The purpose of this change was to more effectively represent the quality assurance and mandatory reporting roles and responsibilities of the Committee to the BOE.

These roles and responsibilities are summarised in two parts:

1. Quality Assurance
    - Internal monitoring and reporting of the educational portfolio.
    - Evaluation of activities and process improvement.
2. Reporting
    - Reporting facts, figures and information to external bodies including the AMC, MCNZ, MTRP and HWNZ
    - Providing regular and transparent statistical information to support accreditation with these bodies

A three-year work plan for CEQR has been approved by the BOE. This includes Quality Assurance policy, reporting and framework development.

Recently, the College governance section approved the inclusion of community members for the BOE, CEQR and CCME. These members will be appointed in late 2011 and begin committee roles in 2011/2012. The community members will represent key stakeholder groups and provide a vital link to the community for the College.

A key focus for the College and the Board of Education 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 though increased communication and consultation in regional meetings and teleconferences, reporting via email, website information, newsletters and the increased engagement of Directors of Training (DOTs) in decision making. The continued engagement with these stakeholders forms a key priority as the College moves to implement the new training program, the CBFP.

Challenges

The College faces a number of challenges over the next few years, primarily in the transition toward and implementation of the CBFP training program. Throughout this period the College aims to consolidate the improvements made to the governance structure.

Plans for the Future

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) as shown in the CBFP submission. 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.

Educational Expertise

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 on 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 skill in this area.

In 2008, the College sought external expert advice from Dr Gareth Holsgrove and Professor Brian Hodges (see Appendix 7) to review and advise on areas of improvement for the College examination and assessment processes. 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 STP evaluation, accreditation surveys and the development of the CBFP.

The College views these interactions and relationships as effective tools for the continued developed of educational imperatives and an effective training program.

Interaction with the Health Sector

The College's engagement with the health service providers in particular 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 (see Recommendation 8).

Engagement with health services was seen as an integral strategy to ensure the feasibility of the implementation of the new training program, and to support the changes to the structure of the training program within the Australasian context (see Recommendation 8 and CBFP submission).

A Working Party reviewing the College's policies and procedures regarding training program accreditation included health services representation in its membership (see Recommendation 4). In view of the ramifications for the health services when training programs are reviewed and accredited or re-accredited, the BOE determined that the perspectives of health services be considered to ensure implications of proposed changes to accreditation procedures were adequately addressed.

Workforce Planning in New Zealand

The College is currently engaging with the health sector on key workforce issues that have significant implications for the future funding of psychiatry training in New Zealand. The New Zealand National Committee in collaboration with the BOE has provided advice on future workforce needs in terms of the training and retention of psychiatrists.

Specialist Training Program (STP)

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 2011. The STP program provides funding for approved training positions in expanded health care settings across Australia. The College currently administers 96 FTE positions under this program and is aiming to increase the number of positions available and continue facilitating the achievement of this funded initiative. Further details on this item are found in Recommendation 23, Section 8 and Appendix 21 to Appendix 22.

Challenges

The maintenance and increase of the level of engagement and consultation with the health services sector in College activities is a key Challenge for the College. A further challenge is ensuring the training program meets the needs of the community in the education and training of 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 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.

Plans for the Future

The College plans to increase and maintain engagement with the health services through continued consultation meetings and site visits. In addition, the appointment of a relationships coordinator for STP in 2011 is expected to facilitate interaction and enhance relationships between the College and health services sector, in particular regarding the management of STP posts.

2. THE OUTCOMES OF THE TRAINING PROGRAM

The College Regulations for Basic Training and Advanced 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.

Challenges

The successful transition and implementation to the CBFP remains as the primary challenge for the College. During the phase of transition of current trainees to the CBFP, the focus will be on the maintaining continuity for trainees, supervisors and the health services sector.

Maintaining optimum recruitment of trainees and facilitating their progression through training to Fellowship will continue to be a challenge for the College. At present, the College has maintained and increased the recruitment of trainees and continues to facilitate trainee progress to Fellowship.

Plans for the Future

The current training program and new CBFP training program will continue to graduate generalist consultant psychiatrists. Additional sub-speciality certification will continue to be available to trainees during advanced training (or Stage 3 in CBFP) and to Fellows.

3. THE TRAINING PROGRAM – CURRICULUM CONTENT

The Goals of Education and Training

The definitive goal of the College training program is to produce consultant psychiatrists that have developed specific competencies and professional capabilities that enable them to provide dedicated services that benefit the mental health sector and the community.

Challenges

The BOE has two priorities for the future. The first priority is the introduction of the CBFP training model, the second is to establish and maintain new accreditation processes and policies for training programs. During 2011 the College's Accreditation Working Party (AWP) produced a suite of activities, documents, and a work plan to establish new accreditation procedures. More detail on this can be found in Recommendation 21.

Curriculum Content, Including Training in Research

The College's current training program has been in place since 2004 and has seen the continuous improvement of training elements such as policy, assessments, and accreditation. The current framework and the refinements over the past 7 years have provided a strong background for the College to transition to the CBFP curriculum beginning in late 2012 (NZ) and in early 2013 (Australia)

As outlined in the CBFP submission, the CBFP is working towards development of the competency-based curriculum framework. Core competencies and developmental descriptors have been defined, following closely on the CanMEDS structure.

Training in Research

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 in two ways as described in Recommendation 6:

- The scholarly project within the CBFP program
- Academic/research posts available through the STP
- Through strengthening links with universities to offer joint research/training posts.

As part of the current Basic Training program, the content of the Formal Education Courses (FECs) would normally include research methodology. The NSW Institute of Psychiatry for example, provides the FEC for most NSW trainees and provides the opportunity for trainees 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.

Recently the College has instigated the New Investigators grant to assist in stimulating trainees/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.

Challenges and Plans for the Future

The key challenges and plans for the future in this area lie in promoting academic and research activities and providing opportunities for trainees to engage in them with sufficient supervision and support.

Flexible Training

The College has a substantial commitment to the provision of flexible training pathways for all trainees. 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 has special provision in place for Advanced trainees 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.

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 (see Appendix 11).

Challenges and Plans for the Future

Continuing to recognise trainee needs and to provide program flexibility to accommodate these will remain a College priority. Provision for leave, part time training, breaks in training, and flexible timeframes for completion of training and course components will continue within

the training program. The continued expansion of the College and the increasing number of trainees will create some competition of the completion of some clinical rotations. Actively accommodating this through flexible training options in Basic and Advanced Training will assist the College to provide access to rotations in a timely manner.

4. THE TRAINING PROGRAM – TEACHING AND LEARNING

The teaching and learning objectives of the current College training program have two components. In Basic Training the trainees follow an apprenticeship style of learning where rotations, clinical experiences, observations and close supervision are key strategies. In Advanced Training the learning model switches to a more self-directed style of learning as the trainee becomes more independent. The developmental trajectory of CBFP will be consistent with this model, as shown in the CBFP submission.

Challenges

Maintaining a sense of continuity through the transition phase from the current training program to the CBFP is the key and immediate challenge for the College.

In addition, different learning styles and course delivery mechanisms in different jurisdictions and locations in Australia and New Zealand provide a challenge for the College. An example of this is in the delivery of FEC programs within small training areas with limited resources, as compared with those facilitated by universities in the larger metropolitan centres. Improving access to resources in disadvantaged areas is an aspect the College is looking to, to increase alignment of course content and the experience of trainees.

Plans for the Future

The College is providing the FEC programs with a detailed syllabus and will work to ensure accreditation standards are in alignment with the syllabus specifications.

5. ASSESSMENT OF LEARNING

Assessment and Examination Policies

The Committee for Examinations (CFE) has been working to address the recommendations provided by the 2009 External Review of the College Examinations and also the AMC 2009 Accreditation Review (see Appendix 7). Continuous improvement activities have been instigated by the CFE, to improve the reliability, validity and feasibility of the College assessments in line with the recommendations. Changes to examination structure and methodology occurred in an incremental manner, with evaluation and review incorporated in the approach. Furthermore, these continuous improvements are where possible aligned with the summative assessment model proposed for the CBFP.

Continuous Improvements of Examinations

An overview of the changes made by the CFE in line with the recommendations follows:

Written Examination

Measures have been taken to reduce the number of question types in the written exam, to reduce the complexity of the examinations and to increase reliability. To achieve this, the Key Feature Case (KFC) was discontinued as a separate question type as of the August 2009 examination with the areas of the curriculum previously assessed by the KFCs subsequently addressed in Extended Matching Questions (EMQs).

A change to the format of the Critical Analysis Problems (CAPs) section of the Written Examination was implemented for the August 2010 examination. This change saw the CAPs

written as EMQs (see Recommendation 10). The assessment aims of the critical analysis component of the examination have not changed, however, a candidate's ability to analyse and critique scientific research and psychiatric literature will be assessed through the select response type format.

The structure of the Written Examination was amended for the August 2010 examination. The examination consists of two papers, with the Short Answer Questions (SAQs) being included in Paper 2 to allow for more equal testing times across the two papers. Further changes were implemented in March 2011, where the SAQs were redeveloped into an expanded Modified Essay Question (MEQ) component in Paper 2. The structure of the examination is now as follows:

- Paper 1 consists of select response type questions, comprising EMQs in the current format and the CAPs presented in multiple choice or EMQ format.
- Paper 2 includes the Critical Essay Question (CEQ) and Modified Essay Questions (MEQ).
- Improvements have been made to the Written Examination feedback letters. These now include detail on candidate performance in each examination component, along with each curriculum category being tested. This gives more precise information which is of particular help to unsuccessful candidates in order for them to focus on knowledge-building in particular areas for subsequent examination attempts.

Clinical Examinations

In the Clinical Examinations the clinical skills of candidates are assessed. The Trainee Clinical Examination (TCE) is regarded as a single examination however candidate skill is assessed in two ways:

- The Observed Clinical Interview (OCI) which comprises an interview with and assessment for a patient and,
- The Objective Structured Clinical Examination (OSCE) which comprises a series of stations where scenarios are presented for assessment.

International Medical Graduates (IMGs) on a path to Fellowship of the College, may be required to sit the Exemption Candidate Examination (ECE). In the ECE, the above two components are presented in modified format, assessed at a different standard and are referred as MOCI and MOSCE components respectively.

Following from Recommendations 10, 12, and 14, structural and scoring methodology changes to the Clinical Examinations were introduced in 2010 in May (TCE) and June (ECE). A change to the grading of the OCI and MOCI to a competency based system and increasing the number of stations in the OSCE and MOSCE will enable the OCI (MOCI) and OSCE (MOSCE) components to be 'uncoupled' and ultimately considered as two independent assessments. The implementation of these changes to the clinical examinations, which began in 2010 will be completed in 2012.

Changes to the OCI (MOCI) Grading Method:

The College has implemented a new criterion based grading system to improve the assessment of the competence of candidates sitting the OCI or MOCI examinations (see Recommendation 14 and Appendix 7). The clinical skills assessed by the OCI (MOCI) remain the same, as the changes affect the grading system. With the change, an increased level of importance was placed on a candidate's ability to conduct an adequate Mental State Examination (MSE) and interpret it appropriately. As the MSE is a core skill for any practising psychiatrist it is assessed as a standalone domain, rather than as part of Data Gathering Content and Data Synthesis domains. In addition, the Global Rating domain has been removed and all five domains of the OCI (MOCI) are now 'weighted' equally. The process of

converting the domain grades to numerical values has ceased and candidates are now required to obtain a pre-determined combination of grades across the OCI (MOCI) domains to pass the examination.

Clinical Examinations – Partial Uncoupling of OCI/MOCI and OSCE/MOSCE

From the May 2010, TCE candidates who obtained an OSCE score above the cut score, but failed the OCI, were only required to re-sit and pass the OCI in order to be deemed successful at the Clinical Examination. The OSCE pass could be retained in this situation.

Similarly, from the June 2010 ECE candidates who obtained a MOSCE score one SEM above the cut score, but failed the MOCI, were only required to re-sit and pass a MOCI in order to be deemed successful at the Clinical Examination. This more rigorous MOSCE scoring for exemption candidates is based upon the advice from external experts and is consistent with the level of reliability and validity required in the examination that, if passed, entitles the candidate to attain Fellowship of the College.

The BOE determined that the new provisions could not be retrospectively applied because of the revised OCI grading system. (See Recommendations 10, 12, and 14)

Introduction of Multiple OCI and MOCI Examinations and the Complete Uncoupling of the Clinical Exam Components, OCI/MOCI and OSCE/MOSCE

With complete uncoupling, the OCI (MOCI) and the OSCE (MOSCE) will be treated as completely separate assessments with both examinations required to be completed successfully in order for a candidate to progress.

To retain the reliability of the OCI (MOCI) clinical examinations after the uncoupling from the OSCE/MOSCE examinations, the BOE approved the introduction of multiple OCIs/MOCIs for both Trainees and Exemption Candidates. This change is to be implemented in February 2012 and will require candidates to pass two out of the three OCI (MOCI) assessments to successfully complete the OCI (MOCI) examination.

The introduction of the multiple OCI (MOCI) examinations will require candidates to sit an increased number of assessments. To facilitate access to these assessments, OCI/MOCI examinations will be conducted in major cities across Australia and New Zealand at the same time on four occasions during 2012. The aim is to have candidates sit the OCI/MOCI in their home city if possible or at least to reduce the time and travel impost for candidates as far as possible, subject to the available resources such as sites, patients, and examiners (see the section on Examiner Panels on the page following).

Increase in Number of OSCE/MOSCE Stations

In line with the recommendations as noted, further changes to the clinical examinations will be implemented to increase reliability. In the November 2011 ECE and the March 2012 TCE the number of stations the candidates are required to complete will increase from six (6) to ten (10). The examination will comprise eight (8) stations of shorter duration, ten (10) minutes and two (2) stations of twenty minutes duration. The total OSCE/MOSCE testing time will be 2 ½ - 3 hours for each examination, which will include two (2) bye stations.

A summary of the changes to be implemented from March 2012 is below:

1. For each OSCE (MOSCE) examination there will be eight (8) short stations and two (2) long stations per examination.
2. The shorter stations will be ten (10) minutes in length; comprising two (2) minutes of reading time and eight (8) minutes of examination time.
3. The longer stations will be twenty (20) minutes in length. Reading time will be five (5) minutes, and 15 minutes of examination time. These longer stations will otherwise be

similar to the current OSCE (MOSCE) stations (which have three (3) minutes reading and 17 minutes examination time).

Sample short stations have been provided on the College website to assist candidates in OSCE and MOSCE preparation. The longer stations for the OSCE (MOSCE) are similar to the current stations (apart from the slight change in reading versus examination time) and these previous stations continue to be available for candidates, on the College website.

Interim Increase in Number of MOSCE Stations in 2011

To increase the reliability in the clinical exam for SIMG candidates, the June 2011, MOSCE required candidates to complete six (6) examination stations of 20 minutes each, an increase from the four (4) stations previously required. There was no change to the format of the stations at this time. The changes described above for both OSCE (MOSCE) examinations will be implemented for the MOSCE from the November 2011 examination.

Examiner Panels

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 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 as noted previously, 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 and 2011. 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.

<u>Other Recommendations and Actions Under Consideration</u>

The following modifications are under consideration by the CFE, and depending upon the outcomes of detailed modelling, analysis and feasibility studies may be implemented in the future:

- Candidates completing Paper 1 of the Written Examination online.
- Candidates not having to re-sit components of the Written Examination that they have passed
- The introduction of unmanned OSCE/MOSCE stations requiring the candidate to undertake written activities (such as referrals, legal reports, etc).

These proposals are under development and have not been approved for implementation as yet. At this stage there is no proposed timeline for implementation of any of these changes.

Policy Updates and Changes

A Policy outlining professional performance and conduct in clinical examinations has recently been finalised and made available to Trainees and exemption candidates. This policy codifies the BOE position and guides procedures for dealing with candidate behaviours during College clinical examinations.

The College is also finalising a policy and procedure to deal with any faults that may be detected in a question or questions or in the calculation of results in all assessments and examinations. This policy will define what the CFE and College staff will do if any errors are detected or modifications required.

Alignment of Assessment to Educational Goals, Formative and In-Training Assessment, and Summative Assessment

The College has been in the process of reforming its assessment frameworks and over the past two years substantial progress has been made with the implementation of measures to increase the reliability of the assessments and to align them with the educational goals of the training program. Significant developments have been established and implemented, as described above, in the modifications to the written and clinical examinations particularly.

Assessment Blue Printing

The blueprinting of the College's summative assessments against the current curriculum was completed in December 2009 (see Recommendation 10). The blueprinting document (see Appendix 31 and Appendix 32) outlines the Written and Clinical Examination alignment to assessed competencies (e.g., management skills) and their secondary descriptors (e.g., biological, psychotherapeutic). It also configures approximate representation of each competency and how this maps to the curriculum.

The blueprint is available to examination candidates, supervisors and Directors of Training on the College website. The CFE now ensures all Written and Clinical Examinations are prepared against the blueprint.

Performance Feedback, Remediation, Re-Assessment

In recent changes the remediation policy and procedures have been redeveloped to provide a more flexible approach managed by the Directors of Training. Details on remediation and reassessment can be found in Recommendation 10 and Appendix 8 and Appendix 9.

Assessment Quality

The College has performed systematic analysis of its training assessment methods in the period since 2007 and has in particular monitored assessment pass rates with the aim of effecting increases in these across all assessments/examinations. Increases noted are reported in Section 6.

A key part of this ongoing analysis is the continued focus on standard setting, particularly in relation to the written examination. Standard setting has allowed for the establishment of benchmarked questions through expert review and advice, in this way improving the quality of the assessment. Further activities to improve the quality of the assessments include:

- Reviews of examinations by independent external parties (see Appendix 7)
- Improvements to written, and clinical examinations as described previously

- Introduction of local examiner panels (see Recommendation 10, 12, 14)
- Application of expert advice on written examination standard setting methodology (see Appendix 7)

Challenges and Plans for the Future

Key challenges for the College in the forthcoming year include the continued roll out of changes to the examination and assessment frameworks and moving to a new training framework with the implementation of the CBFP.

The College aims to build on its significant developments in assessment quality over the past two years through the continuous improvement of assessments and related support functions. In line with this the College will monitor and review the examination and assessment results to ensure that the modifications to the framework are providing improved opportunities for trainees, fair and reasonable processes, increased pass rates where applicable and the maintenance of high standards in practice. The development of standards via newly appointed accredited examiner panels will assist in this process. The continuous improvement in summative assessments will continue to be progressed through the implementation of the CBFP.

Assessment of Overseas Trained Doctors for Australian Practice

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 BOE Committee for SIMG Education (CSIMGE) is the College body responsible for developing and recommending to the Board of Education policy and practice in relation to:

- the assessment and evaluation of the equivalency of SIMG qualifications in psychiatry generally;
- the equivalence and requirements for further training of SIMGs entering Australia wishing to practice psychiatry;
- the suitability of an SIMG for an area of need position in psychiatry;
- all aspects of educational activities and functions relevant to SIMGs.

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.

Structure and Composition

The CSIMGE membership 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:

<u>1. Assessment</u>

The CSIMGE assesses applications from SIMGs wishing to practice psychiatry in Australia and seeking exemption from the RANZCP training and assessment requirements for

admission to Fellowship of the RANZCP, and applications from SIMGs who seek registration to work as deemed specialists in area of need (AON) positions.

In 2009 a “Dual Pathway” was established to ensure that all applicants for an AON position were also assessed in comparison with a RANZCP trained psychiatrist, for equivalency of training, qualifications, and experience and required to commence on the Exemptions Pathway. At this time the CSIMGE introduced an interview assessment to complement the paper-based assessment for all new applicants, and developed a standardised interview protocol for use in face to face or teleconference modes.

The process of assessment of individual applications for AON/ Specialist Assessment was decentralised by delegating the assessment to regional State Assessment Panels (SAPs) comprising Fellows from a broad representation of the community, including those from rural and remote areas, and those engaged in the education and assessment of SIMGs. 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 the review and ratification of SAP recommendations.

2. Exemptions Categories

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 category determines the training and assessments the candidate is required to undertake in order to progress to Fellowship. Candidates accepted into the pathway in Categories 1 and 2 are required to undertake further training and assessment. If however candidates are accepted into Category 3 they are deemed “internationally eminent in academic or administrative psychiatric practice” and are not required to undergo any further assessment of their training and qualifications prior to becoming eligible for Fellowship. In 2010, the CSIMGE undertook a review of the assessment criteria for Category 3, making the criteria clearer and more objective as well as including an additional requirement for evidence of sound clinical practice.

In 2011, the CSIMGE undertook a review of all exemption categories (1/2/3) including the numbers and individual profiles with respect to progress to Fellowship in each category. As a result of the review, the CSIMGE is developing recommendations for submission to the Board of Education for changes to the requirements in each category for Fellowship and/or maintenance of each category.

3. The Substantial Comparability Pathway

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 Australasian trained psychiatrists who hold FRANZCP.

The Comparability Pathway operates as a component of the Exemptions Candidate assessment process and:

- Assesses the suitability of SIMGs who hold specialist qualifications obtained outside of Australia and New Zealand, for Fellowship of the College and for registration as specialist psychiatrists within Australia or New Zealand;
- Determines the degree to which the training and experience of the SIMGs is comparable to that of an Australian or New Zealand trained specialist psychiatrist;
- Facilitates the progress to Fellowship of those SIMGs deemed to have Substantial Comparability.

- SIMGs assessed as being potentially eligible for Substantial Comparability are required to undertake a supervised work placement for a period of at least 12 months full time equivalent (FTE), and satisfactorily complete regular workplace based assessments, before Substantial Comparability is confirmed and application for Fellowship may be made.

Phase 1 of the comparability pathway was implemented in July 2011. Phase 2 will be implemented following the evaluation of Phase 1 and refinement to the pathway as indicated.

Phase 1 - Implemented in July 2011

In Phase 1, SIMGs who held one of the following qualifications and who could demonstrate currency of good standing as a medical practitioner were eligible to be accessed via the Comparability Pathway:

- MRCPsych with Certificate of Completion of Training (CCT)/Certificate of Completion of Specialist Training (CCST);
- Membership of the Royal College of Psychiatrists UK (MRCPsych) prior to 01/01/97
- Fellowship of the Royal College of Physicians and Surgeons Canada (FRCPC);
- United States Board Certification in Psychiatry (ABPN).

The listed qualifications were chosen for Phase 1 having been recognised by the Medical Council of New Zealand for registration in psychiatry within a special purpose scope of practice. In addition, candidates holding those qualifications were identified as having consistently performed well in the RANZCP written and clinical examinations. Phase 1 was limited to new applicants holding one of these qualifications and existing Exemptions Candidates whose initial application for the RANZCP IMG assessments pathway was on or after 1 June 2008, when the pathway was announced by the Council of Australian Governments (COAG) IMG Technical Committee in the Guidelines on the Specialist Assessment Pathways.

Phase 2

In Phase 2, additional qualifications/training programs will be assessed for comparability and the list of eligible candidates broadened as a result. Consideration for qualification/training assessment will be prioritised according to the evidence of success in the RANZCP examinations, of IMGs holding qualifications from particular institutions and who are represented in the current cohort of exemption applicants. SIMGs who hold the qualifications used in Phase 1 but whose initial application to RANZCP was before 1 June 2008 may be eligible to apply for the pathway in Phase 2.

Support and Education

Since 2007 the CSIMGE has performed an educational and support role to SIMGs on the Exemptions Pathway to Fellowship through provision of a twice yearly preparatory workshop for the clinical examinations (ECE), assistance with the development of remediation plans after recurrent unsatisfactory performance at the clinical examinations, and the development of intensive education intervention for SIMGs approaching the end of their 9 year exemption period.

In the period 2009-11 the CSIMGE has:

- enhanced the monitoring function of the individual Exemption candidate's progress to Fellowship with review of parameters such as examination attempts and workshop attendance, prior to granting extension of Exemption Status
- fostered links with SIMG Directors of Training and other education / training personnel to maximise opportunities to provide educational support
- continued to provide ECE preparation workshops twice a year and undertaken

evaluation of each workshop by analysis of feedback from participants (candidates and facilitators)

- modified the content and form of the ECE workshop with greater use of adult learning processes and objectives, including on-line learning material, self-evaluation MCQs and interactive sessions
- developed a plan to offer targeted programs to candidates with specific difficulties such as recurrent unsatisfactory performance at ECE

Additionally, CSIMGE has undertaken the following specific projects and activities:

Submission to House of Representatives and to Senate Standing Committee Enquiries

The College has become increasingly aware of the complexity of medical registration requirements, immigration status and Fellowship exemption requirements, a complexity that can confound rather than assist progression to Fellowship for SIMGs. The College is addressing this with the OTP Committee. Additionally 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. The submission highlighted key areas that the College believed should be addressed as part of the inquiry, specifically highlighting the issues relevant to its constituents who received their primary and or secondary medical qualifications in countries other than Australia or New Zealand. The major concerns were about the variability of support available to some SIMGs and the potential for confusion due to the multiple agencies involved in governance of the processes. Further details of this are located in Recommendation 29 and Appendix 27..

ECE Workshop Accreditation Project

In 2010, the CSIMGE established a working party to develop criteria and processes by which external providers of examination preparation workshops would meet a sufficient standard to obtain RANZCP accreditation for their workshop. The goal was to increase the supply and accessibility of workshops which reliably provided valid examination preparation to candidates with regular needs and to enhance the CSIMGE's ability to focus its workshops on candidates whose needs were special for example by virtue of remoteness, skill deficits etc.

The ECE Workshop Accreditation Standards and Protocols, specifications for evaluation processes by participants, facilitators and organisers and RANZCP quality assurance mechanisms reached final draft form in January 2011.

In 2010, two external providers sought accreditation – one was granted provisional accreditation; the other was provided with feedback about specific aspects for attention and encouraged to re-apply.

SIMG Upskilling

As part of the STP support projects (see Appendix 21 and Appendix 22), DOHA and the College, agreed that the College will provide support to SIMG candidates, including establishing, managing and monitoring support for SIMGs requiring additional training to achieve RANZCP Fellowship. In 2010, the CSIMGE formed a working party to generate, evaluate, and support initiatives which would establish pilot programs to provide increased support to SIMGs in their progress to Fellowship. The mechanism was to be delivered through regional Fellowship Attainment Co-ordinators or the like, and specifically targeted to 'at risk' SIMGs, (by virtue of their isolation, lack of educational opportunities, particular skill deficits or other special circumstances).

Funding (up to $352,000 GST inclusive) was made available from DOHA through the STP project. Following evaluation, the working party approved and distributed funds to 8 projects

in 5 states and providing support to 97 individual SIMGs. The details and outcomes are at Table 33.

Overall, the SIMG Upskilling Program Pilot funding offered significant improved and direct local support for SIMGs. Following successful outcomes of the 2010 SIMP Upskilling pilot, the model be continued for the 2011 – 2013 recurrent STP funding received from the Department of Health and Ageing and administered by the College.

The SIMG Orientation Project

In 2010, the CSIMGE convened a small working party to revise the on-line material for SIMG education and orientation to Australasian culture, and to develop a proposal for an updated orientation package. This project was supported by STP funding.

The working party undertook a review of the existing material in association with feedback from SIMGs provided through ECE Workshop evaluations and from discussion with the OTP Committee about the preferred medium, format and content for a suitable orientation package.

The preferred medium and format was a hard copy brochure. With this framework, the working party produced a document titled: “Adaptation to the Practice of Psychiatry in Australasia” for distribution to all SIMGs on registration with the Exemptions Pathway. The brochure aims to be an introduction to Australasian culture, language and health systems and an overview of the features of practice of psychiatry in Australasia and of cultural diversity and its particular relevance to health care, and to provide links to other relevant resources and sources of information.

Challenges

The College is working to uphold Fellowship standards and to accommodate support for SIMGs seeking to gain Fellowship of the College via the exemptions pathway. The development and implementation of the Substantial Comparability pathway through a phased approach remains a challenge.

Plans for the Future

The College plans to continue with the implementation of the Substantial Comparability pathway with the aim of introducing Phase 2 of the project in late 2012, and to improve the mechanisms for entry into of SIMGs into the College Exemptions pathway. The College is considering the possible extension of the pathway to a accommodate the needs of SIMGs working in Australasia and mechanisms by which their clinical experiences in Australia and New Zealand can contribute to their progression to fellowship.

Table 33 – STP SIMG Upskilling project details of the 8 programs which were funded.

Approved program	State	Aims and objectives	Number SIMGs attending
Exemption Candidate Examination Workshop Preparation	Queensland	To up skill the competencies of SIMGs in regard to: • completing the ECE examination and subsequently increasing their probability of attaining Fellowship; • improving the SIMGs' working knowledge of the Australian health system and to assist in integrating towards delivery of a standardised quality of care to patients	20
SIMG Upskilling Program: mentoring practice exams seminar series	Queensland (Gold Coast)	**Mentoring** To enhance the efficiency and effectiveness of the overall Upskilling program by: • assisting the SIMG to identify their areas of weakness; reflect on their progress with the Practice Exams, Seminars and Observed Interviews and refine their learning goals accordingly; • Assist with the mentees' adaptation to a new environment and new system, assisting them to gain knowledge and understanding of contemporary Australian practice **Practice Exams** To provide regular experiences and exposure to a broad range of clinical conditions and learn specific examination techniques **Seminar Series** To deliver a series of seminars in updating SIMGs on relevant psychiatry topics in a broad range of identified areas of need	16 (over the 3 programs)

Table 33– *STP SIMG Upskilling project details of the 8 programs which were funded - Continued*

Approved program	State	Aims and objectives	Number SIMGs attending
Expedite Training Experiences	Western Australia	To define a pathway and provide correct information, for SIMGs who require access to specific training experiences outside of the trainee rotation system, to be eligible to sit the clinical examination	Unknown
SIMG Cultural and Communication Enhancement Program	South Australia	To introduce discussion and learning exercises on Australian communication, writing, listening, reading and speaking, to help improve integration into Australian culture	15
Development of language of speech clarity in clinical communication	Victoria	To enhance clinical assessment delivery techniques, raise awareness of specific linguistic and cultural features of Australian medical discourse, improve speech production and clarity, and effective communication in clinical settings	20
Victorian IMG Psychiatrists Skills Enhancement Program (VIPS)	Victoria	To provide clinical cultural adaptation skills, culturally appropriate patient interview skills and general education in Australasian Psychiatry	8
Learning Plans for Individual SIMGs	Tasmania	To identify individual learning needs for SIMGs to provide support before they sit the ECE	3
Support Funding for Regional and Remote SIMGs	All States	To provide funding for individual SIMGs who are working in regional or remote areas of Australia to contribute to their further learning and education	Grants of up to $1500 15 approved grants

6. THE CURRICULUM – MONITORING AND EVALUATION

Processes

Program Feedback and Outcomes

In order to obtain information on the views of trainees and supervisors about the current training program, an online feedback survey was developed and piloted as a component of the work of the Accreditation Working Party (see Section D8). This survey was implemented in 2011 and will become an annual activity to inform accreditation.

Data from the 2011 survey will be used in training program accreditation activities, as the basis of trainee specific discussions and to inform trainee focus group meetings.

As well as informing accreditation activities, the survey data will provide useful evidence to support continuous improvement initiatives. It is anticipated that the annual survey results will be distributed in de-identified format to relevant DOTs, Branch Training Committees, the TRC and CFT.

Midyear surveys are distributed to appropriate cohorts with a number of aims in mind:

- The first survey targets basic and advanced trainees including Fellows in Training see Appendix 17.
- The second survey captures the opinions of active supervisors to ensure a 180°style of feedback, see Appendix 18

Several other surveys are currently being piloted in selected sites in Australia and New Zealand:

- The Admission to Fellowship survey focuses on new fellows who progressed to fellowship via the training pathway, to capture their views of the training program and their intentions in the workforce.
- The Trainee Assessment Survey captures information on trainees who have delayed progression to advanced training and the potential delays they have encountered.

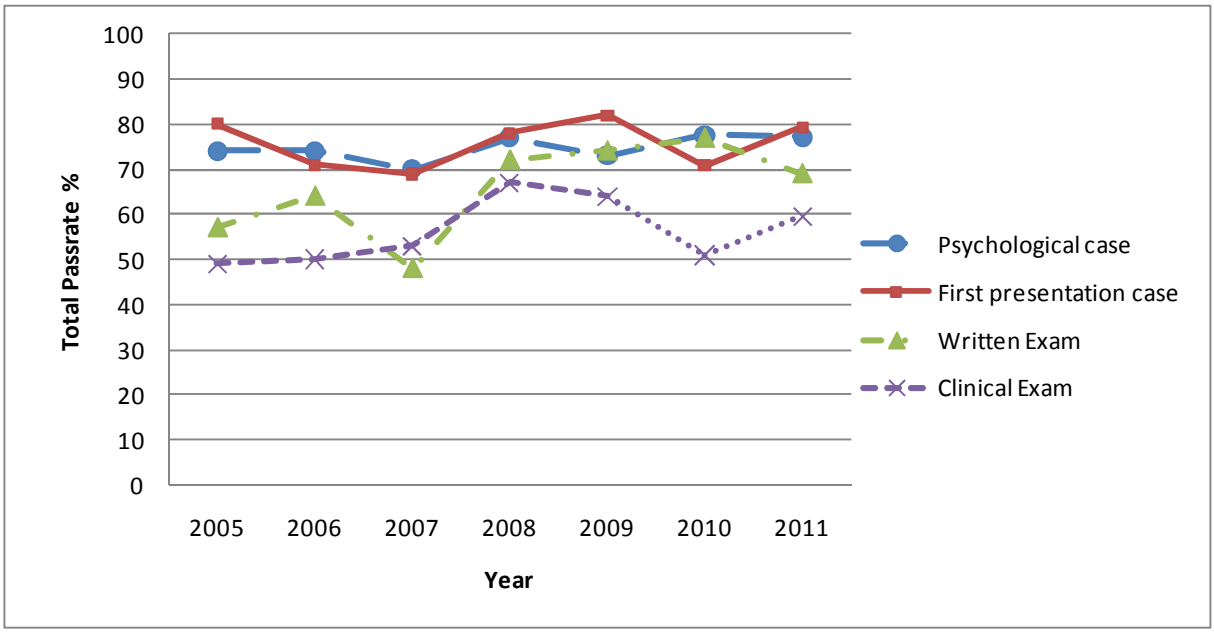
Other evaluative activities include:

- The collection of baseline data across all training zones
- Obtaining detailed information regarding supervision arrangements, the training program and workplace conditions
- The Trajectory to Fellowship project which looked at data from trainees/Fellows who started training between December 2003 and February 2006. The project investigated barriers to fellowship and time taken to complete assessments, training, and fellowship requirements overall. (see Appendix 11: related congress presentation)
- The evaluation of the FEC program in 2010 (see, Appendix 4) captured data from FEC program coordinators and their perceptions of the alignment with College curriculum

Changes in Pass Rates of Summative Assessments

Constituent committees of the BOE, including the FAC and CFE continually monitor the College's summative assessments to ensure they are appropriately matched to the expected performance and can discriminate between clear-passing and underperforming trainees.

Ongoing monitoring of summative assessments demonstrates that Case History assessments have maintained a relatively consistent pass rate (2005-2011). Overall improvements for Written Examination (especially 2007-2011) have been found whilst the pass rates for the Clinical Examinations (2005-2011) have remained steady (see Figure 3).The 2010 Clinical Examination was the first to include the new scoring method and an uncoupled examination, and the pass rates will vary when compared to the previous TCEs.



**Note: 2010 clinical exam was in a different format. See D8 for details.*

Figure 3: Total Trainee Pass Rates for each of the College's Summative Assessments types between 2005-2011.

Stakeholder involvement

The College has extensive communication strategies through newsletters and website updates as well as email distributions and twitter. Details on the visits and consultations conducted by the College can be found in Recommendation 2. In addition, details on the CBFP communication strategy can be found in Recommendation 8, which includes an account of stakeholder involvement. The introduction of an external relationships manager has expanded the College's ability to contact key stakeholders.

Challenges

The introduction of modified assessments, frameworks and the CBFP will require the College to maintain and continue monitoring and evaluation activities. Implementing and developing these activities will require additional reporting requirements that will involve CEQR. Increasing the quality of the data produced and extracted from the College database will see significant value provided to the monitoring and evaluation activities. Establishing a key link between evaluation and program development is a key challenge that the College will be required to establish over the transition period and the implementation phase of the CBFP.

Plans for the Future

The College has a number of key initiatives including the involvement of CEQR in more monitoring and evaluation activities; establishing a program based evaluation framework,

through the possible adoption of a program logic model; increasing the software and resources to report data from, and further linking evaluation reports to College decision making.

7. ISSUES RELATING TO TRAINEES

Selection of Trainees

There have been no changes to trainee selection procedures or the College's role in selection however there has been an increase in the number and diversity of posts available to trainees via the Specialist Training Program initiative (see Recommendation 23).

Trainees' Involvement in College Affairs

The Trainee Representative Committee (TRC) participates actively with representation on most College committees and Boards as full voting members. 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 as well the reconsideration/appeals processes conducted by the FAC. The TRC chair also participates on a monthly basis, in the College executive meetings.

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.

Communication with Trainees

The recent appointment of a Project Officer within the College secretariat to provide dedicated support to the TRC (Recommendation 1) has enhanced the Committee'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.

Resolution of Training Problems and Disputes

The TRC is currently progressing three key areas of interest in relation to training.

- The TRC has updated its discussion paper on Mandatory Rural Training which continues to call for high quality but non-mandatory rural training opportunities in the fellowship program to address potential indirect discrimination on a broad range of issues.
- The TRC has prepared a discussion paper to outline the tensions between service delivery and training as they affect Directors of Training, supervisors and trainees in the workforce.
- The TRC is preparing a new discussion paper on the issue of a Bi-national Register of Accredited Training Posts, with the possibility that trainees can access information on training posts outside their own region. The TRC feels this will promote competition between training providers and empower trainees to make more informed decisions about their training options and opportunities.

Challenges

Recent changes to the TRC and the inclusion of trainee representatives on College committees have strengthened the trainee voice on education and training issues within the College. The continued integration and consultation of trainees on College matters is seen as a key pathway for the continued improvement and refinement of the training program.

The TRC seeks to improve its engagement and communication with the broader trainee body, and has highlighted this goal in its current work plan.

Plans for the Future

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.

8. IMPLEMENTING THE TRAINING PROGRAM – DELIVERY OF EDUCATIONAL RESOURCES

Supervisors, Assessors, Trainers and Mentors

Over the past two years the College has implemented a number of additional resources to assist the roles of supervisors, assessors, trainers and/or mentors. Increasing the training and support for those involved in supervision has been a primary focus. The CBFP implementation and change management documentation recognises a key strategic focus of engaging and supporting supervisors within the new program (see CBFP submission).

Clinical and Other Educational Resources

Specialist Training Program (STP)

The College has undertaken, with support from the DoHA, the Specialist Training for Psychiatrists: Expanded Training Settings and Specialist International Medical Graduate Support Project (STP project).

The aim of the project is to:

- Increase the capacity within the health workforce to train psychiatrists;
- Better train psychiatry specialists with education that matches the nature of demand and reflects the way health services are delivered;
- Increase the RANZCP's capacity to make strategic decisions that increase trainees' and SIMGs' access to appropriate training and maximising their workforce contribution; and
- Develop networked specialist training arrangements.

The project will help improve the psychiatric workforce and delivery of mental health care to the Australian community by:

- Helping to ensure: a range of training opportunities for psychiatry trainees that are based on health service delivery needs and training requirements;
- Improving integrated systems of health care provision; and
- Provision of efficient and effective support and supervision to SIMGs on their pathway to Fellowship;

In delivering the project in 2010, the College has:

- Established, managed and monitored 69 existing full time equivalent (FTE) STP posts for psychiatry in Australia; and
- Developed and delivered support infrastructure in order to ensure the sustainability of the STP posts and provide appropriate support for College trainees and SIMGs on the pathway to Fellowship, including their passage through a range of expanded training settings.

Since the project began it has been expanded to include.

- Support to all SIMG candidates, including establishing, managing and monitoring support of SIMGs requiring additional training to achieve RANZCP Fellowship;
- Participation in Commonwealth Application Rounds;
- Establishing, managing and monitoring 96 FTE STP posts for psychiatry in Australia 2011-2013;
- Developing and delivering support infrastructure in order to ensure the sustainability of the expanded training setting posts and providing appropriate support for international medical graduates on the pathway to Fellowship of the College, including their passage through a range of expanded training settings.

This STP project is being designed to complement the existing training opportunities and support structures for trainees/SIMGs and to further assist trainees and SIMGs to obtain Fellowship.

Changes to Access to Clinical Training Experiences: Specialist Training Program (STP)

To facilitate this project, the College is in regular communication with DoHA, engaging in regular monthly teleconferences between key College staff and representatives of the Health Workforce Division of DoHA. In 2011, the STP has the approval for 111.5 FTE positions and is currently contracted for 96.

2010 STP Outcomes

Through the progress of the STP, the College has increased its capacity to provide expanded educational opportunities for trainee psychiatrists, and ensured that these training positions are appropriately integrated and managed within the training program. The key deliverables achieved in the STP are described in Appendix 21 and Appendix 22.

2011-2013 Planning, Progress, Posts and Projects

The College STP continued in 2011 with additional posts under contract and support projects The STP Relationship Coordinator position was established to improve liaison with health services on the management of STP posts.

In conjunction with the additional posts the Sustainable Support Projects were developed to assist in the delivery of the STP for 2011 and beyond, as noted previously. Proposed projects are informed by the College's prior experience and evaluation of the STP projects and are approved by the Board of Education. Support projects are planned to be delivered over the life of the STP project (2011 – 2013).

The suite of STP support projects selected focus on the government priorities of supporting STP posts in private and rural settings and also in supporting capacity building for ongoing provision of sustainable STP posts. The proposed projects are grouped by theme in Table 34, and described in Appendix 21 to Appendix 23.

Table 34 Summary of 2011 – 2013 STP support projects

CAPACITY BUILDING	PRIVATE POSTS	RURAL SETTINGS	FACULTY DEVELOPMENT
STPS01 STP posts database STPS09 Pathways into Training STPS02 Recruitment into psychiatry STPS03 STP Stakeholder Resources STPS05 Modelling workforce needs of psychiatry STPS08 Online Training Program for Trainees STPS10 Online development STP processes	STPS04 Developing capacity in private posts STPS07 General Practice Diploma in Mental Health	STPS06 Education imperatives in rural settings	STPS11 Supervisor Training in Competency Based Education

Changes to the process/policy or criteria/standards for the accreditation of training programs, institutions or training posts: Accreditation Working Party

The BOE is committed to assuring that both the current training program and the CBFP are supported through more rigorous requirements for accreditation. Moreover, the BOE is seeking to ensure appropriate reporting and transparent governance in relation to the accreditation of College training programs and training posts within those programs. To this end the BOE Accreditation Working Party (AWP) in 2010 and 2011 undertook a review of the Colleges' accreditation processes and developed a range of policies, procedures and resources to enable a more transparent and rigorous accreditation process for all stakeholders. The AWP have developed a number of initiatives that are outlined above and in Recommendation 21.

Any activities to support supervisors, assessors, trainers and mentors, such as training activities or written manuals

Details of these resources are outlined above and in Recommendation 25.

The College's Accreditation Activities

Details of the Colleges accreditation activities are outlined above, in Recommendation 21, 28, and Appendix 14 to Appendix 20.

Accreditation Activities for 2010 and 2011 are summarised in Table 35. All recommendations and actions resulting from these visits must be completed and followed up on within 12 months from the site visit. Relevant staff update the progress on accreditation activities at CFT meetings that are held twice each year.

Challenges

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.

Plans for the Future

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 35 The College's Accreditation Visits 2010

State/ Country	Training Zone	Date Visit	Visitors	Recommendations to Ensure Re-Accreditation and Outcomes
NZ	Auckland	28-29 July 2010	Dr Jimsie Cutbush Dr Katinka Morton	A total of 9 recommendations were made and are being monitored.
NZ	Christchurch	23 August 2010	A/Prof Helen Slattery Dr Frances Minson	A total of 4 recommendations were made and are being monitored.
	Dunedin	24 August 2010	A/Prof Helen Slattery Dr Frances Minson	A total of 5 recommendations were made and are being monitored.
	LCNI (Wellington)	29 September 2010	Dr Neil Cock Dr Saretta Lee	A total of 8 recommendations were made and are being monitored.
	UCNI	30 September 2010	Dr Neil Cock Dr Saretta Lee	A total of 6 recommendations were made and are being monitored.
Victoria	Northern	26-27 August 2010	Dr Andrew Pethebridge Dr Michelle Atchison	A total of 12 recommendations were made and are being monitored.

9. CONTINUING PROFESSIONAL DEVELOPMENT

The Goals of the College's CPD program

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

The CPD Program Redevelopment 2010

A decision to redevelop the College's CPD program was taken by the 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 33.

Re-training Fellows/Affiliate Members and Remediation for Underperforming Fellows/Affiliate Members

A Remediation Working Party has been established in 2011 to develop guidelines to support 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 Recommendations 30 and 31 for more detail and Appendix 35.

Activities Counted Towards CPD

The Committee for Continuing Medical Education (CCME) introduced the redeveloped program in January 2010 providing a comprehensive, evidence-based framework for participants to engage in a three year cycle of planning, completing and reviewing professional development and learning activities. CPD participants are now required to 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 at the end of Years 1 and 2 of the triennium, with a final review and refection at the end of the final year.

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 New Zealand) of peer reviewed activities.
- At least 20 credits of self guided learning.
- For practitioners within New Zealand, a minimum of one clinical audit.

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 following the implementation of the program in 2010.

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

Introduced in 2010 as a joint venture with the Royal College of Psychiatrists (UK) this online resource, provides access to over new program includes over 80 interactive learning modules covering a wide range of topics relevant to the practice of psychiatry. Learning modules are all peer-reviewed and provide 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. The program has been well received by participants.

Peer Review

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. Of the 2445 CPD participants who submitted a claim form for the 2009 claim year, 96% claimed attendance at a PRG as part of their CPD program. Currently, some 684 PRGs are registered with the CME office. Registration of peer review groups is a requirement of the CPD program.

College Process for Audit of Participation and of Activities

Annual claims for a particular calendar year are received and processed in the subsequent year. The CPD claims and audit processes for the 2009 CPD year were completed in 2010 and are summarised in Section C. The current audit for 2010 is underway at present.

The enrolment and participation rates in CPD for the past six years are shown in Section C. 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 Section C below, including 2009 claims submissions that were compiled in 2010.

In accordance with the policy and procedure for CPD audits, audits are conducted by the CME office on 10% of CPD claims each year. Section C displays the results for the CPD claims audited for 2005 -2009. From the 2009 claim period to achieve success in audit, evidence must verify participation in at least 55 credits of CPD during the year including planning; at least 15 credits of peer review activities; 20 credits of self-guided learning, and for practitioners within New Zealand; a minimum of one clinical audit.

Level of Participation of Fellows

In 2009, the CPD program overall participation rate showed 2881 participants including 84% of full Fellows. In 2010 the participation level had increased to 3274 enrolees with 89% being full Fellows. This represented 86% of the 3399 active full Fellows of the College. CPD participation numbers are shown in Section C4. Measures were undertaken to increase participation and these included emails and communications on CPD requirements, the changing requirements regarding mandatory CPD, and communication with all non-involved members on the requirements and the nature of the program, and associated registration requirements in Australia and New Zealand.

Review of CPD program

A review of the CPD program was undertaken in July 2011 and preliminary results are shown in Appendix 35, and have been integrated into the FAQ's on the College CPD website.

Challenges

As the College expands, increasing the participation rate in CPD remains a priority for the program. In addition, expanding the range of learning resources available in CPD through online technologies, such as podcasting, Skype, and applications remains an area that the College will explore in the future. Providing a sound infrastructure to deliver the program to over 3000 participants in the new and expanded format is an ongoing need for the College to meet and to accommodate the 120-150 new Fellows and Affiliate members entering the program each year. Increasing content resources such as online lectures, workshops and other items to meet the growing demand of Fellows and the increasingly technology driven sector is an area that the College is investigating.

Plans for the Future

The College plans to increase online resources and enhance the IT infrastructure to simplify and streamline CPD program delivery. To achieve this, the College is looking at establishing an online portal.

The CCME is focusing on strengthening supports for rural and remote psychiatrists and strategies may include:

- Liaison with Branches regarding their CME activities and how these might be expanded e.g. through streaming opportunities;
- Links with the Mental Health Practitioners Network (MHPN);.
- Development of the CPD Practice Visits Program via Rural Health Continuing Education (RHCE) funding, to be promoted and reinvigorated at College Congress.
- Consultation with the Rural Special Interest Group (RSIG) regarding the development of policy/process for "virtual PRGs" for rural psychiatrists.

List of Appendices

These appendices can be found in the CD located in the sleeve of the report on the back cover.

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